

Counseling in primary care clinics helps speed recovery for depressed teens

April 20 2016

Depressed teenagers who received cognitive behavioral therapy in their primary care clinic recovered faster, and were also more likely to recover, than teens who did not receive the primary care-based counseling, according to a Kaiser Permanente study published today in the journal *Pediatrics*.

Primary care providers, such as pediatricians, are often the first to identify depression in teens, but they have few tools to treat teens. Providers can prescribe antidepressants, and make referrals to [mental health](#) professionals, but teens often decline medications or stop taking them before they can have an effect. Teens may also be reluctant to follow up on referrals to mental health and it may take some time before they can get in for an appointment.

This study examined a 5 to 9-week program where counselors used traditional [cognitive behavioral therapy](#) techniques to help teens challenge unhelpful or depressive thinking, and replace those beliefs with more realistic, positive thoughts. The program also helped youth create a personalized plan to increase pleasant activities, especially social activities.

On average, teens in the program recovered 7 weeks faster (22.6 weeks vs. 30 weeks) than teens who didn't participate in the program. After six months, 70-percent of teens in the program had recovered, compared to 43 percent of teens not in the program.

"This study shows that youth who refuse antidepressants can still be successfully treated in [primary care](#) using cognitive behavioral therapy," said Greg Clarke, PhD, lead author and depression researcher at the Kaiser Permanente Center for Health Research in Portland, Ore. "We know from previous studies that when kids aren't depressed, they do better in school, are less likely to have sleep and substance abuse problems, and ultimately graduate high school more often," added Clarke.

This is the first study to look at the effectiveness of cognitive behavioral therapy in primary care for teenagers not taking antidepressants.

It took place from 2006 to 2012 in Kaiser Permanente primary care clinics in Washington and Oregon. Clarke and his colleagues enrolled 212 [teens](#), ages 12 to 18, who were diagnosed with major depression and either refused an antidepressant prescription or initially filled the prescription, but did not seek refills.

The teenagers were randomized to receive standard care plus cognitive behavioral therapy in primary care or standard care only, which could have included therapy from Kaiser Permanente's mental health department as well as outside therapy or school counseling.

Researchers followed the teenagers for two years and had them fill out surveys seven times during that period. By the end of the two-year study, 89 percent of teenagers who received primary care counseling had recovered, compared to 79 percent in the standard care group.

Recovery is defined as having no or minimal symptoms of depression for eight weeks or more. These symptoms include feelings of hopelessness, losing interest in friends and activities, changes in sleep and appetite patterns, trouble concentrating and feelings of worthlessness or excessive guilt.

Participants in both groups used about the same amount of health care services, except that significantly more teenagers in the standard care group were hospitalized for psychiatric care.

Provided by Kaiser Permanente

Citation: Counseling in primary care clinics helps speed recovery for depressed teens (2016, April 20) retrieved 30 April 2024 from <https://medicalxpress.com/news/2016-04-primary-clinics-recovery-depressed-teens.html>

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