



## **Kids Health Matters Transcript**

### **Episode 1: Delving into depression in young people**

The Child and Adolescent Health Service respects and acknowledges the Whadjuk People as the traditional custodians of the land on which we work and of Elders past and present.

Hi and welcome to Kids Health Matters - a podcast where we meet experts from the Western Australian Child and Adolescent Health Service, which includes Perth Children's Hospital.

In each episode we will dive into a range of topics and issues affecting kids' health and wellbeing and provide you with information on how you can best support them through their journey of childhood and adolescence.

#### **Host Dani Shuey (DS)**

I am your host Dani Shuey, broadcaster and mum of two and what a pleasure it is to be here on Kids Health Matters, the podcast. My co-host today is the wonderful Danielle Englebrecht, one of the co-ordinators of nursing at Perth Children's Hospital. How are you Danielle?

#### **Co-host Danielle Engelbrecht (DE)**

Well thanks Dani, how are you?

#### **DS**

Good. I'm excited to get started on a very serious topic today. We're diving straight into it. It's serious but it's super common though. It's about an issue that faces young people today - anxiety and depression and how to seek help. Now Danielle, caring for a young person who is depressed or experiencing heightened anxiety can cause enormous stress for families and carers. In your experience working at Perth Children's Hospital, just how frequently are you presented with cases of young people suffering from anxiety and depression?

#### **DE**

There will have been a number of presentations through to the Perth Children's Hospital and beforehand as well, and particularly through community services. Depression is definitely something that children experience and are very well equipped to deal with that here at Perth Children's Hospital.



I'm really looking forward to hearing what Karena has to say about the supports we can put in place for parents and caregivers and for our young people to try; to learn about the symptoms and prevention and what to do when they really need help.

**DS**

We will be joined shortly in the studio by our special guest today Dr. Karena Tansey. So, as you mentioned Danielle, today's conversation will provide valuable insights, practical advice, and reassurance about the valuable role that we can play in providing supporting and understanding as well, and how to recognise the signs of depression. It's important to note that through this episode, we are talking to anyone who is supporting a young person affected by poor mental health, not just parents.

**DE**

Absolutely Dani.

**DS**

And to guide us through this topic Danielle, we're delighted to be joined by child psychiatrist from the Child and Adolescent Mental Health Services, Dr. Karena Tansey.

Dr. Karena, thank you so much for joining us today.

**Guest Dr Karena Tansey (KT)**

Hi Dani, you're very welcome.

**DS**

Dr. Karena you graduated from medical school in the UK in 1997. Since then, you've been working in psychiatry since 1998, so that's over 24 years. You've worked as a consultant child psychiatrist for the past 15 years and for the past nine years you've been working in Western Australia for the Child and Adolescent Mental Health Services. You must be very driven to help make a difference in your space.

**KT**

Yep, and I'm very old!



**DS**

We want to unpack a lot on this episode. It's a heavy topic, and it's important to note that if at any time while you're listening to our podcast you feel like you may experience signs of anxiety and depression or you know someone who, has reach out and contact a GP, and as always, you can refer to the information in our show notes too.

**DE**

Karena, I was recently having a conversation with my high school aged children, trying to describe to them what anxiety and depression actually means, and during schooling there's a lot of pressures and they will experience ups and downs. But what does anxiety and depression actually mean?

**KT**

You're absolutely right Karena. Feeling anxious and sad is part of normal life but when it persists for more than two weeks and it's associated with other symptoms we start to think, is this clinical depression or clinical anxiety? Other symptoms might include loss of energy, not enjoying activities they used to enjoy, changes to how they think about things, sleep changes and appetite changes.

And likewise, when someone is developing clinical anxiety they might start to feel anxious in some situations and if that anxiety is persistent it starts to really impact on our functioning so we might stop doing things that we've been able to do previously. Of course, there's lots of different anxiety disorders; generalised anxiety, obsessive compulsive disorder and phobias, just to name a few.

**DS**

Karena, can I ask, what's the difference between a young person feeling overwhelmed and actually experiencing anxiety, what's the definition of anxiety?

**KT**

Anxiety symptoms are a normal response to threat. So as humans we're pre-programmed to respond in a fight or flight way to avoid situations that make us feel anxious. But unfortunately that avoidance often escalates anxiety so it's really important that carers and parents encourage their children to face situations that make them feel anxious, by using a stepped approach to that and rewarding and encouraging them when they do face challenges and anxiety, to stop them getting worse.



**DE**

And Karena, how much do genetics play in the role of predisposing our children and young people to anxiety and depression?

**KT**

Well compared to other mental health disorders in depression and anxiety there's less of a genetic component. It's more about developmental stresses. So for example, where there's conflict in the home and there is exposure to family domestic violence, children who lose a parent during childhood or suffer educational or friendship stress may start to feel guilty about lots of things, or start to feel worthless and have low self-esteem. Those are just a few of the factors that can signal the beginnings of depression.

**DE**

I am really interested to know the statistics around how common depression in children and teenagers are.

**KT**

Depression is really common and it's estimated that one in six people at some time in their life will experience an episode of depression. Obviously, many of these people developed depression in childhood or adolescence; more commonly in adolescence compared to early childhood.

**DS**

Wow, that's amazing. My little guy has just turned five and it's frightening to think that these signs could start developing in him if he's one of the unlucky ones in life, but I don't even want to use the word unlucky because it can really happen to anyone. Would you agree Karina?

**KT**

Yes absolutely, it can happen to anyone but it is more common in teenagers compared to early childhood, and it does present slightly differently depending on the age of the young person. So for example, a younger child might not have the language to describe their thoughts and feelings and what a parent might see is changes in their behaviour or they might start to regress. Whereas older children might be able to describe what they're thinking and feeling but unfortunately, in teenagers, sometimes parents might attribute changes in behaviour to teenage angst. So it can be quite tricky in teenagers to know what are normal variations in mood, because teenagers naturally have variations in mood, and changes in behaviour.



## **DS**

I feel the world of that teenagers is just so different as well because of what they're exposed to. And then there's that whole conversation around social media and influencers and things that can affect their diagnosis; we could go on and on about what happens in their world as well.

We've talked a lot about at what age depression can start. What are the warning signs that parents and carers or close family members and friends should be looking out for?

## **KT**

It's really important to know your own child because all children are different. What you should be looking out for are changes in your child's demeanour or behaviour.

For example, a child who's normally quite sociable and then starts isolating themselves and is no longer joining family and friends for activities and is spending time alone might be something to alert you. You might notice that your child's more tearful than usual, or lethargic, or there's a change in their sleeping and eating habits. They might be sleeping and eating more than they would normally. There might be a decline in their academic performance at school; they might lose interest in school or their activities, or just not be motivated anymore or; not be able to concentrate when they're reading. Usually concentration is not affected by gaming by the way so even if they can't concentrate can still manage gaming.

And more concerning is children who might start to talk about deliberate self-harm and having suicidal thoughts or acting on those thoughts. But it's important to remember that those symptoms are also seen in lots of other mental health disorders and it doesn't necessarily mean your child is suffering from depression or anxiety. So it's really important to pick up on changes and on those early warning signs.

Be curious about what's going on for your child rather than just coming to a judgement straight away. Listen to them, understand them and be emotionally available so that there are opportunities talk about what's going on in their lives. Usually if you start to ask children direct questions their typical answer will be I don't know, so it's just about creating opportunities to get into natural conversations to find out what's going on.

## **DE**

So Karena, if we're starting to see there is a bit of a pattern in our children in terms of some of these behaviours, and if we are really concerned that we're seeing some sustained responses that we think could need more support, what should we be doing as parents and carers?



**KT**

Well first of all think about the young people themselves. It's important that they try and find an older person, an adult, who they feel safe and comfortable to talk to, preferably not a friend who's a young person, because that just puts more stress on that young person. It's important for young people to remember that depression is treatable, and it's common, and if you're seeking help, that doesn't mean you're weak.

And parents and carers have the responsibility of keeping their young person safe so, it's important that young people start to open up to their parents or carers. It can sometimes be difficult to have conversations about what they're feeling and thinking so they might want to text their parent or use emojis.

**DS**

That's a great idea. I feel like that's the way a lot of young people communicate anyway so if we think that's sort of the norm, hey, we can talk about these issues via text, or email, whatever way they want to communicate; at least they're communicating.

**KT**

Whatever way is easiest, and often when they're out in the car parents can have these conversations more easily than if you're sitting at the kitchen table and asking them questions.

**DS**

That's when they feel like they're in an interrogation or audience and go straight into shut down mode.

**KT**

Yes, so really look out for changes, and don't be judgmental about them.

For instance, if your child's hygiene has slipped you don't want to be saying things like, Oh, you're smelly, because that will just make them retreat. You just need to be curious about what's going on.

**DS**

Dr. Karena what are the clinical symptoms of depression?



## **KT**

The three core symptoms are a low mood, loss of energy, and a lack of enjoyment in activities they would normally enjoy and a loss of interest. But then there's a whole host of other symptoms that go with depression. There will be sleep problems like waking up early or not being able to get to sleep or waking up during the night; losing their appetite, or their appetite increases; losing concentration or changes in mood during the day.

Typically, for people who are depressed, they often describe feeling lowest in their mood first thing in the morning or last thing at night, or starting to feel hopeless and helpless about life, and having thoughts about whether life is really worth living.

Then it becomes more serious; they might start to think about ways to end their life, and have ideas about that and even make plans about that. It's really important that children don't hide this from their parents in order to protect their parents because we really need families to be available and to safety plan to keep their young people safe.

We also need to be mindful that when young people are feeling depressed they're often a lot more irritable than they would normally be. Obviously, that can lead to breakdowns in relationships, including with their parents so, it's really important that parents take the initiative to repair those relationships and not wait for the child to repair the relationships, and for parents not to feel overwhelmed by their child's feelings.

As a parent, you feel what your child feels so if your child's sad, it makes you feel sad, but you shouldn't let your sadness be greater than their sadness. If you do that your child is going to pick up on that and they'll stop telling you what's really going on for them. You don't want your child to feel like they're a burden because that if they start to feel suicidal and they're a burden, that really increases their risk.

## **DS**

There's so much to take out of that for a parent or a carer or a family member or close friend of the family isn't there, because it's a lot about us learning how to cope with what they're going through and you don't want them to feel like they're a burden.

We need them to be feeling like they've reached out for help so it's on us to guide them through.



## **DE**

So Karena, what advice would you give to parents, care givers and our children in terms of reducing the risk of depression?

## **KT**

I think it's really important for everyone to have purpose in their life, and that includes children. That purpose for a young child might just be to make their parents happy, or to think my dog loves me, or I'm a really good friend, or I'm really needed on the football team. It could be anything, but it's about having purpose to life.

Young people also need to feel that they have some successes in their life. Some children might really struggle academically at school which may be a really big stress, but there might be something else in their life that they're really good at, so find opportunities for your children to succeed with something in life.

The other thing is having connection to others. As humans, we need that social connection and again that's really important. So support your children to develop friendships, make new friends at school and at after school clubs and spend quality time with your children by not being too busy for them even though that might be hard to do.

Also have a connection to nature. Researchers have found that having a connection to nature naturally improves people's mood, but sadly, for a lot of young people now a lot of spare time is spent indoors gaming, so it's important to encourage your children to spend time outside.

## **DS**

An easy way out for the typically busy parent trying to work and juggle housework, maybe with multiple children in the family, is to whack a screen in front of them - and there you go, you've bought yourself some time to get stuff done. That's just so common these days, isn't it?

## **KT**

Yes and you can still have a bit of screen time; no one's saying take all that away, but it's important to have a balance. So even from a young age you want to be supporting young people to develop secure attachments and those first attachments are with their parents. So, parents being attuned and available to their child, if those relationships are on a solid foundation and children have a secure attachment with their parents, are really going to help children develop good positive relationships with their peers, with their teachers, and eventually with a partner.





So what you do in those first early years with your child really plants that seed for good mental health further down the line.

**DS**

Yes and I can attest to that, because I was dressed up as a Power Ranger for my son's fifth birthday doing rollie pollies in the backyard, hence why I can't move my neck very well in studio today, but I'm a big fan of planting a seed for good mental health from a young age. I think what gets overlooked a lot is how important those first, five to 10 years of a child's life are.

**KT**

Absolutely, researchers' studies show it's the first seven years of a child's life that determines the person they're going to be. So, it's often the years that children don't remember, those very early years that really are key to how your child is going to develop.

**DS**

What should you do if you suspect your child might be suffering from depression?

**KT**

You really need to try and identify if there is anything contributing to your child feeling sad and depressed. It might be at home or at school; they might be being bullied; they might have friendship difficulties. So if you notice that their mood is persistently low and is starting to impact on their functioning, if they've stopped going out with friends, or they're not wanting to go to school, you really need to think about getting them some help, and the first step will be taking them to the GP.

The GP initially will look at therapy options and they might recommend going to Headspace or getting a mental health care plan so you can see a private psychologist or get some counselling.

But if therapy's not successful then it's important to go back to the GP because medication can then be tried if you remain worried about risk for your child.

If you're worried about the suicidal thoughts or self-harm it's important not to wait but seek help immediately and you can do that by contacting emergency services and there's a really great helpline, CAMHS Crisis Connect, that anyone can ring; young people can ring, parents can ring.

**Host DS**

That's CAMHS Crisis Connect?



**KT**

Yes, we call it the three C's where young people can ring and talk to a mental health clinician straight away. Or parents can ring if they're concerned and the young person doesn't want to talk to anyone. They can give advice on the phone, they can offer a mental health assessment by telehealth, or if they're really concerned they'll advise you to bring your young person into the emergency department for a face-to-face mental health assessment.

**DE**

It's good to know that that's there as a backup if we need it, particularly if things escalate, and we don't have the supports or services ready at home to deal with that.

Karena, I was so fascinated when I first came to work here at PCH with the range of services that CAMHS offers all of our families and young people. I was also really interested when we were talking prior to the show about the differences between what an adult psychiatrist and a child psychiatrist has to offer.

**KT**

In my mind, a child psychiatrist is much more interested in the system around the child - what's going on in the child's school and family - and they treat the system rather than just the individual child, whereas an adult psychiatrist may focus more on the individual, having individual appointments. But yes, child psychiatrists really need families to be involved, and often schools as well, if there's permission to get them involved.

The services CAMHS offer are really wide. It is split up into acute CAMHS which is the inpatient unit, the CAHMS Crisis Connect which we've talked about and the mental health services on the medical wards.

Then we have Community CAMHS, which is where I work, and they are clinics in local communities that offer therapy and medication etc. in a community setting. And there are Specialised CAMHS services for specific diagnoses where you need a bit more than Community CAMHS, but you don't necessarily need an inpatient admission.

But all the CAMHS services have input from a multidisciplinary team. So, there'll be nurses, doctors, social workers, psychologists, sometimes OTs and speech therapists; so a wide multidisciplinary team, and treatments will vary. There'll be different types of therapy, which often involves the family being part of that therapy, and will sometimes involve input from the psychiatrist, and that input might be to assess and really be clear on the diagnosis; it might be about the level of



risk, or it might be about looking at is medication indicated, and initiating that medication and reviewing it.

It's really important for people to be aware that CAMHS really comes from the focus of recovery-orientated care. We're looking at children recovering and getting back to normal functioning which means getting back into school, socialising with friends again, and in improving relationships within families.

It's important that families feel supported and empowered because at the end of the day, they are going to be the main source of getting the young person better. In a community clinic you might see a young person once a week or once a fortnight, but their family is with them all the time so that's why it's so important that families are part of their therapy.

**DS**

Dr. Karena, I'm going to throw you a double question if you don't mind. Are there key times of the year when you see a surge in demand for the services that you offer, and what's your advice to parents and carers around that time?

**KT**

We definitely see surges around exam time and going back to school after holidays. There's a really close correlation between what's going on in schools and children's mental health. It was interesting during the COVID time, when we were all in lockdown. From my perception, for a lot of children, their mental health improved, but when they had to get back to school, things got a lot worse.

**DS**

I can really relate to that if I take myself back to when I was 13, 14, 15 and the pressure between those years; it was year eight for me when I started high school and up to year 12. It was intense, and then you're dealing with what's happening at school, your friendships, home life, your body changing, it was just a really crazy time of a kid's life.

**KT**

Probably the hardest time of your entire life will be adolescence. It's a really tough time, and it's important that parents are emotionally available and don't think, oh, my child's older now so I can be less available. Your child probably needs you to be just as available as they did when they were



younger so it's really important that at these times of high stress parents make sure they're available and supportive.

And it's also important also that parents look after their own mental health and wellbeing because you really can't support your child if you're struggling with your own stress and mental health and a child's mental health might make a parent's mental health deteriorate, so we encourage parents to seek their own supports so that they can give their best to their child.

**DS**

Well put!

Are there any key messages you'd like to end on Dr. Karena, to sum up everything we've spoken about today, and your advice?

**KT**

My key messages are that parents have a key role in promoting good mental health for their children, right from the beginning of their life through to adulthood, and I think parents need to try and be physically and emotionally available and make time to have fun with their child. But at the same time, boundaries are really important.

It's important that as a parent, you try to ensure that your children have good sleep hygiene – that they're getting enough sleep, they're eating well, and they're having time outdoors and engaging in activity and physical exercise, because we know all those things are really good for mental health.

Parents should encourage friendships and teach their child to repair relationships, whether they break down with a parent or with a friend. Repairs are really important and I think we learn that from our parents, and to seek professional support if you're really feeling out your depth.

**DS**

Dr. Karena Tansey, thank you so much for your time, your insights and advice today. And nurse Danielle Engelbrecht, thank you for being here too.

Once again, if you or a loved one may be experiencing signs of anxiety and depression and need help, we encourage you to speak up and reach out to your GP.

Thanks for listening to Kids Health Matters, a podcast produced by the Child and Adolescent Health Service. You can find more information and links to useful resources in the show notes for each episode. You can also email us with any feedback at [kidshealthmatters@health.wa.gov.au](mailto:kidshealthmatters@health.wa.gov.au).

