



The Inaugural Winston S. Rickards Memorial Oration

Promoting Recovery From Youth Mental Illness

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Director

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Royal Children's Hospital,
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1976



Jane 6 years: A&E child protection referral

Strap bruises and bleeding forehead

Mother evasive: “ Jane fell down steps”

***History:* irritable, aggressive, oppositional, distractible, school failure**

***Observations:* aimless, noisy, destructive play. Uncommunicative.**

Draw a Dream. “Monster lady bashed me... blood came down all over my face...didn't like me because I was at a strange mother's place. I

hit back...I made her cry. Daddy in bed. He doesn't care” (Tonge, 1980)





**“You provided a safe, holding
environment which helped her gain
insight into the dynamics of her anxiety.
With insight a child is better able to face the
vicissitudes of life with *confidence*”**

(After W S Rickards, 1976)



***“ Insight and self confidence ...I think Harry
Guntrip has something to say about that...”
W S Rickards***



“ Insight, integration, individuation, self confidence and personal relationships are but distinguishable aspects of one and the same thing, which is called mental health.”

H. Guntrip, 1969



What is insight?

“A perception of the solution to a problem or difficulty and a perception of their origin”

Shorter Oxford Dictionary



Insight

What are its biopsychosocial foundations?

How does it develop?

How can it be defined and measured?



Is self efficacy a manifestation of insight?

Self efficacy-

“An individual’s perception that they are exercising influence over what they do... creating a sense of self confidence to achieve positive personal outcomes and overcome obstacles and adverse experiences” (Bandura, 1997)

Self efficacy and psychopathology

Low self efficacy is associated with:

1. Vulnerability to youth depression and anxiety
(Muris, 2002)

2. Maintenance of depression
(Maciejewski et al, 2000)

Therefore by inference high self efficacy is a determinant of mental health and resilience
(McFarlane, Belissimo & Norman, 1995)



Studies of self efficacy in young people with anxiety and depression

Studies of self efficacy in young people with anxiety & depression

1. Randomised waitlist controlled trial of CBT for school refusal (Heyne, King, Tonge et al, 2002a,b) NH&MRC

Development of self efficacy questionnaire for school situations (SEQ-SS) (Heyne et al, 1998)

12 situations e.g. Bullied at school, separation from parents

Score 1 definitely couldn't cope – 5 definitely could cope

Total score & 2 subscales (academic-social, separation-family)

Finding: SEQ-SS significant positive association with school return

Studies of self efficacy in young people with anxiety & depression

2. Berriga House study

Randomised group comparison of individual adolescent CBT vs family focussed CBT vs non- directive psychotherapy for adolescent depression



Studies of self efficacy in young people with anxiety & depression

Development of self efficacy questionnaire for depressed adolescents (SEQ-DA) (Tonge, King et al, 2005)

12 situations regarding ability to cope with symptoms emotions and behaviours related to depression e.g. Activities, mood, appetite, sleep, concentration, social stress, life events.

Self efficacy questionnaire

1. If you were feeling upset, how sure are you that you could manage doing your favourite activity or hobby?

7. If you were feeling irritable or angry how sure are you that you could control your temper?

**Really sure I
couldn't**

Probably couldn't

Maybe

Probably could

**Really sure I
could**

1

2

3

4

5



2. Berriga House study findings



Significant improvement for all treatments but improvement maintained at 12 months only in CBT treatments

✓ SEQ-DA significant negative association with RADS & positive association with recovery from depression



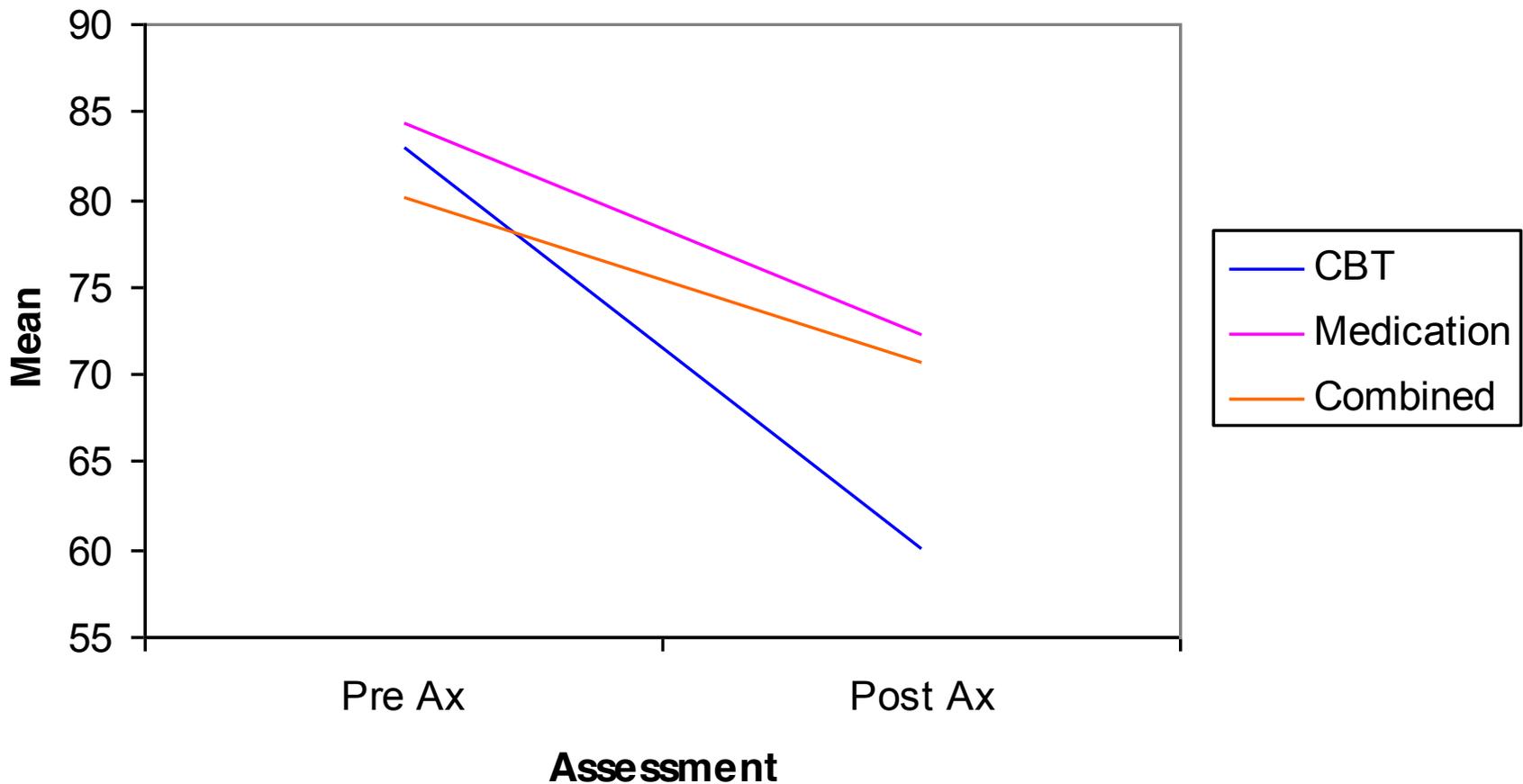
Studies of self efficacy in young people with anxiety & depression

3. Time for a Future-Youth Depression Study

Randomised group comparison of CBT vs SSRI (sertraline) vs combined SSRI/SSRI for CAMHS clinic referrals of depressed adolescents (Melvin, King & Tonge et al, 2006)

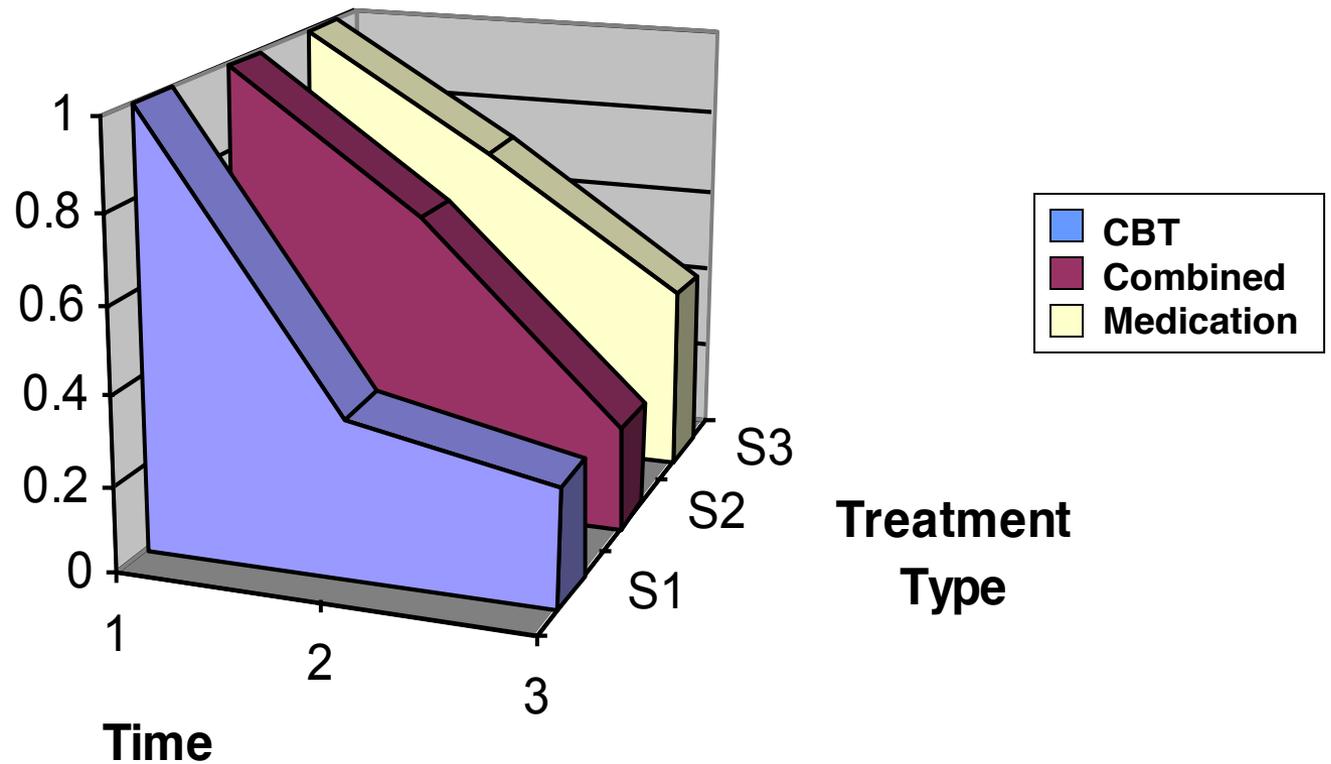


A comparison of outcomes between Treatments (RADS)





Recovery from Depression





Studies of self efficacy in young people with anxiety & depression

Findings: 55% recovered

Independent predictors of lack of treatment response:

Diagnosis of major depression

SEQ-DA (low scores)



Outcome of youth depression

A relapsing and remitting condition

- childhood MDD 72% recurrence in 5 years

(Kovacs, 1984)

- adolescent depression 69% recurrence in 7

years (Rao, 1995)

Severity of depression a clear predictor of relapse. Inconsistent evidence for females, lower SES, co-morbid anxiety, disappointing life events, parental depression

Longitudinal Findings of the Berriga House and Time For a Future projects

Bruce Tonge,
Neville King, David Heyne,
Michael Gordon, Dianne Summers,
Glenn Melvin, Amanda Dudley, Nicola
Williams, Danny Bryant, Lisa Burdett,
Sophie Kurts & Leanne Rowe, Sarah Ford.



**Centre for Developmental Psychiatry &
Psychology**





Outcome of youth depression

Follow up (N=130) over 4-9 years (mean 5.3 years)

- **suicide attempt rate 27% (? 1 suicide)**
- **Hospitalisation rate 14%**
- **Co-morbidity 77.5% (anxiety 51%, alcohol/substance use 28.4%)**
- **Recurrent depression 52.8%**
- **Bi-polar Disorder 3.7%**

Outcome of youth depression

Significant concurrent associations with recurrent depression

- **Poor global functioning**
- **Higher rates of attempted suicide**
- **Co-morbidity**
- **Psychotropic drug use**
- **Poor family functioning and parental bonding**
- **Maternal depression**
- **Low self efficacy**



Outcome of youth depression

Independent predictors of recurrent depression at pre-treatment:

- **MDD (+ve predictor)**
- ***Self efficacy (-ve predictor)***

Outcome of youth depression

Independent predictors of recurrent depression at completion of treatment: (3 months)

- ***Self efficacy (-ve predictor)***
- **Persisting depression (+ve predictor)**
- **Anxiety (+ve predictor)**
- **Poor family functioning (+ve predictor)**
- **Clinician assessment of global functioning (+ve predictor)**



***Self efficacy is associated with recovery,
resilience and mental health***

Can CBT be enhanced to promote self efficacy?



Self efficacy focussed CBT

for adolescent depression Pilot Study

- 1. Psychoeducation on self efficacy for adolescent and parents**
- 2. Cognitive skills to develop self efficacy in the control of depressive thoughts**
- 3. Mastery experiences (skills homework, modelling, role play)**

Focus on acknowledging strengths, choosing action not inaction and learning that you can learn from failure or difficult experiences



**Depressed Youth
SEF-CBT
pilot study (n=9)**

	Measure	Pre-Treatment % / m (sd)	Mid-Treatment % / m (sd)	Post Treatment % / m (sd)
Clinician Rated Measures				
	Remission	0%	NT	89% (8/9)
	Reynolds Adolescent Depression Scale † (Cut off 77)	80.0 (16.1)*	64.6 (19.4) *	53.7 (12.6) *
	Global Assessment of Functioning	50.8 (6) *	NT	69.0 (8.6) *
	Global Assessment of Relational Functioning	58.9 (8.1) *	NT	71.9 (12.4) *
Self-Report Measures				
	Self-Efficacy Questionnaire for Depressed Adolescents	36.3 (7.6) *	39.8 (11.9) *	46.6 (4.9) *
	Self-Efficacy Questionnaire for Children	57.8 (10.6) *	67 (11.4) *	72.6 (9.3) *



CONCLUSION

*For CBT, affect, behaviour and **self confidence** can be changed by changing thoughts because there is a reciprocal relationship between thoughts, feelings and behaviour*



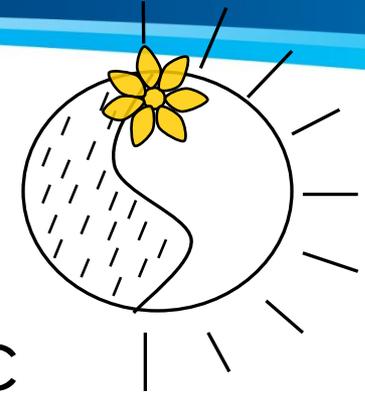
Does psychoanalytic psychotherapy promote self efficacy?



“The primary mode of therapeutic action in psychoanalytic psychotherapy is insight. The psychodynamic approach refers to the human potential for dynamic self alteration and self correction- engaging with this potential to bring about change through understanding.” (Fonagy & Kächele, 2009)



Time For A Future Youth Psychotherapy Project



‘Long term psychoanalytic
psychotherapy for young people with
serious mental illness’



MONASH University
Medicine, Nursing and Health Sciences



Helping Young People Grow!

Centre for Developmental Psychiatry & Psychology



Project Team:

Prof Bruce Tonge
Ms Jeanette Beaufoy
Dr Stan Gold
Ms Jill Pullen
Dr Georgina Hughes



TFF Youth Psychosis Recovery Programme

Naturalistic follow up study of adolescents with serious mental illness (in-patients) who received psychoanalytic psychotherapy (N=23) compared to those who received only standard CAMHS treatment (N=33)



TFF Youth Psychosis Recovery Programme

At 1 year:

✓ **Psychotherapy group had significantly greater improvement in clinical problems of:**

Depression

Attention

Socialisation



TFF Youth Psychosis Recovery Programme

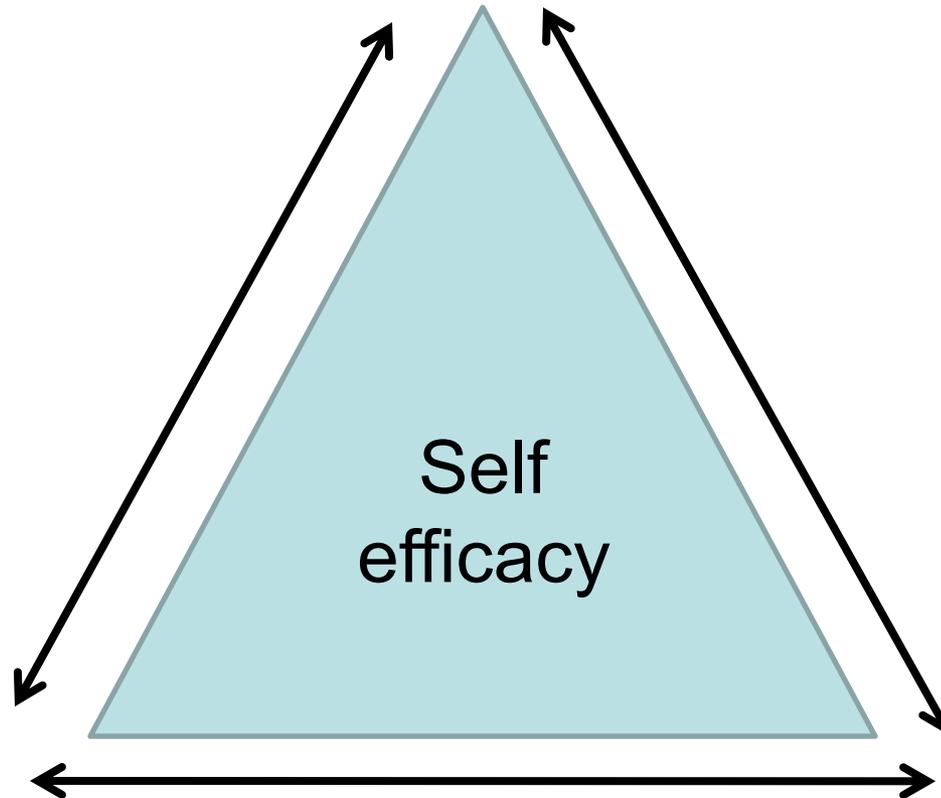
At 1 year:

- ✓ **Psychotherapy group had significantly greater improvement in SEQ-DA negatively associated with depression scores**

Implication: the development of self efficacy in psychoanalytic psychotherapy promotes recovery



Neurobiology/Affect



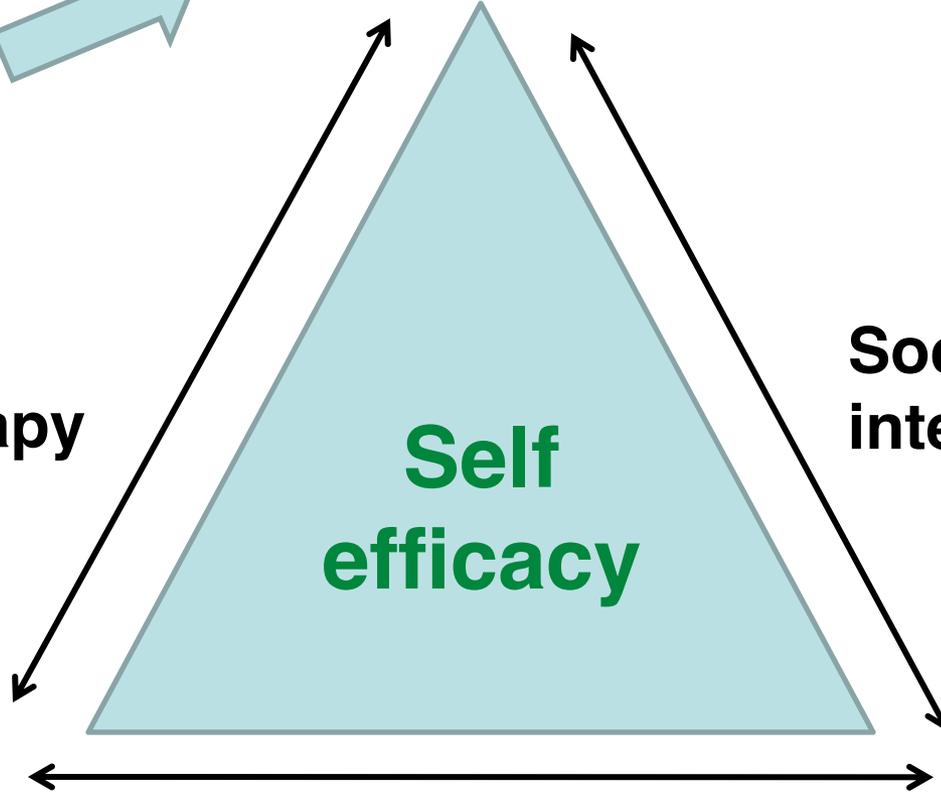
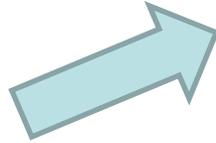
Cognition

Environment



Neurobiology/Affect

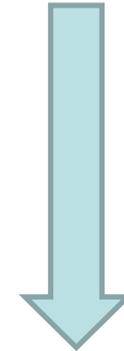
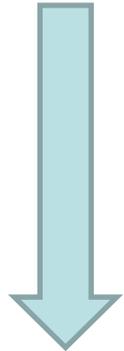
Drugs



**Social/family
interventions**

Psychotherapy

**Self
efficacy**



Cognition

Environment



***Psychoanalytic psychotherapy and
Self Efficacy Focussed CBT
promote mental health by developing self
efficacy***



Where to next.....

Might interventions that promote self confidence in at risk young children be the best way to build mental health and resilience?