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DEPRESSIVE DISORDER AMONG ADOLESCENTS IN INDIA, RISK FACTORS AND PREVENTIVE MEASURES

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ABSTRACT

Among all mental disorders, depression is the most prevalent and widely recognized disorder. Negative mood and a variety of behavioral changes are commonly seen during depression. Any significant loss in day-to-day life which gives deep feelings of sadness may lead to the state of depression. A period of depressed mood and loss of interest or pleasure in most activities, together with negative mental symptoms, is commonly referred to as depressive disorder. Adolesence is a developmental period which ranges from 10-19 year of age. This period is a transitional phase from childhood to adulthood. Due to different rapid physical and psychological changes, adolescence seems to be a period of stress and strain. Such changes may contribute to various mental health issues, mainly depression and related behavioral problems. Factors predisposing towards depression may be heredity, gender, age, experiencing negative life events and lack of social support. Other risk factor may be, going through natural disasters, experiencing violence, abuse or loss and isolation at any stage of life. Suicide is a consequence of depression which is a misfortune towards humanity. A complex interface of biological, genetic, psychological, sociological, cultural and environmental factors may lead to suicide. Each suicidal attempt makes a person more prone to feel depressed. Since adolescence is a period where an adolescent needs to develop knowledge and skills, manage emotions and relationships, acquire attributes and qualities to enter into adulthood, they commonly are unable to face this burden. Mostly adolescents are unable to cope up with their age related peculiarities and thus they feel depressed. Depressive feelings at this stage of development may lead to many social and educational impairments. So, identifying and treating depression becomes crucial in adolescence. General physicians and primary care providers can help in early identification of depression, initiate treatment and refer adolescents to mental health specialists. Psychotherapy and Pharmacotherapy may be given according to the severity of symptoms. Psychoeducation, a supportive approach and positive family involvement is also needed. Preventive programs are required to reduce the prevalence of depression and also towards improving the mental health of adolescent population.

Keywords: Depression, Adolescence, Gender, Transitional, Psychotherapy, Psychoeducation, Pharmacotherapy

Depressive disorder is very important to public health. The prevalence, suffering, dysfunction, morbidity and economic burden in the state of depression, needs attention. All age groups, worldwide suffer from depressive disorder which amounts to 4.4% of world population (WHO, 2017), Depression is seen more commonly among women than in men. The prevalence of depression is significantly linked to age, being low in children and increasing throughout childhood and adolescence. Adolescence is a crucial period marking the transition from childhood to adulthood. Numerous rapid changes-physical, psychological, emotional, cognitive and social, are crucial to adolescence which are often perceived as stressful. Deviant behavior, disturbing school life and academic achievement, drug abuse, poor psychosocial adjustment are the frequent negative consequences of depression. Persistent sadness and a loss of interest in activities that one normally enjoys, accompanied by an inability to carry out daily activities, for at least two weeks is a strong basis for the diagnosis of depression. Some other symptoms noteworthy are be - loss of energy, change in appetite and sleep pattern, reduced concentration, indecisiveness, feelings of worthlessness, guilt or hopelessness and thoughts of self-harm which sometimes may lead to commit suicide. Nearly 10-20% of children and adolescents, worldwide, experience mental health problems (WHO, 2017). Depression is considered to be a major contributor of the global burden of mental diseases (Ferrari, et. al., 2010; Kessler, et. al., 2013). Studies show that 50% of all mental disorders are established by age 14 and 75% of them by the age of 18 years (Kessler, et. al., 2007). The most common disorders seen are generalized anxiety and depression (Mental Health Foundation, 2018; Stansfeld, et. al., 2016).

The age of onset of depression is decreasing over the years and, now it is increasingly being recognized in children and adolescents (Son & Kirchner, 2000). Abnormality in behaviour, emotions and relationships which are of sufficient duration and severity and lead to persistent suffering or handicap to the child or adolescent as well as distress to their family or community, refers to as psychiatric morbidity (Rutter, et. al., 2009). During the developmental period, adolescents suffer from psychological and social problems, at one time or the other. Most of these problems are transient in nature and thus often go unnoticed. Moreover, adolescents may show these problems in one setting and not in the other, as home, school or group of friends. Therefore, it is difficult to understand that which of their behaviour is associated with mental disorder. So, many disturbing behaviours may be considered as intentional or deliberately willful. If adolescents are

banned socially or punished and criticized, their self-esteem gets lowered. If children and adolescents get deprived of the assistance they need, because of the mistaken and inappropriate understanding of their mental issues, the consequences are worsened. Research suggests that approximately 20% of adolescents in India, have a diagnosable mental health disorder. The presence of any mental health disorder is noticed in adolescence only (Kessler, et. al., 2005). Studies indicate that 20-30% of adolescents experience one major depressive disorder before they reach adulthood (Rushton, et. al., 2002). Mental health problems become more complex and intense as the child enters adolescence (Patel, et. al., 2007). The mental health problems in adolescence lead to poor school and academic performance, school dropout, strained family relationships, alcohol and substance abuse as well as engaging in risky sexual behaviours (Kapphahn et. al., 2006). The report on Global Burden of Disease estimates the point prevalence of unipolar depressive episodes to be 1.9% for men and 3.2% for women, and the one year prevalence has been estimated to be 5.8% for men and 9.5% for women (Lopez, et. al., 2006). Depression, as a disorder, has always been a focus of attention for researchers in India. The epidemiology of depression in children and adolescents in a community sample from South India, reported a prevalence of 0.1% in the 4-16 years age group and no child in the age group of 0-3 years was diagnosed to have depression (Srinath, et. al., 2005). A study from North India reported an annual incidence rate of 1.61 per 1000 children, in a community based study on school children (Malhotra, et. al., 2009). In a study, evaluating the various diagnoses in clinical population, (Malhotra, et. al., 2007) reported increase in prevalence of affective disorders from 2% to 13.49% in children, (0-14 years) attending the psychiatric outpatient clinics. Though such data provide useful information, it is not reflective of the trends in larger community. The National Mental Health Survey, reported the point prevalence of mental morbidity to be 7% among adolescents, 13-17 years of age with depressive disorders being the most common morbidity with a point prevalence rate of 2.6% (Gururaj, et. al., 2016). A study showed the overall prevalence of depression among adolescents to be 47.9% (Kumar, et.al. 2019). Some studies also reported the prevalence of depression to be 50% (Jha, et. al., 2017; Nagendra, et. al., 2012; Malik, et. al., 2015). Some other studies have reported the prevalence of depression ranging from 10% -27% in adolescents which is much lower (Bhatia & Bhatia, 2007). Talking about the degree of depression, studies have different findings. Mostly adolescents report moderate type of depression (46.8%), followed by mild and severe (30.1%, 23.4%) (Kumar, et. al., 2019). Malik, et. al., (2015) also reported the prevalence of moderate depression to be higher (41.2%), whereas mild type of depression was found to be most prevalent in some other studies (Jha, et. al., 2017; Naushad, et. al., 2014)

Diagnostic Impressions

The commonly reported symptoms include depressed mood, diminished interest in play activities, pessimistic views, concentration difficulties, decreased appetite and sleep, inability to experience pleasure, behavioral expressions related with anger and aggression, somatic symptoms. The predominant mood symptom is irritability. Adolescents tend to have more frequent somatic symptoms. Depression in adolescents can be established through the criteria described in DSM-5 (2013). According to DSM-5, major depressive disorder in adolescence is characterized by a period of two weeks of depressed mood where, loss of interest or pleasure in nearly all activities is seen. Moreover four symptoms are also present from this list – changes in weight, sleep disturbances, changes in psychomotor activity, fatigue, feelings of worthlessness or guilt, impaired concentration, disability to make decisions, suicidal ideation. In adolescents, depressed mood takes the form of irritation and annoyance. Persistent irritability and frequent episodes of extreme behaviour in childhood has the potential to develop into a depressive disorder in adolescence. Clinically female adolescents report, feelings of sadness, loneliness, irritability, pessimism, self-hatred and eating disorders. Male adolescents present themselves with somatic complaints, reduced ability to think or concentrate, lack of decision making skills, restlessness and anhedonia (Kovacs, et. al., 2003; Price, et. al., 2016). Despite its well-defined diagnostic profile, depression during adolescence can often be misdiagnosed. Adjustment disorder and dysthymic disorder, often overlap the diagnoses Adjustment disorder is classified as a depressed mood in response to an identifiable stressor which arises within 3 months of the onset of the stressor and persists upto 6 months after stressor resolution. Symptoms include low mood, tearfulness or hopelessness which is associated with a significant distress. Dysthymic disorder is a pattern of chronic symptoms of depression that are present for most of the time, on most days with a minimum duration of 1 year for children and adolescents.

Risk Factors

Heredity, age, gender, experiencing negative life events, lack of social support, are considered to be risk factors for developing depression. Women are particularly at risk during young adulthood whereas, men are at higher risk in early middle age. In general, women in comparison to men are more likely to report a depressive disorder. Assumed risk factors, potentially modifiable during adolescence without professional intervention, are, substance abuse, diet and weight (Cairns, et al., 2014) Consuming alcohol, cannabis and

other illegal drugs have a significant effect on brain. Alcohol has a neurotoxic effect on adolescent's brain which is sensitive during adolescence. Cannabis and other drugs can have an effect on serotonin and other neurotransmitters, causing an increase in depressive symptoms. Moreover, substance abuse, may have various harmful social and academic consequences for the adolescents which could increase their risk for developing depression. Being overweight can have a negative effect on self-image of adolescent which elevates the risk of depression. Environmental factors, such as acute stressful events and chronic adversities may produce depressive thoughts. Such factors may be personal injury, prolonged deprivation, maltreatment, family discord, bullying by peers, poverty, physical illness etc. Stressful life events with first onset are strongly associated with being depressed Risk is higher for girls and for adolescents who face multiple negative life events. Severe relationship stressors are risk factors for depression. (Thapar, et. al., 2012). Temperament and character traits are also risk factor for depression in adolescence. Temperament is responsible for automatic and emotional responses to environmental stimuli and is surrounded by novelty seeking, exploration, harm avoidance, reward dependence and, persistence. In contrast, character develops across the life span and is influenced by social and cultural experiences. It has three dimensions, self-directedness, cooperation and self-transcendence (Nogueira, et al., 2017). Studies show that depressed persons present higher novelty seeking, harm avoidance, and lower reward dependence, persistence, self-directedness and cooperativeness as compared to healthy individuals (Nogueira, et al., 2017; Zappitelli, et al., 2013). Using avoidance as a coping strategy more frequently for the stressful life events, is a maladaptive coping style which is a risk factor for developing depression. Studies have also reported that parental loss before the age of 18 years, parental disharmony and eldest birth order, all tend to be more common in persons suffering depression. With respect to life events in children and adolescents, depressed adolescents girls report life events in the form of death of a family member, change in residence, failure in examination, end of a relationship and serious illness. Other risk factors associated with depression in children include stress at school and family as well as family history of mental illness. (Krishnakumar & Geeta, 2006). Among the psychological factors, attribution style is supposed to predispose to depression and maintain depressive symptoms once they develop. More internal, stable and global attribution style, lead to develop depression. It has also been observed that neurotic tendency with depression, lead to poor social interactions and reporting of more unpleasant type of social interactions (Srivastava, 2006). A study showed that persons scoring high on

the personality trait of hardness, score less on depression scale, suggesting that presence of hardiness does not allow depressive feelings to become severe (Sinha & Singh, 2009). Recently, researchers are focusing their interest on social media as a risk factor for mental health problems. A systematic review of studies shared a small but statistically significant relationship between facebook use and psychological distress in adolescents and young adults. Other systematic reviews have also found a meaningful relationship between social media use and depression. More researches are needed in this area.

Management and Treatment

The treatment of depression in adolescence can include psychotherapy, pharmacotherapy or both (Selph & Mc Donagh, 2019). Treatment should be selected based on the severity of the condition, the preference of the patient or family, associated risk factors, family support and the availability of each therapy. Adolescents with moderate to severe depression, substance abuse, suicidal ideation or resistance to treatment should be referred for specialized evaluation.

Psychotherapy involves Cognitive Behaviour therapy (CBT) which is based on the relationship between thoughts, feelings and behaviour. This therapy focuses on cognitive distortions associated with the depressive mood and the development of behavioural activation techniques, coping strategies and problem solving. Inter Personal therapy (IPT) assumes depression associated with disruptive relationships, based on the negative impact of symptoms on relationships and vice versa. Psychotherapy should be considered first line of treatment in adolescents. Pharmacotherapy is based on the use of medicines and can be used as an addition to psychotherapy. Fluoxetine is widely regarded as the first line drug for adolescents. Escitalopram is also particularly effective for ages between 12-17 years. These drugs have many side effects. However these effects are dose dependent and tend to decrease over time. These drugs are approved by Food and Drug Administration, USA for the treatment of depression in children and adolescents. Some adolescents may develop suicidal risk during pharmacotherapy. They should be monitored to adjust the dosage, change the drugs or discontinue them.

Preventive Measures

Prevention of depression is the need of time. Prevention is better than cure, rightly fits on mental diseases, including depression. First of all, it is important to understand the

risk factors and protective factors intervening in the development of depression. The risk factors may be specific and non-specific. Specific ones may be genetic or parent's history of depression which increases the risk 2 to 4 times (Evans & Andrews, 2005). Non-specific risk factors include poverty, violence, child abuse etc. On the other hand protective factors may be many. Good family support for an adolescent is the strongest protective factor against depression. Learning emotional skills and coping abilities has the power to shield against depression.

Preventing depression can be of three types - universal, selective and indicated. Universal interventions target the adolescent population group in general. Adolescents who are at risk of developing depression, come under selective interventions . Adolescents with subclinical symptoms of depression are targeted under indicated interventions. Therapy designed for problem solving and overcoming traumatic situations for adolescents, can help in preventing the development of depression. Adolescent who are at risk may be given programs of developing interpersonal communication skills and optimistic thinking. Parents should also be made a part of this program. This may lead to an improvement in parent's perception of their child's behaviour. In indicated interventions, psychoeducation and skill development programs to overcome interpersonal issues and role disputes among adolescents have been successfully carried out, and symptoms of depression are found to improve significantly at the end of such programs. Moreover, such programs are also helpful in decreasing the number of adolescents with suicidal ideations.

A preventive model for depression may focus on improving social network and educational programs, designed to educate the public with regard to the risks inherent to change of jobs, residences, pattern of living etc. Adolescents must learn how to protect themselves in stressful situations and stay calm and peaceful. They must learn the tactics of solving their problems by accepting them and approaching towards them with a relaxed mind. A good routine, nutritious diet and healthy body are all beneficial in handling life situations intelligently. A recent review suggests that religiosity and spirituality can be a protective shield against depression (Vergheese, 2008) Adolescents should learn to develop a resilient personality and always try to fight and bounce back against the adversities in life. Feeling depressed is no solution to life problems. Skills which help in fighting back, must be taught to adolescents. Elders must try to understand adolescent's thoughts and adolescents should also try to learn from the valuable experiences of their

elders. A relaxed approach towards life should be developed and adolescents must understand that no problem in life is bigger than their own existence.

Conclusion

Depression is the most common mental health issue reported in community. It is a disease with no age bar. Young people are becoming a victim of depression, worldwide. Depression in adolescence can be a complex diagnosis and requires individual attention. Early identification and treatment with prompt referral to mental health specialists is crucial for the prognosis of depression. A combination of psychotherapy and pharmacotherapy yields promising results. The scarce number of mental health professionals poses a limitation towards psychotherapy, particularly in the case of children and adolescents, who are in a period of transition in their physical and mental development and whose psychological intervention can have a significant positive or negative impact with potential future repercussions. Counsellors are required to arrange parent-adolescent counseling sessions to solve family pressures faced by adolescents. School environment can be made healthy by arranging frequent extra curricular activities. Career counselling and reducing academic burden and competition would be helpful in decreasing depressive thoughts among adolescents. Thus, prevention, early diagnosis and treatment of depression in adolescence should be considered global objectives and the implementation of effective strategies for achieving such purposes is essential. Prevention of depression is of great importance and this must be a priority while framing the programs and strategies related to mental health. Families, community and government must join hands together to prevent depression. A life style improvement which is based on love and belongingness is also required in order to reduce the burden of mental diseases, including depression, in particular.

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