

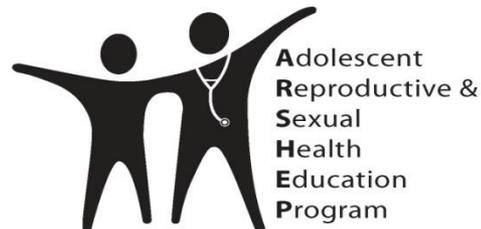
Depression, Mental Health and Native American Youth

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Presenter Disclosures

- ▶ No relationships to disclose

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

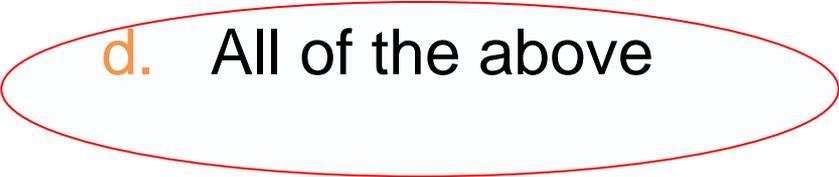
- ▶ Depression has a wide range in teens (low mood □ MDD)
- ▶ Adolescence onset depression = increase chronic and recurrent adult depression
- ▶ Untreated or incompletely treated depression □ leading risk factor for youth suicide
- ▶ 41% and 21% of depressed youth report SI and SA
- ▶ Suicide rates of AI/AN teens 2-3 times higher than other youth
- ▶ Less than 50% of depressed teens are diagnosed during their youth

Adolescent Depression

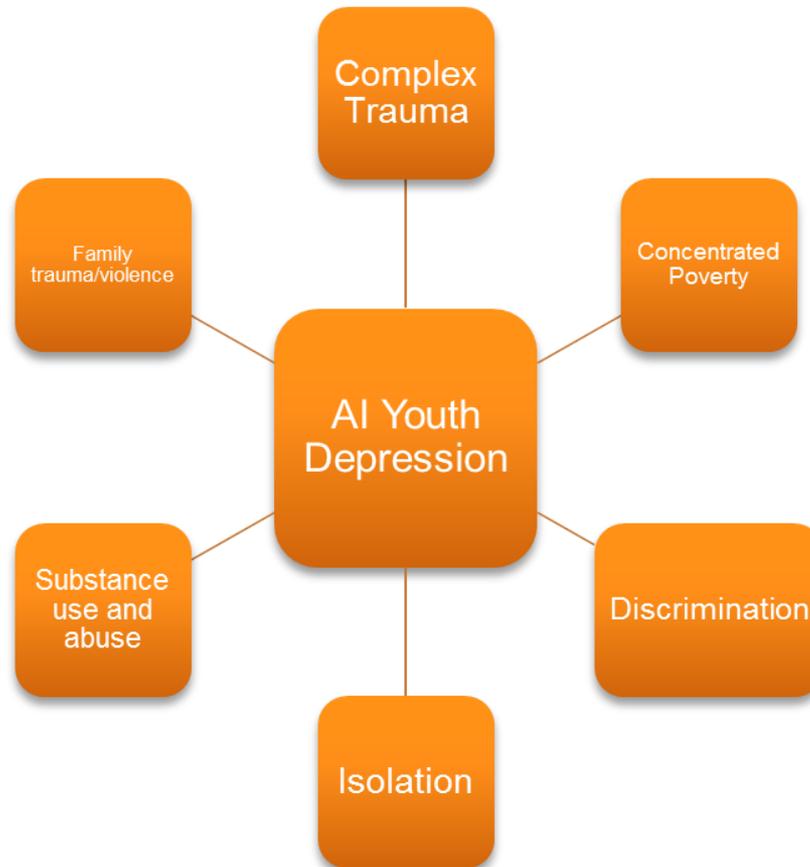
- ▶ 10-15% teens are depressed at any given time
- ▶ 11% teens have had a depressive disorder by age 18
- ▶ Less than 50% of depressed teens are diagnosed during their adolescence
- ▶ 2013 CDC YRBS data shows depression rates:
 - 39% American Indian
 - 37% Latino
 - 28% African American
 - 27% White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



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*

Depression: DSM V Definitions

Major Depressive Disorder

- 5 or more of 9 symptoms
- most days over 2wk
- major Δ 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?



Environmental:

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

Biologic:

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

Psychological:

- ▶ Ineffective coping skills
- ▶ Low self-esteem
- ▶ Negative body image
- ▶ Negative thinking styles

Lack of support

All teens at risk

Screening for Depression in Adolescents



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

HEADSSS

- 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-** Δ 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**? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

	(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 have 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

Complex Trauma

Family history of suicide

Famil
trauma/v

trated
ty

Lack of sufficient mental health resources

Suicide

Shame in expressing emotions

Sub
use
abus

ration

Untreated depression / MH issues

Isolation

Stigma around MH treatment

Question 2

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 and 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)***

Name: _____ Chart #: _____

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

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 effects

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**

SEE
THE BIG
PICTURE



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

SPECIAL ARTICLE

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

Amy H. Cheung, MD^a, Rachel A. Zuckerbrot, MD^b, Peter S. Jensen, MD^c, Kareem Ghalib, MD^b, Danielle Laraque, MD^d, Ruth E. K. Stein, MD^e, and the GLAD-PC Steering Group

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Endorsements: The Canadian Paediatric Society, the Society for Adolescent Medicine, the Canadian Association for Adolescent Health, the National Association for Pediatric Nurse Practitioners, the Society for Developmental and Behavioral Pediatrics, the American Academy of Child and Adolescent Psychiatry, the Canadian Academy of Child Psychiatry, the Canadian Psychiatric Association, the College of Family Medicine of Canada, the National Alliance on Mental Illness, the Mental Health Association of New York City, the National Mental Health Association (now known as Mental Health America), the Depression and Bipolar Support Alliance, and the Federation of Families for Children's Mental Health have endorsed these guidelines. Endorsements from the American Academy of Pediatrics and the Canadian Psychological Association are pending. The American Academy of Family Physicians, the American Medical Association, and the American Psychological Association have been involved in the development of the guidelines but do not endorse external guidelines.

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.

www.pediatrics.org/cgi/doi/10.1542/pecks.2006-1395
[doi:10.1542/pecks.2006-1395](https://doi.org/10.1542/pecks.2006-1395)

▶ GLAD – PC

- ▶ Developed by psychiatrists
- ▶ Treatment adolescent depression
- ▶ 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 effects
 - ▶ Initial GI upset
 - ▶ Sexual dysfunction
 - ▶ Emotional blunting
 - ▶ SSRI withdrawal sx
 - Flu like symptoms

Increased suicidal ideations
Black Box Warning

FDA Black Box Warning SSRI's and Adolescents

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

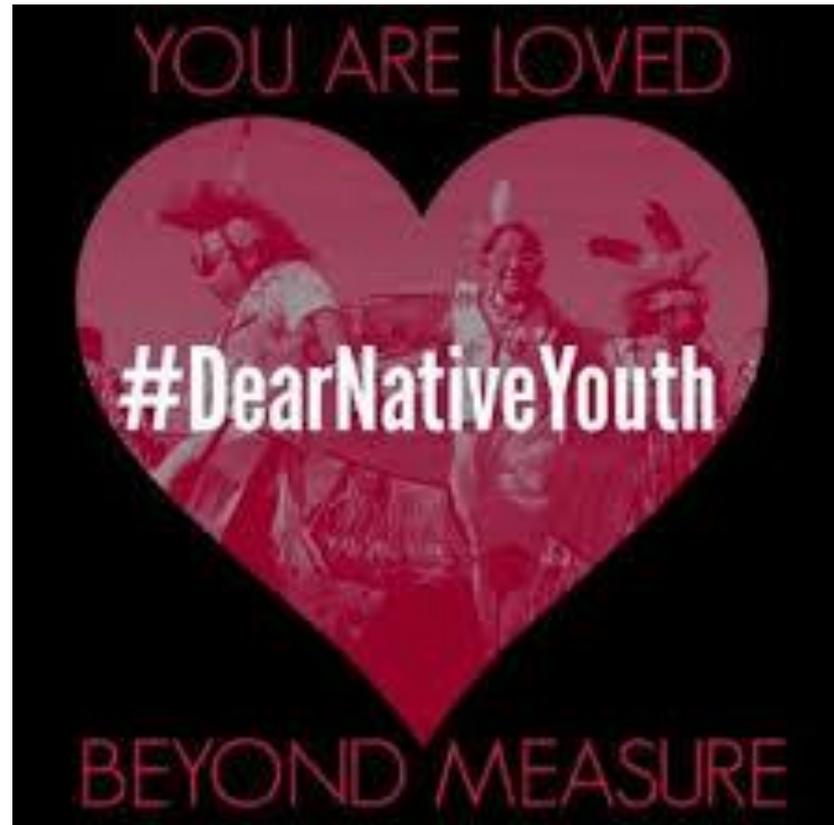
- ▶ Healthy/supportive household members
- ▶ Close family relationship
- ▶ High self-esteem
- ▶ Life goals
- ▶ ***Optimism***
- ▶ ***Strong AI/AN cultural identity***
- ▶ ***Self- regulation***
- ▶ ***Academic achievement***



American Indian/ Alaskan Native Adolescent Suicide Prevention Program



Community Suicide Prevention Youth Healing Program



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.
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.
<http://www.nicwa.org/YouthSuicidePreventionToolkit/YSPToolkit.pdf>
- ▶ Youth Suicide Prevention: School Based Guide
<http://theguide.fmhi.usf.edu/pdf/Overview.pdf>

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