

**DEPRESSION IN YOUTH:
HOW TO SPOT IT.
WHAT EDUCATORS CAN DO.**

Dr. Khrista Boylan, MD, FRCPC
Child and Adolescent Psychiatrist
McMaster Children's Hospital
Offord Centre for Child Studies
November 18, 2008

Overview


- What is depression
- How to spot it
- First steps in getting help
- What treatment (ideally) involves, and the role of the parent and educator
- Scenarios for discussion

Educators and parents as detectives

- Youth spend nearly half of their lives in school environments.
- Youth behave differently at home and school.
- Without parents and teachers being on the lookout, most episodes of depression would be missed.
- Treatment and prevention of depression starts at home and in the classroom.

1. What is depression?

- Depression is a mood disorder
- Depressed or irritable mood for at least 2 weeks continuously.

- 
- ❑ At least five other symptoms of:
 - ❑ lack of energy or fatigue (but may be restless),
 - ❑ diminished interest in activities requiring effort,
 - ❑ lack of enjoyment in pleasurable activities,
 - ❑ problems sleeping, change in appetite,
 - ❑ problems concentrating,
 - ❑ suicidal or very hopeless thoughts,
 - ❑ reduced libido or self care

Prevalence

- Major Depressive Disorder (depression) is **common** in children and adolescents (youth).
- Childhood prevalence: 2-3%
- Adolescent prevalence: 6-8%
- Note: Twice as common in girls after puberty.

What does depression look like?

- **Preschool and elementary years:**
 - Clingy to parents or teachers
 - Many “new” fears
 - Many physical complaints
 - School refusal
 - Unable to play with peers with complaints of unfairness or being left out
 - Destructiveness or aggression
 - Unable to complete “school” tasks

What does depression look like?

□ **Adolescents:**


- Truancy from school
- Drop in school performance
- May notice lying about school or about social activities
- Not caring for appearance
- Experimenting with substances often begins at this time
- Blaming others for their problems
- Excessive emphasis on others not liking them or treating them badly

What causes depression?

- We don't know what causes depression, but we are sure that multiple biological and social influences interact with each other to result in depression.

Biological Factors

- Neurochemicals are unbalanced in the brain. This may be caused by:
 - Drug use
 - Environmental stress
 - Genetics
 - Sleep pattern changes
 - Poor nutrition
 - Abnormal thyroid or other hormones

- 
- Other risk factors:
 - loss of relationship
 - perfectionism or perceived failure
 - abuse in close relationships
 - learning disability

If not depression, what might it be?

- Bipolar Affective Disorder.
- Substance Abuse Disorder.
- Anxiety Disorder.
- Adjustment Disorder with disturbance of mood.
- Bereavement.
- Parent child relational problem.

2. How to spot it?

Is the youth's function deteriorating?

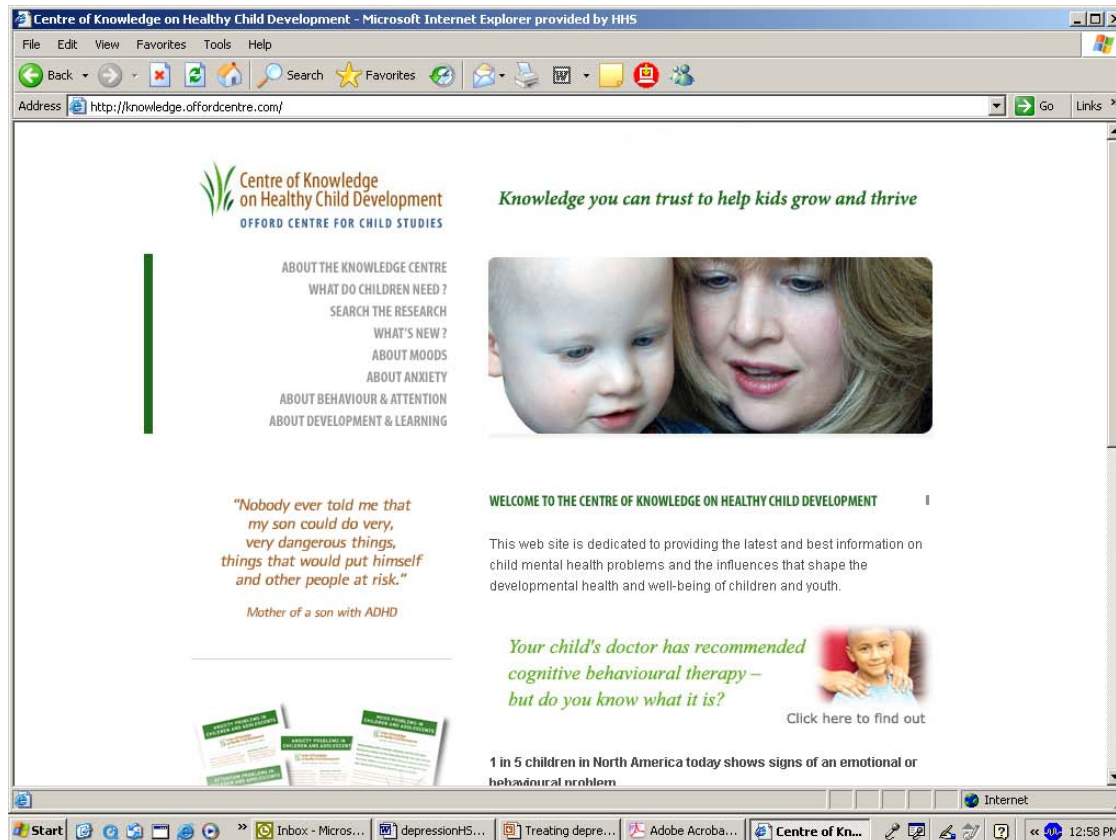
- ❑ When were your specific concerns first noticed? (Parents, teacher and youth often disagree)
- ❑ When did the onset of impairment begin? (focus on school attendance, peer and family functioning, self care)
- ❑ How constant are the symptoms? Is there a break/anything the child/parent can do to help improve the mood?
- ❑ Has anything like this happened before? How many times?

3. Accessing help

- First steps for parents:
- Ensure youth is living and learning in a safe environment. *May need drug treatment**.
- Improve general health (sleep, nutrition).
- Set a schedule in place and help to motivate the youth.
- Reduce access to detrimental relationships.
- **Alternatives for Youth (100 Main st E. 527-4469)*

- 
- Become educated about depression.

Resources for Parents



Evidence-based pamphlets, book lists, additional information, updated regularly

**Centre of Knowledge on
Healthy Child Development**
<http://knowledge.offordcentre.com/>

Additional web resources

www.healthyplace.com


- National Institutes of Mental Health. Provides information about psychiatric disorders of children

www.aacap.org

- Website of the American Academy of Child and Adolescent Psychiatry

www.mooddisorders.canada.ca

- Psycho-social resources, diagnosis tools and teen links.

- 
- Offer your youth to speak to someone they, or you, trust (social worker, family member, clergy, psychologist, family doctor).
 - Speak to school social worker, principal/V.P., teacher about your concerns.

- If staff has experience, consider providing cognitive behavioural therapy (CBT) or interpersonal psychotherapy (IPT).
- There are free online CBT course materials that teens can access:
- www.carmha.ca (Dealing with depression course)
- Make an appointment with your physician or call CONTACT Hamilton to access mental health support.

Things that cannot wait.....

Is there imminent harm to self or others?

- ▣ Has the child harmed themselves? Have they threatened to?
- ▣ Are they taking care of themselves?
- ▣ Are they aggressive or threatening towards others?

Maybe this youth should see a physician

Maybe the COAST* or police should be notified

*Crisis Outreach and Support Team



Is your family able to care for them?

- ▣ Is anyone else in the home depressed?
- ▣ Is the child feeling unsafe, or is there evidence of chronic neglect or abuse?

Maybe this youth requires assistance from Children's Aid

School based treatments for depression: What do we know?

- Relatively new research (c. 2004)
- **Prevention studies** (interventions intended for all youth, not just those at risk)
- **High risk intervention studies** (interventions for youth or families identified to be at high risk for depression)

Prevention studies

- Involve many months of surveillance and a control group
- Educational sessions delivered to classes or schools by researchers or teachers (2 studies)
- Approximately 20 studies done. 50% show benefit and 50% do not.
- Very complicated studies to do. More investigation is required, focussing on factors that support beneficial outcomes.

Summary:

- More study is required to determine the degree to which universal (class-wide) depression prevention programs help students to cope with stress and mood problems
- There may be advantages to focussing on a high risk group of youths to offer intervention for depression (*Spence and Shortt, 2007*)
- This intervention should address the family system, the social environment of the child and school factors.

Intervention study - Example

- The Adolescent Transitions Project (ATP)
- (Connell & Dishion, 2008)
- *“A contextually sensitive family treatment model designed to promote treatment engagement for family members”*
- Engaged 998 families over 3 years (Grades 6-9)
- 15% considered high risk by teacher ratings.

- Three deliverables to schools:
 - 1. Family Resource Center in each school
 - 2. 6 intervention classes offered as part of the curriculum each year.
 - Success – Health – Peer group relations – Respect – Coping with stress – Verbal problem solving skills
 - 3. Three family check ups (FCUs) offered to each family to identify family problems, readiness to do something about them and help them liase with community resources.

- The ATP reduced the amount of depression symptoms over the study in the intervention group whereas the control group's depression scores increased over time.
- The study showed that the more important predictor of improvement in child symptoms was the number of hours of parent participation in ATP, not the child's!
 - ▣ How best can parents be engaged in these interventions?
 - ▣ What are some of the barriers to family engagement?

A Team Approach



**Parents, teachers, peers,
and helping professionals
are all part of successful
treatment.**



Scenario 1

- 15 year old Samantha is attending school just enough to avoid suspension. She is showing cuts on her wrists to classmates. You hear that she recently broke up with boyfriend when she is chatting during class. She lives with her aunt now as her parents are recently separated. She has typically been a B student and her grades have steadily dropped over the past few months.

Questions:

- Which of Samantha's behaviours make you concerned, and what do they make you concerned about?
- What are some of your thoughts about the impact of Samantha's behaviour on your other students? Discuss examples of how have you dealt with this in the past.
- Might there be issues in maintaining confidentiality in your interactions with this girl? What have you experienced in your work with such youth?

Scenario 2

- 10 year old Brandon has been bullied for years because of his learning disability. Lately he is involved in several significant fights with male peers at recess and he is overtly rude and defiant to teachers. Suspensions and time in the principal's office have had no effect.

- The principal, teachers and EA have met with his parents. His parents accuse the school of not providing enough supervision of him at recess or support for his learning disability. The school staff feel they can do no more. The parents report that their doctor says Brandon is depressed, but he is not going to treat him because he is only 10. School staff do not notice that Brandon is sad, but that his anger and defiance are huge problems.

Questions:

- What are some obstacles that you have encountered with students like Brandon in attempts to try to improve their behaviour when at school?
- When would you be concerned that Brandon might be depressed or at least suffering some problems with self esteem. How would you approach this with a 10 year old?
- How might the school and the parents work together to help Brandon with his behaviour?