

Youth Mental Health

Supporting our young people/rangatahi



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Youth Depression

- Continuum – associated with problems at most levels of severity
- Level of impairment increases with number of symptoms
- Most morbidity occurs in milder but more common forms
- Even mild depression predicts depression in adulthood



Mild vs Moderate vs Severe

- Diagnosis categorical – present or absent, vs continuum
- Threshold: symptoms and functional impairment
- Moderate 6-8 symptoms, severe >8
- Impairment a useful guide to prognosis and treatment
- Marked impairment → less likely to respond to psychosocial treatment



Epidemiology

- 1 yr prevalence up to 10%
- Youth 2000 (2001, 2007, 2012, 2019)
 - Point prevalence 12-13%
 - Higher in Māori, Pasifika
- Cumulative probability of having a depressive disorder by late adolescence is 10-20%
- Severe MDD 2.5-3% of all youth
- Gender difference emerges around puberty
- Increasing?



Course

- Prospects of recovery from each episode are high
- 74% by one year & 92% by two years
- Median time to recovery 28 weeks
- High rates of recurrence
- 1 year relapse rate of 18%
- > 50% continuity into adult depression



Co-morbidity

- Common (ADAPT – 85%)
- Anxiety disorders mostly
 - Anxiety often precedes depression
 - Common genetic diathesis?
- Social phobia up to 45%
- OCD up to 35%
- Conduct D/O, ODD, ADHD, AoD



Treatment - Mild Depression

- Early intervention helps
- Supportive counselling, brief interventions
- Address adversity
- Stress management, wellbeing strategies
- eTherapy and online tools
- 1/3 cases of mild depression will resolve with brief nonspecific intervention



Moderate-Severe Treatment - TADS

- Fluoxetine + CBT = 71% improve (moderate to severe depression)
- Fluoxetine = 61%
- CBT = 43% (improved to 60% at 18/52)
- Placebo = 35%
- Equivocal data with other SSRI's
 - Citalopram > Venlafaxine > Sertraline



Moderate-Severe Treatment - ADAPT

- More unwell real-world cohort, 28 weeks
- Fluoxetine 61% improved
- CBT plus Fluoxetine 53% improved
- No difference in suicidality, self harm (decrease)
- No benefit in addition of CBT



SSRI's and Suicidality

- Review of clinical trials – 4300 subjects
- 4% on SSRI reported suicidal thoughts
- 2% on placebo reported
- No suicides in entire cohort
- Adverse event reporting used in trials
- Systematic enquiry much more effective & shows decrease with SSRI



When to Refer

- No response to Fluoxetine after 6-8 weeks
- Severe impairment or severe depression
- Ongoing suicidal ideation or intent
- Comorbidity



Depression in children and adolescents: Interventions that work – at a glance

	Gold	Silver	Bronze	Not recommended
Mild to moderate depression	Cognitive Behavioural Therapy	Family therapy	Physical exercise	Antidepressant medication
	Interpersonal Therapy for Adolescents (IPT-A)	Computerised CBT	Omega-3 fatty acid supplements	
Severe depression	Antidepressant medication alone or in combination with a specific psychological therapy		Electroconvulsive Therapy (ECT)	

This table represents a compilation of information from several different sources (Fonagy et al. (2015), The Matrix (2015), NICE (2015) and Dunnachie (2007) and is designed to provide an overview only. Directly consulting these sources will provide considerable additional information. The Evidence-Based Interventions (EBI) page has more detail on these categories.

[\[wharaurau.org.nz/resources/publications/depressive-disorders\]](http://wharaurau.org.nz/resources/publications/depressive-disorders)

Anxiety – prescribing for young people

Anxiety

- Generalised Anxiety Disorder
- Social phobia
- Separation Anxiety Disorder
- Specific phobias
- Obsessive Compulsive Disorder



Epidemiology

- 7% point prevalence
- 20-30% lifetime prevalence
- Median age of onset 11yrs
- Often chronic course
- <50% youth receive treatment



Level of Care

- Diagnosis (eg, GAD vs OCD)
- Current severity of symptoms
- Comorbidity
- Risk, distress
- Social and global functioning
- Treatment alliance



Treatment Mild-Moderate

- Stress management, mindfulness (esp. breathing), wellbeing
- Online therapies, games
- Education
- Lifestyle – sleep, diet, exercise, AoD use incl. caffeine
- Group therapy and support



Treatment Moderate-Severe

CBT

- First line
- Social anxiety, GAD, panic d/o, specific phobia, OCD

SSRI (fluoxetine, citalopram)

- Second line
- Social anxiety, GAD, panic d/o, OCD
- SSRI plus CBT less evidence to support

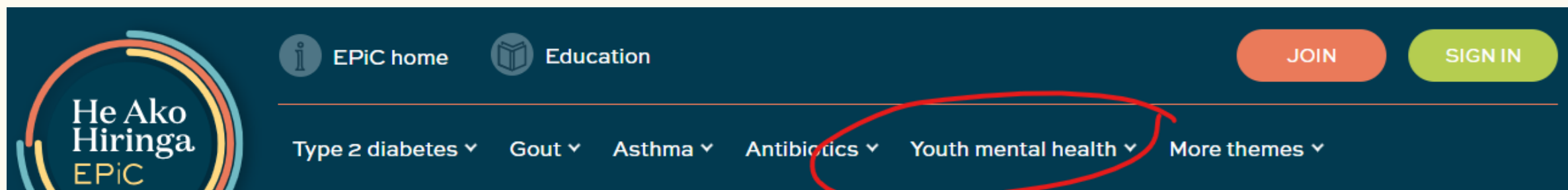


Anxiety disorders in children and adolescents: Interventions that work – at a glance

	Gold	Silver	Bronze	Not recommended
Specific Phobia	Exposure-based therapy, including systematic desensitisation			
Generalised Anxiety Disorder (GAD), Separation Anxiety Disorder (SAD), and Social Phobia (SP)	Mild to moderate Bibliotherapy/self-help Computerised CBT Brief CBT School-based prevention and intervention programmes	General parent training approaches		Benzodiazepines or antipsychotic medication
	Moderate to severe Specific CBT programmes – individual or group and SSRI medication			
Obsessive-Compulsive Disorder (OCD)	SSRI medication and CBT – exposure and response prevention			

This table represents a compilation of info from different sources including Fonagy et al (2015), Kendall et al (2015), The Matrix (2015), and Dunnachie (2007) and is designed to provide an overview only. Directly consulting these sources will provide considerable additional information. The Evidence-Based Interventions (EBI) page has more detail. [\[wharaurau.org.nz/resources/publications/anxiety-disorders\]](http://wharaurau.org.nz/resources/publications/anxiety-disorders)

What do the EPiC data show us about prescribing?



The screenshot shows the top navigation bar of the He Ako Hiringa EPiC website. On the left is the logo for He Ako Hiringa EPiC. To its right are links for 'EPiC home' and 'Education'. Further right are 'JOIN' and 'SIGN IN' buttons. Below these are several dropdown menus: 'Type 2 diabetes', 'Gout', 'Asthma', 'Antibiotics', 'Youth mental health', and 'More themes'. The 'Youth mental health' dropdown menu is circled in red.

Prioritise equitable mental health outcomes for Rangatahi Māori

Visit epic.akohiringa.co.nz/youth-mental-health and log in to see dispensing of psychotropic medicines to people aged 12 to 25 years nationally and at your practice.

Youth receiving psychotropic medicines

Year End **Mar 2023** ▾

Breakdown by **Ethnic Group** ▾

Unit **Percentage** ▾

NUMBER & PERCENTAGE OF YOUTH DISPENSED PSYCHOTROPIC MEDICINES

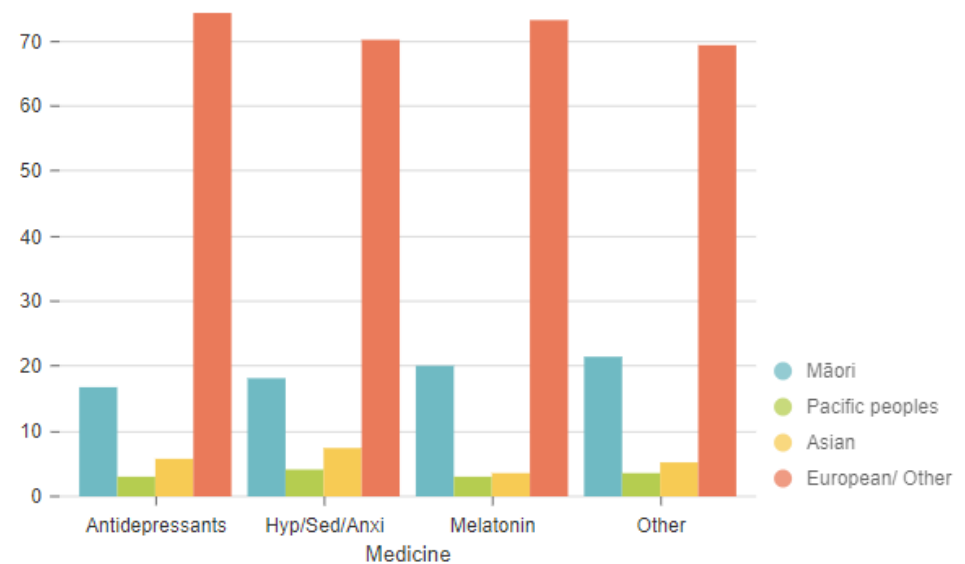
Use the filter to view percentage



Number & percentage of youth patients dispensed psychotropic medicines in the last 12 months.

YOUTH PATIENTS DISPENSED PSYCHOTROPIC MEDICINES

Use the filters to view population variables and percentages



Youth patients dispensed over the last 12 months:

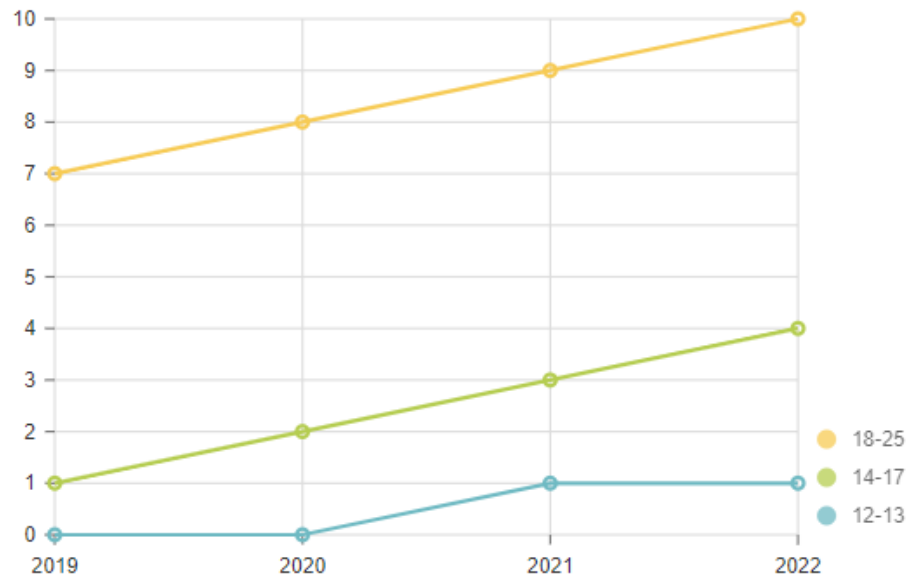
- antidepressants (SSRIs + other + MAOIs + TCAs)
- sedative/hypnotics/anxiolytics (Hyp/Sed/Anxi)
- melatonin
- other (antipsychotics + ADHD medicines).

Youth receiving antidepressant medicines

Year End Mar 2023 ▾

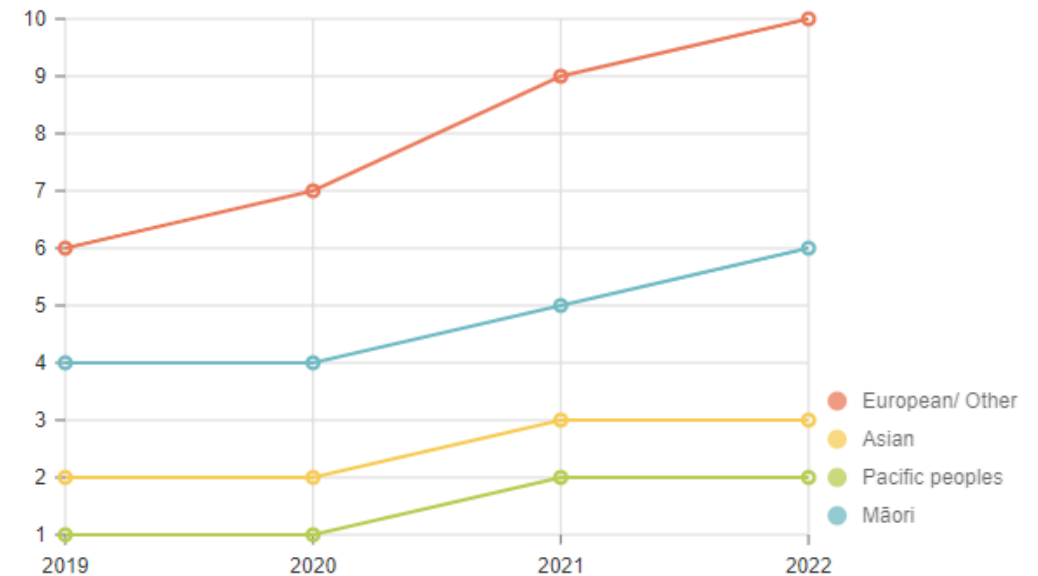
Unit Percent of population ▾

YOUTH PATIENTS DISPENSED SSRI_s OR OTHER ANTIDEPRESSANTS OVER TIME, BY AGE



Percentage of youth patients dispensed SSRI_s, mirtazapine, or venlafaxine over the last four years.

YOUTH PATIENTS DISPENSED SSRI_s OR OTHER ANTIDEPRESSANTS OVER TIME, BY ETHNICITY



Percentage of youth patients dispensed SSRI_s, mirtazapine, or venlafaxine over the last four years.

Why do many young people not receive the “gold standard care”

- Lack of access to secondary care services – including ED, ADHD
- Lack of expertise among primary care
- Fear of working/prescribing outside of scope
- Focus on suicide prevention as opposed to symptom management
- General barriers for young people to access our services
- Costs
- Inequity when it comes to prescribing?



What can we do to improve care?

- Improved access
- Increased training for primary care providers
- Use of technology and digital tools
- Audit of individual/group prescribing, with an equity focus



Resources for young people

Online programmes – therapeutic and support options

- sparx.org.nz
- justathought.co.nz
- thelowdown.co.nz
- stayingontrack.co.nz
- melonhealth.com

Apps – Headstrong headstrong.org.nz

Helplines – Youthline, 1737, What's Up (for 5–18-year-olds)

Information re medications and symptom management – healthify.nz

Peer support



Resources for providers

Evidence-based interventions wharaurau.org.nz/resources/publications

Videos and recorded webinars wharaurau.org.nz/resources/videos

- HEADSSS, Dr Sue Bagshaw wharaurau.org.nz/resources/videos/lunchtime-learning-heeladsss
- School Avoidance and Anxiety, Catherine Gallagher (Mar 2023)
wharaurau.org.nz/resources/videos/lunchtime-learning-school-avoidance-and-anxiety-20230309
- Exploring Perspectives of Rangatahi Māori, Choice and Partnership Approach, Terryann Clark wharaurau.org.nz/resources/videos/terryann-clark-exploring-perspectives-rangatahi-maori
- Promoting Digital Tools, Dr Karolina Stasiak wharaurau.org.nz/resources/videos/lunchtime-learning-promoting-digital-tools-20230202
- Managing Risk: Understanding Self Harm, Screening and Interventions, Nikki Coleman
vimeo.com/782377501?embedded=true&source=video_title&owner=94217284



Create a free He Ako Hiringa account and get access to:



Customised resources for primary care



The EPiC dashboard



Our monthly newsletter



Capture – our CPD recording function



akohiringa.co.nz

Your questions answered

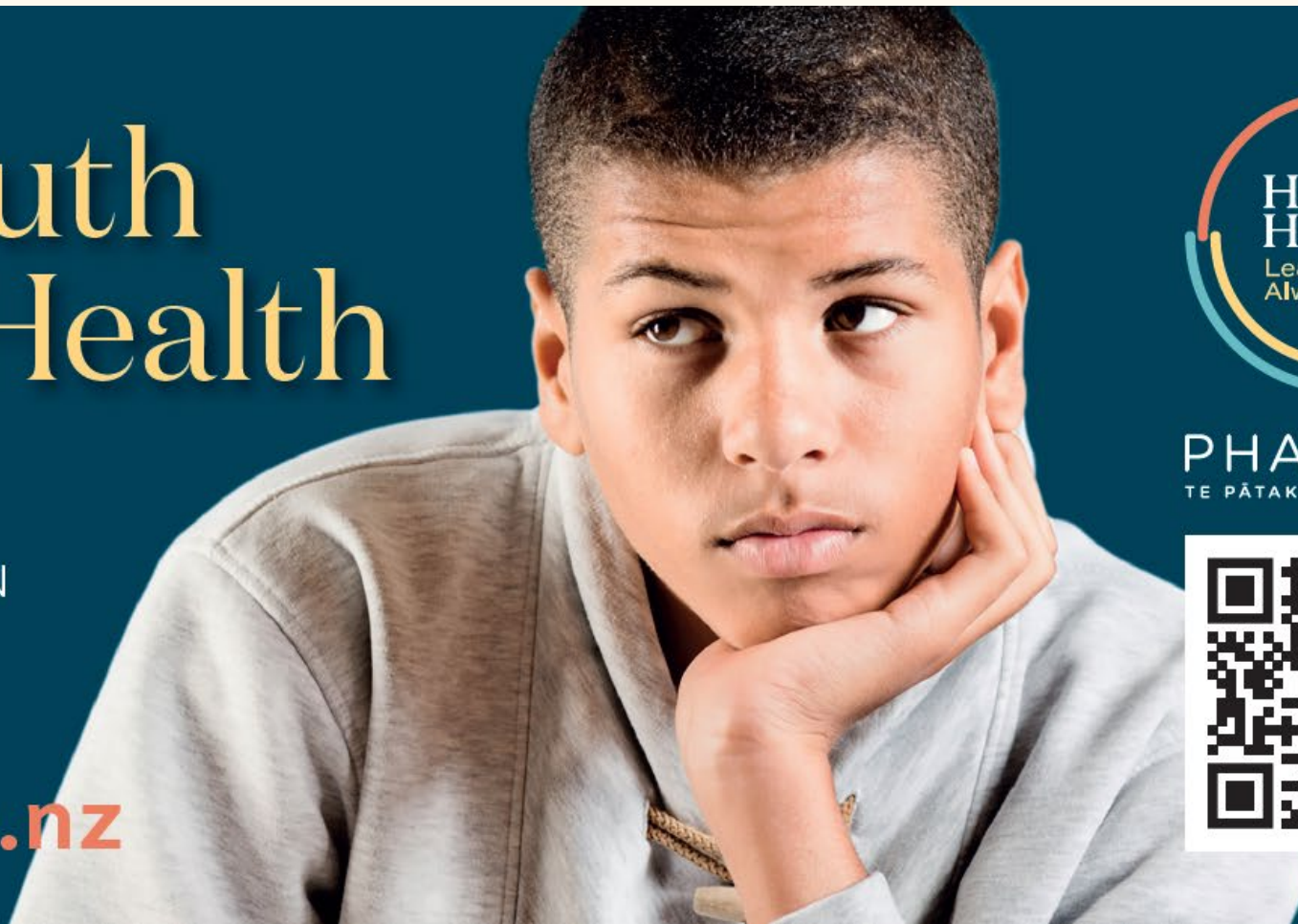
NEW!

EPiC Youth Mental Health

MEDICINE USE IN YOUR
ENROLLED YOUTH POPULATION

Four new data stories, including
antidepressant use over time

epic.akohiringa.co.nz



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TE PĀTAKA WHAIORANGA

