Depression, Mental Health and Native American Youth

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Learning Objectives

- Discuss the prevalence of depression and suicidality among American Indian (AI) and Alaskan Native (AN) youth.

- Describe adolescent depression screening tools, diagnostic criteria and treatment guidelines.

- Illustrate a youth led, community based intervention to promote mental health and prevent suicidality in AI/AN youth.
Adolescent Depression

- Depression has a wide range in teens (low mood \( \square \) MDD)

- Adolescence onset depression = increase chronic and recurrent adult depression

- Untreated or incompletely treated depression \( \square \) leading risk factor for youth suicide

- 41% and 21% of depressed youth report SI and SA

- Suicide rates of AI/AN teens 2-3 times higher than other youth

- Less than 50% of depressed teens are diagnosed during their youth
Adolescent Depression

- 10-15% teens are depressed at any given time
- 11% teens have had a depressive disorder by age 18
- Less than 50% of depressed teens are diagnosed during their adolescence
- 2013 CDC YRBS data shows depression rates:
  - 39% American Indian
  - 37% Latino
  - 28% African American
  - 27% White
  - 29% Asian
Question 1

The presence of which factor accounts for higher rates of depression in AI/AN adolescents?

a. Complex Trauma
b. Concentrated poverty
c. Family violence
d. All of the above
Why such High Rates of Depression in American Indian Adolescents?

- Complex Trauma
- Concentrated Poverty
- Discrimination
- Isolation
- Substance use and abuse
- Family trauma/violence
What are the Symptoms of Adolescent Depression?

- S – Sleep disturbance
- I – loss of interest or pleasure
- G – feelings of guilt
- E – decreased energy
- C – lack of concentration
- A – change in appetite, agitation*
- P – Psychomotor retardation
- S – suicidality

* Often have:
  - somatic complaints
  - risky behaviors
  - withdrawal from friends

* Common in adolescents
Depression: DSM V Definitions

**Major Depressive Disorder**
- 5 or more of 9 symptoms
- most days over 2wk
- major ∆ social, academic or work function
- With loss of pleasure/depressed mood or irritability

**Persistent Depressive Disorder**
- Depressed or irritable mood most days > 1 year
- WITH at least 2sx of major depression
- Never without sx for > 2 months
- 70% develop MDD

**Disruptive Mood Disorder**
- begins with manic, depressive or mixed sx
- Risk higher in children of bipolar parents
- 20-40% teens w/ MDD dev BPD < 5 yr after depression onset
Adolescent Depression
Who’s at Risk?

**Biologic:**
- Family history – 3x risk
- Hormonal Δ – puberty
- Medical illness (asthma, DM)

**Environmental:**
- Death of parent/loved one, poverty, discrimination
- Divorce /Family conflict
- Trauma
- Personal substance use

**Psychological:**
- Ineffective coping skills
- Low self-esteem
- Negative body image
- Negative thinking styles

Lack of support  All teens at risk
The USPSTF recommends screening for major depressive disorder (MDD) in adolescents (ages 12-18) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow up.

Grade: B recommendation 2009
Adolescent Depression: Screening Tools

- Annual screening with wellness visit
- PHQ2 / PHQ9
- Beck Depression Inventory – PC
- Center for Epidemiological Studies Depression Scale for Children (CES-DC)

Have low threshold for intervention
Adolescent Depression Screening
Annual Wellness Visit

**HEADDSSS**
- Home, Education,
Activities, Depression,
Drugs, Sex, Safety,
Suicidality
- helps to identify strengths
and stressors
- review any time there is a
change in youth’s life

**SAADSAGE (SIGECAPS)**
S- sleep disturb
A- anhedonia
A- agitation
D- poor
decisions/concentration
S- suicidal thoughts
A- △ appetite
G- guilt
E- energy loss

*Teens will often have somatic complaints / risky behaviors / withdraw from friends*
Adolescent Depression Screening
PHQ 2

Over the past two weeks, have you been bothered by the following problems?

1. Feeling down, depressed, irritable or hopeless?

2. Little interest or pleasure in doing things?
Adolescent Depression Screening: Diagnostic – PHQ 9

### PHQ-9 modified for Adolescents (PHQ-A)

**Name:**
**Clinician:**
**Date:**

| Instructions: How often have you been bothered by each of the following symptoms during the past two weeks? | (0) Not at all | (1) Several days | (2) More than half the days | (3) Nearly every day |
| --- |
| 1. Feeling down, depressed, irritable, or hopeless? |  |  |  |  |
| 2. Little interest or pleasure in doing things? |  |  |  |  |
| 3. Trouble falling asleep, staying asleep, or sleeping too much? |  |  |  |  |
| 4. Poor appetite, weight loss, or overeating? |  |  |  |  |
| 5. Feeling tired, or having little energy? |  |  |  |  |
| 6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down? |  |  |  |  |
| 7. Trouble concentrating on things like school work, reading, or watching TV? |  |  |  |  |
| 8. Moving or speaking so slowly that other people could have noticed? |  |  |  |  |
| Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? |  |  |  |  |
| 9. Thoughts that you would be better off dead, or of hurting yourself in some way? |  |  |  |  |

### In the past year have you felt depressed or sad most days, even if you felt okay sometimes? [ ] Yes [ ] No

### If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people? [ ] Not difficult at all [ ] Somewhat difficult [ ] Very difficult [ ] Extremely difficult

### Has there been a time in the past month when you had serious thoughts about ending your life? [ ] Yes [ ] No

### Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt? [ ] Yes [ ] No

*"If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911."
PHQ-9 Diagnoses

MILD (5-9)  
Depression NOS

MODERATE (10-14)  
Major Depression  
Moderate

MODERATELY SEVERE  
(15-19)  
Major Depression  
Moderately Severe

SEVERE  
(20+)  
Major Depression  
Severe
Don’t Forget to Assess for Suicide

Epidemiology
Teens: 10-24 year olds
- 4,600 suicides/year
- Completed suicide every 2 hours & 11min
- 81% of deaths are male
- Firearms (45-50%)
- Almost 2 million suicide attempts per year
- 2nd leading cause of death in AI/AN youth, 3rd in non-AI/AN youth

Suicide and Native American Youth

- 2nd leading cause of death in AI/AN adolescents ages 15-24
- 3.5 times the national average
- Rates of suicidal ideation and suicide attempts among AI/AN highest among all ethnic groups
Why High Rates of Suicide Among Native American Youth?

- Increased exposure to suicidal behavior
- Family history of suicide
- Lack of sufficient mental health resources
- Shame in expressing emotions
- Untreated depression / MH issues
- Stigma around MH treatment
- Complex Trauma
- Isolation
- Substance use/abuse
Paki is a 17 y/o boy with MDD for the past two years on medication and in therapy. He tells you today that for the past 4 days, he has been thinking about killing himself.

What do you do next?

- Ask if he has a plan.
- Make an urgent referral to a mental health provider.
- Place patient on involuntary psychiatric hold.
Adolescent Suicide Risk Assessment

**Tool for Assessment of Suicide Risk:**
Adolescent Version Modified (TASR-Am)*

<table>
<thead>
<tr>
<th>Family History of Suicide</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor Social Supports/Problematic Environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depressive Symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychotic Symptoms</td>
<td></td>
<td></td>
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<tr>
<td>Lack of Pleasure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anger/Impulsivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicidal Ideation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to Lethal Means</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide Attempt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Problems seem Unsolvable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Command Hallucinations (Suicidal/Homicidal)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent (24 hrs) Substance Use</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6-Item KADS score:_________

Level of Immediate Suicide Risk

High ______
Moderate ______
Low ______

Dispositions:__________________________________________

Assessment Completed by:________________________Date:__________

** The TASR-Am has been modified from its original version of TASR-A.
Suicide Prevention Interventions

**Low risk:**
1. Safety planning with patient
2. Involve family for close observation
3. Community youth group
4. Removing weapons
5. Clinician monitoring
6. Crisis hotlines

**High risk:** *(SI with plan)*
1. Immediate mental health referral
2. Immediate emergency room referral
3. Involuntary psychiatric hold
Evaluation of Adolescent Depression
Evaluation

- Differential Diagnosis
- Co-Morbidities
Differential Diagnosis

Bipolar Disorder
- Assess for mania
  - no sleep, increased energy, invincibility

Other medical conditions
- Anemia
- Thyroid disorders
- Insomnia
- Vitamin D deficiency
- Medication side affects

Adjustment Disorder
- Identifiable stressor
- Present like MDD
- Sx resolve within 6 mo.
  Stressor removal
Co-morbidities

- >40% teens have co-morbid psychiatric disorders
- Co-morbidities are negative prognostic factors
- Co-morbidities include:
  - *substance abuse* (40%)
  - *anxiety disorders* (50%)
  - disruptive disorders (conduct disorder, attention-deficit/hyperactivity disorder)
  - personality disorders
Remember the Big Picture…

- Focusing only on checklists can lead to false negatives and false positives.

- Assessment and diagnosis should be based on synthesizing information and **not** to limit intervention.
Adolescent Depression: Treatment
Question 3

With appropriate treatment what percentage of adolescent depression resolves within 2 years?

a. 70%

b. 90%

c. 60%
Course of Adolescent Depression

- Average duration of episode is 7-9 months
- Good news: 90% remit within 24 months
- Bad news: 70% recur within 5 years
- *Treating to remission lessens recurrence*
Adolescent Depression: Treatment

Psychotherapy
- Cognitive Behavioral Therapy
- Interpersonal Therapy

Pharmacotherapy
- SSRI’s
  - Fluoxetine, Escitalopram

Family Support
- Provide wrap-around support
- Psycho-education

Multidisciplinary
Adolescent Depression: Treatment Guidelines

Guidelines for Adolescent Depression in Primary Care (GLAD-PC): II. Treatment and Ongoing Management

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ABSTRACT

OBJECTIVES To develop clinical practice guidelines to assist primary care clinicians in the management of adolescent depression. This second part of the guidelines addresses treatment and ongoing management of adolescent depression in the primary care setting.
Adolescent Depression Treatment
MILD

- Less than 4 sx < than 2 weeks
- Active support weekly or bi-weekly visits for 6-8wks
- Enlist school counseling services
- If improved → continue routine follow up
Adolescent Depression Treatment

Moderate

Prolonged or increased symptoms
- Include caregiver for support
- Consider mental health consultation
- Initiate psychotherapy +/- medication

If only partial improvement at 6-8 weeks
- Increase medication dose
- Add therapy/medication

If improved at 6-8 weeks
- Continue treatment for 6 mo. after resolution of symptoms
Adolescent Depression Treatment
Severe

- Majority depressive symptoms not improved after 6-8 weeks
- Enlist mental health provider
- Reconsider diagnosis
- Add medication if maxed on initial med
- Change medication
- Add therapy if not already started
Medication Initiation

- Start with FDA approved SSRI for adolescents unless client presents on another SSRI
- Obtain consent
- Involve parent or guardian

- Discuss side affects
  - Initial GI upset
  - Sexual dysfunction
  - Emotional blunting
  - SSRI withdrawal sx
    - Flu like symptoms

Increased suicidal ideations
Black Box Warning
All pediatric patients being treated with antidepressants for any indication should be observed closely for clinical worsening, suicidality, and unusual changes in behavior, especially during the initial few months of a course of drug therapy, or at times of dose changes, either increases or decreases.
**Medication Management**

**Fluoxetine**
- Start at 10mg qam for 2 weeks
- Increase to 20 mg x 2-4 wk
- Assess response at 4-6 wk
- Max 40-60 mg/day
- Starting Rx, weekly visits for 4 weeks is recommended (telephone is ok)
- Assess for SI

**Escitalopram**
- Start at 5 mg qam for 2 wk
- Increase to 10 mg at 2wk
- Assess response at 4-6 wk
- Increase by 5 mg every 2 wk
- Max 20mg/day
- Maintain for 6-12 months
- Mental health consult recommended for under 14
Depression Outcomes

- *Not treating leads to major impact for youth*

- *Increase risk of suicidality*

- Best treated by combination of evidence based psychotherapy and an SSRI

- Youth are more likely to respond to treatment if they receive it early
Adolescent Depression

Protective Factors

- Healthy/supportive household members
- Close family relationship
- High self-esteem
- Life goals
- Optimism
- Strong AI/AN cultural identity
- Self-regulation
- Academic achievement
American Indian/Alaskan Native Adolescent Suicide Prevention Program
Community Suicide Prevention Youth Healing Program

YOU ARE LOVED

#DearNativeYouth

BEYOND MEASURE
Take Home Points

- Most teens at risk for depression at point during adolescence
- AI/AN youth disproportionately affected by depression and suicidality
- Wide range of dx from low mood to MDD
- Intervention should be aimed at all levels -- Don’t blow off teens moods!
- Think mental health at every encounter -- SCREEN OFTEN
- Get patients help early
- Use evidence based medicine, mental health, community and cultural resources to provide comprehensive care
AI/AN Adolescent Mental Health Resources

Wellness:
1. Center for Native American Youth
   http://www.cnay.org/AboutOverview.html

Depression
1. Child Welfare Information Gateway
   https://www.childwelfare.gov/topics/systemwide/diverse-populations/americanindian/mentalhealth/depression/
2. Addressing Depression among American Indians and Alaskan Natives: A Literature Review.
   http://www.uihi.org/wp-content/uploads/2012/08/Depression-Environmental-Scan_All-Sections_2012-08-21_ES_FINAL.pdf
AI/AN Adolescent Mental Health Resources

Suicide

- To Live to See the Great Day that Dawns. [link](http://www.sprc.org/sites/sprc.org/files/library/Suicide_Prevention_Guide.pdf)

- Ensuring the Seventh Generation: A Youth Suicide Prevention Toolkit for Tribal Child Welfare Programs. [link](http://www.nicwa.org/YouthSuicidePreventionToolkit/YSPToolkit.pdf)

- Youth Suicide Prevention: School Based Guide [link](http://theguide.fmhi.usf.edu/pdf/Overview.pdf)
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