THE GEORGE WASHINGTON UNIVERSITY
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Suppressing Depression: Raising awareness for depression in teens

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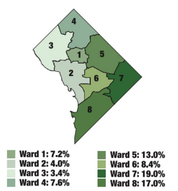
Abstract

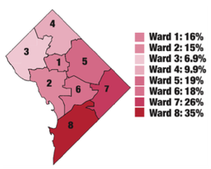
About 13.3% of the U.S. population aged 12 to 17 has been diagnosed with at least one major depressive episode [1]. 14.3% of the DC population suffers from diagnosed depression [8]. It is important to note that most people with depression don't seek clinical help. Many factors lead to depression among teens and adults including poverty, unemployment, lack of access to health care, and genetics. DC is one of the most segregated places in the U.S. Employment rates, wages, parks, and museums are deeply segregated resources within different wards. Wards 5, 7, and 8 have the highest rates of depression among adolescents in comparison to wards 2 and 3. This is due to the lack of resources invested in wards 7 and 8 compared to wards 2 and 3 [1]. In this study, we evaluated resource availability in the DC wards impacts the mental health of adolescents. This showed us which areas in DC are greatly focused on and prioritized when it comes to the well-being of people. In our research we found that in wards 7 and 8, where poverty and unemployment are the highest, depression rates are also increased [1]. In wards 2 and 3, where employment rates and wages are high, depression rates are decreased[1]. Our main goal is to raise awareness of how these factors impact the mental well-being of adolescence as well as advocate for equity.

Epidemiology

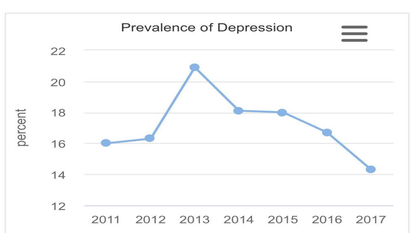
According to the study conducted by NIH, the prevalence rate of depression rises from 5% in their early adolescence to 20% by the end of their adolescence years [7]. Further on, it supports that most cases of adolescent depression arise from low-income families. About 14.3% of the DC population suffers from diagnosed depression [8]. Adolescent depression is a common and usually undiagnosed type of depression caused by a variety of changes through the teenage years. Common causes of adolescent depression are a family history of depression, hormonal changes, and exposure to psychosocial stress. When detected early on, it is possible that it could be treated well. Depression is common amongst low income families. The limited access to health care makes it challenging to diagnose depression in these families, as well as makes it challenging to receive adequate care.



Employment Rate by ward [1]



Poverty prevalence by ward [1]



Prevalence of depression in DC from 2011 to 2017, (DCHealthMatters.org) [8]

Program Implementation

There are higher cases of depression in teens and adolescents that live in wards 5, 7, and 8 than those living in the other wards in DC. This tells us that the people in wards 5, 7, and 8 don't have as much access to mental health care in their communities in comparison to other wards. We want these communities to have more access to mental health care so that we can decrease the rate of depression within these communities and increase access to mental health care.

Goal is to raise awareness

➔ Wellness program

- Go to schools and churches to educate families (parents and teens) about depression, cognitive behavioral interventions and communication skills.
  - We will incorporate lectures, brochures and fliers with contact information.
  - We will have a 12 day session with both the parents and teens. We will also have separate session where we educate the teens and their families separately.
  - We will promote therapy through stating benefits and impacts.
  - We will do check in once a week to evaluate changes in their lifestyle.
  - We will follow up with the parent and teens after finishing the session.

Theoretical Grounding

Health is composed of our physical and mental well-being. Mental health is often neglected due to lack of awareness and resources. Untreated mental health disorders can grow into a major depressive episode. For interventions, we sought to raise awareness so that these illnesses could be detected early on and receive treatment. Schools are a great place to educate teens about depression. According to the study conducted by NIH, a family focus approach study was conducted where teens aged 13 to 18 who had minor depressive symptoms and a family history of depression received 16 sessions of cognitive behavioral intervention. These sessions were conducted by Clarke and his colleagues and it focused on their cognitive restructuring, interpersonal problem solving and effective communication skills. It was evident that teens who participated in this session had a significantly lower rate of major depressive episodes compared to teens who didn't [6]. In another study, Compass and his colleagues implemented family based interventions where they included both the teens and their parents who struggle with depression. 93 families participated where the parents were educated on mood disorders and about helpful communications skills with their children. Their children were educated on parental depression and it's symptoms. The program consists of 6 to 11 sessions that included both the children and the families and different session where they had separate meetings. This program was significantly successful in reducing children's and parents' depressive symptoms at the 12 month follow-up [6]. In our wellness program, we will educate parents, and children in both schools and churches. We will have a 12 sessions where we would invite different professionals to teach the teens and parents on cognitive and communicative skills they could have with each other.

Program Evaluation

In order to measure how effective our program is we will do survey "check ups" with our participants. The survey will consist of questions which ask the person how they have felt since they have entered this program. We will make sure to ask them how they feel with the people around them and how they have been impacted by the program. We will also ask if this program made any difference in their daily life and how it changed their perspective on mental health. At the end of the program, we will ask if they have any feedback and we will implement these suggestions in future sessions.

Conclusion

Adolescent depression affects teens with a prevalence rate of 5% in their early adolescence, rising to 20% in late adolescence (7). It is usually caused by hormonal changes and psychosocial stress in life. It is usually unrecognized, but we could prevent further complications if detected early. Teens living in low-income families have a higher chance of developing this disease. To combat this situation, we will raise awareness in schools, churches, and public places using brochures and fliers and, in the long run, build wellness programs. The wellness programs will, in the future, allow people with low income to receive the needed resources to manage this disease. These ideas have been implemented in schools where teachers educate students about different mental health disorders, signs and symptoms, treatment options, and the hotlines that are available for kids. We will implement similar methods and broaden it to local churches, hospital checkups, public places, and other places within wards 7 and 8.

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