

The Importance of Recognising Depression in Adolescents Affected by Parental Illness^{*}

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Research focusing on the impact of parental illness has increased rapidly in recent years, with studies on a range of both chronic and acute illnesses having now been reported. A key and consistent finding is the elevated risk of depression that young people face when adjusting to and living with a parent experiencing such a condition. Examples from the literature include studies focusing on parental multiple sclerosis, Parkinson's disease, stroke, cancer, affective disorder and traumatic brain injury. Such a body of literature emphasises the need to recognise and manage the increased risk of depression that young people face when confronted with such parental conditions and that a more family centred approach to parental illness is required. Additionally, it is important that the potential threat parental illness poses to young people's mental well-being is reflected in relevant clinical guidelines.

Keywords: Adolescent; Depression; Parental Illness

Depression in adolescence is largely characterised by features similar to those in adults. Low mood, lack of interest in activities, low self-esteem, inability to concentrate, suicidal thoughts, disturbed sleep, changes in appetite and feelings of guilt are just some such characteristics. In addition, adolescents can often appear agitated, may refuse to go to school and demonstrate behavioural problems (Thapar, Collishaw, Potter, & Thapar, 2010).

Alongside early adulthood, adolescence is the most prevalent period for depression (Hammen, 1997). Importantly, unrecognised depression during this period of development can lead to poor educational attainment and psychosocial outcomes, as well as continued depressive disorder in adulthood (Birmaher, Ryan, Williamson, Brent, & Kaufman, 1996). This highlights the need for its detection and treatment, and data indicates that at least 12% of adolescents report a minimum of low level depression (Sihvola et al., 2007). However, depression in childhood and adolescence frequently goes undiagnosed (Kramer & Garralda, 2000), and this is compounded by the fact that adolescents are unlikely to consult general practitioners about mental health problems (Potts, Gillies & Wood, 2001).

Research focusing on the impact of parental illness has increased rapidly in recent years. Data from a number of studies suggests young people experience a range of issues such as changing roles, heightened responsibility and reduced independence (Morley, Selai, Schrag, Jahanshahi, & Thompson, 2011). However, a key and consistent finding is the elevated risk of depression that young people face when adjusting to and living with a parent experiencing serious illness. Studies across a range of parental conditions, both chronic and acute, appear to confirm this.

As a relatively well investigated parental condition, multiple sclerosis (MS) provides a sound example. Adolescent offspring

of people with MS report significantly higher levels of depression than children of healthy parents (Yahav, Vosburgh, & Miller, 2007). Other studies confirm these elevated levels through comparisons with the normal population (Morley et al., 2011). Evidence suggests that the risk of such mental health problems is, in part, associated with the mental health of both the affected and non-affected parent, and that where both parents report depressive symptoms the prevalence of internalising disorders in their offspring is two to three times higher than that found in the normal population (Steck et al., 2006).

MS is just one example of a parental condition that may have an effect on young people's mental well-being. Evidence from the literature suggests a wide range of conditions can have such an effect. For example, studies focusing on Parkinson's disease (Schrag, Morley, Quinn & Jahanshahi, 2004; Morley et al., 2011), stroke (Visser-Meily et al., 2005a; Visser-Meily et al., 2005b), cancer (Visser et al., 2005), affective disorder (Beardslee Gladstone & O'Connor, 2011) and traumatic brain injury (Kieffer-Kristensen, Teasdale, & Bilenberg, 2011) all report data where adolescent depression is a prominent feature. Such findings have important implications. The key to the effective management of depression in young people is its recognition and treatment (Rowe, Tonge, & Melvin, 2004). In the United Kingdom, National Institute for Health & Clinical Excellence (NICE) guidelines reiterate this in recommending that "healthcare professionals in primary care, schools and other relevant community settings should be trained to detect symptoms of depression, and to assess children who may be at risk of depression" (NICE, 2005: p. 149). Given the findings from a number of studies, young people confronted with parental illness certainly appear at increased risk of mental health problems, and should be recognised as such. As a starting point, the treatment of a serious medical condition requires far greater emphasis on not just the ill parent but on the wider family unit. A family centred approach at diagnosis should lead to a family centred approach to care. It is a priority that the potential impact of parental illness

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on young people's mental health is recognised in relevant clinical guidelines, something that is currently lacking in, for example, UK guidelines for Parkinson's and stroke.

Adolescence can be a particularly turbulent period of development for some without the presence of serious parental illness. This only reiterates the importance of ensuring that young people confronted with parental illness receive the support that many are likely to require.

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