Teen Depression and Suicide: Exposing the Growing Epidemic

In 2011, suicide outranked homicides as the second leading cause of death of 15-19 year olds for the first time ever in United States history, and this continues to be the case today (1).

The CDC monitors suicide rates over time and trends indicate a peak in the 1990s particularly among male adolescents (2). Since 2010, there have been increases in both male and female suicide rates. The most dramatic rise occurred in females 15-19 years of age, although males still have overall higher rates of suicide completion (3).

Depression symptoms are pervasive issues in teens and young adults leading to impaired functioning and engagement. The 2009-2012 National Health and Nutrition Examination survey found that 5.7% of individuals 12-17 years old met criteria for moderate or severe depressive symptoms in the two weeks prior to the questionnaire (4). Females in the same survey demonstrated higher rates of depression and suicidal ideation compared to males in every age group (3,4).

What could lead to these increasing rates of depression and suicide? Common factors include family stressors such as finances which affect youth often as much as their parents, increased access to lethal means, and exposure to domestic and community violence. Trauma can be experienced personally (i.e. bullying, child abuse, dating/sexual violence), but it can also be experienced through social media, TV and movies. Increasing awareness of these issues can be lifesaving if family and friends gain knowledge of depression signs. As healthcare providers, we should also acknowledge that exposure to social media of this nature is very often triggering for individuals suffering from depression and suicidal thoughts.

Teen Angst vs. Depression

Stress and depression often look a lot alike and telling the difference can be difficult. The National Institute of Mental Health has good reminders for youth and adults about the difference between sadness and depression, as each has unique presentations and features. Regular mood changes including feelings of sadness are short lived, and usually resolve within several days. Depression, however, involves feelings of hopelessness, anger, or frustration that last for much longer and get in the way of normal daily activities.

Adolescence is a transitional phase from childhood to adulthood and by nature can be very complex. This development involves not only biological and physiologic changes, but social and conceptual modifications as well. Neurodevelopment of the amygdala and prefrontal cortex have been implicated in the development of adolescent depression (5). It is normal for youth to seek autonomy and independence. In contrast, withdrawing from fun activities, dropping grades with no apparent cause, isolating self from peers, and making statements of self-harm are not normal (See Table 1).

Suicide is Preventable

Adolescents and young adults are especially prone to mood lability with developing emotional centers (limbic system), but also have an underdeveloped prefrontal cortex in command of impulse control. Thus, depressed youth are a set-up for suicide attempts. Suicide is the second leading cause of death in adolescents, behind unintentional injuries (CDC). The mixture of an intense emotional trigger with impulsive thoughts of escape or death increases the likelihood of an irrational action. Access to lethal means such as guns, sharp objects or pills/drugs for example are the last part of the equation for suicide completion.

The most important thing we can do for youth in our lives, personally or professionally, is be aware of signs and symptoms of depression and be armed with the appropriate resources to support them. Screening for depression is recommended at least annually by the American Academy of Pediatrics. One helpful tool is the PHQ-9 which screens for symptoms and severity of depression beginning at age 11 (6,7). This assessment in the clinic is used to initiate deeper conversations with youth about their experiences and assess their support and coping skills. Prior to ending a visit, we recommend educating both youth and families on decreasing a young person's access to lethal means (i.e. safe-storage devices for weapons and locking up or monitoring prescription and non-prescription drug access).

Bringing up the topic of mood is often innately therapeutic. If sensitive issues are brought to the surface or a teen meets criteria for major depression it is our duty to provide appropriate treatment services and support for depressed youth at the time of diagnosis.

Taking Action: The What and the How

Three key components of depression treatment include psychotherapy, medication, and appropriate follow-up. Psychotherapy ('talk therapy') is evidence-based and the number one recommended treatment for depression. In these sessions, the goals of cognitive behavioral therapy and interpersonal psychotherapy are to provide alternative healthy coping skills. Medications are also evidence-based to improve moderate to severe depression. The most commonly prescribed medications in this age group are selective serotonin reuptake inhibitors (SSRIs), and are appropriate once acute psychosis and risk for bipolar disorder have been ruled out. Prescribing and monitoring these medications can be provided by primary care physicians if they feel comfortable with the medications; consultation with board-certified specialists in Adolescent Medicine as well as Adolescent & Child Psychiatry are also available via Children's Hospital of Colorado.

Depression is a real (and sometimes scary) health problem so it is important to remember that mental health conditions are treatable. Patients and families also need to be reminded that a mental health issue is not anyone's fault. Identification of untreated depression and active intervention to treat mood and prevent adolescent suicide are the most vital aspects of ensuring youth safety and success.

As providers, education in mental health is essential for best care of our adolescent patients in the same way that we provide care for physical illnesses and injuries. Striving to bring depression into regular healthcare visits improves the health of our teens—now and for their lifetimes.

References:

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Table 1: Signs of Depression

Signs of Depression
Prolonged anger, frustration or tearfulness
Withdrawal from activities of previous enjoyment (sports, clubs, etc)
Loss of relationships or lack of interest in them (peer friendships, romantic relationships)
Trouble sleeping or sleeping excessively
Change in appetite: not eating or eating too much, which may even effect weight
Moving or speaking slowly (or too quickly if expressing signs of mania)
Difficulty concentrating or remembering information, which can include a drop in academic performance
Increased thoughts or references to death or suicide including self-harm behaviors