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Research Article

SCREENING FOR SYMPTOMS AND CONTRIBUTING FACTORS FOR DEPRESSION AMONG ADOLESCENT AGE GROUP

Surabhi H S., Prema R., Yashitha Ra., Nabeela Hannan., Thrupthi and Latha Kumari C

Rajiv Gandhi University of Health Science

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ABSTRACT

Objective: To study the depression among adolescent by using Beck Depression Scale. **Materials and methods: Study design:** Cross sectional study **Setting:** Residential schools in Bangalore in field practice area of Rajarajeswari medical hospital. **Sample size:** 500 adolescents. **Results:** using Revised BECK's scale of depression, number of adolescents with mild depression was found to be 141, moderate depression were found to be 102, and severe depression were found to be 21. **Conclusion:** Though the Indian studies shows the rates of depression as 8% - 20%, Depression among residential school students have higher incidence hence anticipatory guidance for positive mental health among residential school is recommended and screening may be mandatory.

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INTRODUCTION

Adolescence is a crucial phase in life and the presence of conditions like depression, anxiety and stress at this stage of life is a matter of concern. Depression in this population has been shown to be associated with increased risk of suicidal behaviour, homicidal ideation, tobacco use and other substance abuse into adulthood[1]. It has been noted that the majority of suicides in India are by those below the age of 30 years and also that around 90% of those who die by suicide have a mental disorder increasing concern has been expressed about the mental health of students in higher education[2]. Concerns have been articulated by students themselves and by the academic staff who teach them the world health report has quoted India as having a substantial prevalence of childhood and adolescent mental health disorders[3]. Rates of depression in adolescent range from 8% to above 20% and associated with suicide, psychiatric co-morbidity, poor peer relationships and substance abuse during adulthood. This study screening for symptoms of depression among adolescent age group helps in early identification and intervention to prevent suicides and other outcomes of depression. Studies conducted using community and school samples of adolescents have shown depression as the most common psychiatric disorder among adolescents, and have shown varying estimates due to differences in methods, and criteria used to diagnose

depression[3]. Studies in the last decade have shown the rates of depression in adolescents to range from 8% to above 20% and associated with suicide, other psychiatric co-morbidity, academic failure, poor peer relationships, substance abuse and severe depression during adulthood[4]. There have only been a few reported studies on depression per se among the adolescent population in India. Psychiatric morbidity among school samples of adolescents was found in about 29% of girls and 23% of boys with depression being the most common disorder [5]. Studies have shown that on any single day about 2 percent of school-aged children and about 8 percent of adolescents meet the criteria for major depression. Taking a longitudinal view, the numbers are higher-for instance, one in five teens have had a history of depression at some time. In primary care settings the rates of depression are higher still-as many as 28 percent for adolescents[6]. Preschool depression has begun to attract interest in the literature but much more needs to be learned about this age group and mood disorders. In another study, 15% of schooladolescents screened with Beck Depression Inventory (BDI) scored for depression. A study that specifically assessed depression reported a prevalence of 3% in 13-19 year old school going adolescents. Moreover, depression during adolescence is associated often with suicide, a phenomenon that is also on the rise among adolescents in India in recent times[7]. A study by Hammem *et al* shows High rates of diagnosable depression in adolescence, especially among

*Corresponding author: **Surabhi H S**
Rajiv Gandhi University of Health Science

young women, present challenging clinical and research issues. Depression not only portends current maladjustment but may also signal risk for recurrent or chronic depression and its associated impairment[8]. Because depression is most often a response to stressful events and circumstances, it is important to understand the stress context itself. Individuals with depression histories are known to contribute to the occurrence of interpersonal and other stressors at a high rate, and for young women particularly, the occurrence of interpersonal stressors and conditions in turn predicts recurrences of depression, in a vicious cycle[9]. Interpersonal dysfunction in early adolescence predicts the likelihood of continuing maladaptive functioning in peer, family, romantic, and parenting roles. The transmission of depression from one generation to the next involves not only heritable factors but also the likelihood that depressed youth become caught in life contexts of marital and parenting discord that portend dysfunction for their offspring and continuing depression for themselves[10].

Objectives of the Study

Objective-To study the prevalence and screening of depression among the adolescent age group.

METHODOLOGY

This is a cross sectional study conducted from October 2016 to march 2017 among the adolescents between 10 years to 19 years of age. The exploratory study was conducted on adolescents attending schools. Parental consent and informed consent from the subject was taken. Socio-demographic details were taken of each subject with their consent. Subjects were given a self reporting questionnaire-Revised Beck’s depression inventory and Mood depression questionnaire to answer. Once the questionnaire is filled the researcher collects the data for analysis.

Inclusion criteria

- Adolescents aged between 10 to 19 years.
- Both male and female were included

Exclusion criteria

- Adolescents with existing mental health issues
- Adolescents who have already taken the assessment

Data analysis

Statistical analysis will be performed using SPSS software. Data was analysed by test of statistical significance using chi square test.

RESULT

Table 1 Number of adolescents diagnosed with depression

Normal	235
Mild	141
Moderate	102
Severe	21

In the present study, according to BECK’s scale of depression, number of adolescents with mild depression was found to be 141, moderate depression were found to be 102, and severe depression were found to be 21.

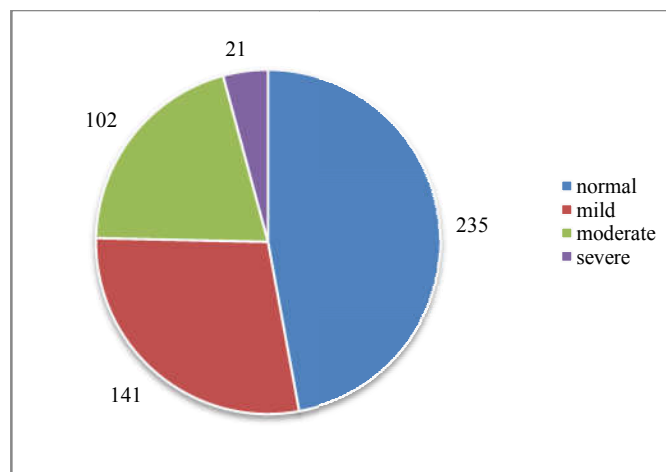


Figure 1 Pie chart showing distribution of depression among adolescents

Also in this study significant contributing factors for depression are family type i.e; single parenting (p=0.0037) and also parents being alcoholic (p=0.001)

DISCUSSION

In the current study a total of 500 adolescents were screened out of which 53% adolescents detected to have depression, 4.01% had severe and 28.2% had mild depression. The significant contributing factors were single parenting, alcoholic parents strained relationship with peers, late adolescents and children living in orphanages. Factors like bullying in school and parental expectations also are responsible to adding to the stress of an adolescent though it did not reach a statistically significant level in the present study. Cut-off score for BDI ranges from 10-12 depending upon different studies. We took the cut-off score for BDI as 12 thereby increasing the specificity to 99%. Despite the high prevalence and substantial impact of depression, detection and treatment in the primary care setting have been suboptimal. Studies have shown that usual care by primary care physicians fails to recognise 30-50% of depressed patients. Because patients in whom depression goes unrecognised cannot be appropriately treated, systematic screening has been advocated as a means of improving detection, treatment, and outcomes of depression. While improved paediatric diagnosis alone is unlikely to significantly change patient outcomes, recognising teenagers with depression is the first step to improved depression management. It affects 2% of pre-pubertal children and 5-8% of adolescents. The clinical spectrum of the disease can range from simple sadness to a major depressive or bipolar disorder. Studies have found that 3-9% of teenagers meet criteria for depression at any one time, and at the end of adolescence, as many as 20% of teenagers report a lifetime prevalence of depression. Childhood depression, like the depression of adults, can encompass a spectrum of symptoms ranging from normal responses of sadness and disappointment in stressful life events to severe impairment caused by clinical depression that may or may not include evidence of mania[11]. Adolescent depression may affect the teen’s socialization, family relations, and performance at school, often with potentially serious long-term consequences. Adolescents with depression are at risk for increased hospitalizations, recurrent depressions, psychosocial impairment, alcohol abuse, and antisocial behaviours as they grow up. Of course, the most devastating outcome of concern

for adolescent depression is suicide, the third leading cause of death among older adolescents[3]. Correlational and longitudinal studies have shown that depression is associated with higher rates of smoking, alcohol abuse, unhealthy eating, and infrequent exercise[12]. No perfect depression screening/assessment tool exists, but a number of adolescent depression assessment instruments do possess adequate psychometric properties to commend their use in depression detection and assessment. Optimal diagnostic procedures should combine the use of depression-specific screening tools as diagnostic aids buttressed by follow-up clinical interviews in which one obtains information from other informants (e.g., parents) and reconciles discrepant information to arrive at an accurate diagnosis and impairment assessment before treatment [13].

CONCLUSION

The rates of depression according to this study have increased as compared to other studies. Most of cases were mild depression hence anticipatory guidance management may help these adolescents in preventing the progressing to severe form of depression. BDI (Becks Depression Inventory) should be follow up by clinical interviews from adolescents and parents which is needed to confirm cases of depression. Also, other class students and other schools should also be included in the study for increased general is ability. More extensive studies are required with greater diversity of students, schools and done at different times of the year. In spite of the limitations, this study points towards the issue of prevalence of depression in adolescence and the purpose of the study is well served to highlight the common but ignored problem. We recommend that teachers and parents be made aware of this problem with the help of school counsellors so that the depressed adolescent can be identified and helped rather than suffer silently.

What Is Already Known?

Depression is common among adolescent age group.

What This Study Adds?

Incidence of depression is increasing among adolescent age group; hence early identification and prompt management of risk factors will help in reducing the burden of depression.

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