**Adolescent Depression and Unhealthy Eating Behaviour**

**Initial areas for concern**

From the data that is presented in this scenario, the child is either suffering from depression or unhealthy dietary behavior. Therefore, the initial concern is to determine the child body weight, the nutritional preferences, and the history of depression and Unhealthy dietary behaviors.

**Screening Tools**

The screening tools that can be used in this case are: Child Depression Rating Scale-Revised (CDRS-R) and Eating Disorder Not Otherwise Specified (EDNOS). Considering the fact that the child is looking thin, the fifth factor is a concern of appetite disturbance and in this case, the adolescent is likely to avoid eating or does not feel hungry most of the time. The frail appearance is in line with the sixth factor, excessive fatigue. The first factor in the Children's Depression Rating Scale is a concern of the impaired school work, where the child has no motivation to perform even though performance is consistent with the ability. This makes Children's Depression Rating Scale-Revised be a reliable tool for screening the child in this scenario. Beck Depression Inventory for primary care for adolescent 12 to 18 years may also be used; it has seven questions which are to be asked from zero to three points.

**Health Promotion Strategies**

The health promotion strategy that needs to be used in this case is cutting across the pharmacological, non-pharmacological (OTC) intervention, the laboratories, follow-ups, and referrals.

**Pharmacological Intervention**

The pharmacological intervention strategy, in this case, is the use of fluoxetine that is used to treat depression. Fluoxetine is a selective serotonin reuptake inhibitor that acts as an antidepressant (Clark, Jansen, Anthony, 2012). In this case, the medication is used since it can improve the mood of a patient, appetite sleep, and energy level. It also can restore the patients' interest in the daily living activities. It lowers the level of anxiety, fear, panic attacks, and unwanted thoughts.

**Non-pharmacological (OTC) Interventions**

The non-pharmacological intervention in this case is a cognitive behavioral therapy which is talk therapy. This involves behavioral changing technique, in this case, the child needs to be involved in a mind change talk therapy. It lasts for about ten to twenty sessions as it starts with the pyscho-education components (Georgakakou-Koutsonikou, Taylor, & Williams, 2018). An alliance is formed with the adolescent for implementation of the required technique. Then focusing on the symptoms that cause the depression, secondly, it concerns addressing cognitive change, this will help the adolescent to identify the automatic thoughts, evaluate these thoughts as well as determining the alternative thinking modes. Lastly, the treatment focuses on maintaining the treatment and prevention of relapse.

**Follow-Ups**

   Soon or before each visit, there is a need to call the child to monitor the severity and the progress of the patient self-management, referrals, and treatment plan. The follow-up helps with the eating plan and involving the client with the questionnaire. The follow-up assists in the provision of opportunity to inquire from the child how he/she is doing with making the behavioral eating changes that were agreed on previously.

**Referral**

The child needs to be referred to the psychologist, for the talk therapy which helps in cognitive behavioral therapy; this helps in managing the poor classwork performance. Furthermore, referral may be to the dietician to assist in identifying the reason as to which the client could not eat. The endocrinologist should also be sought to determine the hormonal effects.

**Laboratories**

The level of testosterone for the male, cortisol, gonadotropins, vitamin B12, should be diagnosed in the laboratory, these factors affect the hormonal level which in turn affect the appetite.

**Teachings**

 The patient is to be taught on the effects of unhealthy dietary behavior and depression. The teaching should also involve the provision of handbooks to help learn more of the implications and the consequences of these conditions.

**References**

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