

MIND MATTERS:
A GUIDE TO UNDERSTANDING DEPRESSION IN YOUTH

AUTHORED BY:
FAHIMA MUHAMMED HELIA HAGHGOO CHAPTERS FOR CHANGE
ARDEN REGO SARAH ISKIN
MINIBOOK PROJECT

About Us

Chapters for Change is a non-profit organization dedicated to advancing health literacy in Toronto started by students at the University of Toronto. We recognize that there is a significant gap in access to scientific material on two fronts: cost and comprehension. Our aim is to provide a slight improvement to the situation by providing free access to well-written and well-researched books that are easy to understand. Our books are written by students at the University of Toronto under the guidance of medical researchers. We hope that you find pleasure in our work and an improved understanding of the topic.

MEET THE AUTHORS

FAHIMA MUHAMMED

Fahima Muhammed is a student at the University of Toronto pursuing a HBSc. in Applied Genetics and Biotechnology as a specialist. She has been involved with SickKids since 2023 as a Child Life Volunteer. In the future, she intends to work in healthcare and biotechnology.

ARDEN REGO

Arden Rego is a student in the Health Studies and Psychology program at University of Toronto with a specialist in Mental Health Studies Co-op. She is a mental health advocate with a thorough understanding of different mental illnesses who has previously volunteered for Kids Help Phone. In the future, she wants to become a clinical psychologist and help those affected by mental illness.

HELIA HAGHGOO

Helia Haghgoo is a student at the University of Toronto pursuing a double major in Neuroscience and Environmental Science with a minor in Psychology. She has been involved with SickKids as a Hospital Support Volunteer. In the future, her goal is to work in pediatric medicine.

SARAH ISKIN

Sarah Iskin is a MASc Biomedical Engineering student at the University of Toronto. She works in the Germann lab at University Health Network where she focuses on treatment resistant depression and aiming to improve the quality of life of this population by optimizing therapeutic options.

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01

WHAT IS DEPRESSION?

Depression is a complex condition, making it difficult to provide a single, succinct definition.

It is a serious mental illness that influences how a person thinks, feels, and functions in their daily life. Rather than being a temporary state of sadness, depression is understood as a long-term disorder that can affect emotional, mental, and physical well-being. It is widely recognized as a medical condition that requires proper understanding and treatment. Depression can make life feel more dull, like one is going through each day without the energy or joy they once had.

If you, or someone you love, show signs of depression - **you are not alone**. It is important to reach out to someone who you trust and consider receiving professional help.

SYMPTOMS

Major depressive disorder is the clinical diagnosis often associated with depression. It is a mood disorder characterized by persistent feelings of sadness and a loss of interest and enjoyment in activities one previously found pleasure in.

According to the *Mayo Clinic*, symptoms during a depressive episode can include:

- Persistent feelings of sadness, emptiness, or hopelessness
- Loss of interest or enjoyment in hobbies and daily activities (anhedonia)
- Increased irritability or frustration
- Feeling tired all the time, even after sleeping

- Trouble sleeping (too much or too little)
- Changes in appetite or weight
- Feelings of guilt or worthlessness
- Negative thoughts about yourself or how others see you *(Philippi et al., 2018)*
- Thoughts about death or suicide
- Trouble focusing, remembering, or making decisions

Further, individuals with depression may experience difficulty functioning in everyday life. Depression may make it difficult for individuals to manage simple, daily tasks such as getting out of bed, maintaining personal hygiene, and eating meals. It may also interfere in performance and motivation at school, at work, and in relationships.

01

TYPES OF DEPRESSION

There are different types of depression that can negatively affect an individual's quality of life *(National Institute of Mental Health, 2024).*

The two most common disorders are **major depressive disorder (MDD)** and **persistent depressive disorder**

- **Major depressive disorder (MDD)** is one of the most common and disabling mental illnesses in the world. MDD is characterized by symptoms of depression, particularly low mood and loss of interest, for episodes lasting at least two weeks. This condition can be impairing both physically and mentally leading to increased mortality either by suicide or chronic health conditions *(McIntyre, 2020).*

- **Persistent depressive disorder**, also known as dysthymia, is characterized by less debilitating symptoms of depression for a longer period of minimum two years (National Institute of Mental Health, 2024). However, a patient with dysthymia may experience episodes of major depressive disorder as well. This phenomenon is called double depression *(Flett et al., 2017).*

Other forms of depression include:

- **Bipolar II disorder** is a mental illness that is characterized by significant episodic mood swings. Individuals with bipolar II disorder experience both depressive episodes and hypomanic episodes *(Flett et al., 2017).*

- **Premenstrual dysphoric disorder** occurs when a woman experiences significant depressive symptoms sometimes accompanied by physical symptoms up to two weeks before she begins menstruating. Symptoms typically resolve during menstruation *(Keyes & Goodman, 2006).*

- **Seasonal affective disorder** typically occurs during autumn and winter months. It is believed that seasonal depression is caused by a lack of sunlight, disrupting serotonin levels, our circadian rhythms (our body's internal "clock"), and increased fatigue. Individuals tend to return to a non-depressed state in the summer and spring months *(Wescott et al., 2022)*.

- **Perinatal depression** occurs when a pregnant woman experiences severe depressive symptoms during pregnancy. It also may occur after childbirth, commonly called postpartum depression *(Keyes & Goodman, 2006)*.

- **Menopausal depression** occurs when a woman experiences perimenopause or post-menopause. The depressive symptoms are often triggered or worsened by hormonal changes, and could overlap with physical symptoms of menopause including irritability and changes in sleep *(Keyes & Goodman, 2006)*

01

WHO CAN GET IT?

While some people are more susceptible to being diagnosed with depression, it is a disorder that can impact anyone.

No matter one's age, gender, ethnicity, socioeconomic status, or sexuality, depression continues to impact millions of people worldwide. Beyond the common symptoms of depression, it can appear differently depending on the stage of life an individual is in *(National Institute of Mental Health, 2024)*.

- **Children:** Signs of depression in younger children include persistent sadness, clinginess, refusal to go to school, irritability, excessive worrying, and distaste for meals.
- **Teenagers:** Signs of depression in teenagers include persistent sadness, irritability, low self esteem, poor academic performance and attendance, drug and alcohol use, self harm, changes in eating and sleep patterns, getting into trouble legally or at school, and avoiding interacting with friends and family members.
- **Adults:** Signs of depression in adults include a negative view of life, stomach problems, decreased sex drive, disrupted sleep patterns, substance use, and increased frequency of depressive episodes.
- **Older adults:** While indicators of depression in older adults may be less obvious, signs may include persistent feelings of sadness and grief, changes in personality, changes in eating and sleeping patterns, refusal to go out and socialize, and suicidal ideations *(Mayo Clinic)*.

02

CAUSES OF DEPRESSION

The age between 10 to 19 is adolescence, is a vital period of development in terms of physical and psychological maturation *(The World Health Organization [WHO], 2024).*

During adolescence, the brain is sensitive to changes as its structure and functions develop. The maturation process does not occur in chronological order, and some areas of the brain are more vulnerable to changes during adolescence *(Sisk & Gee, 2021)*. These sensitive regions are the prefrontal cortex, which is the front of the brain and is responsible for problem solving and reasoning, and the limbic system, responsible for regulating emotions, memory and behaviour *(Sisk & Gee, 2021)*. This is the time when children begin to learn how to problem solve, make meaningful goals, and think critically. Thus extreme stress, or trauma, may interfere with normal development *(Sisk & Gee, 2021)*.

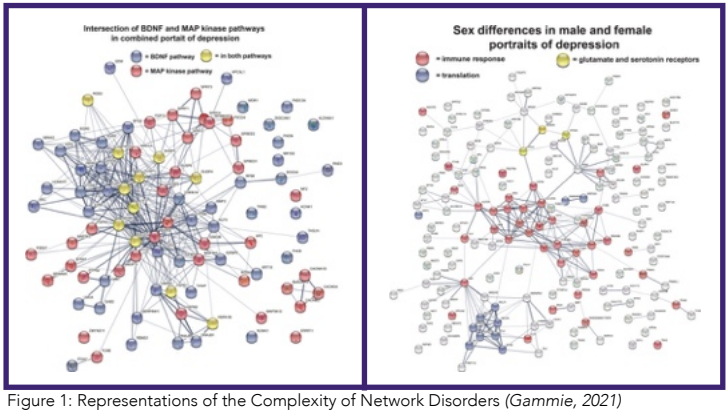


Figure 1: Representations of the Complexity of Network Disorders *(Gammie, 2021)*

Researchers identify depression as a "network disorder" to highlight its complexity and emphasize that it is difficult to identify a single factor that causes it. This approach helps us understand that the combination of many factors result in developing depression *(Malgaroli, Calderon & Bonanno, 2021)*. However, there are still identifiable biological and environmental factors that contribute to developing depression in youth.

BIOLOGICAL FACTORS

A genetic component to depression has been identified. People with a family history of depression, especially immediate family members, are three times more likely to develop similar symptoms *(Funkhouser et al., 2021)*. Biologically, dysfunction in certain neurotransmitters can contribute to depressive symptoms. Neurotransmitters are "chemical messengers" in the brain that help nerve cells communicate with each other. There are three neurotransmitters that have been implicated in depression pathogenesis, and a discussion of these follows:

- **Serotonin:** This neurotransmitter plays a large role in regulating mood, sleep, and appetite. When there is a reduction or dysfunction of serotonin, it may trigger several depressive symptoms in patients *(Flett et al., 2017)*.[5]

- **Norepinephrine:** Another common name is noradrenaline, this chemical contributes to the body's stress responses and alertness. Altered norepinephrine levels may increase anxiety levels and cause problems with mood regulation *(Flett et al., 2017)*.[5]

- **Dopamine:** Often known as the "happy hormone", dopamine is crucial for feelings of pleasure, sleep, mood, and other cognitive functions including attention. Dopamine dysfunction may contribute to loss of pleasure (anhedonia) *(Flett et al., 2017)*.[5]

ENVIRONMENTAL FACTORS

On the other hand, environmental factors are external factors such as childhood experiences, media influence, relationship with family and friends, grief, isolation, exposure to violence, socioeconomic status, and a requirement to conform with gender roles that have been linked to the development of depression. Further, studies have found a correlation between early negative childhood experiences and the development of depression in adulthood *(Zhu, 2025; Narayan et al., 2023)*. By contrast, children with positive experiences, such as having at least one

supportive parent, correlated with less risk of depression *(Zhu, 2025; Narayam et al.,2023)*. However, it is important to reiterate that depression is complex and may arise from a sum of experiences.

Another important factor is depression's interaction with other disorders. Depression is the most common disorder that accompanies other illnesses, especially in patients with chronic (long-lasting) diseases *(Gold et al., 2020)*. For example, a recent study showed that those with diabetes are two to three times more likely to have depression. Stunningly, of those, less than half are diagnosed and treated with depression *(Holt, 2025)*.15 The variability of depression makes it difficult to accurately diagnose *(Malgaroli, Calderon & Bonanno, 2021)*.10

03

WHAT IT LOOKS LIKE

As the focus of this book is depression in youth, it is important to mention how some may be more vulnerable to developing depression.

The following are groups of young people who have a higher chance of developing depression than their peers.

LGBTQ+ YOUTH

Young people who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ+) are two to five times at higher risk of dealing with mental health issues and self harm compared to their peers *(Wittgers, 2022)*. This is mainly due to the unique challenges that LGBTQ+ youth face such as discrimination and bullying targeted to a part of their identity. Additionally, the minority stress theory suggests that health differences within minority groups are because of internal stress due to stigmatization *(Frost & Meyer, 2023)*. The constant worry of discrimination and not being accepted is different from general stress *(Frost & Meyer, 2023)*. Although acceptance of LGBTQ+ people has increased as compared to only a few decades ago, the stigma is still present in many homes and communities; LGBTQ+ people still face discrimination and violence at a higher rate than their peers. They also have negative experiences with health providers, often feeling unheard and having the burden of constantly self-advocating *(Action Canada, 2019)*. However, in a more recent study according to Statistics Canada, LGBTQ+ youth were more likely to speak to a professional about their mental health more often than their peers (Kingsbury & Findlay, 2024). Intersectionality refers to the interconnected nature of social identities like race, gender, sexual identity, and how the combination of these contributes to the nature of prejudice and discrimination.Racialized LGBTQ+ youth face unique challenges compared to their white

LGBTQ+ peers as a result of intersectionality. The combination of marginalization due to race and personal identity contributes to negative mental health outcomes *(Rainbow Health Ontario (RHO). 2022)*.

NEWCOMERS TO CANADA

A survey comparing mental health in Canada shows that newcomers have a higher prevalence of anxiety and depression compared to long-term residents *(Mental Health Research Canada, 2023)*. Newcomers to Canada and children of immigrants face unique challenges from a young age. This is a multilayered issue: immigrant children face pressures in integrating to the new social environment, identity development, adapting to the new cultures, and navigating the differences in beliefs between themselves and their parents *(Caring for Kids New to Canada 2021)*. Immigrant children also have caregiving responsibilities, many are responsible for translating for their family which contribute to the added pressures. Additionally, economic challenges also play an important part. Many are exposed to poverty, lack of community, and food and financial insecurity.

VULNERABLE POPULATIONS

Other populations such as youth of colour experience are more vulnerable to depression compared to their white peers. Racialized groups in Canada do experience discrimination, but no two groups experience discrimination the same way. Because of geopolitical news and events, these moments can act to fuel the discrimination one group may receive over another as seen in the rise of anti-asian racism during the COVID-19 pandemic *(RHO, 2022)*.

Flores et al. (2023) surveyed ten thousand adolescents in the United States and reported that youth of colour had the highest rates of depression and lowest rates of treatment for depression.

Another example of a vulnerable population are children of low

socioeconomic status families, who have a high prevalence of experiencing depression *(Morrisey &Kinderman, 2020)*. In fact, children living in poverty are three times more likely to develop mental health problems compared to their counterparts *(Rakesh, Flournoy, McLaughlin, 2025)*. An observation of the correlation between socioeconomic status and mental health reveals that the experience of financial hardship is difficult both in childhood and adulthood.

It is important to remember that the discussion here is about risk factors and not guarantees. The contributions to depression are wide-ranging and there is no finite set of risk factors which would constitute a guarantee of developing the disease.

04

DIFFERENCES ACROSS GENDERS

Depression is a very common disorder that affects both males and females.

As discussed previously, depression may be the result of many different external factors, but it is also important to emphasize that individuals who have a family history of depression are at a higher risk of developing it themselves *(Sabic et al., 2021)*. People with depression often develop the classical symptoms already discussed. As a short reminder: loss of interest or pleasure in activities or hobbies previously enjoyed, having lowered self-worth, sadness, crying, loss of appetite and poor concentration *(Sabic et al., 2021)*. Although some symptoms in males and females may be shared, there are differences in the symptoms seen in adult males and females.

Depression is diagnosed more often in women than men, and therefore is globally seen to be more prevalent among women *(Sabic et al., 2021)*. Studies have shown that women often manifest the more classic depression symptoms that were discussed in previous sections, which may explain the gender discrepancy in diagnostic rates *(Sabic et al., 2021)*. Depression in men is sometimes categorized as male type depression. Although depression in men and women is fundamentally the same, the term male type depression encompasses the symptoms that have been seen over the years to be commonly more widespread in men. In contrast to women, men with depression have reported symptoms of anger, aggression and substance abuse *(Martin et al., 2013)*. Although male type depression symptoms are often reported by men, it does not mean that only men experience anger, aggression or substance abuse, these symptoms may present in women as well *(Moller-Leimkuhler & Yucel, 2010)*. Additionally, all adult men do not exhibit male type depression

symptoms, men can present with classical symptoms as well *(Sabic et al., 2021)*.

Gender / Stage of Life vs Symptom Type	**Adult Females**	**Adult Males**	**Adolescent Females**	**Adolescent Males**
Classical Depression Symptoms	✓		✓	✓
Male-type Depression Symptoms		✓		

Figure xx: Common Symptoms of Depression by Gender and Age

Societal norms may play a role in why depression is less diagnosed in males. Classical symptoms such as crying and sadness go against traditional sociocultural ideals of masculinity. The society we live in promotes the idea that men should not be emotional and that they should not express their feelings of sadness or cry *(Martin et al., 2013)*. This stigma is very harmful to young adolescent males, as adolescent males may experience depressive symptoms but not seek help regarding them out of fear of looking emasculated in front of their friends or the adults in their lives.

As children age there is a higher chance of them developing depression. Studies have shown that the prevalence of depression increases from childhood to adolescence *(Apicella et al., 2023)*. Adolescent depression follows a similar trend to what is seen in adults. Similar to adult women, adolescent women report more classical symptoms such as excessive fatigue, weeping and low-self esteem compared to their adolescent male counterparts *(Apicella et al., 2023).* In contrast, adolescent males have not been seen to exhibit the male type depressive symptoms that are commonly seen in adult males *(Martin et al., 2013)*. In short adolescent females and adolescent males with depression both on average exhibit classical depression symptoms *(Martin et al., 2013)*. The onset of male type depression correlates with the completion of adolescence and the beginning adulthood *(Martin et al., 2013)*.

05

LEARNING & MEMORY

Multiple studies over the years have found that depressive symptoms in children and adolescents directly impacts their learning and memory capabilities *(Ciuhan & Iliescu, 2021)*.

Depression is known to impact a child's executive function, resulting in impaired attention and self regulation skills *(Ciuhan & Iliescu, 2021)*. These impairments are the main reason why children with depression are often seen to have learning and memory problems *(Ciuhan & Iliescu, 2021)*.

Executive function (EF) is used to categorize the many mental processes the mind uses to perform daily tasks such as "thinking and behaviour" *(Sung & Wickrama, 2018)*, including performing goal directed behaviours *(Dajani et al., 2016)*. Goal directed behaviours are actions that we perform with the goal of achieving a specific outcome, for example a goal directed behavior could be a child completing their homework as soon as they get home so they can be free the rest of the evening *(Dajani et al., 2016)*. Attention is another key mental process that is impacted by depression in children, causing impaired attention, also known as inattention *(Ciuhan & Iliescu, 2021)*. Self regulation in a learning context refers to an individual's ability in "managing behavior, emotion, motivation, and attention for learning" *(Sung & Wickrama, 2018)*.

Children who suffer from depression have difficulty with their learning due to depression negatively affecting their mental processes *(Ciuhan & Iliescu, 2021)*. The mental processes mentioned above are important in child development as they allow children to learn, so reduced or impaired abilities in any of these areas directly results in the child having a reduced learning capacity *(Ciuhan & Iliescu, 2021)*. As symptoms are seen to directly impact mental processes, depression and learning

impairments are often considered to be co-morbid in children.

Adults with depression are reported to have issues with their memory *(Burt et al., 1995)*. These memory impairment symptoms are not as studied in children, but impaired memory is often a symptom of depression seen in adults *(Burt et al., 1995)*. Studies have shown that there is an association between depression and impaired memory, but an association does not mean that adults with depression will always have memory impairments, or that depression directly causes an impaired memory, instead it means that there is a higher chance that adults have symptoms of impaired memory *(Burt et al., 1995)*.

06

SOCIAL IMPACTS

Depression can have a significant impact on the quality of someone's relationships over time.

When someone is experiencing major depressive disorder, symptoms such as low mood, irritability, or isolation can negatively affect how they interact with others. These patterns may lead to increased conflict, misunderstanding, or emotional distance in relationships with parents, peers, and romantic partners *(Goodman et al., 2019)*. The absence of supportive, healthy relationships can make depressive symptoms worse. It is important for people with depression to reach out to loved ones who are trustworthy and understanding, or a professional to talk to about how depression affects their relationships.

PARENT-CHILD RELATIONSHIPS

According to Goodman et al. (2019), a problematic relationship between parents and a child is a predictor for developing depression in adolescence or early adulthood. Children who experienced high conflict and tension with parents, neglect, abuse, or intense academic pressure are more vulnerable to showing depressive symptoms later in life. If a child is displaying depressive symptoms at an early age, supportive and proactive parenting is crucial to get the child professional help to prevent worsening symptoms.

In adolescence, individuals tend to either isolate themselves from their families or become irritable towards them. In such cases, it is important for parents to have an understanding of what their child is going through and show that they are supportive and present for their child. A notable sign that teenagers are depressed is self-harm. Self-harm is when someone deliberately hurts themselves; with or without suicidal

intention *(National Institute of Mental Health, 2024)*. If a child self-harms, it is important to show support, put away items that they are harming themselves with, and look for help from a mental health professional.

PEER RELATIONSHIPS

When a person is depressed, it is likely that they isolate themselves from social settings due to feeling fatigued or having a low "social battery". Some young people, however, may get involved with peers involved in drugs, legal trouble, or recklessness. These kinds of peer to peer relationships can provide a temporary sense of belonging or distraction, but it often reinforces negative behaviors and emotional instability. Over time, these relationships may lead to increased conflict or risky decision-making, which in turn may worsen the individual's depressive symptoms. Instead of finding relief, they may find themselves stuck in a cycle where poor relationships and depression feed into each other, making it harder to recover and build healthier connections *(Goodman et al., 2019)*.

In difficult times, it is important to surround oneself with peers who promote healthy practices and lifestyles that would improve depressive symptoms rather than worsen them. Supportive friends can encourage positive coping strategies: talking about emotions, seeking help, or practicing hobbies that could distract from unhealthy and negative thought patterns. They can also help reduce feelings of isolation by simply being present and offering understanding without judgment.

ROMANTIC RELATIONSHIPS

Individuals with depression are prone to having struggles within their romantic relationships. They may isolate themselves, have difficulty communicating their emotions and needs, or misinterpret their partner's actions negatively due to internal low self-esteem. This can lead to misunderstandings, increased conflict, or feelings of disconnect between partners. If left unaddressed, these patterns can create a cycle where

relationship problems persist causing further depressive symptoms which make it harder to maintain a healthy connection *(Goodman et al., 2019)*.

It is important for couples, especially when one partner is experiencing depression, to consistently communicate needs and emotions. This helps both partners understand what the other is experiencing and prevents misunderstandings from happening. When communication is open, it creates space for empathy and support, things that are important for someone with depression. In some cases, couples therapy can be helpful in strengthening the relationship during difficult times.

ACADEMIC, WORK, HOBBIES, ETC.

As discussed, depression has a lasting impact on children and adolescents and is known to negatively impact their learning abilities. Learning is interrelated with academics, and therefore the link between depression and learning ties into depression having a negative impact on academics. Past studies have confirmed that EF abilities are directly linked to academic achievement and that children with higher EF abilities were more successful academically in reading and math skills *(Ciuhan & Iliescu, 2021)*. As a result, depression in youth can result in lowered academic performance *(Ciuhan & Iliescu, 2021).*

While depression can result in poor academic performance, the reverse is also true. That is, poor academic performance can lead to the development of depression *(Sideridis, 2005)*. We will first discuss how academic achievement can increase the susceptibility of youth to develop depression. Academic goals are a way for children and adolescents to "gain a sense of meaning, purpose, and direction" in their lives (*Sideridis, 2005)*, but are also a major source of extreme stress in youth. Academic goals are not a bad thing, they can be beneficial in childhood development, but when a child falls short of these goals they can develop negative feelings about themselves such as: lowered self-worth, feelings of uselessness or pointlessness, and

loss of hope putting them at an increased risk of developing depression *(Sideridis, 2005)*.

Youth who have depression suffer from many symptoms that make it difficult for them to form, maintain and enjoy social and familial relationships. Social networks and participation in extracurricular activities are key factors that influence proper social development *(Mason et al., 2009)*. Studies show that social networks in children and adolescents have been known to directly impact their participation in extracurricular activities, and that those who suffer from depression are known to have limited social networks and have minimal participation in extracurricular activities *(Mason et al., 2009)*. Research has shown that promoting extracurricular activities has the potential to reduce the risk of developing depression as they promote "belongingness and positive future outlooks through structured engagement" *(Mason et al., 2009)*. In general promoting extracurriculars in children and adolescents encourages proper social development, can discourage young people from taking part in high-risk activities and can help young people structure and maintain positive and supportive social networks among peers and adults *(Mason et al., 2009)*.

We will now discuss how involvement in extracurriculars may also be beneficial in helping alleviate depression symptoms in those diagnosed with depression *(Fancourt et al., 2020)*. Individuals who have mild to moderate depression may benefit from being encouraged to take up extracurriculars and hobbies *(Fancourt et al., 2020)*. This is because extracurriculars and hobbies can help encourage feelings of belongingness, and promote the formation of social networks for support *(Fancourt et al., 2020)*. Furthermore, these activities can help with developing coping skills, and allows for individuals to participate in "self-expression, creativity, and relaxation" *(Fancourt et al., 2020)*.

07

ACTIVITIES TO MINIMISE

The complexity of depression does not mean that it is not preventable or treatable.

It becomes important to be proactive and engage in activities to reduce the risks of developing depression. Self-care means learning how to be grounded and in tune with your own body and mind. Self-care means engaging in activities that lift your spirits and make you feel better, whether it be re-kindling with your old hobbies, or trying new ones. It helps you cope with anxiety, stress and depression *(Camh, 2018)*. The following are some practices that young people or adults can do to reduce the risks.

- **School Connectedness:** Participating in school is related to better academic achievement and also better emotional well being since students feel a sense of belonging. Students who feel connected to their peers and participate in school activities report lower suicidal thoughts, better mental health and less emotional distress *(CDC, 2021)*. Studies showed that high school students who increased their involvement in school and extracurricular activities also saw a decrease in depression symptoms in a survey of a one year follow-up *(Raniti et al., 2022)*.

- **Parental Presence**: It helps if parents are able to recognize the problems and aid in getting the proper treatments for their child, while continuing to be supportive during the treatment process. In fact, parental support is currently a major barrier to adolescents seeking treatment *(Oh & Bayer, 2015)*. A recent report found that female and LGBTQ+ students who report high parental monitoring also report less harassment, substance abuse, violence and better mental health *(CDC, 2021)*.

- **Religion and spirituality:** Religious coping strategies have been correlated with lower depression. One reason may be that religious practices offer social support and involvement *(Rosmarin & Koenig, 2020, p7)* . These beliefs also allow one to have shared worldviews and a sense of coherence, helping them deal with stressors in life *(Koenig et al.,1998; Rosmarin & Koenig, 2020, p. 9)*. Additionally, higher religious and spiritual involvement is related to an increased sense of purpose, gratitude, resilience and forgiveness in diagnosed depressed patients *(Southwick & Charney, 2012; Koenig et al., 2014, p.9)* .

- **Regular exercise:** Exercise has time and time shown to help reduce the risk of depression. Not only does it help on a neurobiological level, but it also helps improve our physical wellbeing, which is another important method of self-care . Exercising improves the sense of achievement, which increases self-esteem. It helps lower cortisol (a hormone involved in our body's stress response) levels, thus decreasing stress. Because a common symptom of depression is withdrawal of activity, exercise helps break that cycle. Last, exercise improves sleep patterns which helps with increased energy and combats cognitive decline *(Hossain et al., 2024).*

- **Sleep:** People recognize the importance of sleep, but rarely is it acted on. Over 90% of adolescents with MDD reported disruption in sleep *(Urrila et al., 2012)*. The concrete relationship between depression and sleep is still being studied, but researchers consistently see a correlation between the two. Multiple studies found that adolescents with insomnia were two to five times more likely to develop symptoms of depression *(Robers et al., 2013; alvaro et al. 2017 ,Siversten et al., 2014)*. The circadian rhythm, also known as the biological clock, is responsible for maintaining our sleep/wake cycle. A disruption to this cycle is related to mood disorders, and a regular sleep routine is thought to help reduce depression symptoms *(Chiara & Leila, 2024)*.

08

DIAGNOSING DEPRESSION

Psychiatrists, psychologists, and family doctors are able to diagnose patients with depression and other mental illnesses.

It is important to **not** self diagnose due to the risk of misunderstanding symptoms, overlooking other possible conditions, and delaying proper treatment from a qualified professional.

According to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, (DSM-5) a patient with depression must have a minimum of five symptoms of depression. Among these five, one of the symptoms **must** be a depressed mood or loss of interest (anhedonia), or both. The diagnosis must also not be more accurately explained by another medical condition or the effects of a substance. In some cases, professionals may also assess for other mental health conditions that can resemble or occur with depression, such as generalized anxiety disorder or bipolar disorder, to ensure the most accurate diagnosis. A person must experience these symptoms more often than not for a **minimum of two weeks**. In addition to the two-week duration, the symptoms must also cause significant distress or interfere with one's ability to function at work, school, or in social settings.

There are several methods that psychiatrists, psychologists, and doctors use to diagnose depression. Professionals commonly use a clinical interview to learn about an individual's background and medical history, and assess the symptoms that they are experiencing to make an accurate diagnosis. Professionals also use a self-report questionnaire to measure the severity and frequency of the symptoms. Topics in this survey include questions about one's somatic symptoms, such

as sleep quality and appetite, and emotional symptoms, such as self-esteem *(Knaster et al., 2016)*. If a professional suspects that an individual is not being truthful on the questionnaire due to inconsistency in answers or a bias towards one extreme over another, then the questionnaire may be deemed invalid. It is important to be open and honest to mental health professionals for the most accurate diagnosis and treatment plan. Since symptoms can fluctuate, improve, or significantly worsen, mental health professionals may require follow-up sessions to monitor changes and adjust the diagnosis or treatment accordingly.

09

TREATMENT OPTIONS

Fortunately, there are several types of treatments for depression, offering hope to those living with the condition.

Treatment can vary depending on the severity and type of depression, as well as individual needs and preferences. Types of treatments include medication, therapy, lifestyle changes, and methods for targeting different aspects of the disorder. In some cases, a combination of approaches is most effective. Upon diagnosis, it is important to discuss a personalized treatment plan with your mental health professional that will benefit you most effectively.

MEDICATION

One of the most common treatments for depression is with the use of medication. For depression, antidepressants are usually used. The following are two common classes of antidepressants:

- **Selective Serotonin Reuptake Inhibitors (SSRIs)**: This class of antidepressants is the most commonly prescribed medication for depression. SSRIs increase the amount of serotonin available in the brain, helping regulate the user's mood *(Rosenberg et al., 2017)*.

- **Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)**: This class of antidepressants is usually used for more severe cases of depression or if SSRIs were ineffective. SNRIs typically have more side effects than SSRIs. SNRIs boost both serotonin and norepinephrine levels in the brain, improving mood and energy *(Rosenberg et al., 2017)*.

Antidepressants usually have several side effects, especially when an individual is first starting to take them regularly. Some

of these side effects include nausea, dizziness, sleep changes, fluctuations in weight, and more.

PSYCHOTHERAPY

Psychotherapy, commonly known as talk therapy, is a very effective and commonly used treatment. Oftentimes, patients using medication also engage in psychotherapy due to the effectiveness of both treatments combined. There are several modalities of psychotherapy that a professional may specialize in, therefore it is important to find the type of therapy that aligns with your needs, preferences, and symptoms. The following are a few of the most commonly used modalities of psychotherapy.

- **Cognitive Behavioural Therapy (CBT):** CBT focuses on identifying and changing negative and harmful thinking patterns. Patients are encouraged to set future oriented goals, especially when their depression causes them to isolate themselves socially and lose motivation and enjoyment *(Schwartz & Petersen, 2010)*. This is the most common form of psychotherapy.

- **Interpersonal Therapy (IPT)**: IPT focuses on improving the patient's interpersonal relationships to help reduce depressive symptoms. Patients may benefit from this form of therapy if they are experiencing conflict in their relationships that contribute to their depression, social isolation, or grief *(Schwartz & Petersen, 2010)*.

- **Mindfulness-Based Cognitive Therapy (MBCT)**: MBCT is a form of group therapy that focuses on mindfulness strategies, such as meditation and breathing exercises, while using CBT principles as well. Patients may benefit from MBCT if they experience rumination frequently *(Schwartz & Petersen, 2010)*. Rumination is when an individual repetitively thinks negative and harmful thoughts.

- **Acceptance and Commitment Therapy (ACT):** ACT is a form of behavioural therapy that promotes acceptance of difficult emotions and situations instead of completely attempting to remove negative feelings. ACT uses mindfulness and a behavioural plan to effectively help patients *(Schwartz & Petersen, 2010)*.

- **Dialectical Behavioural Therapy (DBT)**: DBT combines both mindfulness and CBT practices to help patients with emotional regulation and coping with difficult situations. DBT is very beneficial for patients who engage in self harm when in distress *(Schwartz & Petersen, 2010)*.

LIFESTYLE CHANGES

Along with medication and psychotherapy, several professionals recommend for their patients to engage in lifestyle changes that may contribute to reducing symptoms of depression. Some of these lifestyle changes may include:

- Exercising to increase dopamine
- Taking walks in the sunshine to improve mood
- Spending time with family and friends
- Creating a daily schedule for increased motivation
- Decreasing screen time to make time for hobbies
- Writing in a daily gratitude journal
- Eating healthy meals regularly

TREATMENT RESISTANT DEPRESSION

Treatment Resistant Depression (TRD) is when an individual has not shown improvement in symptoms of depression after a minimum of two trials of using antidepressants in different classes. About 30% of patients with MDD are resistant to treatment. Usually, when patients tell a doctor that a medication is ineffective, they would attempt to change the dose, switch medications, or combine medications *(Schwartz & Petersen, 2010)*.

However, there are other ways to treat TRD without the use of medication. These include:

- **Electroconvulsive Therapy (ECT):** During ECT, electrodes are placed on the patient's head. The electrodes send an electrical stimulation to the brain causing a controlled seizure while the patient is under anaesthesia. This method is very safe and effective for TRD, and also severe forms of depression *(Gazzaniga et al., 2018)*.

- **Transcranial Magnetic Stimulation (TMS):** During TMS, a professional uses magnetic fields to stimulate certain areas of the brain. This safe and effective method is used for TRD, OCD, and Parkinson's disease *(Flett et al., 2017)*.

- **Deep Brain Stimulation (DBS)**: DBS is a surgery where electrodes are implanted within certain areas of the brain. The electrodes send an electrical signal to impact brain activity. DBS is similar to ECT, however it is more invasive and treats a variety of conditions such as Parkinson's disease, Tourette's syndrome, treatment resistant depression, and more *(Mayo Clinic)*.

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HOW TO REACH OUT

Depression is a debilitating illness that affects children, adolescents and adults around the world.

Childhood and adolescent depression isn't as widely known, understood or studied as much as depression in adults, but it is just as important. If you or a young person in your life seems to be suffering from depression symptoms do not hesitate to look for support, you and your loved ones are not alone. It cannot be emphasized enough that if you suspect depression, please visit a doctor and/or healthcare professional and talk to them about how you are feeling. Listed below are mental health hotlines, related resources and their descriptions. These resources are free, are curated for youth in Ontario, and will help you with any support you or your loved ones may need.

CHILDREN AND YOUTH SUPPORT SERVICES:

Kids Help Phone: Services are catered for children and youth, ages 5-20 years old. Offers confidential and free support by phone and text, as well as offers a variety of online resources. Services are offered in both English and French.

Good2Talk: Services are for post-secondary students ages 17-25 who reside in Ontario, and are free and confidential.

Youth Wellness Hubs: Services are catered for youth ages 12-25. There are 32 Youth Wellness Hubs located across Ontario with the goal of offering support to youth regarding mental health, substance use, primary health care, social services, housing and employment.

360 Kids: Offers a variety of services targeted towards youth in Canada related to health and wellbeing. Their services include

but are not limited to counselling and provincial youth outreach workers.

GENERAL HELPLINES FOR ALL AGES:

211 Ontario: Provides information about community, government, and health services that include mental health resources located all across Ontario.

988 Sucicide & Crisis Lifeline: Is a national hotline that offers one-on-one support for mental health, suicide, and substance abuse concerns. This service offers support through text, call, chat, which could be appealing for youth, and even offers services for deaf and hard of hearing individuals.

Gerstein Crisis Centre: Is located in Toronto and provides a variety of services that support mental health. These services include but are not limited to; a 24/7 telephone support line, substance use crisis management resources, an in-person mobile crisis team, as well as access to short-term crisis beds. Over the phone interpretation is available 24/7 in over 180 languages.

LGBTQ+ ORGANIZATIONS:

The 519: Is a city of Toronto agency that provides services curated for individuals that are part of the 2SLGBTQ+ community. They offer counselling services, queer parenting resources, and trans programming.

Casey House: Is a specialty hospital located in Toronto that's focus is providing care for individuals who have HIV, and are at risk of getting HIV. This hospital provides a holistic approach to health care and provides services to both in-patients and out-patients.

MUSLIM MENTAL HEALTH:

Nisa Helpline: Is available across North America, is anonymous and is curated for muslim women. The helpline is available 7

days a week from 8 am to midnight and offers support in English, French, Arabic, Somali and Urdu, offering mental health support and peer counselling.

Khail Centre: is a Canadian muslim run foundation that offers individual mental health counselling to youth and adults. They also offer services such as family counselling, play therapy and behavioural therapy, and also offer marital counselling for adults.

BLACK YOUTH SUPPORT:

Wanasah: Is a non-profit mental health agency located in Downtown Toronto's Regent Park curated for youth ages 12-25. They offer services including but are not limited to; counselling, case management, and crisis support.

AMANI Mental Health & Substance Abuse Services for Black Youth: Offers mental health services to youth ages 12-29 years old. They offer services across 8 locations located across southern and eastern Ontario. Services offered include but are not limited to; counselling, psychotherapy, psychiatry, group therapy, and mental health promotion.

NEWCOMER AND REFUGEE SERVICES:

COSTI: Is an immigrant services agency that can be utilized by new Canadians. They offer a variety of different services, among them is COSTI's Family and Mental Health services that provide counselling from professional counsellors. They offer one-on-one, family and marital counselling. As well as Family Education Workshops, Education and Outreach, and Women's Support Group for depression.

INDIGENOUS SERVICES:

Toronto Community Crisis Service (TCCS): Is an Indigenous led crisis response service that focuses on a community centred approach. Services offered include; crisis intervention, harm reduction, mental health support, and family support.

Aboriginal Health Access Centres (AHACs): Offers primary health care services including mental health services, that are led by Aboriginal communities. Services provided at AHACs are a "combination of traditional healing, primary care, cultural programs, health promotion programs, community development initiatives and social support services to First Nations, Métis and Inuit communities. Ontario has 10 AHACs that offer services in a variety of locations such as on or off-reserve, urban, and Northern areas. Use the link below to learn more about AHACs and locate AHACs near you.

Hope for Wellness Helpline: Offers "Immediate mental health counselling and crisis intervention for all Indigenous peoples across Canada" via telephone helpline and an online chat. Services are also offered in select Indigenous languages.

MENTAL HEALTH HELPLINES & RESOURCES:

Kids Help Phone
Call: 1-800-668-6868
Text: 686868
Website: https://kidshelpphone.ca/ (Access online chat feature and resources)

Good2Talk (Ontario Support)
Call: 1-866-925-5454
Text: text GOOD2TALKON to 686868
Website: https://good2talk.ca/ (Access online chat and resources)

Youth Wellness Hubs (Locations found on Website)
Website: https://youthhubs.ca/ (Access resources and find Youth Wellness Hubs near you)

360 Kids
Website: https://www.360kids.ca/programs-services/health-wellbeing/ (Access resources and learn more about offered services)

211 Ontario
Call: 2-1-1
Text: 2-1-1
Website: https://211ontario.ca/search/ (Access online chat and resources)

988 Suicide & Crisis Lifeline
Call: 9-8-8
Text: 9-8-8
Website: https://988lifeline.org/ (Access online chat and deaf/HoH features)

Gerstein Crisis Centre
Call: (416) 929-5200
Website: https://gersteincentre.org/

The 519
Front Desk Tel: (416) 392-6874
Website: https://www.the519.org/about/

Casey House
Call: (416) 962-7600
Website: https://caseyhouse.ca/

Nisa Helpline
Call: +1 888-711-6472
Website: https://www.nisafoundation.ca/programs/nisa-helpline (Access online chat and resources)

Khalil Centre
Call: (416) 901-2244
Website: https://khalilcenter.ca/mental-health-services/counseling-services

Wanasah
Front Desk Tel: (647) 947-6090
Website: https://wanasah.ca/

AMANI Mental Health & Substance Abuse Services for Black Youth
Email: info.amani@camh.ca
Website: https://amaniservices.ca/

COSTI
Head Office Email: info@costi.org
Head Office Phone Number: (416) 658-1600
Website: https://www.costi.org/programs/program_services.php
(Once on Website navigate to Social Services)

Toronto Crisis Service (TCCS)
Crisis Team Call: 2-1-1 (you will be connected to the TCCS crisis team via 211 dispatcher)
Head Office Phone Number: (416) 944-9300
Website: https://2spirits.org/tcss/

Aboriginal Health Access Centres (AHACs)
General Phone Number: (416) 236-2539 ext. 240
Website: https://www.allianceon.org/aboriginal-health-access-centres (To find resources and locations of all AHACs)

Hope for Wellness Helpline
Call: 1-855-242-3310
Website: https://www.hopeforwellness.ca/ (Access Online Chat and resources)

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REFERENCES

Scan the following QR code to see citations for all the works used in the making of this book.



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chapters
FOR CHANGE

"HOPE BEGINS WITH UNDERSTANDING."

Depression affects millions of young people, yet it is too often misunderstood. Mind Matters: A Guide to Understanding Depression in Youth shines a light on what depression really is, how it shows up in children and adolescents, and the steps we can take to support recovery.

With compassion and clarity, this guide explores symptoms, causes, and treatments, while addressing the unique challenges faced by vulnerable groups. It also offers practical tools, coping strategies, and a wealth of resources for families, educators, and youth themselves.



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Take a short quiz about the book

CONTACT US

chaptersforchanges@gmail.com
@chapters.change
or find us on LinkedIn

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