
More than Moody: Recognizing and Treating Adolescent Depression

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Until recently, it was widely believed that young people had neither sufficiently formed egos, nor the brain development to cause the kind of chemical imbalance that is at the root of clinical depression. Indeed, twenty years ago depression in adults was often misdiagnosed, mistreated, and stigmatized. If the public, and even the medical world, couldn't entirely accept depression as a disease in adults, certainly innocent children had to be immune. Unhappily, we now know that this isn't the case. Not only does major depressive disorder exist in adolescents and, more rarely, in children, but the syndrome is in many ways clinically equivalent to the spiral of depression in adulthood.

The media is quick to wonder whether depression is an explanation for adolescents on murder sprees, for teenage mothers callously killing their newborns, for all the "children without a conscience" who made up the collage on a recent cover of *People* magazine. Parents wondered if the surliness, listlessness, hopelessness and despair their children were experiencing could be caused by something medical, something more than simply the natural—and not unhealthy—volatility of adolescence. Pediatricians, teachers, social workers, seemingly everyone whose lives brought them in contact with young people suddenly had in mind some child or teenager they felt was at risk. No doubt, many are at risk.

Prevalence

Upwards of 40 million Americans suffer from depression, and approximately 3.5 million of them are children and teenagers, according to a 1999 report by the United States Surgeon General. The studies indicate that as you read this, between 10 and 15 percent of the child and adolescent population show some signs of depression. It is still relatively rare among preteens and young children, so the vast majority of those affected are teenagers.

Significantly, studies estimate that in a given year as many as 8.3 percent of the adolescent population will begin exhibiting signs of major depression—compared with only 5.3 percent for adults. And while adults are much more apt to recognize their

depression and be treated, most teenagers will not receive the help they need.

As a group, perhaps the most affected are college students. Studies suggest that significant percentages of them have bouts of depression in which they feel hopeless and even suicidal. On the other hand, the widespread use of antidepressants means that some young people who might have been too debilitated to go to college in earlier years can now attend and succeed. In either case, parents today need to be especially alert to what depression in adolescents looks and feels like, and to be capable of helping their children perhaps long-distance.

Young people with depression don't suffer every day, or all their lives, or with the same intensity with each episode, but they do suffer. Whether they are entering middle school or finishing college, the pain of depression can seriously erode their capacity for joy and curiosity and for facing the developmental hurdles they must overcome to take their places as happy, productive adults. And at its worst, depression can lead to severe isolation and even suicide or violence toward others.

In 2002, five thousand young people in the United States will kill themselves. That's more adolescents than will die from all other illnesses—from cancer to AIDS—combined. Only traffic accidents and homicides take more adolescents than suicide. What is perhaps even more frightening are studies suggesting that every single day, in every single high school in America, teenagers are thinking about suicide or making actual attempts.

The most recent survey on youth risk behavior from the Centers for Disease Control reports that annually teenagers (19 percent or 3 million of all U.S. high-schoolers) had thought of suicide, and over 2 million of them made plans to carry it out. And some 400,000 made actual suicide attempts requiring medical attention. That comes to an average of more than 1,000 attempts a day nationwide, every day of the year. With a reasonable degree of confidence, we know that depression plays at least some role in most of them.

The problem is that adolescent depression is terribly underdiagnosed in this country. That statement applies to every socioeconomic group, though members of minority groups are the most neglected, as is the case in health care in general. It is in

large part because major depression can be insidious that it is often unrecognized and untreated. Depression starts silently and slowly in most cases, and it is usually only when the symptoms become severe that others begin to take note. The costs are enormous. An adolescent with depression not only suffers at this crucial state in their development, but is at much higher risk of having depression as an adult.

Consider that some 20 percent of teenagers—one in five—report that they have had a major depressive episode that went untreated during their adolescence, according to a study by Dr. Peter Lewinsohn from the University of Washington. That's a striking number, and it may help explain why there are so many depressed adults.

“Depressed” is perhaps the most overused word in the English language—especially by teenagers. I'm so depressed, they say—even when they mean they're just upset about something. They don't say “I'm so demoralized,” which would be a more accurate word. But despite this semantic abuse, there are many more teenagers who truly are depressed but who don't say they are—because they don't know that's what's wrong with them. Their parents, meanwhile, will be just as much in the dark.

Mallory is a 15 year old teenager and is absolutely crushed when her boyfriend breaks up with her, but it lasts only a few days or a couple of weeks. She bounces back. But if the sadness persists—if Mallory has become a different person, if she's lost her sense of humor, if her sleeping and eating habits are disturbed, and if she's become socially isolated and is suddenly having trouble keeping up with schoolwork—it may be that the breakup was the triggering event of an underlying depression that needs to be treated.

Treatment

Treatment itself is a delicate and controversial matter. Much has been written and said about kids and pills, and a good deal of the consternation ahs to do with a simple misconception: many people don't believe children can become psychiatrically ill. At the same time, hard questions need to be addressed: Are we changing our children's personalities with these medications? Is it right to set them on a course where they might have to take medicine, at least intermittently, for the rest of their lives? Is there a better way? Are HMOs, to say nothing of psychotherapy, for the sake of expedience or profit?

The truth is that while we know what works best for adults, we're still addressing that question for adolescents. There is abundant clinical evidence that antidepressants work for teenagers. But do they work better than cognitive behavioral therapy? Or is a combination of medicine and therapy best? What we do know is that most teenagers who respond to antidepressants for a first episode of depression will only need to take

the medication for six months to one year. Only those teens who have recurrent episodes of depression should take medication for the long-term.

Very important, too, is the understanding, support and cooperation of the child's parents, who will need to recognize that they can't use a “pull-yourself-together” or “kindness first” approach to a disorder that will not respond to either discipline or sympathy—any more than cancer or diabetes can be cured by a willed change of attitude.

Not only are many parents guilt-ridden over the diagnosis (“If my child is so unhappy, I must be doing something very wrong”), they are also loath to submit to the news that their child might have to be on medication for many months, or even years, even if the medication will treat the illness effectively.

More often than might be expected, coming to grips with a child's disease serves as a different kind of catalyst for parents: many come to understand that they, too, have suffered depression at some point or even throughout their lives and they, too, may need treatment. Thus, understanding and helping families to work more effectively is always a part of the treatment. MDD is rarely a disease that pops up once, is treated and then goes away for good.

Across the country there are excellent centers that specialize in treating depressed young people, and the field is fortunate to have so many dedicated and truly gifted researchers working to unlock the mysteries that remain. These people are saving teenagers' lives and advancing knowledge. But it's also true that over the last quarter century, one of the most widely acknowledged shortages in medicine has been in the field of child and adolescent mental health.

While ten million children and adolescents have a diagnosable psychiatric disorder right now, there are only 7,000 board-certified child and adolescent psychiatrists in the United States and fewer than 6,000 child psychologists. The overwhelming majority recognize that treatment is driven by diagnosis, but the fact that so many young people are brought in for help after having debilitating symptoms for many years means that we are failing at early identification and intervention. We wouldn't think of letting children with physical symptoms go without seeking treatment, dismissing the complaints with the timeworn words, “It's just a phase.”

Sometimes it is a phase. Sometimes a teenager is just moody. But it is essential for parents, teachers, and pediatricians to be better equipped to recognize when it is more than that—when it is an illness crying out to be treated.

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