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SOCIAL SERVICES, HEALTH AND SPORTS

DEPRESSION IN 13-17-YEAR-OLD ADOLESCENTS

Online learning material for nursing students

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<p>Abstract</p> <p>This thesis gathered information on the normal social and psychological development of youth, depression in adolescent and its characteristics, the risk and protective factors of depression, support of the depressed adolescent, and early recognition and nursing professionalism.</p> <p>This research is a developmental work, and the cooperation partner was Savonia University of Applied Sciences. The purpose for this development work was to produce an online learning material for the nursing students, especially for the English speaking students. They have more limited study material available in school than Finnish speaking students. This online learning material is open for all nursing students who want to learn more about depression in adolescents. The material has been made as simple as possible and used easy English language. Learning material was chosen as the method for the development work because this way is a great way to learn from different subjects. The educational material was meant for mental health nursing course in the curriculum of Savonia UAS Bachelor's Degree Programme in Nursing. It can be used by the teachers of Savonia UAS.</p> <p>The information was searched from the books and internet, finding a evidence-based information about the topic. A lot of time was spent on finding reliable sources for the thesis. Professional websites were used as sources to make the thesis as reliable as possible. Depression in adolescents is a very current problem and more information about the subject is needed.</p> <p>The learning material was presented to second year nursing students. It got many good feedbacks from the students. Most of the students thought it was well done and informative. The feedback also gave ideas on how to improve the work. Feedback is definitely important when it comes to material presented to students and it really matters how the material is gathered and put together.</p>	
<p>Keywords Mental health, depression, mental illness, youth, adolescent, online learning material</p>	

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1 INTRODUCTION

Every human has the right to good mental health and without mental health there is no health (Hämäläinen, Kanerva, Kuhanen, Schubert, Seuri 2017, 13). Generally, a person has healthy and good mental health when they are capable of acting according to society norms and commonly acknowledged patterns (Hietaharju, Nuuttila 2010, 12).

Depression is one of the most common health problems among adolescents, in addition to individual suffering, it is also an economically significant disease. It is associated with impaired school and work performance and difficulties in relationships. It also compromises quality of life and increases the risk for suicide (Karukivi, Nuotio, Saarijärvi, 15/2013, 1089 - 1095). Temporary disappointment, fatigue, melancholy and sadness are normal in life and are often called depression in everyday life. These feelings help people to change and develop and no treatment is needed. Short-term or temporary melancholic mood or sadness as a reaction to some disappointments or losses is not an indication of depression. When talking about depression as a mental disorder it involves sustained melancholy and other symptoms related to thinking, feelings, behavior and the whole body. (Suomen Mielenterveys ry, 2023.) Typical symptoms of youths' depression are sadness, loss of pleasure and irritability (Minkkinen, s.a.). Other symptoms can be sleeping difficulties, changes in appetite, low self-esteem, hopelessness and self-destruction (THL, 2023).

Both symptoms of depression and depression as mental disorder become more common in youth. More than 20 percent of youths have symptoms of depression and 5-10 percent have depression. Youths' depression disorders are two times more common among girls than boys and there is an increased risk of suicidal behavior and suicide. (THL, 2023.) Girls develop faster than boys linguistically, regulating emotions and physically. Their ability to understand social relationships and feel empathy also develops faster than boys. This faster development can increase the risk of depression. Girls in youth are also more sensitive to the impacts of environmental changes. (Suvisaari, 2013.)

Many different things impact the formation of depression, they could be biological, psychological and social factors, also earlier traumatic experiences in life. Inborn temperament and personality can increase the vulnerability to depression. In social factors some common reasons are for example, losing important relationships. (Rovasalo, 2022.) Childhood mental or physical abuse and insecurity will increase the risk of depression even in adulthood (Aalto ym. 2009). Warm and loving close relationships, care and experiences of succeeding, adequate sleep, healthy diet and reasonable exercise are ways to prevent depression in normal ordinary life (Luoma, 2022).

This thesis is a development work in collaboration with Savonia University of Applied Sciences (Savonia UAS). This online learning material has been made for nursing students to raise awareness about adolescents' depression as well as deepen their knowledge of the prevention of depression of adolescents aged 13-17-year-old. This development work aims to improve the competency of nursing students regarding the depression in 13-17-year-old adolescents.

2 DEPRESSION IN ADOLESCENCE

2.1 Youth and normal social and psychical development

Youth is generally defined as the ages 13 to 17 years old. Adolescents' also so-called puberty is a step towards adulthood. Mind and appearance change significantly, changes in physical-, psychical- and in emotions are normal during puberty. Friendships become more important during adolescence, because adolescents seek acceptance and influence. Adolescents want to seek and reach autonomy and separate from their parents and this can appear as a rebellion or experiment of intoxicant. Thinking becomes more abstract; sense of proportion and realism increases. Physical changes quite often happen before mental ageing and this can cause anxiety and insecurity in teens. (Hammar, Storvik-Sydänmaa & Tervajärvi 2019, 27.)

Youth can be divided into three periods, and they all have their own developmental characteristics. The early youth from 12 to 14, the actual youth ages 15 to 17 and late youth from 18 to 22 (Figure 1). In early youth the main developmental characteristic is the start of puberty. Strong changes in mood, conflicts with parents, black and white thinking and self-centeredness are typical for this period. During so-called actual youth, the median development is the change regarding parents, own self and sexuality. Late youth is the period where the goal is to build individual identity, autonomy and concrete detachment from childhood homes. (Aalto-Setälä, Marttunen 2007, 207-208.)

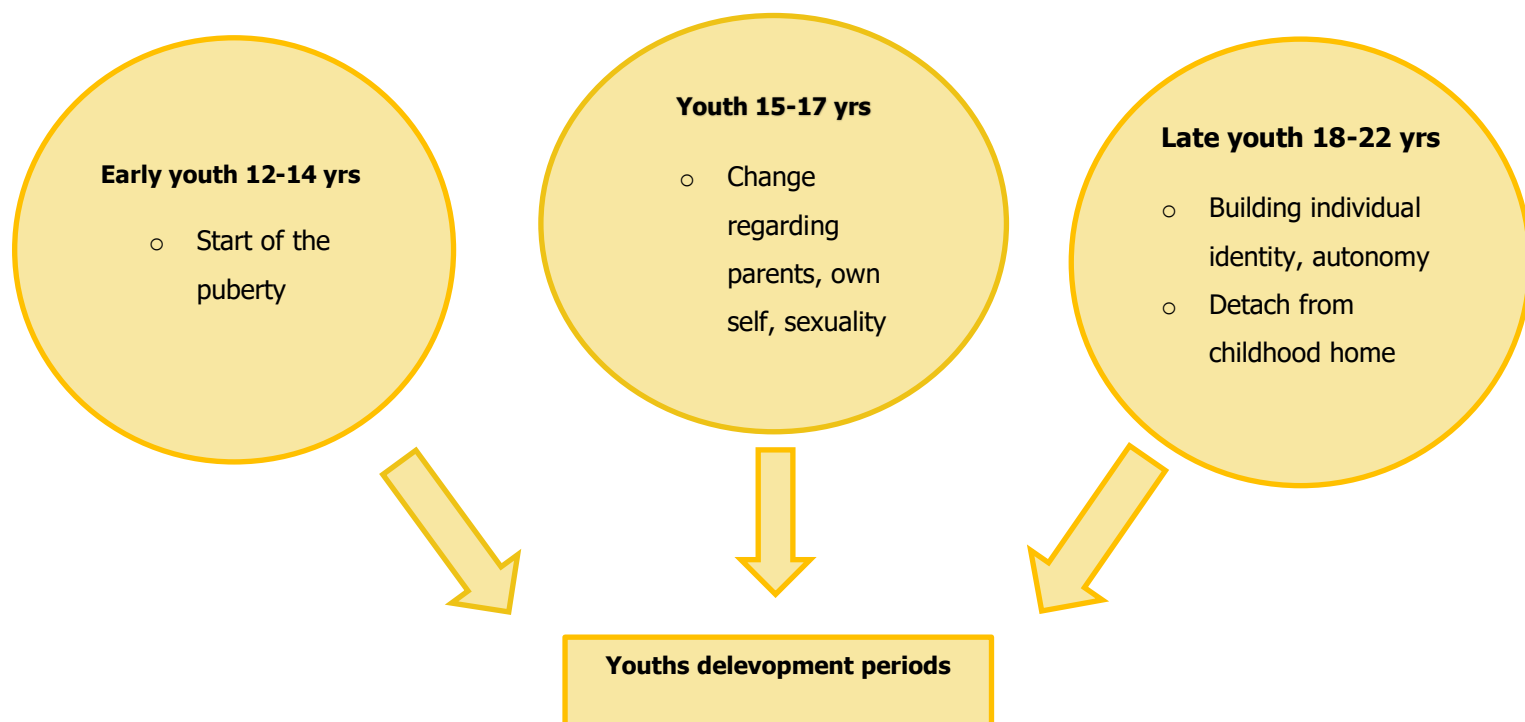


FIGURE 1. Youths' development periods (Aalto-Setälä, Marttunen 2007, 207-208).

The start of puberty can confuse youths minds and thoughts. Uncontrollable thoughts, wishes and incitements cause chaos in youths minds. They might have many thoughts going on in their head thinking of what is happening, are they somehow strange, different or abnormal, but all these are typical thoughts of youths. Mind and behavior changes and self-centeredness increases. This can seem to other family members like the youths general social behavior is disappearing. In adolescence it can be hard to agree with long-distance changes. Black and white thinking is typical, for example a teacher or a friend is either a really nice or a foul person, there is no so-called gray area in social relationships. This way of thinking leads to shifts of moods in life, this can mean for example that in one second mother is the monster and in the other second the youth is sitting next to her like a little baby. (Aalberg ym. 2019, 205.)

During social development youth starts little by little to detach from their role as a child in their family home. The change applies to youths but also to parents. This change in family normally includes some strong feelings and conflicts. Parents have to set safe boundaries for the youth's pathway to independent life. Friendships support the youth's development, being left outside of the friend group or being bullied can risk this development phase. It is normal that youth will have different types of experiences. New friendships can bring new type of things in life, for example new hobbies, but also some negative things like experiment of drugs or antisocial behavior. (Hietala, Kaltainen, Metsärinne, Vanhala 2010, 44-45.)

Youths do not want to show their insecurity and tries to hide it. This could be defined as acting like a mask on their face. Sometimes the mask can actually be a concrete, heavy make-up, piercings, tattoos and dyed hair. The healthcare professionals should be able to see behind the mask on youth's face, they should see a person. After this they may be able to find out the reason for the visit and hopefully be able to solve the problem. Sometimes the youths who act like a mask on their face are irritating and adults cannot cope with it, especially if there is bad language, insult or other unpleasant behavior with it. (Aalberg ym. 2019, 205.)

2.2 Depression in adolescence and its characteristics

Depression is one of the most common health problem among adolescents, in addition to individual suffering. It is also an economically significant disease. With the help of early identification and measures targeted at risk groups, it is possible to prevent illnesses and reduce the costs caused by incapacity for work. Screening should always be based on a well-constructed treatment path and the possibility of quickly getting a more accurate assessment for the adolescents. There have been promising research results on the effectiveness of psychosocial interventions in preventing depression, but the effects have been short-lived. (Karukivi, Nuotio, Saarijärvi 2013.)

It is estimated that up to a quarter of adolescents and young adults suffer from some form of mental health disorder, of which mood disorders are the most common. As a child enters adolescence, the prevalence of mental health disorders increases sharply, and the first depressive episode typically occurs in the middle stages of adolescence. The lifetime prevalence of depression in adulthood is 15-20%. Women experience depression about twice as often as men. More than half of depressed adolescents also suffer from some other mental health disorder. In addition,

depression has been found to be associated with an increased risk of using substances and predicts subsequent use of substances. Major depressive disorder is also the single most important factor that increases the risk of suicide among adolescents. (Karukivi, Nuotio, Saarijärvi 2013.)

The concept "depression" is used in very different ways, so in patient work it is important to find out the meaning of the term in each context. Depression can mean a transient depressed emotional state, a depressed mood or a depressive state. According to the symptoms, depressive states are divided into mild, moderate and severe in ICD-10. Generally, in mild and moderate depressions, the patient's appearance does not reveal the illness, while in severe and psychotic depressive states, the patient's behavior is obviously abnormal. (Kiiltomäki, Noppari, Pesonen 2007, 53-56.)

The individual depressive symptoms related to normal development are short-lived, they are not associated with direct or indirect suicidality, and the adolescents general ability to function is not affected. Such depressive symptoms are common in both psychological and somatic diseases, and they are more common in adolescence than in childhood or adulthood. It is necessary to distinguish between depressive symptoms belonging to adolescence and clinical depression. Clinical depression causes decreased functioning and considerable subjective suffering. (Ahrnberg 2022.)

The symptoms of depression in adolescents can be atypical, in which case the main symptoms are irritability or anger. These atypical symptoms are more common in depression in adolescents than in adults. They can make it difficult to recognize and assess depression and, on the other hand, can also confuse the adolescent. (Ahrnberg 2022.)

Those who suffer from severe depression in adolescence also have more periods of hospitalization and more problems in working life, social interaction and family life. Youths prone to depression feel that their general health is clearly worse than other young people, and they use a lot of health services precisely because of their somatic ailments. Depression also increases susceptibility to injuries and the risk of several long-term somatic diseases. (Karukivi, Nuotio & Saarijärvi 2013.)

Clinical depression Core symptoms are the same in adolescents as in adults. They include depressed mood for at least two weeks, anhedonia which means difficulty getting pleasure from things that used to give pleasure, fatigue. Other symptoms are difficulty concentrating, sleep difficulties such as delay in falling asleep, waking up, morning insomnia, nightmares, changes in appetite and weight, psychomotor retardation or increased restlessness, feelings of worthlessness, guilt and shame, low self-esteem, death wishes and thoughts, hopelessness, lack of perspective, suicidal thoughts and actions e.g., cutting oneself, suicidal thoughts, plans or attempts (Table 2). (Ahrnberg 2022.) A mild depressive state has 4-5 symptoms, a moderate one has 6-7 symptoms and a severe one has 8-10 of these mentioned symptoms. The degree of difficulty can also be assessed by using symptom meters and evaluating the deterioration of functional capacity. (Kiiltomäki, Noppari, Pesonen 2007, 56.)

TABLE 2. Clinical depression symptoms (Ahrnberg 2022).

CLINICAL DEPRESSION CORE SYMPTOMS	OTHER SYMPTOMS
<ul style="list-style-type: none"> ○ DEPRESSED MOOD FOR AT LEAST TWO WEEKS ○ ANHEDONIA = Difficulty getting pleasure from things that used to give pleasure ○ FATIGUE 	<ul style="list-style-type: none"> ○ DIFFICULTY CONCENTRATING ○ SLEEP DIFFICULTIES ○ CHANGES IN APPETITE & WEIGHT ○ PSYCHOMOTOR RETARDATION OR INCREASED RESTLESSNESS ○ LOW SELF-ESTEEM, HOPELESSNESS, GUILT AND SHAME, LACK OF PERSPECTIVE ○ SUICIDAL THOUGHTS & ACTIONS

The recurrence of depression in adolescents can be prevented with effective follow-up and maintenance treatment. In preventing complications, the most important thing is to strive for a clear remission instead of just achieving a response, because residual symptoms increase the likelihood of relapse. (Karukivi, Nuotio, Saarijärvi 2013.)

2.3 The risk- and protective factors of depression

When there is a risk factor, the individual's susceptibility to depression increases, especially when the risk factors are cumulated. However, the connection between risk and illness is not straightforward, psychiatric disorders in children and adolescents are always multifactorial. The accumulation of risk factors is more relevant than the existence of any single risk factor. Vulnerability refers to a characteristic of an adolescent, for example, a hereditary predisposition that exposes him to psychological symptoms, even when there are few or no risk factors in the environment. Vulnerability can also appear in connection with a certain risk factor for example, stress related to life events may increase the risk of illness only if there is a hereditary predisposition. (Aalberg ym. 2016, 429.)

Some life events can increase the risk for depression. They could be neglect in childhood, violence and abuse, school bullying, other somatic or mental issues and parents' depression or other mental health issues. Also, early losses and divorce situations in life are crucial. Being of the female gender, low income of the family and parents' low education have been noticed to double or triple the risk for depression. (Karukivi, Nuotio, Saarijärvi 2013.) (Table 3.)

Protective factors refer to characteristics of the adolescent or the environment that reduce the adolescent's risk of getting sick despite risk factors. Resilience means an individual's good ability to recover from stressful situations and the ability to face difficult things, such as traumas, without disturbing mental health. There are both risks and protective factors in the growth environment of children and adolescents, and they influence each other. Experiences of coping and the ability to make use of previous survival experiences help children and adolescents to survive risky situations

later on. Coping with difficult losses and separation experiences is also influenced by the meaning given to the event by the child or adolescent. The support offered by the environment is an important protective factor in difficult life situations. In this case, the most important thing is the support of own family members. Adults outside the family can also give support to the adolescent that helps them survive, especially if their parents are unable to provide sufficient support. The importance of peers increases during adolescence. Good sibling relationships are also a protective factor. (Aalberg ym. 2016 429-432.) Regarding factors related to the individual, it has been shown that social coping in childhood reduces the risk of depression in youth. In turn, protective factors are estimated to be psychological flexibility and resilience as well as among other things, sufficient sleep, a sense of well-being, active problem solving and a positive perception of oneself. Adolescents with good self-esteem also seem to have a lower risk of depression compared to ones with poor self-esteem. (Karukivi, Nuotio, Saarijärvi 2013.)

TABLE 3. Risk and protective factors. (Karukivi, Nuotio, Saarijärvi 2013; Aalberg ym. 2016, 429-432)

RISK FACTORS	PROTECTIVE FACTORS
<ul style="list-style-type: none"> ○ Neglect in childhood ○ Violence & abuse ○ School bullying ○ Other somatic or mental issues ○ Parents depression or other mental health issues ○ Early loss & parents' divorce ○ Women gender ○ Low income & education in family 	<ul style="list-style-type: none"> ○ Support of the environment → own family or other supportive adults in youths' life ○ Friendships ○ Good relationships with siblings or other family members ○ Good self-esteem ○ Social coping ○ Psychological flexibility & resilience ○ Sufficient sleep ○ Sense of well-being ○ Active problem solving ○ Positive perception of oneself

Promotion is any kind of activity that is generally known to strengthen the mental health of the population or reduce factors that harm it. Prevention activities aim to prevent the emergence of susceptibility by all possible approved means and to influence development so that mental health disorders do not arise at all. Prevention can also be considered to intervene in the course of an already developed disorder as efficiently as possible. It can be said that good treatment is also an effective prevention. Psychiatric prevention is based on primary prevention. It aims to reduce the number of new disease cases relative to the population. (Lönqvist ym. 2021.)

The starting point is research knowledge about the etiology of mental health disorders and the ability to successfully apply this knowledge at the population level or risk group level. The means can be based on biological, psychological and social knowledge about mental health and its disorders. Examples include maternity counseling and child counseling, where efforts have been made to create the best possible starting points for the child's development. Prevention also

includes the earliest possible detection of disease cases and good treatment, i.e., secondary prevention, which aims to reduce morbidity, i.e., the number of existing disease cases in the population at a certain point in time. Since several severe mental health disorders, such as schizophrenia, may become more difficult and chronic due to treatment started late, the investment in early treatment has also begun to be emphasized from a prevention point of view. (Lönqvist ym. 2021.)

The goal of tertiary prevention, which consists of treatment and rehabilitation together, is to reduce the harm caused by mental health disorders. Good psychiatric care implements both secondary prevention and tertiary prevention by limiting the suffering and impairment of functioning and the loss of quality of life related to mental health disorders. (Lönqvist ym. 2021.)

2.4 Support of the depressed adolescent

In general, youths trust their parents, teachers or other adults in their bigger worries, but youths with psychological symptoms often turn to their peers. The adults in the close circle often do not know about the depressive symptoms of the youths. It should be possible to talk to the youth directly, and in such a way that they feel that they are listened to. An adult talking to a youth should be friendly and listen to them. It is important to maintain the role of an adult and avoid blaming depressed youth. If time has been arranged for the meeting, an unhurried and safe atmosphere can be created which encourages the youth to talk about their depression. (Huurre, Marttunen, Strandholm, Viialainen 2013, 50.)

There are many ways to ask about depression and related symptoms. The important thing is to first find the youths' way of describing their depressive symptoms. It is recommended to ask them, for example "have you been more depressed, sadder, irritated, angrier, tired, unhappier than usual?" A depressed youth should always be asked about suicidal thoughts. Contrary to common misconception, discussing issues related to death or suicide does not increase the risk of thinking about or committing suicide. On the contrary, talking about something that is distressing even for the youth can in itself partially ease the feelings of hopelessness. (Huurre, Marttunen, Strandholm, Viialainen 2013, 50-51.)

The depressed person is primarily responsible for their own recovery, but it is possible to help them by listening. Stopping and listening to what the youth is really feeling is very important. There is also no need to fear the depressed youth. It is recommended to talk to them just like anyone else. Depression is not a problem that can only be fixed with medication. The cause of depression is not a lack of medication. (Kopakkala 2015, 200.)

Depression is a serious condition. A severely depressed person should always be referred to a professional for an assessment of the condition and to start the treatment. Depressed people should be encouraged to persevere. It is also good to encourage them to be as open as possible with the nursing staff. Supporting the patient by listening and encouraging is important without denying the depressed person's strange thoughts and feelings but instead clarifying the facts and offering hope. (Kopakkala 2015, 200-201.)

3 PREVENTION OF ADOLESCENTS' DEPRESSION

The early recognition of depression: the importance of early recognition, the appropriate and good timing is the key. The earlier the depression has been noticed and treated the better the recovery prognosis is. Depression symptoms can have wide and long-term effects on adolescents' development but also mental and physical health later on in life. The best way to prevent adolescents from adult mental health issues is to secure their mental development and good treatment of mental health illnesses. (Aarnisalo ym. 2017, 334.) The adolescent is the best to talk about their depressed mind. Asking questions openly and straight about adolescents' feelings and conditions is not causing any symptoms. Vice versa it can relieve them when the adolescent gets feeling of being understood with sympathy. (Luoma, 2022.) Early recognition will also have positive effects on adolescents' lives. It can help youths to start to think of their own situation, their actions, choices and responsibilities to commit to the care provided for them. After this the adolescent can see how the change in their behavior affects the environment and close family members. The earlier the help is offered, the better the results are. (Holmberg 2016, 10.)

Nursing interventions in prevention of adolescent's depression: Promotive work, treatment and rehabilitation of mental illnesses is a part of mental health work. The main goal is to enhance human wellbeing, performance and support the growth of the personality. (Hämäläinen, Kanerva, Kuhanen, Schubert, Seuri 2017, 27-28.) Nursing professionalism in mental health work is responsibility, carefulness in work, interest towards mental health work and controlling the stress from work. A professional is able to provide clear frames to the care and be able to act safely and reliably in different treatment situations. Every nurse will personally be in charge of giving good quality care and the results of their work. Nurses also should be able to admit their mistakes, fix them and develop themselves with the feedback they have received. Persons with mental health problems appreciate nurses who are competent, humane and tolerant. Meetings should be easy, respectful and individual (Holmberg 2016, 198).

It is important for nurses to learn to develop their various ethical and moral aspects in their nursing work to ensure quality care. The professional ethics of nursing work must be based on the ethics of care and justice. In the ethics of care, the focus is on the quality of the care relationship and situational factors, while in the ethics of justice, the focus is on the patients' rights and the nurse's responsibilities. Ethical sensitivity refers to the recognition of ethical problem situations. The basis of mental health nursing work is the interaction between the nurse and the patient. In this interaction, the nurse must be aware of the ethical issues related to ethical decision-making. The professional ethics of a nurse and ethics in nursing work mean that the nurse has an understanding of their own values. They have the ability to commit and act responsibly, so called moral backbone. Nurses will have the skills to act according to the principles of professional ethics, knowledge of the rights and obligations of the profession and both knowledge and skills to use the healthcare legislation. (Hämäläinen ym. 2017, 40.)

4 PURPOSE AND AIMS

The purpose of this development work is to produce an online learning material for nursing students about depression in 13-17-year-old adolescents.

The aims are to improve the competency of nursing students regarding depression in 13-17-year-old adolescents and to create a more concrete picture for social and healthcare students about depression in adolescence.

5 IMPLEMENTATION

5.1 Development work

Development Work means, in respect of a product, any analysis, testing, reformulation, redesign or other research and development activity (including the preparation of reports in relation to those activities). Behind a development work there is a phenomenon, state of affairs or process that is desired to be in a better state after the development or change (Kananen 2012, 13).

The research phase is followed by the development phase, which is implemented using various development methods. The methods are characterized by inclusiveness and discussion. As a whole, the research development processes are multi-method, and the methods are chosen to suit the current situation. Also, in the selection of development methods, their reliability, justification of development and research ethics requirements are taken into account. The phases can also overlap or contain several different research and development cycles, applying, for example, operational research or the service design process. The process of research development progresses from an idea to a solution and its implementation, i.e. commissioning. Suitable research and development methods are chosen along this path. Development takes place as an active interaction with the thesis author and working life partner. Development is therefore strongly connected to the idea of participation, which means the participation of developers in concrete activities, but also the participation of practical actors in development (Saarnio, Päätaalo, 2022). (Table 4. below)

This development work was first meant to be an educational video for the nursing students. It was planned to be done as a PowerPoint info presentation and this to be turned into a video form. Once the PowerPoint was ready, it was more like an online learning material, and this was the stage when the development work was changed to online learning material for the nursing students. Planning and producing the PowerPoint started when the theory background was comprehensive enough. This online learning material, the PowerPoint presentation has voice in the slides, which makes it more effective. It took days to summarize the most important things in the presentation, and make it visually look good. Then recording audio took another two days, getting the right tempo, voice and pronunciation for the slides. After the PowerPoint presentation started to get ready, it was piloted in the classroom of nursing students and sent to the working life partner. Thesis was presented in the wellness conference of Savonia UAS aswell.

TABLE 4. Description of development work process (Salonen 2013, 17-19)

Starting	Planning	Processing	Finalization
<p>The topic and development work method were chosen, + meeting with the supervisor/client in Spring 2023.</p> <p>The topic and the purpose and aim, development method and information retrieval methods were expressed in a written work plan + meetings with the supervisor in January, March and April development work method were chosen, and meeting with the supervisor in Spring</p>	<p>The purpose and aim, development method and information retrieval methods were expressed. The length of the thesis and the presentation were decided. A bachelor's thesis is often 40-60 pages (plus figures) long. Meetings with the supervisor in Spring 2023</p>	<p>The written parts of the thesis were done and edited. The powerpoint presentation was made. Meetings with the supervisor in Autumn 2023</p>	<p>The powerpoint presentation was shown to nursing students and feedback was collected. Meetings with the supervisor in Autumn 2023</p>

5.2 Online learning material as a method

One of the primary considerations when constructing educational materials is cognitive load. The Cognitive Theory of Multimedia Learning builds on the Cognitive Load Theory, noting that working memory has two channels for information acquisition and processing: a visual/pictorial channel and an auditory/verbal processing channel. By using both channels, working memory's capacity is maximized—but either channel can be overwhelmed by high cognitive load. It's important to speak relatively quickly and with enthusiasm, make sure the material feels like it is for these students in this class, and match modality. To help students get the most out of an online learning material, it's important to provide tools to help them process the information and to monitor their own understanding. There are multiple ways to do this effectively such as using guiding questions, using

interactive features that give students control, and integrating questions into the material. (Brame, 2015).

This development work started in early 2023, when we decided our topic and got cooperation partner Savonia University of Applied Sciences. We produced online learning material for the mental health teacher to use with nursing students.

Thesis process started by thinking of some mainline concepts that could do good quality information retrieval of our topic. In information retrieval we have used example concepts mental health, depression, youths' development and online learning material. Searching the data, using different types of healthcare-based websites, books and e- books. Working on this project in free time, at agreed times. In addition, we agreed with the teachers on the times of guidance discussions.

We asked the teachers if they needed any material for teaching. According to the tips received from the teachers of mental health and substance abuse work, we prepared a topic that is very current. The topic is interesting and we ourselves would have needed illustrative examples for the basic studies of mental health and substance abuse work, on how to meet and treat mental health patients. We met the supervising teacher several times, from whom we got tips on making the project. We implemented our project as a pair. A thesis project agreement was signed between the authors and the partner. Our project started by making time for the project, and finding reliable sources based on researched information. We used mainly up-to-date literature and internet articles as sources. We completed the thesis theory background in the autumn of 2023. After this, we started to plan the PowerPoint presentation which is the learning material. The process progressed by narrowing down the topic and we thought together about what the presentation should contain. Our goal was to have the PowerPoint presentation ready during the autumn of 2023.

In the implementation phase we made a PowerPoint presentation. For the PowerPoint presentation, we prepared a comprehensive theory part about depression in adolescents, its special features and the treatment. In the PowerPoint presentation, we put captions and also spoke over the presentation, so the viewer can choose whether to read or listen to the presentation. In the PowerPoint presentation, we did not write all the information we learned while doing the thesis, but we collected the most important information for the presentation.

5.2 Piloting the online learning material

This thesis was piloted in early October 2023. This online learning material was sent to be piloted for the cooperation partner, who is a mental health teacher and physically organized the piloting in the classroom with second year nursing students. Piloting that happened in the classroom started with giving feedback questionnaires to the students, so they had time to look at them. Then the PowerPoint presentation was shown, but due to limited time, we only showed half of the slides with the recordings and the rest of the presentation without the recordings. After watching the PowerPoint presentation, we gave students some time to fill in the feedback questionnaire. We wanted to collect the feedback in the classroom straight after the presentation, because we thought more students are willing to give feedback when it is organized straight away in paper version.

For questions 1 to 7 the answer options were scale selection from 1-5. See appendix piloting feedback questionnaire at the end. Answer options were completely disagree=1, disagree=2, neutral=3, agree=4, completely agree=5. The last question was a free comment box. A total of 12 students answered this feedback questionnaire. (Table 5 below)

In half of the feedback questionnaires had written comments. Some of the comments were 'It's nice and informative slides.' 'Well researched and informative, very educative.' Also a few students wrote some ideas to develop this presentation and some of these ideas could be used for the future development ideas. 'Well presentation. However, it would be good to include cultural factors of depression. Depression varies from culture to culture. 'If possible, to include more solutions to cope with it and maybe some points how to prevent this disease and mood.'

The teachers feedback was 'Clear and informative presentation, useful learning material. If you want to go deeper with a few things, you could open up them a little bit more. For example, what are those biological, psychological and social factors in real life, that can impact the formation of depression. The other one was 'when talking about depressive states and patients' abnormal behavior, what this abnormal behaviour means in real life.'" We are happy with the feedback, but unfortunately due to lack of time we did not do these changes, but were happy to hear these.

We went through all the feedback questionnaires and read all the comments. It was good to receive positive feedback, but also get some ideas on how this presentation could be developed. We made some changes and improvements for the PowerPoint presentation based on the results of this piloting. Sometimes when you write something for a long time, you easily overlook the mistakes, this is why it is good to ask new people for feedback.

TABLE 5. Result numbers.

No.	Question	Completely disagree 1	Disagree 2	Neutral 3	Agree 4	Completely agree 5
1.	Length of the PowerPoint (PPT) is appropriate (with recordings approx. 20 min.)			2 students	5 students	5 students
2.	PPT slides were easy to follow		1 student	1 student	4 students	6 students
3.	PPT visual look was good			3 students	4 students	5 students
4.	The sound in the recordings was clear					12 students
5.	Tempo of the recorded audio was suitable			1 student	2 students	9 students
6.	PPT summarized important points of the subject			2 students	3 students	7 students
7.	PPT can support my learning of adolescents depression				3 students	9 students

6 CONCLUSION

6.1 Evaluation of development work process and output

The idea for this development work started from our own interests and writing was more pleasant when the topic is interesting. We find this topic very current, and it will give us good knowledge for our future jobs in the mental health area. At the same time ignorance and insufficient knowledge about depression create the basis for prejudice and negative attitudes (Aarnisalo ym. 2017, 32).

When looking at this process now, almost a year later from the starting point, there have been so many changes to the original idea. Our first idea was to write about mental illnesses in Finland, but this was too wide topic. Teacher gave us an idea to narrow it to a specific age group and a specific mental illness. This is how we started to think of some common mental health disorders in Finland and chose the depression. At first the age gap was a little challenge. We thought we could write depression of kids in school age, covering ages 7-18, but soon realized this was too wide age gap and narrowed it to 13-17-year-old adolescents, when the depression is more common.

In January 2023, we started to read more about writing a thesis and how we could start to search for the material. We attended some courses in school, which helped us with the data collection and thesis writing process. We originally thought this process would be ready in May 2023, but soon as spring started to go on, we noticed we need more time. All the internships and school courses going, we lost our motivation for a while due to lack of time. Just before summer we had a meeting with the supervisor with whom we made the plan for the summer. Once the summer started, we still could not find our motivation to write, only once the august and the due date for the next meeting was coming, we started writing. We went to the schools library regularly in August and September and wrote the theory part. It was very intensive period of time, but we finally found the motivation when we understood that we do not have much time anymore.

In late September 2023, the theory part was that good, we were able to start producing our online learning material, which originally was planned to be an educational video, but turned into online learning material through the process. We used same headings in the online learning material as in our theory part. After this when we knew our main headings we started to summarize the main points from the theory background and included this into the PowerPoint presentation. First we thought it is good to include some basic information of the depression in adolescents just like in our theory part. For example the prevalence of the depression and some factors that can impact the formation of depression. Then we explained youths three development periods and what they include, what puberty includes and what social development means and includes. In the part of adolescents depression and its characteristic we thought it is good to include the prevalence of mental health disorders in adolescents, the depressive states and the symptoms of depression. In the risk and the protective factor we wrote the explanation of what risk and protective factors mean and added a table where we listed the risk and protective factors. Table is a more friendly way for the reader than just a text. In the support of the depressed adolescents part we included some tips and ideas how to talk with the depressed adolescent. Early recognition and nursing professional part we gathered the information we thought is the main things to remember when working as a nurse.

Our theory background was quite short but informative, so we mostly wrote the same things in the online learning material than in the theory part. We summarized the information by using different tables and figures and left out some sentences we thought that are not that essential in the online learning material, what they are in the theory part.

After this long process we are happy with the final output which is the online learning material, PowerPoint presentation. It was piloted, and the presentation is clear and informative. We summarized the main points from the theory background and made it visually look interesting as well.

6.2 Ethicalness and reliability

Each university of applied sciences decides on its own thesis process but there are recommendations that serve as a checklist of the kinds of questions of research ethics can apply to theses. Universities of applied sciences can compare their own instructions with recommendations and on the other hand, focus and elaborate on the recommendations in their own instructions. The recommendations deal with the rights, duties, and responsibilities of the thesis process from the point of view of research ethics. The writer of a UAS thesis must be familiar with responsible conduct of research in the thesis work process, responsible of research practice, general ethical principles for research of people, and the premises of, need for, and advance evaluation procedure of ethical advance evaluation. (The rectors' conference of Finnish universities of applied sciences Arene.)

From the point of view of research integrity, the premises for the responsible conduct of research are the following: the research follows the principles that are endorsed by the research community, that is, integrity, meticulousness, and accuracy in conducting research, and in recording, presenting, and evaluating the research results. The methods applied for data acquisition as well as for research and evaluation conform to scientific criteria and are ethically sustainable. When publishing the research results, the results are communicated in an open and responsible fashion that is intrinsic to the dissemination of scientific knowledge. The researcher takes due account of the work and achievements of other researchers by respecting their work, citing their publications appropriately, and by giving their achievements the credit and weight they deserve in carrying out the researcher's own research and publishing its results. The researcher complies with the standards set for scientific knowledge in planning and conducting the research, in reporting the research results and in recording the data obtained during the research. The necessary research permits have been acquired and the preliminary ethical review that is required for certain fields of research has been conducted. Before beginning the research or recruiting the researchers, all parties within the research project or team. (Finnish National Board on Research Integrity TENK, updated 2023.)

The research follows the principles that are endorsed by the research community, that is, integrity, meticulousness, and accuracy in conducting research, and in recording, presenting, and evaluating the research results. The methods applied for data acquisition as well as for research and evaluation conform to scientific criteria and are ethically sustainable. (Finnish National Board on Research Integrity TENK, updated 2023.) The ethical principles of research with human participants described

in these guidelines are applied to research on humans and human behavior. The ethical principles for research with human participants have been drawn up by the Finnish National Board on Research Integrity TENK, and they serve as a starting point for ethical review work carried out by ethics committees in the human sciences. Failure to comply with these guidelines may meet the criteria for a violation of responsible conduct of research (RCR). Where necessary, the matter may be resolved through the process for handling allegations of research misconduct. In Finland, researchers in all disciplines are guided by the following general ethical principles: The researcher respects the dignity and autonomy of human research participants, the researcher respects material and immaterial cultural heritage and biodiversity, and the researcher conducts their research so that the research does not cause significant risks, damage or harm to research participants, communities or other subjects of research. (Finnish National Board on Research Integrity TENK, 2019.)

Factors to be generally taken into account in ethical review in the human sciences: a) Ethical review is carried out before data is collected b) The researcher is always responsible for the ethical and moral solutions in the research. c) The writer of the thesis is responsible for their work being ethical. (Finnish National Board on Research Integrity TENK, 2019.)

The literature search started with keywords "depression" and "youth". We found lots of articles and literature about the subject of the thesis. Different theses were also a big help for the writing. Sources of the information retrieval were mainly selected from either trustworthy databases, or websites. We used many different websites that had written about depression of adolescents. Because the most important language used in searching was English, all the sources were available either in English or in Finnish. Finnish is the mother language of us, and English is our second language. There may be still some mistakes in understanding and writing the literature. The online learning material has been adapted to the feedback obtained in questionnaires.

We used close to 30 different databases. They included books, websites, and e-books. We made sure to use only trustworthy sites to get the correct facts in our thesis. Looking for information also brought lots of knowledge to us about depression in adolescence. We think it is important to learn while writing and finding information.

Our learning material is long enough to learn from it. I think we collected the facts well and put them together. PowerPoint presentations are a great way to learn in our opinion which is why we chose to make an online learning material.

6.3 Professional growth

When we started our thesis project, we were horrified about the process, it seemed so difficult to us. The thesis as a process has been long and sometimes challenging. In the beginning, it took us a while to find a good topic. The thesis plan changed a few times, because we could not find a motivation to start. We have worked really hard to complete this thesis. We have found our information from reliable sources and have asked for feedback from nursing students to make sure our online learning material was educational and well done.

Once we chose the topic, we had many thoughts going on in our heads. Finding material and data and writing itself felt stressful. We had regular meetings with the tutor teacher, who helped us to

structure the thesis. These meetings were very important and helpful for us to understand more of this process. Once we got into the topic and the theory started to come together, this process was more enjoyable and educational. This thesis developed our study skills. We got better at academic writing in English and our research skills and identification, and use of reliable information improved. Writing a thesis was a first time for both of us and this may be seen in our writing.

By making the theory part and the actual output, online learning material in PowerPoint we deepened our knowledge of depression in adolescence and nursing professionalism. All the nurses will meet mental health patients in their future jobs, even in somatic areas, so deepening knowledge about adolescent depression is very important. Writing this thesis and making the learning material, our own professionalism has deepened, and knowledge has expanded.

Professional competencies of nurses include health promotion, decision-making, inter professional cooperation, counseling and mentoring and clinical competence (Savonia, s.a.). This process has strengthened our health promotion competencies, counselling and mentoring competencies and clinical competencies. We have better knowledge about depression in adolescents, and this will help us to meet the patient who suffers from depression especially adolescents.

6.4 Utilization and future development ideas

The purpose of this development work was to produce online learning material in the form of PowerPoint presentation for nurses mental health course in Savonia. The online learning material includes the main points of depression in 13–17-year-old adolescents and nursing professionalism.

The aim of the learning material is to improve competency and create a more concrete picture for nursing students about depression in adolescents. In our opinion, the school does not have enough high-quality study material in English, so we hope that this material ends up being used by teachers and students. We hope the students will find this learning material useful in their studies and later on in working life. In addition, our quality goals for the learning material in terms of content is that we can produce as clear PowerPoint presentation about depression as possible.

In the future this work could be developed for further research, for example by producing a questionnaire for nursing students to measure their knowledge about the topic after studying the online learning material. This could also be developed further by writing about concrete prevention methods that nurses could use in their work. In the piloting session in the classroom, a few students wrote an idea to add cultural factors of depression, and more solutions to cope with depression. These could be a development idea for the next thesis, to write more detailed about the cultural factors of depression or more concrete solutions to cope with depression.

REFERENCES

- Aalberg, Veikko, Aalto, Mauri, Arvonen, Tuula, Charpentier, Pia, Ebeling, Hanna, Erkolahti, Ritva 2019. Yleissaira-alapsykiatria. 1. edition. Helsinki: Kustannus Oy Duodecim.
- Aalberg, Veikko, Aronen, Eeva, Ebeling, Hanna, Kumpulainen, Kirsi, Laukkanen, Eila, Marttunen, Mauri, Puura, Kaija, Sourander, Andre, 2016. Lastenpsykiatria ja nuorisopsykiatria. Tallinna: Printon.
- Aalto-Setälä, Terhi, Marttunen, Mauri 2007. Nuoren psyykinen oireilu häiriötä vai ei? University Helsinki. <https://helda.helsinki.fi/bitstream/handle/10138/297745/duo96233.pdf?sequence=1>. Accessed 30.8.2023.
- Aalto, Mauri, Bäckmand, Heli, Haravuori, Henna, Lönnqvist, Jouko, Marttunen, Mauri, Melartin, Tarja 2009. Mielenterveys- ja päihdeongelmien varhainen tunnistaminen- opas ennaltaehkäiseväntyön ammattilaisille. Helsinki: yliopistopaino.
<https://www.julkari.fi/bitstream/handle/10024/80082/8c520a2b-6ed1-4789-bc9b-8597c85121ee.pdf?sequence=1>. Accessed 5.9.2023.
- Aarnisalo, Pekka, Ahonen, Veli-Matti, Aromaa, Esa, Erkkilä, Jaakko, Hagman, Helga, Halla, Tapio 2017. Masennus. 1. edition. Helsinki: Kustannus Oy Duodecim.
- Brame, Cynthia J 2015, Effective educational videos. <https://cft.vanderbilt.edu/guides-sub-pages/effective-educational-videos/> Accessed 29.9.2023.
- Finnish National Board on Research Integrity TENK, 2019, 2023. <https://tenk.fi/en>. Accessed 10.9.2023.
- Hammar, Anne-Marja, Storvik-Sydänmaa, Stiina, Tervajärvi, Lasse, 2019. Lasten ja perheen hoitotyö. Helsinki: Sanoma Pro.
- Hietaharju, Päivi, Nuutila, Mervi 2010. Käytännön mielenterveystyö. Helsinki: Tammi.
- Hietala, Tarja, Kaltiainen, Tiina, Metsärinne, Ulla, Vanhala, Erja, 2010. Nuori ja mieli- koulu mielenterveyden tukena. Helsinki: Tammi.
- Holmberg, Jan 2016. Hoitajana mielenterveys- ja päihdetyössä. Keuruu: Otavan kirjapaino Oy.
- Huurre, Taina, Marttunen, Mauri, Strandholm, Thea, Viialainen, Riitta, 2013. Nuorten mielenterveyshäiriöt, Opas nuorten parissa työskenteleville aikuisille. Tampere: Juvenes Print – Suomen Yliopistopaino Oy. Accessed 19.10.2023.
- Hämäläinen, Kaisu, Kanerva, Anne, Kuhanen, Carita, Schubert, Carla, Seuri, Tarja, 2017. Mielenterveyshoitotyö. Helsinki: Sanoma Pro Oy.
- Kananen, Jorma, 2012. Kehittämistutkimus opinnäytetyönä: kehittämistutkimuksen kirjoittamisen käytännön opas. Tampereen Yliopistopaino - Juvenes Print. Accessed 8.10.2023.
- Karukivi, Max, Nuotio, Tiina-Maija, Saarijärvi, Simo, 2013, Lääkärilehti - Nuorten masennusta voidaan ehkäistä. <https://www.potilaanlaakarilehti.fi/artikkelit/nuorten-masennusta-voidaan-ehkaista/> . Accessed 3.9.2023.

- Kathryn E. Perez, 2016, Effective Educational Videos: Principles and Guidelines for Maximizing Student Learning from Video Content. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5132380/> Accessed 27.9.2023.
- Kiiltomäki, Aliisa, Noppiari, Eija, Pesonen, Arja, 2007, Mielenterveystyö perusterveydenhuollossa. Vammala: Vammalan kirjapaino Oy.
- Kopakkala, Aku, 2015. Masennus suuri serotoniinihuijaus. Helsinki: Basam Books Oy.
- Luoma, Ilona 2022. Lasten ja nuorten masennus ja mielialahäiriöt. Duodecim terveyskirjasto. Updated 17.10.2022. <https://www.terveyskirjasto.fi/dlk00383>. Accessed 4.9.2023.
- Lönnqvist, Jouko, Henriksson, Markus, Marttunen, Mauri, Partonen, Timo, 2021. Psykiatria <https://www.oppiportti.fi/op/pkr00002/do>. Accessed 8.10.2023.
- Minkkinen, Jaana s.a. Masennus. A-klinikkasäätiö 2023. <https://nuortenlinkki.fi/tietopiste/tietoartikkelit/mielenterveys/masennus/>. Accessed 4.9.2023.
- Rovasalo, Aki 2022. Masennustila eli depressio. Duodecim terveyskirjasto. Updated 25.1.2022. <https://www.terveyskirjasto.fi/dlk00389>. Accessed 4.9.2023.
- Saarnio, Reetta, Päätaalo, Kati, 2022. YAMK-opinnäytetyöt – tutkimuksellista kehittämistä yhteistyössä työelämän kanssa. <https://oamk.fi/oamkjournal/2022/yamk-opinnaytetyot-tutkimuksellista-kehittamista-yhteistyossa-tyoelaman-kanssa/> Accessed 9.10.2023.
- Salonen, Kari, 2013. Näkökulmia tutkimukselliseen ja toiminnalliseen opinnäytetyöhön, opas opiskelijoille, opettajille ja TKI-henkilöstölle. <https://julkaisut.turkuamk.fi/isbn9789522163738.pdf> Accessed 10.9.2023.
- Savonia, publishing time unknown. Nursing competencies. http://webd.savonia.fi/nettiops/Sairaanhoitajan_kompetenssit_THA12S.pdf. Accessed 10.11.2023.
- Suomen Mielenterveys ry s.a. MIELI. Masennus. Internet publication. Updated 28.7.2023. <https://mieli.fi/mielenterveys-koetuksella/masennus/>. Accessed 4.9.2023.
- Suvisaari, Jaana 2013. Mielenterveyshäiriöiden esiintyvyyden sukupuolierot. Suomen lääkäriliitto. Updated 25.6.2013. <https://www.potilaanlaakarilehti.fi/artikkelit/mielenterveyshairioiden-esiintyvyyden-sukupuolierot/>. Accessed 4.9.2023.
- Terveiden ja hyvinvoinnin laitos 2023. Nuorten masennusoireilu ja masennustilat. Updated 3.3.2022. <https://thl.fi/fi/web/mielenterveys/mielenterveyshairiot/nuorten-mielenterveyshairiot/nuorten-masennusoireilu-ja-masennustilat>. Accessed 4.9.2023.
- The rectors' conference of Finnish universities of applied sciences Arene, publishing time unknown. <https://arene.fi/the-rectors-conference-of-finnish-universities-of-applied-sciences-arene/> Accessed 7.9.2023.

APPENDIX 1. PILOTING FEEDBACK QUESTIONNAIRE

1=completely disagree, 2=disagree, 3=neutral, 4=agree, 5=completely agree

Length of the PowerPoint (PPT) is appropriate (WITH RECORDINGS APPROX. 20min)

☹ 1 2 3 4 5 ☺

PPT slides were easy to follow

☹ 1 2 3 4 5 ☺

PPT visual look was good

☹ 1 2 3 4 5 ☺

The sound in the recordings was clear

☹ 1 2 3 4 5 ☺

Tempo of the recorded audio was suitable

☹ 1 2 3 4 5 ☺

PPT summarized important points of the subject

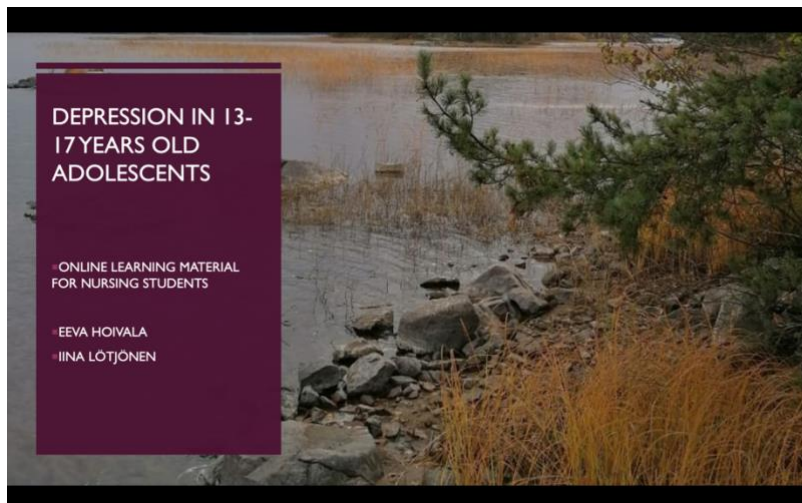
☹ 1 2 3 4 5 ☺

PPT can support my learning of adolescents depression

☹ 1 2 3 4 5 ☺

Free comments:

APPENDIX 2. POWERPOINT PRESENTATION- ONLINE LEARNING MATERIAL



DEPRESSION

Very common mood disorder among the adolescents

- Involves sustained melancholy and other symptoms related to thinking, feelings, behaviour and whole body.

More than 20% of youths have symptoms of depression and 5-10% have depression

- Two times more common among the girls

Things that can impact the formation of depression;

- Biological
- Psychological
- Social factors
- Traumatic experiences

(Minkkinen sa; Suomen Mielenterveys ry, 2023;THL, 2023;Rovasalo 2022)



YOUTH CAN BE DIVIDED INTO THREE PERIODS



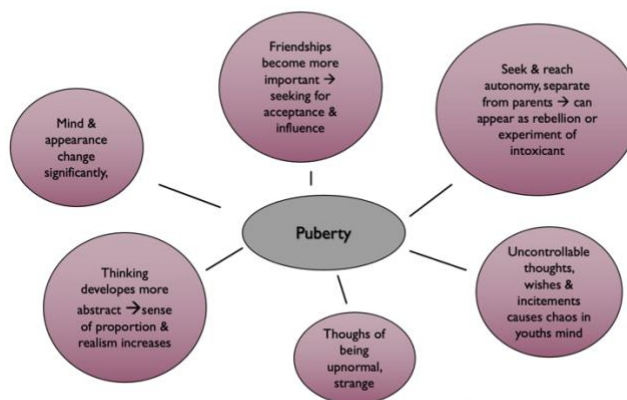
(Aalto-Setälä, Marttunen 2007)

DEVELOPMENTAL CHARACTERISTICS OF YOUTH

Early youth	Youth	Late youth
Start of the puberty ❖ Strong changes in mood ❖ Conflicts with parents ❖ Black and white thinking ❖ Self-centeredness	❖ Change regarding parents, own self and sexuality	❖ Building individual identity ❖ Autonomy ❖ Concrete detachment from childhood home

(Aalto-Setälä, Marttunen 2007)

WHAT HAPPENS DURING PUBERTY- A STEP TOWARDS ADULTHOOD



(Aalberg ym. 2019; Storvik-Sydänmaa, Tervajärvi & Hammar 2019.)

SOCIAL DEVELOPMENT

During social development youth starts little by little to detach from their role as a child in their family home → normally includes strong feelings and conflicts.

Friendships support the youth's development, being left outside of the friend group or being bullied can risk this development phase.

New friendships can bring new type of things and experiences in life → example new hobbies but could also be negative things like experiment of drugs or antisocial behavior.

Youths are trying to disappear their insecurity in many ways, this could be defined as acting like a mask on their face. Sometimes the mask can actually be a concrete, heavy make-up, piercings, tattoos and dyed hair.

(Hietala, Kaltiainen, Metsärinne, Vanhala 2010; Aalberg ym. 2019.)



Depression in adolescent and its characteristics

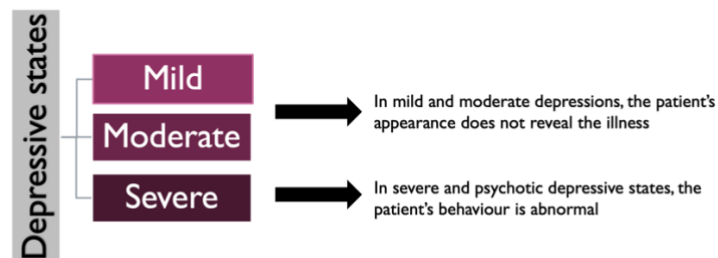
As childhood enters adolescence, the prevalence of mental health disorders increases sharply, and the first depressive episode typically occurs in the middle stages of adolescence.

More than half of depressed adolescents also suffer from some other mental health disorder. In addition, depression has been found to be associated with an increased risk of using substances and predicts subsequent use of substances.

Major depressive disorder is also the single most important factor that increases the risk of suicide among the adolescents.

(Nuotio, Karukivi, Saarijärvi 2013.)

According to the symptoms, depressive states are divided;



(Noppari, Kiiltomäki, Pesonen 2007)

The individual depressive symptoms related to normal development are short-lived, they are not associated with direct or indirect suicidality, and the adolescent's general ability to function is not affected.

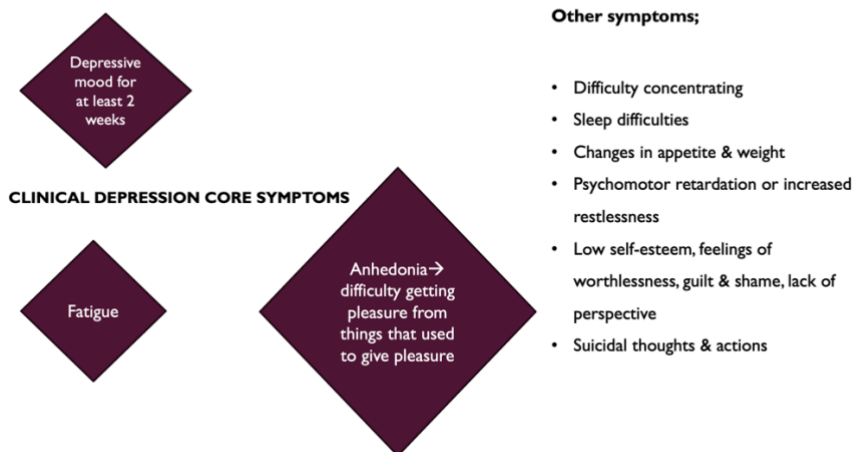
Such depressive symptoms are common in both psychological and somatic diseases, and they are more common in adolescence than in childhood or adulthood.

It is necessary to distinguish between depressive symptoms belonging to adolescence and clinical depression. Clinical depression causes decreased functioning and considerable subjective suffering.

The symptoms of depression in adolescent can be atypical, in which case the main symptoms are irritability or anger → can make it difficult to recognize and assess depression and, on the other hand, can also confuse the adolescent.

Those who suffer from severe depression in adolescence also have more periods of hospitalization and more problems in working life, social interaction and family life. Depression also increases susceptibility to injuries and the risk of several long-term somatic diseases.

(Karukivi, Nuotio, Saarijärvi 2013; Ahrnberg 2022)



(Ahrnberg 2022.)



When there is a risk factor, the individual's susceptibility to depression increases, especially when the risk factors are cumulated.

Psychiatric disorders in children and youths are always multifactorial. The accumulation of risk factors is more relevant than the existence of any single risk factor.

Protective factors refer to characteristics of the youths or the environment that reduce the youth's risk of getting sick despite risk factors.

Resilience means an individual's good ability to recover from stressful situations and the ability to face difficult things, such as traumas, without disturbing mental health.

There are both risk and protective factors in the growth environment of adolescents and they influence each other.

(Karukivi, Nuotio, Saarijärvi 2013; Kumpulainen ym. 2016)

RISK FACTORS	PROTECTIVE FACTORS
<ul style="list-style-type: none"> ○ Neglect in childhood ○ Violence & abuse ○ School bullying ○ Other somatic or mental issues ○ Parents depression or other mental health issues ○ Early losses & parents divorce ○ Women gender ○ Low income & education in family 	<ul style="list-style-type: none"> ○ Support of the environment → family or other supportive adults in youths life ○ Friendships ○ Good relationships with siblings or other family members ○ Good self-esteem ○ Social coping ○ Psychological flexibility & resilience ○ Sufficient sleep ○ Sense of well-being ○ Active problem solving ○ Positive perception of oneself

(Karukivi, Nuotio, Saarijärvi 2013; Kumpulainen ym. 2016)



Support of the depressed adolescent

It is possible to help depressed person by listening. Depression is a serious condition it is not a problem that can only be fixed with medication. The cause of depression is not a lack of medication.

It is good to encourage youths to be as open as possible with the nursing staff. Supporting the patient by listening and encouraging is important without denying the depressed person's strange thoughts and feelings but instead clarifying the facts and offering hope.

(Kopakkala 2015)

When talking with the youths, things to take into consideration;

- Talking to the youth directly and such a way they get feeling they are listened to
- Be friendly and listen the youth
- Important to maintain the role of an adult
- Avoid blaming the depressed youth
- Unhurried and safe atmosphere → encourages the youth to talk about their depression

(Marttunen, Huurre, Strandholm, Viialainen 2013)

Find the youths way of describing their depression example asking questions;
 -have you been more depressed, sadder, irritated, angrier, tired, unhappier than usual?

A depressed youth should always be asked about suicidal thoughts → does not increase the risk of thinking about or committing suicide. It can in itself partially ease the feelings of hopelessness.

(Marttunen, Huurre, Strandholm, Viialainen 2013:)



THE IMPORTANCE OF THE EARLY RECOGNITION

- Appropriate and the good timing is the key → The earlier the depression has been noticed and treated the better the recovery prognosis is.
- Depression can have wide and long-term effects on youth's development and mental and physical health later on in life → The best way to prevent youths from the adult mental health issues is to secure their mental development and good treatment of mental health illnesses.
- Early recognition have positive effects in youth's life → Helps youths to start to think of their own situation, their actions, choices and responsibilities to commit to the care provided for them.
- After this the youth can see how the change in their behavior affects the environment and close family members.

(Holmberg 2016; Aarnisalo ym. 2017)

Promotive work, treatment and rehabilitation of mental illnesses is a part of mental health work. The main goal is to enhance human wellbeing, performance and support the growth of the personality.

Nursing professionalism in mental health work;

- Responsibility
- Carefulness in work
- Interest towards the mental health work
- Stress control



(Holmberg 2016; Hämäläinen, Kanerva, Kuhanen, Schubert, Seuri 2017)



A professional is able to provide clear frames to the care and be able to act safely and reliably in different treatment situations. Every nurse will personally be in charge of giving good quality care and the results of their work.

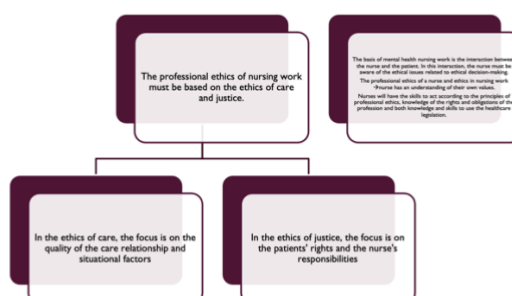


Nurses should be able to admit their mistakes, fix them and develop themselves with the feedback they have received.



Persons with mental health problems appreciate nurses who are competent, humane and tolerant. Meetings should be easy, respectful and individual.

(Holmberg 2016)



(Hämäläinen, Kanerva, Kuhanen, Schubert, Seuri 2017)