## Troubled adolescents hesitant to use mental health services

## April 11, 2007

Study suggests the need to increase service use among youth with depression.

A new Sunnybrook study has confirmed what Canadian psychiatrists have suspected for years – almost half of Canadian adolescents suffering from depression and suicidality are not adequately using mental health services for treatment.

The article, published in April's edition of The Canadian Journal of Psychiatry, studied youth aged 15 to 24 who were afflicted with depression and suicidality in the 12 months before the study began.

"Depression and suicidality in youth is a serious public health concern," says Dr. Amy Cheung, lead author of the study and staff psychiatrist at Sunnybrook Health Sciences Centre in Toronto. "To develop effective interventions, we must understand the rates and types of mental health services used by these youth."

Using data from the Canadian Community Health Survey, the study examined the mental service use in two groups: those aged 15 to 18 and those 19 to 24 years of age.

"We needed to study these two groups separately," says Dr. Cheung. "Someone who is 15 is dealing with different issues than someone who is 23. For example, a younger adolescent is most likely still living with his/her parents and attending high school."

The study found that in both age groups, just over 50 per cent are accessing mental health services.

The study, funded by the Ontario Mental Health Foundation and the Ministry of Health and Long Term Care Ontario, also looked at the differences in treatment and service use rates between males and females.

"Because males have a higher suicide completion rate than females, they may be more likely to be referred to mental health specialists," says Cheung, who is also an assistant professor in the Psychiatry department at the University of Toronto. "Females, on the other hand, are more likely to consult general practitioners, social workers and counselors."

According to the study, this could be attributed to a number of factors, one of which includes the false perception that female patients prefer "talk therapy" over biological treatments such as medications. However, when asked, female patients prefer the active treatment (medication) just as much as males.

"We concluded that the type of service provider seen for treatment by youth with depression and suicidality may not be entirely based on the preferences of the patients themselves," says Cheung. "Service providers need to be aware of this when they prescribe treatment to adolescents."

In contrast to other studies done on the subject, which found females to be more likely to use services, this study shows no gender differences in overall use of mental health services.

The next step now is to research factors that may influence the use of mental health services so that health professionals can work to overcome these barriers.

Cheung suggests public education as a good place to start. "There is a stigma associated with mood disorders that prevents young people from getting help. In educating the public about these illnesses, more adolescents may be willing to access the right services."

Dr. Cheung has been asked to speak at the Sunnybrook Estates on April 23 to help kick-off the 2007 Manulife Run for Research in support of mental health and neurosciences at Sunnybrook.

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