Occupational Therapy's Role in Mental Health Promotion, Prevention, & Intervention With Children & Youth

Depression

OCCUPATIONAL PERFORMANCE

Children and teens who experience symptoms of depression may be challenged in the following areas of occupational performance:

Social Participation

- Isolation due to a loss of interest/enjoyment, feelings of inadequacy, and low energy.
- Family stress and tension can result from the youth's social withdrawal.

ADL

- Changes in eating patterns
- Loss of interest in self-care, such as bathing regularly and/or wearing clean clothes.

Education

- Difficulty with concentration and other cognitive tasks interferes with engaging in and completing assignments.
- May be labeled as "lazy" or disinterested.
- May refuse to attend school, complain of feeling ill often, or ask to leave early.

Work

- Similar cognitive challenges as demonstrated in school.
- May appear disinterested in tasks.
- May arrive late or not at all.
- Slow or inadequate work, e.g., may misunderstand directions, leave out steps, etc.

Play/Leisure

- May show disinterest in previously enjoyed leisure activities.

Sleep/Rest

- Disruptions in sleep patterns, such as difficulty falling or staying asleep, add to constant fatigue.

OCCUPATIONAL THERAPY PRACTITIONERS (OTs) use meaningful activities to help children and youth participate in what they need and/or want to do in order to promote physical and mental health and well-being. OTs focus on participation in the following areas: education, play/leisure, social participation, activities of daily living (eating, dressing, hygiene), instrumental activities of daily living (e.g., meal preparation, shopping), sleep and rest, and work. These are the usual occupations of childhood. Task analysis is used to identify factors (sensory, motor, social-emotional, cognitive) that may limit and/or enhance successful participation. Activities and accommodations are used in intervention to promote successful performance in school, home, and community settings.

ABOUT DEPRESSION

Everyone feels sad or "blue" at times, even children and teens. However, youth who experience prolonged and variable periods of sadness may have a more serious medical condition, such as major depressive or dysthymic disorders. Depression is classified as a mood disorder with cyclical symptoms that can disappear and reappear. These symptoms can interfere with a young person's thoughts, feelings, and behaviors, resulting in difficulties with occupational performance and overall well-being. Depression in children and teens is considered one of the most serious illnesses due to its impact on functioning and mental health, creating a significant risk for suicide. According to the Centers for Disease Control and Prevention (2012), 8% of females and 5% of males between 12-17 years report depression on a Patient Health Questionnaire (PHQ) (Gilbody, Richards, Brealey, & Hewitt, 2007). Two-thirds of teens who experience symptoms do not seek help, and therefore do not get identified (CDC, 2012). Symptom presentation varies among youth and should be assessed on an individual basis. Depression during adolescence is often accompanied by comorbid diagnoses such as anxiety, bipolar disorder, and substance abuse (CDC, 2012).

Some symptoms of depression that can appear in youth include:

- Loss of enjoyment or interest in activities and other people
- Difficulty with cognitive tasks—especially concentration and decision-making
- Sudden, enduring changes in affect, such as an increase in irritability
- Sudden, enduring changes in behavior, such as resistance to participation in social activities with family and/or friends, school avoidance, and a preference for being alone
- Changes in sleep patterns, e.g., having difficulty falling asleep or awakening early
- Changes in activity levels, e.g., low energy and rapid fatigue or excitability
- Changes in appetite, such as eating too much or too little
- Increased feelings of incompetence, hopelessness, and helplessness
- Expressions of worthlessness and thoughts of unfounded guilt

Who's at risk of developing a mood disorder such as depression?

1. **Children with a family history of mood disorders,** such as Major Depression, Dysthymia or Bipolar Disorder
2. **Children who live in unstable situations** that might include
   - financial uncertainty or poverty
   - substance use/abuse
   - high levels of conflict
   - frequent moves

continued

Occupational Therapy's Role in Addressing Depression in Youth

OCCUPATIONAL THERAPY PRACTITIONERS can serve an important role in addressing depression in youth because of its negative impact on all areas of occupational performance. OTs can offer guidance, support, and interventions to youth, families, and other disciplines in a variety of settings, such as home, school, and community.

LEVELS OF INTERVENTION

Promotion: Whole population approaches fostering mental and physical health at the universal level (e.g., school-wide efforts to promote healthy lifestyles, self-esteem, acceptance of individual differences, non-tolerance of bullying, resources for support, etc.). Educate about the value of enjoyable activities in improving mood. Encourage children to share feelings and experiences through everyday conversation, social interaction, and creative expression.

Prevention: Targeted interventions focusing on at-risk groups, such as those living in unstable situations or those showing new occupational performance difficulties (e.g., small group after-school clubs that promote self-esteem, sensory modulation, and non-threatening socialization and social skill-building).

Intensive: Interventions designed for those dealing with decreased occupational performance due to depression (e.g., modified school demands and schedule, targeted sensory processing needs, family education).

Home: Work with youth and family to develop low-stress home routines that incorporate opportunities for success with chores, homework, and social interactions. For instance, to avoid feeling pressured and stressed, the therapist might work with the family to: promote a morning routine that allows extra time for the youth to move at his/her pace; provide education about the impact of specific symptoms on occupational performance; focus on the youth's favorite activities as a means of fostering engagement and success; and facilitate quiet social opportunities with one good friend and/or family member to enhance social participation.

School: Collaborate with the teacher(s) and other school staff to raise awareness of the youth's performance challenges that are related to illness. Modify assignments as well as the environment when possible in order to reduce stress and to create a positive learning situation. If the youth cannot get out of bed early enough each day due to side-effects of medications or symptoms, then an adapted school schedule may need to be developed.

Community: Become an integral part of the youth's intervention team by helping to set realistic functional goals. Offer opportunities for participation in low-stress social situations and enjoyable activities/interests that do not challenge the youth's sense of security or self-worth, e.g., avoid venues with high sensory input and activity until the youth feels better.

CHECK THIS OUT!

- Resources on various mental health and health issues for children and teens:
  www.healthcentral.com
  www.intelihealth.com/IH/ihtIH/WSIHW000/8271/25801.html
- Non-profit organization that provides resources for social skills training and social-emotional intelligence: **www.wingsforkids.org**
- Chart on the presentation of depressive symptoms in children and adolescents, as well as other resources: **www.keepkidshealthy.com/welcome/conditions/depression.html**
- Information and resources for teachers, parents and clinicians: **www.schoolmentalhealth.org**
- Free depression screening tool for teens that is used in primary care practices and schools: **http://www.teenscreen.org/programs/primary-care/**

DID YOU KNOW?

Suicide is the third leading cause of death of 10-24 year olds. It is important to refer someone who has suicidal thoughts or expression to trained professionals and not ignore these signs, either written, verbal, or creative. www.teenscreen.org

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