Adolescent Depression: Myths and Realities

Adolescent depression is an illness with recognized physical, emotional, and psychological signs and symptoms; yet, it is one of the more unrecognized, undiagnosed, and misdiagnosed illnesses that exists today—and young people are dying because of it. Let’s take a look at some of the myths and realities about adolescent depression:

**Myth:** Depression occurs only in adults.

**Reality:** Depression can occur at any age, but its signs and symptoms may be hard to recognize in adolescents because their normal developmental behaviors can mask depressive behaviors. Everyone gets depressed, but not everyone has depression. A recent study found that half of all mental illnesses began by age 14 and three-fourths start by age 24 (Kessler 2005). Other studies have found that major depressive disorders are twice as common in adolescent and adult females as in adolescent and adult males. (American Psychiatric Association 2000). Approximately 15 percent of the U.S. population, or 40 million Americans, suffer from some form of depression—3.5 million of them children and young adolescents.

**Myth:** If you’re depressed, you can just “suck it up and deal with it.”

**Reality:** There are two kinds of depression: biological and psychological. Biological depression may be caused by an imbalance of neurotransmitters at the cellular level, which can be helped only through medication. Psychological depression may be caused by some kind of situational experience (e.g., ending of a relationship, death of a parent or friend), which can be helped only through counseling or therapy. In other words, you can’t medicate someone out of a psychological depression, and you can’t counsel someone out of a biological depression.

**Myth:** Adolescents with depression are easy to identify because they walk around with heads down, are lethargic, have no friends, and always look sad.

**Reality:** Since 1980, when the American Psychiatric Association first defined depression as a legitimate physical illness that could be identified in children as young as 6 years old, adolescent depression has been shown to present itself differently from adults (see box). Depression is being increasingly diagnosed among adolescents who have above-average intelligence, stable family situations, many friends, and appropriate social behaviors. It is these kinds of adolescents who are able to mask their depression through middle school and even high school before falling apart in college or on the job.

**Myth:** Adolescents are just miniature adults and their depression should be treated accordingly.

**Reality:** Recent brain research supports our understanding of young adolescents’ unique physical, social, and emotional needs as their brains undergo a continual maelstrom of pruning and hardwiring. Unlike adults, young adolescents lack the emotional maturity, experiences, and/or skills to handle stress in positive ways, although how they deal with stress can increase or decrease the risk of depression. Other conditions, such as attention deficit disorder, obsessive-compulsive disorder, eating disorders, and anxiety disorders can exacerbate depression more for an adolescent than for an adult.

**Myth:** Even if an adolescent has depression, he or she will eventually grow out of it.

**Reality:** Depression is a lifelong disease, like diabetes, asthma, or cancer. While recovery from a single episode of depression is quite high, each episode increases the risk of another if unrecognized and/or untreated. Statistically, those who have had three separate episodes of depression are at much greater risk of eventual relapse and should seek long-term treatment. Major depressive disorder also is associated with a high rate of mortality. In the case of young adolescents, suicide is the third leading cause of death for 10- to 24-year-old males, and the sixth leading cause of death for 10- to 24-year-old females.

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<table>
<thead>
<tr>
<th>Contrasting Symptoms of Depression</th>
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<tbody>
<tr>
<td><strong>Adolescent</strong></td>
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<tr>
<td>Aggression</td>
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<td>Increase in appetite or weight</td>
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<tr>
<td>Eats or sleeps too much</td>
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<td>Reactive to social environment</td>
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<td>Little sexual impairment</td>
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How Can We Help?

There are several things principals and teachers can do to help young adolescents:

- Express your concern and ask how you can help;
- Offer hope;
- Provide positive reinforcement;
- Encourage healthy behavior and activities;
- Be watchful for signs of depression and intervene early;
- Understand that medical intervention may be necessary;
- Keep updated about the facts of depression and talk about them openly.

It is critical for principals, teachers, and parents to understand the reality of adolescent depression and its devastating impact on the physical, social, emotional, and academic needs of a young adolescent and his or her family. Adolescent depression is not a weakness or a character flaw; it is a debilitating and potentially lethal disease.

References

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