

Depression Occurrence and Care of Youth and Young Adults

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Editorial

When children pass to puberty, the incidence of depression increases sharply.¹ In the 2001 to 2004 US National Comorbidity Survey (NCS)-Adolescent Supplement, 11.7 percent of teenagers 13 to 18 years of age met expectations for a lifelong major depressive disorder or dysthymia. Adolescents' reports of increasing use of antidepressant medication before the Food and Drug Administration (FDA) 2003 black-box warning and indirect evidence of increased lifetime prevalence of major depressive disorder in successive birth cohorts have raised concerns about the increasing prevalence of depression among adolescents. However, there is no direct U.S. evidence on national patterns in depression incidence in youth and young adults.

Mixed findings were provided by analyses of depression patterns from other developed countries. A 2006 meta-analysis of epidemiological research on prevalence of present depressive disorder in teenagers found little substantial improvement between the mid-1960s and mid-1990s, while studies focused on rating scales of depressive symptoms indicated a growing pattern over the past decades. From 1996-1998 to 2010-2012, a more recent study found a diminishing incidence of serious disability among US teenagers. This research did not, however, examine patterns in individual diseases and was focused on parent data.

Examining temporal changes in the occurrence of depression among young people has consequences for determining whether the expanded use of mental health treatments has improved them. The characterization and treatment of national developments in anxiety disorders may also guide regional efforts to increase access to youth

mental health resources. In the present research, we used data on teenagers and young adults from the 2005 to 2014 Longitudinal Surveys on Drug Use and Wellbeing (NSDUH) to analyze patterns in 12-month major depressive episodes (MDEs), monitor for sociodemographic characteristics and drug use disorders. Trends in the prevalence of MDEs in various sociodemographic categories and trends in the utilization of mental health resources by teenagers and young adults with MDEs were also analyzed. The research period includes years since the black-box warning from the FDA on the use of antidepressants in children. Stratified regression models are investigated for patterns in prevalence according to gender, race/ethnicity, age, category of income, and disorders of drug use. Service utilization patterns are often measured by type of provider, type of environment, use of clinical drugs, continuation of care, and perceived treatment helpfulness.

In recent years, the prevalence of depression in teens and young adults has increased. Trends in prevalence are turning into a rising number of young people with untreated depression in the sense of little progress in mental health treatments. The results call for renewed attempts to increase program capability to better address the demands of this age group for mental health services. Yet it remains a struggle to adapt and broadly adopt innovative recovery and prevention services. The increasing number of depressed adolescents and young adults who do not receive any mental health care for their MDE calls for renewed outreach initiatives, especially in school and college health and counselling programs and pediatric practices, where many untreated adolescents and young adults with depression can be diagnosed and handled.

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Received: February 02, 2021; **Accepted:** February 17, 2020; **Published:** February 26, 2020

Citation: Satoshi T (2021) Depression Occurrence and Care of Youth and Young Adults. *J Dep Anxiety* 10:389.

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