

# CARIBOU Mood Foundations Facilitator Guide

An Educational Intervention  
for Adolescents with Depression  
and their Caregivers.

**camh** | Cundill Centre for Child  
and Youth Depression



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# Mood Foundations Facilitator Guide

Mood Foundations is an educational session that youth and their caregivers are invited to attend as part of the CARIBOU Pathway. Agencies and service providers that are implementing the CARIBOU Pathway can use the Mood Foundations Facilitator Guide for support in developing and facilitating the Mood Foundations sessions. The goal of Mood Foundations is to provide youth and their caregivers with more information about depression, how sleep, eating and exercise can have an impact on their mood and what treatment may look like for youth with depression in the CARIBOU Pathway.

Mood Foundations is offered on a monthly basis and each youth and caregiver only attends once.

If multiple caregivers are involved in a youth's care, all are encouraged to join the session. A group of 3–6 families in total is ideal; however smaller and larger groups have been run. The session is typically facilitated by clinicians (clinical facilitators) alongside youth with lived experience of mental health and/or substance use challenges (youth facilitators). Working with young people to co-facilitate the sessions can be valuable, as youth may help to create a more welcoming space for other young people to participate. Youth facilitators may also incorporate their own experiences with mental health challenges into the discussion and provide tips for youth who may be going through similar experiences. Caregivers can also learn a great deal from youth with lived experience.

Consider offering a separate session for youth and caregivers. You can offer both sessions at the same time, where 1–2 facilitators work with the group of youth and another 1–2 facilitators work with caregivers in a separate room. Should you split the group this way, the same material is presented to each subgroup — but the discussion may be different around it. Be aware that youth participants are often uncomfortable in the multi-family sessions with caregivers present; particularly if there are more than 3–4 families. It is also helpful to work with multiple youth facilitators so they can be present in both the youth and family sessions. It is also an option to include caregivers (e.g. parents) of youth previously in treatment for depression (caregiver facilitators) — for the portions where caregiver participants are attending.

The following material is mostly derived from the NICE Clinical Practice Guideline Full Text that was released in 2005<sup>1</sup> and updated most recently in 2019. Some additional material is included and referenced below. As with many materials for the CARIBOU Pathway, the Mood Foundations Facilitator guide was co-developed with youth.

This session is intended to be structured, though please allow time for interaction with participants so that they can engage with the material and answer questions from the group as they come up. Acknowledge that it is difficult to follow all of the recommendations laid out here; youth are welcome to choose which strategies they may see as most helpful and easiest to use.

Discourage caregivers from using this session to point out what youth “are doing wrong”. If youth show signs of reluctance around making changes, validate that this is common and briefly explore what gets in the way. The youth's perspectives as participants are central here: “Our job is to give you the information, your job is to decide what to do with it”. Caregivers are specifically invited to increase awareness as well as support the youth in implementing the strategies that the youth decide to pursue — not to pressure the youth into following the recommendations. Facilitators can recommend that caregivers model the healthy lifestyle choices as a more helpful approach.

Both clinical and youth facilitators are advised to become very familiar with the material prior to delivering this session. It is not recommended to read this guide “word-for-word” in the session, rather facilitators should describe the information below in their own words. This approach is more likely to be successful in engaging youth and caregiver participants. Allow participants to disagree with any of the information; “you’re welcome to have your own perspective on this information.”

This document is for the facilitator only — the Mood Foundations Package for Youth is provided to the participants (pg. 15–18).

## Preparation

Before the session begins, clinical facilitators meet with youth facilitators to determine which components of the session they are comfortable leading or co-facilitating. Work with youth facilitators to understand how they would like to be involved in the session and what support they need to facilitate the material. It may be helpful to meet with them to help prepare an informal script for them to follow during the sessions or to help them think about what experiences and tips they are comfortable sharing with other youth and their family members. Relationship building between youth facilitators and clinical facilitators is important—over time youth facilitators may feel more confident presenting more of the materials themselves.

## Agenda

A typical agenda for the Mood Foundations session is as follows:

Item	Time frame
<b>Part 1: Introduction</b> <ul style="list-style-type: none"> <li>• Welcome and session overview</li> <li>• Name, pronouns and icebreaker question</li> <li>• Review CARIBOU Group Norms handout (pg. 19)</li> </ul>	20 minutes
<b>Part 2: CARIBOU Pathway Overview</b> <ul style="list-style-type: none"> <li>• Provide participants with more information about the CARIBOU pathway.</li> <li>• Option of watching <a href="#">CARIBOU — Pathway Orientation</a></li> <li>• See CARIBOU Pathway for Youth Depression handout (pg. 20–21)</li> </ul>	5 minutes
<b>Part 3: What is depression?</b> <ul style="list-style-type: none"> <li>• Review information in <a href="#">Mood Foundations: Depression Fact Sheet</a> in the Mood Foundations Package for Youth (pg. 15)</li> <li>• Option of watching <a href="#">Mood Matters: Describing Depression</a></li> <li>• Time for discussion</li> </ul>	20 minutes
<b>Part 4: How do sleep, eating and exercise have an impact on your mood?</b> <ul style="list-style-type: none"> <li>• Review information in <a href="#">Mood Foundations: Sleep, Exercise and Healthy Eating Fact Sheets</a> in the Mood Foundations Package for Youth (pg. 16–18)</li> <li>• Option of watching <a href="#">Mood Matters: How Food, Movement and Sleep Can Have an Impact on You</a></li> </ul>	30 minutes
<b>Part 5 (if applicable):</b> Orient youth to how the CBT model works and how the CBT group works (e.g. rolling entry, skill-based, importance of home practice).	10 minutes
<b>Part 6: Wrap up and next steps</b>	5 minutes

## Part 1: Introduction

Start the session off by providing participants with more information about what to expect and getting to know each other. Go around the room and ask everyone to introduce their name and the pronouns they use if they are comfortable sharing their pronouns. Be prepared to explain why we share pronouns, if this comes up in the session, youth are allowed to pass and the pronouns they choose to use may change over time. Potential icebreaker questions that you can ask include:

### *Ask participants:*

- *What is the most used emoji on your phone and why?*
- *If you had to teach a class on one thing, what would you teach?*
- *If you could eliminate one thing from your daily routine, what would it be and why?*

*Review the CARIBOU Group Norms handout (on page 19) with the youth and caregiver groups. This provides participants with more information about how the group will work together to create a space where everyone feels more comfortable participating and learning in the session.*

*Discuss if any group norms are missing from the handout that youth and family members would like to see incorporated or if they have any questions.*

## Part 2: CARIBOU Pathway Overview

*Provide participants with more information about the CARIBOU Pathway. You can watch the CARIBOU — [pathway orientation video](#) with participants, review the CARIBOU Pathway for Youth Depression handout (on page 20–21), including information about the pathway below, or you can do both.*

### Content of CARIBOU Pathway Overview

**CARIBOU stands for Care for Adolescents who Receive Information ‘Bout OUtcomes. It is an integrated care pathway for youth with depression. This means that the treatment youth receive is structured and there is a plan that maps the treatment process from start to finish. It’s also collaborative, so youth are involved in decisions about their treatment, as well as other people who provide support for them, such as family members and their care team.**

After participating in Mood Foundations, youth will have access to individual Cognitive Behavioural Therapy (CBT) or Brief Psychosocial Intervention (BPI), depending on the situation .

- CBT may be offered in a group or individual format. Through the group, youth will have the opportunity to join up to 16 sessions of CBT. The sessions are split up into four different modules with four sessions in each module. In the four modules, youth will learn more about behavioural activation, cognitive restructuring (i.e. working with your thoughts), communication skills, and problem solving. Youth can join the group at the beginning of any of the four modules.
- BPI may be offered for youth who do not respond to or do not engage with CBT. Youth will be offered up to 12 sessions of BPI, which involve supportive approaches as well as directly addressing factors thought to be contributing to the youth’s depression.

For youth with moderate or severe depression, medication options may also be discussed with

a psychiatrist.

Every 4 weeks youth will fill out questionnaires describing how they are feeling to their care team. These questionnaires will take approximately 15 minutes to complete and will help to track their progress in treatment. After completing the questionnaires, youth will meet with their care team to discuss how they have been responding to treatment and make plans for their treatment in the future. These meetings are called “Team Reviews”.

Family members can also receive more support through 8 weekly sessions designed to help family members learn more about ways to support youth with depression.

Youth may exit the pathway because they are feeling better, because they no longer see it as a fit for them or because they have already been through all of the pathway components and are still having symptoms. Upon leaving the pathway, all youth are encouraged to co-develop a structured transition plan with the care team.

*After describing CARIBOU, answer any questions that youth and family members may have about the pathway, such as the CBT, BPI and support for family members.*

## Part 3: What is depression?

*Begin this section with a discussion about depression. This helps to better understand the knowledge that participants may already be coming to the session with and particular areas of focus that may be relevant for the session. You may find that youth also describe symptoms that are associated with other disorders. It's important to acknowledge their suggestion and also offer more information about different mental health challenges when this comes up in the conversation.*

### **Ask participants:**

- *How much do you think you already know about depression at this point? (A lot, a medium amount or very little?)*
- *What is depression? Can anyone define depression in their own words?*

### **Facts about depression**

*Use the information below and review the Mood Foundations: Depression Fact Sheet (pg. 15).*

### **Ask participants:**

- *What are some symptoms that people with depression may experience?*

### **Content for education about depression**

**Depression is a cluster of symptoms that tend to happen together over a long period of time. In order to have a diagnosis of depression, there must be at least one of three core symptoms:**

1. **Sadness** is often associated with a decrease in energy, desire to isolate, negative thoughts about oneself/others/the future and urges to cry.
2. **Anhedonia** means the inability to experience pleasure. Some people experience this as numbness

or emptiness or severe boredom — a “blah” or “everything is grey” kind of feeling. People might stop doing activities they used to do (like sports, music, socializing) because of this symptom, as these activities no longer feel rewarding.

**3. Irritability** may be another core symptom in young people<sup>2</sup>. Including irritability as a core symptom of depression is tricky because it can also be a symptom of many other disorders, so it is important to consider the bigger picture.

Sadness, anhedonia and irritability happen with everyone from time to time. Often these feelings can be helpful for us.

**To be considered part of depression the core symptoms need to be persistent, causing a lot of distress or lead to difficulties getting through the day.**

**Ask participants:**

- *Can you think of any situations where feelings of sadness, anhedonia and irritability can be helpful for us?*

Sadness can help us bond with other people when there is a loss; or help us pull back from a situation that is causing us harm. It can tell us what is important to us in our lives. Depression is when sadness is going on for too long, getting in the way of our lives and is too intense to be helping us — and is causing us harm.

Boredom, or “anhedonia”, can push us to go out and explore new things. This, in turn, gives us a greater ability to manage new challenges that might come our way. Depression is when boredom goes on for too long and is too intense to be helping us — and is causing us harm.

Anger and irritability can help protect us and communicate with others so that our needs are met. In depression, experiences of anger and irritability are too much for the situation and leads to more harm.

- *Facilitators can also explore if youth have ever heard people say things like “I feel so depressed” — when they are referring to functional sadness, and how this can impact our perception of depression.*

**Other common symptoms include:**

- Disrupted sleep patterns
  - › This can be too much sleep, or not enough sleep.
  - › Young people tend to sleep less as they progress throughout high school and go to bed at later times (10:15pm in grade 9, 11pm in grade 12). On weekends, young people may fall asleep even later and sleep in more (going to bed at 12:15am and waking up at 9:30am)<sup>3</sup>.
  - › It is recommended to get 8 to 10 hours of sleep per night for adolescents aged 13 to 18.
  - › It is normal to wake up 4–5 times in the night for a few minutes.
- Disrupted appetite
  - › This can be eating too much or too little and can lead to significant weight changes.
- Disrupted physical activity levels
  - › This can be feeling “slowed down” or “sped up” to the point where other people can notice a change in activity levels.

- Low energy
  - › Including feeling tired all of the time. Young people might sleep for 8–10 hours, but do not feel refreshed.
- Poor concentration
  - › For people who have always had poor concentration, this may look like a worsening of their attention span.
  - › This might be experienced or noticed by others as indecisiveness or having a hard time making both big and small decisions.
- Excessive feelings of worthlessness or guilt
  - › Having negative thoughts beyond the thought that “my depression is a burden to other people”.
- Repeated thoughts about death
  - › This may include reoccurring thoughts about the idea of death, thoughts about “being better off dead,” having plans to die by suicide or acting on suicidal thoughts.

### A few additional facts about depression to consider for discussion

About 1 in 13 adolescents in Canada has a depressive disorder. There are two “disorders” where depression is the most noticeable symptom:

1. **Major Depressive Disorder:** This disorder is generally thought to consist of episodes of depression — that are different from someone’s usual mood.
2. **Persistent Depressive Disorder (or “Dysthymia”):** This is thought to be more long-lasting depression, where it has established itself as the “usual” mood for young people for 1 year or more

Note for participants that they may hear mental health professionals use this language, but that treatment for both disorders is very similar.

## What causes depression?

### Ask participants:

- *Does anyone know what factors can contribute to developing depression?*

Most mental health challenges have a number of different causes. We can identify “risk factors” or factors that make a person more likely to experience depression. Some people with many risk factors will never have depression, and some people with few risk factors can still get depression. Risk factors only tell us the likelihood of it happening.

### 1. Biological factors

**Genetics:** We know that people with a family history of depression are much more likely to experience depression than those without. There is no single gene identified — it is likely a combination of genes.



Genetics can explain about 30% of depression among a large group of adolescents with depression. This does not mean that 30% of an individual's depression is due to genetics.

**Brain chemistry:** There is evidence that a chemical called “serotonin” in the brain is not working as needed in some people with depression. Many antidepressant medications work by gradually changing the way serotonin works in the brain. Cortisol is a natural steroid in the body that is the “stress hormone” — there is evidence the high surges of cortisol (for example related to trauma), whether in the past or present, can lead to depression. This steroid can then change how the genes and nerve cells work in the brain, changing the way the brain manages stress in the future. Experiences of trauma can also lead to changes in the brain, as well as impact brain chemistry. Some people are also biologically resilient to stress — major life events that may lead to depression in one person, may not affect another as much.

**Substances:** Alcohol use is well known to increase the risk of depression. Other substances also affect the same chemicals that affect mood and likely contribute to risk as well.

## 2. Psychological factors

There are specific thought patterns that are associated with depression. People who tend to think negatively about themselves, the world, and the future even prior to depression are more likely to get stuck in depression in times of stress. People who tend to get stuck in a “thought loop” — where they can't stop thinking about a certain event are also more likely to experience depression.

## 3. Environmental factors

Social isolation and/or the breakdown of a close relationship is a risk factor for depression. School difficulties, bullying, family conflict and traumatic experiences are all associated with depression; though sometimes it can be difficult to tease apart which came first — depression or these stressors.

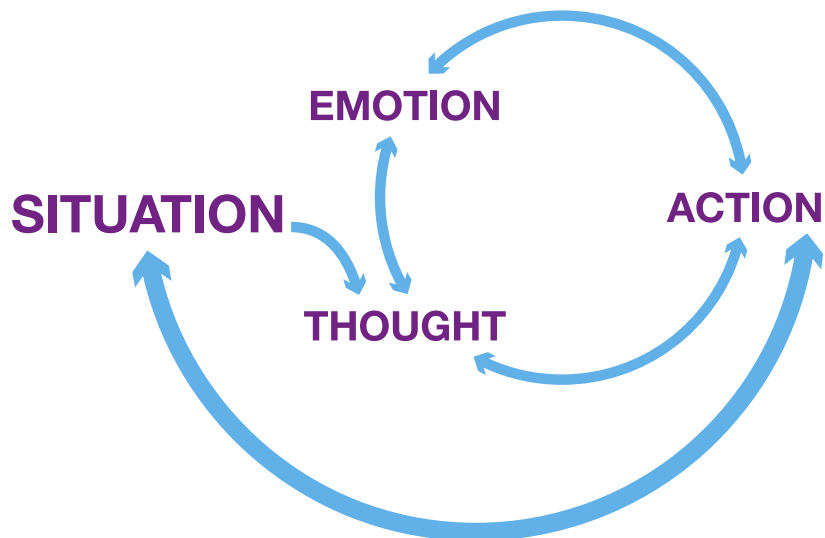
There are also protective factors that support mental health and can protect people from the negative effects of risk factors. Protective factors include social connections to family, friends and community, cultural identity and good physical health.

If a caregiver is experiencing mental health challenges, this can also affect the young person's risk apart from genetics. If a caregiver receives treatment this has great potential to reduce the risk in young people.

### All of these factors interact and build on top of each other throughout a person's life.

For example: genetics may make someone more likely to have an anxious temperament when they are young → which may make it more difficult to develop relationships as they grow → which may make it less likely they will learn social skills → when a traumatic event happens, there is less support available → cortisol levels increase → worsening mood → the cycle continues. Keep in mind everyone's path is different — this is just one example.

The cognitive-behavioural model of depression is:



The concept behind CBT is that emotions are affected by the situation a person is in, as well as thoughts (cognitions) and actions (behaviour). It is often easier to change situation, thoughts or actions than it is to change emotions directly. CBT skills are strategies designed to help address each of the factors that may be more easily controlled. Youth will learn more about this model if they participate in CBT.

### Why is it important to diagnose and treat depression?

Difficulties with relationships, difficulties in school or work, substance use, self-harm and suicide can all be linked to depression.

**Treatment can significantly improve the chances of getting better and can increase the chances of staying well.** One recent study showed that adolescents with depression receiving treatment significantly reduced their symptoms to the point where they were no longer struggling, while those who did not receive treatment still had significant symptoms<sup>4</sup>.

There can also be a lot of stigma and stereotypes around mental health and depression. This can make it difficult for people to reach out for support from people in their lives or access treatment. Note, that while there are some common experiences between adolescents who struggle with depression, everyone's experience is unique and often does not fit into these stereotypes.

## Part 4: How do sleep, eating and exercise have an impact on your mood?

**Even prior to specific depression treatment, the body needs to be in a space where it can get better from depression.** The following strategies are about how to reduce the chances that a stressful situation will lead to a strong negative emotion. Improved sleeping, eating and exercise habits, can make it less likely that youth will feel overwhelmed by a stressful situation when it does arise.

Changing these factors involves changing habits. It is nearly impossible to completely follow the suggestions below 100% of the time. The idea is to provide ideas as to what someone might consider changing.

*While presenting information in each of the sections below, use the corresponding pages of the Mood Foundations Package for Youth handouts (pg. 16–18). At the end of each section ask participants to: put a “1” beside things they already do, a “2” beside things they think they could change, a “3” beside things are not changeable for them.*

*Note that family members should complete the worksheets with themselves in mind, not on behalf of the youth they are attending with. The goal of the worksheets for youth is for them to work on continuing the habits marked as “1” — then start working on the “2’s”.*

*Caregivers should be encouraged to model these healthy behaviours for youth; this will likely be more effective than using this information for them to tell their youth what to do.*

## **1. Sleep:**

### **Ask participants:**

- *What do you already know about what it means to have healthy sleep patterns?*
- *How sleep can impact your mood?*

Challenges with sleep are very common in depression. Many young people have trouble falling and staying asleep. There are strategies called “sleep hygiene strategies” that can improve sleep without using medications. The evidence shows that following these strategies can help sleep in adults — and now evidence is emerging that it works for adolescents too<sup>5</sup>. There are also online versions of CBT for insomnia that can be helpful for sleep. Young people supporting the CARIBOU Pathway like using the “CBT-I Coach” app — which is free.

There is a normal tendency in adolescence to want to go to sleep later and wake up later than everyone else, this is called a delayed phase shift. This tendency likely has biological mechanisms behind it. If a young person does not have a structure in the day (like attending school), the body will naturally fall into this pattern.

Psychological factors also play a role. The sleep cycle is very responsive to exposure to light. When young people look at bright screens in the late evening, like when playing video games, or using mobile devices or studying on the computer, they are stimulating the brain and sending a signal that it is not yet time to go to sleep.

*Ask participants to fill out the Mood Foundations: Sleep worksheet (pg. 16). Once they have completed the worksheet, you can use the following questions for discussion:*

- *Are these tips realistic for you?*
- *What is the easiest tip that you would be able to use?*
- *What might get in the way for you?*
- *What is your bedtime routine? Is there a part of your routine that you think you could change?*

## **2. Exercise:**

### **Ask participants:**

- *What do you already know about the importance of exercise?*
- *How it can impact your mood?*

Exercise has been significantly associated with improved mood. Two recent scientific reviews support this — though there is more research that needs to be done to show the link between exercise and mood and how different types and amounts of exercise may help with mood<sup>6,7</sup>. From the information we have so far, moderate to vigorous activity (where the heart rate is elevated) for 30-60 minutes from 3-7 times a week seems to help with mood. If young people have a heart condition or have an eating disorder, they should discuss their exercise plan with their physician first.

*Ask participants to fill out the Mood Foundations: Exercise worksheet (pg. 17). Once they have completed the worksheet, you can use the following questions for discussion:*

- How often would you say you currently exercise each week?
- How do you feel after you work out?
- Does anything get in the way of working out?
- When you have worked out in the past, what helped you? (i.e. having someone to go with, finding an app online, etc.)
- Are there any types of exercise that you enjoy doing or would be interested in trying from the bottom of the worksheet?

### 3. Diet:

**Ask participants:**

- What do you already know about what it means to have a healthy diet?
- What do you know already about what types of foods make up a healthy diet?

Significant evidence does not currently exist for the impact of diet on mood. In general, it is recommended that youth have a balanced diet, with enough protein and vegetables. Limit simple sugars, like in fruit juice or soda, and processed foods with a lot of preservatives. If youth struggle with anxiety or insomnia — advise cutting out caffeine. Caffeine can also be in some foods people don't suspect — like chocolate.

*Ask participants to fill out the Mood Foundations: Healthy Eating worksheet (pg. 18). Once they have completed the worksheet, you can use the following questions for discussion:*

- Do you cook at home or help with cooking at home?
- Do you know how to cook? Do you know of any resources for learning how to cook or finding recipes?
- What are your favourite healthy meals?
- Do you use any recipes or eat meals that follow some of these guidelines already?

## Part 5: CBT Orientation to group:

*If Mood Foundations is used to orient youth to the CBT group, it can also be helpful to outline the following:*

1. CBT is 8–16 sessions long: up to 4 modules x 4 sessions each:
  - Power up: Behavioural activation
  - Reboot your thinking: Cognitive restructuring

- Level up: Problem-solving
  - Multiplayer: Communication and relationships.
2. This is a skills-based therapy (if done in group format — note that it is not a process group that is often portrayed in movies and TV). It is about using skills in life here and now; there is not a focus on talking about past experiences. Discussion is encouraged among the group and there will also be opportunities at the end of each session to practice the skills learned in the session during home practice. Just like practicing an instrument to get skilled at it home practice of CBT skills is really important. CBT also encourages opportunities for self-reflection and exercises to help youth discover the content themselves.

*Also let youth know about rolling entry (if applicable), the typical numbers of youth in CBT group and the start date.*

## Part 6: Wrap up and next steps

*Describe any next steps that will take place for youth and their family members, including attending CBT Group or their next appointment with a clinician. You can also spend additional time answering any questions participants may have, or discussing any additional tips the youth facilitators have or their experiences accessing services.*

*At the end of the information session, you may consider sharing additional resources with family members that they would be able to access themselves if they are interested in receiving support for their mental health.*

### Possible resources may include:

- Finding a local Canadian Mental Health Association (CMHA) or calling 1-833-456-4566
- Reaching out to ConnexOntario, a free and confidential support navigation and information service <https://www.connexontario.ca/>
- Visiting the Government of Canada’s mental health and wellness page for more information <https://www.canada.ca/en/public-health/topics/mental-health-wellness.html>

*Close the session with an activity for youth and family participants. One possible activity to close the group with is called “Head, Heart, Feet.” Go around in a circle and ask participants to answer one of the following questions:*

- *What is one thing you’re thinking about after the session today? (Head)*
- *What is one thing you’re feeling after the session today (Heart)*
- *What is something you are going to do after the session today? (Feet)*

*Before participants leave, ask them to fill out The Mood Foundations Group Survey (pg. 22–23), an anonymous feedback survey about their experience in the Mood Foundations Group. Survey results can then be used within your agency to promote quality improvement for future groups.*

# References

1. NICE. Depression in children and young people: identification and management. NICE guideline [NG134]. National Institute for Health and Care Excellence. 2019. [www.nice.org.uk/guidance/ng134](http://www.nice.org.uk/guidance/ng134). Accessed July 1, 2021.
2. Vidal-ribas P, Brotman MA, Valdivieso I. The Status of Irritability in Psychiatry : A Conceptual and Quantitative Review. *J Am Acad Child Adolesc Psychiatry*. 2016;55(7):556-570. doi:10.1016/j.jaac.2016.04.014
3. Carskadon MA. Sleep in adolescents: The Perfect Storm. *Pediatr Clin North Amer*. 2011;58 (3): 637–647.
4. Neufeld SA, Dunn VJ, Jones PB, Croudace TJ, Goodyer IM. Reduction in adolescent depression after contact with mental health services: a longitudinal cohort study in the UK. *Lancet Psychiatry*. 2017 Feb 1;4(2):120–127.
5. Dewald-Kaufmann JF, Oort FJ, Meijer AM. The effects of sleep extension and sleep hygiene advice on sleep and depressive symptoms in adolescents: a randomized controlled trial. *J Child Psychol Psychiatry*. 2014;55(3):273–283.
6. Korczak DJ, Madigan S, Colasanto M. Children ' s Physical Activity and Depression : A Meta-analysis. 2018;139(4). doi:10.1542/peds.2016-2266
7. Carter T, Morres ID, Meade O, Callaghan P. The effect of exercise on depressive symptoms in adolescents: a systematic review and meta-analysis. *J Am Acad Child Adolesc Psychiatry*. 2016;55(7):580–590.
8. Jacka FN, O'Neil A, Opie R, et al. A randomised controlled trial of dietary improvement for adults with major depression (the "SMILES" trial). *BMC Med*. 2017;15(1):1-13. doi:10.1186/s12916-017-0791-y

# MOOD FOUNDATIONS

## Depression Fact Sheet

### What is depression?

Depression is when feelings of sadness, emptiness and irritability (crankiness) last longer than two weeks, affect most parts of a person's daily life, and stop them from doing things that they used to enjoy.

### Core symptoms

**Depression** is when sadness goes on too long and makes it difficult to get through the day.

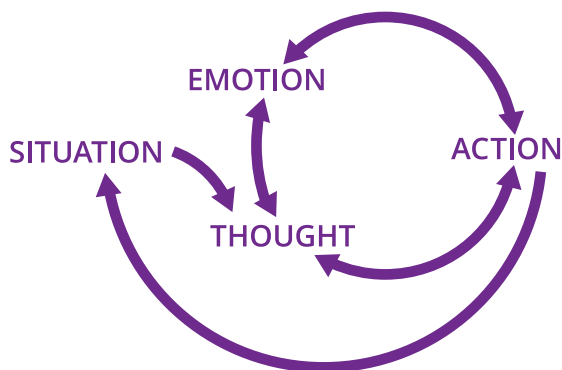
**Anhedonia** is the inability to experience pleasure. It can be described as an emptiness, severe boredom or an "everything is grey" feeling.

**Irritability** is a symptom of depression when it is disproportional or too much for the situation.

### Associated symptoms

You might experience some or all of these symptoms:

- disrupted sleep
- disrupted appetite
- disrupted physical activity levels
- poor concentration
- excessive feelings of worthlessness or guilt
- repeated thoughts of death



COGNITIVE-BEHAVIOURAL MODEL OF DEPRESSION

### What causes depression?

**Biological:** genetics or family history of depression, imbalances in brain chemistry and in the stress hormone system, substance use.

**Psychological:** negative views of the world, negative view of oneself, negative view of the future.

**Environmental:** a major stress, trauma, or change.

There are many stereotypes about what depression looks like, especially in the media. The truth is, there is no one way to experience depression. You might have different symptoms that affect your life in different ways than someone with the same diagnosis. Learning more about mental well-being can help you (and others in your life!) better understand how you experience depression and how you can break the stigma that surrounds it.

**Treatment can significantly improve your chances of getting better and staying well**

# MOOD FOUNDATIONS

## Sleep

Here are some tips that might help with sleep. Not all of these ideas will work for everybody, so it's up to you to decide which of these you want to try!

Remember, it takes two weeks for something to become a habit, so give yourself time to figure out what helps you the most.

**Fill out the table below using the following numbers:**

- 1 things you already do
- 2 things you think you could easily change
- 3 things that are not changeable for you

Work on continuing the habits you marked as 1, then start on the 2s, eventually working toward the 3s over time.

### DURING THE DAY

**Do not take any naps during the day.** You need to build up a “sleep drive” through the day to get to sleep at night.

**Avoid caffeine after 2 p.m.** It can last in the body for several hours. Caffeine works to keep people awake by blocking a chemical in the brain that promotes sleep. Some medications, such as fluvoxamine (Luvox), interact with caffeine to prolong its effects.

**Avoid using alcohol.** Alcohol affects many chemicals in the brain. It may help someone fall asleep, but it often leads to being wide-awake a few hours later. The sleep that alcohol induces is not a restful sleep.

**Try to exercise in the mid-to-late afternoon (between 3 p.m. and 5 p.m.).** This is the best time because there is a natural tendency to dip in energy at that time. Exercising just before bed makes it harder to fall asleep.



### ENVIRONMENT

**Make sure your room is the right temperature,** not too hot or too cold.

**Do not let your pet sleep in your bed.** Their movements may wake you and keep you awake.

**Make sure your room is dark enough.** Get a good set of blinds. Don't let any lights from electronics be visible.

**Make sure your alarm clock is not visible.** Watching time tick by just creates anxiety and keeps you up even more.

**Use your room for sleep only.** If there is a TV or computer in your room, move it out. Do your homework somewhere else. You want to associate your room with being sleepy, not stimulated.



### AT BEDTIME

**Avoid using electronic devices for the half-hour before bed.** Set a “blue light” or “night shift” filter on your phone. Using this filter a few hours before bed can reduce the effect of blue light on your sleep and reduce strain on your eyes.

**Create a bedtime routine.** For the half-hour before bed, do relaxing things: read a pleasurable book, drink a herbal tea (rooibos, chamomile, peppermint), take a warm shower or bath. Do a relaxation exercise. Use the same routine every night.

**If you are worrying about what might happen the next day, write down a list of your worries.** Put the list aside and make a decision to deal with them the next day.

**If you cannot fall asleep after 15–20 minutes, get up and leave the room.** Find a nonstimulating activity to do, such as drawing, listening to quiet music or reading. Don't do your homework or use the computer. Then try and sleep again after 15–20 minutes.

**Aim to wake up and go to sleep at the same time every day, even on weekends.** If you have trouble falling asleep through the night, still get up at your previously scheduled time.



# MOOD FOUNDATIONS

## Exercise

Here are some tips that might help with exercising. Not all of these ideas will work for everybody, so it's up to you to decide which of these you want to try!

Remember, it takes two weeks for something to become a habit, so give yourself time to figure out what helps you the most.

**Fill out the table below using the following numbers:**

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Work on continuing the habits you marked as 1, then start on the 2s, eventually working toward the 3s over time.

**MODERATE ACTIVITY** requires a moderate amount of effort and noticeably accelerates your heart rate, like dancing or walking your dog.

**VIGOROUS ACTIVITY** requires a large amount of effort and substantially increases your heart rate, like running or competitive sports.

**1** Exercise at a **moderate** level three times a week for at least 30 minutes.

**2** Exercise at a **moderate-vigorous** level three times a week for 30 minutes.

**3** Exercise at a **moderate-vigorous** level three or more times a week for 60 minutes.

Exercising doesn't mean you have to go to the gym. Here are some suggestions that can help make exercising easier and more exciting.

- Try a new sport or exercise class.** Whether you join an intramural sports team or find a zumba video online, try out new activities to make exercising more fun.
- Turn your chores into opportunities to exercise.** You could take the dog for a walk, rake the leaves, shovel snow, or carry the groceries home.
- Walk, run, or bike instead of getting a ride.** Plan to leave home a bit earlier than usual and use the opportunity to meet your exercise goals.
- Set some exercise goals.** Make a plan or schedule to help you reach your fitness goals—you don't have to change your lifestyle overnight, but you can identify some goals to help get you there!
- Find an exercise buddy.** Having a friend or family member to stay fit with can make physical activity more fun and help you stick to your exercise goals.

It's important to find exercise that you enjoy, so why not try a few different activities until you find the right ones? Here are some ideas to get you started!

**BASKETBALL SOCCER VOLLEYBALL ZUMBA YOGA WALKING JOGGING  
HIKING TRAMPOLINE ROWING SWIMMING JUMP ROPE FRISBEE RUGBY HOCKEY  
SKIING BIKING QUIDDITCH BASEBALL SKATING ARM WRESTLING CANOEING  
PING PONG SKATEBOARDING MARTIAL ARTS JIU JITSU DANCING FIELD HOCKEY  
ROCK CLIMBING FOOTBALL WEIGHT LIFTING ROLLERBLADING GYMNASTICS  
BOXING GROUP FITNESS CLASS DANCING PARKOUR VR WORKOUTS**

# MOOD FOUNDATIONS

## Healthy eating

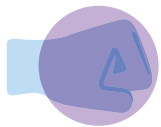
Here are some tips that might help with healthy eating. Not all of these ideas will work for everybody, so it's up to you to decide which of these you want to try!

Remember, it takes two weeks for something to become a habit, so give yourself time to figure out what helps you the most.

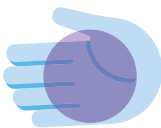
**Fill out the table below using the following numbers:**

- 1 things you already do
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- 3 things that are not changeable for you

Work on continuing the habits you marked as 1, then start on the 2s, eventually working toward the 3s over time.



Serving of fruits or veggies = 1 fist



Serving of carbs = 1 cupped hand



Serving of protein = 1 palm



Serving of fats = 1 thumb

### BALANCED DIET

**Whole grains** (5–8 servings a day)

**Vegetables** (6 servings a day)

**Fresh fruits** (3 servings a day)

**Legumes** (4 servings a week)

**Low-fat and unsweetened dairy** (2–3 servings a day)

**Raw and unsalted nuts** (1 serving a day)

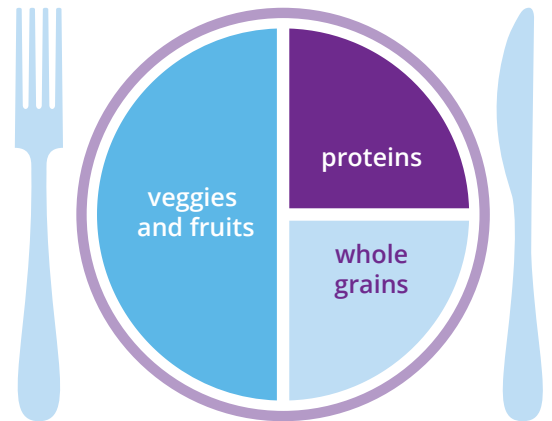
**Fish** (at least 2 servings a week)

**Lean red meats** (3–4 servings a week)

**Chicken** (2–3 servings a week)

**Eggs** (up to 6 servings a week)

**Olive oil** (3 tablespoons a day)



**Sometimes it can be helpful to think about how to balance your plate to make sure you get enough of the right foods**

- Try to drink water when you are thirsty** instead of sugary drinks like pop, juice, sweetened iced tea and sports drinks.
- Try to limit unhealthy foods to no more than three servings per week.** This includes sweets, refined cereal, fried food, fast food and soft drinks.
- Use food labels.** Take some time to learn how to read food labels and use them to make decisions about your food.
- Take time to enjoy your meal with other people.** Eating meals with other people can help you develop healthier eating habits and is a good opportunity to spend time with friends and family.
- Cook at home more often.** Take time to plan your meals in advance and learn new recipes or incorporate your culture and food traditions into healthy eating habits.
- Avoid eating while watching TV, texting, studying, or doing other activities.** You can listen better to your body if you are not distracted.

# GROUP NORMS

## DURING CARIBOU GROUP SESSIONS

### SHARE THE SPACE

Actively listening to each other and giving room for others to share their ideas

### ATTENDANCE

Attending as many sessions as you can to get the most out of the CARIBOU groups

### CONFIDENTIALITY

Understanding that personal information from the group stays within the group

### POSITIVITY

Being supportive of each other and having fun while we're together!

### RESPECT

Being non-judgemental and respecting each other's identities, pronouns, boundaries and ideas

### RIGHT TO SHARE/PASS

Sharing as much or as little as possible, depending on what you are comfortable with

### KINDNESS

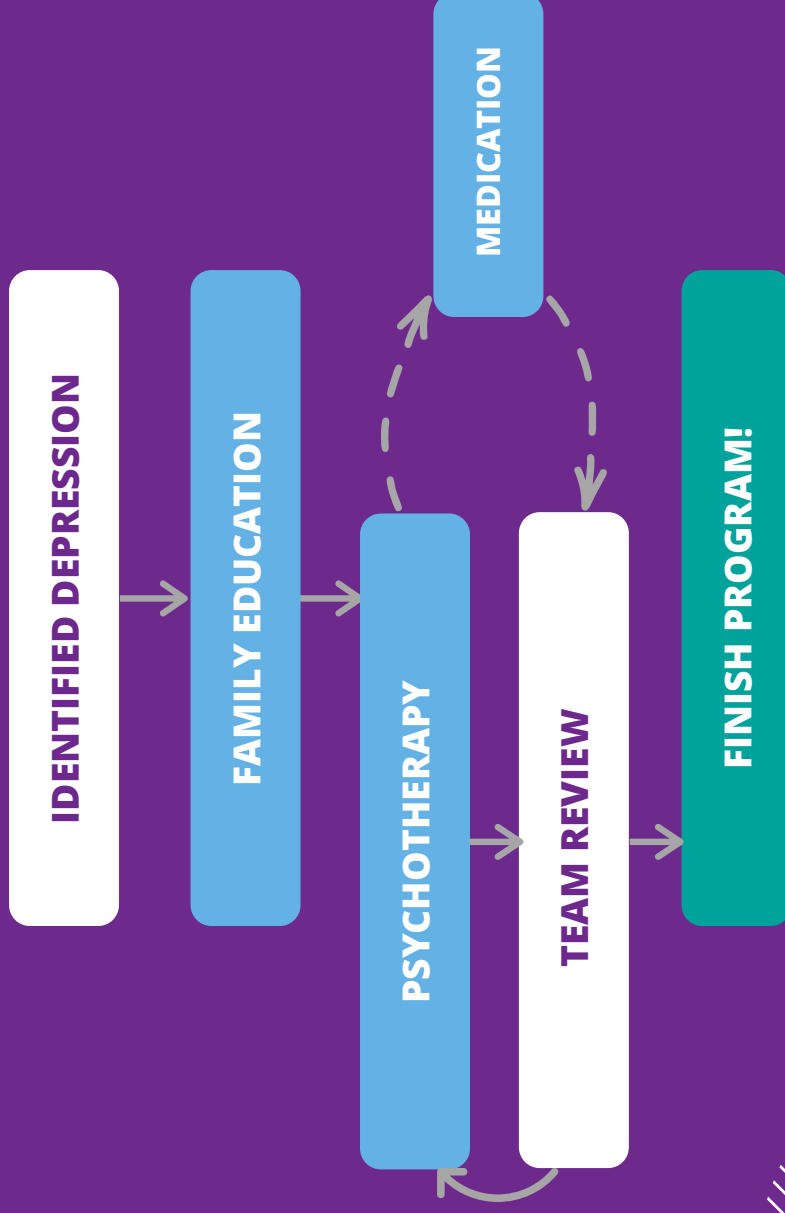
Creating a safer space by being respectful of language and valuing each other's presence

**camh**

Cundill Centre for Child  
and Youth Depression

# CARIBOU

## PATHWAY FOR YOUTH WITH DEPRESSION



**CARIBOU** stands for "Care for Adolescents who Receive Information 'Bout Outcomes"

**Depression** is a group of symptoms that commonly happen together with long-standing sadness or inability to feel pleasure.

**Family Education** refers to an introduction meeting where you and your caregiver(s) can learn about depression and how eating, movement and sleep can affect your mood. Youth and caregivers will meet separately.

**Psychotherapy** means talking about ideas and actions that may improve your mood.

A **team review** occurs every 4 weeks, where you can meet with your care team to track your progress with a set of questionnaires and discuss what's working, what isn't working, and the next steps.

**camh**

Cundill Centre for Child and Youth Depression

# STREAMS

## HOW THE CARIBOU PATHWAY WORKS

### PSYCHOTHERAPY STREAM

#### CBT GROUP THERAPY

**Group therapy** allows you to learn helpful strategies and connect with other youth with similar experiences. CBT stands for **Cognitive** (working with your thoughts) **Behavioural** (working with your actions) **Therapy**. There are 4 topics, each with four sessions, including activation, changing your thinking style, communication, and problem solving.

#### FAMILY SUPPORT

If you feel like it would be helpful, your caregiver(s) can also join 8 weekly sessions where they can learn how to best support you. They will learn about understanding emotions, relationships and boundaries, problem-solving and communication.

### TEAM REVIEW OR FINISH PROGRAM!

#### MEDICATION STREAM

If you and your care team feel like medication is right for you, then a medication called **fluoxetine** may be offered. After 2-3 months, if it's not helping or there are too many side effects, you may be offered a medication called **sertraline**. If this isn't helping or you've tried these before, then you and your care team will talk about other options.

**camh**

Cundill Centre for Child  
and Youth Depression

# Mood Foundations Your Opinion Counts!



Please help us improve our Mood Foundations Session by answering the following questions. We are interested in your honest opinions, positive or negative. Your feedback is anonymous and confidential. Please answer all of the questions by circling your response. Once completed, fold the form and put it in the envelope provided. Your help is greatly appreciated!

Please write in the date you did this survey:  /  /   
day month year

Please circle if you are a Caregiver or Youth: **Youth** **Caregiver**

## 1. How would you rate the quality of the Mood Foundations Session?

Excellent 4	Good 3	Fair 2	Poor 1
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## 2. Would you recommend this group to a good friend or family member?

Very much 4	Somewhat likely 3	Somewhat unlikely 2	Very unlikely 1
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## 3. Was the information and materials you received during the sessions helpful?

Yes, definitely 4	Yes, I think so 3	No, I don't think so 2	No, definitely not 1
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## 4. How useful was the background information on Depression?

Yes, they helped a great deal 4	Yes, they helped somewhat 3	No, they really didn't help 2	No, they seemed to make things worse 1
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## 5. How useful did you find the tip section for sleep, exercise and healthy eating?

Yes, they helped a great deal 4	Yes, they helped somewhat 3	No, they really didn't help 2	No, they seemed to make things worse 1
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## 6. How useful did you find the handouts?

Yes, they helped a great deal 4	Yes, they helped somewhat 3	No, they really didn't help 2	No, they seemed to make things worse 1
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## 7. How satisfied are you with the way you have been treated by the group staff?

Very satisfied 4	Somewhat satisfied 3	Somewhat dissatisfied 2	Very dissatisfied 1
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Please continue →

8. Please tell us what you liked the MOST about the session?

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9. Please tell us what you liked the LEAST about the session?

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10 . Was there anything you felt was missing?  
Please share your suggestions for improving our session:

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**Thank you for taking the  
time to complete this survey!**