



Depression in Adolescents

The January 2010 lecture in the Aware lecture series was given by Dr Sarah Buckley, Consultant Psychiatrist, St Patrick's Hospital, Dublin. The following notes are taken from Dr Buckley's presentation.

Rationale for focus

Childhood mental illness

- Most are unrecognised and untreated
- Significant morbidity & mortality
- Leading cause of lifelong disability
- Risk of persistence into adulthood
- Impact on education and health
- Impact on family
- Impact on society

Depression affects individual teenagers and also affects society as a whole (Greenberg 1993, 2003). High risk behaviours associated with the condition in adolescents include drug + alcohol abuse, teen pregnancy, suicide, school failure and school dropout (Mufson 2006).

An Irish study conducted in 2003 by Fitzpatrick, Lynch, Mills & Daly found that out of a population of 723 12-15 year olds in Dublin, the following results were found:

Any disorder	15.6%
Depression	4.5%
Suicidal	1.9%
Anxiety	3.7%
ADHD	3.7%
CD/ODD	2.4%
Tics	1.1%
ED	0.2%

Other statistics in this area show that about 5% of adolescents are suffering from major depression at any given time, with 8.3% adolescents experiencing symptoms for at least a year compared to 5.3% of the general population. 30% of adolescents also develop a substance abuse problem

Cause of depression

Depression can be caused by a combination of genetic and environmental factors, and sometimes early adverse experiences. The condition may be triggered by stressful life events such as bullying, abuse or parental separation - precipitants for depression in a person who is already predisposed to becoming depressed. Much depends on the context for the young person, it's meaning for them and what happens after it.

If one parent has depression their children are eight times more likely to become depressed than in families where neither parent is depressed. Research has shown that rates for identical twins are 45-50%, while the rate for non-identical twins is 25%. This suggests that what may be inherited is a *vulnerability* to depression and anxiety, and that certain environmental stressors may be involved.

Depression can be caused by repeated losses and/or in situations where there is repeated trauma that the person has been exposed to. And when that person ends up feeling hopeless and that there is no escape, learned helplessness may develop and lead to depression.

Familial influence:

Family influences can be significant when the child may feel unloved or unwanted. Often high-expressed emotion - negative, critical, hostile comments - can have a profound effect on a child's self esteem and coping skills.

Cultural influence:

In Ireland women complain of depressive symptoms more often than men. There is a pattern of men being more likely to complain of physical symptoms or try to self-medicate with alcohol when they are feeling depressed. This pattern is seen in many other cultures too.

Risk Factors

- Stressful life events
- Negative cognitive style which predisposes children to experience a prolonged dysphoric mood when the child is exposed to stressors e.g. receiving poor report cards or being rejected by their peers.

Symptoms of depression

- A change in the child's normal behaviour, mood or academic functioning
- A child that is extremely moody and uncommunicative
- Giving up interests but not finding new ones
- Not doing well at school
- Finding it hard to concentrate, becoming withdrawn and losing touch with friends
- Not looking after themselves, not eating enough or eating too much
- Being very self critical
- Sleeping badly or sleeping too much
- Physically slowed down
- Feelings of helplessness and worthlessness
- Overreaction to criticism
- Thoughts about suicide or about not wanting to be in this world anymore

Developmental Influences

- Physical, bodily
- Height/weight
- Secondary sex characteristics
- Circadian rhythms
- Sexuality, orientation, dating
- Intellectual
- Executive function - planning, organise, prioritise
- Cell growth in frontal lobe (ages 13-25)
- Abstract thought
- Ability to take on another's perspective
- Moral/ethical reasoning
- Social world
- Peers, affiliation
- Acceptance
- Identity
- Friendships
- Cultural/ ethnic influences
- Family roles

Depression is a condition that leads to prominent mood, sleep and energy changes, as well as changes in thinking. Young people are developing in numerous ways but most importantly in the area of self: Who am I? Depression has a profound impact on their sense of meaning + their view of the world.

Causes

- Biology- neurotransmitters, genetics
- Medical condition
- Environment
- Abuse, trauma, high stress, violence
- Life, losses, adjustment to stress

Depression: *Mood Changes*

- Depressed or sad mood
- Irritable mood
- Mood swings
- Anhedonia
- Loss of interest
- Social withdrawal
- Isolating
- Boredom

Physical Changes

- Sleep difficulty- too much or too little
- Difficulty falling asleep
- Awakening in the middle of the night

- Early morning awakening
- Increased sleep
- Fatigue
- Change in Appetite

Cognitive Changes

- Worried, ruminating thoughts
- Worthlessness, low self esteem, guilt
- Difficulty concentrating
- Decreased attention, focus
- Increased distractability
- Distortions in thinking
- Morbid ideation
- Suicidal ideation

Symptoms in adolescents can include drop in school grades; behaviour problems in school; fatigue; changes in sleep patterns; loss of enjoyment of previously enjoyed activities; self-harming behaviour; social isolation; lack of attention to appearance; extreme sensitivity to rejection or failure; suicidal thoughts

Long Term Studies have shown that adolescents who have suffered from depression are more likely to suffer other problems e.g. recurrent depression, substance abuse, educational difficulties, antisocial behaviour, problems with peers, family conflict, low self-esteem, suicide attempts, psychiatric hospitalisation

Effects of Depression

- Thought processes can be slowed down and their reasoning can be distorted.
- Become preoccupied with their own thoughts and can have difficulty in making decisions.
- Adolescents may escape from these feelings by drinking, taking drugs or getting into dangerous situations.
- If a person becomes very depressed they can become preoccupied with death and make suicide attempts.

Treatment Options

Psychoeducation

- Detailed knowledge of depression, symptoms and associated impairments
- Psychotherapy - CBT, Family, IPT
- Medication
- Activation, sleep hygiene
- Address problems, e.g. bullying and family conflicts
- Empathic framework

Motivational Interviewing

- Patient-centred counselling style
- Conflict unhelpful
- Collaborative relationship
- Patient's autonomy and right to choice

- Focus on resistance to therapy
- Flexibility

Cognitive Behavioural Therapy

- Aims to reduce psychological distress and maladaptive behaviour by altering cognitive processes
- Mood and behaviour are largely a product of thought
- Therefore, cognitive and behavioural interventions can bring about changes in-thinking, feeling and behaviour

Family Therapy

- Relationships, roles and communication styles are explored in detail.
- It can make overt the roles, functions and contextual triggers of depressive symptomatology.
- It aims to stop unhelpful interactions amongst family members, helps the family to communicate better and improve relationships.

Antidepressants

- Antidepressants work by altering the neurotransmitters in our brains. These are chemicals in the brain which transmit signals between the cells.
- In depression, two neurotransmitters - serotonin and noradrenaline - don't seem to be working properly. Antidepressants work by increasing the activity of these chemicals in the brain.
- Antidepressants are used to treat moderate to severe depression. They take approximately 2-3 weeks to work; however some people report a small improvement in their symptoms after 2-3 days.
- All of the antidepressant medications have side-effects: these are carefully discussed with the child and their parents before starting the medication. The most common side-effects are nausea and vomiting.

Suicidal Thoughts

Suicidal thoughts are often a symptom of depression. Young people may be upset about them and may well be afraid of upsetting others by admitting to them.

Coping Skills

Adolescents may be overwhelmed by symptoms of depression and may feel unable to negotiate challenges. It may be difficult for them to process their feelings or articulate their needs without support, guidance and feedback. They can often discover that self-injurious behaviour is one way of coping. Drugs and alcohol may be also be considered an option.

Consequences of Untreated Depression

- School - deteriorating school work
- Absenteeism
- Home - strained relationships with parents and siblings
- Self- distress, increased substance misuse

Much greater risk of dropping out of school and not being fully functional members of society in adulthood. Recent evidence compiled by the World Health Organization indicates that by the year 2020, childhood neuropsychiatric disorders will rise proportionately by over 50% internationally, to become one of the five most common causes of morbidity, mortality and disability among children.

What Can Parents Do?

- Understand their child's difficulties
- Encourage them to mind themselves - sleep and eat well
- Exercise
- Relax
- Take breaks
- Don't criticize, or blame
- Don't say or do anything to worsen their self image
- Recognize the efforts that your adolescent makes to overcome depression no matter how small
- Don't expect them to just "snap out of it"
- Encourage healthy relationships for your child

How to Help

- Suicidal thoughts or self harm behaviour should be taken very seriously.
- Adolescents who are depressed can find it difficult to be motivated to plan their days; they should be included in planning their day's activities as much as possible.
- If concentration in school is a concern their work load may need to be reduced for a short time
- Encourage positive thinking as often self-esteem can be low

Resources for Parents

Understanding and Supporting Depressed Children and Young People, Rob Long; 1999

So young, so sad, so listen, P Graham, C Hughes; 2005

Coping with an Anxious Or Depressed Child: A Guide for Parents and Carers, Samantha Cartwright-Hatton; 2007

The Feeling Good Handbook, David Burns; 1999

Overcoming Teen Depression: A Guide for Parents, Miriam Kaufman. 2001

Coping with Depression in Young People: A Guide for Parents, Carol Fitzpatrick; 2004

Resources for Children/Adolescents

Where's Your Smile, Crocodile?, Claire Freedman. 2001

Taking Depression to School, Kathy L.Korb-Khalsa. 2002

Kid Power Tactics for Dealing with Depression, Nicholas Dubuque. 1996

Depression is the Pits, But I'm Getting Better : A Guide for Adolescents, Jane Garland. 1997

Recovering from Depression : A Workbook for Teens, ME Copeland. 2002

When Nothing Matters Anymore: A Survival Guide for Depressed Teens, Bev Cobain. 1998