

An introduction to adolescent depression and suicide

[Life](#)



Teenage angst is often referred to normal during that an unfortunate phase called adolescence through which many parents hope their children will emerge unscathed, and suffer through it with a philosophical attitude.

Many incidents of unreasoning anger, social withdrawal, apathy and refusal to communicate are taken as signs of this phase and no more. However, these behaviors have also been identified as signs of adolescent depression, and those who are at-risk may very well be diagnosed with this condition. Parents would be well advised to eye such incidents with some attention, especially if it occurs over a prolonged period of time.

True adolescent depression is made more difficult to diagnose this is the rebellious phase of teenagers, a time when they are most difficult to communicate with.

This period of development is marked with transient period of depression-like signs such as sadness and loss of self-worth due to the normal process of maturation and its concurrent stresses, such as sexual development and conflicts with authority figures such as parents.

Other stressful events, such as a romantic break-up or death in a family may be difficult for some teenagers, especially those with low self-esteem to cope with. When the behavior is persistent, this could already a depressive disorder (" Adolescent depression," 2005).

Adolescent depression is thought to affect up to 5% of children between the ages of 9 and 17, although as much as 15% exhibit some symptoms of depression at any given time. The condition affects the functionality of the adolescent that becomes apparent in poor performance in school,

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deteriorating social interactions, and hostile family relationships and may eventually lead to suicide.

Many of those affected are seldom diagnosed and treated properly, and some experience depression before the age of seven. Major adolescent depressive disorder, the most severe degree of the condition is diagnosed similar to the criteria for major depressive disorder in adults (Bhatia and Bhatia, 2007).

There are many conditions for which adolescent depression can become a long-term problem, including depression in adult life and suicide. Some adolescents begin their depressive periods in early childhood, which becomes worse as the stress of life becomes more intense.

It would be of paramount importance, therefore, to be able to distinguish between a teenager “acting out” and true adolescent depression. This paper aims to provide a comprehensive overview of adolescent depression, its symptoms and diagnosis, treatment and the risk of suicide associated with it.

Methodology

Scholarly articles detailing the known symptoms, risk factors, statistics and treatment protocols for adolescent depression and associated suicide were included in this paper to condense the information about the condition.

These include articles from the American Family Physician, a peer reviewed journal of the American Academy of Family Physicians because adolescent depression is mostly a problem that beset families and are best solved at this societal level.

Articles from the New England Journal of Medicine, American Journal of Psychiatry and the University of Pennsylvania Health System were also included to support the findings, as well as current event articles on depression screening in schools and the interaction of sexual activity and depression.

Studies on the suicide rates associated with adolescent depression were taken from the British Medical Journal and American Journal of Psychiatry.

A public health survey conducted by the Washington County Department of Public Health and Environment on teenagers was also included to provide a subjective perspective of adolescent depression and concepts of suicide.

There is also the issue regarding the efficacy of current treatment methods for adolescent depression, elucidated with reports from Stanford University, The British Journal of Psychiatry and a reprinted article in Pediatric Nursing.

Results survey of teenagers on adolescent depression and suicide

In 2000, the Washington County Department of Public Health and Environment conducted two surveys designed by the Youth Risk Behavior (YRB) Endowment Advisory Committee to identify discover the main points to cover for managing depression, suicide and overall mental health of teenagers in Washington County.

Of the 17, 726 teens in the area, 1, 875 adolescents in grades 7-12 responded to two surveys, namely survey 1 " Depression & Suicide: How Can We Make A Difference" and survey 2 " Communities For Teen Health".

In the first survey, 87% of the respondents believe that depression and suicidal thoughts are a big problem among teens today.

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When asked what kind of information they believed would benefit at-risk teens, 85% believed parents should be able to recognize signs of depression in their children and to take it as a serious matter while 81% maintained teens should be able to talk to friends about how they are feeling.

Many (74% and 73% respectively) believed it was important for teens to be able to recognize if they are depressed and if others are depressed and to know where to go if they suspect they or others suffer from depression. Ninety-three percent of respondents believed guest speakers, motivational or other teens that have gone through depression and suicidal thoughts would be the best source of this information followed by television at 60% and caring adult at 54%.

Having opencommunication, acquiring better understanding and reducing the amount of stress were the top answers for what adults and other teens can do to influence mental health of the youth.

For the second survey, which investigated the involvement of the community in this condition, 31% of the respondents believed education was the venue most utilized for addressing the problem. Someone to talk to and friends tied at 26% for the best way depressed teens can be helped while 80% believed better awareness for parents and teachers was crucial.

Twenty-one percent of the respondents believed more money should be spent on more education while 19% thought money would be well spent on media (“ Adolescent depression & suicide opinion survey,” 2001).

Symptoms and signs

“ Major depressive episodes for adults and adolescents are similar in criteria”. Over a two-week period, comparative tabulation of the major symptoms is provided (Bhatia and Bhatia, 2007).