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# childPSYCH News

A newsletter for professionals and parents

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Term 2 2017

Inside this issue:

Depression: two types!

Late emerging reading difficulties

See us in...  
Springfield,  
Ipswich and  
Toowoomba



Special points of interest:

- At *childpsych* psychologists who are registered teachers and/or Educational Psychologists are involved in the child's assessment
- To unsubscribe from this newsletter at any time, either email or call *childpsych*

## Depression: Two types by Lea Ser Provisional Psychologist

Suicide rates in Australia have not declined over the past decade, in fact most recent statistics show they may actually be rising. Suicide is the most common cause of death in Australians aged 15-44 years, with 25 individuals attempting suicide for every one suicide death.

- ◆ Around 400,000 Australians experience suicidal thoughts
- ◆ Over 65,000 Australians make a suicide attempt
- ◆ Around 35,000 Australians are admitted to hospital for suicide related injuries
- ◆ More than 2,500 Australians die by suicide

### What to do when immediate management is needed

The management of a person at risk of suicide requires the assessment of risk, followed by appropriate interventions to minimise any risk. There are various factors that can increase your risk of suicide, for example:

- ◆ previous suicide attempts
- ◆ lack of family and other social support
- ◆ concurrent mental disorders
- ◆ alcohol and drug abuse
- ◆ feelings of hopelessness
- ◆ impulsivity

Assessing for risk can be challenging and requires ongoing support from an experienced health professional. Having a better understanding of suicide risk means you are more prepared to support the person when immediate management



### Melancholic depression is a subtype of depression

is required. Contrary to popular belief, asking the person if they have suicidal ideation does not make them suicidal; it can however help them feel they are being listened to and that they are not alone. Below are examples of some questions you may ask.

- ◆ Do you ever feel like giving up?
- ◆ Do your symptoms/things ever become too much to cope with?
- ◆ Do you ever feel hopeless about your situation?
- ◆ Do you ever think about going to sleep and not waking up?
- ◆ 'Do you think that you would be better off if you weren't alive?'

### Non-Melancholic Depression

Non-Melancholic Depression is the most common type of depression and refers to depression that is primarily psychologically based, rather than biological. This disorder develops in response to stressful life events or ongoing stressors, or in conjunction with the individual's personality type. There are two main features of Non-Melancholic Depression: (1) depressed mood for more than two weeks and (2) social impairment (for example difficulty in dealing with work). Contrary to the other types, Non-Melancholic Depression often improves by itself over time if the stressful event has also declined, and responds well to psychotherapies like CBT.

### Melancholic Depression

Melancholic Depression is a subtype of depression and is classified as a severe form of depression. It is biologically based rather than psychological, thus sufferers may not have experienced a significant life stressor prior to experiencing symptoms. Melancholic depression is uncommon and mostly diagnosed in older adults, but does occur in adolescents in rare cases. Melancholic depression is characterised by anhedonia (inability to enjoy once pleasurable things), excessive guilt, slowing down of movements or restlessness, decreased appetite, and weight loss. Sufferers often find that symptoms are worse in the morning. Research has shown that symptoms of anhedonia and excessive guilt in particular correlate with higher suicidality.

### Treatment of Melancholic Depression

Due to its biological nature, normal therapeutic approaches to melancholic depression are often ineffective. Research has shown that melancholic depression has better outcomes with a combination of psychiatric medications and therapy. Medications commonly used for melancholic depression include SSRIs (Selective Serotonin Reuptake Inhibitors), and TCAs (Tricyclic Anti-depressants). TCAs may be more effective at alleviating melancholic symptoms; however, due to the increased chance of overdose, toxicity with other medications, and greater side-effect burden, psychiatrists may err on the side of caution and prescribe SSRIs as a first line of treatment. Interestingly, psychiatrists may prescribe psychostimulants (more commonly an ADHD medication) alongside anti

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## Learning Problems?

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## Depression: Two types con't

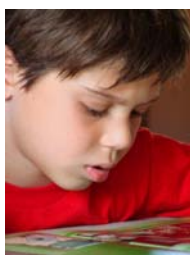
-depressant medication for those suffering from melancholic depression as it has shown significant improvements in mood and motor activity. In the case that medication is not effective, or the person is not eating or sleeping, ECT (Electroconvulsive Therapy) may be used.

Interestingly, the effectiveness of TCAs over SSRIs in treating melancholic depression may be due to age. Research suggests that TCAs and SSRIs have equal effectiveness under the age of 46. From ages 46-60 TCAs may be twice as effective and from ages 60+ TCAs may be four times as effective. Since melancholic depression is more common in older adults, this offers an explanation as to why research has shown TCAs to be more effective than SSRIs.

### Closing Thoughts

Depression can present with a wide variety of symptoms, both physically and mentally. To better combat the illness, it is important to understand the different subtypes of depression. Because of the different subtypes, some treatments may be more effective than others, on a person-to-person basis. In this article, we explored the differences between non-melancholic and melancholic depression. The key differences are: melancholic depression is biological in nature, whereas, non-melancholic is triggered by a stressor. The melancholic subtype may have the features of non-melancholic depression however often presents additional symptoms such as anhedonia, excessive guilt, slowing down of movements or restlessness, and changes in appetite. CBT alone may be an effective treatment for non-melancholic depression, whereas, melancholic depression often requires psychiatric medication in combination with therapeutic approaches.

### Late Emerging Reading Difficulties



For some children, reading progress may fall behind in the third or fourth grade. About 40% of children with reading problems will be late emergers. Why?

Well it does not seem to be because the children were "missed" or "fell

## Sleep

Sleep is paramount for children. Poor sleep can lead to problems such as hallucinations, impaired cognitive performance and depressed mood. Good sleeping behaviours for school aged children refer to such things as:

- ✓ a set bed time,
- ✓ no caffeine drinks (such as Coke) after 4pm or four hours before bed,
- ✓ daily exercise,
- ✓ a good diet,
- ✓ and engaging in relaxing activities before bed time.

It is important to make decisions about children's bed time based on their developmental needs.

### Sleep Guide

1-4 Weeks Old: 15 ½ - 16 ½ hours per day  
1-4 Months Old: 14 ½ - 15 ½ hours per day  
4-12 Months Old: 14 - 15 hours per day  
1-3 Years Old: 12 - 14 hours per day  
3-6 Years Old: 10 ¾ - 12 hours per day  
7-12 Years Old: 10 - 11 hours per day  
12-18 Years Old: 8 ¼ - 9 ½ hours per day

## 7 Myths about AD/HD (au.reachout.com)

- × You'll grow out of it
- × ADHD is just naughtiness
- × Its the parents fault
- × ADHD only effects boys
- × People with ADHD are not clever
- × Everyone with ADHD is hyperactive
- × People with ADHD act that way to get what they want

through the cracks". Instead, it appears that in grade three and four, different cognitive skills are needed to read efficiently. These cognitive skills require more than just strong ability to "sound out". They include the ability to read speedily and understand what they have read. This makes sense as in the early years recognition of the word, rather than speed of reading and reading comprehension are the focus. Some of these children can be identified by testing for reading comprehension skills and reading fluency in Grade 3. Secondly if the reading problems show a one year delay then an assessment by an educational psychologist is warranted immediately. However, if you are concerned about a student's progress, then regardless of how "behind" they are, it is best to conduct a full assessment by a psychologist.



childpsych is offering this evidence-based working memory training program.

The complete program includes:

- Initial interview
- Start-up session
- Five weeks of training with weekly Coach calls
- Wrap-up meeting
- Six month follow-up interview
- Access to the Cogmed Training Web
- Optional Cogmed Extension Training (12 months)

How long does it take?

The cogmed program consists of 25 training sessions of 30-40 minutes each, done over 5 weeks. It is the intensity of this training schedule that is critical to the program's success. The user/family sets the training schedule with the Cogmed Coach, with plenty of flexibility.

## Autism Services

childpsych provides a specialist autism clinic focused on assessment and diagnosis and intervention services. Our autism interventions are delivered by psychologists accredited to work with children with autism spectrum disorders.

- ✓ Assessment and diagnosis of autism
- ✓ Management of children with autism to age 18 years
- ✓ Behavioural interventions, social skills, transition to school, treatment of other conditions such as anxiety, depression
- ✓ Special education development classes and remedial teaching classes

childpsych.net.au/autism-services.php