The North Shore Synagogue, 30 July 2023

Teenage mental health: a psychiatrist's perspective

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Given the vastness of the topic, only time to cherry pick

Tasks to be achieved by the end of adolescence

- Independence
- Identity
- Body image
- Peer relations

Religiosity is a protective factor against self-injurious thoughts and behaviors in Jewish adolescents: Findings from a nationally representative survey

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Abstract

Purpose

Few studies have investigated the association between religiosity and self-injurious thoughts and behaviors specifically in adolescents, yielding inconsistent results. To date, no study has examined this relationship in a Jewish adolescent cohort.

Methods

Self-injurious thoughts and behaviors, as well as depression, were assessed in a nationally representative sample of Jewish adolescents (n = 620) and their mothers, using the Development and Well-Being Assessment Inventory (DAWBA) structured interview. Degree of religiosity was obtained by a self-report measure.

Results

Using multivariate analysis, level of religiosity was inversely associated with self-injurious thoughts and behaviors (Wald χ^2 = 3.95, P = 0.047), decreasing the likelihood of occurrence by 55% (OR = 0.45, 95% CI 0.2–0.99), after adjusting for depression and socio-demographic factors. This model (adjusted R^2 = 0.164; likelihood ratio χ^2 = 7.59; df = 1; P < 0.047) was able to correctly classify 95.6% of the patients as belonging either to the high or low risk groups.

Conclusion

This is the first study demonstrating religiosity to have a direct independent protective effect against self-injurious thoughts and behaviors in Jewish adolescents. This finding has clinical implications regarding risk assessment and suicide prevention. Further research can potentially elucidate the complex relationship between religiosity, self-injury and suicide in this population.

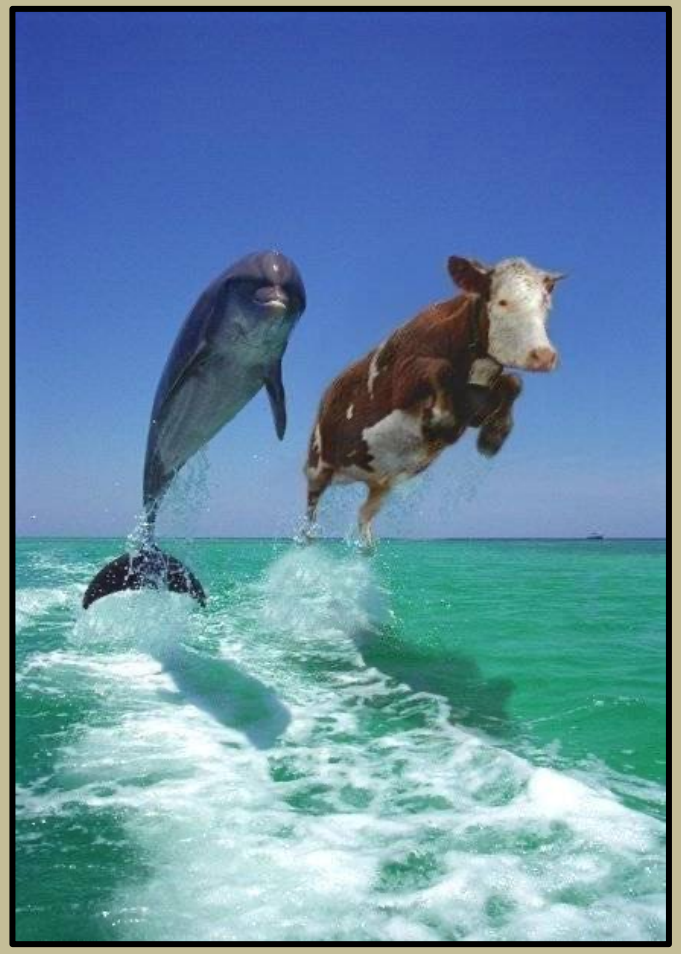
What are the features of adolescent depression?

Essentially the same as depression in adults:

- Depressed mood – seem unhappy, tearful, down in the dumps, or complain of sadness, emptiness
- Negative thoughts about themselves – feel worthless, guilty
- Loss of interest and pleasure in activities
- Can't think, concentrate, make decisions
- Decline in level of functioning

But there can be differences

- Depressed adolescents don't always appear, or say, that they are sad
- They may appear cranky, irritable, short tempered
- Extended sleep ("hypersomnia") is common
- Appetite loss and decreased energy are less common
- "Psychomotor change" (agitation or slowing down) is less common



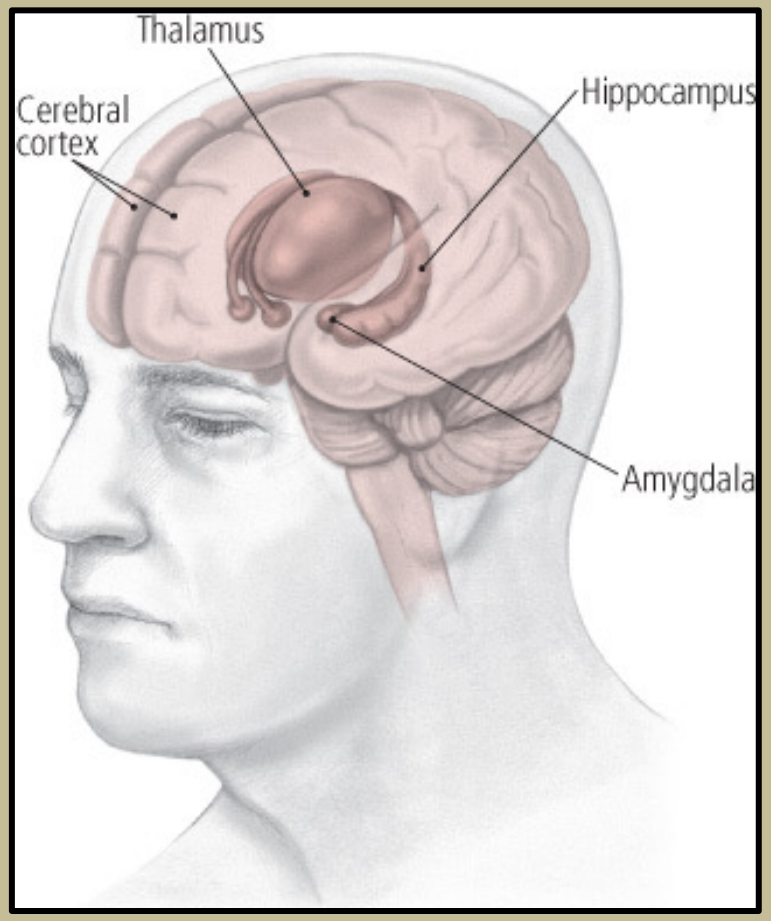
Psychotic depression

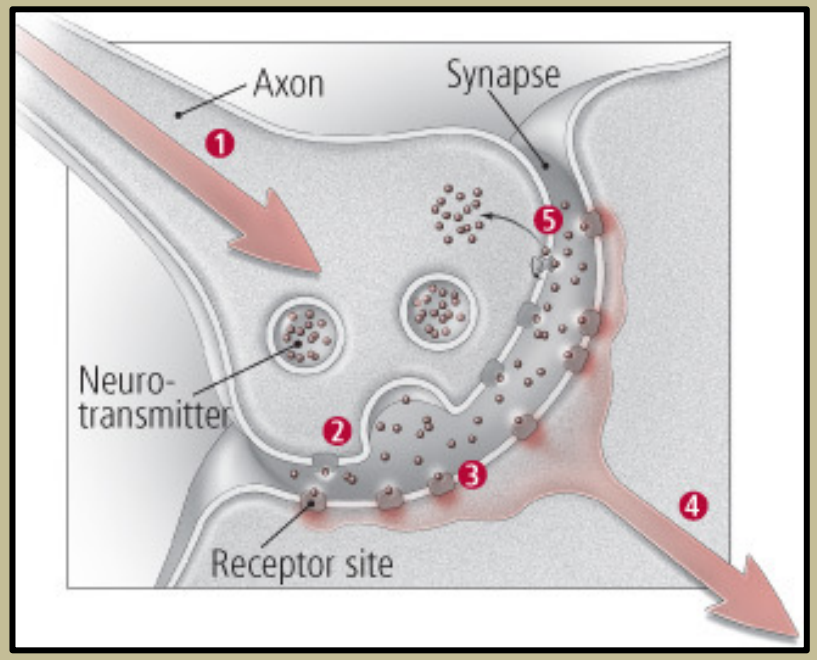
- Depression in its most extreme form
- The depression is accompanied by **delusional beliefs** (“I am riddled with cancer and will die”) and/or **hallucinations** (commonly, critical voices inside one’s head, eg “You are an evil person, you deserve to be put down”)

Risk factors: confirmed

- Older versus younger adolescents
- Having a parent or other close biological relative with depression
- Having an episode of depression earlier in life
- Exposure to stressful life events

Precise cause is unknown, but a combination of **nature** (genes) and **nurture** (environment)



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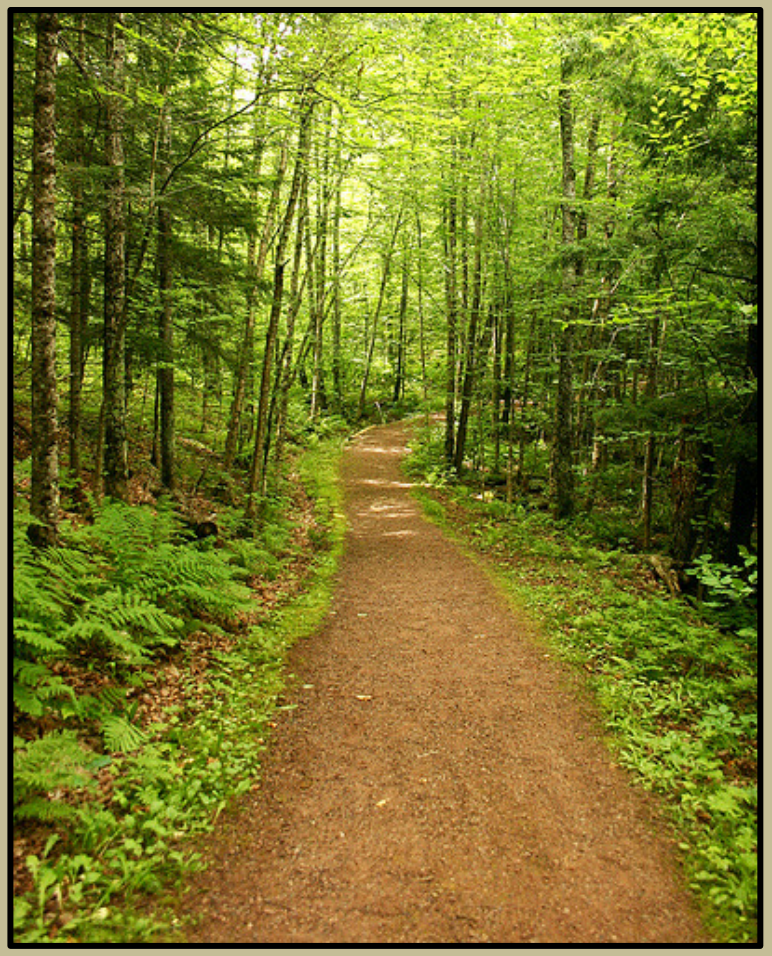
ACMS | Australian Child Maltreatment Study

The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study

2023 | Brief report

Natural course of depression



- Symptoms of major depression usually emerge over weeks
- The established depressive episode typically lasts 6-8 months
- 20% continue to be depressed after a year
- 10% remain depressed at 2 years
- 50% of adolescents will have 1 or more recurrences during their life

Bipolar disorder

A small but not insignificant proportion of teenagers (~10%) who have had depression will go on to develop bipolar disorder (manic depressive illness)

Key elements of assessment

- Engagement
- Where possible, interview of adolescent, parent(s) and both
- Risk assessment
- Administer a rating scale
- Making a diagnosis
- Screen for coexisting psychiatric illnesses
- Medical screen

Key elements of treatment

- **“Psychoeducation”**
- Developing a **safety plan**
- **Therapy**: problem-solving approaches for mild-moderate cases, “cognitive behaviour therapy” (CBT) or other specific therapies
- **Medication** for moderate and severe cases (helpful in 60-70%)
- **Hospitalisation** for very severe cases

“But doesn’t antidepressant medication *increase* the risk of suicide in a young person?”

“Isn’t it **poison**?”

Weight of evidence

- **Against** the most commonly used antidepressants – Selective Serotonin Reuptake Inhibitors (SSRIs) – being associated with increased suicide in the young
- **Consistent with** most young people who die of suicide not having the potential **benefit** of antidepressants at the time of their death

How can parents help with the treatment of their teenager's depression?


EVELYN ROSE
& JUDI ROSE
MOTHER & DAUGHTER
JEWISH COOKING
erations of Jewish Women
nal and Contemporary Recipes
GOLDEN JUBILEE COOKBOOK
1940 1990
MONDAY MORNING COOKING CLUB
The Feast Goes On
'You just want to eat everything'
Yotam Ottolenghi

Twelve ingredients

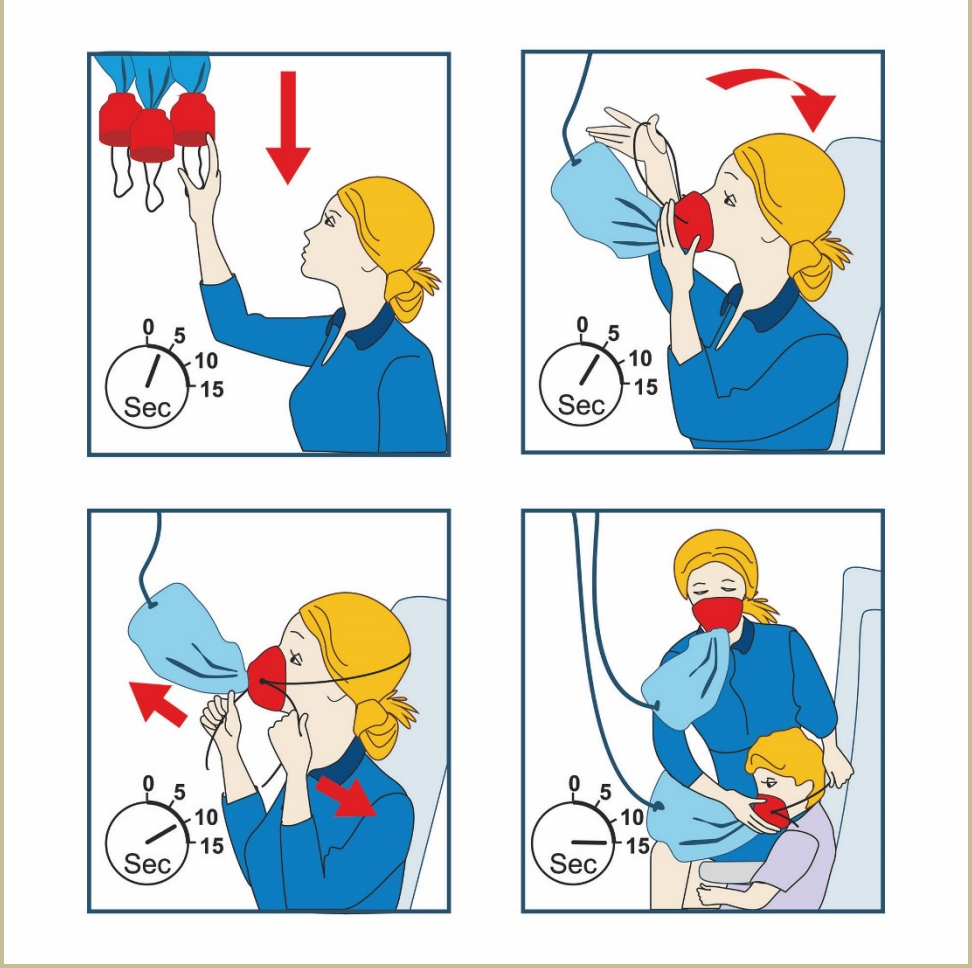
Twelve ingredients

1. Be hopeful – for the majority of cases, the results are good
2. Get support from someone you trust, and regular rest and relaxation
3. Don’t be impatient – overcoming this problem is not a matter of days but weeks or months
4. Ask the doctor or counsellor for specific directions on your role in the treatment
5. Keep the doctor/counsellor informed of your teen’s progress
6. Try to reduce the overall level of stress in the family

Twelve ingredients

7. Make realistic allowances for the effects of depression on your teen, but don't allow them to be too dependent or regress into the sick role – there are things they can probably do, even if simple and for short periods
8. Encourage their contact with supportive friends
9. Be ready to listen
10. Give enough space but keep a watchful eye
11. Don't take angry remarks personally – these may be part of the depression
12. Encourage your teenager to continue with treatment

In the process, parents should not ignore their own health



Teenagers can help each other

- A teenager with depression can be helped considerably by friends who seem to be aware of what they are feeling, or who can take their mind off depressing thoughts, but …
- Friends should not be burdened by a peer's distress and are no substitute for professional help.

Teenage suicide

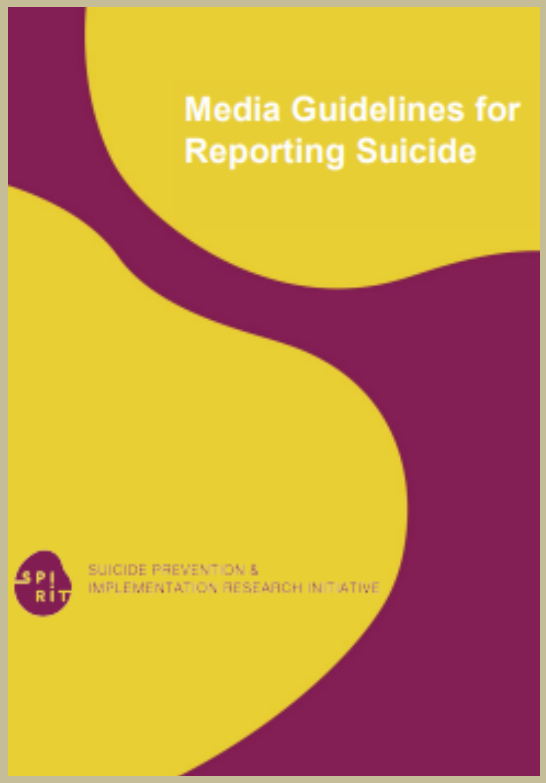
Australian suicide data 2021

- 112 suicides of young people aged 5-17 inclusive
- About half of those were aged 16 or 17
- Suicide in preadolescents is a rare event

While not all cases of attempted suicide or completed suicide occur in young people with depressive illness – there are other causes – **the risk of suicide should be assessed in all young people with depressive illness**

Risk of suicide

- Diagnosis of depressive illness, manic depressive illness or psychosis
- Prior suicide attempt
- Family history of suicidal behaviour
- Drug/alcohol abuse
- Antisocial or aggressive behaviour
- Access to firearms
- Media coverage of suicide → "copycat" suicide



Behaviours that may be signs of potential suicide

- Numerous recent accidents
- Dangerous or risky behaviour
- Discussing death or morbid themes (tunnel vision)
- Giving away favourite possessions

An important take-home message

Asking about any thoughts or plans young people may have to harm themselves does ***not*** increase the chance that they will do so.

Assessment of suicide risk

- Is this unhappy feeling so strong that you ever wish you were dead?
- How often have you had these thoughts?
- Has anything happened recently to make you feel like this?
- On a scale from 1 to 10, how strong is your desire to kill yourself?
- What would it take to move down one point on the scale?
- Have you ever thought about how you would kill yourself?
- Is the method readily available to you?
- When would you intend to do this?
- Where would you do this?
- Have you ever tried to kill or harm yourself before?
- Did things change as a result of the attempts?
- Who would you like to support you?
- Are there any reasons that would stop you from killing yourself?
- If you could look to the future, what do you feel you could look forward to?

What a parent might say or do when a teenager threatens suicide

Nine ingredients

Nine ingredients

1. Talk about it openly – ask them if they feel so bad that they are thinking of hurting himself or have made plans
2. Listen to them, and watch their nonverbal behaviour
3. Ask them why they want to die
4. Tell them that you care, and that other young people may experience similar feelings (and draw on your own experiences, feelings and losses)
5. Talk about what they can do to avoid being overwhelmed by these feelings and what other people can do to help them

Nine ingredients

6. Obtain an agreement that they are not going to do anything to harm themselves that day
7. Don’t lecture about the evils of suicide or how stupid they are to think that way. If you can’t keep your cool – not all parents can – it is better to ask someone else to raise these matters with them
8. Offer to go with the teenager to get help
9. Consult a professional

Navigating the health care system

Crisis support 24/7

- Emergency services: 000
- Lifeline: 131114
- Suicide call back service: 1300659467
- Beyond Blue: 1300224636
- Kids Helpline (5-25yo): 1800551800
- Headspace (12-25yo): online support
- Reachout: online support

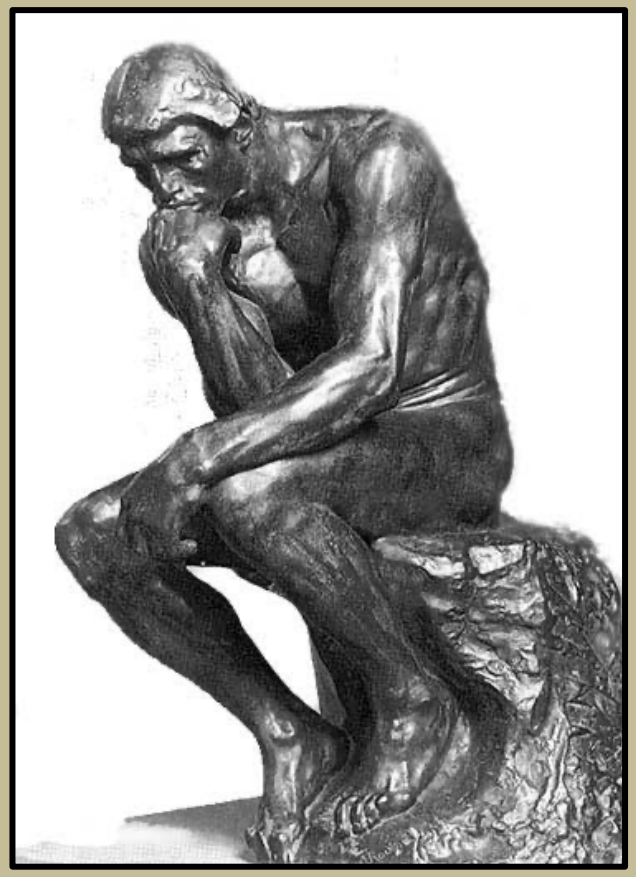
Youth-friendly GP is the cornerstone of care

- May initiate and continue treatment
- Arrange referral to the (public) hospital and community youth mental health service, or to a (private sector) psychologist and psychiatrist

Public versus private sector?

- **Public (Child and Youth Mental Health Service)**: if safety concerns, psychotic symptoms, bipolar disorder. Staff turnover can be an issue.

  Mental Health Line 1800 011 511
- **Private**: for less severe depression. Can be lengthy delays to see a psychologist and psychiatrist.
- Patients transition from one sector to the other.
- Public sector does not always support a treatment model in which some aspects of the patient's care are looked after by the public sector and other aspects by the private sector.



Presenting to your local A&E Department

- Always an option if you feel your teen is unsafe or, due to safety concerns, you do not feel confident waiting for an appointment with a health professional.
- Emphasise safety concerns when you present.

Inpatient treatment

- Brolga Unit (Hornsby Hospital)
- Ramsay Clinic Northside (St Leonards)
- Uspace (Darlinghurst)
- Hills Clinic Private Hospital (Kellyville)
- Gordon Private Hospital (Gordon)

Thank you