

Depression in Adolescence- A cause for concern

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Abstract

Depression is struggling to survive in a body that is trying to die. Depression is one of the most talked about health topics as well as being one of the most researched ones. Unfortunately, it also bears a social stigma which is probably why it is talked about in hushed voices and the sufferers are wary of coming out in the open and seeking help. Adolescent depression is well on its way to being recognized as to what ails the young today but still not much is being done to address the problem. Studies show that 1 out of 20 adolescents suffer from a major bout of depression in his lifetime. Some of which unfortunately end up committing suicide. Others battle low self-esteem, thoughts of self-harm or fall prey to sexual misadventures, drugs and alcohol abuse and indulge in antisocial behavior. The young are the assets and resource of any country. Their needs should be addressed on priority so that next generations can flourish.

Keywords: Adolescent, Depression, Mental health, Suicide, Life skills

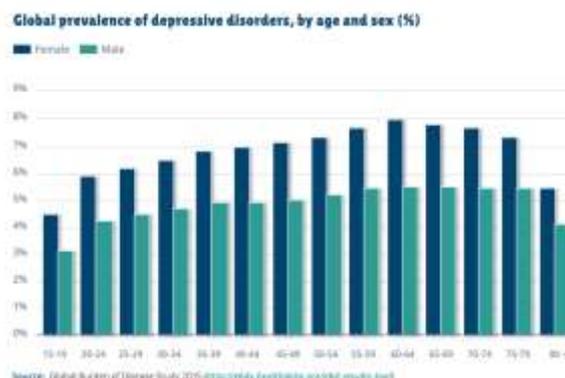
Introduction

Depression is a modern day epidemic. It is the single most common denominator known to mankind in modern times. It makes absolutely no distinction between man or woman, white or black, young or old, rich or poor. It affects people from all walks of life and unlike lightning, can strike at the same place multiple times. Hence, the importance of understanding epidemiology of depression cannot be overemphasized. Considering that our young ones are the present of the future, it is very distressing to see reports about adolescent depression. It is probably the most undiagnosed and underdiagnosed of mental illnesses in adolescents. Ironically, depression is also one of the most widely researched of all the mental illnesses. Depression not only radically affects a person's state of well-being but also has a ripple effect on the quality of life of people living with the depressed individual.

Burden of disease: Prevalence of depression in adolescents is variable across the globe. However, the one constant is that the prevalence of depression in adolescents is lower than prevalence of depression in the older age group.⁽¹⁾ Country specific prevalence of adolescent depression for some countries is available like in US 12.5% (3 million) adolescents were found to be depressed in a 2015.⁽²⁾ A study on depression conducted among 4-16 year old children in Bangalore revealed prevalence of 0.1%⁽³⁾ while another community based study on school children from North India placed annual incidence rate of depression at 1.61/1000.⁽⁴⁾

According to Global Health Survey 2015, the overall prevalence of depression was estimated to be 4.4%. Lowest prevalence (2.6%) was found in the Western Pacific region and the highest (5.9%) was found in African Region. A significant association has been found between the income and prevalence of

depression. Prevalence of depression is more in the economically deprived and because of economic depravity, depression increases. Hence, depression is also a cause of and the largest contributor to non-fatal health loss (7.5% of all Years Lived with Disability YLD) ranging from 640 YLD per 100 000 population in the Western Pacific Region to over 850 in low and middle income countries of the European Region.⁽¹⁾



India reported 6.5% of its population (8 million) suffering from some form of mental disorders with the disease burden of 8.5% of all non-communicable disease. Approximately 22,944 thousand DALYs were lost. Depression, anxiety and alcohol use were the commonest disorders in a primary care setting, contributing to nearly 20% of the caseload. It is projected that by 2020, depression will reach second place in the ranking of Disability Adjusted Life Years (DALYs) calculated for all ages.⁽⁵⁾

Effects of adolescent depression: Approximately 1 out of 20 adolescents suffer from at least one major episode of depression in their lifetime.⁽⁶⁾ Adolescent depression has ripple effect on the social interactions with family

and peers. The performance at school may be adversely affected. This can give birth to a vicious cycle in which the adolescent is trapped leading onto repeated bouts of depression and more psychosocial impairments. The adolescents thus become highly susceptible to drug and alcohol abuse and sexual misadventures leading to antisocial behaviour. Unable to break this shackle, without any outside help, suicide seems to be the only way out to these young children. Suicide has been reported as the second leading cause of death among 15-29 year olds globally in 2015.⁽⁷⁾

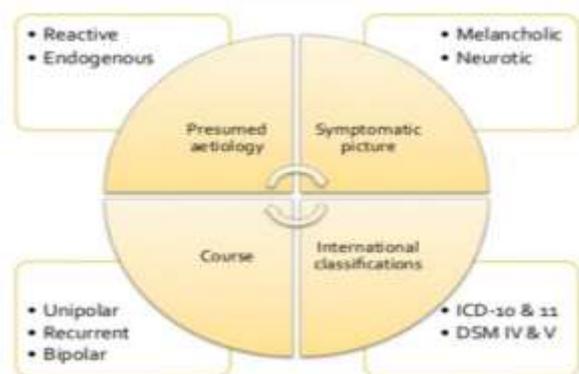
Diagnosis of Depression: Diagnosis of depression is subjective. Various scales for diagnosing depression are available. These scales make use of various symptoms and impairments found in depression. They are sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration. Depression can be long lasting or recurrent.

There are two main classification systems⁽⁸⁾

1. International classification of diseases-10 [ICD-10] and
2. American Diagnostic and Statistical Manual of Mental Disorders-IV [DSM-IV]

Adolescent depression is usually undiagnosed or underdiagnosed because of vague and non-discernable symptoms. Also diagnosis of organic illness is much easier than that of functional illness. Symptoms to look out for include unexplained physical symptoms, eating disorders, anxiety, decline in academic performance, substance abuse or behavioral problems. Both ICD 10 and DSM IV systems diagnose depression in like manner. There is one notable exception. DSM-IV allows one change in core diagnostic symptom of depression in adolescents. It replaces depressed mood with irritability.

Depressive disorders can also be classified as



1. Major depressive disorder. It is also called as depressive episode. It is characterized by slowness of mood, disinterest and lack of pleasure in engaging in activities that were previously deemed pleasurable, general apathy and lethargy. Major

depressive disorder can be classified into mild, moderate and severe disorder based on the frequency and severity of episodes the adolescent has experienced,

2. Dysthymia It is the chronic low grade form of depression wherein the symptoms are less intense as compared to a major depressive episode but are usually last longer. This form of depression is most often missed because it does not cause any debilitating effect on the life of the depressed individual.

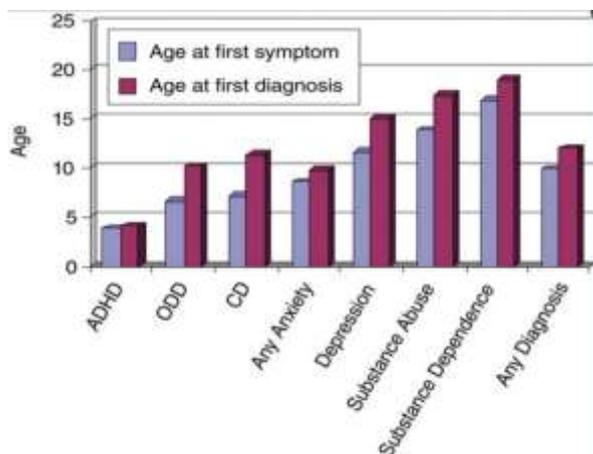
Risk factors for depression in adolescents

1. Familial predisposition. Adolescents with familial history of depression are more prone to develop depressive symptoms.
2. Hormonal changes during puberty can bring about a depressive episode. Girls are twice as likely to experience depression as boys as shown by various studies.
3. Psychosocial factors such as childhood neglect, physical, emotional, or sexual abuse, peer pressure, poverty, loss of a loved one, difficult domestic relationships puts adolescents who experience them at a higher risk for developing depression.
4. Adolescents with parents who abuse alcohol or controlled substances are at a higher risk for developing depression.
5. Cognitive factors like negative thinking and low self-esteem can contribute to depression in adolescents.

Depression has been found to occur alongside harmful disorders, such as eating disorders which include obesity, anorexia, and bulimia. Obsessive-compulsive behaviors, anxiety disorders, and conduct, and oppositional-defiant disorders also have been found to be present along with depression. Further, adolescents tend to engage in harmful self-destructive behaviors, such as smoking, alcohol and drug abuse, criminal behavior, and even suicide.⁽⁹⁾ Depression is closely associated with delinquent behavior including illegal use of drugs, petty thefts, truancy and promiscuous sexual behavior in adolescents.

Need for early diagnosis of depression in adolescents:

The earlier and further down one traverses the road to depression, the more difficult it is to turn back and make a full recovery. The symptoms, although vague and fluctuating, usually precede full blown depressive disorder by a few years. Any mental health care intervention aimed at primary prevention of depression in adolescents should hence be focused on the development window of 11 to 15 years otherwise the price the community would have to pay for not taking care of its youth's mental health would be very steep.⁽¹⁰⁾



Prevention and control of depression in adolescents:

It is aptly said that an ounce of prevention is better than a pound of cure. Successful mental health care programs and mental health care interventions require a more proactive approach wherein the very highly sensitive screening tools to detect depression are available and a high index of suspicion is maintained in order to arrest the development of depression in adolescents. This should be enabled by a clear and unambiguous mental health policy which aims at promoting protective factors while mitigating the risk factors for depression. A strong legislation is mandatory to uphold the same. The rights and dignity of the depressed should always be protected. According to WHO Health for World's Adolescent Report policies of 109 countries, 93 countries had adolescent health as a priority but the focus was solely on physical rather than physical and mental health. In the physical health domain too, more attention was given to sexual and reproductive health along with tobacco and alcohol use in adolescents. Strengthening family support system is the universal intervention to address a multitude of problems being faced by the adolescents and the youth.

¹¹ The following should be kept in mind by the policy makers and the stakeholders while formulating guidelines for a successful programme aimed at mental health of adolescents.

1. Psychological counseling and education should be offered to the adolescents, their parents and care givers.
2. Watchful eye should be kept for any exposure of the adolescent to the risk factors like violence and neglect.
3. Informed consent, either from the depressed adolescent or his care giver in case the adolescent is unable to volunteer the same should be taken before initiating any kind of therapy for its successful culmination.
4. No denial of counseling help or treatment to any adolescent even if he comes alone to mental health care facility.

5. Reduction of stress and strengthening of social supports is the need of the hour.
6. Involvement and participation of the adolescent in daily activities and community life should be promoted.
7. The treatment of depression in adolescents should start with psychological treatments like interpersonal therapy (IPT), cognitive behavioral therapy (CBT), behavior activation and problem solving counseling.
8. Antidepressants should be considered the last resort for treatment of depression.
9. Depression never be managed empirically with ineffective treatments e.g. vitamin injections.

Conclusion

Adolescents tend to think and feel more intensely and hence require more skillful management of their depression. Life skill training is a very good initiative in this regard. Suggested by the United Nations as a 10 point skill set acquisition, it has become a part of school curriculum in many countries. The programme helps in making the adolescent into a more self-relying and resilient version of himself or herself so that they can attain their full potential as adults and can contribute productively to the community and the society.

Keeping the body together is a daily struggle for the vast majority in the world such that matters of body overshadow the matters of the mind. This is hugely reflected in the health policies and health budgets of many countries where mental health comes a poor second. Prioritizing diagnosing and treating depression in adolescents, the most common of mental disorders, will take a few decades if not longer to be reflected in the national health policies of the countries. Till the time adolescent depression is recognized as an independent entity by the stakeholders, the only noteworthy contributions can be made by communities themselves.

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