Youth Depression “Not Feeling It”

Avis Garcia, PhD
Clinical Services Director
May 11, 2022

Objectives

- Introduction
- Definition
- Types of Depression
- Epidemiology
- Case Study
- Cultural Considerations
- Clinical Manifestations
- Diagnosis
- Treatment
- Summary

Major Depression in Adolescents

- Affects 10% of 15-25 year olds
- <50% affected get meaningful treatment
  - Even less in youth of color
- Early peak in suicide in this age range
  - Young adults in general
  - Late adolescence specifically in males
- More likely to be onset of other conditions
  - Bipolar disorder, schizophrenia, PTSD

Epidemiology

- 2% of children do develop Major depression in any given year (APA, 2019)
- 3-4% experience dysthymia
- Adolescents MD at a higher rate, 6% females (2x's rate of males post-puberty)
- Children of generational poverty.
- Increased rates of black and brown youth
- Gender and sexual minority youth

Suicide rates of youth

- Other countries dropping, US increasing
- 11% of deaths of children and teens
- Suicide 2nd leading cause of death of our youth after motor vehicle accidents
- Suicide more than homicide or cancer in this age
- 2000-17 increased over 30% age 15-19
- Black adolescents increased 73%
- Suicide attempts by sexual minority youth higher than hetero and cis-gender youth (APA, 2019)

DEFINITION

DEPRESSION (By WHO): Common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration.

Safety – first and always

- risk assessment re suicidality and dangerousness.
- trumps other considerations.
- but requires nuanced appraisal and consideration of full picture of mental state, rapport, supports, risk factors etc.

TYPES OF DEPRESSION

Major depressive disorder: recurrence of long episodes of low moods, or one extended episode that seems to be ‘never-ending’.

- Atypical depression
- Post partum depression
- Catatonic depression
- Seasonal affective disorder (SAD)
- Melancholic depression

Manic depression (bipolar disorder)

Four ‘episodes’ of Bipolar Disorder

- Depressive episode
- Manic episode
- Hypomanic episode
- Mixed-mood states

Dysthymic Depression

- Lasts a long time but involves less severe symptoms.
- Lead a normal life, but we may not be functioning well or feeling good.

- Situational depression
- Psychotic depression
- Endogenous

EPIDEMIOLOGY

- Globally more than 350 million people of all ages suffer from depression (WHO)
- Ages 15-44 major depression is the leading cause of disability in the U.S.
- Women are nearly twice as likely to suffer from major depressive disorder than men are.
- With increased age symptoms of depression become more severe.
- About 30% of people with depression attempt suicide.

‘Matthew’

- 16 y.o. lives w mo. older bro. younger sis.
- parents separated 5 yrs ago, some DV, falling out w stepmom1 yr ago
- mo. had PND, maternal uncle “bipolar”
- previously perfectionistic A/B student
- not going to school 3 – 4 mths
- internet games (WOW, COD) til wee hours
- eats mainly junkfood
- recently started smoking bro’s cannabis
- quit football after falling out w coach
- aggressive towards mo.
- used to get on well w paternal g’fa, go fishing w fa. – but no longer
- break up w girlfriend 6 mths ago

‘Matthew’

- rates mood 3-5/10
- sleep - initial insomnia 1-2 hrs
  - 0200/0300 – 1100/1400
  - all nighters once week
- concentration poor to fair
- tired but alert enough for COD/WOW games
- irritable mood – happy to despondent to grumpy w rapid mood shifts
- no psychotic features/grandiosity/flight of ideas etc
- no OCD, did have panic attacks when last going to school few mths ago
- cannabis most nights, alcohol alt weekends to intoxication
- admits to occasional passive suicidal ideation, denies intent

Matthew in ICD-10

- **F32.1** Moderate depressive episode
- **F10.1** Mental and behavioural disorders due to use of alcohol
- **F12.1** Mental and behavioural disorders due to use of cannabinoids
- **F51.2** Nonorganic disorder of the sleep-wake schedule

- **Z63.1** Problems in relationship with parents
- **Z63.5** Disruption of family by separation and divorce
- **Z72.3** Lack of physical exercise
- **Z72.4** Inappropriate diet or eating habits
- **Z81.1** Family history of alcohol abuse and dependence
- **Z81.3** Family history of other psychoactive substance abuse and dependence
- **Z81.8** Family history of other mental and behavioral disorders

Developmental stages of lifecycle (Erik Erikson)

	Age	Psychophysiological stage	Main task/conflict
I	0-1	Oral-Sensory	Trust vs. Mistrust
II	1-3	Muscular-Anal	Autonomy vs. Shame/Doubt
III	3-6	Locomotor-Phallic	Initiative vs. Guilt/Role Fixation
IV	6-12	Latency	Industry vs. Inferiority
V	12-20	Puberty & Adolescence	Ego Identity vs. Confusion
VI	20-40	Young Adulthood	Intimacy vs. Isolation
VII	40-65	Adulthood	Generativity vs. Stagnation
VIII	65+	Maturity	Ego Integrity vs. Despair

- **parents and others facilitate or thwart innate drive to psychosocial development.**

Adolescence's 3 substages

- early adolescence
  - break free of parental ego identification
  - paranoid neurophysiology normal
- mid adolescence
  - sex hormones
  - sexual orientation/ gender identity issues
  - Romeo & Juliet
- late adolescence (to mid 20s)
  - superior orbital cortex – the finishing touches
  - meaning and values - philosophic, political, religious identity

off the mark by Mark Parisi

www.offthemark.com

Engaging Adolescents in Assessment & Therapy

- order of interviewing
  - family – young person – parents – family
  - young person – family – maybe parents
- confidentiality and its limits
- conversational genogram “family tree”
  - Focus on “What is life normally like”
  - Strengths, interests, friends, future goals
  - Extended family & supports and stressors
- then come to symptoms and their history
- pacing, numerical ratings,
- use of art/journal/games

Cultural Considerations

- Native youth struggle with many social problems that are biologically, socially, psychologically, and spiritually harmful.
- 29% living in highest rate of poverty
- Poverty can be very harmful to youth
- Contributes to overwhelming mental health issues, and academic achievement.
- Research supports mentorship programs for at-risk youth.

Positive Youth Development

Risk factors

- Trauma experience
- Bullied by peers
- Substance use
- Skipping school

Protective Factors

- Social supports family/community
- Out-of-school-time activities 3 x's week
- 8 hours sleep daily
- Sense of empowerment

Mental Distress in AI/AN Youth

- Highest rates of mental health issues: depression and anxiety (NIMH, 2019)\
- Highest suicide rates (CDC, 2020)
- Highest intentional self-harm rates ages 14-19
- Alcohol, smoking, and substance use more prevalent.

Longstanding Historical Trauma

- Negative stereotypes, microaggressions, forced relocation, and prohibition of cultural practices.
- Children and youth carry, as mental distress (emotional, behavioral, and mental health problems).
- Lingering intergenerational trauma

Cultural factors or assets

- Cultural and ethnic identity
- Commitment to cultural tribal spirituality
- Belonging to one’s own culture and value systems

Individual Factors and Mental Distress

- Females and older youth higher risk of mental distress or depressive symptoms
- Adolescents from families with low SES more likely to experience mental health problems
- Low SES associated with mental health problems directly
- Indirectly (e.g., low quality of nutritional intake)
- Relational: unhealthy social relationships with family members and peers.
- Institutional: school, neighborhood, unstable parental employment.
- Mixed-race status higher risk of general health, mental health, and behavioral health problems.

Negative Environments

- High rates of traumatic experiences (e.g., witnessing DV, or exp. Physical, emotional, and sexual abuse at the hands of family members.
- Living with someone with substance abuse problems or engages in criminal activity.
- School absenteeism correlated with higher risk of depression, suicide ideation, self-harm, social exclusion, lack of school connectedness, and these factors negatively impact adolescents' emotional and mental health.

Positive Youth Development (PYD)

- Enhanced through participation in multiple meaningful relationships, contexts, and environments.
- Greater assets (e.g., high level of social supports, empowerment, social competence, positive identity) have lower risk of engaging in alcohol use, aggressive behaviors, and depression and have higher grades in school.

Stress:

what is it good for and bad for?

- **acute stress** (fight/flight/freeze) = good for immediate survival (getting away from sabre tooth tiger)
  - amygdalae ↑, frontal lobes ↓, SNS ↑ = tachycardia, hyperventilation, muscle tension, guts spasm, clammy, blood sugar spike etc

- **chronic stress** = bad → chronic inflammation
  - Sympathetic N.S. in overdrive = depressogenic ***inflammation***

Evolutionary paradigm

- mammals (and to an extent birds) care for young
  - have emotional brain that reptiles don't
- hard-wired for "attachment"
- humans = highly social tribal species
- programmed to feel:
  - reward emotions for strong loving bonds
    - "Attachment Theory"
  - reward emotions for success and status
    - "Rank Theory"
- converse is negative emotions for loss or failure

The Tribe:
Main Focus of Human Evolution

Evolutionary paradigm

- humans hard-wired for smiles, shared laughter, affectionate touch e.g. hugs
  - turn stress system (sympathetic nervous system) off
  - turn relaxation/repair/recovery system (parasympathetic nervous system) on

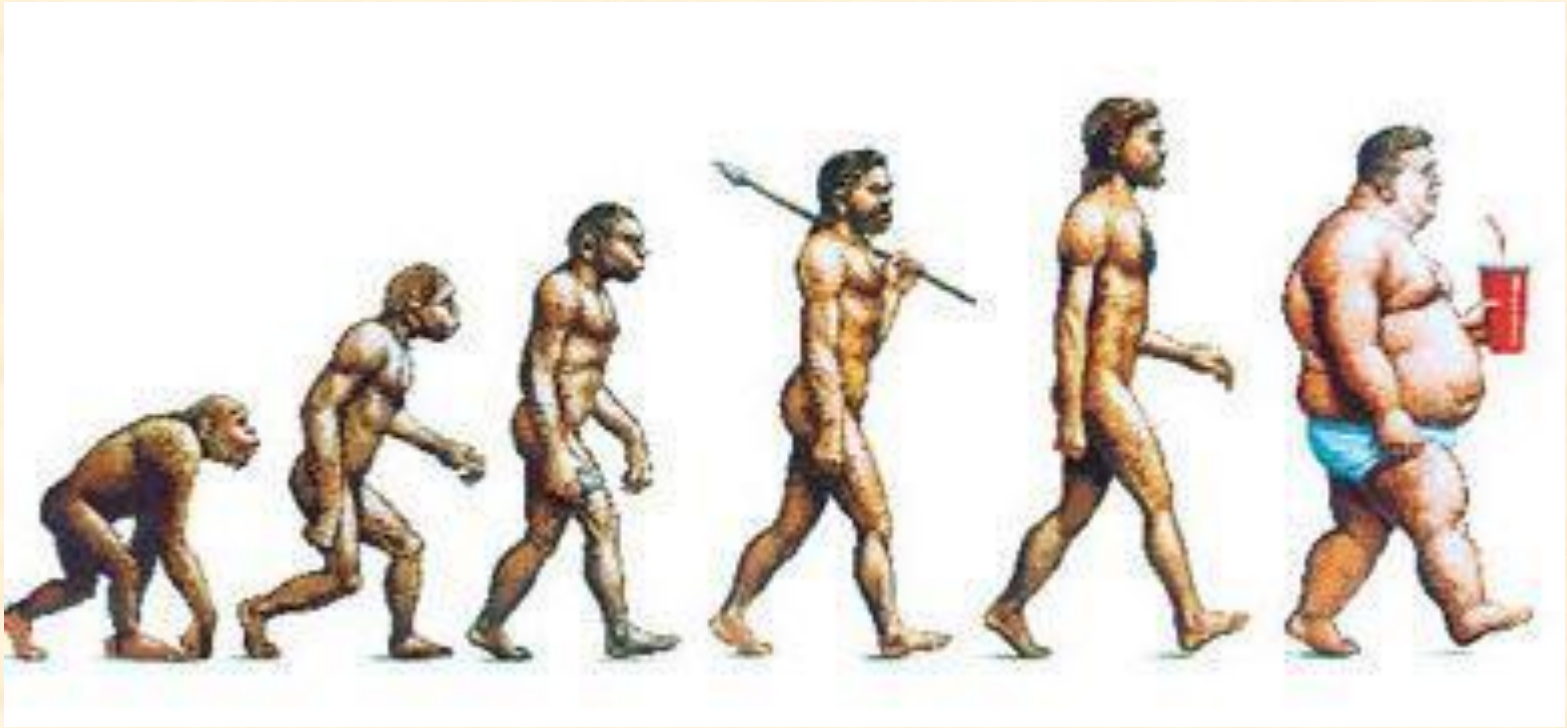
Grief & Trauma

Status battles &
High expectations

Evolutionary paradigm

- humans are daytime animals
  - circadian rhythm - importance of sunlight
  - nocturnal sleep quota
- organic hunter-gatherer diet
  - low GI, omega-3 rich, vitamin rich
- need daily exercise quota
- vitamin D
- soothing patterns (fractals) of nature

Evolutionary Problem



Future Shock

- adolescent psych disorders as symptoms of wider disorder/change in society
- “Puberty Blues”
  - accentuation of adolescence in western culture post WWII
  - epidemiological rise in adolescent depression
  - Bodgies, Goths, Emos
- nuclearisation of family
- hunter gatherers vs mega high schools
- village vs urban/suburban sprawls
- change in exercise, diet and sleep patterns; pollution
- disconnection from nature
- rights of passage
  - some cultures do it better…eg Balinese
  - how stressful are modern capitalist societies’ rights of passage?

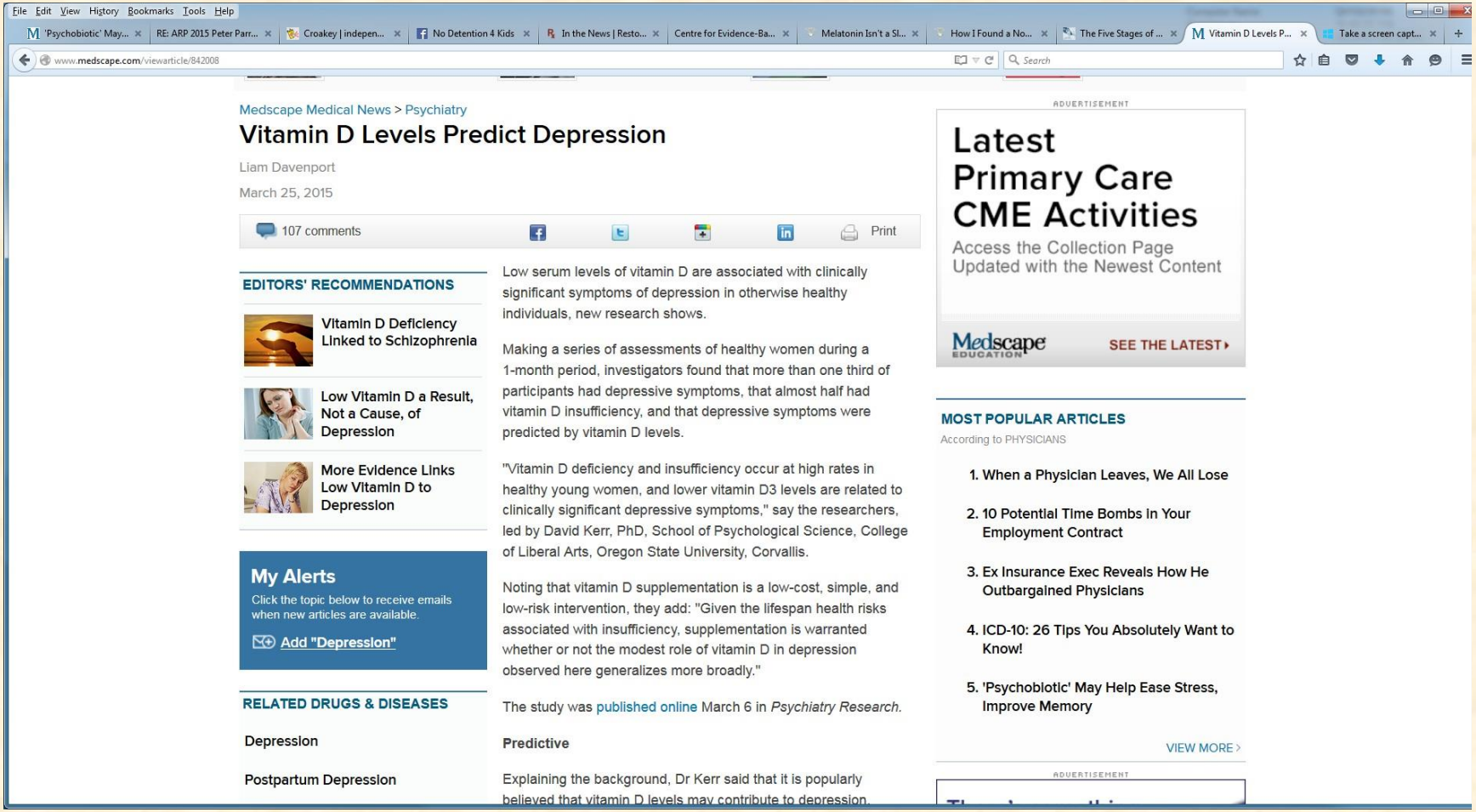
“Natural antidepressants”

- *Therapeutic lifestyle changes* (TLC’s)
- relaxation – parasympathetic N.S. = vagus nerve
- diaphragmatic breathing
    - sigh, yawn, laugh, sob, yoga – “ujjayi” breath
    - athletes and public speakers, dogs and chimpanzees
    - practice in session
- sleep
    - amount & quality - stage 4 deep sleep, REM sleep
    - circadian rhythm, light and SCN, pineal gland
    - alcohol disrupts
- diet
    - omega3:omega6 ratio, G.I., nutrient content.
    - “Super Size Me”
- vit. D

“Natural antidepressants”

- exercise
  - BDNF, SOD, relaxation response
- nature
  - fractal patterns?
- behavioural activation
  - what has worked for them in past?
- close relationships
  - love, sex, hugs (oxytocin), communication
- cooperative tasks
  - bonding, humour, group success
- group entertainment & ritual
  - belonging, reduce status stress
- spirituality

Vitamin D



Medscape Medical News > Psychiatry

Vitamin D Levels Predict Depression

Liam Davenport

March 25, 2015

107 comments | Print

EDITORS' RECOMMENDATIONS

- Vitamin D Deficiency Linked to Schizophrenia
- Low Vitamin D a Result, Not a Cause, of Depression
- More Evidence Links Low Vitamin D to Depression

My Alerts

Click the topic below to receive emails when new articles are available.

Add "Depression"

RELATED DRUGS & DISEASES

Depression

Postpartum Depression

Low serum levels of vitamin D are associated with clinically significant symptoms of depression in otherwise healthy individuals, new research shows.

Making a series of assessments of healthy women during a 1-month period, investigators found that more than one third of participants had depressive symptoms, that almost half had vitamin D insufficiency, and that depressive symptoms were predicted by vitamin D levels.

"Vitamin D deficiency and insufficiency occur at high rates in healthy young women, and lower vitamin D3 levels are related to clinically significant depressive symptoms," say the researchers, led by David Kerr, PhD, School of Psychological Science, College of Liberal Arts, Oregon State University, Corvallis.

Noting that vitamin D supplementation is a low-cost, simple, and low-risk intervention, they add: "Given the lifespan health risks associated with insufficiency, supplementation is warranted whether or not the modest role of vitamin D in depression observed here generalizes more broadly."

The study was published online March 6 in *Psychiatry Research*.

Predictive

Explaining the background, Dr Kerr said that it is popularly believed that vitamin D levels may contribute to depression.

MOST POPULAR ARTICLES

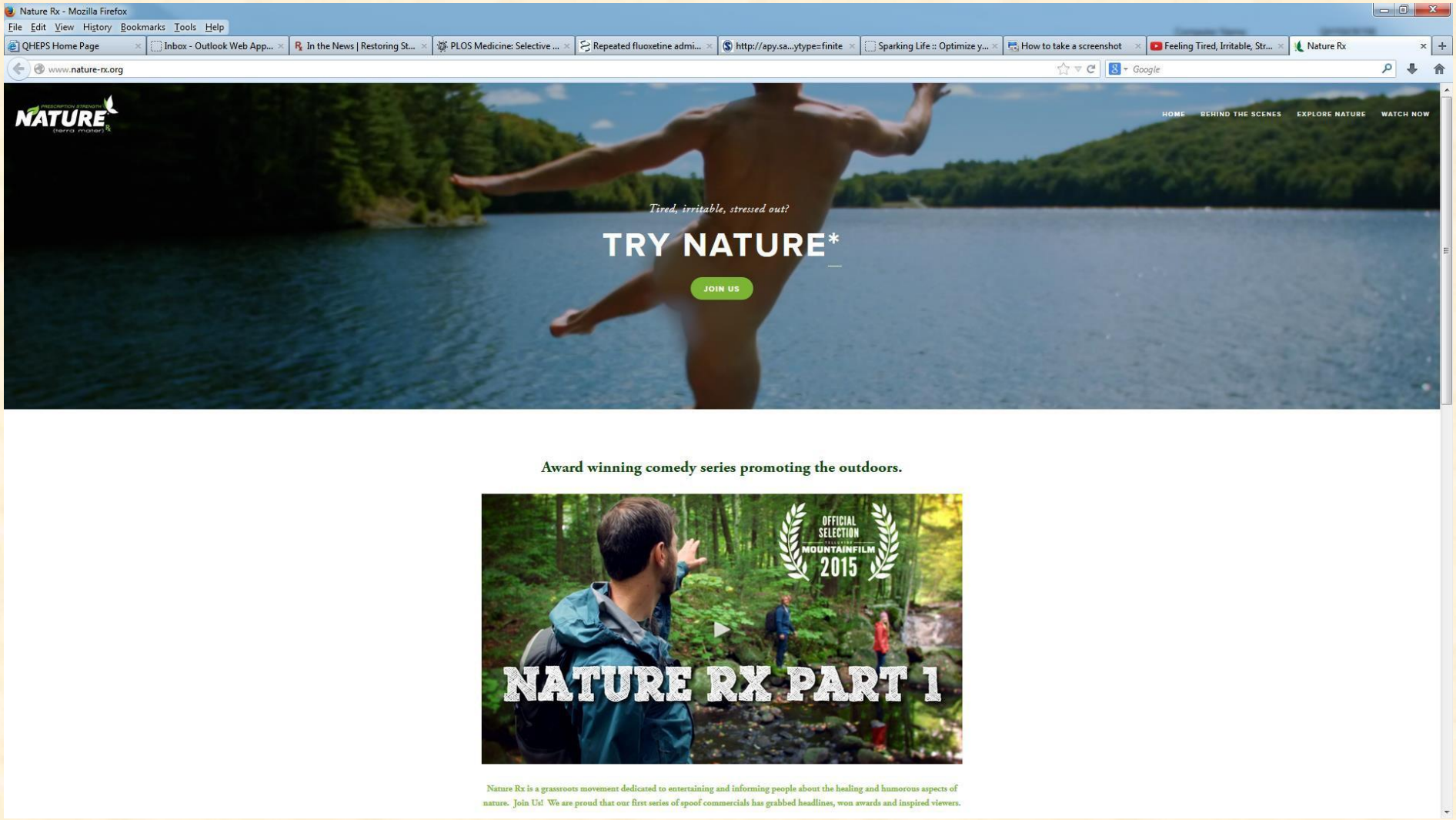
According to PHYSICIANS

1. When a Physician Leaves, We All Lose
2. 10 Potential Time Bombs in Your Employment Contract
3. Ex Insurance Exec Reveals How He Outbargained Physicians
4. ICD-10: 26 Tips You Absolutely Want to Know!
5. 'Psychobiotic' May Help Ease Stress, Improve Memory

VIEW MORE

Nature Deficit Disorder

Ecotherapy



Nature Rx

Journal of Psychiatric and Mental Health Nursing, 2011, **18**, 386–393

Effect of visual art on patient anxiety and agitation in a mental health facility and implications for the business case

U. NANDA[1] PhD, S. EISEN[2] PhD, R. S. ZADEH[3] MArch & D. OWEN[4] MED LPC

[1]*Vice President, Director of Research, American Art Resources, Houston,* [2]*Assistant Professor of Interior Design, Texas Christian University, Fort Worth,* [3]*Graduate Student, Texas A&M University, College Station, TX,* [4]*Director, Department of Psychiatry, East Alabama Medical Center, Opelika, AL, USA*

Keywords: agitation, art, design, mental health, PRN medication

Correspondence:
U. Nanda
3260 Sul Ross Houston
Houston
TX 77098
USA
E-mail: upali.nanda@gmail.com

Accepted for publication: 26 November 2010

doi: 10.1111/j.1365-2850.2010.01682.x

Accessible summary

- The study investigated the impact of different visual art conditions on agitation and anxiety levels of patients by measuring the rate of *pro re nata* (PRN) incidents and collecting nurse feedback.
- Visual art was displayed on a rotation basis on the walls of a small multi-purpose lounge for psychiatric patients in an East Alabama Hospital. Patients occupied this room during a 3- to 4-day stay while their psychiatric issues were addressed and diagnosed. The PRN data for the days on which different art conditions were displayed, was compared to the PRN data when no art was present. Interviews with the day and night shift nursing staff were conducted.
- Results showed that PRN medication dispensed by nurses for anxiety and agitation was significantly lower on days when a realistic nature image of a landscape was displayed as compared to days when abstract art, abstract or no art was displayed. Cost of PRN medication was compared for the different conditions establishing a financial case an annual cost saving of $US4000–27 000, depending on type of art

The Effect of Cognitive Behavior Therapy-Based Psychotherapy Applied in a Forest Environment on Physiological Changes and Remission of Major Depressive Disorder

Won Kim
Seoung-Kyeon Lim
Eun-Joo Chung
Jong-Min Woo

Department of Psychiatry and Stress Research Institute, Seoul Paik Hospital, Inje University, Seoul, Korea

Objective Psychotherapeutic intervention combined with pharmacotherapy is helpful for achieving remission of depressive disorder. We developed and tested the effect of cognitive behavior therapy (CBT)-based psychotherapy applied in a forest environment on major depressive disorder.

Methods We performed 4 sessions during 4 weeks (3 hours/session) in patients with major depressive disorder during pharmacotherapy. For the forest group, sessions were performed in the forest; for the hospital group, sessions were performed in the hospital. The control group was treated with the usual outpatient management.

Results A total of 63 patients completed the study: 23 in the forest group, 19 in the hospital group, and 21 in the control group. Hamilton Rating Scales for Depression (HRSD) scores of the forest group were significantly decreased after 4 sessions compared with controls. Montgomery-Asberg Depression Rating Scales (MADRS) scores of the forest group were significantly decreased compared with both the hospital group and the controls. The remission rate (7 and below in HRSD) of the forest group was 61% (14/23), significantly higher than both the hospital group (21%, 4/19) and the controls (5%, 1/21). In heart rate variability (HRV) analysis, some measurements representing HRV and parasympathetic nerve tone were increased in the forest group after 4 sessions. The salivary cortisol levels of the forest group were significantly decreased.

Conclusion CBT-based psychotherapy applied in the forest environment was helpful in the achievement of depression remission, and its effect was superior to that of psychotherapy performed in the hospital and the usual outpatient management. A good environment such as a forest helps improve the effect of psychotherapeutic intervention because it includes various natural instruments and facilitators in the treatment of depression.

Psychiatry Invest 2009;6:245-254

Key Words Major depressive disorder, Remission, Forest, Cognitive behavior therapy.

Biopsychosocial Formulation

- understand contributory factors in family and developmental history, family, peer and school functioning, lifestyle
- why this problem in this person at this time?
- need time and good rapport with the young person and talk with family/school
- evolutionary developmental perspective

What is causing chronic stress?

- stress through their life – infant trust, toddler confidence, preschooler fun, primary schooler social and acdemic confidence
- attachment insecurity, status stress
- unresolved trauma/abuse (stuck in F/F/F)
- poor sleep, poor diet, poor exercise, limited sunshine/nature

So… Matthew

- out of sync with his genetic blueprints
  - attachment losses and insecurity
    - mothers' depression, DV and parental divorce, rift with father & stepmo., b/up w g/f
  - status stress (falling behind missing school)
  - social withdrawal
  - stopped exercising and footy
  - no longer fishing with grandfather
  - poor sleep, circadian rhythm disruption
  - crap high GI, low nutrient diet
  - self-medicating cannabis and alcohol

Story gives the meaning

- feedback to young person and family of biopsychosocial formulation *(NOT* just DSM/ICD labels)
- evolutionary paradigm
  - how out of sync with nature
- all the causes of stress – causing the depressive inflammation (crud) in the brain
- meaning & understanding – reassuring, know how and why and where and what

“Natural antidepressants”

- so for Matthew it flows that there are things he can do:
  - diaphragmatic breathing relaxation
  - get outside
  - sleep hygiene
  - diet, omega-3’s
  - behaviour activation
  - reconnect w g’fa, nature, fa? sport

Drugs & Alcohol

- motivational interviewing
- rapport around benefits/costs
- psychoeducation re neural effects
  - artificial neurotransmitters
  - therefore less natural neurotransmission
  - brain becomes dependent, original problems (anxiety/depression) magnified
  - ultimately permanent effects e.g. psychosis, amnestic disorders
- short term gain, long term loss
- contrast with natural antidepressants

Professional Therapy

- cognitive-behavioural interventions
- mindfulness
- family therapy
- supportive counselling
- communication (respecting confidentiality – though safety comes first) between therapist, family, school etc

Apps, Youtube, Biofeedback Games

- Breathe 2 Relax
- Smiling Mind

- Mindy has hijackers

- Heart Math
- Journey through the Wild Divine

Safety

- main thing in suicide prevention is belief others help and identifying/knowing who to go to
  - role for GP, G.O.'s, youth workers, CYMHS, family friends/aunt/uncle/elder etc
  - make selves known and available
  - ask "R U OK?"
  - kids helpline, lifeline
- "how come you're still alive?"
  - answers = the protective factors
  - the things we live for
- safety plan

Medication - Antidepressants

- not magic pills
- some drug companies distorted data
- placebo effect is large
- risk side-effects – mustn’t cease abruptly
- deeply depressed teenagers where nothing else working
- greater benefit in high anxiety/OCD

Medication for Matthew?

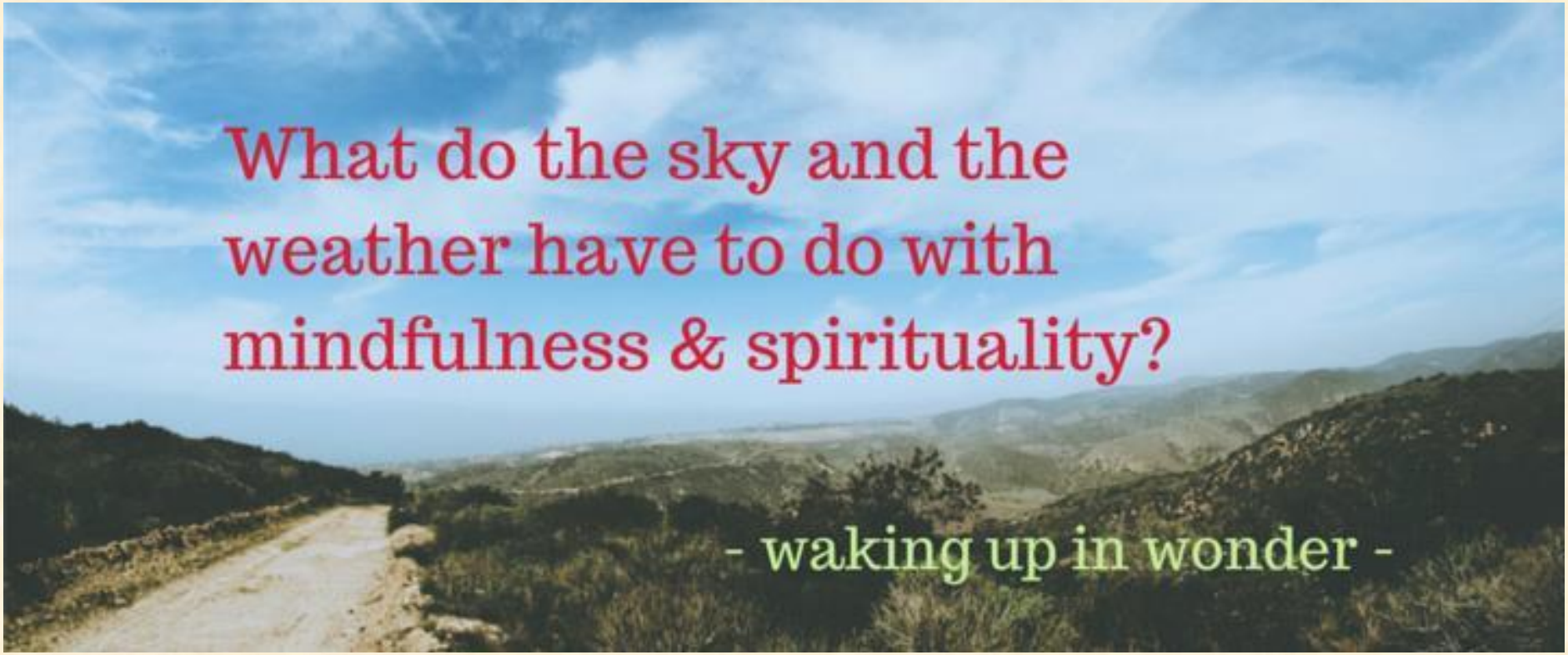
- maybe role for short term temazepam for both, and melatonin esp given Matthew's entrenched sleep phase alteration

- if depression worsens despite all other measures or Matthew's social phobic avoidance remains entrenched - then consider fluoxetine

Meditation

- Mindfulness Based Cognitive Therapy (MBCT)
- Acceptance & Commitment Therapy (ACT)
- Dr Lucy Tan's work re MBCT for depressed adolescents
- mindfulness as key skill in resilience
  - though not for some (psychosis, melancholic/severe depression)

Mindfulness is an Open Sky
Mindfulness is a Mountain



Summary

humans are hard-wired for close supportive attachment relationships and for sense of achievement and respect from tribe

humans are daytime animals needing adequate sleep and light at right time of 24 hr cycle

humans have evolved in natural world of clean air and water, nutritious high omega-3 and low GI diet, daily vigorous exercise and the varying soothing patterns of nature

depression results from chronic stress on brain when above factors out of alignment

abuse/trauma cause chronic stress until resolved

Summary

adolescence difficult but vital transitional stage of life where individuation (not isolating independence) the goal

teenagers today out of sync with their genetic blueprint

some rare cases depression are familial and part of a true bipolar disorder or melancholia

biopsychosocioculturoevolutionaryspiritual model more explanatory and empowering than symptom focused biomedical labeling

“natural antidepressants”/TLC’s are vital and teenagers appreciate being given the knowledge

Summary

remember risk assessment and safety plan

suicide more likely if romanticised &/or lack of hope – reflect on the permanence, pain and grief of loved ones, “what keeps you alive?”

professional psychotherapy and family therapy

liaise with schools and other mentors

encourage knowledge of apps, kids helpline, lifeline, crisis CAMHS/CYMHS team, hospital

keep calm and *ujjayi*

The Tribe:
Main Focus of Human Evolution