

Depression in Adolescence

A systematic literature review.

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Abstract: Adolescence is a period characterized by ongoing brain development, making it more susceptible to the onset of depression. This life stage involves a heightened vulnerability to developing depressive symptoms. If not quickly addressed, an adolescent with depression will become an adult with depression because they go through different experiences that may challenge their mental health.

Aim: This study aims to provide more knowledge for nurses on the importance of other methods of reducing symptoms of depression in adolescence besides medication, as emerging school-based and community-based social interventions have over the years shown some promise in reducing symptoms of depression besides medication, but this is less known to many nurses.

Method: A qualitative systematic literature review was used in this study, and eight articles were intensely analysed using content analysis.

Result: Psychotherapy alone is an effective treatment in adolescents with depression with no contraindications, unlike pharmacotherapy; the finding of this study agrees with already existing literature and shows that the first-line treatment for mild adolescent depression is psychotherapy. A stepwise treatment approach is recommended, starting with psychosocial interventions, and then accompanied by medication if symptoms persist. Though psychotherapy and pharmacotherapy are recommended as a combined treatment of depression in general, it is also recommended that psychotherapy alone has been proven to be an effective treatment for mild cases. In contrast, psychotherapy in combination with pharmacotherapy for moderate to severe cases is recommended.

Language: English. Keywords:

Adolescent depression, alternative treatment, psychotherapy, medication, nursing education.

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1 Introduction

According to the World Health Organization, depression is a common mental illness characterized by spells of depressive mood or a loss of pleasure or interest in daily activities that were once pleasurable; it is a psychological condition that leaves its victims feeling sad about their general well-being and lifestyle (WHO 2023). The American Psychiatric Association also gave a similar description of depression; Depression is characterized by the experience of persistent feelings of sadness as well as a diminished capacity to derive pleasure from previously enjoyable activities (American Psychiatric Association, 2023). Most times, experiences of chronic stress can give rise to a range of emotional and physical complications, thereby impairing one's capacity to perform well in both professional and personal areas in life, leading to depression (American Psychiatric Association, 2023)

Depressive feelings and disorders frequently have a significant impact on one's quality of life and are linked to substantial morbidity and mortality (Cuijpers et al., 2020, p. 925). Despite the availability of safe and effective therapies for these types of ailments, research has shown that many, if not the majority, of those who suffer from them do not receive proper care, attention, and treatment. (Cuijpers et al., 2020, p. 925).

Finding individuals who have not sought treatment or been officially diagnosed with a depressive disorder presents a problem for public health in the future. In Some cases, depression may not be as severe of a chronic illness, and the quality of life and relationships with family members of some depressed people may improve if mental health professionals, caregivers, and healthcare practitioners, in general, can identify the early symptoms and assist individuals in seeking the proper treatment and resources. According to the World Health Organization, depression affects all ages, social classes, and genders at some point in their lives. Children, adolescents, and adults can all experience many of the same symptoms of depression. (WHO 2023). Also, those who have experienced abuse, significant losses, or other stressful life events are more vulnerable (WHO 2023). Depression affects women more frequently than men; in fact, women experience depression around 50% more often than men do (WHO 2023).

Depression is one of the most frequent mental diseases in adolescents around the world, posing a significant burden on both individuals and society (WHO, 2023). According to Schlack et al. (2021), Children's and adolescents' development is impacted by mental health issues, which can persist into adulthood. (Schlack et al., 2021, p. 3). Childhood or adolescence is the starting point for more than half of all adult mental problems. However, mental health issues can arise later in life for people other than just children with documented mental disorders. (Schlack et al., 2021, p. 3). It is important to know that not every child and adolescent experiencing depressive symptoms entirely fits the diagnostic criteria for a mental illness. (Schlack et al., 2021, p1). Adolescents experiencing severe depressive illness may face a range of consequences, including academic failure, challenges in forming positive peer relationships, behavioral difficulties, conflicts with parents, and engagement in substance misuse (Schlack et al., 2021, p1)

Children and adolescents are more likely to suffer from depression if there is a family history of depression, if they are exposed to social stressors (such as bullying, discordant relationships, or stressful life events), if they belong to specific subgroups (such as having a chronic physical health problem or being a sexual minority), or if there is conflict within the family (Thapar et al., 2022). Adolescents' depression rates have increased significantly over the past ten years, especially for girls. This is alarming, because adolescence is a time of significant life transitions and fast social, emotional, and cognitive development.

This study aims to provide more knowledge for nurses on the importance of other methods of reducing symptoms of depression in adolescence besides medication, as emerging school-based and community-based social interventions have over the years shown some promise in reducing symptoms of depression besides medication, but this is less known to many nurses (Thapar et al., 2022).

2 Background

Depression is a prevalent and persistent medical condition that can influence an individual's cognitive state, emotional state, and overall physical well-being. It is characterized by persistent sadness, diminished energy levels, feelings of sorrow, sleep disturbances, and an inability to experience pleasure in daily activities that were once pleasurable (Cui, 2015).

According to Schlack et al. (2021), Previous studies have shown that internalizing and externalizing problems in childhood and adolescence can significantly impact an individual's adult life, influencing their quality of life, mental well-being, and academic performance. For example, individuals who faced internalizing issues during their childhood or adolescence are more likely to display symptoms of anxiety or depression and have a diminished quality of life concerning their mental health and general health in adulthood. Changes in a child's brain chemistry, exposure to bullying at school, or the loss of a parent are potential factors contributing to sadness in adolescents as they grow older.

2.1 Depression in Adolescence

Adolescence refers to the transitional period spanning from puberty to reaching maturity, often including the ages of 10 to 19 (WHO 2023). Adolescence represents a distinct phase in human development, characterized by its singular attributes and significant implications for establishing a solid basis for optimal well-being (WHO 2023). According to Setiadi et al. (2021), Adolescence is a period characterized by ongoing brain development, making it more susceptible to the onset of depression. This life stage involves a severe vulnerability to developing mental illness especially depression (Setiadi et al., 2021). Adolescent depression is associated with adverse long-term functional and psychiatric outcomes, including impairment in school, work, interpersonal relationships, and substance abuse. Like depression in adults, depression in adolescents often exhibits a persistent and recurrent nature. According to Thapar et al., 2012, because depression in adolescents is strongly associated with recurrent episodes later in life, it may be considered a prelude to the adult form of the condition. Most mental illnesses start in childhood or adolescence, 50% of adult mental health problems begin by the age of 14, and 75% of all adult mental health disorders begin by the age of 24. Furthermore, information about the onset of cognitive problems indicates that the disorder's early symptoms may manifest a few years before all diagnostic requirements are met. (Gladstone et al., p.2)

Trucco E.M. (2020) highlights the adverse long-term functional and mental outcomes associated with adolescent depression, such as challenges with substance misuse, interpersonal relationships, in their professional life, and academic achievement. Of note is the association between adolescents' depression and suicide. Depression has emerged as a

significant contributing factor to suicide among adolescents, ranking as the second to the third leading cause of death in adolescent (Thaper et al., 2012). The correlation between depression during adolescence and the manifestation of suicidal tendencies is a noteworthy aspect, as Adolescent suicide ranks as the third most prevalent cause of mortality. For one year, a study revealed that 13.8% of adolescents residing in the United States considered taking their lives. Additionally, 10.9% of them had formulated specific plans related to suicide, while 6.3% reported having made an actual attempt to take their own lives (Gladstone et al., 2011, p.2).

Depression stands among the top 10 contributors to illness and disability in adolescents. It serves as an initial indication of mental disorders, and when not addressed properly, it can escalate into more severe mental health conditions in the future (WHO, 2023). Moreover, it poses a substantial risk to both physical and psychological health, with potential long-term implications for individuals' overall well-being (Setiadi et al., 2021). This can negatively impact individuals' emotions, cognitive processes, decision-making abilities, and social interactions with their environment. Although adolescence is commonly perceived as a period of good health, it is essential to acknowledge a notable prevalence of mortality, morbidity, and physical harm during this developmental time (WHO, 2023). Adolescents undergo a period of accelerated physical, cognitive, and emotional development; during this developmental stage, adolescents engage in the establishment of behavioral patterns, such as, physical activity levels, substance consumption, and sexual behavior (WHO, 2023), these patterns can either serve as protective measures for their health and the well-being of those in their social circle or conversely, pose risks to their present and future health significantly.

According to a report from the World Health Organization 2019, it is estimated that depression ranks as the predominant mental health ailment, impacting 10 to 20 percent of children and adolescents on a global scale. Sadly, most of these cases go undiagnosed and untreated. A portion of these occurrences can be avoided or effectively managed. Half of all mental health illnesses start to manifest at the age of 14 (WHO, 2019). However, not many measures have been put in place to offer physical and mental health services to meet the increasing demand (WHO, 2020). Also, The World Health Organization 2023 estimates that among those aged 10 to 19, mental illnesses with depressive symptoms account for 16% of the worldwide burden of disease and injury by 2023. Furthermore, based on point estimates,

the prevalence of depression disorders was found to be 1.1% for people ages 10 to 14 and 2.8% for those ages 15 to 19. Islam M.S et al. also made us understand that adolescence (ages 10 to 19) is a transitional period from childhood to adulthood. Various physical, emotional, and social changes, such as poverty, abuse, or violence, can predispose adolescents to mental health disorders which can manifest in adulthood (Islam et al., 2021, p. 2). During this stage, they are at higher risk of experiencing mental problems. This is because, during adolescence, individuals confront different events and experiences that may influence their sense of self and attitude toward others. When adolescents and young people are exposed to unpleasant events, they develop low moods, loss of interest, decision-making problems, and sometimes depression (Islam et al., 2021, p. 2). Adolescents may be unable to express their feelings verbally, so it is essential to observe their behavior. They may express their feelings through physical somatic complaints such as headaches, stomach upsets, and anxiety. Therefore, they may not want to attend school, become irritable, and experience behavioral problems. (Birmaher et al., 1996)

Jellineck and Snyder (1998) have also found that adolescents may display a variety of symptoms, which include delayed developmental milestones, failure to thrive, becoming apathetic, and withdrawal from care providers. Thus, parents, schoolteachers, health professionals, and school nurses must be observant when dealing with adolescents. Depression is an important topic of mental health for adolescents and young people. If depression is not cured, an adolescent with depression will become an adult with depression because they go through different experiences that may challenge their mental health. As a result, it may cause hopelessness and the development of self-critical thoughts (Naveeda & Aftab, 2021, p. 2). According to data from the World Health Organization, between 10 and 20 percent of adolescents suffer from untreated or underdiagnosed mental health issues. Depression is predicted to be the primary source of illness burden worldwide by 2030. Research indicates that experiencing mental health issues in youth increases the likelihood of developing more psychiatric matters in later life. Adolescents and young adults' mental health should therefore be prioritized in terms of public health. (Gómez-Restrepo et al., p.2).

Culture must also be considered when considering depression in adolescence, as the expression of symptoms may vary within different cultures. This is important, as Manson (1995) stated, that the diagnosis of depression is based upon the everyday experiences of

people in other cultures. This view is supported by Choi (2002), who suggests that both culture and ethnicity influence the epidemiology of adolescent depression. Since social conditions influence culture, professionals must be careful not to misinterpret behaviors in children from different cultures. This could have a devastating effect on adolescent and young people, resulting in inappropriate diagnosis and treatment of childhood depression and a lasting impact on adolescence and adulthood.

According to research by Filatova, Upadhyaya, Kronström, Suominen, Chudal, Luntamo, Sourander, and Gyllenberg (2019), Finland's youth born between 1994-2000 are those most often diagnosed with depression, and there has been an increase compared to those born between 1989-1993. In Finland, more young people than ever before receive specialized depression diagnoses. Specialized mental health services face a challenge because of the sharp rise in the number of children and adolescents receiving diagnoses for depression. These services must offer evidence-based therapy to an expanding patient population. (Filatova et al., 2019)

2.2 Types of depression

There are two common forms of depression, according to the National Institute of Mental Health these are major depression and persistent depressive disorder.

Major depression

Major depression is characterized by symptoms that persist for at least two weeks and have a considerable impact on one's ability to function in areas such as sleep, work, education, and eating habits. (National Institute of Mental 2024)

Persistent depressive disorder.

This is also known as dysthymia. It is characterized by moderate depression symptoms that last for a long time, typically not less than two years. (National Institute of Mental 2024)

Depression with psychotic symptoms

This is a severe depression characterized by the presence of psychotic symptoms. These include delusions, which are disturbing and false fixed beliefs or hallucinations where individuals perceive things that others cannot see or hear (National Institute of Mental 2024).

Perinatal depression

This condition, commonly referred to as postpartum depression, typically arises when a woman encounters significant depressive symptoms either during pregnancy or following childbirth (National Institute of Mental 2024)

Seasonal affective disorder

In seasonal affective disorder, depressive symptoms usually come and go with season. It usually starts in late fall and early winter; this pattern tends to alleviate as spring and summer approaches (National Institute of Mental 2024).

2.3 Clinical depression

Depressive symptoms could range from relatively moderate, temporary episodes of low mood to extreme, severe, and persistent symptoms or usually, it is usually classified as mild, moderate, or severe. Clinical depression is the term used when a person's symptoms have progressed to the severe end of that scale, and there is a serious need for medical attention. (DSM 2023, Diagnostic and Statistical Manual). Most people think of depression as nothing more than a psychological response to sadness, but it is much more than that. Most individuals go through phases of sadness throughout their lives, which eventually go away. Instead of lasting a week or less, the sense of sorrow for those who are depressed lasts far longer. Additionally, physical, and psychological signs of depression are often present (Torres, 2020). People who undergo long or challenging spells of depression may develop psychotic symptoms of depression. People who have psychotic episodes frequently also have a general diagnosis of psychosis, which is characterized by a delusion about reality or the

appearance of something false. Some individuals develop a specific kind of depression known as seasonal affective disorder throughout the dark and cold seasons of the year.

2.4 Diagnosis of Depression

According to the National Institute of Mental Health, to receive a diagnosis of depression, the person should have experienced five depressive symptoms consistently every day for at least two weeks. One of these symptoms must include a persistent sadness or loss of interest or pleasure in nearly all activities. For Adolescents, they might express irritability rather than sorrow (National Institute of Mental Health 2021). Before the symptoms get worse and more destructive to a person's health and well-being, someone experiencing depression needs to seek support and assistance. If depression does not improve but worsens, or if it affects your ability to perform your daily activities, it is highly advisable to get assistance. According to Isometsä (2021), self-mutilation or suicidal thoughts must, however, be quickly addressed to avoid serious consequences. Along with assessing a patient's general health and condition to determine whether they have depression, a doctor may perform several additional tests to rule out any other potential causes for experiencing symptoms.

To determine whether a patient is depressed and, if so, to what degree, a doctor would mostly ask about the patient's general mood and general health. Most times, a patient would be required to fill out a questionnaire-like form. (such as Beck's Depression Inventory, Isometsä, 2021). After a patient is diagnosed with clinical depression, it's important to determine if they have any triggers that could initiate or worsen their depressive symptoms. The best course of action should be taken to avoid triggers as much as possible after they have been identified, if there are any. Potential factors include general sleep deprivation, stress, and drug or alcohol usage. A person's attitude, lifestyle, and habits may determine which triggers are more accessible to ignore than others. (MIELI Mental Health)

Realizing that every person responds differently to such news emphasizes how unique each person's experience is. While some people may find comfort in knowing the exact disorder they are dealing with and view it as a step in the right direction, others may experience feelings of perplexity, despair, or anger in response. They might believe that they are

inherently defective and incapable of getting better. It's also typical for people to simultaneously feel more than one of these feelings (MIELI Mental Health Finland, 2020).

2.5 Symptoms and Risk Factors of Adolescence Depression

Depressive symptoms persist longer in those who are depressed, while it may be a temporary feeling for others, and many people may experience them without being depressed. Furthermore, since each person's symptoms are distinct, they may vary significantly. To be diagnosed with depression, an individual's symptoms must continue for a long time (National Institute of Mental Health, 2018). Anhedonia, prolonged depressive episodes, restless nights, or hypersomnia are among the symptoms that many people with depression have. Other common symptoms include suicidal thoughts, problems with memory or attention, and unexplained physical problems with the body, such as headaches or back pain. (Torres, 2020). Symptoms exhibited by adolescents may vary compared to those in adults and may also undergo changes as an individual progresses to become more mature.

According to the Diagnostic and Statistical Manual of Mental Disorders, one of these symptoms must be obvious, most importantly, a persistent lack of interest or pleasure in previously enjoyed activities or a persistently depressed or agitated mood. Both are common among adolescents who are very depressed. A depressed adolescent, for instance, might be depressed most of the time, act grumpy, stop hanging out with friends, and seem to lose interest in most social activities. They might also exhibit physical discomfort, show signs of worry or anxiety about being alone, act irritable or restless, withdraw from social interactions, change how they eat or sleep, or exhibit other symptoms that are indicative of depression. These behaviors may arise due to their challenges in effectively articulating complex emotions through verbal communication. Irritability, social isolation, and withdrawal from social interactions are commonly observed symptoms across various age groups of adolescents diagnosed with depression. According to Lenz et al. (2009), researchers have noted that adolescents experiencing depression tend to display heightened reactivity, irritability, and sensitivity to criticism, whereas adults tend to manifest their grief.

Risk factors may be linked to a variety of unhealthy issues. Suppose a close family member, such as a parent, has also suffered from depression since depression, in some instances, may

be hereditary. In that case, this is a significant factor that affects a person's probability of suffering depression as well as other mental health illnesses (Legg, 2017).

The neurotransmitter makeup of a person's brain is another factor that may be regarded as a potential cause of clinical depression. A person's chance of having depression will rise if their body produces dopamine, norepinephrine, and serotonin abnormally (Harvard Health Publishing, 2019). Dopamine is a neurochemical that may increase the risk of developing depression since low levels may reduce one's desire to engage in activities and alter one's ability to distinguish between what is real and unreal in the visual and auditory (Harvard Health Publishing, 2019)

It has been shown that an imbalance in the brain chemical serotonin and low norepinephrine may also influence a person's capacity for sleep, lessen a person's desire for eating, and lower a person's capacity to bear physical agony. Lower serotonin levels have been linked to a higher risk of suicidal thoughts and attempts (Harvard Health Publishing, 2019). Nature, as in the person's upbringing and rearing environment, might also have an impact on whether they would experience depression. A person's mental health may suffer if they have experienced traumatic or abusive events, either physically or emotionally, and they may be more likely to develop depression in the future. This is in addition to the possibility of a wide range of other mental illnesses developing. The dispute over whether nature or nurture is more important in the emergence of depression may also be applied to clinical depression (Torres, 2020). A person with comorbid conditions, some of which may be chronic illnesses, may also be more likely to have clinical depression. The comorbidities may vary, but they'll still have an impact on a person's quality of life, which increases the likelihood that they will experience depression. Numerous illnesses may affect a person's ability to function, but multiple sclerosis, dementia, Alzheimer's, and all cancers are more often linked to depression. (Legg, 2017).

2.6 Available treatment for adolescent depression

According to the National Institute of Mental Health, Treatment for depression typically involves a combination of medication, psychotherapy, or both. Brain stimulation therapy may be considered if initial treatments fail to alleviate symptoms. In cases of mild

depression, psychotherapy is recommended as an effective first line of treatment, with medication added if symptoms persist. For moderate or severe depression, mental health professionals often recommend a combination of medication and therapy from the outset. Choosing the most suitable treatment plan should be based on an individual's specific needs and medical condition, guided by a healthcare provider. Finding the proper treatment may involve some trial and error (National Institute of Mental Health 2021).

2.7 Pharmacological treatment for adolescent depression

It is recommended and beneficial for individuals suffering from more severe symptoms of depression to have treatments in the form of pharmacotherapy with antidepressant drugs combined. Antidepressant drugs include a range of pharmacological agents, including selective serotonin reuptake inhibitors (SSRIs) such as escitalopram, as well as tricyclic antidepressants (TCAs) like amitriptyline. Duloxetine is also a commonly prescribed antidepressant medication. It is important to know of potential adverse effects and promptly notify your healthcare provider if you are experiencing any. According to Rytsälä (2022), While the utilization of medication may be considered a beneficial therapeutic approach for addressing depression, it is necessary to evaluate and explore alternative approaches as well. This is of utmost importance as they may assist in identifying the underlying reasons for depression and offer strategies for managing future occurrences of similar circumstances (Unützer et al., 2012, p3)

2.8 Nonpharmacological treatment for adolescent Depression

Psychosocial methods or Psychotherapy give professionals in social and health care the competence to supervise and care for clients effectively and stay close to the client's everyday life in their school or at their health center; good examples are cognitive behavioral therapy (CBT), Interpersonal therapy, and Repetitive transcranial magnetic stimulation (RTMS)

2.8.1 Nonpharmacological treatment in Finland

In Finland, Ostrobothnia has started to use the IPT-N and the IPC methods to promote young people's psychosocial well-being. For instance, training in the Cool Kids method began in the spring of 2022. Method training for adults has started in late 2022 and early 2023. The goal is to give the population access to the Therapy Navigator, assisted self-care, and First Line short-term therapy (Mielenterveystalo, 2023). The vision is to develop new care and service chains and thus offer the clients the support they need in the best possible way smoothly and on time. (Mielenterveystalo 2023). The therapy navigator is an easy-to-use electronic tool used to assess the client's care needs, reduces the time spent on care assessment and related mechanical tasks, identifies clients who can be referred to low-threshold psychosocial care, and identifies clients who need more accurate care assessment and more intensive care (Mielenterveystalo, 2023).

The assisted self-care form of care is based on the service Mielenterveystalo—Fi's self-care program, which is based on cognitive psychotherapy. There are over 30 self-care programs in the service. Assisted self-care consists of 1–3 visits, i.e., an introductory visit, a supervision visit, and a final visit, which, according to the recommendation, should be carried out over approximately 2–4 weeks, either as remote visits or as physical visits. Since treatment is given at an early stage, it does not have to be as extensive and long-lasting as treatments that are started later (Mielenterveystalo, 2023)

The first-line short-term therapy is cognitive behavioral therapy, offered 5–10 times. It is based on cognitive psychotherapy and contains care models for the most common mental problems. First-line short-term therapy is considered an appropriate treatment for moderate mental disorders and, under certain conditions, also for severe mental disorders.

IPT-N is a modeled method where understanding the connection between emotions and human interaction is essential. The goal is relief of symptoms and improvement of social skills and problem-solving ability, as well as progress in accordance with the developmental tasks of adolescence. There are 12–16 weekly visits. In the initial phase, the young person's symptoms, burdensome and functional aspects of close relationships and changes are mapped, and problem areas and therapy goals are jointly defined. A maximum of two

problem areas that have the strongest effect on the symptoms are selected to be worked on in therapy. (Mielenterveystalo, 2023).

IPC (Interpersonal counselling) is a program based on interpersonal psychotherapy (IPT-N) developed for the prevention and treatment of depression. IT is an interpersonal intervention for the treatment and prevention of depressive symptoms in young people aged 13–18 years. IPC focuses on human relationships and how they affect mood. The goal is to solve or facilitate the young person's challenges regarding human relationships (Mielenterveystalo, 2023). The intervention includes three to six meetings with an IPC worker. IPC guidance can be provided by a professional trained in the method, for example, a member of the school's pupil care team. The method training consists of theory and a year-long work tutorial on the technique (Mielenterveystalo, 2023). During the visiting period, the young person is offered support for depression, the young person is helped to identify their strengths and the factors that triggered the depression, and to solve the factors that burden relationships. The interpersonal map and intermediate tasks are used in the work, and the solving skills of the central interpersonal problem are learned. The guidance period includes one assessment visit and six visits.

Depression is a mental health illness that is highly individualized and has characteristics that vary from person to person. These qualities include the illness's origin, symptoms, causes, and available treatment choices. Individuals diagnosed with depression are at an increased risk of experiencing depressive episodes, which can vary in intensity from intense to mild. To reduce the intensity of symptoms, it is advised that individuals with mild depression participate in physical exercise as a form of treatment. Participating in social activities with others is also recommended since it can help people cope with their loneliness and enhance their well-being by offering companionship. Those who are merely somewhat depressed might also seek out social support networks by finding close friends or family members. This is an additional guideline for those who are only mildly sad (Isometsä, 2021).

According to Isometsä 2021, cognitive-behavioral therapy (CBT) is a practical therapeutic approach to resolving the fundamental problems associated with depression. Keeping up with frequent sessions with a trained psychotherapist with whom the patient has established a relationship of safety, trust, and understanding (Isometsä, 2021). For some people, therapy

with friends can be more effective than going alone. They can then obtain encouragement from others while also sharing their experiences. The ability to aid, support, and offer understanding to others going through a similar circumstance can make people feel they have received assistance for their difficulties (Isometsä, 2021). Besides CTB, Interpersonal Therapy/IPT and Transcranial magnetic stimulation (TMS) are also other effective psychosocial treatments for depression.

The components of psychotherapy include Interpersonal therapy (IPT) and cognitive behavioral therapy (CBT). CBT is a brief psychotherapy that relies on the interaction between thoughts, feelings, and behaviors (Beirão et al., 2020). It targets mental damages related to a depressive mood (Beirão et al., 2020). Cognitive behavioral therapy (CBT) typically includes behavioral activation techniques and strategies to solve issues, break negative thought patterns, control emotions, strengthen coping mechanisms, peer relationships, and communication skills. (Clark et al., 2014). Interpersonal therapy, on the other hand, typically focuses on developing interpersonal relationships, adjusting to changes in relationships, and changing personal responsibilities. (Clark et al., 2014). IPT is only valid when a relationship factor is well-established as a cause of depression. Interpersonal therapy is less effective than CBT in treating adolescent depression. (Beirão et al., 2020). Behavioral activation, challenging thoughts, and caregivers' involvement have shown a higher success rate as a psychotherapy approach, among other approaches (Beirão et al., 2020). Zhou and colleagues, in a systematic review, recommended antidepressant medication and psychotherapy as a treatment for adolescents with treatment-resistant depression (Zhou et al., 2014).

2.8.2 Cognitive behavioral therapy (CBT)

Cognitive behavioral therapy (CBT) is to identify an individual's distorted cognitive behavior or to identify the causes of depressive symptoms and then act to assist the individual in developing new ways of thinking. Besides that, cognitive behavioral therapy is intended to teach problem-solving methods and stimulate activities related to a positive mood experienced by the individual (Hamrin & Pachler, 2005). De Cuyper et al. (2004) found that the most promising results of CBT's impact on depression treatment were related to younger people, especially adolescents. Research indicates that cognitive behavioral therapy (CBT)

alone may be a practical approach for treating mild to moderate depression (Gledhill & Hodes, 2015) despite its lack of recognition as an effective treatment for severe cases of depression. Furthermore, actively including caregiver(s) in the treatment process and using contingency management may enhance results. According to Oud et al., Since children and adolescents are more likely to adhere to sessions when healthcare practitioners are present, carer engagement may result in more consistent interactions with their therapist. (Oud et al., 2019).

2.8.3 Interpersonal Therapy (IPT)

Interpersonal therapy is used when a patient has persistently shown symptoms of depression that are particularly tied to their connections with other people in their lives. Interpersonal therapy aims to facilitate the development of skills linked to the interaction of individuals and the regulation of one's emotions within the context of personal relationships. This can cover topics such as the grieving process and interpersonal conflicts. Gledhill and Hodes (2015) suggest that the application of Interpersonal Psychotherapy (IPT) may be particularly relevant for adolescents due to the enormous influence that adolescents' interpersonal interactions with influential individuals have on their depression, treatment response, and treatment outcome. Moreover, scholarly research has indicated that adolescents who participated in Interpersonal Psychotherapy (IPT) experienced positive outcomes such as enhanced self-esteem and communication abilities, as well as a reduction in symptoms of depression (Hamrin & Pachler, 2005). Interpersonal psychotherapy for adults, which focuses on interpersonal issues like bereavement, interpersonal role conflicts, role transitions, and interpersonal deficits, is the primary source from which Interpersonal Psychotherapy for Adolescents with Depression (IPT-A) evolved (Gledhill & Hodes, 2015). According to Oberste et al., adolescents with depression can benefit from moderate-intensity physical activity, But the authenticity of the evidence (or methodological evidence of the included studies) was low. Consequently, additional research with better methodological standards was advised to validate the study's conclusions. (Oberste et al., 2020).

2.8.4 Repetitive transcranial magnetic stimulation (RTMS)

Repetitive transcranial magnetic stimulation (RTMS) is a new non-invasive technology that has emerged as a potential treatment for a variety of mental and neurological illnesses. Despite the lack of a clear understanding of its precise mechanism of action, current research suggests that it can induce long-term inhibition and stimulation of neurons in some brain areas (Chail et al., 2018, p.1). There is no documented evidence of significant adverse effects of repetitive transcranial magnetic stimulation (RTMS). However, caution is advised when considering its application in individuals with magnetic implants or those who have recently experienced adverse neurology or cardiac events, as its usage may be limited in such cases (Chail et al., 2018, p.1)

2.9 Prevention of adolescent depression

Given that adolescence is a developmental phase characterized by the potential emergence of depression, healthcare professionals need to implement preventive measures aimed at identifying and assisting adolescents experiencing symptoms of depression. According to Zonca (2021), Adolescence is widely recognized as a critical period for brain development due to substantial alterations in brain structure and connection and accompanying changes in cognition and conduct. Moreover, it is widely recognized that adolescence represents a critical period during which brain development is particularly susceptible to many influences; this is why it is essential that detecting early symptoms and risk factors of adolescents who are at risk of developing depression could serve as a significant milestone in the implementation of preventative methods. Such identification would enable proactive intervention before manifesting evident adolescent symptoms.

According to Gladstone et al., 2011 Understanding both individual and general risk factors and protective factors is an essential first step in the identification and preventative processes. An important initial prevention phase involves understanding specific and non-specific risk and protective factors. Effective preventive strategies capitalize on reducing risk factors and strengthening protective factors. Having a thorough understanding of the risk and protective factors for depression enables one to select the methods of prevention to employ carefully. When it comes to preventing a particular ailment, practical preventative

efforts are most helpful when they focus on simultaneously lowering the risk factors and increasing the protective variables associated with the condition (Gladstone et al., 2021)

In recent years, researchers have developed prediction models to accurately assess the risk of depression and its onset, considering various risk factors associated with the condition. These models aim to provide a reliable tool for predicting the likelihood of developing depression on a larger scale. The implementation of a precise risk prediction model has the potential to facilitate the early identification of adolescents at risk of depression within primary care settings. This, in turn, would allow healthcare providers to promptly refer these individuals to the appropriate level of interventions, thereby maximizing the potential benefits derived from such interventions. The objective of this score was to estimate the likelihood of depression development in adolescents who had not previously been diagnosed with depression (Zonca, 2021). The findings of this study strongly indicate that the proposed prediction model holds significant potential for facilitating the timely detection of susceptible adolescents at risk of depression. Identification of adolescents at risk of developing depression makes it easy to combat depression in adolescence as early as possible (Zonca, 2021, p.2)

Three major preventive factors have been put in place to help detect early signs and symptoms of depression; they can be put into three groups: universal, selective, and indicated. Regardless of the risk, universal preventive measures are aimed at the whole community or the public. A universal prevention program might be a class that all students in the community go through to learn about the dangers of drug abuse (Gladstone et al., 2011, p.3). Selective prevention programs focus on a small group of people who are more likely to have a problem, like kids whose parents are depressed. An example of the indicated preventative program is the implementation of a curriculum designed to educate adolescents exhibiting subclinical depressed symptoms on measures for preventing depression (Gladstone et al., 2011, p. 4). See Appendix One.

Generally, Programs that use a family-based preventative approach and interpersonal and cognitive behavioral approach are the most beneficial. A paradigm change is necessary for prevention from traditional disease models, which treat symptoms as they appear, to one that

prioritizes mental health and maximizes protective factors while lowering risk factors for mental illness.

Effective prevention methods take a developmental approach, strategically applying interventions at or before the age when the problem is most prevalent. Research has shown that there are essential moments in childhood and adolescence when intervention can have a significant impact, for instance, in depression, where symptoms often appear three to four years before the average age of diagnosis, which is about fifteen. As a result, successful depression prevention programs focus on the developmental phase between ages 11 and 15, capitalizing on the existence of symptoms while seeking to prevent the beginning of the entire condition. (Gladstone et al., p2).

3 Aim

This study aims to provide more knowledge and understanding for nurses about alternative means to reduce symptoms of depression in adolescents besides medication.

3.1 Research Question

What are the alternative ways of reducing symptoms of depression in adolescents besides medication?

4 Theoretical Framework

Theoretical frameworks play an important role in shaping the nature of questions to be asked, influencing the method employed for data collection and analysis, and providing a foundation for the interpretation and discussion of study findings (Luft et al., 2022. P.5) Luft et al., 2020 argues that a theoretical framework's choice should be justified by its ability to offer logical connections between the study's components and to add new insight into the phenomenon being investigated. This will offer the reader an explicit knowledge of the basis for the conducted research. This chapter aims to explain the nursing theory used to acquire

a more thorough understanding of the problem and how it links to the study's primary goal of determining the best approaches to care for adolescents with clinical depression.

4.1 Modeling and Role-modeling Theory

The modeling and role-modeling theory was created through a reproductive process, drawing on H. Erickson's clinical and personal experiences by Erickson, Swin, and Tomlin (1983). The initial model was developed through inductive reasoning, containing works from Maslow, Erikson, Piaget, Engel, Selye, and Erickson. Their works were then integrated and synthesized to establish a comprehensive and refined theory and paradigm for nursing.

According to H. Erickson, people have intertwined mind-body interactions and identifiable resource potential, which affects their ability to deal with stress and handle its subsequent effects. Erickson identified a link between the state of needs and processes of development, as well as between health and need accomplishment, experiences of disease and loss, and satisfaction with wants and object attachment. The object relation theory by Winnicott, Klein, Mahler, and Bowlby are a way of attachment between a patient and their carer following consistent positive interaction and attachment due to need fulfilment (Alligood, 2018, p.401). For example, as child ages and begins to move into a more distinct and independent state; in these situations, they usually cling to an inanimate object, such as a teddy bear or a cosy blanket. A child may eventually become attached to a favorite baseball glove, toy, or pet. As they age further and move towards individuated state, they may become attached to more abstract objects like an educational degree or a relationship. Drawing from this work, Erickson established a theoretical connection between needs fulfilment and object attachment, arguing that attachment or connectivity to an item arises when it consistently satisfies a person's fundamental needs. This could be related to a career and their client where the frequent need for help and care could eventually result in attachment to help image, understand, and help create the best care plan for the client, as every individual might require a unique care plan and treatment.

In nursing, modeling means the nurse creating an understanding and representation of the client's experiences based on the client's perspective and framework (Alligood, 2018). Creating a thoughtful representation of the circumstance from the client's point of view is

the essence of modeling. The skill of a nurse role model is to plan and carry out treatments that are unique to each client. Planning interventions based on the nurse's theoretical foundation involves the science of role modeling (Alligood, 2018). Nurturance begins with role modeling. It calls for embracing the individual for who they are and gently assisting and supporting their growth and development within their model and at their speed. This idea of modeling and role-modeling theory was introduced to H. Erickson by first advising him to model the client's world, comprehend it as they do, and then role-model the picture the client has created, creating a healthy reality for them. According to Erickson, all people have an inherent need to relate significantly with others. At the same time, there is a sense of separateness and individuation from them to form and maintain a trustful relationship. This connection assists the nurse in developing a picture and comprehension of the client's reality, which is formed inside the client's framework and perspective. The art of modeling involves creating a mirror image of the problem from the client's perspective and then planning and implementing unique actions. This approach entails nurturing and unconditional acceptance of the individual as they are while gently supporting and promoting growth and development at the person's speed and within their model.

4.2 Application of the theory

The theory helps to form and maintain a trustful and healthy relationship between a client and the nurse, encouraging individual worthiness and showing them the right direction. Additionally, it encourages client autonomy, acknowledges, and enhances the client's strengths, and establishes mutual health-related objectives. A mutual relationship is developed between the nurse and the client through object attachment and needs satisfaction, nurturance, and unconditional acceptance. This connection helps the nurse create an image and understand the client's world, allowing the nurse to understand the clients from their perspective. It also facilitates unconditional acceptance from a nurse with no strings attached (Alligood, 2018, p.402). They accept clients unconditionally as unique, meaningful, and worthwhile beings. With empathy, to help the client see that they are being valued and respected regardless of their situation. The art of modeling is the development of a mirror image of the situation from the client's perspective, then goes further to plan and implement unique interventions for the client (Alligood, 2018, p.402).

5 Methodology

This qualitative methodology aims to identify possible answers to the research question by comprehensively examining relevant scholarly works. Polit and Beck (2010) emphasize that the qualitative research method is characterized by an emergent design in which researchers reflect on past studies through analysis and come up with new findings based on the same notion. According to Bryman (2012), the significance of secondary data as a viable alternative in the research data-gathering process has proved to be a valuable approach to finding suitable data for a study. The use of this approach within a study facilitates the identification of previous studies conducted on the subject matter, enhances comprehension of the topic, emphasizes the need for further investigation (Tenny S. et al., 2022)

Qualitative researchers in the healthcare sector use a person-centered, holistic viewpoint. Doing so contributes to the knowledge of human experiences, which is important for healthcare practitioners who prioritize involvement, empathy, and communication (Holloway & Galvin, 2016, p.12). By adopting this perspective, health researchers, including nurses, can learn more about people, whether they are patients, co-workers, or other professionals. Researchers provide detailed narratives that paint a vivid picture of the realities experienced by the participants. They do not only concentrate on specific clinical conditions or professional or educational objectives but also human beings within their social and cultural context. With this approach, healthcare practitioners address patients from a holistic point of view, not just from a clinical one. This makes it much easier to address cases of mental illness as it could be caused by a variety of social, cultural, psychological, and physical factors. In addition to learning about patients' perspectives on care and treatment, nurses and other health researchers can assess how well patients manage their condition and care for themselves from both a client and professional perspective by researching how people make meaning of their experiences and suffering. (Holloway & Galvin, 2016, p. 14) This approach correlates with and mirrors qualitative inquiry, involving openness, commitment, patience, understanding, trust, give and take, and flexibility.

5.1 Systematic literature review

This study employs a systematic literature review strategy to gain insights into the human condition across different circumstances. To incorporate all available published data on the subject and evaluate the quality of that data, systematic literature reviews synthesize scientific evidence transparently and repeatably to address a specific research issue (Lame, 2019). A systematic literature review is an extensive study and examination of literature related to a particular topic and provides a general view of research for a specific area. Literature reviews are essential for research questions because they gather all the material and data for the research topic (Helen & Aveyard, 2010). Wickham (2019) also emphasizes that it aims to provide a comprehensive summary of secondary researched data (data collected by others rather than primary users) to answer designed research questions and generate new ideas for research that can be pioneers of relevant study. According to Holly et al., 2011, besides addressing a clearly defined question, a systematic review is a well-transparent, ordered, well-structured, and bias-free process because it uses systematic and explicit approaches to find, pick, and evaluate relevant articles (Holly et al., 2011, p.15). Furthermore, Jahan et al., 2016 emphasized that A literature review provides an excellent understanding to readers regarding background studies on a research topic and inspires new studies. Literature review supplies a more accurate and wide range of studies during the search process because relying on the results of a single study can be problematic because of existing publication errors or the wrong applicable methodology (Tatano et al. Polit, 2009).

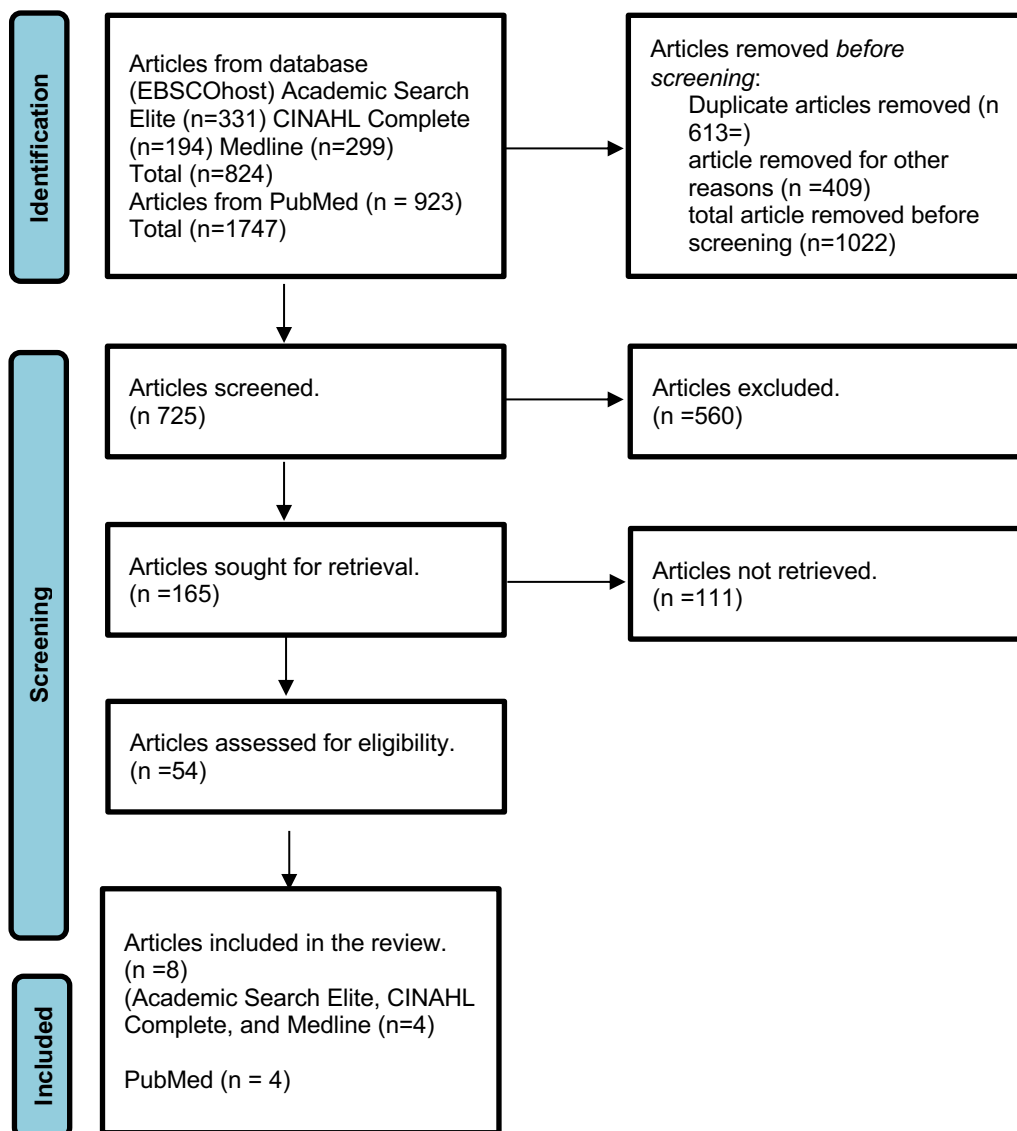
By expanding on earlier findings, systematic literature reviews, according to Lame (2019), are significant research methods that aid in the gradual advancement of knowledge and science. In contrast to conventional literature overviews, which frequently rely heavily on the authors' experience, systematic literature approaches the literature review process as a scientific endeavour. It incorporates empirical research concepts to increase transparency and reproducibility and minimize bias in the process. In the health sciences, systematic literature reviews have emerged as a reliable methodology for conducting literature reviews and continuously improving the process to meet novel research issues (Lame, 2019).

5.2 Data collection

When conducting research, it is essential to gather information from reliable sources. This is important for several reasons; these sources can be found in books, journals, individual articles, or medical websites that are accessible online. Because it takes so little time to access resources and so much data is available, finding sources online has become one of the most common ways to extract information. When trustworthy data is used, data results can be validated instead of being reliant on unsubstantiated claims about a subject (Anderson, 2010)

Several databases, including Academic Search Elite CINAHL Complete, MEDLINE, and PubMed, were used to gather reliable and accurate data contributing to the study's goal. Several steps were taken to ensure the required findings were established to produce a more precise outcome. This involved using pertinent search terms, such as "adolescent depression" and "treatments" or "intervention," "therapy," "psychotherapy," and "nursing education." Articles that were included were published between 2014 and 2024, scientific articles, peer-reviewed, available in full text, and were all related to the topic aim and research question, while articles that were not included were articles that were published before 2014, not in English, not in full text and were not related to the topic, aim and research question. See Appendix 2

5.3 PRISMA FLOW CHART



5.4 Data analysis

Mouton (2001, p. 108) states that data analysis involves examining and analyzing data to identify recurring themes, patterns, and apparent trends. This analytical process serves as a valuable tool for researchers, enabling them to establish connections between various concepts and theories. Furthermore, Holloway (2013) emphasizes that data analysis encompasses a thorough process of gathering, integrating, structuring, and categorizing data to ensure its importance to the intended research.

Bryman, 2012, p. 309 also defines secondary analysis as the examination of data by researchers who were not directly engaged in its production to fulfill the objectives intended by the individuals responsible for the original data collection. He further explains that the process of data analysis encompasses multiple components. The acquisition of knowledge is of utmost importance for researchers as they engage in data analysis, aiming to transform various sources of information into valuable components that can be effectively utilized during their research. The accurate interpretation of information is important for researchers to prevent any potential alterations throughout the data-gathering process, owing to the intricate nature of data analysis (Bryman, 2012).

According to Elo and Kyngäs, 2008, Content analysis comprises systematic and objective approaches, facilitating the validity to generate knowledge, novel insights, factual representations, and a practical guide. Selvi (2019) defines qualitative content analysis as systematically and contextually interpreting subjective content from qualitative data. This analysis can be handled from an inductive or deductive perspective. Getting insights into the topic involves identifying patterns or themes and analyzing data. The goal, objectives, and outcome of each piece were carefully examined in this process. After reviewing the articles, I developed a coding scheme to classify the data to find recurring themes. A coherent hierarchy of categories and subcategories was created from the coded data to compare the data.

5.5 Ethical consideration

All the information, research, books, articles, and every other document used in this study will be cited appropriately, and the researchers and developers responsible for doing the relevant research incorporated into the analysis will be acknowledged.

The Finnish Advisory Board on Research Integrity (TENK, 2019) has developed a set of standards for the responsible conduct of research, and this study will adhere to all those criteria. The study's documentation, presentation, and publication of the findings will ensure that honesty, care, and accuracy are upheld.

It is essential to always keep in mind the reliability and transparency of the findings to be put out to the public to ensure that the process for collecting data, conducting studies, and evaluating the findings complies with scientific standards, is morally accountable, and is free of any form of plagiarism. In addition, it is necessary to ensure that the process is free of unethical behavior. It was previously emphasized that it is essential to acknowledge and honor the work and achievements of other researchers. A few standard guidelines should be remembered and adhered to when conducting research. While conducting research, ensuring that every participant is treated with the utmost respect and can maintain their right to self-determination is ethically required. This suggests that individuals are free to hold the opinions they want and are respected as fellow humans. (TENK, 2019; Finnish National Board on Research Integrity).

6 Results

Two categories and four subcategories were obtained from the content analysis of eight research articles included in this systematic review on alternative ways of reducing depression symptoms among adolescents besides medications. The categories include therapies for adolescents with depression and therapy enhancers for adolescent depression. For therapies for adolescents' depression, there are two subcategories obtained; this includes established treatment for adolescent depression and non-established treatment. The second category consisted of two subcategories as well; these include established treatment enhancers and undecided treatment enhancers for adolescents with depression. An overview of the categories and subcategories is shown in Figure 1.

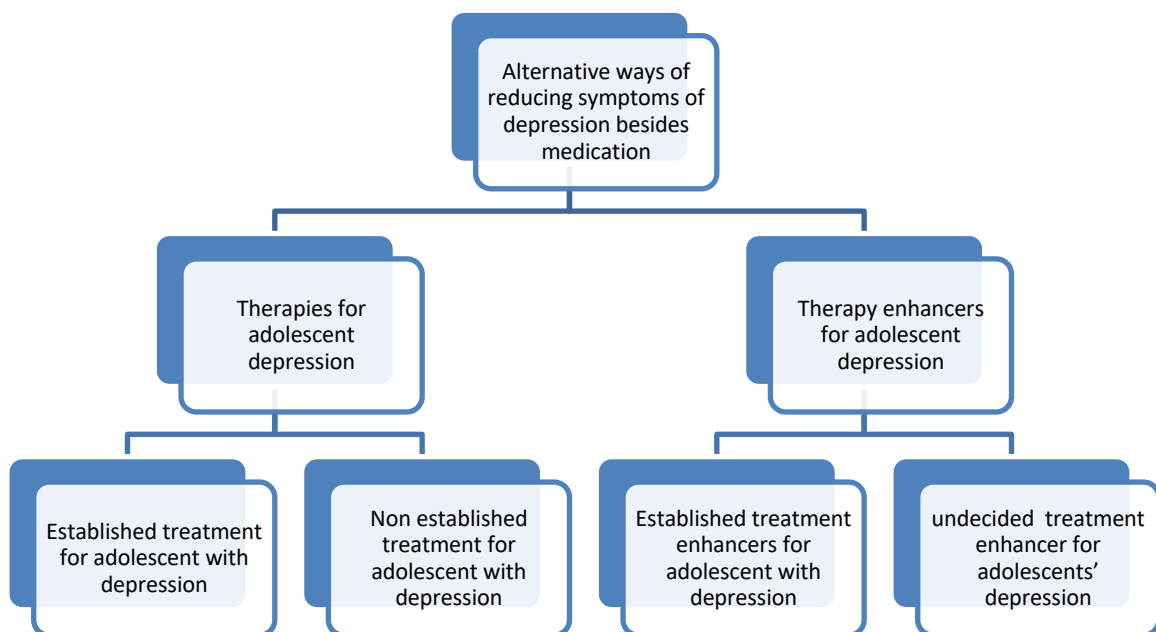


Figure 1: categories and subcategories

6.1 Therapies for adolescent depression

In the category of therapies for adolescent depression, I found two subcategories these are established treatments for adolescents with depression and non-established therapies for adolescents with depression.

6.1.1 Established treatments for adolescents with depression.

According to the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry, psychotherapy (including cognitive behavioral therapy and interpersonal therapy) is a first-line treatment of mild adolescent depression. In contrast, psychotherapy and pharmacotherapy are recommended treatment options for moderate and severe depression among adolescents. CBT is more effective than IPT in the treatment of adolescent depression. Idsoe et al. 2019, and Weersing et al. highlighted the most effectiveness of CBT through group-based and individual formats.

Though psychotherapy and pharmacotherapy are recommended as a combined treatment of depression in general, it is also recommended that psychotherapy alone is and has been proven to be an effective treatment for mild adolescent depression. In some cases, it is effective for moderate symptoms as well. Liang et al., 2021 also supports the effectiveness of psychotherapy through interpersonal therapy and educated-based therapy. This corresponds with already existing literature (for example, the research done by Beirão et al., 2020 Grist et al., 2019 Clerk et al., 2012 Zhou et al., 2014; and Espada et al., 2023), it confirms that psychotherapy is a viable option in treating adolescents with minor symptoms of depression. According to Clark et al., 2012, Interpersonal and cognitive behavior therapy have proved effective in treating adolescent depression. (Clark et al., 2012, p446).

According to Beirão et al., 2020, p. 4 it is important to note that the treatment of depression in adolescence can include psychotherapy. Still, in mild depression, psychotherapy alone is an effective first-line treatment. Furthermore, The American Academy of Pediatrics (AAP) advises beginning with symptom monitoring, active assistance, and close observation for six to eight weeks (Beirão et al., 2020, p4). A slightly different approach is recommended by the National Institute for Health and Care Excellence (NICE), which suggests psychotherapy at first. If progress is not seen after two weeks of careful observation, it could be

accompanied by medication (Beirão et al., 2020, p4). Clark et al., 2012 point out a similar line of treatment: Psychotherapy for at least three months of treatment before considering including medication in mild cases of depression. According to Clark et al., 2012, NICE recommends psychotherapy for at least three months before considering medication; the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, and the American Academy of Paediatrics also recommend this approach (Clark et al., 2012, p446). For patients with mild depression, psychotherapy is a viable therapeutic option; for those with moderate to severe depression, a combination of medicine and psychotherapy is recommended (Clark et al., 2012, p446).

For adolescents with mild to severe depression, cognitive behavioral therapy (CBT) or interpersonal psychotherapy (IPT) needs to be the initial line of treatment (Zhou et al., 2014 p). According to Zhou et al., research suggested that a combination of an SSRI/SNRI antidepressant and CBT was significantly more effective than antidepressant therapy alone. Based on the American Psychological Association's evidence criteria, cognitive-behavioral therapy (CBT) and interpersonal psychotherapy (IPT), adapted for adolescent use, can be regarded as well-researched treatments for depression in adolescents (Espada et al., 2023, p. 69). According to Espada et al., 2023, for CBT therapy skills in session, problem-solving with teens and young adults to incorporate behavioral activation into their day to help refrain from cognitive distortions. For IPT, there is a bidirectional interaction between mood and interpersonal relationships; for example, if an adolescent is irritable, he is more likely to get into an argument with his parents, which can adversely affect his mood. IPT works on improving interpersonal relationships while decreasing depressive symptoms through improving communication, emotion regulation, and problem-solving skills.

6.1.2 Non-established treatments for adolescents with depression

BEST MOOD therapy and family therapy are emerging treatments for adolescent depression (Poole et al., 2016). Adolescent depression can be treated with family-based approaches such as parent-only psychoeducation sessions, random family sessions in between individual youth sessions, parent-and-adolescent group sessions, multi-family group therapy, and single-family therapy (Poole et al., 2016). This aligns with existing research by Espada et al., 2023 and Méndez et al., 2021. Family therapy could be considered a potentially

promising, effective treatment for adolescents because the reviews and meta-analyses produced inconsistent outcomes (Espada et al., 2023, p77). Family therapy is one form of psychotherapy that may be useful for adolescents. (Méndez et al., 2021). According to Espada et al., 2023, p. 80 behavioral therapy, problem-solving therapy, psychodynamic therapy, supportive therapy, and bibliotherapy-based cognitive behavioral therapy are all presently at the experimental stage.

6.2 Therapy enhancers for adolescent depression

In the category of therapy enhancers for adolescents, I also found two subcategories, and these are established treatment enhancers for adolescents with depression and undecided treatment enhancers for adolescents with depression.

6.2.1 Established treatment enhancers for adolescents.

Artistic expression, art activities, and the INDI (Interventions for Depression Improvement) model are emerging treatment enhancers for adolescent depression (Gomez-Restrepo et al., 2022). However, only artistic expression and arts activities are promising adjuvants of adolescent depression (Gomez-Restrepo et al., 2022).

Digital technologies have been developed and evaluated to support adolescents with depression. (Bevan et al., 2023 p239). To prevent and cure adolescent depression, digital mental health has been identified as an essential field for treatment in the future. (Bevan et al., 2023 p240). NICE (2019) guidelines cite three digital CBT programs for mild depression, specifically SPARX, Stressbusters, and Grasp the Opportunity (Bevan et al., 2023 p250)

6.2.2 Undecided treatment enhancers for adolescents with depression.

Adjuvant techniques, including physical activity, good sleep hygiene, and a healthy diet, are seen to be promising treatments for adolescent depression. According to Gomez-Restrepo et al., 2022 p. 6, Several people believe their artistic expression helps them cope with stress, worry, and sadness. They argue that participation in art-based activities may help persons with depression control their emotions. (Gomez-Restrepo et al., 2022 p8).

As an alternate or extra therapy option, engaging in physical activities can help adolescents experiencing depression by reducing the severity of their depressive symptoms. According to Oberste et al., 2020 p15, Adolescents with depression should engage in at least modest amounts of physical activity to help with their symptoms.

7 Discussion

This chapter contains three sections: method discussion, theory discussion, and result discussion. Firstly, the steps taken in searching, screening, and selecting research articles for the study are explained in the method discussion. In the result discussion section, the result of this systematic review is then connected to the background and theoretical framework of this study. Lastly, in the theoretical discussion, the theory used in this study will be further elaborated and connected to the result of this study and how nurses could implement this theory in practice.

7.1 Method discussion

Relevant articles were obtained and systematically reviewed through several databases in Novia FINNA. They were obtained using search terms such as “adolescent depression,” “treatments,” “therapy,” “intervention,” “psychotherapy,” and “nursing education.” Articles included in this review were published in English, in full text, peer-reviewed, and published between 2014 and 2024 and related to the aim, topic, and research question. After that, the titles of the accepted articles were screened. The full texts of the articles (n = 8) were examined in greater depth, and after a content analysis, the relevant information was summarised. Relevant previous research on the topic of treatment of depression in adolescents was cited. The systematic literature review method suits this study as it helps acquire enough evidence to support this study and gain more knowledge about this topic. The study used this method to eliminate bias and increase the legitimacy of the findings. This is achieved by analyzing eight scientific qualitative studies conducted in healthcare settings to compile relevant data to address the research objectives. Because systematic literature reviews summarise the results of several studies on a given subject or research issue, they are more trustworthy than individual studies (Holly et al., 2012). The process

includes synthesizing, assessing, and discovering recurrent patterns in reviewed studies to answer the research question. Hence, when it comes to scientific evidence, systematic reviews are ranked best (Holly et al., 2012). Reviewing literature on a particular issue broadens knowledge of the topic and offers evidence to support research inquiries. Previous research on the subject can also provide valuable insights for the researcher, influencing the design and premise of the study.

7.2 Theory discussion

This study focuses on the relationship between a nurse and their client and gives nurses evidence-based knowledge to help alleviate symptoms of depression in adolescents. To provide a clear understanding of the aim of this study, modeling and role modeling theory by Erickson, Tomlin, and Swin is used. Applying modeling and role modeling theory gives the responders a clear picture of how object attachment, nurturance, and unconditional acceptance can create a close relationship between a nurse and their client, thereby improving the care given to the client. According to Erickson, the nurse can develop an image of the client's world through the object attachment and nurturance concept to know and understand the client's world from the client's perspective, which in turn can help the nurse create the best care plan that suits the patient with the use of evident based knowledge.

Since symptoms of depression can be different with every individual, it is essential to create a care plan that best works for a particular patient. For example, artistic expression helps some adolescents manage stress, depression, and anxiety, while it proves ineffective to others. Also, physical exercise and other forms of therapy are effective in the management and treatment of depression, while it is useless for others. With this, a nurse or a caregiver is in the best position to provide the best treatment plan to be implemented by applying the object attachment, nurturance, and unconditional acceptance concepts.

According to Erickson, object attachment and need satisfaction occur when a client seeks constant help from the caregiver. This creates a relationship between them. With this relationship created, a nurse can use the modeling and role modeling process to develop an image of the client's world to understand the client better from the client's perspective and create a care plan that best suits the client.

Nurturance: The concept of nurturance focuses on the integration of the cognitive well-being of the client after a healthy relationship has been established. To be considered nurturing, a nurse must try to learn about and comprehend each client's unique world model and recognize its importance and value from the client's perspective.

Unconditional acceptance: Unconditional acceptance is accepting an individual who needs care unconditionally as a unique, meaningful, and worthwhile being with no strings attached. With empathy, to help the client see that they are being valued and respected regardless of their situation.

7.2.1 Result discussion

Psychotherapy is a vital component in treating depression in adolescents with no contraindications, unlike pharmacotherapy. The finding of this review agrees with already existing literature and shows that the first-line treatment for mild adolescent depression is psychotherapy. For example, studies done by Beirão et al., 2020 Clark et al., 2014 Zhou et al., 2014, and Grist et al., 2019 affirm psychotherapy as the first-line treatment for depression in adolescents. The result of this review confirms that psychotherapy is the treatment option for mild to moderate depression among adolescents. In contrast, psychotherapy and pharmacotherapy are together used in treating moderate to severe depression in adolescents. In addition, the result of this study demonstrates that cognitive behavioral therapy is more effective than interpersonal therapy in the treatment of adolescent depression. This evidence is in line with already existing information (Clark et al., 2014; Zhou et al., 2014) on which therapy, between CBT and IPT, is more effective in treating depression among adolescents.

7.2.2 Invalidated treatments for adolescent depression

Current reviews and meta-analyses provide new perspectives for the treatment of adolescent depression despite the effectiveness of CBT and IPT. Evidence from this review supports reports from other studies, like Espada et al., 2023 that reveals that family therapy and CBT with behavioral activation are emerging and promising treatments for adolescent depression. Family-based treatment forms for adolescent depression include parent-only psychoeducation sessions, intermittent family sessions amid regular individual youth

sessions, parallel parent- and adolescent-group therapy, multi-family group therapy, and single-family therapy. Also, BEST MOOD therapy is a non-established treatment for depression among adolescents (Poole et al., 2016). Other emerging treatments such as technology-delivered CBT, psychodynamic therapy, supportive therapy, behavioral therapy, problem-solving therapy, bibliotherapy-based CBT, and CBT offered by caregivers were mentioned as promising but not established.

7.2.3 Treatment enhancers for adolescent depression

Physical exercise, artistic expression and art activities are non-established and promising treatment enhancers of adolescent's depression. However, contradictory results were reported by other studies, which indicated that physical exercise (particularly of moderate intensity), sleep hygiene, and adequate nutrition are emerging treatment adjuvants for adolescent depression.

7.2.4 Nursing Education

With Erickson, Tomlin, and P. Swin's theory of modeling and role modeling, which focuses on the relationship between a caregiver and a care recipient, the findings of this study could be implemented in practice to help nurses achieve their goals when giving care to depressed patients. Using evidence-based practices and proven effective means of reducing symptoms of depression, a nurse aims to help adolescents suffering from depression through the application of modeling and role modeling theory. The connection between the nurse and the client is an excellent example depicted in the modeling and role modeling theory. Nurses need to constantly be updated with research-based and evidence-based knowledge to meet the criteria to help young people who are most vulnerable to mental illnesses, including depression. Since adolescents are most susceptible to mental illness, including depression, the connection between a nurse and an adolescent is vital in the healing process of an adolescent suffering from depression. It helps with their need for satisfaction, adaptive coping, and healthy growth and development (Alligood, 2018, p.401). With this knowledge, nurses can implement more precise and unique relations with their clients and use evidence-based knowledge to help them. When providing care to patients who are depressed, nurses

can establish an understanding of the patient's reality that is consistent with the patient's framework-developed point of view and perspective. (Alligood, 2018, p.401).

According to Mendelson et al., 2016 Particularly in primary care settings, nurses are essential in detecting depression and preventing suicide. Nurses can help adolescents recover from depression by assisting them in identifying and utilizing social support networks, supporting healthy lifestyle choices, and enhancing their social skills through evidence-based psychoeducation. Adolescents and young people can benefit from these interventions in the long run by being protected against death before it occurs.

8 Conclusion

This systematic literature review aimed to identify effective ways of reducing depression symptoms besides medications among adolescents. I found that psychotherapy is an established first-line treatment of mild depression alone. In contrast, a combination of psychotherapy and pharmacotherapy has proven to be effective for moderate to severe adolescent depression. Cognitive behavioral therapy is a more effective treatment form of psychotherapy, and it is more effective for adolescents with depression than interpersonal therapy. Additionally, emerging, and promising treatments for adolescent depression include best mood therapy, family therapy, and behavioral activation therapy (activity scheduling). Lastly, the findings of this study also demonstrated that artistic expression and arts activities are emerging and promising treatment enhancers of adolescent depression.

Most studies have demonstrated the efficacy of cognitive behavioral therapy (CBT) as a treatment option for mild cases alone. At the same time, it is recommended in addition to medication for moderate and severe cases of adolescent depression. The use of CTB involves an approach that focuses on cognitive distortions, intrusive, negative thoughts, and depressed symptoms, including anhedonia and low motivation. Adolescents with severe depression, insufficient coping strategies, and occasional suicidal self-harm generally respond less positively to cognitive behavioral treatment. Also, there is some evidence to support the effectiveness of interpersonal therapy. ITP seeks to reduce interpersonal stress and improve social functioning. The use of cognitive behavioral therapy and individual, interpersonal

therapy in place of group treatment is supported by many research studies to be more effective than other forms of CTB and ITP.

Interpersonal therapy, or CBT, has been demonstrated to be equally effective as in-person education. However, because of the variety of methodological approaches employed in studies of computer-based therapies (e.g., videos, text, graphics, gamification tactics, chats with trained therapists, or automated bots), it is difficult to determine which components are most important and for whom. Adolescents with sub-threshold depressive symptoms have shown improvements in mood with both CBT and interpersonal treatment. Despite their potential benefits, the evidence for using family therapy, mindfulness-based therapies, and brief psychodynamic therapy is less intense than that for CBT or interpersonal therapy.

Particularly in primary care settings, the nurse has a critical role in detecting depression and preventing suicide. Nurses can help adolescents recover from depression by assisting them to find and use social support networks, promoting a healthy lifestyle, and improving their social skills through psychoeducation. Adolescent's long-term well-being can be improved, and premature death can be avoided with these actions.

Better results arise from early detection of depression; nevertheless, little research has been done to characterize the specific symptoms of depression in this population. Given the wide range of symptoms associated with depression, a sequential therapeutic approach is suggested, starting with short psychosocial therapies. Even though antidepressants have been shown to combat depression on their own, evidence indicates that more than half of adolescents and young adults with depression and anxiety symptoms improve within a year of therapy due to increased participation in social activities.

Adolescents who participate in artistic group exercises, for example, have reported success in overcoming negative emotions like low mood, anxiety, and depression with the aid of the arts. Engaging in artistic activities can be a beneficial way to communicate, control, and reduce stress.

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Appendix 1: Preventive programs

Preventive intervention	Program	result
Universal	School-based	Effective
	Cognitive behavioral	Effective
Selective	School-based	Effective
	Cognitive behavioral	Effective
	Family-based	Effective
Indicated	Internet-based	Effective
	Interpersonal	Effective

Appendix 2: data selection criteria.

Inclusion criteria	Exclusion criteria
Articles published from 2014 to 2024	Articles published before 2014
Scientific articles published in English	Articles not published in English.
Peer-reviewed articles	Non-peer-reviewed articles
Articles available in full-text	Articles that are not in full-text
Articles related to the research topic, aim, and research question	Articles not related to the research topic, aim, and research question.

Appendix 3: Selected articles

Title	Author and year of publication	Aim	Method	Result
1. Role of art in the life and mental health of young people who participated in artistic organizations in Colombia	Gomez-Restrepo et al., 2022	This study explored how arts activities can support the recovery of young people engaged with arts organizations in Bogota.	A qualitative study	five themes clarified how engaging in artistic activities can assist young people in artistic organizations in overcoming mental distress: enabling the expression of emotions, aiding in

				the management and transformation of emotions, providing a distraction from problems, fostering relationships and social support, and enhancing young people's sense of identity.
2. A multifamily group intervention for adolescent	Poole et al., 2017	We aimed to engage youth who initially resisted treatment and optimize youth and family mental health outcomes.	Qualitative study	Promising in reducing symptoms of depression among adolescents

<p>3. Effectiveness of school based psychological intervention for treatment of depression, anxiety, and post-traumatic stress disorder among adolescents in sub-Saharan Africa</p>	<p>Tereke, et al., 2023</p>	<p>We aimed to review school-based psychological interventions, contents, delivery, and evidence of effectiveness designed to treat depression, anxiety, or posttraumatic stress symptoms among adolescents and young adults aged 10-24.</p>	<p>A systematic review of randomized controlled trial</p>	<p>Cognitive behavioral therapy and Shamiri interventions were the standard treatment delivered in school settings</p>
<p>4. Digital technologies to support adolescents with</p>	<p>Bevan, et al., 2023</p>	<p>To give an overview of digital technologies to support the</p>	<p>Qualitative review</p>	<p>Reviews suggest that digital CBT interventions are</p>

depression and anxiety		prevention and management of depression and anxiety in adolescence		particularly promising
5. Physical activities for treatment of adolescent depression	Oberste, et al., 2020	investigated the effectiveness of physical activity interventions as an alternative or complementary treatment for adolescents (12–18 years) with depression	A Systematic Review and Meta-Analysis	A promising complementary medication in treating adolescents' depression. Physical activity sessions should be at least moderately intense [rate of perceived exertion (RPE) between 11 and 13] to be effective.

6. Effectiveness comparisons of various psychosocial therapies for children and adolescents with depression	Liang, et al., 2021	Evaluating the optimal psychosocial therapy to help children and adolescents with depression to improve their mental health	A meta-analysis	The meta-analysis indicated that interpersonal psychotherapy is the optimum psychosocial intervention, whereas education-based therapy is the least effective intervention.
7. Cognitive behavioral treatment for depressed adolescents	Idsoe, et al., 2019	Our study aimed to investigate the effectiveness of the Adolescent Coping	Randomized control trial	small to medium reduction in depressive symptoms

		with Depression Course through group-based CBT		
8. Evidence Base Update of Psychosocial Treatments for Child and Adolescent Depression	Weersing, et al., 2017	To update and reevaluate evidence-based treatment for depression in children and adolescents	We conducted randomized controlled trials.	For depressed adolescents, both CBT and interpersonal psychotherapy are well-established interventions, with evidence of efficacy in multiple trials by independent investigative teams.