Participants:

We would like to say a big thank you to all of the families who gave up their time to take part in our study. Thanks to you, we have managed to carry out the largest study in the world of this kind. Whether you were able to do it all, or only a part, we are very grateful to everyone who took part. We have information at all waves from over 90% of the families, which is remarkable for this type of study. This is really important as it allows us to look at how things change over time, which is something many other studies of depression are not able to do.

Who took part?

Just to remind you, all information is completely anonymous (we just use an ID number for your family) so you can never be identified from the data we collected.

Families:

This is where families lived at the start of the study. Some families moved during the course of the study, but continued to take part (we even conducted an interview on Skype with a family in Europe!)

Children:

Children were aged between 9 and 17 years old at the start of the study, with most children aged 12. Most children were also female.
Parents:

Depression affects both males and females and in this study we have interviewed both mums and dads who have suffered with depression. In some families, depression has affected both parents. Although there are similarities, depression can be different in males and females. In this study, mums and dads are similar in the number, length and severity of episodes that they have experienced. However, the graph opposite shows the differences between the age of mums and dads when they first had an episode of depression.

![Graph showing percentage of parental age when first diagnosed with depression]

What we have been working on?

Adult depression is common and can have an effect on the whole family. Sometimes children with depressed parents also show signs of difficulties, but this is not always the case.

We are really keen to raise awareness about depression in young people as often it is not picked up or treated. To help with this we have published some papers about adolescent depression [click here to read a review on adolescent depression].

We have also been presenting our findings at conferences both abroad and here in the UK and we have spoken to people involved with schools and the government to try and take our findings further.

Below is a brief summary of our main findings so far, with links to papers that have been published if you would like to find out more:

Parent findings:

- From talking to parents at the interview, we have noticed that everyone’s experience of depression has been very different. Some of the most common things that have varied between people include the number and length of parent’s episodes, the timing (e.g. during pregnancy) and how severe and impairing they have been. Our findings suggest that improvement of parental depressive illness and prevention of severe depressive episodes may be important for child well-being [link to paper].
We have found that some parents experience other problems, not just depression (e.g. anxiety and alcohol problems). Our findings suggest that it might be important for GPs to be aware of extra problems in parents with depression to aid treatment, and to promote child well-being.

We were interested in looking at the types of services parents and children go to for help when young people experience problems with their emotions and/or behaviour. We found that the most commonly accessed services were schools and GPs, however about two thirds of young people with problems were not being seen by any services at all [link to paper].

We have found that parent reports of child depression symptoms are as good as children’s reports in predicting future depressive disorder, especially in younger children [link to paper].

Child findings:

- Children completed some puzzles which looked at memory and decision making. We have found that children who are experiencing problems with their mood are more likely to remember memories that are less detailed [link to paper1], and are less likely to seek rewards in a task, than children who are not experiencing these difficulties [link to paper2].

Tools:

- Using a well known depression questionnaire, we have developed a graphical tool which could be used by people with depression and/or their GPs to monitor levels of depression over time.

- Using the questionnaires that families filled in, we have found some depression symptoms and family features that may predict the development of depression in young people. We have now made a computerised risk prediction tool which will help GPs to quickly spot children who are currently depressed or at risk of depression in the future.

- We are now running focus groups with parents to get feedback on the use of these tools.

If you have had a change of contact details and would like us to keep in touch, please let us know.

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Publications:


**Funding:**

- Sir Jules Thorn Medical Trust (*Predicting and Preventing Adolescent depression*)
- British Medical Association (*Examining links between Physical health and Psychopathology in Adolescents at Risk of Adolescent depression*)
- Nuffield Foundation (*Psychological adjustment and academic attainment across the transition to secondary school*)
- Economic & Social Research Council (*Resilience*)
- Economic & Social Research Council (*Family and genetic influences on children’s psychological development*)
- NISCHR (*Evaluating a depression prediction tool*)
- NIHR Doctoral Research Fellowship Programme (*Developing and evaluating an online psychoeducation package for adolescent depression*)