Depression in Adolescents
INTRODUCTION TO DEPRESSION IN ADOLESCENTS
The purpose of this information brief is to identify the risk factors associated with depression in adolescents and show how schools can contribute to prevention of this disorder, and help adolescents with depression.

Adolescent depression is one of the most common problems that influence adolescents’ well-being. Depression is a mood disorder that causes the feeling of sadness and loss of interest in activities that previously were stimulating. Depression also negatively influences how people think, feel and behave, which typically results in a general reduction in functioning.

Depression is the third leading cause of adolescents’ mental illness and disability. A common effect of adolescent depression is that it alters physical and psychological perspectives. Depression has been linked to both significant reductions in quality of life and increases in suicidal ideation and completion, the latter being the third leading cause of death for adolescents ages 15 to 19. Several studies find that high depression rates (ranging from 7.1 to 19.4 percent) occur at the mean age of 14.5 years in 12 European countries. Though the percentage may not seem high, in raw numbers it equates to millions of adolescents suffering from depression across these European countries. The 2013 Youth Risk Behavior Survey conducted by the Ohio Department of Education reported a 10 percent suicide attempt rate for Ohio youth.

Many factors contribute to adolescent depression, including parent-child relationships, peer relationships or other stressors. Also, adolescents may face barriers to seeking help from professional mental health services. According to Cheung et al. (2018), only a small percentage of depressed adolescents are treated by professional mental health services. Limited professional mental health services restrict the opportunities that adolescents have to prevent and/or be treated for depression.

UNDERSTANDING RISK AND PROTECTIVE FACTORS
A risk factor is a factor associated with an increase in probability of a certain outcome. Conversely, a protective factor is a factor associated with a decrease in probability of a certain outcome. For adolescent depression, risk factors increase the likelihood that an adolescent will become depressed, while a protective factor decreases that chance. Keep in mind that risk and protective factors do not guarantee an individual will or will not experience a given outcome; they are simply things that make it more or less likely.

General Risk and Protective Factors Associated with Adolescent Depression

<table>
<thead>
<tr>
<th>Risk Factors:</th>
<th>Protective Factors:</th>
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<tr>
<td>Frequent and heavy alcohol consumption</td>
<td>Healthy diet</td>
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<td>Cannabis, tobacco and other drug use</td>
<td>Open relationship with parents</td>
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<td>Dieting</td>
<td>Getting enough sleep</td>
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<td>Media use</td>
<td>Playing sports</td>
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<td>Negative coping strategies</td>
<td>Parental supervision</td>
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<tr>
<td>Being overweight</td>
<td>Parental support</td>
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<tr>
<td>Parental depression</td>
<td>Emotional self-control</td>
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<tr>
<td>Exposure to stress and trauma</td>
<td>Self-acceptance</td>
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<td>Authoritarian or inconsistent parenting</td>
<td>Optimistic future view</td>
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<td>Verbally aggressive teachers</td>
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In addition, certain groups of adolescents face unique risk and protective factors associated with depression. For example, LGBTQ adolescents have the following additional risk and protective factors for depression.\(^9\)

**Risk and Protective Factors Specific to LGBTQ Youth\(^9\)**

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
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<td>• Internalized LGBTQ oppression</td>
<td>• Being “out of the closet”</td>
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<td>• Stress related to hiding or managing one’s LGBTQ identity</td>
<td>• Positive LGBTQ identity</td>
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<td>• Feeling different from the social norm</td>
<td>• Family and friend support</td>
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<tr>
<td>• Parental rejection</td>
<td>• “Gay-straight alliance” presence and participation</td>
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<tr>
<td>• Experiencing bullying, harassment or violence</td>
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**HOW CAN SCHOOLS HELP?**

Because of the increased amount of contact with students, schools are the ideal setting for depression prevention and intervention programs, and many already have been implemented in school systems across the United States. The three types of interventions that have been described are universal, selective and indicated programs.\(^3\)

- **Universal Programs:** Programs that target all students regardless of risk factors.
- **Selective Programs:** Programs that are aimed at students with an increased risk of depression (i.e., parental history of affective illness, childhood experience of parental loss).
- **Indicated Programs:** Programs that are designed to target students who are already experiencing symptoms of depression.\(^13\)

A recent review of studies has shown that many programs currently being implemented in schools are effective in the short term but, unfortunately, do not show significant effects in the long term.\(^14\) However, when combining Cognitive Behavioral Therapy techniques in a school setting with a parental component, students showed a significant reduction in symptoms even one year after the intervention.\(^7\) These techniques show promise and should continue to be used in the school setting to reduce adolescent depression.

The majority of the reviewed school-based interventions show small-scale effectiveness in reducing or preventing mental disorders in adolescents.\(^5\) Therefore, the programs that do show promise for reducing or preventing depression should be continually implemented in order to study and understand their effectiveness over time.

**CONCLUSION**

Adolescent depression is a concern, globally, due to some unique transitions youth face as they transition into and through this period of life. Depression is a critical factor in suicide, which is the third leading cause of death in adolescents ages 15 to 19. Some adolescents are more at risk for depression than others, and schools should take care to recognize these risks and mitigate them when possible. For example, adolescents with depressed parents, adolescents who diet, and adolescents who use drugs and alcohol are more likely to become depressed.

More research is needed to enhance and better understand the effects of school-based interventions for depression in adolescents. Specifically, research can investigate the long-term efficacy of school-based interventions. Additionally, more evaluation research can examine how current intervention programs could be improved. The interventions that have been proven to work long term should continue to be implemented in schools, as they would serve as extremely strong protective factors, making them very important in helping to combat the growing prevalence of depression in adolescents. School-based prevention and treatment of adolescent depression could save lives.
RESOURCES FOR ADULTS WORKING WITH DEPRESSED YOUTH

The following are online resources that parents, educators or any other adults working with depressed youth may find useful.

- **Erika's Lighthouse - A Beacon of Hope for Adolescent Depression**: Erika's Lighthouse works to educate school communities on teen depression, eliminate the stigma associated with mental illness and empower teens to take charge of their mental health. [http://www.erikaslighthouse.org/](http://www.erikaslighthouse.org/)

- **HelpGuide**: This is a guide to inform and educate families and friends about how to provide useful help to a loved one suffering from depression. The HelpGuide goes over six firm rules to follow to achieve success when helping a loved one but, at the same time, staying emotionally stable. [https://www.helpguide.org/articles/depression/helping-a-depressed-person.htm](https://www.helpguide.org/articles/depression/helping-a-depressed-person.htm)

- **iFred (International Foundation for Research and Education on Depression)**: iFred's mission is to shine a positive light on depression and eliminate the stigma associated with the disease through prevention, research and education. Its goal is to ensure 100 percent of the 350 million people affected by depression seek and receive treatment. [http://www.ifred.org/](http://www.ifred.org/)

- **Anxiety and Depression Association of America (ADAA)**: ADAA is an international nonprofit organization dedicated to the prevention, treatment and cure of anxiety, depressive, obsessive-compulsive and trauma-related disorders through education, practice and research. There are links to resources specific to children and adolescents. [http://www.adaa.org/living-with-anxiety/ask-and-learn/resources](http://www.adaa.org/living-with-anxiety/ask-and-learn/resources)
REFERENCES


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