## MENTAL HEALTH

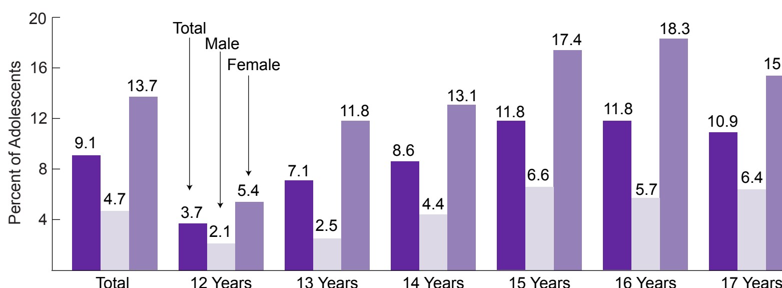
An individual is considered to have a mental disorder when he or she experiences changes in thinking, mood, or behavior as a result of distress or impairment.[1] Approximately one in five adolescents has a mental disorder, of which mood disorders such as depression are among the most common.[2] The American Psychiatric Association defines major depressive disorder as severe symptoms that interfere with an individual's ability to work, sleep, study, eat, and enjoy life.[3] Individuals who experience a major depressive episode (MDE) report at least 2 weeks of a depressed or irritated mood or loss of interest or pleasure in daily activities and have at least four of seven additional symptoms, such as altered sleeping patterns, fatigue, and feelings of worthlessness.[4,5] Mental disorders in adolescents may lead to struggles with school, drugs and alcohol, and family. Mental disorders, especially depression, are also a risk factor for suicide and have also been shown to be associated with the development of mood disorders in adulthood as well as chronic illnesses, such as diabetes, hypertension, stroke, cardiovascular disease, and cancer.[6,7,8]

According the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2012, 2.2 million adolescents aged 12–17 years (9.1 percent) had an MDE in the past year. Adolescent females were nearly three times as likely as adolescent males to have experienced a past-year MDE (13.7 versus 4.7 percent, respectively; figure 1). The occurrence of past-year MDEs was greater among older adolescents of both sexes. For example, among female adolescents, 5.4 percent of those aged 12 years and more than 15 percent of those aged 15–17 years experienced past-year MDE. Substance dependence or abuse commonly co-occurs with an MDE. Among youth who experienced a past-year MDE, 16.0 percent had a substance use disorder compared to 5.1 percent of adolescents without a past-year MDE (figure 2).

The occurrence of an MDE in the past year among adolescents was higher among those who reported being in poor health. Among adolescents in fair or poor health, nearly one-fifth (17.8 percent) reported experiencing a past-year MDE compared to 12.4 percent of those in good health, 9.2 percent of those in very good health, and 6.2 percent of those in excellent health. With respect to race and ethnicity, past-year occurrence of an MDE ranged from 4.2 percent among non-Hispanic Asian youth to 11.3 percent of non-Hispanic adolescents of multiple races.

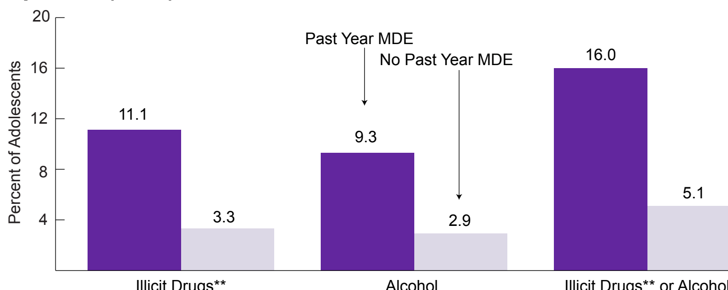
Risk factors for depression include stress, experiencing a significant loss, and having an existing emotional or behavioral disorder.[9] Primary care providers can screen for depression in adolescents when

**Figure 1. Occurrence of Major Depressive Episode (MDE)* in the Past Year Among Adolescents Aged 12–17 Years, by Age and Sex, 2012**




**MDE is defined as a period of at least two weeks when a person experienced a depressed mood or loss of pleasure in daily activities and had a majority of specific depression symptoms.*

**Figure 2. Past Year Substance Dependence or Abuse Among Adolescents Aged 12–17 Years, by Past Year Major Depressive Episode (MDE)*, 2012**




**MDE is defined as a period of at least two weeks when a person experienced a depressed mood or loss of pleasure in daily activities and had a majority of specific depression symptoms. **Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.*

systems following a collaborative care model are in place. By connecting primary care providers, case managers, and mental health specialists to each other and patients, systems can efficiently improve symptoms, adherence and response to treatment, remission, and recovery.[10,11] Other mental health interventions can be found at SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP), which is a database of interventions that have met minimum requirements for review and have been independently assessed and rated for quality and readiness for dissemination. NREPP is available to help the public learn more about evidence-based programs and practices to help determine which may best meet their needs.[12]

**Data Sources**

Figure 1 and 2. Substance Abuse and Mental Health Services Administration. *Results from the 2012 National Survey on Drug Use and Health: detailed tables*, NSDUH Series H-47, HHS Publication No. (SMA) 13-4805. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2013. Available at: http://www.samhsa.gov/data/nsduh/2k12mh_findingsanddettables/mhdt/nsduh-mhdettabstoc2012.htm. Accessed March 14, 2014.

**Endnotes**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