Adolescent Depression: What Youth Service Providers Should Know
Objectives

Following completion of this module, attendees will be able to:

• Develop a greater understanding of adolescent depression, warning signs and its causes
• Identify support strategies and intervention strategies when working with adolescents
• Identify local and national resources available for parents/guardians, youth, and service providers
Depression: Fact or Fiction?

Fact:
Depression is...
- A very real medical condition
- Treatable with proper medical/psychological interventions
- Something to be taken seriously
- Not something to be ashamed of

Fiction:
Depression is not...
- Made-up/Make Believe
- Something to which there is no cure
- Something to joke about
- A choice
- Something that only affects adults
- The same as feelings of grief after a loss
Depression Defined

The Mayo Clinic in Rochester, MN, defines depression as...

“...a mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depressive disorder or clinical depression, it affects how you feel, think and behave and can lead to a variety of emotional and physical problems.”

While individual medical institutions may have slightly varying definitions, they all share some common attributes: persistence, feeling sad, loss of interest or even physical problems

Adolescent Depression Statistics

Recent surveys and studies conducted on a diverse group of adolescents (those age 12-18) show the following:

• As many as 1 out of every 5 adolescents suffers from what could be diagnosed as clinical depression
• Depression rates are higher in older teen females than males
• In some cases, depression may trigger suicidal thoughts/actions; each year almost 5,000 adolescents (age 15-24) commit suicide
  • The rate of suicide in this age group has nearly tripled since 1960, making it the third leading cause of death in adolescents

Source: www.mentalhealthamerica.net/conditions/depression-teens. 2016.
Depression Broken Down

This graph shows the percentage of adolescents who experienced at least one major depressive episode in the past year (ages 12-14 years old).

Source: Substance Abuse and Mental Health Services Admin – National Survey on Drug Use and Health. 2014.
What Makes Adolescents Susceptible to Experiencing Depression?

Adolescents face a variety of pressures in their day-to-day lives. While many will positively manage those pressures, some may become caught in a repetitive cycle of vulnerability because...

- Adolescents are not always able to identify what or how they are feeling and appropriate responses
- Brain development and physical changes are at high levels throughout adolescence
- Now, more than ever, social pressures are apparent everywhere (at school, through marketing/advertising, in the digital world, etc.)
Factors contributing to adolescent depression can vary quite greatly, as adolescents do not grow, develop and experience the same situations. Research has shown the following factors are the most common identified through studies:

• Academic performance/grade
• Social status with peers
• Sexual identity and orientation
• Environment
• Having experienced a traumatic event
• Having medical issues/complications/illness
• Genetics
• Unrealistic self-goals and/or expectations

Signs and Symptoms of Depression in Adolescents

Just as individual adolescents differ, how signs and symptoms of depression manifest themselves can also be varied. Some of the more common include:

- Prolonged sadness/hopelessness
- Irritability, anger or hostility
- Withdrawal from friends/family
- Loss of interest in activities/hobbies
- Changes in eating/sleeping habits
- Restlessness and/or agitation
- Feelings of worthlessness and/or guilt
- Lack of enthusiasm and/or motivation
- Difficulty concentrating
- Thoughts of death or suicide

### Tips for Talking to a Depressed Adolescent

<table>
<thead>
<tr>
<th><strong>OFFER SUPPORT</strong></th>
<th>Let depressed adolescents know that you are there for them, fully and unconditionally. Hold back from asking a lot of questions, but make it clear that you are ready and willing to provide whatever support they need.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BE GENTLE BUT PERSISTENT</strong></td>
<td>Do not give up if your adolescent shuts you out at first. Talking about depression can be very tough for adolescents. Be respectful of the adolescent’s comfort level while still emphasizing your concern and willingness to listen.</td>
</tr>
<tr>
<td><strong>LISTEN WITHOUT LECTURING</strong></td>
<td>Resist any urge to criticize or pass judgment once the adolescent begins to talk. The important thing is that he/she is communicating. Avoid offering unsolicited advice or ultimatums as well.</td>
</tr>
<tr>
<td><strong>VALIDATE FEELINGS</strong></td>
<td>Do not try to talk the adolescent out of his/her depression, even if his/her feelings or concerns appear silly or irrational to you. Simply acknowledge the pain and sadness he/she is feeling. Failing to do this may result in him/her believing you are not taking the situation seriously and/or minimizing the situation.</td>
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Adolescents and Prescription Treatments

Antidepressant medications are often an effective way to treat depression in adolescents; however, the Food and Drug Administration (FDA) reported the following:

• Antidepressants may cause (or worsen) suicidal thinking or behavior in some adolescents
  - 4% of adolescents in the FDA study had an increase in suicidal thoughts while on antidepressants; 2% of those taking placebos
  - This is most common in adolescents under the age of 25; tends to decrease into adulthood

• Adolescents should be routinely monitored while using antidepressant drugs, with regular medical visits

• Any reported or observed behavior along the lines of negative thoughts, suicidal ideation and/or self-harm must be reported immediately

Common Prescription Antidepressants
(Selective Serotonin Reuptake Inhibitors)

While the list of SSRIs is quite extensive, the following are most commonly prescribed for adolescents:

- Fluoxetine (Prozac) – Only FDA-approved SSRI for youth as young as 8
- Escitalopram (Lexapro) – FDA-approved SSRI for youth age 12 and older
- Sertraline (Zoloft) – FDA-approved for treatment of OCD
- Fluvoxamine (Luvox) – FDA-approved for treatment of OCD
- Clomipramine (Anafranil) – FDA-approved for treatment of OCD
- Paroxetine (Paxil)
- Citalopram (Celexa)

SSRIs and the Brain

The role of SSRIs is to better regulate the movement of serotonin between neurons. It is believed depression can be caused by an imbalance of ‘communication’ between neurons in the brain.

SSRIs prevent the immediate reuptake of serotonin, allowing it to remain in the synapse longer; allowing serotonin to more consistently move between neurons in the brain.
Prescription Antidepressants and FDA Warnings

In 2004, the FDA launched a multi-pronged strategy to increase the safeguards for adolescents being treated with antidepressants (SSRIs). Aspects of this strategy included:

- Implementation of ‘black box’ warnings (the highest level possible) on all antidepressant medications
  - The warning spoke to noted increases in adolescent suicidality
  - Provided guidelines for physicians as to implementation and/or removal of an adolescent from antidepressant medications
  - All antidepressant medications are now accompanied by MedGuides, which are designed to provide important information to consumers

SSRI Signs of Concern

The following are signs the adolescent’s SSRI treatment may be worsening their condition:

- Increase talk of death/suicide
- Attempts to commit suicide
- Visible self-harm
- Agitation/restlessness
- Panic attacks/new or worsening anxiety
- Increased sadness and/or spending more time alone
- Extreme increases in talking or activity
- Aggression, violence or hostility
- Social and academic problems

NOTE: As L/CYPs, we need to be aware of these signs, especially when working with adolescents attending multi-day events, camps or activities, as we become a first-line defense to prevent potential negative consequences.

The Link Between Anxiety and Depression

Medical experts and researchers are still conducting studies to gain further insight into the connection between anxiety and depression; however, they have identified the following connections:

• Biologically, anxiety and depression are believed to stem from similar parts of the brain
• Many times when someone presents with symptoms of one, they also show symptoms of the other
• Depression can make anxiety worse (and vice/versa)
• In some cases, psychological and medical treatments for one will often positively impact the other

Types of Anxiety and Symptoms

<table>
<thead>
<tr>
<th>EMOTIONAL ANXIETY</th>
<th>PHYSICAL ANXIETY</th>
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<tbody>
<tr>
<td>Feelings of apprehension or dread</td>
<td>Pounding heart</td>
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<tr>
<td>Trouble concentrating</td>
<td>Sweating</td>
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<tr>
<td>Feeling tense and jumpy</td>
<td>Stomach upset or dizziness</td>
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<tr>
<td>Irritability</td>
<td>Frequent urination or diarrhea</td>
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<tr>
<td>Restlessness</td>
<td>Shortness of breath</td>
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<tr>
<td>Watching for signs of danger</td>
<td>Tremors and twitches</td>
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<tr>
<td>Feeling like your mind has gone blank</td>
<td>Muscle tension</td>
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<td></td>
<td>Headaches</td>
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<td></td>
<td>Fatigue</td>
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<td>Insomnia</td>
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It is important to note these identified symptoms are those most commonly observed/identified when a diagnosis of anxiety is made. This list is not inclusive of all symptoms, as those can vary by the individual, their past experiences, genetics and current medications he/she might be taking.

Let’s begin by identifying some very common misconceptions about suicide...

FALSE – People who talk or joke about suicide won’t really do it
FALSE – People who talk about or attempt suicide won’t die
FALSE – Anyone who tries to kill him/herself must be crazy
FALSE – If a person is determined to kill him/herself, nothing can stop them
FALSE – Talking about suicide may give someone the idea

It is important to break-down these misconceptions because the worst thing we can do is pretend like suicide does not happen...

Suicide Warning Signs

Jokes and comments made regarding suicide must be taken seriously. Additionally, the following signs might also be observed:

• Talking, writing or joking about suicide or death
• Giving away ‘prized’ possessions
• Making final arrangements; having a suicide plan or previous attempts
• Long-term depressive symptoms
• Sudden, unexplained recovery from profound depression
• Marked feelings of helplessness or hopelessness
• Increased risk-taking behaviors (drugs, alcohol, sexual promiscuity, etc.)
• Self-mutilating/self-harming behavior
• Experiencing a sudden and/or significant loss

Suicide Intervention “Dos” and “Don’ts”

<table>
<thead>
<tr>
<th>INTERVENTION DOs</th>
<th>INTERVENTION DON’Ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>If they are at immediate risk DO, call a suicide hotline or 911</td>
<td>DO NOT minimize the person’s feelings or situation</td>
</tr>
<tr>
<td>DO stop and listen to them</td>
<td>DO NOT leave the person alone if they have a plan and/or lethal means</td>
</tr>
<tr>
<td>DO express and show your empathy and concern</td>
<td>DO NOT use reverse psychology with suicidal individuals</td>
</tr>
<tr>
<td>DO offer to call or talk to a parent/guardian, counselor or other trusted adult WITH them</td>
<td>DO NOT try to be a hero – GET HELP!</td>
</tr>
<tr>
<td>DO encourage them to seek on-going help and support</td>
<td>DO NOT promise to keep the secret – PROMISE HELP!</td>
</tr>
<tr>
<td>At all times, our responsibility is to protect the overall health and well-being of those entrusted to us and within our care and supervision.</td>
<td>DO NOT argue about “the right to suicide”</td>
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<td></td>
<td>DO NOT say things like, “This will make you stronger...”</td>
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<td></td>
<td>DO NOT say things like, “It could be worse!”</td>
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<tr>
<td></td>
<td>DO NOT say thing like, “I know how you feel.”</td>
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</tbody>
</table>

Supporting an Adolescent Through Depression Treatment

While we may not see adolescents over the course of a long period of time, there are still strategies we can implement should an adolescent experiencing depression attend an event:

**BE UNDERSTANDING:** It is important to remember depressed adolescents do not make the choice to be depressed; we must provide consistent support while also being patient and empathetic

**ENCOURAGE PHYSICAL ACTIVITY:** Exercise can help improve depression due to the fact endorphins and other positive chemicals are released at an elevated level

**ENCOURAGE SOCIAL ACTIVITY:** Isolation can make depression worse; suggest positive activities the adolescent might engage in with peers

**STAY INVOLVED:** Maintain open communication with parents/guardians while the adolescent is in your care; become a valuable part of the support team

**LEARN ABOUT DEPRESSION:** The more you know about depression, the better equipped you will be to provide support
Supporting the Family of a Depressed Adolescent

Supporting the depressed adolescent is important; it is also important to ensure the family is supported through the treatment process. Work collaboratively with your FAS and/or FRSA to create a TEAM approach:

**ENCOURAGE SELF-CARE:** The treatment process for depression can be very demanding both physically and mentally, encourage family members to also take care of themselves.

**REACH OUT FOR SUPPORT:** Let family members know you are available as a resource, should they be looking for information on depression, treatment and/or other related items.

**BE OPEN WITH THE FAMILY:** Provide honest feedback to the family during events; encourage open and honest conversations regarding diagnoses, challenges, symptoms and successes.

**REMEMBER THE SIBLINGS:** With so much focus on the depressed adolescent, other siblings may experience some jealousy; encourage their engagement in upcoming events or possible hobbies... model and practice positive coping strategies.

**AVOID THE BLAME GAME:** In some cases the parents/guardians may blame themselves for the depressed adolescent; remind them depression can be caused by a variety of factors – the important thing is to focus on positive treatment and recovery.

Peer-to-Peer Support

In some cases, the adolescents you work with may have a friend who is experiencing depression. The following are possible strategies he/she can implement to show support for his/her friend:

GET YOUR FRIEND TO TALK: This can be challenging, however, simply asking, “You seem like you are really down, and not yourself. I really want to help you. Is there anything I can do?”

KNOW THAT YOUR FRIEND DOESN’T EXPECT YOU TO HAVE THE ANSWERS: In most cases, the depressed friend might just need someone to listen to him/her, not try to ‘fix’ the situation.

ENCOURAGE YOUR FRIEND TO GET HELP: Encourage him/her to talk to a teacher or trusted adult; offer to do this with them

STICK WITH YOUR FRIEND THROUGH HARD TIMES: Know that depression can make people say/do hurtful things to others, but this is not your fault. He/she is going through a difficult time and may unconsciously be targeting you because you are a safe place for him/her – avoid taking the negative personally

SPEAK UP IF YOUR FRIEND IS SUICIDAL: Whether it be a joke, talking about death or having a suicide plan, take things seriously and do not be afraid to tell an adult – you could save your friend’s life in doing so

As Youth Coordinators, we play a valuable role in the lives of all kids. Here are some strategies you might begin implementing within your program/programming:

- Provide programming opportunities focused on helping adolescents identify emotions and positive coping strategies
- Ensure important contact information like the National Suicide Prevention Lifeline are included in publications
- Include training for volunteers on identifying the signs and symptoms of depression and/or suicide as well as action steps
- Include policies in volunteer publications (like SMART books) that clearly outline action steps as well as contact information
- Work to establish and maintain safe places/spaces where adolescents will be more likely to engage and open up
- Review medications youth are taking while attending your events; monitor them and know how to recognize behaviors of concern
What can I do? (CONT)

Additional strategies might include:

• Helping adolescents practice skills related to mindfulness and relaxation
• Helping adolescents develop plans for both identifying and engaging in positive experiences/hobbies
• Helping adolescents recognize negative self-talk and to challenge negative thoughts/beliefs they might possess
• Equipping adolescents with skills necessary to build and maintain positive/healthy relationships with peers
• Incorporating life-skills such as communication, problem-solving and conflict resolution into programming offered
• Helping adolescents develop life plans and focus on positive managing future challenges
Mood Monitoring Chart

Sometimes adolescents have difficulty identifying their emotions and mood. Providing them with a Mood Monitoring Chart can help them track and recognize possible patterns of thought and behavior.

Start by having adolescents fill in the Mood Monitoring Chart with at least one activity per box. Then, have them go back (following the activity) and rate their mood on a scale of 1-10 (1 being the worst, 10 the best ever).

Encourage them to do this over a few weeks to see if potential ‘triggers’ might exist. By having them do this, they might be better able to identify how certain activities can have a direct impact on their mood, and what positive coping strategies they might use to shift their thinking.
<table>
<thead>
<tr>
<th>DAY</th>
<th>MORNING</th>
<th>AFTERNOON</th>
<th>EVENING</th>
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<tbody>
<tr>
<td>MONDAY</td>
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<td>TUESDAY</td>
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<td>WEDNESDAY</td>
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<td>THURSDAY</td>
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<td>FRIDAY</td>
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<td>SATURDAY</td>
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<td>SUNDAY</td>
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<td>DAY</td>
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<tr>
<td>MONDAY</td>
<td>Getting ready for school</td>
<td>Algebra test</td>
<td>Reading my favorite book</td>
</tr>
<tr>
<td></td>
<td>Mood rating: 5/10</td>
<td>Mood rating: 4/10</td>
<td>Mood rating: 9/10</td>
</tr>
<tr>
<td>TUESDAY</td>
<td>Study group during study hall</td>
<td>Building robots during physics class</td>
<td>Completing my English homework</td>
</tr>
<tr>
<td></td>
<td>Mood rating: 7/10</td>
<td>Mood rating: 8/10</td>
<td>Mood rating: 6/10</td>
</tr>
<tr>
<td>WEDNESDAY</td>
<td>In this example... by tracking correlations between activities and moods, it is easy to identify patterns regarding what triggers negative moods and what results in positive moods:</td>
<td>Positive Moods: Engaging in pleasurable activities like reading, music, social engagement and athletics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>THURSDAY</td>
<td>Negative Moods: Getting homework completed, preparing for school and isolation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FRIDAY</td>
<td>Doing this allows the adolescent to identify things he/she can do to help off-set or positively change their mood; implementing strategies like identifying Icebergs and Hunt the Good Stuff.</td>
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</tr>
<tr>
<td></td>
<td>SATURDAY</td>
<td>Track meet</td>
<td>Lunch with friends</td>
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<tr>
<td></td>
<td></td>
<td>Mood rating: 8/10</td>
<td>Mood rating: 10/10</td>
</tr>
<tr>
<td></td>
<td>SUNDAY</td>
<td>Attending youth group meeting</td>
<td>Family lunch</td>
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<td></td>
<td></td>
<td>Mood rating: 7/10</td>
<td>Mood rating: 7/10</td>
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Resources

National Suicide Prevention Lifeline
• 1-800-273-TALK (8255)
• [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
• Available 24/7 at no cost

American Association of Suicidology
• [http://www.suicidology.org/Resources/Crisis-Centers](http://www.suicidology.org/Resources/Crisis-Centers)
• Allows visitors to search for resources/centers by state

American Academy of Child and Adolescent Psychiatry
• [http://www.aacap.org/](http://www.aacap.org/)
• Offers a variety of resources for those working with adolescents
Resources

National Mental Health Association (NMHA)

- 1-800-969-6642
- www.nmha.org

24/7 Crisis Text Line

1. Text 741-741 from anywhere in the USA, anytime, about any type of crisis.
2. A live, trained Crisis Counselor receives the text and responds quickly.
3. The volunteer Crisis Counselor will help you move from a hot moment to TED Talk Video: [http://www.npr.org/2016/04/01/472451687/how-can-text-messaging-save-lives](http://www.npr.org/2016/04/01/472451687/how-can-text-messaging-save-lives)

Quiz

As evidence of completion of this course, you will need to complete the short assessment tool provided. To access the assessment, please click on the link below:

CLICK HERE TO BEGIN YOUR ASSESSMENT:
https://www.classmarker.com/online-test/start/?quiz=9mg573342de2c8e8

Please Note: Following completion of the assessment, please email the results certificate to your RAPM. This will serve as your documentation of completion.
You have now completed the Adolescent Depression module. Congratulations!