Children's Mental Health Research Quarterly

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Executive Summary

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Helping children with depression

For children who develop depression, timely and effective treatments are essential — to minimize both symptoms and distress, and to help them return to healthy lives as quickly as possible. Using systematic review methods, we identified randomized controlled trials from the past 20 years to find the best childhood depression treatments.

Overall, cognitive-behavioural therapy (CBT) stood out as a robust treatment for childhood depression. CBT involves providing education and then encouraging young people to engage in pleasant activities while also learning how to challenge inaccurate and overly negative thinking. We also found evidence supporting medications, particularly fluoxetine. All medications were associated with side effects.

Implications for practice and policy

- **Make CBT available to all children with depression.** Strong evidence still supports CBT for treating childhood depression. It is the best among the psychosocial interventions, and it comes with no side effects. Consequently, all children with depression should have ready access to CBT — through publicly provided children's mental health services, to ensure that families do not have to incur the costs for essential treatments. To facilitate this, children's mental health services need to train and support practitioners to provide CBT.
- **Practise in ways that encourage children to complete the treatment.** Young people often stop before completing a full course of CBT, according to the studies we reviewed. So practitioners must find ways to engage and retain young people. Strategies can include offering flexible appointment times, finding innovative ways to teach CBT skills, and ensuring that materials are adapted to the individual's learning needs and cultural setting.
- **Consider self-directed CBT for lower-risk youth.** For adolescents with milder depression who are not at risk for suicide, computer-based, self-administered CBT programs can be effective. These programs can also reach far greater numbers of young people than more traditional individual- or group-delivered approaches. However, careful monitoring is warranted to ensure that young people do not require more intensive, practitioner-delivered interventions.
- **Use the most effective medications.** Of the current medication choices, the evidence is most robust for fluoxetine in treating childhood depression. Therefore, if medication is being considered as part of a child's treatment plan, fluoxetine should be the first choice.
- **If medication is prescribed, monitor outcomes and side effects frequently and comprehensively.** Young people who are prescribed fluoxetine are at risk for experiencing side effects. Although rare, serious events such as suicidal thoughts can occur. As a result, anyone prescribed this medication needs regular monitoring for both benefits and side effects.
- **When medication is prescribed, also offer children CBT.** Many children and adolescents experience great benefit from taking an antidepressant. Still, the available evidence on fluoxetine is almost exclusively based on short-term use. CBT should therefore also be provided because it has more enduring benefits, equipping children and youth to cope long after medications are finished.

All young people with depression need timely access to effective treatments, including psychosocial interventions such as CBT and medications such as fluoxetine. These treatments can reduce distress and disability in the short term. They can also reduce future distress and disability, particularly if enduring treatments such as CBT are offered — giving children coping skills for life.

Please see our full issue to learn more about helping children with depression.

About the Executive Summary

This executive summary provides the highlights of the most recent issue of the *Children's Mental Health Research Quarterly*, available for free at childhealthpolicy.ca. The *Quarterly* presents the best available research evidence on a variety of children's mental health topics. The BC Ministry of Children and Family Development funds the *Quarterly*.

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About the Children's Health Policy Centre

We are an interdisciplinary research group in the Faculty of Health Sciences at Simon Fraser University. We focus on improving social and emotional well-being for all children, and on the public policies needed to reach these goals. To learn more about our work, please see childhealthpolicy.ca.

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