



Letter to the Editor

Patient and family perspective on factors that promote recovery in adolescent depression in Singapore: A qualitative study



1. Introduction

Internationally, the 1-year prevalence of depression in adolescents is estimated to be 4–5% (Costello et al., 2005, 2006). A small study in Singapore estimates depression in adolescents to be 2–2.5% (Woo et al., 2004). In low and middle-income countries, prevalence studies have reported rates of up to 28% for significant symptoms of depression or anxiety among youth (Yatham et al., 2018). There has been an increased focus on improving treatment of depression and facilitating recovery, although research involving adolescents have been largely quantitative. In the area of recovery from the adolescent's perspective, there is a relative dearth of research. A study conducted on American adolescents with depression found five themes that emerged from the interviews: (a) talking to a counsellor about their depression was helpful; (b) participants obtained relief in their counselling and expressed respect for their professional helpers; (c) parental (and adult) partnerships were important; (d) friends of the adolescent clients were usually helpful to them; and (e) the adolescents possessed a realistic optimism concerning a possible subsequent depressive episode (McCarthy et al., 2008). Locally, a similar study exploring perspectives on what assisted recovery has yet to be published. Studying this area would allow for better treatment planning and shaping of future management of adolescents with depression in the Singapore context.

2. Methods

A retrospective qualitative study was conducted at KK Women's and Children's Hospital (KKH) between September 2014 and September 2015. Semi-structured interviews were conducted with adolescents and their parents to explore the onset of the depression, mental health treatment received and their views on the facilitators and barriers to recovery. Interviews were conducted until thematic saturation was achieved. Thematic saturation is the point at which coding of each transcript reveals no additional new themes i.e., when no further new information emerges from interviews (Fusch and Ness, 2015)

2.1. Participants

Nine adolescents, of which 6 were of Chinese ethnicity, 2 were Malay ethnicity and 1 was Indian ethnicity, participated in this study. They were between the ages of 14–18 years, consisting of 7 females and 2 males. At the time of their diagnoses, all met Diagnostic and Statistical Manual of Mental Disorders 5th Edition's (DSM-V) (American Psychiatric Association, 2013) criteria for Major Depressive Disorder.

2.2. Data analysis

Grounded theory was used to guide the development of the

theoretical framework in understanding the data and revealed 3 major themes.

3. Theme 1: relationships

3.1. Subtheme 1.1: Improving the parent-adolescent relationship

Parental support was a feature that consistently appeared in the accounts of the young people interviewed. Aspects of the relationship deemed helpful by adolescents were that of the presence of a listening ear, advice giving during times of difficulty and the deliberate attention parents paid towards understanding the happenings in their lives.

“My parents have been giving me more attention, we would spend family time for about at least 30 min a day after their work [felt this was] quite helpful...if I have problems, my mother would listen to me, and then give me advice.” (Patient 8)

3.2. Subtheme 1.2: accessibility of support

Parents generally spoke of an approach that balanced equal measures of engagement and non-interference in supporting the adolescent with depression. This involved intentionally giving the adolescent space to recover while expressing support.

“[I tried] to give him a lot of space for himself, you know, support him... I know that he feel very awkward talking to me with his problem, so I say it's ok that you don't tell me but you have to speak to someone, whoever you feel you can trust... or (if) you couldn't find anyone, you can just message me.” (Mother of Patient 1)

4. Theme 2: communication and expectations

4.1. Subtheme 2.1: positive communication – distraction and support from peers

Participants spoke of friends whom they could confide in and who sought to distract them from their symptoms. Friends of these adolescents typically responded to their distress by offering advice, motivation and the use of humour. Participants described an interruption in their negative thought processes and an increased sense of belonging.

“[Friends] make me laugh a lot, then try to distract my [over] thinking so, when I want to think but I don't have time because I keep laughing... they made me laugh, they made me feel loved, made me feel very happy when I'm with them.” (Patient 1)

4.2. Subtheme 2.2: negative communication – avoiding triggers

The avoidance of subjects that induced stress was what parents realised to be helpful in recovery. This included conversations about academic work, past unpleasant events and unresolved issues.

“We have changed some interactions or different way we talk to her... we don't tell her many things the way we used to do... For example, about, mostly about the reading. Go for study and do that, we don't do that. She doesn't like the straight approach. Even if you ask her result, she doesn't like.” (Mother of Patient 5)

4.3. Subtheme 2.3: negative communication – minimisation of symptoms

Participants interpreted comments involving minimisation of their symptoms resulted in feelings of frustration and not being fully understood.

4.4. Subtheme 2.4: negative communication – negative interactions

Negative peer interactions in the form of ridicule of participants for having depression and made jokes that detracted from the gravity of their suffering

4.5. Subtheme 2.5: Expectations – Societal and academic pressures

The pressure to excel academically seemed to stem from the high expectations individuals had of themselves. Examinations and homework in particular, caused a significant amount of anxiety.

5. Theme 3: mental health support

5.1. Subtheme 3.1: enhancing internal resources

Three aspects of the therapy provided were viewed as helpful, namely, participants believed that it (1) raised their self-awareness, (2) increased insight into their thoughts and (3) enhanced their sense of self-worth and acceptance.

5.2. Subtheme 3.2: medication

Participants focussed mainly on the effect medications had in allowing them to feel better and how it seemed to resolve longstanding symptoms.

6. Discussion

Relationships as a theme factored highly in this study. Adolescents and parents valued the strengthening of the parent-adolescent relationship. In turn, parents felt that spending more time with their children helped their communication and understanding. Overall, young people valued having access to support from peers and parents that was accessible whilst not overly intrusive. This suggests that depression treatment programs can benefit from a focus on rebuilding the parent-adolescent relationship. A multi-dimensional approach involving schools, parents and peers has been suggested as part of treatment programme in South Korea in an effort to reduce rates of suicide (Kwak and Ickovics, 2019)

Communication and expectations were noted as the second major theme. In the initial period of depression, adolescents valued communication with peers that helped motivate and distracted them from their negative thoughts. They appreciated communication with peers that understood their difficulties and found statements that misunderstood,

or downplayed their depressive experiences as unhelpful. This confirms our understanding of the significant role that peers play in the social and emotional life of adolescents, and suggests key areas for school counsellors or therapists to target in their treatment plan. Additionally, parents can assist to mitigate the negative social effects by increasing their validation of the adolescent's emotional experiences, as well as making conscious decisions on helpful topics of conversation. In keeping with the wider local culture of prioritising academic achievement, it did not come as a surprise that adolescents' academic worries featured prominently as a barrier to depression recovery.

Mental health support was identified as a facilitator of recovery from depression. Adolescents acknowledged the skills acquired in therapy as useful by having increased self-awareness and insight into their mental health condition. A safe space to share feelings facilitated by empathic therapists were helpful too. Pharmacological treatment in the form of medication was also identified as an agent for providing relief from distressing symptoms and improving their mood. This finding highlights the continuous need to make mental health services accessible to adolescents and their families, similar to other medical conditions. Pharmacological treatment and psychotherapy has been widely accepted as evidenced based treatments for depression in adolescents. This study also reflects the benefits of as well as acceptability of these treatment approaches locally here.

Given that this is a qualitative study with a small sample size, these findings may not be generalizable to the wider adolescent population in Singapore. Nonetheless, these findings provide rich insights into an aspect of depression recovery that has never been explored in local studies.

1390 (article minus reference section)-37 (references in article)-107 (headings and titles) = 1246 words.

Financial disclosure

This study was not funded. The authors do not have any commercial associations or funding disclosures that might pose a conflict of interest in connection with this manuscript.

Declaration of Competing Interest

There is no conflict of interest disclosed by any of the study members

Acknowledgements

Mr Euclid Tan (ET) for helping in the interviewing, transcribing of interviews and qualitative analysis.

References

- Costello, E.J., Egger, H., Angold, A., 2005. 10-year research update review: the epidemiology of child and adolescent psychiatric disorders: I. Methods and public health burden. *J. Am. Acad. Child Adolesc. Psychiatry* 44, 972–986.
- Costello, E.J., Erkanli, A., Angold, A., 2006. Is there an epidemic of child or adolescent depression? *J. Child Psychol. Psychiatry* 47, 1263–1271.
- American Psychiatric Association, 2013. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, 5th ed. American Psychiatric Association, Arlington, VA.
- Fusch, P.I., Ness, L.R., 2015. Are we there yet? Data saturation in qualitative research. *Qual. Rep.* 20, 1408–1416.
- Kwak, C.W., Ickovics, J.R., 2019. Adolescent suicide in South Korea: risk factors and proposed multi-dimensional solution. *Asian J Psychiatry* 43, 150–153.
- McCarthy, J., Downes, E., Sherman, C., 2008. Looking back at Adolesc. Depression: a qualitative study. *J. Ment. Health Counselling* 30 (1), 49–66.
- Woo, B.S., Chang, W.C., Fung, D.S., Koh, J.B., Leong, J.S., Kee, C.H., Seah, C.K., 2004. Development and validation of a depression scale for Asian adolescents. *J. Adolesc.* 27 (December (6)), 677–689.
- Yatham, S., Sivathasan, S., Yoon, R., da Silva, T.L., Ravindran, A.V., 2018. Depression, anxiety, and post-traumatic stress disorder among youth in low and middle income countries: a review of prevalence and treatment interventions. *Asian J. Psychiatr.* 38, 78–91.

Sabrina Kai Lin Goo

*Lee Kong Chuan School of Medicine, Nanyang Technological University,
Singapore 639798*

E-mail address: sabrinagoo78@gmail.com.

Jemie Biwen Wang

*Institute of Mental Health, Buangkok Green Medical Park, 10 Buangkok
View, Singapore 539747*

E-mail address: jemie_bw_wang@imh.com.sg.

Jasmine Mei Luan Yeo

KK Women's and Children's Hospital, 100 Bukit Time Roah, Singapore,

229899

E-mail address: jasmine.yeo.ml@kkh.com.sg.

Say How Ong

*Institute of Mental Health, Buangkok Green Medical Park, 10 Buangkok
View, Singapore 539747*

E-mail address: ong.say.how@imh.com.sg.

Vicknesan Jeyan Marimuttu*

KK Women's and Children's Hospital, 100 Bukit Time Roah, Singapore,

229899

E-mail address: vicknesan.jeyan.marimuttu@singhealth.com.sg.

* Corresponding author.