

Families for
Depression Awareness

Understanding Teen Depression

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Agenda

- Introduction
- Depression
- Treatment
- Getting Help
- Communication
- Families for Depression Awareness
- Q & A



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Depression

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Everyone knows of someone with depression



Who has depression? Many competent, caring people from all walks of life: neighbors, co-workers, community leaders, healthcare providers, teachers, construction workers, first responders, etc.

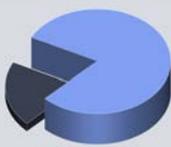
And even famous, successful people - actors, politicians, CEOs, authors, athletes, musicians




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Depression is common among adolescents

By the time they reach their mid-20s,
20% of teens will have had depression*




That's 1 in 5 young people!

* Williams et al. "Screening for Child and Adolescent Depression in Primary Care Settings: A Systematic Evidence Review for the U.S. Preventive Services Task Force." Agency for Healthcare Research and Quality, 2009.

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Depression is treatable

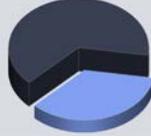


More than **85%** of teens with major depressive disorder improve with evidence-based treatments, including psychotherapy, medication, or a combination of the two*

* Treatment for Adolescents with Depression Study (TADS). Archives of General Psychiatry. 2007

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Most teens don't get the help they need



Half of teens with a mental health disorder – and nearly **TWO-THIRDS** of teens with major depressive disorder – **don't receive treatment** from a mental health provider.

Whitney DG, Peterson MD. US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children. JAMA Pediatr. Online 2/11/19. doi:10.1001/jamapediatrics.2018.5399

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Consequences for teens

Untreated depression correlates with

- Substance misuse and increased rates of smoking
- Academic failure and problems at jobs
- Impaired family and peer relationships
- Bullying: 30% of those bullied, 19% of those doing bullying
- Eating disorders
- Increased severity of health conditions, e.g., asthma, obesity
- Mental and physical health conditions in adulthood
- Suicide: 2nd leading cause of death, 15-24 years old (CDC for 2017)



Bukstein OG, et al. Patterns of affective comorbidity in a clinical population of dually diagnosed adolescent substance abusers. J Am Acad Child Adolesc Psychiatry. 1992. Journal of American Academy of Child and Adolescent Psychiatry. 2007
Federal Interagency Forum on Child and Family Statistics. America's Children: Key National Indicators of Well-Being. 2017. Washington, DC: U.S. GPO

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Not “adolescent angst”

Depression is not normal teen moodiness



Depression is

- a medical condition
- lasts longer
- interferes with teen's life (school, family, friends)
- a change for that teen

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Depression can begin in childhood



Depression begins in childhood or adolescence

At least **half** of all cases of depression begin by the time the person is **14 years old**

National Comorbidity Survey Replication study, Kessler. 2007

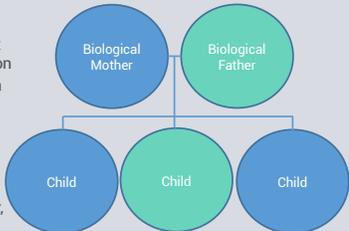
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Causes of depression

Inherited traits
Children who have at least one parent with depression are 3-4x more likely to develop depression than children who do not have a parent with depression

Biology/Brain Chemistry Abuse/Neglect/Trauma

Stressful life events such as illness or loss of family member, or ongoing stressors



*Puig-Antich et al., 1989; Todd et al., 1993; Williamson et al., 1995; Kovacs, 1997

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Signs and symptoms of depression

Symptoms: What the Teen Experiences	Signs: What Adults Might Notice
Depressed, irritable, sad, or empty mood for at least 2 weeks	Irritable or cranky mood, anger, sadness and hopelessness, preoccupation that life is meaningless
Decreased interest or enjoyment in once-favorite activities and people	Loss of interest in sports or other activities, withdrawal from friends and family, relationship problems



You may also notice changes in

- sleep patterns or eating habits (too much or too little)
- energy levels and activity (agitation or fatigue)
- sense of self-worth (or feeling guilty)
- personal hygiene (for the worse)
- ability to concentrate or make decisions
- physical health, such as nonspecific aches and pains

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Teens sometimes hide their pain

- Because teens experiencing depression have feelings of worthlessness, they may be highly sensitive to criticism or rejection
- Teens might not fully isolate, but may change friend groups, socialize less overall, and significantly decrease time with parents and family



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Two indicators for immediate action



- Non-suicidal self-injury
- Suicide risk

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Non-suicidal self-injury

Deliberately harming oneself without lethal intent. 'Cutting' is most widely known, but there are many other self-injurious practices

Happens with girls and boys, affects all races and ethnicities

15-20% of adolescents self-injure at some point in their life*

*S.A.F.E. Alternatives



Distraction Techniques and Alternative Coping Strategies <http://bit.ly/copingPDF>

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Take action: non-suicidal self-injury

What Teen Experiences	Cutting or other forms of self-injury
What Adults Might Notice	Scars, fresh cuts, bruises, or other wounds; keeping sharp objects on hand; wearing long sleeves or long pants, even in hot weather; claiming to have frequent accidents or mishaps
Steps to take	<ol style="list-style-type: none"> 1. Assess immediate danger and the severity of the injury; seek medical attention if appropriate 2. Respond with calm concern in private. E.g., "I notice that you have wounds on your arms and know that this can be a sign of cutting. Are you injuring yourself?" 3. Ask "respectfully curious" questions E.g., "Where on your body do you tend to hurt yourself?" or "Do you find yourself in certain moods when you injure yourself?" 4. Engage the young person in identifying next steps E.g., "I'm concerned about you continuing to hurt yourself. Let's talk to someone about how we can identify better ways to cope" 5. Find a provider

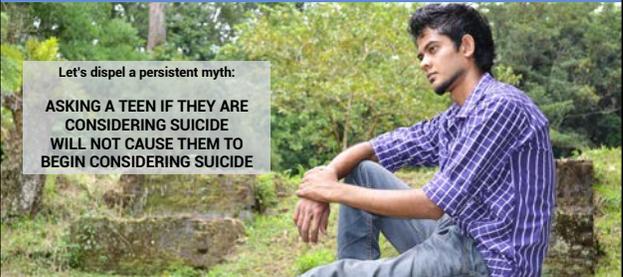


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Addressing suicide risk

Let's dispel a persistent myth:

ASKING A TEEN IF THEY ARE CONSIDERING SUICIDE WILL NOT CAUSE THEM TO BEGIN CONSIDERING SUICIDE



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Suicide risk factors

These factors make a suicide attempt more likely

- Mental health conditions and substance use disorders
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Previous suicide attempt(s)
- Family history of suicide
- Loss of relationship(s)
- Lack of social support, sense of isolation, hopelessness
- Easy access to lethal means
- Major physical illness
- Local clusters of suicide
- Stigma associated with asking for help, including cultural and religious beliefs
- Exposure to others who have died by suicide (in real life or via the media and Internet)



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Suicide warning signs

These may indicate the need to get help urgently

- Talking about wanting to die or to kill themselves
- Looking for a way to kill themselves, like searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or isolating themselves
- Showing rage or talking about seeking revenge
- Extreme mood swings
- Giving away possessions



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Take action: suicide risk

What Teen Experiences	Recurrent or intense suicidal thoughts or behaviors
What Adults Might Notice	Writing about death; giving away favorite toys or belongings; saying things like "You'd be better off without me."
Steps to take	<ol style="list-style-type: none"> 1. ASK: Ask, in private, if they are considering suicide. "Are you thinking of killing yourself? Are you thinking of taking your life?" 2. LISTEN/LOOK: Are they talking about hurting or killing themselves or how they might hurt themselves, or are they obtaining weapons, pills, or other lethal means? "Do you have a plan? Do you have what you need to make an attempt?" Remove the lethal means, e.g., lock up all medications and chemicals 3. ACT: If a teen you know is suicidal, do not leave them alone! Seek immediate help: page their clinician, call 9-1-1, or take the teen to the local hospital emergency room



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Important crisis contacts

Call **9-1-1** for emergencies



1-800-273-8255



Text HOME to
741741



1-866-488-7386



1-866-488-7386

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Treatment



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What is an evaluation?

Good treatment requires accurate diagnosis!
Rule out other issues such as thyroid problems, learning disability, etc.



Typically involves

- Family history
- Child development
- Performance in school
- Relationships with friends/family
- Life stressors
- Medical history

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Challenges of diagnosis

Depression diagnosis may be overlooked

- Might be mistaken for typical adolescent behaviors
- May present as headaches, digestive issues, sleep changes, and other unexplained physical problems
- Frequent overlap with other mental health conditions, such as anxiety or eating disorders
- Categorized as behavioral issue (e.g., not attending school) or motivational issue (e.g., not doing well in school, not participating in out-of-school activities)



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Depression treatment

- **Talk therapy**
 - Many different therapies available, e.g., cognitive behavioral therapy, family therapy, solution-focused brief therapy, mindfulness-based cognitive therapy, etc.
- **Medication**
 - can improve mood and functioning
 - takes time to find right medication/dosage
 - monitor for positive effects and side effects
 - alcohol and drugs interfere
- **Other interventions: "SEE"** (take care with Sleep, Exercise, Eating)



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Getting Help



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When to get help



- Any suicidal thoughts, behavior, talk
- When other symptoms last for 2 weeks or more
- When mood or behavior interfere with teen's ability to function

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Where to get help

Our mental health care system is overburdened! There are only 8,500 child psychiatrists in U.S. – for an estimated 15 million kids needing psychiatric services.

Your teen may not need to see a psychiatrist at this point. Other health professionals can usually help. Your first stop – and your teen's first diagnosis and treatment – may be through their primary care provider (e.g., pediatrician, nurse practitioner, family physician).



If available, get an evaluation by a mental health care clinician, i.e., psychiatrist, psychiatric nurse practitioner, psychologist, social worker, mental health counselor.

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Who can help parents find a clinician?

- Insurance company: contact the behavioral health line, (check the back of the card) or use online provider finder
- Pediatrician, family physician, pediatric nurse practitioner
- School psychologist, school nurse, guidance counselor
- Neighbors, friends
- Religious leaders
- Local mental health and community clinics
- Hospitals and universities with child psychiatry departments
- Families for Depression Awareness, "Finding Care" (under Mood Disorders) on www.familyaware.org



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Education about depression matters

You are doing the right thing: According to a 2019 study, the most reliable and effective intervention to prevent teen suicides is for teens to have trusted adults to turn to, and for those adults to know about depression and suicide prevention.



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Education and support help treatment



- Learn about mood disorders (this webinar and familyaware.org are great places to start!)
- Educate your family members, too
- Understand treatment options and ask questions of mental health / medical providers
- Remember that this is a process, it will not always be smooth or move as quickly as you (or your teen) would like

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Take care of you

- Practice self-care: you can't take care of others if you don't take care of yourself (watch our Coping with Stress webinar for ideas)
- Get support from family, friends, support group, etc.
- Find and go to a therapist of your own



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Communication



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For parents: talk with your teen



- Be supportive
- Practice active listening
- Tell them you love them
- Talk about their good qualities and strengths
- Tell them that depression is not their fault, it's not a sign of weakness, it is a health condition that can be treated
- My job as a parent: support you in being healthy and safe

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When you are not the parent

You may be a teen's trusted adult!

- Express concern to the teen about signs of depression that you have noticed
- Encourage them to get help: even though you are not a clinician, you believe they should get a professional evaluation
- Communicate with the parents; they may need education, coaching, or other supports
- Be aware of suicide risk and take action if you have a concern



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How can you help reluctant parents?



Parents may have their own concerns about depression and may not have experience in dealing with mental health issues. There may even be disagreement between parents about their teen's health.

They may be influenced by

- personal experience or ideology
- religious or cultural factors
- workplace attitudes
- fear of unknown or lack of understanding

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Addressing parent concerns

Parent Says	Reply
"I'll wait until they outgrow this phase"	They need medical attention, not time
"I don't want to label my child"	You would seek help for other medical conditions because you want them to be well
"My teen refuses to see someone" or "My teen will be mad at me"	Your teen's objection would not stop you from taking them to the doctor regarding a physical condition. It's your role to support your child in being healthy and safe
"I don't know where to go"	Ask a school counselor, your child's pediatrician, etc. (as discussed earlier)
"I don't want my child to take medication"	You don't know whether your teen will need medication until they are evaluated. But even if medications are warranted, anti-depressant medications have been tested over decades. Teens and parents should monitor mood and symptoms for positive effects and side effects

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When a teen is reluctant to get care

It's common for teens to be reluctant to get care. They may be worrying about confidentiality, social rejection, being labeled, or interference with their independence; they may not trust healthcare providers; or they may have misconceptions about depression.

Listen to their concerns, confirm that you understand, then respond in a way that demonstrates your

- respect for their reservations
- compassion for their situation
- commitment to supporting them in getting well



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About Families for Depression Awareness

Families for Depression Awareness

Our Mission

We help families recognize and cope with depression and bipolar disorder to get people well and prevent suicides.

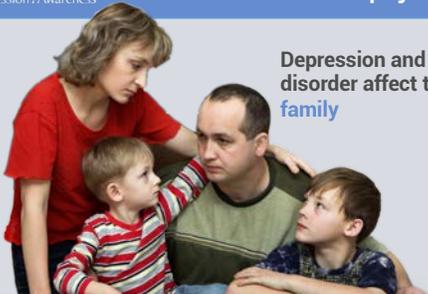
Families for Depression Awareness is a national nonprofit organization providing education, training, and support.



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Our Philosophy

Depression and bipolar disorder affect the whole family



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Teen Depression Program

Teen Depression webinar and in-person workshop
 Depression and Bipolar Wellness Guides for Parents and Teens
 Teen (and Young Adult) Speakers
 Teen Videos, Family Stories, and Expert Interviews



We have trained more than 24,000+ people since we launched the Teen Depression Program in 2010.

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Teen Speakers Program



To learn more, contact Jenny Vernet at 781-890-0220 or jenny@familyaware.org

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Our Website

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Bringing mood disorders into the light

About Us

Families for Depression Awareness

Free Webinars

Understanding Teen Depression with Dr. Mary Fristad

Coping with Stress and Depression in the Workplace with Marianne Clyde, LMFT

Register today!
www.familyaware.org/trainings

More Than Mood: Depression Symptoms with Dr. Alice Medalia

Bipolar Disorder: Beyond the Basics with Martha Tompson, Ph.D. and Dr. Pata Suyemoto

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Web Tools



Build Your Own Mental Health Family Tree

Mental Health Family Tree: Bipolar Disorder

The Depression and Bipolar Test

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Wellness Guides



Guía de Bienestar para la Depresión y Desorden Bipolar

Depression and Bipolar Wellness Guide

Depression Wellness Guide

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Publications

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Care for Your Mind

The mental health care system is broken. Join the conversation about how we can fix it!

Our premise is twofold:

- the people most affected by the mental health care system should be educated about and involved in shaping its reform so that high-quality mental health care is available to all who need it
- by uniting the various stakeholders around common concerns we can magnify our impact.

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Resources

- American Academy of Child and Adolescent Psychiatry
- American Foundation for Suicide Prevention
- Depression and Bipolar Support Alliance
- EffectiveChildTherapy.com
- National Federation of Families for Children's Mental Health
- National Alliance on Mental Illness
- National Mental Health Association

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Learn how to help prevent suicides

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Thank you!

To our expert presenter, Dr. Mary Fristad

And the Teen Depression Program funders who support our work:

- George Harrington Trust
- Middlesex Savings Charitable Foundation
- Rebecca Pomroy Foundation
- Thomas Anthony Pappas Charitable Foundation
- Bennett Family Foundation
- IAM Strong Foundation
- John Donnelly Trust
- Samerian Foundation
- Rhyme and Reason Fund

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And thank you, too

Our programs are made possible by generous contributions from

PEOPLE LIKE YOU!

Make a donation at www.familyaware.org and THANKS!

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Questions and Answers



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Wrap up



- Complete our online survey to at <https://www.surveymonkey.com/r/TDMARCH2019> to get your free *Teen Depression: Selected Readings*
- Make a family action plan
 - www.familyaware.org/actionplan
- Visit www.familyaware.org to learn more, volunteer, and donate

Thank you for participating!