

*The Youthline approach is to provide therapeutic interventions for clients based on safety, client preferences and needs, available resources, and international best evidence in accordance with Youthline Ethics, and Policies and Procedures.*

In October 2008, The World Health Organisation declared depression as the biggest contributor to global disease burden<sup>1</sup>.

Approximately **1** in **7** young people in New Zealand will experience a major depressive disorder (and 1 in 5 will experience some kind of serious mood disorder) before the age of 24<sup>2</sup>.

## WHAT IS DEPRESSION?

Feeling sad or down in response to negative life events, or for no obvious reason, is a common part of human life, particularly for young people. Adolescence is a time of transition and it is normal during this developmental period for young people to experience a range of intense emotions. It is, therefore particularly important to distinguish between natural fluctuations in mood and clinical depression in young people. A range of assessments can be completed in counselling sessions or with your GP to identify where depression is present.

Although the term 'depression' is sometimes used to describe a temporary low mood, 'depression' or 'clinical depression' as described in health and mental health settings refers to problems of low mood that have become chronic (lasting two weeks or more), distressing and considerably impact on the person's life, and are not just reflecting the use of drugs, a physical health problem or a recent bereavement (American Psychiatric Association, 2000).

There are several variants of depression, including:

- Unipolar (or Major) Depression – which is the focus of this information sheet
- Bipolar Depression (previously known as Manic Depression) – where the individual experiences extreme fluctuations in low and high mood
- Dysthymia – in which a persistent depressed mood is present for over 2 years (but not to the extent of clinical/major depression)
- Other variants include: Seasonal Affective Disorder (SAD), Post-Partum Depression, Atypical Depression, Depression not otherwise specified (NOS), and Double Depression (Major Depression coupled with Dysthymia)

## WHAT ARE THE SYMPTOMS?

Depression or a related mood disorder may be diagnosed where the person feels:

- low or depressed – sometimes irritable, bored and down most of the day, or they have markedly diminished interest or pleasure in all, or almost all, activities for most of the day, nearly every day for 2 weeks or more

### AND

- they have other related difficulties nearly every day such as eating problems; sleep problems; tiredness; low energy; psychomotor agitation or retardation (being very restless or slowed down); difficulty thinking and/or concentrating, or making decisions; or recurrent feelings of guilt, worthlessness, death and/or suicide

<sup>1</sup> World Health Organisation, 2008

<sup>2</sup> The Lowdown [www.thelowdown.co.nz](http://www.thelowdown.co.nz)

## **AND**

- these issues are causing them a lot of distress and/or reducing their ability to work, attend school, socialise with friends and family, or function properly in other important areas of their life (American Psychiatric Association, 2000)

## **DEPRESSION IN NZ**

The prevalence of depression in New Zealand is high, but it is not well recognised, particularly among youth, and can present in a range of ways. Approximately fifteen percent of young people aged 16 to 24 years will experience major depression, and 20% will experience some form of mood disorder (Oakley Browne, Wells, & Scott, 2006). Females are at higher risk of experiencing depressive symptoms than are males, with 20% of the total female population experiencing depression at some point in their life compared to 11% of the male population (Oakley Browne et al., 2006).

Depressive symptoms may manifest gradually or suddenly, and the duration might be a few weeks to months, or it may be a recurring or long term difficulty, especially if left untreated. There is no single or clear-cut cause of depression; however, stressful/distressing events, biological vulnerability and certain maladaptive thinking and/or coping styles are likely to be involved (Beck & Alford, 2009).

Depression is a major risk factor for suicide, which is the second leading cause of youth death in New Zealand (Beautrais, Collings, Ehrhardt, & Henare, 2005). Furthermore, it has been reported that young people who have experienced early depression (between the ages of 14 to 16) are at an increased risk of later adverse psychosocial outcomes (such as, educational underachievement, unemployment and early parenthood) (Fergusson & Woodward, 2002). There is also an association between early depression and developing major depression and anxiety disorders later in life (Fergusson & Woodward, 2002).

Fortunately, there are a range of approaches that have been shown to be helpful for many people with depression.

*This information sheet outlines Youthline's approach to working with clients with depression. Please note that differences exist between the approaches found most useful to, or preferred by, any one client. Additionally there are differences in best practice treatments for various types of mood disorders and associated problems and best practice continues to develop over time. Hence, this sheet should be regarded as providing an overview only.*

## **HELPFUL APPROACHES**

Person-centred care is pivotal to the treatment of a mood disorder. As a youth development organisation, Youthline provide a youth centric and strengths-based approach.

The assessment of a young person with depression should seek to identify any potential co-occurring problems, as well as the social, educational and family context of the client.

Some therapies and approaches have been shown to be more effective than others for young people with depression. For young people experiencing mild to moderate depression, it has been recommended that a low intensity psychosocial intervention is followed (National Institute of Health and Clinical Excellence, 2005). These include lifestyle modification and self-help, computerised Cognitive Behaviour Therapy (CCBT), and structured group physical activity programmes. Medication, in combination with psychological therapy, may also be helpful for those with more severe depression (National Institute of Health and Clinical Excellence, 2005).

Research shows that therapy outcomes are related to the competent delivery of therapeutic techniques and to the development of a therapeutic alliance (Leach, 2005). Youthline believe that the therapeutic relationship is essential to the wellbeing of the client and to their recovery and so carefully match the client to the characteristics of the therapist/counsellor. Furthermore, the client has the right to request a change in counsellor. .

The following approaches are recommended for individuals with mild to severe depression:

**Cognitive behavioural therapy (CBT)** is an individualised process that focuses on the thoughts and behaviours that may be influencing the problem. CBT will typically include components such as:

1. Psychoeducation (information regarding symptoms and treatments for depression)
2. Affect recognition (mood monitoring), stress and distress management
3. Cognitive training (learning to recognise and replace unhelpful ways of thinking)
4. Behavioural interventions
5. Other components tailored to the client including
  - a. Activity scheduling
  - b. Problem solving interventions
  - c. Specific skills training
6. Long term relapse prevention

CBT approaches are typically quite structured; include a focus on clients thinking, actions, feelings and environment; involve developing and using new skills; and utilise 'homework' tasks to facilitate therapy and ensure skills can be used in a variety of everyday environments (see Weersing & Brent (2006) for a summary of CBT in adolescent depression).

**Psychoeducation and self-help** can be used as part of a therapeutic intervention or on its own. This may be helpful for some clients, especially as an initial approach.

**Lifestyle/behaviour modification**, particularly regular exercise, has been shown to be helpful for some people with depression (Paluska & Schwenk, 2000). Other lifestyle interventions including a healthy diet, avoidance of alcohol and other drugs, and sleep hygiene (management of sleep patterns), as well as structured daily routines are also helpful steps in managing and reducing depression (Fraser & Tilyard, 2010).

**Relaxation training**, including stress management, mindfulness, meditation, yoga, and relaxation exercises may be beneficial when practised regularly, particularly as part of a comprehensive approach (Jorm, Morgan, & Hetrick, 2008).

**Problem solving therapy** is a systematic approach of assisting clients to develop problem solving skills and

applying these to current difficulties (Fraser & Tilyard, 2010). This might prove helpful for some clients, particularly if negative thinking styles underlie or are exacerbating their mood disorder.

**Interpersonal therapies** (see Markowitz, 2003) assist clients with difficulties in relationships with families, partners and social situations. Withdrawal from social situations is a common symptom of depression. Teaching the client skills which will enable them to reintegrate into their social circles, strengthen their support networks and engage with the support that's available to them will help the recovery process.

**Psychoanalytic/Psychodynamic therapy** focuses on unconscious processes as they are manifested in a person's present behaviour. The goals of psychodynamic therapy are a client's self-awareness and understanding of their relationships with other people (Leichsenring, Hiller, Weissberg, & Leibing, 2006). This approach may alert the client to negative thinking styles and/or behaviour patterns that are perpetuating their illness. With the help of the therapist, they can then adjust their thoughts and conduct appropriately.

**Medications** there are a range of psychoactive medications with evidence to support their use in particular situations. Youthline advises clients of this option and can assist clients in gaining medical assessment if necessary.

## **YOUTHLINE'S APPROACH**

As a youth development organisation, Youthline is guided by the six principles of the Youth Development Strategy Aotearoa (YDSA; Ministry of Youth Development, 2007). Our approach to helping young people with depression can be understood by considering these 6 principles.

### **The Principles of Healthy Youth Development:**

#### **1. Youth development is shaped by the 'big picture'**

In accordance with best practice advice, Youthline counsellors conduct a comprehensive assessment of all clients presenting with a depressive disorder, including a

suicide risk analysis. All assessments and therapy sessions are conducted with consideration of a young person's wider social and cultural environment and will often involve family members, where possible, in the treatment plan.

Youthline understands that adolescence is often a vulnerable time and that wider social, cultural and economic influences impact strongly on youth development. These influences are likely to determine how a young person reacts to and copes with negative or stressful experiences; as well as how they define how they are feeling. Youthline counsellors therefore, aim to reach each and every young person on a personal basis and become familiar with their lifestyle in order to develop an effective and personalised treatment plan.

## **2. Youth development is about young people being connected**

Healthy development depends on young people engaging in pro-social relationships. Extending social networks and increasing avenues of support is particularly important for young people experiencing depression. Therefore, as part of a client's treatment plan, Youthline might encourage the young person to get involved in activities, events, or youth development programmes, etc. to increase their connections with others and their community.

## **3. Youth development is based on a consistent strengths-based approach**

Focusing on strengths, hope, optimism and recovery is especially important for clients with depression, and Youthline therapists maintain a consistent strengths-based approach during therapy sessions to nurture healthy development and wellbeing.

Youthline believes it is important to identify and build upon individual strengths. Youthline therapists assist young people to build resiliency and develop the social, emotional, physical, and autonomy skills to effectively cope with difficult feelings and experiences.

## **4. Youth development happens through quality relationships**

The strength of the client-therapist relationship helps determine the efficacy of the treatment. To achieve a quality relationship between client and therapist, Youthline make every effort to match the young person with a suitable therapist/counsellor. To help ensure that a productive therapeutic relationship is founded, clients can request a change in therapist.

Healthy relationships in all areas of the young person's life are also promoted and supported during the individual's time at Youthline. To achieve this, the involvement of others, such as family members, partners and/or friends is an option. This is carefully considered with the client and issues of privacy, safety, client wishes and Youthline's policies are taken into account.

## **5. Youth development is triggered when young people fully participate**

A sense of empowerment is important for all young people, especially those with a mood disorder. Youthline counsellors work collaboratively with the client to create opportunities for them to influence and regain control in their lives. Youthline also provide opportunities for young people to become involved in a range of activities and youth development programmes which increase the young person's sense of autonomy and provide opportunities to expand their contributions to society.

## **6. Youth development needs good information**

To ensure best practice is achieved at all times, Youthline's approach is to engage in evidence based practice that is informed by current research. We also conduct research projects to contribute to the ever expanding field of youth development and mental health.

To facilitate the client's understanding of their illness, Youthline provide information about depression and recovery.

Therapy is based on the client's needs and wishes, current best practice, and evidence and resources available within Youthline and beyond. These include:

- Cognitive behavioural therapy (CBT)
- Family therapies
- Problem solving therapy
- Social skills, stress management relaxation training or lifestyle approaches
- Supportive counselling
- Interpersonal therapies
- Psychoeducation

Occasionally a recommendation is made that the client considers visiting a doctor. Sometimes mood symptoms may be caused or exacerbated by substance use or by physical illness. For some clients the use of medication or referral to a specialist mental health service will be appropriate.

Youthline therapists regularly review their therapeutic work with professional supervisors and or the clinical services manager. Clients with depression are reviewed after no more than 8 sessions. If positive progress has not been made an alternative plan is developed with the client.

### **SAFETY OF CLIENTS AND OTHERS**

Youthline is an accredited provider under the Child Youth and Family Act. All Youthline counsellors are familiar with and utilise Youthline Policies and Procedures to underpin their practice. These policies and procedures are assessed by Child Youth and Family.

Risk of suicide and suicide attempts are increased among people with depression; Youthline's policy includes comprehensive risk assessment and regular review. Therapists are required to follow Youthline Policy and Procedures regarding safety, suicide and self-harm.

### **CONFIDENTIALITY**

All counsellors will clearly explain confidentiality and its limits when they enter into a new counselling relationship. All information about the client is treated with confidence and not passed on without the client's prior consent – unless the safety of the client or others is threatened. If a Youthline worker determines that a client or another

person's safety is threatened and they need to contact an outside agency they will inform the client of this step when possible.

Clients have the right to choose whether they see a counsellor alone, with a friend, or with family members. A translator can be arranged if required. If clients prefer, Youthline will also help them to find someone from their own culture to talk to.

### **REFERENCES**

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### **FURTHER INFORMATION**

- **Depression helpline** freephone: **0800 111 757**
- **The Lowdown:** [www.thelowdown.co.nz](http://www.thelowdown.co.nz)
- **Urge/Whakamanawa:** [www.urge.co.nz](http://www.urge.co.nz)
- **Youthline** [www.youthline.co.nz](http://www.youthline.co.nz)  
24 hour contact details:  
Youthline support line: **0800 37 66 33**  
Free txt: **234**  
E-mail: [talk@youthline.co.nz](mailto:talk@youthline.co.nz)