

# The NSDUH Report

April 28, 2011

## Major Depressive Episode and Treatment among Adolescents: 2009

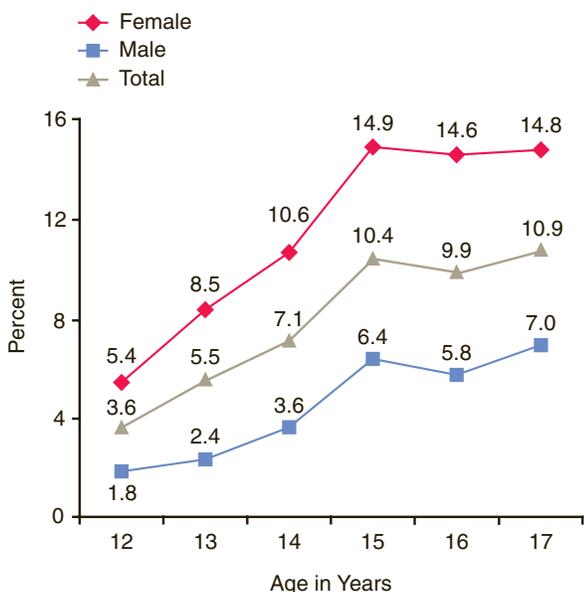
### In Brief

- An estimated 2 million adolescents, or 8.1 percent of the population aged 12 to 17, had major depressive episode (MDE) in the past year
- Rates of past year MDE increased between the ages of 12 and 15 (from 3.6 to 10.4 percent), and females aged 12 to 17 were over twice as likely as their male counterparts to have had past year MDE (11.7 vs. 4.7 percent)
- Adolescents who had past year MDE were 3 times as likely as those without past year MDE to have had a substance use disorder in the past year (18.9 vs. 6.0 percent)
- About one third (34.7 percent) of adolescents who had MDE in the past year received treatment for depression in the past year

Depression affects millions of adolescents every year and has been shown to affect adolescents' physical, emotional, and social development. Adolescents who suffer from depression are at increased risk for substance use, high-risk sexual behaviors, problems at school, problems with peer and family relationships, and suicide attempts.<sup>1,2</sup> Increasing awareness of the signs of adolescent depression among parents, caregivers, teachers, and general practitioners may help with early identification of youths who are at risk for depression, and ensuring that effective treatment services for depression are easily accessible may help to increase service utilization.

The National Survey on Drug Use and Health (NSDUH) provides up-to-date estimates of major depressive episode (MDE) and treatment for depression among adolescents. MDE is defined using the diagnostic criteria set forth in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV),

**Figure 1. Past Year Major Depressive Episode (MDE), by Age and Gender: 2009**



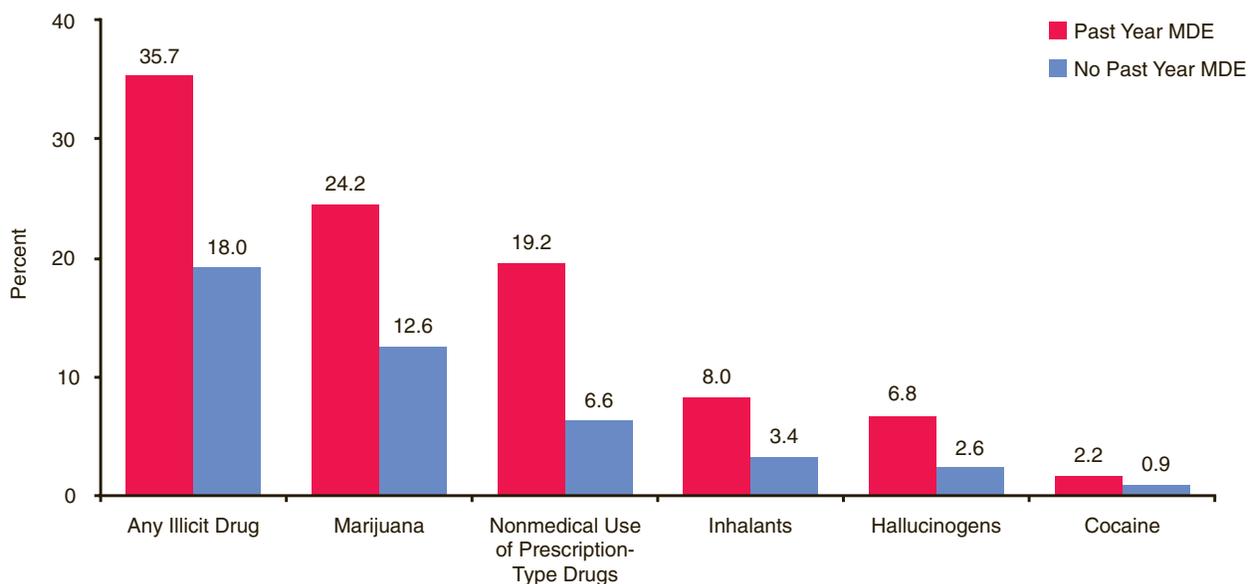
Source: 2009 SAMHSA National Survey on Drug Use and Health (NSDUH).

which specifies a period of 2 weeks or longer during which there is either depressed mood or loss of interest or pleasure and at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, and self-worth.<sup>3</sup> Treatment for depression is defined as seeing or talking to a medical doctor or other professional about depression or using prescription medication in the past year to treat depression. This issue of *The NSDUH Report*, which focuses on past year MDE and treatment for depression among adolescents (i.e., youths aged 12 to 17), uses findings based on 2009 NSDUH data.

### Prevalence of MDE

An estimated 2 million adolescents, or 8.1 percent of the population aged 12 to 17, had MDE in the past year; however, the prevalence of MDE varied by age and gender.

**Figure 2. Past Year Illicit Drug Use, by Past Year Major Depressive Episode (MDE): 2009**



Source: 2009 SAMHSA National Survey on Drug Use and Health (NSDUH).

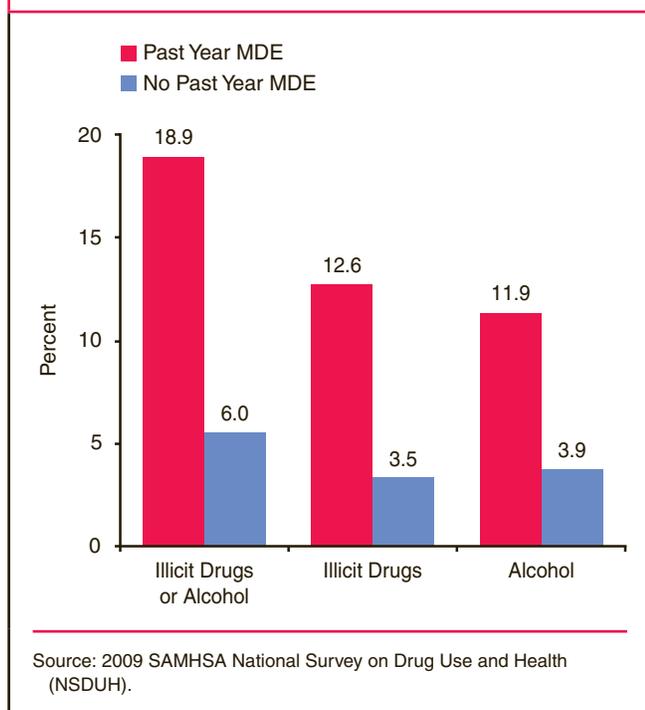
Adolescent females were more than twice as likely as their male counterparts to have had past year MDE (11.7 vs. 4.7 percent). Rates of past year MDE increased steadily from age 12 to age 15, then were level to age 17; this same pattern was found for both males and females (Figure 1).

The prevalence of MDE also was related to perception of overall health: 15.0 percent of adolescents who reported that their overall health was fair or poor experienced past year MDE compared with 10.9 percent of those who reported their health was good, 8.3 percent of those who reported their health was very good, and 5.6 percent of those who reported their health was excellent.

### MDE and Substance Use

Compared with adolescents with no MDE in the past year, those with MDE had higher rates of past year illicit drug use (Figure 2).<sup>4</sup>

**Figure 3. Past Year Substance Use Disorders, by Past Year Major Depressive Episode (MDE): 2009**



For example, 19.2 percent of adolescents who had MDE reported using prescription drugs nonmedically in the past year compared with 6.6 percent of those without MDE. Those with MDE also were more likely than those without MDE to have reported daily cigarette smoking in the past month (3.6 vs. 1.9 percent) and heavy alcohol use in the past month (4.2 vs. 1.9 percent).<sup>5</sup>

Adolescents who experienced past year MDE had higher rates of substance use disorders (i.e., abuse or dependence) than those without MDE (Figure 3).<sup>6</sup> For example, adolescents who experienced past year MDE were 3 times as likely as those without MDE to have had an alcohol or illicit drug use disorder (18.9 vs. 6.0 percent).

### Treatment for MDE

About one third (34.7 percent) of adolescents who had past year MDE received treatment for depression in the past year; this is equivalent to 674,000 adolescents. The treatment rate was higher among females than males (37.0 vs. 29.3 percent).

Among those who received treatment for depression in the past year and had past year MDE, 58.5 percent saw or talked to a medical doctor or other professional about depression, but did not take prescription medication for depression (Figure 4). In addition, 34.7 percent saw or talked to a medical doctor or other professional about depression and used prescription medication for depression. The remainder (6.7 percent) took prescription medication for depression, but did not see or talk to a medical doctor or other professional.<sup>7</sup>

Among those adolescents who saw or talked to a medical doctor or other professional about depression, nearly three fifths (58.2 percent) saw or talked to a counselor (Figure 5). About one third (32.8

percent) saw or talked to a psychologist, 23.9 percent saw or talked to a general practitioner or family doctor, and 21.4 percent saw or talked to a psychiatrist or psychotherapist.

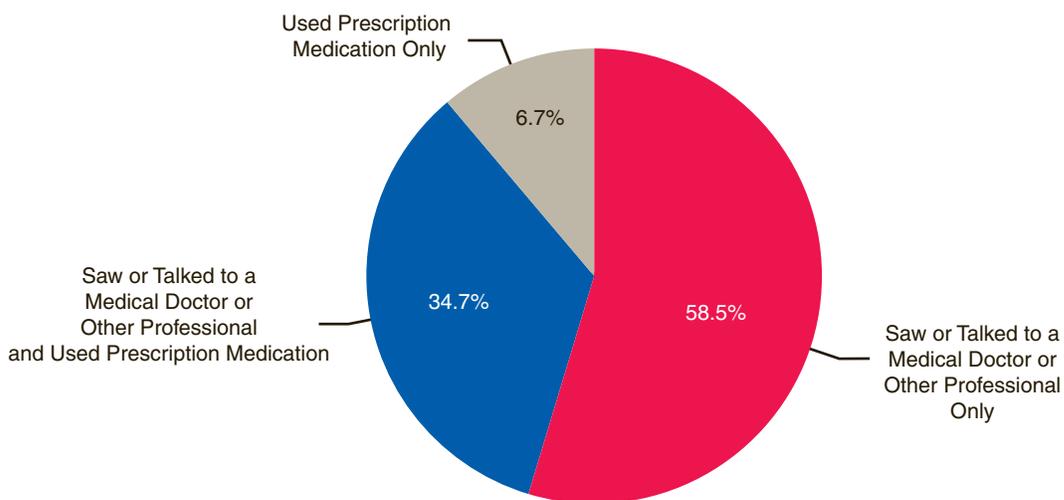
## Discussion

Two million (nearly 1 in 10) adolescents had MDE in the past year, with specific subgroups—females, older adolescents, and those with co-occurring substance use problems—being at higher risk for MDE. Despite the effectiveness of treatment for depression and a variety of treatment options available, nearly two thirds of adolescents who had past year MDE did not receive treatment for depression in the past year. These findings highlight the need to raise awareness of the signs of adolescent depression, to increase screening for adolescent depression in multiple health care settings, and to more

widely disseminate information on the availability of treatment and treatment options for adolescents with MDE.

Resources to help parents, teachers, and caregivers to recognize the signs and symptoms of adolescent depression and to locate mental health services are available from the Substance Abuse and Mental Health Services Administration (SAMHSA) National Mental Health Information Center at <http://www.healthfinder.gov/orgs/HR2480.htm>. Additionally, many communities have established systems of care (i.e., networks of community-based services and supports) that are organized to address the needs of adolescents with mental health problems; for more information on systems of care, see <http://store.samhsa.gov/product/SMA06-4198> or <http://store.samhsa.gov/term/Systems-of-Care>.

**Figure 4. Type of Treatment Received for Depression in the Past Year among Adolescents Who Experienced Past Year Major Depressive Episode (MDE) and Received Treatment for Depression in the Past Year: 2009**



Note: The percentages do not add to 100 percent due to rounding.

Source: 2009 SAMHSA National Survey on Drug Use and Health (NSDUH).

**Figure 5. Type of Professional Seen among Adolescents Who Experienced Past Year Major Depressive Episode (MDE) Who Saw or Talked to a Medical Doctor or Other Professional about Depression in the Past Year: 2009**



\* Other Medical Doctor includes cardiologists, gynecologists, urologists, and other medical doctors who are not general practitioners or family doctors.

\*\* Other Mental Health Professional includes mental health nurses and other therapists where type is not specified.

\*\*\* Religious or Spiritual Advisor includes ministers, priests, or rabbis.

Source: 2009 SAMHSA National Survey on Drug Use and Health (NSDUH).

**End Notes**

- <sup>1</sup> Keenan-Miller, D., Hammen, C. L., & Brennan, P. A. (2007). Health outcomes related to early adolescent depression. *Journal of Adolescent Health, 41*, 256-262.
- <sup>2</sup> Bhatia, S. K., & Bhatia, S. C. (2007). Childhood and adolescent depression. *American Family Physician, 75*, 73-80.
- <sup>3</sup> American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author. In assessing MDE, no exclusions were made for MDE caused by medical illness, bereavement, or substance use disorders.
- <sup>4</sup> NSDUH defines illicit drugs as marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically. Nonmedical use is defined as the use of prescription-type drugs not prescribed for the respondent by a physician or used only for the experience or feeling they caused. Nonmedical use of any prescription-type pain reliever, sedative, stimulant, or tranquilizer does not include over-the-counter drugs. Nonmedical use of stimulants includes methamphetamine use.
- <sup>5</sup> Heavy alcohol use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on each of 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users, who are defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days.

- <sup>6</sup> NSDUH defines substance use disorder using criteria in the DSM-IV, which includes symptoms such as withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference in major obligations at work, school, or home during the past year.
- <sup>7</sup> Information to determine how these individuals could have taken prescription medication without seeing or talking to a medical doctor or other professional was not collected. This group may include persons who last saw or talked to a doctor or other professional about depression more than a year ago yet took prescription medication for MDE during the past year.

**Suggested Citation**

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (April 28, 2011). *The NSDUH Report: Major Depressive Episode and Treatment among Adolescents: 2009*. Rockville, MD.

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Findings from SAMHSA's 2009 National Survey on Drug Use and Health (NSDUH)

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The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The 2009 data used in this report are based on information obtained from 22,626 persons aged 12 to 17. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

*The NSDUH Report* is prepared by the Center for Behavioral Health Statistics and Quality (CBHSQ, formerly the Office of Applied Studies), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on the most recent NSDUH is available in the following publication:

Center for Behavioral Health Statistics and Quality. (2010). *Results from the 2009 National Survey on Drug Use and Health: Mental health findings* (HHS Publication No. SMA 10-4609, NSDUH Series H-39). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: <http://oas.samhsa.gov>.



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