



Mending the Future: Correlates of Depression among Adolescents

Adekeye AP^{1,2*}

¹Consultant Psychiatrist, Department of Mental Health, Federal Teaching Hospital, Ido-Ekiti, Ekiti State, Nigeria

²Lecturer, Department of Mental Health, Afe Babalola University, Ado-Ekiti, Ekiti State, Nigeria



Introduction

Depression is a major mental health problem, and an important public health challenge. It is characterized by undue or excessive sadness, reduced energy and loss of interests in previously pleasurable activities. Depression is usually associated with poor quality of life and it is the single largest contributor to global disability and a major contributor to suicides [1]. Adolescence is a transitional developmental period characterized by pronounced biological as well as social changes. According to the World Health Organization, depressive disorders are priority mental health disorders of adolescents due to its high prevalence and associated complications and other health-related implications. Globally, the prevalence of depression among the adolescents ranges between 15-20% with recurrence rate about 60-70 percent [2].

Discussion

Experiencing depression in adolescence can disrupt important developmental processes, which can have longstanding effects on socioeconomic status and relationships. Adolescent depression is associated with a myriad of adult psychosocial outcomes as many are linked and can lead to the propagation of difficulties across the lifespan [3].

Understanding adolescents' unique and common vulnerabilities to depression, as well as protective factors is essential for the development of appropriate interventions and programming focused on adolescent mental health [4].

Previous studies have reported the disproportionate prevalence of depression and other mental health disorders among females compared to males. Socio-economic factors including poverty, gender-based violence, sexual exploitation, and exclusion from decision making processes increase the risks for mental health disorders among adolescent girls and limit their ability to seek, access and use mental health services. These factors combine with biological, emotional and cognitive processes associated with puberty, to further increase the risk of depression among adolescents. Also, cognitive distortions (negative thoughts) associated with depression influence both individuals' feelings about

themselves and their behaviors, and can lead to unhealthy decision making. Depressed adolescents are more likely to have low educational attainment, be unemployed and at high risk for death due to suicide [5].

Considering a life course approach, studies of adults, adolescents, children and pre-schoolers all point to a family history of depression and exposure to stressful life events as the most significant risk factors for depression. Depression occurs in families, with three-to-four fold elevated rates in the offspring of depressed parents. Inherited factors partly account for these effects, although genome wide association studies are yet to identify replicated gene variants associated with depression. In addition, genetically informative studies suggest that psychosocial mechanisms are also implicated in familial transmission, with adoption studies, for example, showing an excess risk of depression in the offspring of depressed mothers even in biologically unrelated mother-child pairs. Psychosocial risks include family bereavement, separations, conflict, child maltreatment and neglect, and peer conflict and bullying. Chronic stressors affecting relationships appear to have a greater impact than isolated acute events, especially in females [6].

Furthermore, depression in adolescence shows substantial co-morbidity with anxiety and substance abuse disorders and this finding has been well established through various studies. Co-morbid disorders are more common than the solitary types, while co-morbidity between anxiety and depressive disorders in adolescents is greater than within the diagnostic group of anxiety disorders. Another finding that is common

***Corresponding author:** Adekeye AP, Consultant Psychiatrist, Mental Health Department, Federal Teaching Hospital, Ido-Ekiti; Lecturer, Department Of Mental Health, Afe Babalola University, Ado-Ekiti, Ekiti State, Nigeria, Tel: +234-805627-9692

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about adolescent depression is the relatively reduced use of health services despite the high prevalence and disability associated with the disorder. Health services utilization appears to be even lower in solitary cases of depression. Regarding the correlates of depression, beyond the well established socio-demographic factors of age and gender, socioeconomic factors are also important. Similar to findings documented by studies in adults, lower socioeconomic status has been shown to correlate with a greater prevalence of depression in adolescents [7].

“Existing mental health problems become more complex and intense with children's transition into adolescence. Therefore, untreated mental health disorders among adolescents may lead to poor school performance, school dropout, strained family relationships, substance abuse, and engaging in risky sexual behaviors” [8].

In a study done among older adolescence in Greece, Magklara, et al. reported a prevalence of 17.43% for depressive symptoms after screening and a prevalence of 5.67% for major depression after clinical diagnosis and concluded that anxiety disorders, substance use, female gender, older age, having one sibling, and divorce or separation of the parents were all associated with depression. In addition, the presence of financial difficulties in the family was significantly associated with an increased prevalence of both depression and depressive symptoms [9].

Recommendations for Public Health Policy

1. Public mental health awareness and advocacy programmes should be carried out in schools and every available media outfits to enlighten Teachers and parents not to use punitive measures in handling poor school performance and mild irritability in adolescents as it may be a cause or an effect of depression in them [10].
2. Appropriate legal standards in terms of laws should be enacted and enforced as regards the proper care of children and adolescents in the case of separation or divorce of spouses [11].

Conclusion

In conclusion, depression in the adolescents is a noteworthy cause for public health concern because it is a major risk factor for suicide and poor quality of life among adolescents. Adolescence is a transitional developmental period characterized by pronounced biological, behavioural

as well as social changes. Depression among adolescents is under-reported at mental health services and usually associated with poor school performance, poor social support, poor family structures and substance use, while treatment outcome of highly intense psychological treatments to adolescent depression has been reported to be at least modest.

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