

### Abstract

*Depression is a crippling mental health issue which affects millions of people worldwide. It can interfere with a young person's social functioning, as well as how they perform at school and at work. Despite depression being a common experience for young people, few appear to be seeking help for symptoms. This paper sets out best practice intervention strategies for people working with young people who may be experiencing depression.*

*For youth workers and helpline volunteers, best practice involves recognising clinically relevant symptoms, encouraging young people to seek help, and referring them to appropriate services such as Youthline's face-to-face counselling services. For clinical workers, psychotherapy, the combination of psychotherapy and pharmacotherapy, and establishing a solid and positive therapy relationship appear to be particularly effective. Physical activity and mindfulness-based interventions also appear to show promise.*

### Overview

According to the World Health Organisation, depression is the world's leading cause of disability <sup>[1]</sup>. Depression has also been found to be a consistent indicator of suicide <sup>[2]</sup>, with suicidal ideation being part of its diagnostic criteria <sup>[3]</sup>.

#### What is depression? Recognising the symptoms

More than 5 symptoms from the following list indicate the presence of depression (which is also sometimes called major depression, a major depressive episode or clinical depression) <sup>[3]</sup>:

- depressed mood for more than 2 weeks (most of the day, nearly every day)
- loss of interest or pleasure in previously enjoyed activities
- significant changes in appetite, eating and weight
- significant changes in sleep
- fatigue
- significant changes in activity
- feelings of guilt and negative self-worth
- reduced concentration
- suicidality

#### Depression in young people

Depression can start in childhood and increase in the transition to adolescence <sup>[4]</sup>. Depression in a person's youth can also predict their likelihood of a major depressive episode in adulthood <sup>[5]</sup>.

### Population stats

- Worldwide, depression affects more than 350 million people <sup>[1]</sup>
- In New Zealand, 1 in 7 young people are expected to experience depressive episodes <sup>[6]</sup>
- 1 in 4 depression sufferers will have experienced depression by the age of 20 <sup>[7]</sup>
- Young women are thought to be more likely to experience depression <sup>[8]</sup>, though young men are less likely to report it <sup>[9]</sup>

However, recognising depression in young people may not be as easy as with adults. Even though the diagnostic criteria are the same, presenting symptoms may differ with cognitive and biological developmental stages <sup>[4]</sup>. For example, depressed mood, hopelessness and the loss of interest or pleasure might not tend to be reported by younger children. Instead, they may be more likely to report physical symptoms. This may reverse as a young person transitions into adolescence <sup>[4]</sup>. Vulnerability factors may also change with age and may result in differing levels of depression severity <sup>[4]</sup>. In short, depression in young people can be very mixed, so causes, presentations and consequences will likely vary from young person to young person <sup>[10]</sup>.

Even though depression and other mental health issues are common experiences for young people <sup>[6, 7]</sup>, many are not seeking help. A recent New Zealand school survey found that over 80% of

students aged between 12 and 18 had experienced serious mental health issues but had not sought help from health services <sup>[9]</sup>. In the survey, young men were less likely to seek help than young women <sup>[9]</sup>; a trend also seen in New Zealand adults <sup>[8]</sup> and overseas <sup>[4]</sup>. That said, using health care services seems to be an issue for young men *and* women, not just young men <sup>[9]</sup>.

Youthline's Youth Engagement Report <sup>[11]</sup> offers some suggestions about why young people may not be seeking help from services:

#### *Young people may*

- worry they will be 'lectured'
- worry their parents will find out
- be unsure about talking to someone about their problems
- not know what services exist
- feel ashamed or judged
- perceive service providers to be 'too serious'

However, young people may disclose depression symptoms to non-family adults they know and trust <sup>[9]</sup>. Young people are also more aware of services that actively engage them than ones they have to seek out <sup>[9]</sup>. These suggest that those working closely with young people are in a good position to recognise symptoms and to encourage young people to seek help.

### **Vulnerability**

Depression is the result of a complex interaction of biological, interpersonal, cognitive, emotional and personality factors <sup>[4]</sup>. To get the 'big picture' of a young person's experience, it may be helpful to consider how these factors may be impacting on a young person. It is important to keep in mind that:

a) Depression does not appear to result from either solely genetic or environmental factors, but rather a mix of both <sup>[10]</sup>, and

b) An accumulation of risk factors does not always lead to depression <sup>[10]</sup>. A young person's experience of depression will vary as a result of how these factors influence a young person and are interpreted by them <sup>[10]</sup>. What follows are some of the factors that may increase a young person's vulnerability to depression:

- Stressful life events
- Low socio-economic status
- A family history of depression
- Neurological factors
- Personality
- Cognitive factors
  - Negative assumptions
  - Dysfunctional attitudes
  - Rumination and negative reflection
  - Self-criticism
- Interpersonal vulnerabilities
  - Excessive reassurance seeking
  - Dependency
  - Little social support
  - Insecure attachment

### **High risk groups**

#### **Young people attracted to the same or both sexes**

Youth attracted to the same or both sexes may face issues that increase their risk of depression. These include drug and alcohol use, experiencing a sexually transmitted infection, and bullying <sup>[12]</sup>.

A survey of New Zealand high school students found that young people attracted to the same or to both sexes were more likely to experience depression than those attracted to the opposite sex <sup>[12]</sup>. The survey also found that 20% of the young people who were attracted to the same or both sexes had made an attempt at suicide within 12 months prior to the survey. 69% had not spoken about their attraction to family or friends, which suggests that help-seeking and support may also be issues for young people attracted to the same or both sexes <sup>[12]</sup>.

#### **Young people enrolled in alternative education**

Students enrolled in alternative education programs may also face issues that increase their risk of depression. These include poverty, witnessing violence at home, violence victimization, bullying and sexual abuse <sup>[13]</sup>. In a New Zealand study, over 25% of alternative education students aged between 11 to 17 years reported symptoms indicative of clinical depression <sup>[13]</sup>. A similar number had made a suicide attempt within 12 months prior to the study <sup>[13]</sup>.

## Resilience

The following resilience factors may act as buffers for young people, which could weaken the influence of vulnerability factors<sup>[13; 14; 15]</sup>:

- caring family relationships
- family connectedness
- parental presence
- peer support
- peer connectedness
- neighbourhood connectedness
- feeling safe at school (particularly for youth who are attracted to the same or both sexes)

However, quality evidence linking these to reductions in depressive symptoms appears to be absent from the literature.

## Clinical best practice

The current research on depression intervention and treatment is full of contradictions and conflicting evidence. In particular, it is unclear as to whether:

- Targeted interventions (interventions which target at-risk young people) are more effective than universal interventions (interventions delivered to the general population)<sup>[16; 17]</sup>, or whether both are equally effective<sup>[18]</sup>
- Psychotherapy treatment is more effective for high risk young people than mid-to-low risk young people<sup>[18; 19]</sup>; or whether psychotherapy is effective regardless of a young person's level of risk<sup>[18]</sup>
- Shorter interventions are more effective than longer interventions<sup>[17]</sup>, or whether there is no difference between the two<sup>[16]</sup>

However, there do appear to be some consistent trends in the research. What follows is a review of intervention strategies for depression and their supporting evidence.

### Pharmacotherapy

Pharmacotherapy refers to medical treatment by means of drugs. There does not appear to be strong evidence to support the effectiveness of

pharmacotherapy for depression when it is used by itself, particularly in younger children<sup>[20]</sup>. Recent research has found that young people's ratings of depressive symptoms differ by only 10% between various drugs and placebo trials<sup>[20]</sup>.

### Psychotherapy

Psychotherapy refers to the treatment of mental issues by psychological rather than medical means. When performing meta-analyses and systematic reviews, researchers tend to lump a variety of psychotherapies together, so few quality reviews of individual psychotherapies exist. However, there appears to be much evidence to suggest that psychotherapy in general (including psychodynamic, humanistic and cognitive interventions), is more effective than receiving no intervention<sup>[17; 18; 19]</sup>. The following trends are also apparent in the research on psychotherapy<sup>[17; 21; 22]</sup>:

- Treatments which use homework tend to be more effective than those without
- Trained providers produce longer lasting effects than untrained providers located within an organisation (e.g. teachers)
- Young person self-reports of treatment effectiveness tend to be higher than their parent's ratings
- Treatment outcomes tend to be poor if depression co-occurs with a personality disorder
- Psychotherapy tends to be more effective with female youth and with older youth
- The effects of psychotherapy do not appear to last beyond 9 to 12 months.

Research shows psychotherapy to be effective regardless of its content or how it is delivered<sup>[17; 22]</sup>. Research also shows psychotherapy to be as effective as placebo<sup>[18]</sup> or 'treatment as usual' trials (all other mental health or health care service treatments)<sup>[19]</sup>. These suggest treatment effects that are not directly related to psychotherapy itself. This reflects the importance of factors such as the relationship and alliance between a therapist and young person. Research has consistently shown that therapy relationship accounts for as much improvement in clients as the treatment itself<sup>[23]</sup>. So, strong alliances

and positive relationships between therapists and young people that are stimulating, humorous and rewarding seem vital for treatment efficacy<sup>[23]</sup>.

### **Psychotherapy + pharmacotherapy**

The combination of both therapies appears to show promise. A 36-week longitudinal study demonstrated the effectiveness of combining pharmacotherapy (fluoxetine) and psychotherapy (CBT) in young people aged between 12 and 17 experiencing moderate to severe depression<sup>[4]</sup>. Combination trials were more effective than the use of antidepressants, CBT or placebo trials<sup>[4]</sup>. Again, treatment outcomes tend to be poor if depression co-occurs with a personality disorder, regardless of the treatment(s) method used<sup>[21]</sup>.

It is important to note that warnings have been issued overseas, advising the monitoring of pharmacotherapy use in young people due to concerns around possible suicidal effects of medications, particularly selective serotonin reuptake inhibitors (SSRIs). Even with the use of psychotherapy, careful consideration is advised when considering pharmacotherapy for young people.

### **Physical activity intervention**

There is some evidence supporting the use of physical activity and exercise as a form of depression management in young people<sup>[24; 25]</sup>. However, the evidence supporting this as an effective intervention is still in its infancy. The exact mechanisms behind physical activity programs are yet unknown<sup>[25]</sup>.

### **Mindfulness-based therapy (MBT)**

MBT encourages a non-judgmental, moment-by-moment awareness. Treatment could involve having a young person focusing on their body's sensations or on the physical world around them, or accepting one's thoughts as something that can be 'viewed' objectively. There is robust evidence backing the use of MBT in adults<sup>[26]</sup>. There is also some evidence to suggest that MBT may reduce the influence of cognitive factors in urban young people's experiences of depression<sup>[27]</sup>, though research with other groups of young people is still in its infancy<sup>[28]</sup>.

## Summary

Help-seeking seems to be a particular issue for young people, which prevents them from receiving appropriate treatment for depression. For those working closely with young people, particularly youth workers and helpline volunteers, best practice means recognising symptoms of clinically relevant depression and encouraging at-risk young people to seek help. Recommended referrals are listed on the following page. Given the link between depression and suicide, some knowledge of suicide risk assessment is advised (see Youthline's 'Best Practice Strategies for the Prevention of Youth Suicide' paper), as well as being able to refer young people should they be recognized as at-risk.

Of particular relevance to those working in the clinical services, researchers have suggested that the most effective intervention strategies may be those that consider the social environments of young people, particularly their family environments<sup>[13]</sup>. While there is little empirical evidence to support this, they may be worth working into a strategy that is otherwise supported by systematic evidence, such as psychotherapy.

### Strategies that work

- ✓ Recognising the symptoms of depression
- ✓ Getting to know young people personally, and recognizing the issues they face
- ✓ Encouraging young people to seek help and referring them to appropriate services
- ✓ A consideration of the complex interactions of vulnerabilities that may be involved in a young person's experience of depression
- ✓ Incorporating a variety of strategies into intervention e.g. psychotherapy with pharmacotherapy
- ✓ Incorporating elements of 'homework' into intervention
- ✓ Training providers for longer lasting effects
- ✓ Psychotherapy
- ✓ Forming a solid, positive therapy relationship with young people
- ✓ The incorporation of physical activity and/or mindfulness into intervention shows some promise

### Strategies that don't work

- × Assuming a one-size-fits-all approach
- × Pharmacotherapy used in isolation
- × Ill-consideration of the costs versus benefits of pharmacotherapy to a young person

## Recommended referrals

- Youthline counselling services
  - helpline: 0800 37 66 33 (24/7)
  - free text counselling: 234 (8am-12pm)
  - email counselling: talk@youthline.co.nz
  - face-to-face counselling: (09) 361 4168
- In an emergency, contact the police or ambulance services: 111
- For your local mental health service provider or the number of your local DHB Mental Health Crisis Team, call:
  - 211 information line: 0800 211 211
  - or visit the family services directory: [www.familyservices.govt.nz/directory](http://www.familyservices.govt.nz/directory)
- For information on training and seminars for working with young people experiencing depression, visit the Youthline website: [www.youthline.co.nz](http://www.youthline.co.nz) and go to Youthline services, programmes and seminars

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