

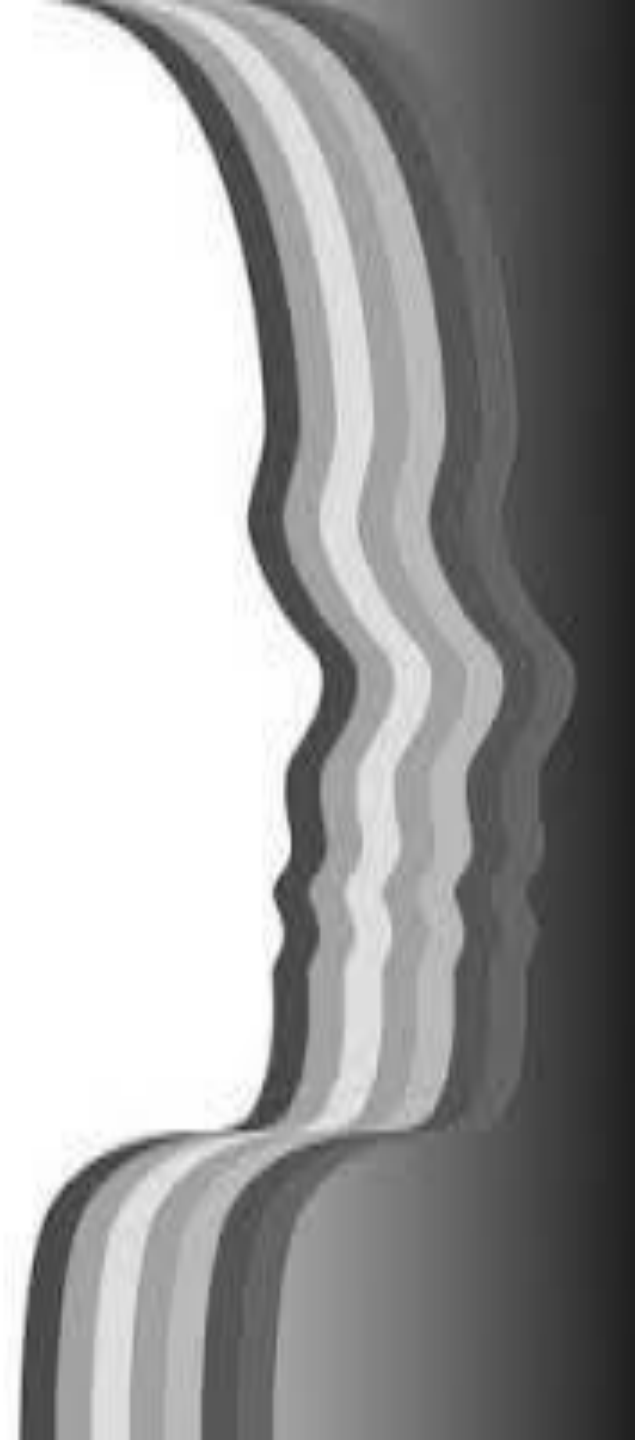
Depression in Adolescents in Malta: Is it a growing cause for Concern?

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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

Study Year	Response rate (%)	Number of participants	Age (years)
2006	91	569	13.6
2010	75.6	406	15.2
2015	72.8	494	14.3



Tools Used

2006

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

2010

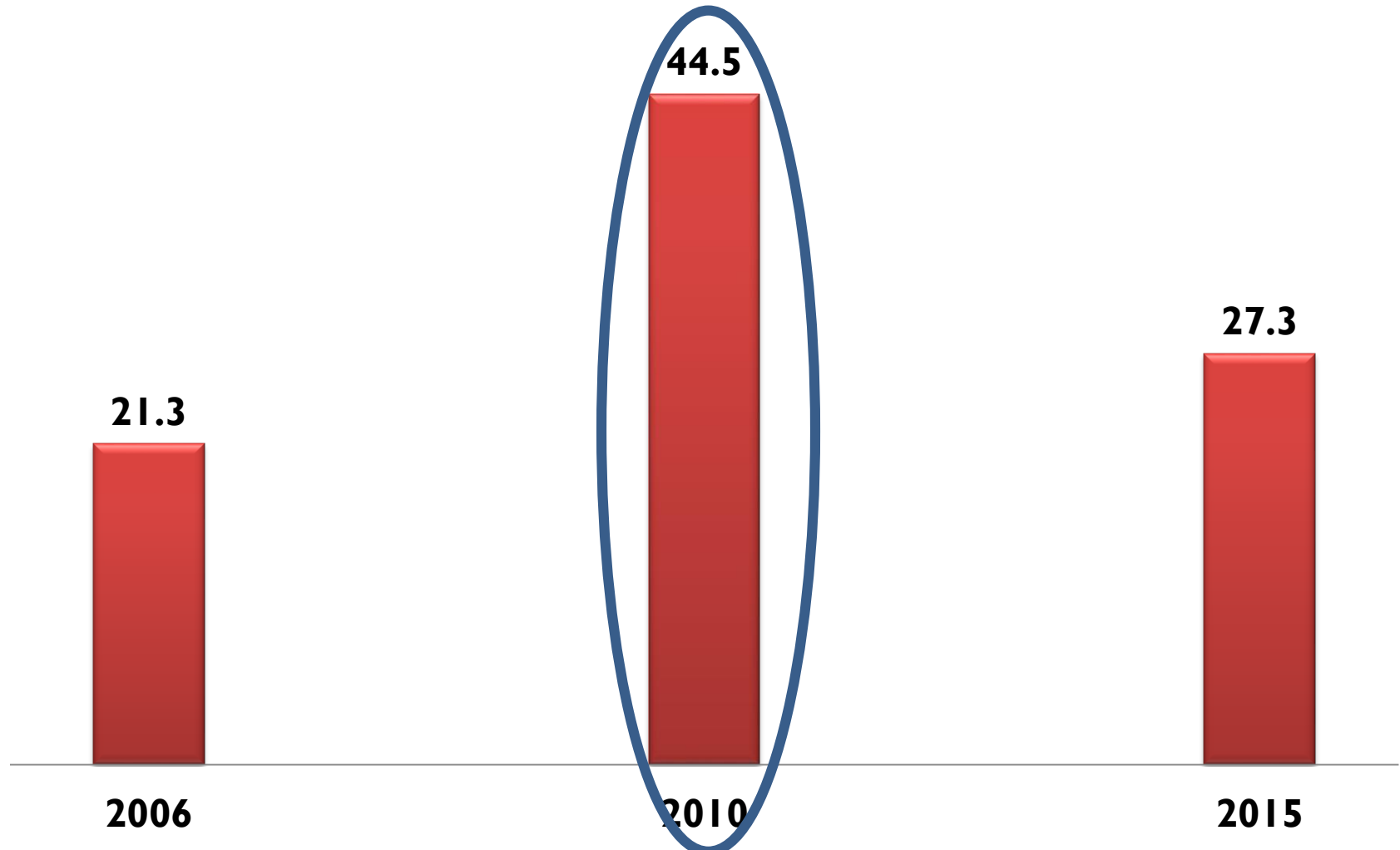
- Centre of Epidemiology Studies – Depression (CES-D) Radcloffe 1977

2015

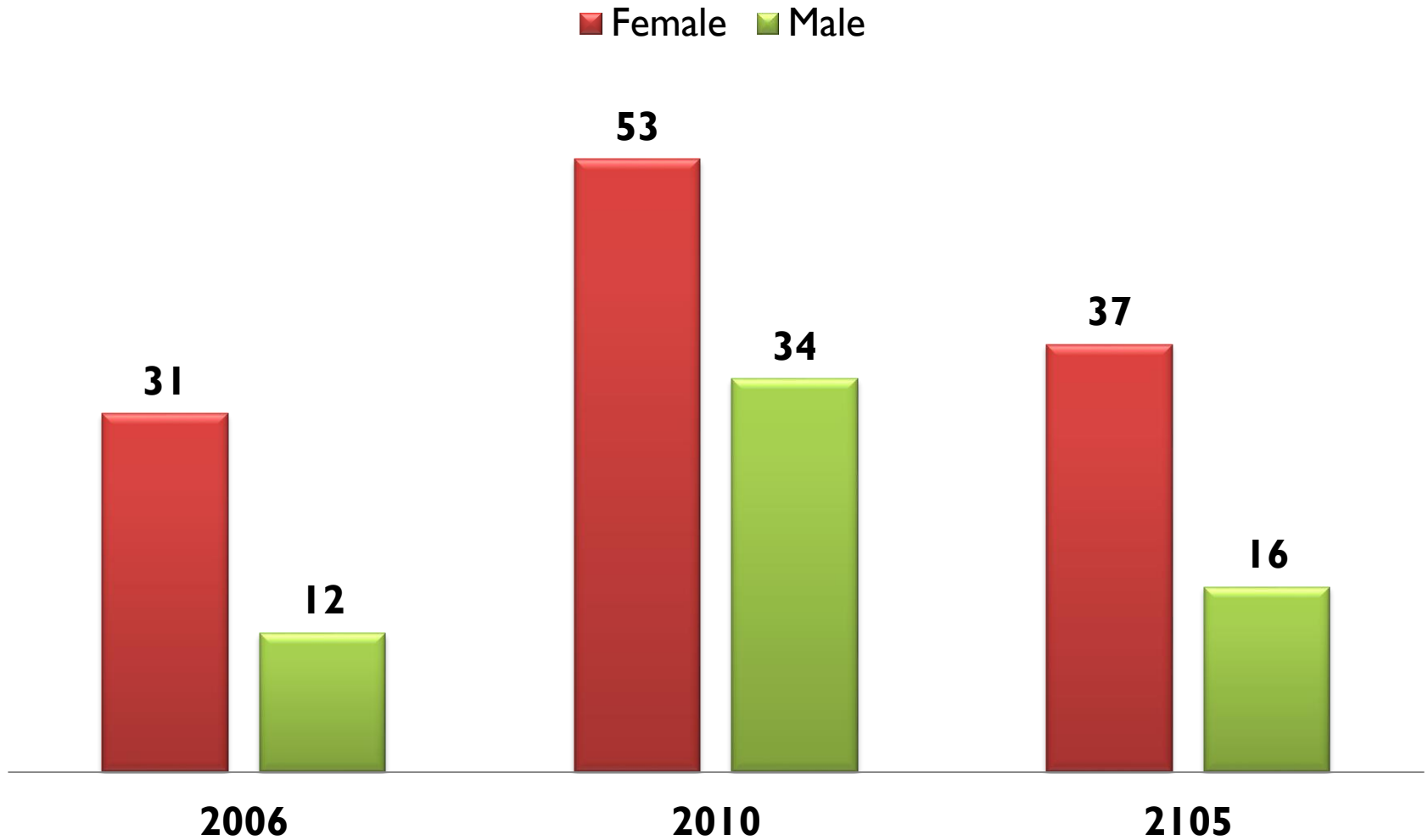
- Patient Health Questionnaire 9(9PHQ) Kroenke et al., 2001



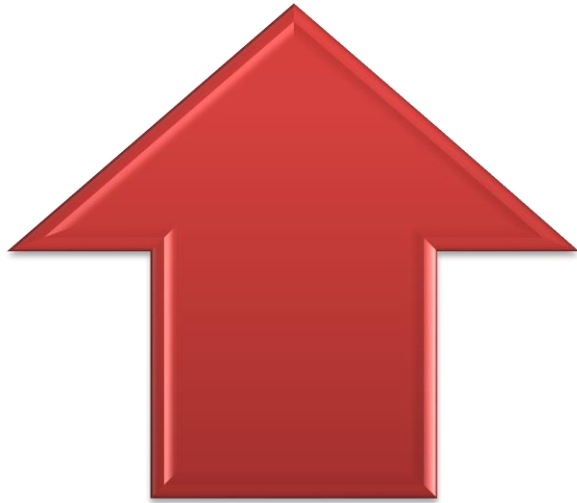
Prevalence (%)



Depression by gender (%)



Risk of depression



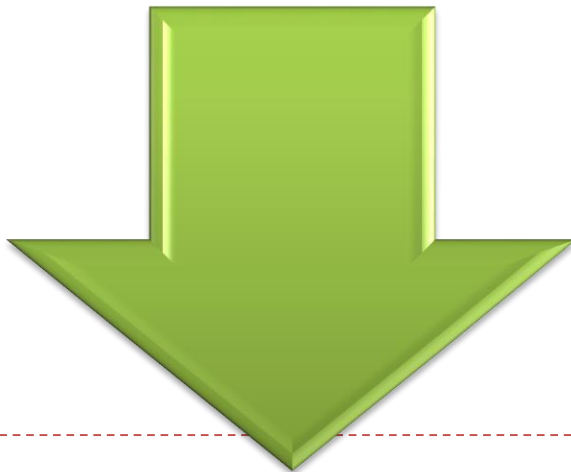
Age

Female

Victim of Bullying

Poor self reported health

Pressure to study



Supportive family
environment



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



Comprehensive Intervention



Intervention

Child/Adolescent

Age

Girls

Family

Communication

Empower
parents

Supportive
family
environment

School

Improve
coping skills

Counselling
services

Zero
tolerance to
bullying



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 where adolescents can meet and socialize etc



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.



ADOLESCENTS ARE THE GREATEST RESOURCE FOR A SOCIETY TO THRIVE



Investments in adolescents
bring a triple benefit:



#PHSymposium17

References

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- ▶ [Kroenk K](#), MD,¹ [Spitzer R](#), MD,² & [Williams J.](#), DSW² (2001). **The PHQ-9** Validity of a Brief Depression Severity Measure. [J Gen Intern Med](#). 2001 Sep; 16(9): 606–613.
- ▶ WHO Depression Fact Sheet. <http://www.who.int/mediacentre/factsheets/fs369/en/>





Thank You

