The Impact of Depression on Native American Youth and Families

Shawn Singh Sidhu, MD
UCSD/Rady Children’s Hospital

June 17th, 2021

Introducing the Presenters
Shawn Singh Sidhu, M.D.

Shawn Singh Sidhu is an Associate Professor of Psychiatry at the University of California San Diego (UCSD) and Training Director for the UCSD Child and Adolescent Psychiatry Fellowship Training Program. He has worked with Native American and Refugee/Asylee populations over the past 7 years.

Disclosure Statement

• Faculty Disclosure Statement: As a jointly accredited provider of continuing education, the IHS Clinical Support Center must ensure balance, independence, objectivity, and scientific rigor in its educational activities. Course directors/coordinators, planning committee members, faculty, reviewers and all others who are in a position to control the content of this educational activity are required to disclose all relevant financial relationships with any commercial interest related to the subject matter of the educational activity. Safeguards against commercial bias have been put in place. Faculty will also disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. All those who are in a position to control the content of this educational activity have completed the disclosure process and have indicated that they do not have any relevant financial relationships or affiliations with any manufacturers or commercial products to disclose.

• There is no commercial interest support for this educational activity.

Disclaimer

The views expressed in this presentation are those of the speaker and do not necessarily represent the views, policies, and positions of the Indian Health Service (IHS), or the U.S. Department of Health and Human Services (HHS).

Personal Disclosures

• I am a Sikh American cis-gender male
• My father has Delusional Disorder
• One of my cousins has Schizophrenia
• Many of my family members have Substance Use Disorder, including meth
• I have sought out and received my own mental health care, as have the majority of my nuclear family members
• I have both knowingly and unknowingly contributed to bias and most “isms,” and will try to improve upon these areas of growth
Objectives
At the end of this presentation, participants will be able to:

1) Recognize and manage depression in AI/AN youth and families.
2) List three practical therapeutic interventions working with youth presenting clinically with depression.
3) Acquire new knowledge in understanding depression within a Native American cultural context.

QUESTION 1: Please Answer in Chat Box!

How do youth typically present to your office or practice with depression?

What symptoms do they have?

What do you notice about them?

Overview of Diagnosis
For child and adolescent populations, at least 1 week of depressed mood or loss of interest, with at least 5 of the following 9 criteria nearly every day, as measured by the PHQ-9 (for adults, at least 2 weeks is required):

- Depressed mood
- Decreased interest or pleasure (“anhedonia”)
- Appetite changes with or without weight loss/gain
- Sleep changes (insomnia/hypersomnia)
- Increased or decreased motoric activity observable by others
- Decreased energy or fatigue (activities of daily living)
- Worthlessness/Guilt
- Concentration difficulties
- Suicidal thoughts

Overview of Psychopharmacology

Stage 1: Diagnostic Assessment and Pharmacological Stabilization

Stage 2: Targeted Response or Monitoring

Stage 3: Partial Response or Nonresponse

Stage 4: Resistant Treatment Oubiance

- restarting medication
- switching medications
- adding adjunctive treatments
- increasing dosage
- adjusting dose
- tolerating side effects
- maintaining medications
- considering other treatments
- considering nonpharmacological approaches
QUESTION 2: Please Answer in Chat Box!

What is your favorite type of therapy to use for depression in tribal youth?

Are there specific techniques that are helpful?

Tell us about them!

Overview of Evidence-Based Psychotherapies for Depression in Youth

- Evidence for child treatment is notably weaker than for adolescent interventions
- Cognitive-Behavioral Therapy (CBT)
- Behavioral Activation (BA)
- Interpersonal Psychotherapy (IPT)
- Dialectical Behavior Therapy (DBT)
- Psychodynamic or Attachment-Based Psychotherapy
- Family Therapy and Parenting Strategies
- Play Therapy
- Acceptance and Commitment Therapy (ACT-D)
- Consider treatment of co-morbid conditions (trauma)
- Traditional Approaches

Interpersonal Therapy: Relationships

- Interpersonal crisis
  - Interpersonal disputes with mother and husband
  - Disagreements
  - Major depression

- Biological factors
  - History of depressive episode in mother and father
  - Physical health problems

- Social factors
  - Distant relationship with mother
  - Distant relationship with husband
  - Good social support at work, helps with depression

- Psychological factors
  - Insecure attachment style
  - Anger expressed in aggression
  - Unavoidable
Define yourself.