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Perspective

Depression and Its Impact on Adolescents Behaviour

Kenji Takehara*

Department of Psychiatry, Tokyo Denki University, Senjuasahicho, Adachi, Tokyo, Japan

ABOUT THE STUDY

Internationally, adolescent depression is becoming more common; between 2005 and 2015, this prevalence increased by 18%. Depression was formerly thought to be a condition that primarily impacted first world countries due to the great contrasts between nations. The majority of countries, according to recent studies, have essentially equal rates of depression, although emerging nations are more likely to experience societal stigma, a lack of data, and a failure to recognise mental illness. According to earlier studies, eastern Europe, North Africa, and the Middle East had the highest rates of depression, while Afghanistan had the greatest number of years lost to depression-related disability overall.

Mental health conditions account for 16% of the global burden of disease and injury in people 10–19 years of age. Unipolar depression is the tenth biggest cause of premature death, and depression is the primary cause of disability worldwide. Suicide, the third most common cause of mortality for young people between the ages of 15 and 29, shows a definite correlation with depression. Depression not only has an impact on psychological health but also raises the risk of diabetes, cancer, and cardiovascular disease. Teenage depression has been linked to major social and academic impairments, smoking, substance addiction, and obesity [1,2]. Additionally, depression has a negative economic impact on people, families, companies, and society.

Complex interplay between social, psychological, and biological factors causes depression. Teenage depression is known to be influenced by factors such as increased access to and use of technology, peer and family interactions, the standard of one's home life, harmful lifestyle choices, violence, socioeconomic issues, and poor physical health. Despite being treatable, adolescent depression frequently goes untreated due to challenges in identification and a lack of treatment options. In low- and middle-income nations, between 76% and 85% of people with depression go untreated for their illness [3]. All adolescents 12 years of age and older should have routine depression screenings, according to the American Academy of Pediatrics in 2018. To lessen the impact of depression, it is imperative to identify modifiable risk factors early on and to recognise the risk of depression.

The frequency of adolescent depression is higher among Afghan adults in Afghanistan. Afghanistan may have a significant risk of depression due to war and strife, marital violence, child sexual abuse, poverty, and a lack of teenage counseling services. Community-based detection programs that are both developmentally and culturally appropriate may be useful for addressing teenage depression in Arab nations. According to the results of multiple earlier investigations, girls (28%) had a higher prevalence of depression risk than boys (23%) [4,5]. Girls have been shown to be more susceptible to depression than boys due to social roles, variations in socialisation, coping mechanisms, and how they react to stressful life situations.

Unhealthy eating habits and depression may be influenced by a number of different factors. For instance, those who eat foods that are heavy in sodium and low in potassium are more prone to have depressive symptoms. In addition, elevated levels of serotonin and dopamine in the body may contribute to depression if the diet is deficient in zinc and amino acids. Children who were exposed to violence in schools frequently were more likely to suffer from depression. According to a recent study by the United Nations Educational, Scientific, and Cultural Organization, evidence-based programs and interventions, training and support for teachers, support and referral for impacted students, and effective systems for reporting and monitoring bullying and violence in schools can all help lower the prevalence of such incidents.

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Correspondence to: Kenji Takehara, Department of Psychiatry, Tokyo Denki University, Senjuasahicho, Adachi, Tokyo, Japan, E-mail: takekenji@tdu.jp

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