\*Can you select an area of mental health to which you have been exposed, either through your clients or your professional reading? Examples of this might be child abuse, the severely and persistently mentally ill, or level of funding or resources. Outline in paragraph form three key points you would want to include if you were speaking to the public about this area.

Adolescence Depression—“severely and persistent mentally ill”

Depression is a disorder of mood, and is symptomatic of feelings which suggest that a person had a bad day. (1) A key issue to be discuss the public regarding adolescent depression is that it is very common among young adults. For example, it is emphasized that it is not unusual for adolescents to experience “the blues” or occasionally be down in the dumps. In addition, it is difficult to diagnose, because individuals often confuse the “mood” blues with more severe forms of depression. To compound the problem, adolescents don’t always speak up when they are experiencing depression, and may not ask for help. Adolescents have to deal with a number of physical, emotional, psychological and social changes that accompany developmental stages of life (Santrock, 2006). For example, developmental issues that accompany the stage of life include puberty, which may contribute to stress and anxiety. These stressful times for adolescents include unrealistic academic, social and/.or family expectations that can lead to feelings of isolation, failure, frustrations, and future mental health issues.

(2) The next point that I would make is that despite the fact that depression is common disorder, and prevalent among adolescents; depression in mental health is a serious disorder that has a number of risk factors associated with it such as: (a) substance abuse, (b) suicide ideation, and sexually inappropriate behavior (Depression in teens). Moreover, depression can reach extreme levels where it is manifested in major depressive occurrences such as that reflected in manic episodes. Based on criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR.2000) criteria, “A significant minority of adolescents [appear] to have a history of long-standing behavior problems that precede the onset of a frank Manic Episode (p. 360)” A Manic episode is characterized as a distinct period during which there is an abnormally and persistently elevated, expansive, or irritable mood (p. 357). It is important for teens and apparent of teens to recognize the warning signs of a Major Depressive Disorder that may include: (1) poor performance in school, (2) withdrawal from social interaction, (3) sadness and hopelessness, (4) anger and/or rage, and (5) poor self-esteem or guilt, etc. Based on the National Advisory Mental Health Council (NAMHC) report, the following symptoms (if lasting for a period of two weeks) could indicate signs of depression in adolescents:

(3) Another point to be made is and of public concern would be where parents and adolescents can obtain resources. Research shows that policies, plans and specific interventions are available to reduce risk factors and enhances protective factors for adolescent depression (Task force report of Mental Health America, US preventative service. While teens need adult guidance to understand all the emotional and physical changes taking place during puberty. Feinstein, Givacchini, & Miller (1971) provides an analysis of these changes in the following summary:

“Puberty is a biological fact, but adolescence as we know it, with its special identity crisis, is not. All children grow up and become pubertal….all [don’t] become adolescents. To be adolescent means that one has reached the age of puberty, is at the very height of one's physical development…..but must nevertheless postpone full adulthood till long beyond what any other period in history is reasonable” (p. 20).

Their point is there is no place in society where young adolescents feel they fit in. Thus, it is also important to let the public know that adolescent depression is increasing at an “alarming” rate, but help is being provided to address the problem. Two programs that have adopted policies aimed at addressing adolescent depression are the Mental Health Administration (MHA), and National Advisory Mental Health Council (NAMHC). MHA is an Advocacy Network that acts as a powerful voice for change in policies and programs addressing mental health issues, including teens, and is made up of thousands of individuals and organizations nationwide. NAMHC is a component of the federally-funded National Institute of Mental Health (NIMH) designed to conduct research on a number of mental health issues including the epidemiology and treatment of adolescent depression.
As an example, recent legislation from the NAMHC include a task force that was developed to screen and treat for major depression in children and adolescent (2009). In addition, the task force studies the use of antidepressant medications for children and adults.’’ A change in specific policies, more attention to the problems that confront the youth, and their informing the public of how to recognize the signs and symptoms of depression; and where to get help before a major illness occurs should be the focus of any public debate on the topic of adolescent depression.

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