Depression in Adolescents in Malta: Is it a growing cause for Concern?

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20th October 2017
Background

- 50% of mental health illnesses begin before the age of 14 years
- Onset is common in teens because of the developmental changes; genetic & hormonal influence
- Internalizing disorders commoner in females and are on the rise
- Globally depression is the number one cause of illness and disability in young people aged 10–19 years
- Mental health is critical for optimal development
- Childhood psychiatric disorders have long term social and economic costs
- Suicide is the second leading cause of death in 15-29-year-olds.
Previous studies in Malta

1994

- Childhood Depression - Zammit S.
- Age 11-13 years
- **13.2%**
- Depression self rating scales

2002

- Investigating the Prevalence of Childhood Depression – Bonello AM
- Mean age **9.4 years**
- **1.7%**
- Children’s Depression Inventory
Method

- 3 cross-sectional studies at 3 definite time points
- Multi-stage sampling was employed

<table>
<thead>
<tr>
<th>Study Year</th>
<th>Response rate (%)</th>
<th>Number of participants</th>
<th>Age (years)</th>
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</thead>
<tbody>
<tr>
<td>2006</td>
<td>91</td>
<td>569</td>
<td>13.6</td>
</tr>
<tr>
<td>2010</td>
<td>75.6</td>
<td>406</td>
<td>15.2</td>
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<tr>
<td>2015</td>
<td>72.8</td>
<td>494</td>
<td>14.3</td>
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</tbody>
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Tools Used

2006
- Revised Child Anxiety & Depression Scale
- Depression self-rating scale for children

2010
- Centre of Epidemiology Studies – Depression (CES-D) Radcloffe 1977

2015
- Patient Health Questionnaire 9(9PHQ) Kroenke et al., 2001
Prevalence (%)
Depression by gender (%)

- **Female**:
  - 2006: 31%
  - 2010: 53%
  - 2105: 37%

- **Male**:
  - 2006: 12%
  - 2010: 34%
  - 2105: 16%
Risk of depression

- Age
- Female
- Victim of Bullying
- Poor self reported health
- Pressure to study

Supportive family environment

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Limitations

- Although studies measured depressive symptomatology, the aims of the study differed thus limiting comparability and associations of depression with specific risk factors.
- The use of different tools and different age groups also limits comparability.
- 2010 study only included state schools and used convenience sampling.

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Comprehensive Intervention

Positive Youth Development

Resilience

Community

School

Family

Child Adolescent

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Intervention

Child/Adelescent
- Age
- Girls

Family
- Communication
- Empower parents
- Supportive family environment

School
- Improve coping skills
- Counselling services
- Zero tolerance to bullying

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Community Intervention

**Health sector**

- Improved awareness
- Child/adolescent –centred care
- Walk-in centres to access timely help
- Smooth transition from child to adult care
- Training GPs in adolescent health

**Environment & Activities**

- Safe environment
- Healthy community activities targeting young people ex sports, centres were adolescents can meet and socialize etc

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Conclusions

- The prevalence of symptoms of depression in school-aged adolescents in Malta is a cause for concern and calls for immediate action.

- Comprehensive intervention fosters child resilience and healthy youth development.

- Mental wellbeing is a key resource for learning, productivity, participation and inclusion.

- Investing in proactive care to promote, protect and sustain mental health in the population will lead to good financial returns and health gains.

- Overall impact of mental health promotion and wellbeing of children gives 3x return on investment in 1-5 years.

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ADOLESCENTS ARE THE GREATEST RESOURCE FOR A SOCIETY TO THRIVE

Investments in adolescents bring a triple benefit:

- Healthy adolescents now
- Healthy adults in the future
- Healthy future generations

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References

- McDaid D., 2011 Making the long-term economic case for investing in Mental Health to contribute to sustainability from a Health Public Sector Perspective

- The Prevention of Adolescent Depression
  Psychiatric Clinics of North America, Volume 34, Issue 1, Pages 35-52
  Tracy R.G. Gladstone, William R. Beardslee, Erin E. O’Connor


Thank You