

# Depressive Disorders and Young People

Depressive disorders are common. Around 1 in 15 young Australians aged between 18-25 will experience a depressive disorder in any given 12 month period, whilst for young people between 13-17, the figure is around 1 in 20. The rates are higher for girls than boys.

Unfortunately depressive disorders are commonly under-recognised and under-treated. All too often the signs of a depressive disorder are ignored, minimised or mistakenly attributed to “adolescent turmoil”. The consequences of untreated depression are quite profound and include poor school performance, employment difficulties, loss of peer and family supports, substance abuse and a high risk of suicide.

## What is depression?

We all feel down from time to time. It’s just part of being human. Normal sadness is usually mild in degree, brief in duration (lasting a few days or a few weeks), and not associated with major changes in the person’s day to day functioning or overall well-being. In contrast a person experiencing depression will have a broad range of changes in their feelings, thoughts, behaviours and physical well-being which may go on for weeks or months, causing distress and affecting performance and enjoyment in a range of life areas.

## Types of depression

It is useful to distinguish between the three main types of depressive disorders:

- Major depression
- Dysthymia
- Bipolar disorder (previously known as manic-depression).

## Major Depression

Major depression is the depressive disorder people are most familiar with. Major depression usually occurs in episodes. A depressive episode tends to build up slowly over a couple of weeks or more.

In young people major depression is most likely to manifest as a decline in school performance or performance at work, uncharacteristic moodiness, tension with family members, disruptive or aggressive behaviours, or withdrawal from friends and activities. It can also lead young people to behave in ways that are harmful or dangerous (eg binge drinking, cigarette smoking and other drug misuse, or involvement in other risky behaviours).

Whilst not all disruptive or aggressive behaviours are due to depression, in some instances this may be the case. Assessment for depression should therefore be

considered, otherwise there is a danger that the young person will be labelled as “just bad”, whilst the underlying depression goes undetected.

The typical symptoms of major depression in a young person include:

- Persistent feelings of unhappiness, or uncharacteristic moodiness and irritability.
- Losing interest or pleasure in activities once enjoyed, which may manifest as complaints of boredom.
- Losing appetite and weight (although some young people may turn to comfort foods and therefore put on weight)
- Difficulty sleeping, or sometimes staying in bed well into the day
- Tiredness, lack of energy and loss of motivation, or alternatively feeling anxious or uptight
- Difficulty concentrating or in making decisions
- Feeling bad, worthless or guilty, or generally being self-critical and self-blaming
- Negative and pessimistic thoughts
- Preoccupation with dark and gloomy themes and thoughts of death or suicide

Practically speaking, any uncharacteristic or prolonged change in a young person’s behaviour at home, school or work may indicate the presence of depression. In such cases assessment for depression is warranted.

## Dysthymia

The difference between depression and dysthymia is one of degree. Dysthymia is a more “smouldering” variety of depression characterised by feelings of sadness or depression, most days of the week, for a year or more, coupled with some of the symptoms as above, although usually of lesser severity. The person is still “functioning”, but is generally in low gear most of the time. Dysthymia can “tip over” into major depression.

## Bipolar disorder

Bipolar disorder (or manic-depression as it used to be called), is characterised by distinct periods of depression (lows) and mania (extreme highs). In young people it is more common for a depressive episode to occur first.

## Other problems

Often young people with a depressive disorder may have other mental or physical health problems. For instance many people with depression also suffer from anxiety problems (i.e. excessive worry), or have a substance use disorder (cigarettes/alcohol/illicit drugs).

## What Causes These Disorders?

The first onset of a depressive disorder is typically in late adolescence or early adulthood.

Whilst the exact cause of depressive disorders is unknown, it is believed that it is related to the interaction of a number of factors including: biological (eg genetic profile), environmental (eg family environment) and individual psychological factors (eg personality).

At first people thought that Sarah would just snap out of it. After all she'd split up with her first boyfriend without too many hassles. But her "grief" over this spilt-up just seemed to drag on for weeks and get worse.

Sarah had lost her spark and always seemed sad. Whenever her parents tried to talk to her about it, she became angry and told them to leave her alone. Bit by bit Sarah became more withdrawn from everyone. She began to miss school and would spend hours in her room alone, often skipping meals.

The only person she would talk to was her friend Samantha who tried hard to cheer her up. When Sarah cried and talked about how ugly and dumb she was, Samantha told her how smart and attractive she was. But Sarah just seemed to brush aside everything that "Sam" said.

One night, when Sarah told Samantha, there was nothing worthwhile in her life any more and she wished she could just fall asleep and never wake up, Samantha knew that something was wrong.

## What can be done?

Keeping the person safe is the first priority of treatment. Suicidal thoughts are common amongst young people with depression so those who appear to be at risk of self-harm or suicide need immediate assistance. Serious concerns should lead to enlisting the support of significant others (eg family), removing all available means (eg tablets, firearms) and close follow-up. In Victoria, Crisis Assessment and Treatment Team (CATT) are funded to assess any person at serious risk of suicide or any person who has recently attempted suicide, and to organise admission to hospital should this be necessary.

Specific treatment for depression consists of developing a good working relationship with the young person, providing them with information about depression, counselling, family work and in certain cases, the use of medication. The more severe the depression and the longer its duration, the more likely the need for medication.

With appropriate treatment, the vast majority of people with depression will make a full recovery. However, for

some young people depression can become an episodic problem through their lives.

## What can you do?

Most young people in need of help seek support from people they know and trust. This usually means their peers, family members or other adults they perceive to be caring. They are generally reluctant to seek psychiatric help because of the stigma and myths associated with mental illness.

As a result young people are often more likely to seek psychiatric help within non-psychiatric settings, such as their own doctors, community health centres, youth workers, teachers and other non-government agencies. Because of this, professionals in these settings are extremely experienced in dealing with young people's emotional difficulties and can, in many instances, provide treatment for young people with depression. However, sometimes young people need specialist treatment from a mental health service due to the severity of their symptoms.

## Advice and Referral

If you are working with a young person who appears depressed and you are not sure what to do, it is always best to contact someone with experience in this field and discuss the situation with them.

Treatment of depression should be carried out by workers with training and experience in dealing with mental health problems. Referral to a GP, a trained counsellor or specialist mental health worker may be necessary.

## Services at ORYGEN Youth Health

ORYGEN Youth Health is able to assist some young people (15-24) with depression who live in Western or Northwestern Melbourne.

To make a referral or get some advice contact the ORYGEN Triage worker on 1800 888 320 or via the paging service on 03 9483 4556.

For children and teenagers under 15 years of age contact RCH Mental Health Service on 1800 445 511.

For further information regarding mental health and information in other languages visit:

→ [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

→ [www.sane.org.au](http://www.sane.org.au)

→ [www.healthinsite.gov.au](http://www.healthinsite.gov.au)



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