

# Dealing with Depression

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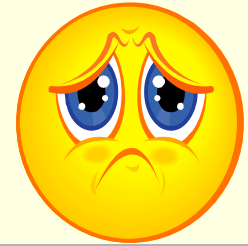
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- In the normal population said to be 14% of teenagers who would benefit from psychological help
- Medical illnesses are said to increase risk of psychiatric disorders by up to 40%
- Depression is the most common of these
- Fundamental similarity in psychological status among patients with different chronic physical illnesses
- Severity rather than the type of disability which is associated with psychological illnesses

# Dealing with Depression

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- Reports on the psychosocial effects of haemophilia are conflicting
- Early papers draw attention to adjustment problems and practical problems due to missed schooling/unemployment
- Others have reported little or no difference between children with haemophilia and the general population on measures of school attendance, social adjustment and personality

# Dealing with Depression



- A study in Scotland of children 3 – 16 with haemophilia found children with haemophilia were no different on 3 screening instruments for psychological disturbance compared with diabetes and normal controls
- Chronic illness including haemophilia is likely to impact on the tasks of adolescence

# Tasks of Adolescence

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1. Separation and individuation
2. Overcoming family attachments and dependency
3. Identity formation “mastery of who am I”
4. Being comfortable with body image
5. Sexuality
6. Development of formal thought operation

# Tasks of Adolescence



- Indecision re these tasks may lead to perplexity, turmoil and despair
- Teenagers on haemodialysis were angrier, lower frustration tolerance and had lower self esteem than normal controls
- In some teenagers with haemophilia the illness can engender feelings of helplessness, dependency and loss of control
- Sometimes to try and maintain control, ignore medical advice and non-comply with treatment

# Tasks of Adolescence

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- Haemophilia is a “family event”
- The way a family adapts to the condition can be crucial [*same in so-called normal families*]



- If parents are “over protective” the child could be anxious and dependent or develop a tendency for rebellion or risk taking
- If parents are too “permissive” child may be spoiled or lack taking responsibility
- If parents ignore or “reject” their child’s condition, refusing to view it seriously, they may trigger feelings of low self-esteem and inferiority
- Parents may take on unhelpful parenting styles due to own grief, guilt, or other issues

# Therapeutic Principles



- Medical model not useful in understanding emotional reaction/adjustment to chronic illness
- Treatment is more productive when families feel valued and respected and when their input is heard and **USED** by the therapist
- Therapist builds on people's strengths
- Therapist is open to feedback and flexible in strategies
- Outcome and alliance language used rather than diagnosis and treatment language
- Therapists focussing on client satisfaction and change rather than therapy per se

# Treatment Options



## ■ Preventative

- Routine information and program of counselling and psychological support for parents
- Parent support groups
- Respite / recreational programs

## ■ Counselling

- Individual
- Family

This often involves brief intervention by C/L, social work / nurses

## ■ Specialist mental health referral