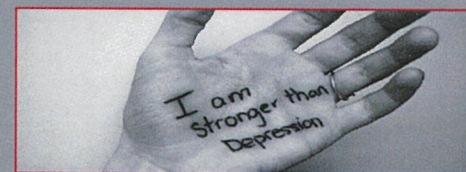


# Depression in Adolescents

“How does depression in adolescent females and males aged 13-18 years contribute to their mental health outcomes in adulthood?”



(Abela & Hankin, 2008).

By Naaketta Scully

## Introduction:

→ Depression is a common mental health disorder, characterized by loss of interest, persistent sadness and accompanied by an inability to carry out daily activities (The World Health Organisation, 2018). Depression is prevalent throughout New Zealand's society and has an impact on personal relationships, quality of life and cognitive development (Mental Health Organisation, 2018). It is necessary to improve awareness of depression in adolescents so major mental health illness later in adulthood can be prevented by providing early intervention (Mental Health Organisation, 2018).

## Literature Review:

→ The results showed similar statistics for females and males - 46% of depressed adolescents had three times the risk of subsequent depression and twice the risk of later anxiety than their peers without depression. (Fergusson & Woodward, 2002).  
→ Factors such as socio-economic status, lack of education and several forms of abuse can influence depression in both male and female adolescents (Abela & Hankin, 2008).

→ Other implications such as suicide, early parenthood and unemployment results from no early intervention of depression in adolescents (Mental Health Organisation, 2018).

Table 3. Psychiatric, Educational, and Social Role Outcomes Associated With Major Depression During Early Adolescence After Adjustments (N = 964)\*

Measure	Adjusted for Confounding Factors†	
	OR (95% CI)	Significant Covariates
Psychiatric outcomes		
Major depression	3.8 (2.1-6.8)	1-5
Anxiety disorders	2.8 (1.8-4.4)	1, 3, 5
Nicotine dependence	1.2 (0.8-1.9)	3, 6
Alcohol abuse or dependence	1.0 (0.6-1.7)	4, 6
Attempted suicide	1.5 (0.7-3.3)	2, 3, 5
Educational achievement		
Left school without educational qualifications	1.2 (0.6-2.4)	1, 2, 4, 6
Entered tertiary education or other training	1.0 (0.6-1.9)	2, 4, 6, 7
Entered university	0.8 (0.4-1.6)	4, 6, 7
Social role outcomes		
Multiple periods of prolonged unemployment	1.3 (0.8-2.3)	1, 3, 4, 6
Became a parent	1.5 (0.4-2.2)	1, 2, 4, 6

(Fergusson & Woodward, 2002).

## Recommendations:

→ A simple routine screening tool such as the HEEADSSS psychosocial interview is a time-tested, practical strategy that health professionals can use to evaluate how adolescence are coping with the pressures of daily living. This determines if depression is present and can be integrated into common clinical practice with minimum disturbance, and may increase the uptake of screening. (Matuaraki Organisation, 2018).

→ Healthy self-esteem initiatives can protect against the development of depression. Health professionals can promote health through integrating complementary and conventional healing approaches towards a more positive self-esteem. To be effective, prevention and treatment programmes for depression also need to address risks such as poor social support, lack of self-esteem as these factors serve to maintain depressive symptoms over time (Mental Health Organisation, 2018).

→ It is important for nurses to have adequate knowledge and skills to recognize the signs and symptoms of depression and refer appropriately (Mental Health Organisation, 2018).

## Conclusion:

→ Depression in adolescence predicts a range of mental health disorders in adult life including ongoing depression, anxiety disorders and impaired social functioning (Fergusson & Woodward, 2002). It is evident depression in adolescence influences future outcomes, by enhancing nursing interventions aimed at improving the support and treatment needed is hugely important. Health professionals can effect change through preparation and willingness to address difficult issues through early detection and intervention. Through routine screening, support, breaking down the stigma associated with mental health, this is an incredibly powerful position to decrease the statistics for mental health problems in the future (Mental Health Organisation, 2018).

## References:

- Abela, J. R. Z., & Hankin, B. L. (Eds.). (2008) *Handbook of depression in children and adolescents*. New York: Guildford Press.
- Fergusson, D., & Woodward, L. (2002). Mental Health, Education and Social Role Outcomes of Adolescents with Depression. *Archives of General Psychiatry*, 59(3), 225. <http://dx.doi.org/10.1001/archpsyc.59.3.225>
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### ♠ **PECOT Model:**

PECOT TABLE:	Information relating to question:	Explanation:
<b>POPULATION:</b>	Male and female adolescent between the ages of 13-18 who experience depression at some stage and then go on to experience mental health issues in their adulthood.	I want to see the different effects of depression it has on males and females and the different future health outcomes.
<b>EXPOSURE:</b>	Female and male adolescent who suffer depression.	The literature review focuses on male and female adolescent who suffer from depression and the effects this has on their mental health outcomes in the future.
<b>COMPARISSON:</b>	Those that had mental health issues as adolescents compared with those that did not.	To find the possibility of a link between adolescent mental health and the impact on adult mental health.
<b>OUTCOME:</b>	To find out if depression in adolescence contributes to their future mental health problems.	The aim of this literature review is to be able to give recommendations on how to improve health outcomes for my population group with depression.
<b>TIME:</b>	Not applicable	Not applicable

(Schneider & Whitehead, 2013)

### ♠ **Rationale:**

I chose to present my literature review in the form of a poster to enable effective transference of knowledge that will be both engaging and visually appealing to the reader. I wanted to raise awareness about depression and its affects it can have on future mental health. The poster provides a brief and informative overview of the topic discussed and the necessary summary of what is involved in the research with highlighting the main points. This poster creates opportunities for learning based upon a framework of evidence. Posters can be used to promote the role of the nurse in the eye of the public and other health professionals, and to facilitate information sharing (Ilic & Rowe, 2013). This poster is intended to promote awareness, discussion and health promotion about depression which is not readily discussed and evidently trying to break down that stigma.

### ♠ **References:**

- Ilic, D., & Rowe, N. (2013). What is the evidence that poster presentation are effective in promoting knowledge transfer?: A state of the art review. *Health Information & Libraries Journal*, 20 (1), 4-12. Doi:10.1111/hir.12015
- Schneider, Z., Whitehead., D. (2013). Identifying research ideas, questions, statements & hypotheses. In Z. Schneider, D. Whitehead, G. LoBiondo-Wood, J. Haber. (4<sup>th</sup>ed.). *Nursing and midwifery research methods and appraisal for evidence – based practice* (pp. 57-76) Sydney, Australia: Mosby.