



ROYAL
CHILDREN'S
HOSPITAL



Depressive disorders in young people: what is going on and what can we do about it? Lecture 2

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Outline of Symposium Lecture 2

6. Key risk assessment factors for early onset depressive disorders
7. Key primary therapy techniques that may be helpful
8. Possible future service delivery developments
9. Symposium summary



Common clinical presentations

arguing back, negativistic child

inattentive child

anxious, shy, 'shut down' child

school refusing child

experimenting, 'high risk' behaviours



6. Key risk assessment factors for early onset depressive disorders

- social isolation
- family isolation
- perception of family support
- perception of peer group support
- severity of early onset depressive disorder(s)
- comorbid alcohol/substance abuse/dependence disorders
- presence of comorbid ADHD/conduct disorder
- means to harm
- rural setting
- + past history of depressive disorder(s) +/-or suicide attempt(s)
- + family history of depressive disorder(s) +/-or suicide attempt(s)



**Seminal research study
Werner & Smith (1982, 1992, 2001)**

Conclusion: Protective factors can make a more profound impact on the life course than a specific risk factor

Individual coping styles

- Social Competence
- Problem Solving Skills
- Autonomy
- Sense of purpose,
belief in a bright future

Environmental factors

- Caring Relationships
- High Expectations
- Opportunities for participation



Risk factors				
Child factors	Family factors	School context	Life events	Community and cultural factors
<ul style="list-style-type: none"> • Low self esteem • Poor social skills • Poor problem solving • Difficult temperament • Lack of empathy • Homelessness • Early school leaving 	<ul style="list-style-type: none"> • Family violence • Poor supervision • Harsh or inconsistent discipline • Lack of warmth and affection • Abuse and neglect 	<ul style="list-style-type: none"> • School failure • Bullying • Peer rejection • Poor attachment to school • Deviant peer group 	<ul style="list-style-type: none"> • Divorce and family breakup • Death of a family member 	<ul style="list-style-type: none"> • Neighbourhood violence and crime • Lack of support services • Social or cultural discrimination • Community norms concerning violence
Protective factors				
Child factors	Family factors	School context	Life events	Community and cultural factors
<ul style="list-style-type: none"> • Social competence • Attachment to family • Empathy • Problem solving • Optimism • School achievement • Easy temperament • Good coping style 	<ul style="list-style-type: none"> • Supportive caring parents • Family harmony • Secure and stable family • Supportive relationship with other adult • Strong family norms and morality 	<ul style="list-style-type: none"> • Positive school climate • Prosocial peer group • Sense of belonging • Opportunities for some success at school and recognition of achievement • School norms re violence 	<ul style="list-style-type: none"> • Meeting significant person • Moving to new area • Opportunities at critical turning points or major life transitions 	<ul style="list-style-type: none"> • Access to support services • Community networking • Attachment to the community • Participation in community group • Community/cultural norms against violence • Strong cultural identity/ethnic pride



7. Primary therapy techniques

Creating the opportunities for meaningful skill development

- unconditional positive regard
- congruence
- empathic understanding



7. Primary therapy techniques

Aiding control of arousal (anxiety and/or aggression)

- controlled breathing
- muscle biofeedback
- guided visual imagery



8. Possible future service delivery developments

- greater role for primary care professionals
- triage/ assessment/ treatment/monitoring outcomes
- health and mental health
- chaplains, youth workers, counsellors, nurse practitioners

CALVIN AND HOBBS

by WATERSH

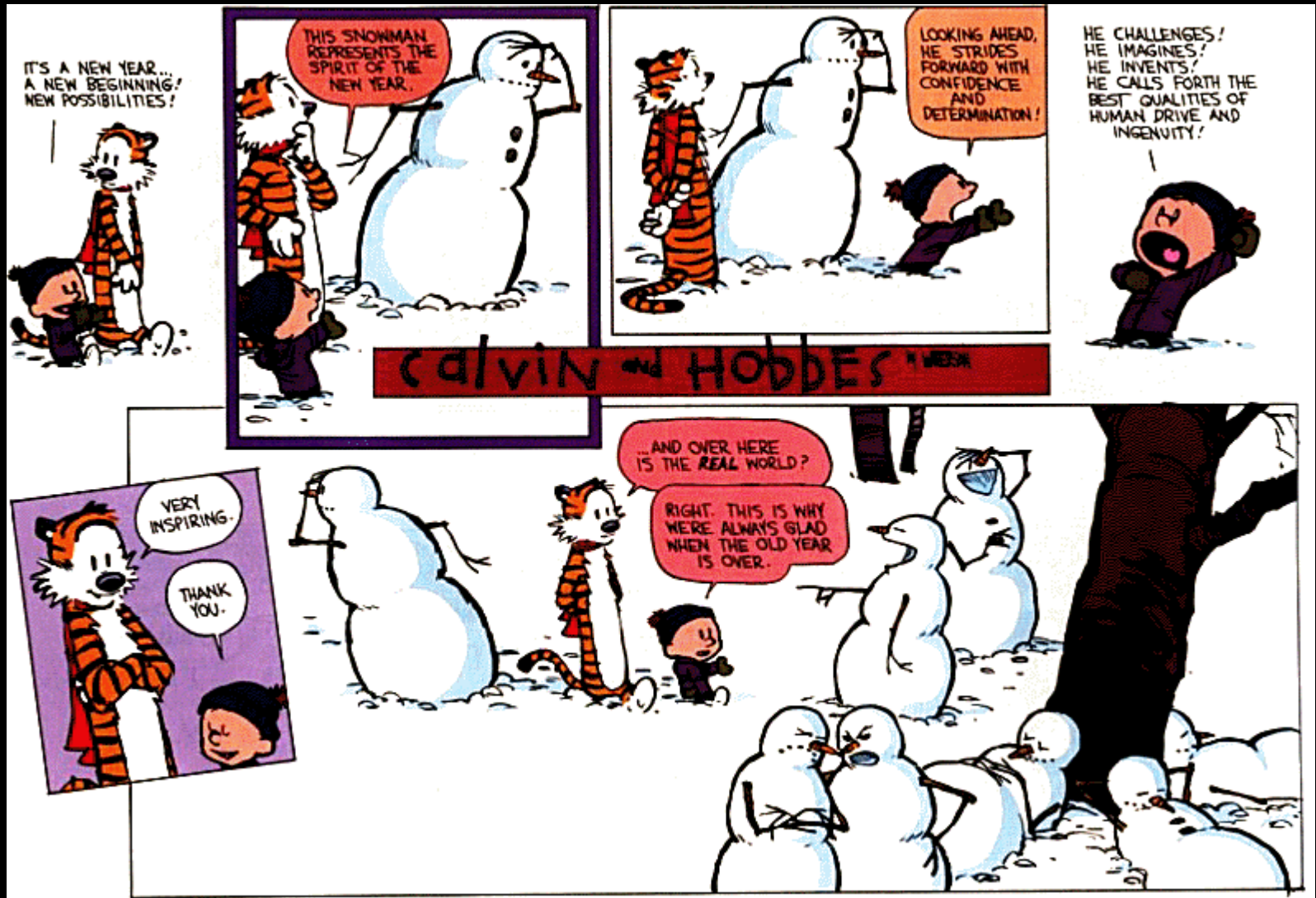
I FEEL A BIG
SNEEZE WELLING
UP.



Careful

Systematic

Professional
training



plenty of resistances

