Adolescents’ conceptualisations of depression (a helpful label, chronic medical problem, or personality characteristic) affected their attitudes and decisions about treatment


Q How do adolescents with depression experience and understand the disease? How do they interpret the medical diagnosis?

DESIGN
Modified grounded theory.

SETTING
Oregon and Washington state, USA.

PARTICIPANTS
A purposive sample of 15 adolescents 14–19 years of age (mean age 16 y, 53% girls) who were diagnosed with depression was recruited from a non-profit, group model, health maintenance organisation. Most were no longer receiving treatment.

METHODS
13 adolescents participated in individual 90 minute interviews; 2 were interviewed by telephone. Questions focused on reasons for depression and the process of examining their feelings and determining whether they needed professional help. Interviews were tape recorded, and field notes documented additional information such as non-verbal communication. Tapes and field notes were transcribed verbatim, and data were analysed using constant comparison.

MAIN FINDINGS
A theoretical, chronological scheme was developed based on participants’ descriptions of their experiences. (1) Growth of distress. Many teens wished to return to the time before they became depressed. They described the slow growth of distress over months or years, from imperceptible to incapacitating. Often, a specific event (eg, parental divorce or death of a relative or friend) triggered the growth of distress and exacerbated the normal difficulties of adolescence. Decrease in attempts to normalise their symptoms, teens were frustrated by so called “supportive” messages that denied their depression and expectations that they should be having the “time of their lives.” (2) Being in a funk. Although specific symptoms and their severity varied, most participants described feeling as something that belonged to them. They felt that depression as something that belonged to them. They felt that depression was the most common diagnosis of teenagers seeking mental health care, the number in treatment is well below the prevalence of the disorder in this age group. The study by Wisdom and Green provides a useful perspective on teenagers’ experiences and conceptualisations of depression (a helpful label, chronic medical problem, or personality characteristic) affected their attitudes and decisions about seeking medical treatment.

CONCLUSIONS
Adolescents’ subjective experiences and conceptualisations of depression (a helpful label, chronic medical problem, or personality characteristic) affected their attitudes and decisions about seeking medical treatment.

Commentary
Although depression is the most common diagnosis of teenagers seeking mental health care, the number in treatment is well below the prevalence of the disorder in this age group. The study by Wisdom and Green provides a useful perspective on teenagers’ understanding and response to a diagnosis of depression. The authors describe 3 specific clinical implications based on the findings of their study. Firstly, because study participants sought input from parents and peers about their feelings, it is critical that healthcare providers, including nurses, paediatricians, and nurse practitioners) communicate accurate information about the disorder to parents and teens. This can be achieved through community education programmes, educational print and web based materials, and informal interactions during healthcare visits. Secondly, healthcare providers who have long term or consistent contacts with teens need to diligently assess changes in behaviour that might indicate the beginning of distress, which could lead to clinical depression. Thirdly, because teens’ understanding and response to depression affect their decisions and attitudes about seeking treatment, the theoretical schemes proposed might help shape the individualised treatment approaches of healthcare providers. However, the authors caution that using categories to label responses can have negative effects. For example, teens labelled as “identity infusers” might conclude that the development of all the associated attributes in this category is somehow inevitable. These teens may then become pessimistic about their recovery.

The primary purpose of the study by Wisdom and Green was to initiate discussion about teens’ experiences with depression and design a theoretical framework for further research on the topic. The 3 categories provide such a framework. Although the category scheme does have the potential to improve the prevention, identification, and treatment of depression in teenagers, more research is needed to assess its validity in a larger sample of the teen population.

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