

4 Addressing depression in young people

Depression in youth is rising at an alarming rate. There is a need to empower young people to talk about depression and develop the tools to help them in their recovery.

This is the fourth in a series of briefs based on a policy report entitled *A sustainable approach to depression: moving from words to actions*. This brief considers the need to focus on addressing the rise of depression in youth.

Why is depression in youth on the rise?

‘Childhood and adolescence are critically important stages of life for the mental health and well-being of individuals, not just because this is when young people develop autonomy, self-control, social interaction and learning, but also because the capabilities formed in this period directly influence their mental health for the rest of their lives.’

– World Health Organization, Europe¹

Depression is the leading cause of disease burden in people aged 10–24 worldwide.² This is an issue that cannot be ignored – there is an urgent need to address the reasons why depression in youth is on the rise and to find effective ways to engage young people with depression in their own recovery.


Various social factors can cause depression at a young age

Depression can have multiple, often co-existing causes and may take a varying clinical course in different people. Depression may stem from important life events such as changing schools, stressful family dynamics, moving to a new place or starting a new job.³ However, sometimes depression can manifest itself without a clear reason or trigger.


Young people may be more vulnerable to depression

Young people may be more affected by shame and stigma, because they are already more vulnerable than adults to social and peer pressures. One such example is the pressure to have a presence on social media. There is evidence that greater use of social media, specifically at night, and emotional investment in it are associated with higher levels of depression.⁴


Depression that begins in youth is associated with a higher rate or recurrence and poorer outcomes, relative to adult-onset depression.⁵



Nearly one in four people experience depression before the age of 19.⁶



About **15–20%** of people living with depression end their life by suicide.⁷



Suicide is the second leading cause of death globally for people aged 15–29.⁸

How can we prevent and improve the management of depression among young people?

Prioritising awareness and education

The first step is to improve young people's understanding of mental health, by introducing the topic in schools, at home and in the workplace. Efforts should also be made to provide a supportive environment to those affected by depression to reduce stigma and feelings of shame. Online support services can help break the isolation that many young people feel when grappling with depression. These forums offer anonymity for participants and ease of access to various professionals; they may be more appealing to young people than traditional medical interventions. Adolescents in particular may benefit from feeling part of an e-community and realising that their 'normal' peers are struggling with the same challenges as them.⁹

Taking a whole-family approach

Family relationships and child development have a strong bidirectional influence on one another, so developing services that involve the whole family can have a significant impact.¹⁰ It is important that families are supported to recognise problems and support children and adolescents with their mental health, and for the whole family to be involved in the care and recovery process.

Empowering young people to help themselves and others

Empowerment is key in depression. It refers to the level of choice, influence and control that people can exercise over events in their lives.¹¹ It may help people empathise with their situation and find the necessary psychological and physical strength to engage in their care. For example, it has been found that allowing people with depression to describe what they are feeling in their own words can help them take ownership of their experience and engage in their recovery.¹²

Another effective way to engage young people with depression in their own recovery is to involve them in the recovery of others. Peer support is associated with reduced hospital admission rates and better community engagement among people with depression.¹³ Enabling young people to support one another is a powerful way of breaking isolation. Peer support can promote feelings of hope, empathy and stigma reduction, and also helps the peer-support worker manage their own ongoing recovery and empowerment.¹³

What interventions can help in practice?

‘Every member of the family is impacted when someone is affected by depression. Therefore it is imperative that all family members are engaged in a participative way in the design and implementation of services.’

– European Federation of Associations of Families of People with Mental Illness (EUFAMI)

The following examples demonstrate the importance of a whole-family approach to depression, as well as digital tools to engage young people in their mental well-being.

Wellness Recovery Action Plan, Northern Ireland

This is an early intervention project for children aged 5–12 and their families. An individualised approach, called the Wellness Recovery Action Plan, is used for parents and children in their own homes to monitor difficult emotions. The objective is to support parents in helping their child to express and manage their emotions, with the overall aim of developing and improving the family’s emotional understanding and resilience. The programme relieves pressure on healthcare services and has led to fewer statutory services being used by families. It is now an online resource to which healthcare professionals can refer parents, helping to break the cycle of mental ill health. The project also received positive feedback from families.

This is Me, Slovenia

This prevention programme uses both e-counselling and school-based workshops to improve mental healthcare provision for adolescents. The e-counselling service allows adolescents to post questions or concerns online to which experts can respond. This is supported through 10 self-image development workshops in schools. Each session addresses an important area of adolescent experience and behaviour – such as self-respect, individuality, taking responsibility and managing emotions. The workshops develop social and emotional skills, which empower adolescents to deal more effectively with the challenges of growing up and help them build high-quality relationships, personal strength and resilience. The programme has been running successfully for 17 years and has been replicated in Kosovo. In the last six years, more than 6,000 workshops have been held, engaging 10,000 adolescents per year.

For more information about these interventions, and to read other case studies of best practice in services for people with depression, please see the report: [A sustainable approach to depression: moving from words to actions](#)

References

- World Health Organization Regional Office for Europe. 2018. *WHO Regional Office for Europe: Factsheet for World Mental Health Day 2018 Adolescent mental health in the European Region*. Denmark: World Health Organization
- Gore FM, Bloem PJN, Patton GC, et al. 2011. Global burden of disease in young people aged 10–24 years: a systematic analysis. *The Lancet* 377(9783): 2093-102
- World Health Organization. Adolescent mental health. Available from: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health> [Accessed 03/10/19]
- Development OfEC-0a. 2018. *Children & Young People’s Mental Health in the Digital Age Shaping the Future*. Paris: OECD
- Wilson S, Hicks BM, Foster KT, et al. 2015. Age of onset and course of major depressive disorder: associations with psychosocial functioning outcomes in adulthood. *Psychol Med* 45(3): 505-14
- National Health Services. Depression in children and teenagers. [Updated 11/04/17]. Available from: <https://www.nhs.uk/conditions/stress-anxiety-depression/children-depressed-signs/> [Accessed 03/10/19]
- Miret M, Ayuso-Mateos JL, Sanchez-Moreno J, et al. 2013. Depressive disorders and suicide: epidemiology, risk factors, and burden. *Neurosci Biobehav Rev* 37(10): 2372-74
- World Health Organization. Suicide. [Updated 02/09/19]. Available from: <https://www.who.int/news-room/fact-sheets/detail/suicide> [Accessed 16/09/19]
- Lecic K. 2018. Interview with Sandra Evans at the Health Policy Partnership [Written communication].
- Broderick P, Weston C. 2009. Family Therapy with a Depressed Adolescent. *Psychiatry* 6(1): 32-37
- World Health Organization Europe. 2010. User empowerment in mental health – a statement by the WHO Regional Office for Europe.
- Tuomisaalo R. 2018. Interview with Sandra Evans at the Health Policy Partnership [Telephone].
- Repper J, Carter T. 2011. A review of the literature on peer support in mental health services. *J Ment Health* 20(4): 392-411

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