Depression in Children and Adolescents

Edited by
Kedar Nath Dwivedi
and
Ved Prakash Varma

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Dedication

The editors dedicate this book, with warm affection and esteem, to Dr O.N. Srivastava, formerly Professor and Head of the Department of Psychiatry, Institute of Medical Sciences, Banaras Hindu University, Varanasi, India, and subsequently Director, Residency Training Programme, Rosenberg Psychiatric Centre, The Hague, Netherlands.
Professor Srivastava: an Appreciation

It was a great pleasure and privilege to be invited to write an appreciation of Professor O.N. Srivastava, a legendary teacher and clinician for more than three decades. Professor Srivastava became involved with psychiatry at a time when the discipline in India was beginning to move beyond the mental hospitals and was struggling to find its rightful place as an academic field within medical faculties. The depth and expanse of his knowledge, his dedication to his subject, his excellence as a clinician and his organizational astuteness worked wonders during this critical period and earned psychiatry a respectable place in medicine both at the Medical Institute in Varanasi and throughout India. His deep, penetrating and analytical insight into clinical problems, his multifaceted understanding of clinical phenomena, and his refreshing humaneness inspired successive generations of students and trainee psychiatrists both in India and in the Netherlands where he trained successive generations of psychiatrists. His charisma as a teacher, clinician and researcher drew the best medical graduates to psychiatry and helped it to become one of the most coveted specializations in Varanasi. In India, and later in the Netherlands, he was always a popular and highly esteemed teacher and he was the role model *par excellence* for his trainees. He had the rare ability to inculcate a spirit of enquiry in his students.

In his approach to psychiatry, Professor Srivastava always rejected a narrow sectarian view and emphasized the biopsychosocial approach in full. He looked upon psychiatry not as a field exclusively for specialists but rather as a basic science for all physicians, irrespective of their specializations. It was this approach that led him to persuade the medical faculty in Varanasi to allocate time in the medical curriculum for the teaching of psychiatry from the very first year of medical studies.

His research interests were wide and touched upon the biological as well as the psycho-social dimensions of psychiatry, but psychiatric epidemiology always held a special fascination for him as an area of
research. His wide erudition, even outside his field of specialization, and his openness to cultural influences, helped him to appreciate the important role that cultural factors play in the causation, presentation and perpetuation of psychiatric disorders. At the same time he never lost sight of the manner in which the family influences the shaping of the personality and the presentation and prognosis of disease. It was only natural that these cultural and family factors were emphasized both in his teaching and in his clinical practice.

His appreciation of the crucial role that the family plays in psychiatric disorders, particularly in Indian culture with its extended family structures, led him to involve families extensively when treating individuals. At the University Psychiatric Clinic in Varanasi, which Professor Srivastava established and headed, it was standard practice to allow patients’ families to stay with them day and night.

It is only fitting that Dr Dwivedi and Dr Varma, editors of this book, have dedicated it to such an esteemed teacher and clinician. The book is a particularly appropriate tribute to the teachings and philosophy of Professor Srivastava as it takes a multifaceted and wide-ranging view of depression in children and adolescents. It approaches the phenomenology and etiology of depression employing a broad framework and covers the various approaches to treatment from all angles (various forms of psychotherapy find a place side-by-side with pharmacological approaches, for example). One of the editors of this book (Dr Dwivedi), like the writer of this appreciation, was a student of Professor Srivastava and the fact that Professor Srivastava’s eclectic approach to clinical problems has been reflected in Depression in Children and Adolescents is a testimony to the strength of his teaching and philosophy.

Prakash B. Bebere, MBBS, MD, MNAMS, Professor of Psychiatry, Mahatma Gandhi Institute of Medical Sciences, Sevagram, Wardha and formerly Reader in Psychiatry at Varanasi.
About the Contributors

Dr Philip Barker is Professor in the Departments of Psychiatry and Paediatrics at the University of Calgary, Canada, and Director of the Department of Psychiatry at the Alberta Children’s Hospital, Calgary. He is the author of seven books and the co-author of one. His Basic Child Psychiatry, first published in 1971 and now in its sixth edition, has become a standard introductory text on child psychiatry. Professor Barker is the author of many papers in scientific journals, and has contributed numerous chapters to books relating to his field.

Muriel Barrett worked in primary schools in London, and then at the Tavistock Centre with children of all age groups, and their families. She was also the organizing tutor for a postgraduate training course for teachers. She has undertaken workshops and teaching in Britain and overseas and, after her retirement, inaugurated the International Educational Therapy conferences.

Dr Julian Brockless is Consultant in Child and Adolescent Psychiatry in the East Berkshire Community Health National Health Service Trust. He served as Chair of the Local Child Protection Review Committee (1990–1992), as the lead clinician for the Trust's Child and Adolescent Psychiatry Services (1992–1996), and as the Chair of the East Berkshire Division of Psychiatry from 1992.

Dr Finn Cosgrove has been a consultant since 1979. He works in Bristol and has a particular interest in attention deficit hyperactivity disorder. He is one of only two child psychiatrist members of the British Association of Psychopharmacology, and specializes in the use of psychotropic medication with children and adolescents.

Dr Ingrid Davison is Consultant in Child and Family Psychiatry with the Leicestershire Child and Family Psychiatric Service. She has wide
experience in the assessment and treatment of children and their families and has a particular interest in group interventions with children and parents and in the training of fellow professionals.

Dr Kedar Nath Dwivedi is Consultant in Child, Adolescent and Family Psychiatry at the Child and Family Consultation Service and the Ken Stewart Family Centre, Northampton. He is also clinical teacher in the Faculty of Medicine, University of Leicester. Dr Dwivedi graduated in medicine from the Institute of Medical Sciences, Varanasi, India, and served as Assistant Professor in Preventive and Social Medicine in Simla before coming to Britain in 1974. Since then he has worked in psychiatry and is a member of more than a dozen professional associations. Dr Dwivedi has contributed to nearly forty publications. This includes editing the well-received Groupwork with Children and Adolescents (1993), Therapeutic Use of Stories (in press), and Enhancing Parenting Skills (in press). He also co-edited Meeting the Needs of Ethnic Minority Children (1996) and Management of Childhood Anxiety Disorders (in press). He is interested in eastern approaches to mental health, especially those of Buddhism.

Dr Mary Evans is Senior Registrar in Child and Adolescent Psychiatry in Sheffield. She has used cognitive therapy techniques in individual work with children, adolescents and adults. Together with Ann Murphy she has developed a cognitive-behavioural therapy group for children who have reached the stage of latency.

Joan Hutten worked as Principal Social Worker in the Child and Family Department of the Tavistock Clinic, London, where she initiated a multidisciplinary programme for brief focal intervention and was responsible for training. She now has a consultancy practice catering for individuals, groups and institutions.

Dr Graham Curtis Jenkins worked as a general practitioner pediatrician in a large group practice outside London for 28 years. He developed an experimental, comprehensive child care programme for children under three years of age, incorporating a child and family consultation service, and has written extensively on the subject. He resigned from the National Health Service in 1991 to become the first Director of the Counselling in Primary Care Trust formed to promote, support and develop counselling, psychotherapy and the use of counselling skills in general practice. He has also trained as a psychotherapist.

Ann Murphy has worked in child and adolescent mental health teams for 11 years and is a community psychiatric nurse in Sheffield. She has wide experience of group work and, together with Mary Evans, has
developed a cognitive-behavioural therapy group for children who have reached the latency stage.

Judith Waterfield taught in mainstream primary schools before conducting multidisciplinary work in a hospital setting with individual children, adolescent groups, families and schools. She was a tutor for a training course in educational therapy techniques and is currently an adviser for special learning needs at Plymouth University, England.

Dr Ved Prakash Varma was formerly an educational psychologist with the Institute of Education, University of London, the Tavistock Clinic, and the London Borough of Richmond and Brent. He has edited and co-edited more than 30 books on education, psychology, psychiatry, psychotherapy and social work and has been an international figure in the field of special needs.

Biddy Youell works as a Child and Adolescent Psychotherapist in Buckinghamshire and north London. Before undertaking the Child Psychotherapy training at the Tavistock Clinic, she was a teacher and worked in a variety of mainstream schools and special educational settings in inner London. She has a particular interest in the effect of emotional difficulties on children’s ability to learn and in the ways which psychoanalytic understanding can inform practice in educational institutions.
Preface

There has been a growing awareness of the need to take the problem of childhood depression more seriously. It is sometimes felt that there is a lack of high quality practical material to help professionals assist children and adolescents with depression today. Both Ved Varma and myself have been acutely aware of the need for such material for some time and we feel that this book will go a long way to meet it.

I am very grateful to Ved for his active encouragement in instigating this project and for the extensive editorial experience that he brought with him. It has been an immense pleasure to help create this important book, particularly because all the contributions have been of such a high standard. Moreover, the experience of working with such a diverse multidisciplinary team of experts has been challenging, exciting and educationally rewarding. The team included specialists in child, adolescent and family psychiatry, child psychotherapy, social work, community psychiatric nursing, educational therapy, the coordination of special needs in teaching, and general practice.

We are deeply indebted to all the contributors, some of whom had to put up with our ‘gentle’ reminders about deadlines or requests for revisions. We are equally grateful to the publishers for their enthusiastic, sensitive, creative and painstakingly thorough approach to this very important project.

My special thanks to Carol Weller and Nicola Buckby from our library and to Dorothy Stephen, the librarian, as they have been most helpful in coping with so many of my ‘a.s.a.p.’ requests. I am also very grateful to my colleagues at the Child and Family Consultation Centre and the Ken Stewart Family Centre for their valuable support. I am particularly thankful to Karen Amos and to Naina Sadrani, my secretary, who has been the dynamic centre of our service. The birth of this book coincided with the birth of her daughter, Ria.

The support of my family - Radha, Amitabh, Amrita and Rajaneesh - has also been essential for me in this project.

Finally we would like to thank the reader for taking the trouble to read our book.

Kedar Nath Dwivedi
There is now a growing recognition that children and adolescents have depressive disorders with features similar to those observed in adults. Research activity in this field has increased with this awareness and a great deal has recently appeared in the literature about childhood depression, including epidemiological aspects, pathogenesis, characteristics, assessment, links with other childhood and adult disorders, and treatment strategies. In fact, the diagnostic criteria in current ICD-10 and DSM-IV classifications are also broadly applicable to young people, particularly adolescents. In the past, child psychiatrists had mainly relied on parental reports for the diagnosis of depression in children, thinking that the parents knew everything about their children. It is now increasingly clear that children themselves can provide valuable information about their own psychopathology (Weller and Weller, 1990).

Depressive disorders in young people have been found to be more common than previously supposed (Goodyer, 1995). Depression has also become a major concern for schools because of its impact on learning and because of the risk of suicide. Schools now recognize it as a serious problem, responsible for lowering the social and academic functioning of children. It can be associated with negative peer evaluation, poor self-esteem, poor academic performance, hopelessness about lessons and tests, negative teacher evaluation, conduct disorder, social withdrawal, tearfulness, school refusal, poor concentration, distractibility and learning difficulties in the school context.

Many children suffering from depression may not appear overtly depressed, so there could be a problem of underidentification as depression can be easily overlooked if children do not actively seek attention.

Miezitis (1992), from Ontario, suggests that 5 to 10% of the normal school population have depression (prevalence is higher in adolescents,