



# Depression in Young people

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# What is Depression

- It isn't the Blues where you we are sad and tearful sometimes or up and down for periods of time. This is normal adjustments to life's challenges.
- Depression is an illness that affects 1 in 5 people in their lifetime. It affects up to 8% of adolescents and can affect children younger than 12 years.
- Depression can start at any age – from childhood through to old age. Most often it starts in the mid-20s, and it is more common in the 25 to 45-year-old age group. People with depression often have other problems such as anxiety disorders, substance use disorders and personality disorders, and may engage in deliberate self-harm. Very severe depression can result in symptoms of psychosis (loss of contact with reality).
- The risk of suicide in people with depression is significant. It is important that if you are having any suicidal thoughts you [seek help immediately](#).



## For young people

Adolescence is a period of transition between childhood and adulthood.

Adolescence is a time of adaptation and integration into broader society, including establishing one's own identity, including sexual identity.

It is a time of major physical, emotional, intellectual and social changes for the young person.

# Adolescent pressures

Adolescence is a vulnerable time for depression as it is a period characterised for many young people by:

Natural mood swings

Self-consciousness

Concerns over body image

Precarious self-esteem, dependent on outside circumstances

Relationship problems and break-ups

A future that is beginning to exert fears and pressures

A lot of natural idealism which the day-to-day realities of life constantly threaten

Attempts to establish sexual identity and security

Concerns about sexuality and sexual behavior

Exposure to peer group pressure

Exposure to alcohol and drugs

Frequent value conflicts with parents

Acute academic pressures

Transition from school to the public arena

# Definition of Major Depressive Disorder (MDD)

At least 1 of

depressed mood/irritability/anhedonia

PLUS

worthlessness/guilt/fatigue/sleep disturbance/ recurrent suicidal thoughts/concentration impairment/appetite &/or weight changes/psychomotor disturbance (to make 5)

For at least 2 weeks (usually longer)

➤ PLUS IMPAIRMENT in FUNCTIONING



# Features of Adolescent depression

- irritability
- social withdrawal
- anhedonia
- changes at school
- oppositionality/defiance
- drug and alcohol abuse

# Co-morbidities are common with depression

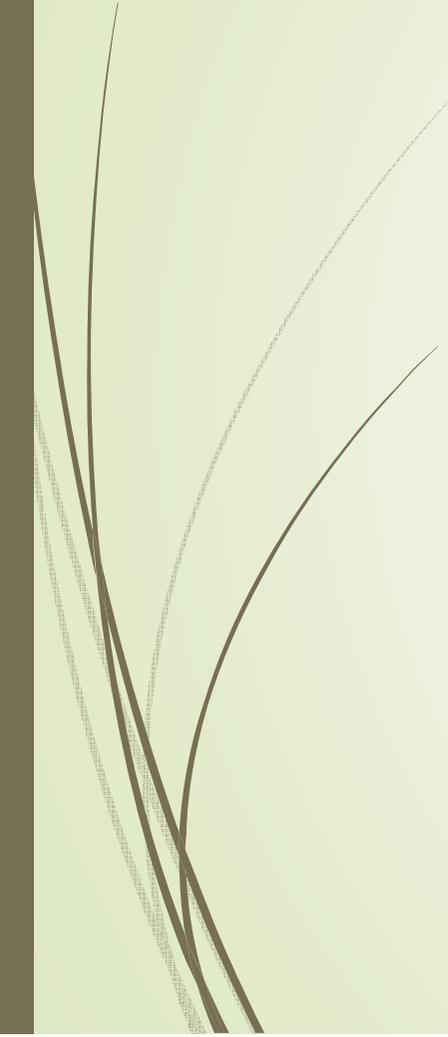
- Especially Anxiety Disorders
  - Separation Anxiety
  - Social Phobia
  - Panic Disorder
  - GAD
- Externalising Disorders
  - ODD
  - CD
  - ADHD
- Substance abuse (drug and alcohol)
- Learning difficulties
- Eating Disorders

What does it look like?





# How common is depression?



▶ Pre-school children	0.3%
▶ pre pubertal children	1.8%
▶ adolescents	5-10%
▶ paediatric wards	7%
▶ paediatric neurology wards	40%

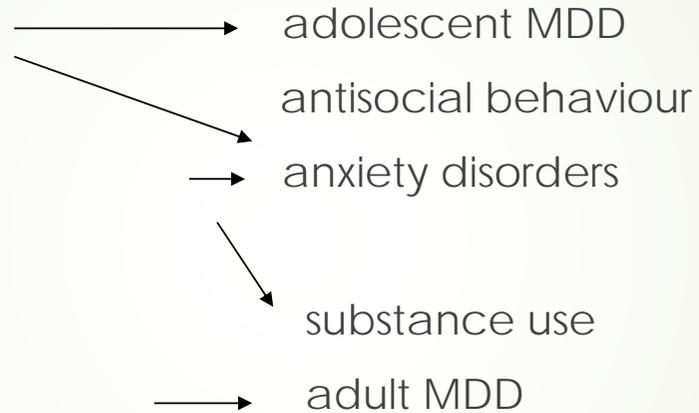
from Angold and Costello 1995

# Outcome of MDD

▶ Child MDD

▶ adolescent MDD

▶ adolescent MDD



# MDD outcomes

- ▶ 1/2 to 3/4 MDD remits at 9-12 months
- ▶ 1/3 relapse by 2 years
- ▶ 2/3 relapse by 5 years

What predicts relapse?

Comorbidity, especially A&D, anxiety

Family conflict



# Suicide in NZ

- ▶ 60-80 young (< 20 yr) New Zealanders die by suicide each year
- ▶ suicide is the second most common cause of death in this age group
- ▶ males > female
- ▶ Maori males

750 suicides over last 20 years in NZ. 50% Caucasian, 25% Maori, 10% Polynesian, 3% Asian (unascertainable from coroners records)

Mode of death: of the last 750 death- 450 hanging, 100 Vehicle gas exhaust, 100 guns, 50 poisoned, 30 jumped, 10 hit by train.



What causes depression?

Interplay of both

Environmental and genetic factors

# Aetiological Factors

Depression is linked to changes in how the brain works. Many things can be considered as factors that make you vulnerable to depression:

- Adverse life events (eg. **sexual**, physical &/or emotional abuse, relationship or schooling issues, bullying)
- Stressful events like the break-up of a relationship or financial trouble
- Socioeconomic adversity
- A family history of depression
- Poor parent-child attachment &/or parent child conflict
- Stressful or traumatic events in childhood can lead to depression later in life
- Parental disharmony/violence/divorce or family stressors
- Certain medications can cause depression in some people
- Bereavement (Early parental loss associated with increased risk across lifespan)
- Physical illness, such as post viral, diabetes, cancer
- Social isolation- i.e. Having no friends or family near you.

# Biological and Psycho-social Model

## ► What causes depression?

- Usually depression is the result of a **number of things coming together**, these can be grouped into biological, psychological and social.

## ► Biological

- Depression is associated with a **change in chemicals in the brain called neurotransmitters**, which pass messages from one nerve cell to another. The two main neurotransmitters thought to be related to depression are **serotonin and noradrenaline**. These are decreased in people who are depressed. Medication works by increasing these substances.

- **Depression runs in families** so that some people are born with an increased risk of developing depression. This tendency can be mild or severe and **may only show itself if some of the other factors associated with depression come into play**. For example someone who has family members who have suffered from depression may be more at risk for a depressive illness **following a relationship break-up**. In this way it is similar to illnesses like asthma, which also runs in families, can affect some more than others, and some not at all, and where the asthma attack is often set off by something like coming into contact with pollen, or the dust mite.

## ► Psychological

- We often think of feelings as things that happen to us over which we have no control. In **fact the way we think about things affects the way we feel**. People who have tendency to become **depressed often feel very negative about themselves, about the world around them** and about the future. They see little that is positive. Compared with someone who is not depressed they will tend to come up with more negative explanations for things that happen and are more likely to blame themselves when things go wrong.
- People who are depressed are **less likely to look for solutions to problems** than people who aren't. They tend to give up more easily. This may be the result of stress early in life or it may be that they have just never learned skills to help them to solve problems.

- These psychological findings are important as they have led to the development of highly effective psychological therapies.

## ► Social

- There are **many stressful life circumstances that may contribute to depression**. Family discord has been shown to be related to depression in children and young people. Other things that may **contribute include loss experiences like losing a parent early in life, illness, especially chronic severe illness, abuse, and major trauma**. **War, colonisation** and oppression may affect the mental health of **large numbers of people in certain ethnic groups**.

# Signs and Symptoms-Assessing

- The sign of depression are:-
- Low mood or irritability most of the time for more than two weeks
- Difficulty with concentration
- Change in sleep, either an increase or a decrease
- Change in appetite, either an increase or a decrease
- A drop in school grades
- Reduced contact with friends
- Loss of interest in usual activities
- Poor Hygiene
- Suicidal thoughts or ideas
- Deliberate self harm- as a means of coping with internal pain.

# What to do & how to help

- ▶ **Ask, enquire, check it out, offer a listening ear.**
- ▶ If you or someone you know is depressed there are a number of **simple things that might help**
- ▶ Being busy tends to improve mood. Even if it is an effort to begin, it is good to **set goals and try and achieve them**. If it is very hard going small goals are fine.
- ▶ **Scheduling enjoyable things** is a good thing to do. Phoning a friend, playing sport, having a bath with music and candles, going to a movie, listening to music, watching a favourite TV programme are all things that may improve mood.
- ▶ Getting enough **sleep and eating sensibly** are important.
- ▶ **Exercise improves mood**. It increases the neurotransmitter serotonin, which is decreased in depressed people.
- ▶ **Talking to someone** about the problem is usually helpful. It allows someone to give support and they may have some good ideas for improving difficulties.
- ▶ It is important to **avoid alcohol, marijuana and sedatives** generally. While these may make things better in the short-term they are depressants of the nervous system and will make depression worse. Illegal drugs generally have an adverse effect on people who are depressed.
- ▶ You might like to try the self-help website <http://www.feelbetter.org>.



# Where to get help

- ▶ If all these things have been tried and there isn't improvement within a couple of weeks it is worth getting help. The best place to start is with your family doctor or school guidance counsellor who should be able to help, or to refer you to someone who can.
- ▶ The GP will refer to the specialist mental health service (SMHS) for child and adolescent mental health (CFSS, YSS, CAF-Rural).
- ▶ CAFLink is the single point of entry to these services 0800 218 219 dial 1. All NGO's and primary care can refer. If unsure you can call and discuss the referral.
- ▶ If there are more concerns regarding **safety and risk** for the young person call **CAF Emergency service 0800 218 219 dial 2** or **Crisis resolution 0800 920 092** for after hours and weekends.

# What are the treatment options

- ▶ **What treatments work?**
- ▶ We have evidence that we **can treat depression effectively and are able to improve things for 8 out of 10 young people**. The treatments for which we have the best evidence are cognitive behavioural therapy (and the evidence is best for this), specific antidepressants and interpersonal therapy.
- ▶ **Cognitive behavioural therapy (CBT)**
- ▶ This therapy is based on the psychological factors that contribute to depression. It has **two main components the cognitive**, which deals with **how people think** and the **behavioural**, which addresses **how people behave**.
- ▶ It is essentially a **systematic training in positive thought and action**. It is a very practical therapy. Young people and their families are **taught about depression** and its causes. **Mood is affected by what we think and what we do**.
- ▶ Attention is paid to day to day activities and how they affect emotions. **Activities that improve mood are scheduled**. Negative ways of thinking are identified and **more helpful ways of thinking are found**.
- ▶ The person who does the therapy is the young person. The mental health professional is like a coach. It takes 12 to 16 sessions that last about one hour each. Sometimes it is done in groups. CBT has been shown to work in adults and teenagers and probably helps to prevent depression coming back.



# Medication

- ▶ The most useful medications for young people with depression are called the **SSRI's (specific serotonin re-uptake inhibitors)**. They work by increasing the brain chemical serotonin.
- ▶ They are effective in young people but **take two to three weeks to work**. They are taken once a day, usually in the morning. They are very safe medications and are not addictive but need to be **stopped gradually** so that the body can adjust to not having them.
- ▶ **Side effects** are worst in the **first couple of weeks** and this is a difficult time as the depression has not improved. It may be tempting to stop the medication in these early days but **persevering** with it is mostly worthwhile.
- ▶ Side effects improve with time. The **most common side- effects are nausea, anxiety, difficulty sleeping, or excessive sleepiness**. If one of these is too troublesome a **change to another SSRI** can sometimes sort things out. If medication has an effect, it should then be **continued for at least six months** before being stopped. Common SSRI's include fluoxetine (Prozac, Lovan), citalopram (Cipramil) and escitalopram.

# Other therapy

- ▶ **Interpersonal therapy and Dialectical therapy**
- ▶ IPT is a psychological therapy that focus on how the young person relates to those around him/her. It looks at **ways that the young person can improve relationships with others**. DBT explores **how we receive messages from others and how we interpret them**. Theoretically they should work well, as we all know that conflict with those around us can make us feel negative and miserable. There is some evidence that they work for both young people and adults.
- ▶ **Cognitive behavioural therapy and medication** work about as well as each other and if they are **combined work better than either alone**. As well as these therapies it may be important to address other things.
- ▶ Family conflict is an especially important area to deal with, explore **Family therapy**. If there are problems at school then these need to be dealt with.
- ▶ **Specific counselling** may be needed for specific difficulties such as **abuse**. Teenagers often **abuse substances** such as alcohol and marijuana. This will make the depression worse and will need specific attention.
- ▶ While there are many other therapies used for depression, and some of these may be effective, we do not yet have scientific evidence that they work.
- ▶ It is important to know that **improvement takes time**. Any therapy may take three or more weeks to start working and it can take two to three months before things get substantially better.

# Important issues that affect how young people receive help for depression

- ▶ Depression and stigma

- ▶ Help seeking



# Website help

- ▶ **Related websites**

- ▶ **[The Lowdown](#)**

An interactive website that lets you email, text or instant message for advice. It has information to help young people understand and deal with depression. You can free text 5626 for help.

- ▶ **[Fact sheets](#)** for people to learn more about depression.

- ▶ **[SPARX](#)**

A free online tool to help young people learn to deal with depression and anxiety.

- ▶ **[Depression website – The Journal](#)**

Information and resources (fact sheets) on recognising and understanding depression, including post-natal depression. It's also the home of The Journal, a self-managed online programme to help you get through depression.

- ▶ **[How you can help yourself](#)**

- ▶ **[Health and Disability Commissioner](#)**

The Health and Disability Commissioner lists contact details for mental health services at [Getting help](#).

- ▶ **[Mental Health Foundation](#)**

The Mental Health Foundation provides free information and training, and advocates for policies and services that support people with experience of mental illness.

- ▶ **[Depression](#)**

- ▶ **[In crisis?](#)**

- ▶ **[Helplines](#)**

- ▶ **[Health Navigator](#)**

The Health Navigator NZ website helps you find reliable and trustworthy health information and self-help resources.

- ▶ **[Depression](#)**

## Resource worksheets & useful links

- [www.getselfhelp.co.uk](http://www.getselfhelp.co.uk)
- [www.blackdoginstitute.co.uk](http://www.blackdoginstitute.co.uk)
- [www.psychologytools.org](http://www.psychologytools.org)
- [www.cci.health.wa.gov.au](http://www.cci.health.wa.gov.au)
- [www.lowdown.co.nz](http://www.lowdown.co.nz)
- [www.urge.co.nz](http://www.urge.co.nz)
- [www.real.org.nz](http://www.real.org.nz)
  
- **VVV**<http://www.skylight.org.nz/Helpful+Web+Links+for+Young+People> - several useful NZ based sites for youth.
- <http://www.health.govt.nz/publication/having-suicidal-thoughts>
- <http://www.spinz.org.nz/page/5-Home>
- [www.addressthestress.co.nz](http://www.addressthestress.co.nz)
- <http://www.parentline.com.au/parenting-information/tip-sheets/> - useful information for parents
- [www.headspace.org.au](http://www.headspace.org.au) - youth oriented site
- <http://www.getselfhelp.co.uk/stopp.htm>
- <http://www.nice.org.uk/nicemedia/live/10946/57152/57152.ppt>
- <http://www.actforyouth.net/>