

HEALTHY PEOPLE 2020

CRITICAL INDICATORS FOR ADOLESCENTS AND YOUNG ADULTS



Proportions of adolescents, aged 12–17 years, and young adults, aged 20–24 years, who experience a major depressive episode

Overview

Depression is one of the most prevalent mental health problems in adolescence.^{1,2} Approximately 10–15% of adolescents will experience a major depressive episode by age 18 (see “What is a major depressive episode?” below for major depressive episode criteria).³ Depressive episodes affect many areas of a child’s life including education and relationships. In addition, adolescents who experience depression are at a greater risk of depressive episodes in adulthood.^{4,5} As a result, it is important to prevent, identify, diagnose and treat adolescents experiencing a major depressive episode. The U.S. Preventive Services Task Force recommends screening adolescents (12–18 years of age) for a major depressive disorder when systems are in place to accurately diagnose and provide psychotherapy (cognitive-behavioral or interpersonal) and follow-up.⁶



What is a major depressive episode?

A person who has had at least five of the following nine symptoms nearly every day in the same two-week period has experienced a major depressive episode. At least one of the symptoms must be a depressed mood or loss of interest or pleasure in daily activities:

- Depressed mood most of the day;
- Markedly diminished interest or pleasure in all or almost all activities most of the day;
- Significant weight loss when not sick or dieting, or weight gain when not pregnant or growing, or decrease or increase in appetite;
- Insomnia or hypersomnia;
- Psychomotor agitation (unintentional and purposeless motions that stem from mental tension and anxiety) or retardation;
- Fatigue or loss of energy;
- Feelings of worthlessness;
- Diminished ability to think or concentrate or indecisiveness; and
- Recurrent thoughts of death or suicidal ideation.

Source: American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text rev.). Washington, DC.

Risk factors for depression

Risk factors for adolescent depression include low self-esteem and social support, negative body image and cognitive style, and ineffective coping.⁷ An additional risk factor is being female. Before adolescence, depression occurs in equal numbers of boys and girls (approximately 10–15%). Once children reach adolescence, a shift occurs and more than twice as many girls as boys are depressed, regardless of racial or ethnic background. This proportion persists until adulthood. The reason for this is unclear. However, multiple processes — biological, genetic, psychosocial and family factors — are likely at work.^{8,9}

Depression in Oregon

Based on the National Survey on Drug Use and Health in 2012–2013, 12.7% of Oregon youth aged 12–17 experienced a major depressive episode in the previous 12 months.¹⁰ Since 2005, the Oregon Healthy Teens Survey has collected information from eighth- and 11th-grade students every year on whether, in the past 12 months, they had felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. A quarter of Oregon 11th graders responded in the affirmative in 2013 to the OHT question about sadness and hopelessness. As discussed above, Oregon female youth were more likely than male youth to report depressive feelings (34% of 11th-grade girls compared to 20% of 11th-grade boys) as shown in Table 1.

At risk for depression in the past 12 months

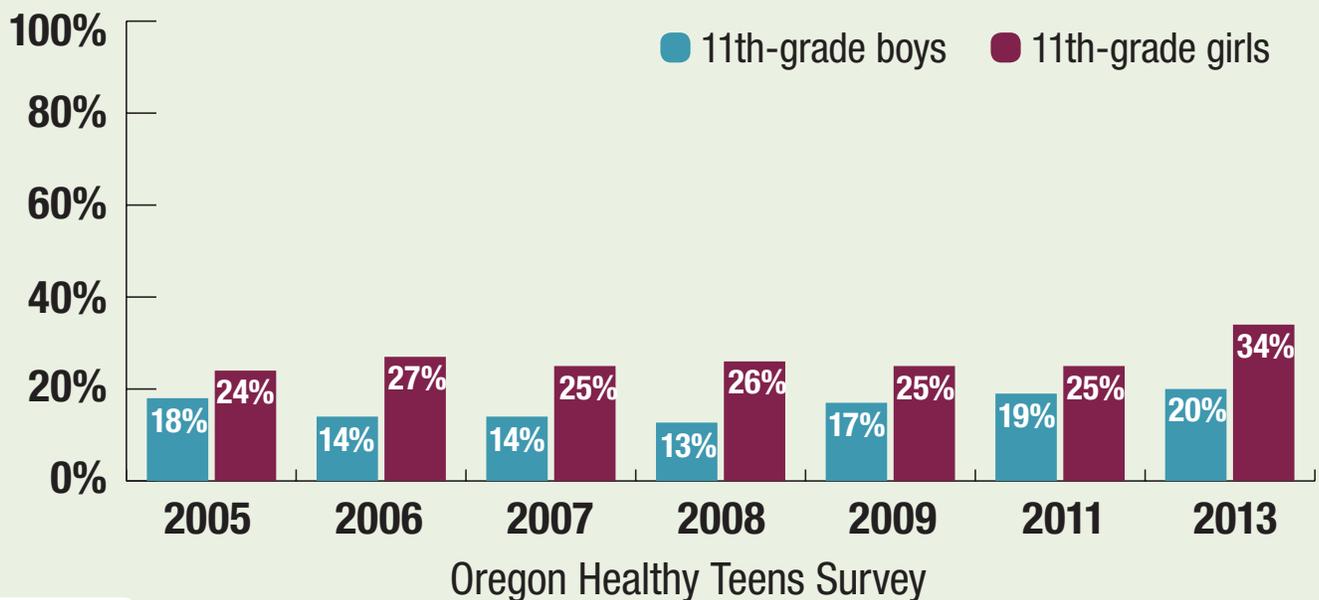


Table 1

What can be done about prevention and treatment of depression?

Public policy

Policymakers can help create safe and nurturing environments that support youth and their families. More access to physical and mental health services through school-based health centers can help youth have access to qualified providers. Policymakers can also invest in evaluating and implementing evidence-based prevention and mental health promotion approaches that work to decrease risk factors and enhance protective factors. For the 2013–2015 biennium, the Oregon Health Authority Addictions and Mental Health Division awarded grants to state and community partners for a number of mental health prevention and treatment programs.¹¹ Organizations were selected that provide peer-delivered supports and services for young adults, school access to mental health services, and mental health services in school-based health centers.

Schools and communities

Many prevention programs are school-based. Schools can provide evidence-based programs that promote mental wellness and positive youth development. Schools can increase students' connectedness to the school, its staff and other students, which helps build their resilience. Resilience protects youth from a number of health risks, including depression. It also supports greater academic achievement.¹² Many schools and school-based health centers are currently supporting youth advisory/action councils, which bring youth together to facilitate dialogue and projects that promote physical and mental health.



Health care providers

A number of tools found to be reliable and effective are available for adolescent depression screening. Health care providers in clinics, hospitals and emergency departments can all screen for depression. This will help identify youth who are struggling and link them to resources. The Oregon Health Authority Public Health and Addictions and Mental Health divisions partnered in 2013 for the Oregon Adolescent Health Project. It trains adolescent providers to screen for substance abuse and depression during adolescent well visits.

Resources

- Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. From the American Academy of Pediatrics. <http://brightfutures.aap.org/>.
- The Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS). From the U.S. Department of Education. Provides school capacity-building information and technical assistance disciplinary practices. www.pbis.org.
- National Alliance on Mental Illness: www.nami.org.

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