Adolescent Depression Essay, Research Paper

Psychology

Adolescent Depression: The Under Acknowledged Disease

Depression is a disease that afflicts the human psyche in such a way that the afflicted tends to act and react abnormally toward others and themselves. Therefore it comes to no surprise to discover that adolescent depression is strongly linked to teen suicide. Adolescent suicide is now responsible for more deaths in youths aged 15 to 19 than cardiovascular disease or cancer (Blackman, 1995). Despite this increased suicide rate, depression in this age group is greatly underdiagnosed and leads to serious difficulties in school, work and personal adjustment which may often continue into adulthood.

How prevalent are mood disorders in children and when should an adolescent with changes in mood be considered clinically depressed? Brown (1996) has said the reason why depression is often over looked in children and adolescents is because “children are not always able to express how they feel.” Sometimes the symptoms of mood disorders take on different forms in children than in adults.

Adolescence is a time of emotional turmoil, mood swings, gloomy thoughts, and heightened sensitivity. It is a time of rebellion and experimentation. Blackman (1996) observed that the “challenge is to identify depressive symptomatology which may be superimposed on the backdrop of a more transient, but expected, developmental storm.” Therefore, diagnosis should not lay only in the physician’s hands but be associated with parents, teachers and anyone who interacts with the patient on a daily basis.

Unlike adult depression, symptoms of youth depression are often masked. Instead of expressing sadness, teenagers may express boredom and irritability, or may choose to engage in risky behaviors (Oster & Montgomery, 1996). Mood disorders are often accompanied by other psychological problems such as anxiety (Oster & Montgomery, 1996), eating disorders (Lasko et al., 1996), hyperactivity (Blackman, 1995), substance abuse (Blackman, 1995; Brown, 1996; Lasko et al., 1996) and suicide (Blackman, 1995; Brown, 1996; Lasko et al., 1996; Oster & Montgomery, 1996) all of which can hide depressive symptoms. The signs of clinical depression include marked changes in mood and associated behaviors that range from sadness, withdrawal, and decreased energy to intense feelings of hopelessness and suicidal thoughts.

Depression is often described as an exaggeration of the duration and intensity of “normal” mood changes (Brown 1996). Key indicators of adolescent depression include a drastic change in eating and sleeping patterns, significant loss of interest in previous activity interests (Blackman, 1995; Oster & Montgomery, 1996), constant boredom (Blackman, 1995), disruptive behavior, peer problems, increased irritability and aggression (Brown, 1996). Blackman (1995) proposed that “formal psychological testing may be helpful in complicated presentations that do not lend themselves easily to diagnosis.” For many teens, symptoms of depression are directly related to low self esteem stemming from increased emphasis on peer popularity. For other teens, depression arises from poor family relations which could include decreased family support and perceived rejection by parents (Lasko et al., 1996). Oster & Montgomery (1996) stated that “when parents are struggling overmarital or career problems, or are ill themselves, teens may feel the tension and try to distract their parents.” This “distraction” could include increased disruptive behavior, self-inflicted isolation and even verbal threats of suicide.

So how can the physician determine when a patient should be diagnosed as depressed or suicidal? Brown (1996) suggested the best way to diagnose is to “screen out the vulnerable groups of children and adolescents for the risk factors of suicide and then refer them for treatment.” Some of these “risk factors” include verbal signs of suicide within the last three months, prior attempts at suicide, indication of severe mood problems, or excessive alcohol and substance abuse.

Many physicians tend to think of depression as an illness of adulthood. In fact, Brown (1996) stated that “it was only in the 1980’s that mood disorders in children were included in the category of diagnosed psychiatric illnesses.” In actuality, 7-14% of children will experience an episode of major depression before the age of 15. An average of 20-30% of adult bipolar patients report having their first episode before the age of 20. In a sampling of 100,000 adolescents, two to three thousand will have mood disorders out of which 8-10 will commit suicide (Brown, 1996). Blackman (1995) remarked that the suicide rate for adolescents has increased more than 200% over the last decade. Brown (1996) added that an estimated 2,000 teenagers per year commit suicide in the United States, making it the leading cause of death after accidents and homicide. Blackman (1995) stated that it is not uncommon for young people to be preoccupied with issues of mortality and to contemplate the effect their death would have on close family and friends.

Once it has been determined that the adolescent has the disease of depression, what can be done about it? Blackman (1995) has suggested two main avenues to treatment: “psychotherapy and medication.” The majority of the cases of adolescent depression are mild and can be dealt with through several psychotherapy sessions with intense listening, advice and encouragement. For the more severe cases of depression, especially those with constant symptoms, medication may be necessary and without pharmaceutical treatment, depressive conditions could escalate and become fatal. Brown (1996) added that regardless of the type of treatment chosen, “it is important for children suffering from mood disorders to receive prompt treatment because early onset places children at a greater risk for multiple episodes of depression throughout their life span.”

Until recently, adolescent depression has been largely ignored by health professionals but now several means of diagnosis and treatment exist. Although most teenagers can successfully climb the mountain of emotional and psychological obstacles that lie in their paths, there are some who find themselves overwhelmed and full of stress.

How can parents and friends help out these troubled teens? And what can these teens do about their constant and intense sad moods? With the help of teachers, school counselors, mental health professionals, parents, and other caring adults, the severity of a teen’s depression can not only be accurately evaluated, but plans can be made to improve his or her well-being and ability to fully engage life.

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