



Depression and Anxiety in Adolescence

What parents, faculty and staff should know



Why This Is So Important

- Michael's Giving H.A.N.D.
- Intentions for the Presentation
- Sensitive Topics
- Partnership with Temple Health, Drexel Medicine, and Jefferson Health



DREXEL UNIVERSITY
College of
Medicine
Department of Psychiatry



TEMPLE
UNIVERSITY®

Lewis Katz School of Medicine
Department of Psychiatry





NOTICE



- Know the symptoms
- Help differentiate normal adolescent emotion from more serious illness

TALK



- Talk to adolescents about concerns
- Talk to others (parents, teachers, coaches, counselors, etc.)

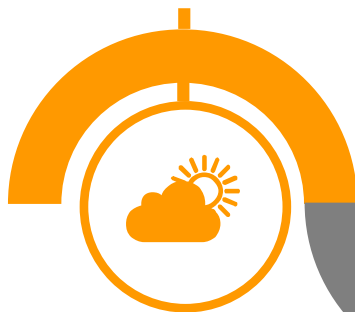
ACT



- Treatment overview
- Available resources

Significant Facts

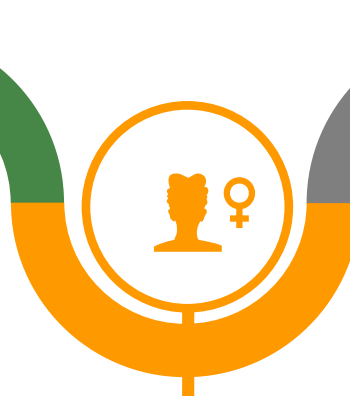
Lifetime prevalence of depression among adolescents is **11.7%**



Lifetime prevalence of any anxiety disorder among adolescents is **31.9%**



High rates of comorbidity between depression and anxiety and other psychiatric disorders



Depression is the **leading cause** of years lost due to disability among adolescents

Among adolescents, anxiety and depression are **more common in females** than males

Risk Factors for Anxiety and Depression

Temperamental

- Negative affectivity
- Behavioral inhibition

Environmental

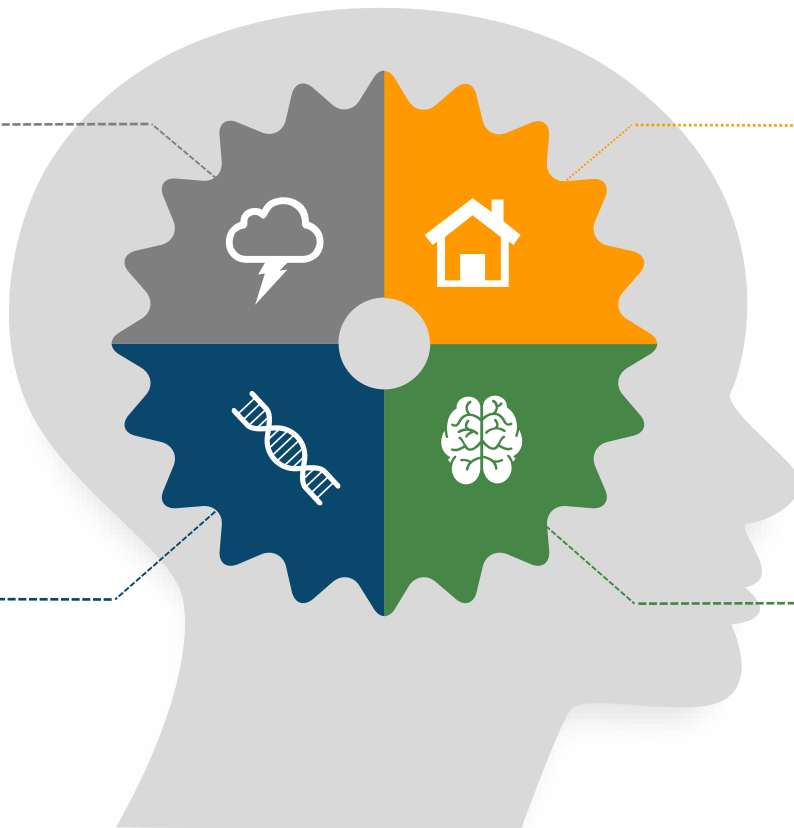
- Adverse/stressful life events
- Parental depression, bullying, and child abuse are major factors for treatment resistant depression

Genetic

- Family history of depression/anxiety

Comorbidities

- Psychiatric and medical illness



NOTICE

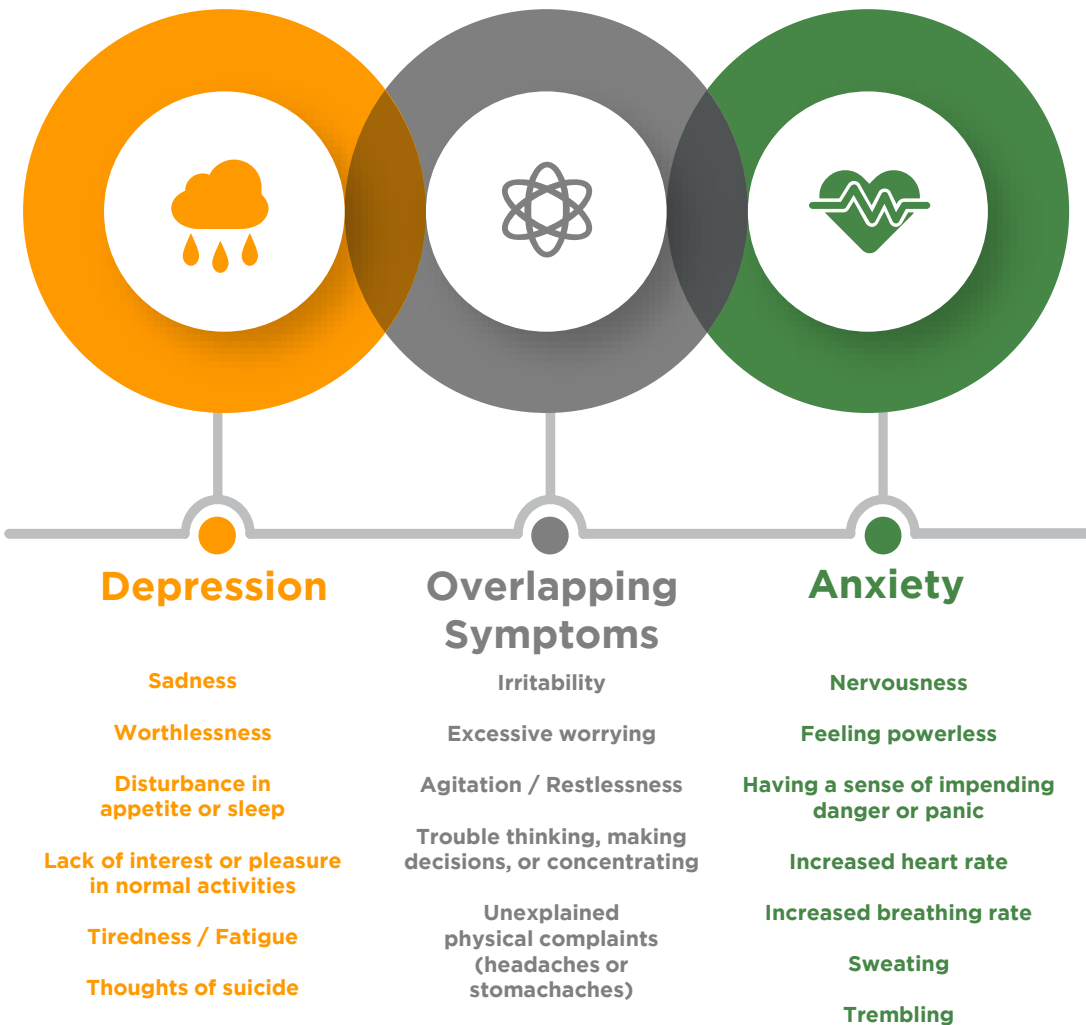


Knowing and recognizing
the symptoms of
anxiety and depression





Symptoms of Anxiety and Depression



Concerns for Untreated Depression

Depressive episode often lasts **6-9 months** = Entire school year

- Worsening burden on family and friends
- Compromising physical health and academics

Increased rate of:



Substance
abuse



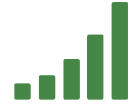
Eating
disorder



Adolescent
pregnancy



Suicidal thoughts
and behaviors



Developing a chronic and more
difficult to treat depression



After experiencing one depressive period,
one is more likely to experience another

American Heart Association Statement on Untreated Depression

Depression in youth is a moderate risk factor for accelerated
atherosclerosis and early cardiovascular disease

Concerns for Untreated Anxiety

- Anxiety disorders generally do not remit on their own
- Anxiety disorders can:
 - Disrupt normal psychosocial development
 - Lead to impairment in social, family, and academic functioning
 - Put children and adolescents at risk of developing another anxiety disorder, depression and other psychiatric illnesses
- Educational implications:
 - Difficulty or inability to complete work
 - Fear and avoidance of participating in class
 - School disruption
 - School avoidance
 - Disruption of normal peer socialization



TALK



Expressing your concerns
and understanding
the issue at hand



A photograph of a classroom scene. In the foreground, a student with short brown hair, wearing a blue and white striped long-sleeved shirt, is seen from the back, raising their right hand. In the background, a teacher with long dark hair, wearing a light blue shirt, is standing and looking towards the student. The background is slightly blurred, showing a chalkboard and other classroom elements.

Starting the Conversation

Talk with student, parents, teachers, counselors, coaches, etc.

Tips before starting the conversation:

- Check your own emotions
- Have a relaxed tone and demeanor
- Pick the right time – limit the distractions
- Use age-appropriate language
- Ask open-ended questions
- Listen without judgment or the need to “fix” them or “talk them out of being depressed”
- Acknowledge their feelings
- Utilize a current frame of reference such as a celebrity opening up about his/her struggle with anxiety or depression or a celebrity suicide
- Don’t take it personally if your child is not ready to talk when you are. Try another time.
- Let their answers guide your conversation
- Be comfortable with silence because they may be processing what they want to say

The Conversation

Start with: “I’ve noticed ____ and I’m concerned. What’s going on? Has something happened?”

1. Share what concerns you

“...you’re in your room a lot...”

“...you aren’t hanging out with your friends as much...”

“...you’ve stopped playing sports/participating in chorus/band...”

2. Ask follow-up questions

“Do you feel like I’m putting too much pressure on you?”

“How can I help you?”

“What do you think will help?”

“Are you thinking of harming yourself/others?”

3. Give Supportive Statements

“I want to listen. I want to help.”

“It will get better”

“I am / We’re here for you.”

“You are not alone. I love you.”

“It’s okay to feel this way/to cry. Together, we will get through this.”

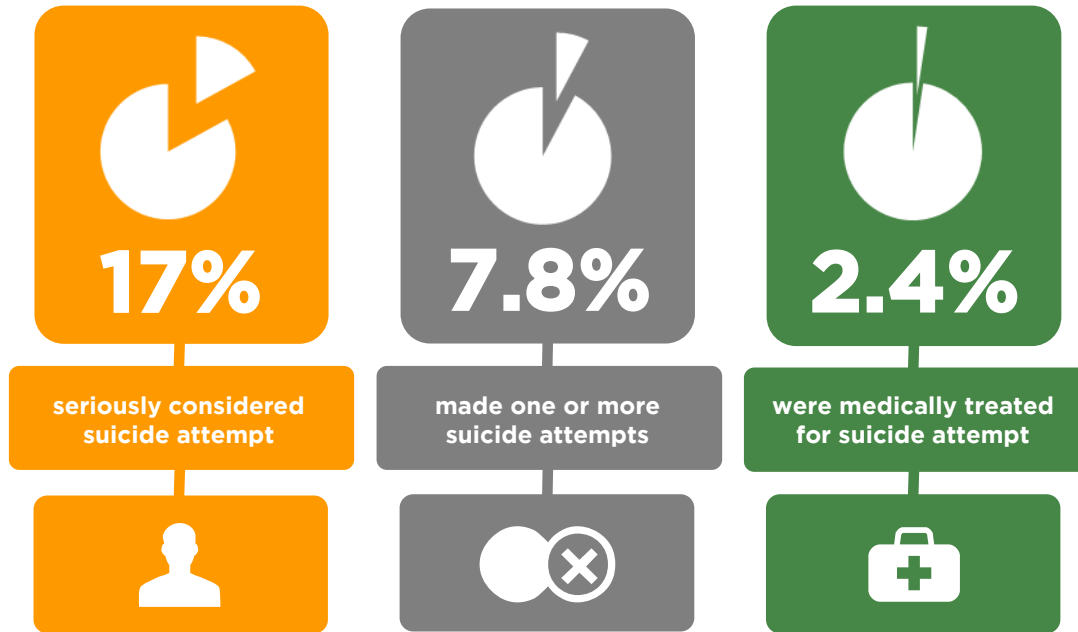
“I’ll give you space but know that I am here if you ever want to talk.”



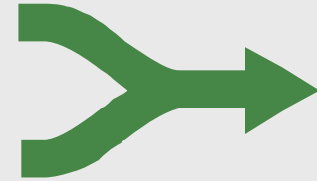
Don't be afraid to talk about depression and anxiety's most serious consequence – suicide



Suicide Among Depressed High School Students



National Youth Risk Behavior Survey of High School Students

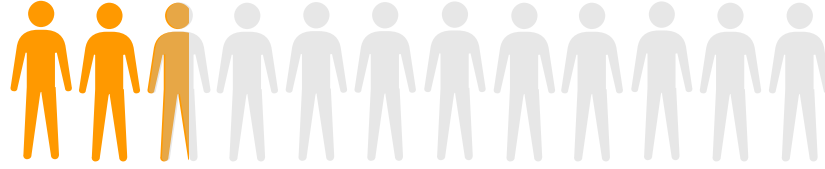


Suicide risk is highest when anxiety and depression co-occur

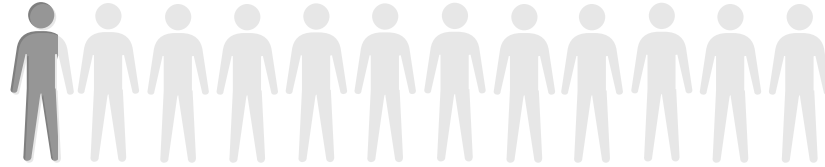


Friends and family are often the first to notice warning signs

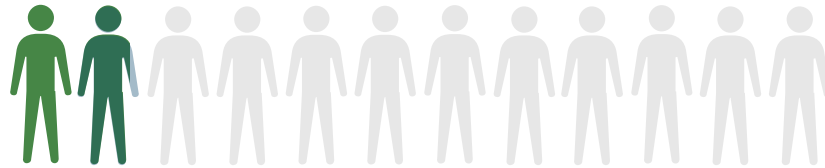
Adolescent Suicide Statistics



27.3% had suicidal thoughts



9.6% had suicidal plan



10.8% attempted suicide

2nd

**leading cause of death
among 10 - 34 year olds**



**Not all depressed adolescents
are suicidal and vice versa;
but depression does
increase the risk**



Suicide Risk Factors

- **Availability of means (including firearms and prescription medicines)**
- **Depression, other mental disorders, or substance use disorders**
- **Prior suicide attempt**
- **Family history of mental disorder or substance use disorder**
- **Family history of suicide**
- **History of physical or sexual abuse**
- **LGBTQ youth**
- **Exposure to suicide**
- **Interpersonal conflict / lack of social connectedness**
- **Bullying**

What About Cannabis Use?



Increases the risk of:

Development of depression

Suicidal ideation

Suicide attempts

Completed suicides

**May increase the rate of social anxiety
and exacerbate anxiety symptoms**

Social Media and Adolescents



On average, adolescents are online **about 9 hours a day**, excluding homework time

Potential Benefits of Social Media:

- Staying connected with friends and family
- Meeting new friends with shared interests
- Finding community and support for specific activities
- Exploring and expressing themselves
- Sharing art / music work
- Networking opportunities

Potential Risks of Social Media:

- Higher risk for depression
- Higher risk for aggression due to violent content
- Increased risk of contagion
- Exposure to suicide in unmonitored forums or discussion groups can lead to increased suicidal ideation
- Cyber-bullying

ACT



**Treatments, Medications,
Parenting Strategies and
Additional Resources**



Treatment of Anxiety and Depression



- **Individual therapy**
 - **Cognitive behavioral therapy (CBT)**
 - **Interpersonal therapy (IPT)**
- **Family therapy**
- **Group therapy**
- **Antidepressant medications**
- **Other interventions**

Medications

Decision to use medication is influenced by many factors

Generally recommended to treat moderate to severe, recurrent, chronic depression & anxiety

Offer a faster response

Usually required for 6 - 9 months after remission, in order to prevent relapse of depressive symptoms. Some youth require longer treatment with medication

Combination treatment with medication and therapy often confers the best response

Antidepressants and Suicide




2004 FDA “Black - Box Warning”

(upon review of published & unpublished clinical trials)

- Antidepressants *may* increase risk of suicidal thinking and behaviors in children and adolescents with major depressive disorder
- Warning updated in 2007 & 2018 included additional data:
 - Greater risk of suicidality during first few months of antidepressant treatment
 - Average risk of increased suicidal thinking on drug = 4% vs 2% on placebo
 - No suicides occurred in these trials

Increase in SSRI (antidepressant) prescriptions for adolescents between 1992 and 2001 correlated with decrease in the suicide rate

Families and caregivers should closely observe the patient and communicate with their physician, and risks should be balanced with clinical need



Parenting Strategies to Decrease the Risk of Anxiety and Depression among Adolescents

- **Establish and maintain a good relationship with your teen**
- **Show affection**
- **Show positive involvement**
- **Support autonomy**
- **Consistent and clear family rules and consequences**
- **Decrease conflict in the family**
- **Help your teen deal with problems**
- **Encourage seeking professional help when needed**
 - ✓ **For your teen**
 - ✓ **For yourself**

3 Ways to Contact National Suicide Prevention Lifeline



Phone

National Suicide Prevention Lifeline: 1-800-273-8255



Live Chat

Lifeline Crisis Chat: www.crisischat.org



Text

Crisis Text Line: Text “Start” to 741-741

Additional Resources

Michael's Giving H.A.N.D.: www.michaelsgivinghand.org

National Institute of Mental Health (NIH): www.nimh.nih.gov

National Alliance on Mental Illness (NAMI): www.nami.org

American Academy of Child and Adolescent Psychiatry (AACAP): www.aacap.org

American Academy of Pediatrics (AAP): www.apa.org

Anxiety and Depression Association of America (ADAA): www.adaa.org

American Foundation for Suicide Prevention (AFSP): www.afsp.org



A photograph of three teenagers (two boys and one girl) smiling and looking towards the camera. The image is partially covered by a green overlay on the right side.

Re-cap

- **Depression and anxiety are common in children and adolescents**
- **They generally respond well to treatment**
- **Treatment is multimodal and can involve psychotherapy and/or medications**
- **Untreated anxiety or depression can lead to other psychiatric diagnoses and poorer outcomes as adults**

Staying Connected



- Visit our Website: www.michaelsgivinghand.org
- Resources
- Adolescent Mental Health Counseling Program
- Connect with us on Social Media
- Upcoming Events
- Volunteer Opportunities
- Donate

Greatest Takeaway: You Are Not Alone



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Supporting Videos

The following videos are used to support the presentation delivered through our High School Outreach Program:

1. “Things Students with Anxiety wish their Teachers Understood” Video by The Mighty: <https://themighty.com/video/things-students-with-anxiety-wish-their-teachers-understood/>
2. “Preventing Teen Suicide” Video by the Mayo Clinic for Education: <https://www.mayoclinic.org/patient-education-videos/suicide-prevention-adults>
3. “Teens Remove the Mask on Anxiety & Depression” – MGH Video: <https://youtu.be/8o-AMooYVPi>

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