

Coping Through Connections: Adolescents With Mood Disorder



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Presentation Outline

- Introduction
- Literature Review
- Methodology
- Findings
- Discussion
- Implications
- Limitations

Background

- Mood disorders in adolescence – significant problem
- Associated with many negative features
- Debilitating condition – affects emotional/physical health
- Burden of illness – cost to society
- Only 1/4 – 1/3 of adolescents receive care!
- Adolescent's coping ability – concern to nurses

(Esposito & Clum, 2002; Kressler et al., 2001; Williams et al., 2009; Zuckerbrot et al., 2007).

Prevalence

- No national epidemiological studies undertaken
- Interpretation of epidemiology of adolescent mental health disorders – difficult
- Not as well documented as that for adults
- Affects between 3% and 8% of adolescents

(Birmaher et al., 1996, 2007).

Prevalence [cont'd]

- 7.5 million children & adolescents United States
- 1.5 million children & youth in Canada
- Lifetime prevalence 15-20%
- Adolescent/childhood MDD 60-70% risk of recurring in young adulthood

(Birmaher et al., 2002; Scahill, 2001; Weller & Weller, 2000).

Literature Review

- Further episodes of depression - young adulthood
- Impaired social/academic relationships
- Abuse of alcohol/other substances
- Nicotine dependence

(Berndt et al., 2000; Best et al., 2004; Birmaher et al., 1996; Boys et al., 2003; Fergusson & Woodward, 2002; Paperwalla et al., 2004).

Literature Review [cont'd]

- Risky sexual behaviour
- Teenage childbearing & early marriage
- Suicidality - Increased risk of suicide/suicidal behaviour/ideation

(Brook et al., 2002; Esposito et al., 2003; Hallfors et al., 2004; Kessler et al., 1997; Kosunen et al., 2003).

Literature Review [cont'd]

- Coping – construct well documented in the literature
- Focus – normal adolescents
- Coping/mental illness – family members
- Current literature – little awareness of how adolescents cope with a mental illness

(Chapman & Mullis, 1999; Lazarus & Folkman, 1984; Nehra et al., 2005; Ritsner et al., 2003).

Study Purpose

- Explore the phenomenon of coping for adolescents with a mood disorder
- Generate a grounded theory of the processes of coping
- Enable nurses to develop/implement nursing interventions to guide practice



Research Questions

- How do adolescents experiencing a mood disorder cope?
- What other persons and things influence coping?

Methodology

- Grounded theory – appropriate for studying nursing phenomena
- Useful for research in areas that have not been previously studied.
- Strauss & Corbin (1998)

Participants

- Fourteen adolescents approached
- Nine adolescents, 15 - 18 years old
- Eight – recruited from a psychiatric facility
- One obtained – University Internet website
- Seven participants – MDD
- Two participants – Bipolar 1 disorder

Data Analysis

- Interviews – transcribed verbatim & analyzed before the next scheduled interview
- Three levels of coding: open, axial & selective
- Not rigid but flexible approach (Strauss & Corbin, 1998).



Open Coding

- First & most important step
- Data are exposed
- Discover concepts – conceptualizing
- Line-by-line analysis, red ink/wrote on margins
- Concepts labels – context or “in vivo codes”

Participant Data

- I started feeling like; I started like trying to cut off connections with my friends

{Cut Off Connections}

- I just cut myself off from everything

{Cut Off Oneself}

Axial Coding

- Data reconstruction [identifying the connections between categories/sub-categories]
- Focus specify on a category that refers to a phenomenon

Participant Data

- I didn't go out as much, I stayed home [**Staying home**]
- I was like, I felt really awful and I didn't want to go to parties or anything [**Not wanting to do anything**]

Distancing Oneself

Selective Coding

- Last phase of analysis
- Categories are organized around a central explanatory concept

Distancing oneself]

Thinking it's a stage]

Seeking relief]

Cutting Off Connections

Phase 1

Feeling Different

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graph TD; A[Feeling Different] --> B[Becoming Aware]; A --> C[Experiencing the Symptoms];
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Becoming
Aware

Experiencing the
Symptoms

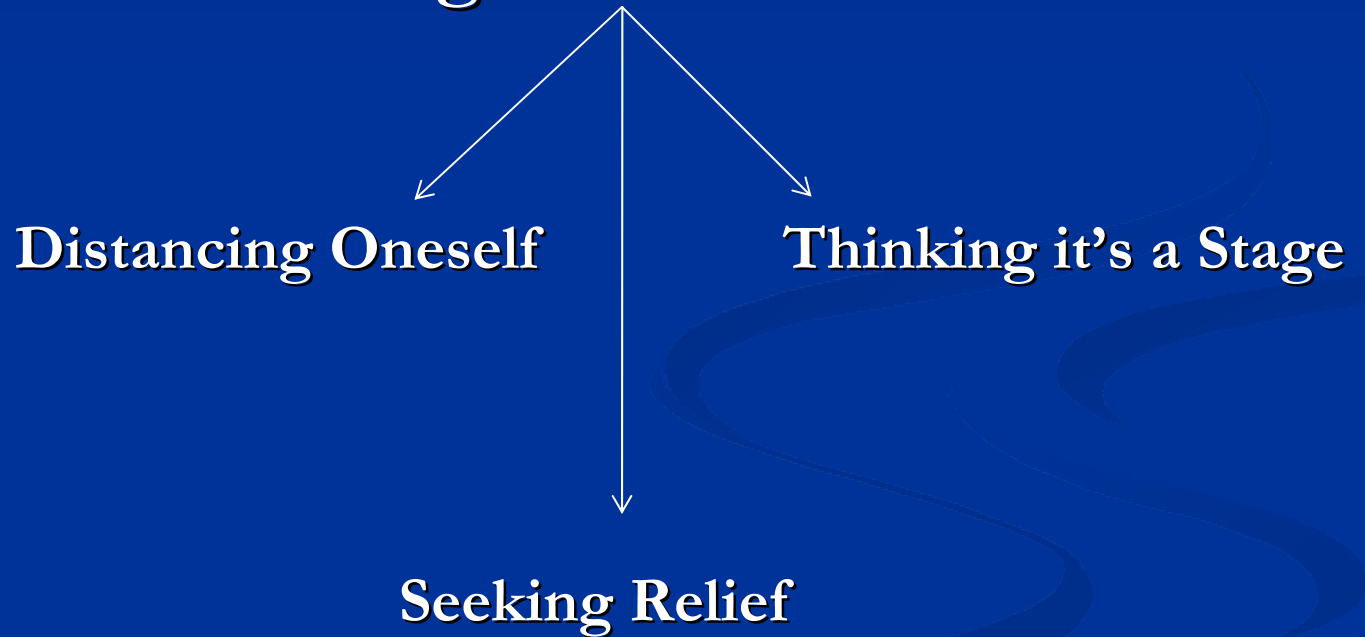
Phase II

Cutting off Connections

Distancing Oneself

Thinking it's a Stage

Seeking Relief



Phase III

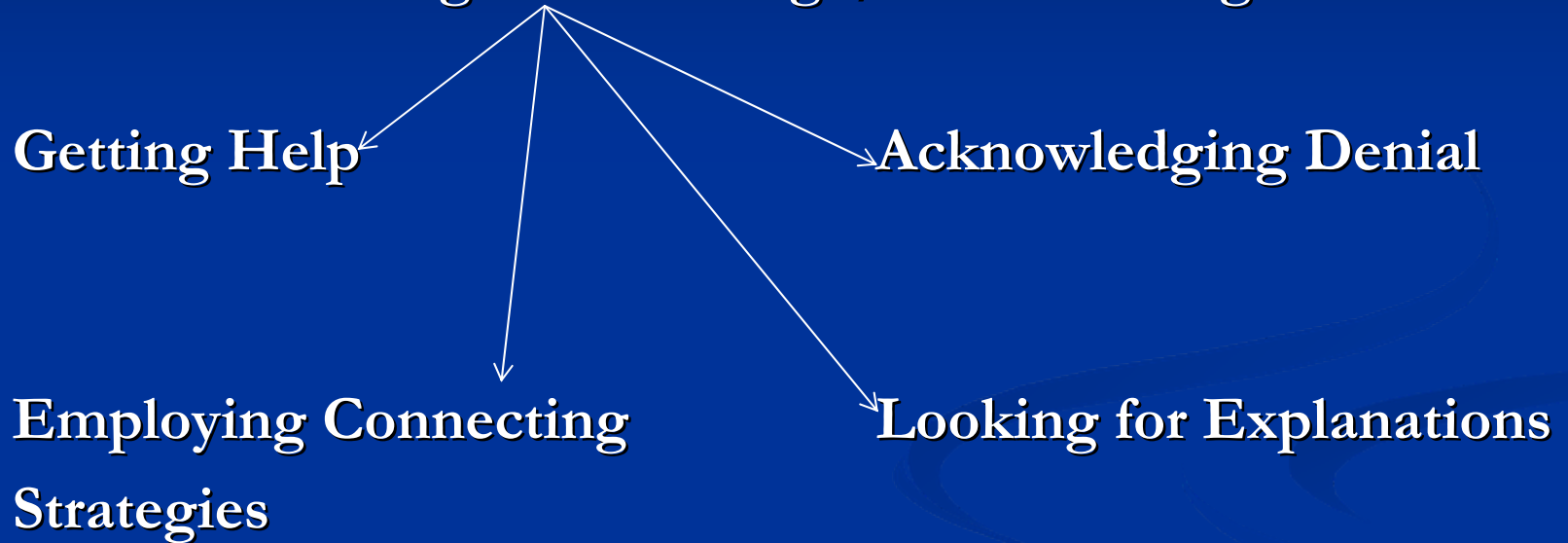
Facing the Challenge/Reconnecting

Getting Help

Acknowledging Denial

Employing Connecting
Strategies

Looking for Explanations



Phase IV

Learning from the Experience

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graph TD; A[Learning from the Experience] --> B[Personal Growth]; A --> C[Coming to Terms]; A --> D[Maintaining Hope]; A --> E[Managing];
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Personal Growth

Coming to Terms

Maintaining Hope

Managing

Core Category

- Abstraction used to describe the essence of what is happening within the research study

**An Unplanned Journey: Coping Through
Connections**

Implications for Nursing Practice

- Nurses require knowledge & understanding of how adolescents cope with such disorders
- Education of adolescents & young adults – enhancement/development of healthy coping skills
- Role for nurses who work within the school system
- Focus efforts on primary, secondary & tertiary prevention

Implications for Nursing Practice

- School Nurse in collaboration with School Counsellor – provide support
- Education of teachers – participants reported on feeling stigmatized by their teacher
- Adolescent admitted – nurses are presented with the opportunity to assess coping ability

Implications for Nursing Practice

- Refocus on the family in the plan of care
- Nurses need to be present & available for parents – valuable resource
- Course content in nursing curricula

Implications for Nursing Research

- Test theory in the practice setting
- Longitudinal study of adolescents
- Study on how parents cope
- Future study experiences for male & female adolescents
- Implications for policy development related to prevention of mental health disorders

Limitations

- Final sample size & gender may be a limitation
- Feelings of stigmatization may have impacted participation decision
- Adolescents who have not sought assistance

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Questions



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