

EBS and Depression

Evidence based services or interventions (EBS) are those that have been scientifically proven to have a positive effect in the treatment of a particular disorder. In 1999 the Child and Adolescent Mental Health Division began looking into evidence based interventions to improve the quality of mental health services in Hawaii. It formed a task force which put out a report in 2000 summarizing research findings around six mental health categories—anxiety disorders, Attention Deficit Hyperactivity Disorder, autism, depression, conduct and oppositional disorders and substance use disorders.

The original task force has now become the **Evidence Based Services Committee** and members include parents, educators, university professors and mental health providers. Their latest report*, “**Summary of Effective Interventions for Youth with Behavioral and Emotional Needs**”, updates research findings on the original diagnoses, adds bipolar disorder and schizophrenia, and includes new sections on school based programs and services interventions, like case management or family therapy. (*Available on-line at www.state.hi.us/doh/camhd).

Both the 2000 and 2002 reports review research findings based on their efficacy and effectiveness. *Efficacy* refers to how well the intervention works in strictly controlled studies. *Effectiveness* refers to how well it works in the “real world,” and includes considerations like cost, frequency and duration of therapy and drop-out rates.

Only research trials that randomly assign participants to be part of the experimental group or the control group are reviewed by the EBS Committee. The rating categories include Best Support, Good Support, Moderate Support, Minimal Support and Known Risks.

In this issue we would like to highlight the 2002 report findings on one disorder—**depression**. In future issues we will examine other topics presented in the report. We believe that the more good information families have about what works and what doesn't, the better decisions they can make about their child's care.

What is Depression?

Depression in children and teens include a group of symptoms which have been around for at least two weeks. About 5% of all children and teens suffer from depression at any given point in time. Children under stress, who experience loss, or who have attention problems, learning disabilities, conduct or anxiety disorders are at a higher risk for depression. Depression also tends to run in families

SIGNS OF DEPRESSION

- ✓ irritability
- ✓ crying or signs of sadness
- ✓ a major change in eating or sleeping patterns
- ✓ a loss of interest in activities they once enjoyed
- ✓ a loss of energy or fatigue
- ✓ feelings of guilt and low self-esteem
- ✓ frequent complaints of illnesses such as headaches or stomachaches
- ✓ trouble concentrating
- ✓ feelings of hopelessness and helplessness
- ✓ thoughts of suicide or self destructive behavior





What works in treating depression?

THERAPY. In reviewing the most current studies, the Evidence Based Services Committee found the BEST SUPPORT for **cognitive behavior therapy (CBT)**. Cognitive behavioral therapy seeks to change a person's irrational or faulty thinking and behaviors by educating the person and reinforcing positive experiences that will lead to basic changes in the way that person copes.

Interpersonal therapy (ITP) and **relaxation** met the requirements of GOOD SUPPORT. Interpersonal therapy focuses on the relationships a child or teen has with others. The goal of interpersonal therapy is to improve interpersonal skills.

MEDICATION. The most evidence points to selective serotonin reuptake inhibitors or SSRIs as effective in treating depression in children and teens. Common brand names include Zoloft, Paxil and Prozac. Often these drugs are given in combination with therapy.

If you suspect your child or teen is experiencing depression, it is important to get help! The holidays are often a time when folks feel "blue", because events don't live up to expectations. But when your child's symptoms don't go away or seem severe, you should check with your family physician or ask the school for help in evaluating whether school based behavioral health services are needed.

