

# [Cause for concern in adolescent depression report example](https://assignbuster.com/cause-for-concern-in-adolescent-depression-report-example/)

[](https://assignbuster.com/)[Family](https://assignbuster.com/essay-subjects/family/), [Parents](https://assignbuster.com/essay-subjects/family/parents/)

The problem of adolescent depression is concerning as depression and suicide in adolescence is increasing rapidly even as better treatment and awareness has resulted in decreasing rates in adults (Gray, 2010). There are a number of reasons for this increase in youth. One reason for concern is that it can be difficult to determine when an adolescent is acting developmentally appropriately and when they are depressed. Adolescents are often moody, irritable, histrionic, reactionary and oppositional. These are also signs of depression so figuring out where the line between normal adolescent behavior and behavior that might indicate a problem is not easy (Harrington, 2001).   
Another cause for concern involves mood swings or changes in behavior. One of the warning signs in adults is that they seem different to those closest to them. Perhaps they are quieter than usual or seem more inhibited or less likely to go out with others. With adolescents, shifts in mood and changing preferences are common and those they are friends with one day they may not be friends with the next day. The volatile nature of most adolescents means that shifts to a quieter, calmer demeanor especially when accompanied by withdrawal such that parents and siblings aren’t forced to deal with their normal acting out behavior can seem like a relief. This means that often parents are reluctant to check on the adolescent for fear of disrupting a rare calm period (Essau, 1999).   
Additionally, adolescents often feel like they are grown up but the research suggests they are not. They have not fully developed cognitively or neurologically so their problem solving and decision making skills are often limited resulted in bad decisions leading to bad situations. Yet they are unable to connect the two since they are convinced there was only one decision that could be made and they followed it but somehow were punished anyway. They are still egotistical and often feel that the world is unfair to them since others do not seem to be suffering the same consequences they are suffering. This causes a buildup of resentment (Essau 1999).   
Also cause for concern, adolescents are convinced that they can make anything happen. They still have some magical belief within their system of attributions so they believe if they want something bad enough that they will find a way to obtain it. However, they also aren’t fully independent and don’t have complete control over their lives or environment. When they discover that something they want extremely badly they can’t obtain no matter how hard they try, they may develop learned helplessness. This means that they stop trying to do anything at all to achieve their goals since they don’t see that anything they do positively effects their environment. Finally, adolescents have difficulty labeling and distinguishing between emotions such as anger or sadness. They have difficulty discerning the cognitive aspects of depression such as hopelessness or low self-esteem. Those adolescents who do recognize that they are feeling depressed are not likely to report this to an adult since they tend to be secretive and reluctant to trust adults (Gray, 2010).   
While all of these factors are cause for concern there have been important developments in the assessment and treatment of adolescent depression in recent years. It is beginning to be understood how a variety of factors may combine to lead to depression in adolescents. There is also more awareness of the prevalence of the depression in youth and ways that parents can recognize it in their teen. There are new treatment programs especially for teens with depression some of which are brief while others are longer. Programs include inpatient and outpatient options. Despite the rising rates of adolescent depression there is cause for hope (Harrington, 2001).

## References

Essau C., & Dobson K. (1999). Epidemiology of depressive disorders. In: Depressive   
Disorders in Children and Adolescents: Epidemiology, Course, and Treatment, Essau C, Petermann F, eds. Northvale, N. J.: Jason Aronson.   
Gray, P. (2010). The Decline of Play and Rise in Children's Mental Disorders. Psychology   
Today. Retrieved from http://www. psychologytoday. com/blog/freedom-learn/201001/the-decline-play-and-rise-in-childrens-mental-disorders   
Harrington, R. (2001). Depression, suicide and deliberate self-harm in adolescence. British   
Medical Bulletin, 57 (1): 47-60.