

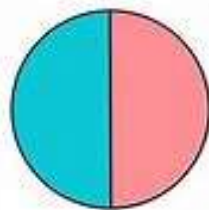
SUPPORTING ADOLESCENT DEPRESSION IN PEDIATRIC SETTINGS

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Learning Objectives

1. Describe current trends in adolescent depression
2. Best practice recommendations for identification and treatment of adolescent depression in pediatric settings
3. Learn about innovations in adolescent depression intervention

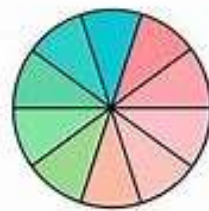
Current Trends in Adolescent Depression



What people think depression is

@what.is.mental.illness

- Being lazy
- Feeling of sadness



What depression actually is

- Loss of interest in daily activities
- Appetite or weight changes
- Unexplained aches and pains
- Feelings of helplessness and hopelessness
- Anger or irritability
- Sleep changes
- Loss of energy
- Self-loathing
- Concentration problems
- Reckless behavior

DSM-5 Criteria for MDD

- At least 5 symptoms most of the day, every day for a 2 week period or longer
- Impairment in social, occupational, and daily life

Epidemiology

- Up to 20% of adolescents will experience one episode of major depression before 18 years old
- An even greater proportion of youth are at risk for subclinical depressive symptoms
- Those with clinical and subclinical levels of depression are at increased for poor mental health outcomes long-term

Richardson & Katzenellenbogen, 2005

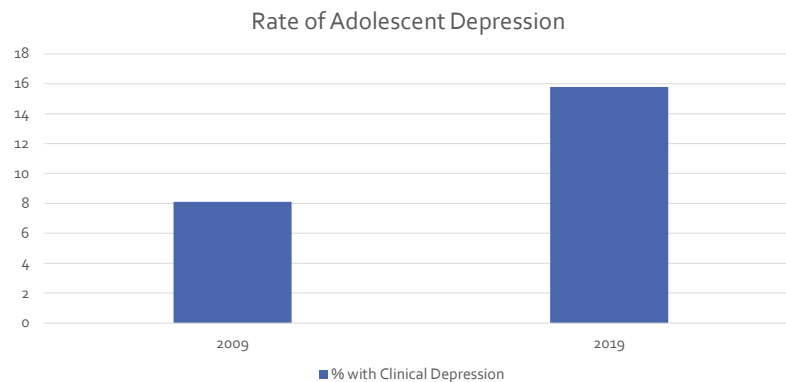
Sex differences in presentation

- Depressed girls may be more likely to feel **guilt, body image dissatisfaction, self-blame, self-disappointment, feelings of failure, concentration problems, difficulty working, sadness/depressed mood, sleep problems, fatigue, and health worries**
- Depressed boys may be more likely to report **loss of interest, depressed morning mood, and morning fatigue**

Bennett et al., 2005

Pre COVID-19 trends

- National Survey on Drug Use and Health
 - 167,783 adolescents between 12-17 years old
 - Assessed annually using national surveys from 2009-2019



Impacts of COVID-19












- Meta-analytic studies show adolescent mental health was significantly impacted during and shortly after COVID-19 (pooled estimates)
 - Depressive symptoms (31%)
 - Anxiety symptoms (31%)
 - Sleep disturbances (42%)
- Factors contributing to increased depressive symptoms
 - Older adolescents
 - Females
 - Greater electronic usage
 - Time

Deng et al., 2023




Recent data may indicate recovery

- Meta analysis may suggest a downward trend of anxiety in studies after 2021
- Youth Risk Behavior Survey Data may also be consistent

CDC, 2024; Deng et al., 2023

The Percentage of High School Students Who:*	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	2023 Total	Trend (All Years Available)	2-Year Change (2021-2023)
Experienced persistent feelings of sadness or hopelessness	30	30	31	37	42	40		
Experienced poor mental health [†]	–	–	–	–	29	29	–	
Seriously considered attempting suicide	17	18	17	19	22	20		
Made a suicide plan	14	15	14	16	18	16		
Attempted suicide	8	9	7	9	10	9		
Were injured in a suicide attempt that had to be treated by a doctor or nurse	3	3	2	3	3	2		

*For the complete wording of YRBS questions, refer to Appendix A.
[†]Question introduced in 2021.

 In wrong direction
 No change
 In right direction

CDC, 2024

Despite possible improvements...

- 4 in 10 high school students reported **persistent feelings of sadness or hopelessness**
- 2 in 10 considered **seriously contemplating suicide**
- 1 in 10 reported **attempting suicide**
- Female (53%) and LGBTQ (65%) students were more likely to report persistent feelings of sadness
- New Hampshire data closely mirrors these trends with the exception that NH students reported decreases in suicidality compared to national averages

CDC, 2024

Summary

- Rates of depressive disorders and depressive symptoms were increasing among adolescents prior to COVID 19
- COVID 19 worsened mental health distress among adolescents
- There may be some hope that mental health distress is evidencing recovery
- Yet, a high proportion of youth are likely to continue to present with depression and depressive symptoms

Primary care contexts are key

- Pediatric settings are crucial for supporting adolescents with depression
 - Only 36% of adolescents receive treatment for depression
 - Most adolescents are either “unsure” or “not ready” for care
 - Despite increasing rates of depression among youth, help-seeking remains low
 - Most depressed adolescents receive care in specialty mental health clinics
 - Not enough mental health specialists, particularly in rural communities
 - When depression is identified, most adolescents receive care
 - Some guidelines recommend close monitoring in primary care for mild depression cases

Cheung et al., 2018; Goodwin et al., 2022; O'Connor et al., 2016; Tanielian et al., 2009; Wang et al., 2023

Best Practice Recommendations

- Emphasize:
 1. Screening to identify youth at-risk and/or experiencing depression
 2. Attend to safety concerns
 3. Encourage engagement with evidence-based treatments

APA 2019; Zuckerbrot et al., 2018

Practice Preparation

1. Train providers and the system in effective tools for identifying (screening) youth with depression and responding to safety concerns
2. Identify mental health resources to support consultation as needed and referrals for ongoing therapy/treatment

Identification of depression

1. Screening tools are a first step
2. Collect qualitative report from patient and family to ensure accurate diagnosis and therefore treatment
3. Integrate clinical observations from patient encounter
 - Teary, sad, lack of eye contact, flat affect, slowed speech, fidgety or restless, negative comments about self/life

Well-validated screening measures

- PHQ-9 for Adolescents
- Mood and Feelings Questionnaire
- Pediatric Symptom Checklist
- Columbia Depression Scale
- Strengths and Difficulties Questionnaire

Differential diagnosis

- Differentiate major depression from typical sadness:
 - Period of sadness/low motivation/irritability almost all day every day for at least 2 weeks
 - Depression is reflected in a *change* from typical functioning
- Collect collateral information from caregivers:
 - Behavioral indicators like withdrawal, irritability, sleep, appetite changes, anhedonia

Intervention: Safety concerns

- Conduct risk assessment if suicidal ideation and/or self-harm is indicated through screening measure or on interview
- Engage patient and family in developing a safety plan
 - Communicate risk to caregiver
 - Lethal means restriction
 - Identify social support, distraction techniques, or other coping skills
 - Engage higher levels of care, if needed

Intervention: Evidence-based treatments

- Therapy
 - Cognitive Behavioral Therapy
 - Interpersonal Psychotherapy
- Medication
 - SSRI
- Medication + Therapy

APA, 2019; Weersing et al., 2017

Cognitive Behavioral Therapy (CBT)



12-16 sessions

Builds skills:

- Reduce unhelpful thinking patterns
- Increases problem solving
- Increase engagement in rewarding activities
- Increases awareness of depression

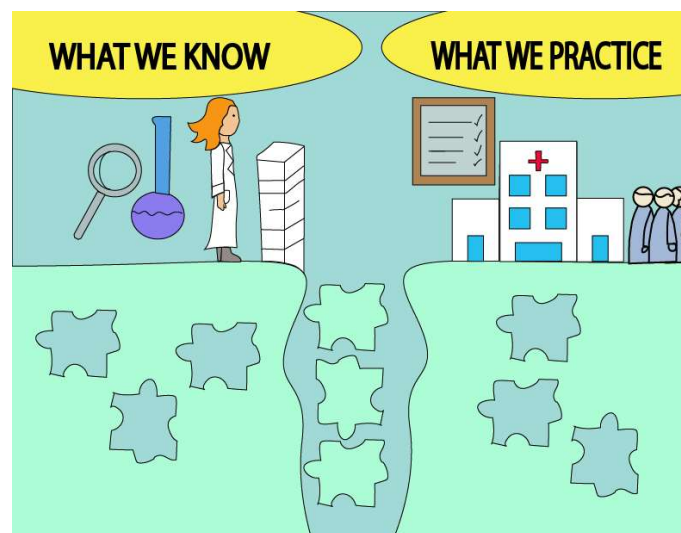
Interpersonal Psychotherapy (IPT)

- Aims to improve the teen's relationship with others through
 - Effective communication
 - Problem solving
- Usually 12-16 sessions



Innovations

Science to practice gap



What drives the science to practice gap?

- Evidence-based practices do not “fit” real world contexts
- Lack of fidelity to implementation in real world settings
- Shortage of providers trained in evidence-based practices
- Manualized treatments do not account for patient preferences/individual differences

Psychotherapy engagement

- Median number of psychotherapy visits = 1
- Less than 50% of people will engage with a mental health referral
- The longer people wait for care, the less likely they are to engage in treatment

Puyat et al., 2016

Integrated care

- Approach
 - Embeds behavioral health consultants (BHC) into pediatric settings
 - Approach focuses on providing immediate access to care without minimal to no wait time
 - BHCs provide consultation, intervention, and assessment to patients
 - Takes a population-based approach
 - Is team-based
- Promise for adolescent depression
 - Improves mental health and quality of life outcomes compared to care as usual
 - Improved suicide risk assessment and response
 - Yield better cost-savings (offset by savings from health care usage)

Asarnaw et al., 2015; Richardson et al., 2014; Wellen et al., 2023; Wolfe et al., 2020

Brief interventions

- 6-8 sessions or less delivered by mental health *and* non-mental health professionals
- Focuses on “active ingredients” of evidence-based therapies
 - Growth mindset
 - Behavioral activation (increasing engagement in rewarding activities)
 - Mindfulness
 - Problem solving

Single Session Interventions (SSIs)

Welcome to Project YES!

Youth Empowerment & Support



Learn about your
power to change in
ways that matter.



Learn to be
kind to yourself
and why it matters.



Learn how to
take action and
manage your mood.



Build strength in the face
of **minority stress**
[LGBTQ+ focused]

Schleider et al., 2020

SSI outcome data

- Reduces depression, hopelessness, self-hate, and restrictive eating compared to controls
- Increases agency and perceived control
- Adolescents rate SSIs as acceptable (e.g., enjoyable, likely to help peers)

Schleider et al., 2020; Schleider et al., 2022

Other digital interventions

- Chat-bot delivered CBT
- Video games
- Apps/internet-based self help

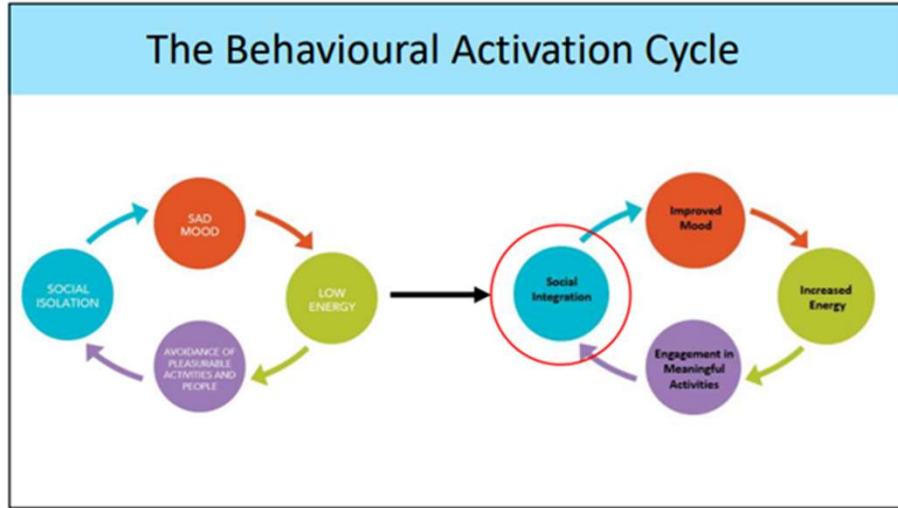
Nicol et al., 2022; Lehtimaki et al., 2021

Task-sharing in primary care

- Non mental health professionals share in delivery of mental health care tasks
 - Examples:
 - Teaching select CBT skills and strategies
 - Motivational interviewing
- Shares within a broader team
 - Integrates nicely in blended teams of primary care doctors, BHCs, social work, nursing
 - And in monitoring/follow up visits
- May be particularly helpful in rural and low resource areas





Hoefl et al., 2018

Behavioral activation example



BEHAVIORAL ACTIVATION: Be sure to cover your BASEs!



	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Body care Exercise Take a bath Eat healthy 							
Accomplish Set a goal! Do something you're good at Contribute to community 							
Social Friends Family time Connection with others 							
Enjoy Do something just for FUN! 							

Conclusions

- Adolescent depressive disorders and symptoms are common
- Primary care and other pediatric medical settings are crucial to meeting the need
- Engaging youth in the development of their care plan is important for engagement
- Mental health care innovations are rapidly emerging and will be essential for addressing the gaps in access to care

Questions and Reflections