

The NSDUH Report

December 30, 2005

Depression among Adolescents

The lifetime prevalence of depression among adolescents is currently estimated to be 14.0 percent.¹ Recent studies have

shown associations between adolescent depression and the onset of cigarette smoking, alcohol use, and drug use.^{2,3} The 2004 National Survey on Drug Use and Health (NSDUH) includes questions for adolescents aged 12 to 17 to assess lifetime and past year major depressive episode (MDE). In the survey, MDE is defined using the diagnostic criteria set forth by the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*,⁴ 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-image.⁵ Adolescents who experienced at least one MDE in the past year were asked whether they had been treated for depression during the 12 months prior to the interview. Treatment for depression is defined as seeing or talking to a medical doctor or other health professional or taking prescription medication for depression.

In Brief

- In 2004, 9.0 percent of adolescents aged 12 to 17 (an estimated 2.2 million adolescents) experienced at least one major depressive episode (MDE) in the past year
- Among adolescents aged 12 to 17 who reported having experienced an MDE in the past year, less than half (40.3 percent) received treatment for depression during that time
- Adolescents who had experienced a past year MDE were more than twice as likely to have used illicit drugs in the past month than their peers who had not (21.2 vs. 9.6 percent)

NSDUH also asks respondents to report their use of cigarettes, alcohol, and illicit drugs during the 12 months prior to the interview. *Any illicit drug* refers to marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically.⁶ This report examines rates of MDE, treatment for MDE, and substance use among adolescents aged 12 to 17. Because mental illness and substance use commonly co-occur,⁷ differences in substance use by MDE status also are examined.

Prevalence of Past Year MDE

In 2004, an estimated 14.0 percent of adolescents aged 12 to 17 (approximately 3.5 million adolescents) had experienced at least one MDE in their lifetime, and an estimated 9.0 percent (2.2 million adolescents) experienced at least one MDE in the past year. Rates of past year MDE varied by age group (Figure 1). Adolescents aged 16 or 17 were more than twice as likely to report past year MDE as those aged 12 or 13 (12.3 vs. 5.4 percent).

Females were more likely than males to have a past year MDE (13.1 vs. 5.0 percent). Rates of past year MDE were similar among racial/ethnic groups and across family income levels. Adolescents

Figure 1. Adolescents Aged 12 to 17 Who Experienced an MDE in the Past Year, by Age Group: 2004

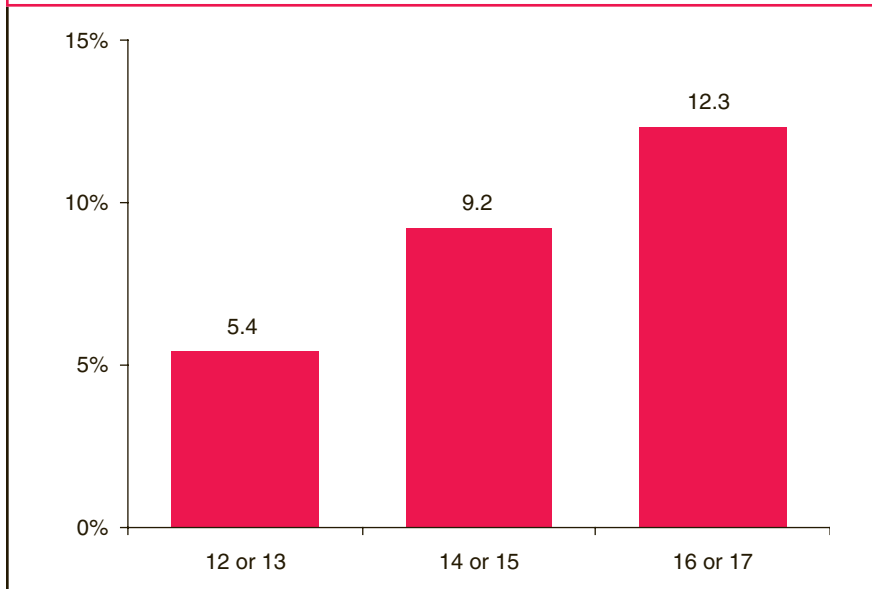
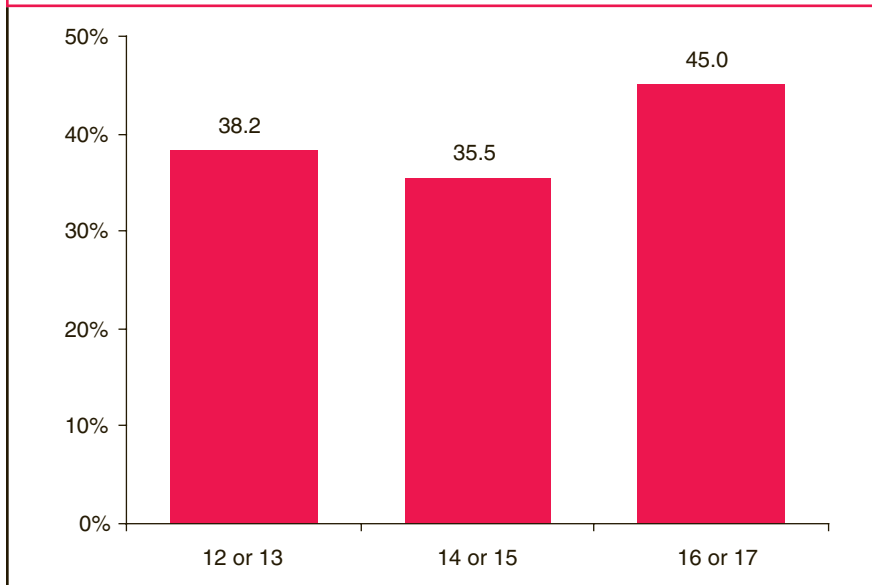


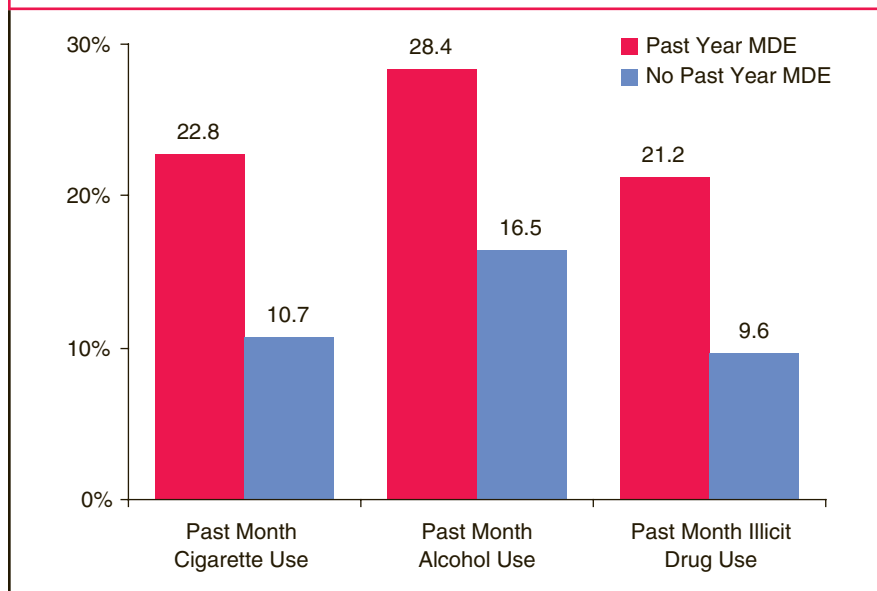
Figure 2. Past Year Treatment for Depression among Adolescents Who Experienced a Past Year MDE, by Age Group: 2004



who had experienced a past year major depressive episode were less likely than their peers who had not experienced a major depressive episode to

report their current health status as being “excellent” or “very good” (67.1 percent versus 76.6 percent).

Figure 3. Past Month Substance Use Among Adolescents Aged 12 to 17, by Past Year MDE Status: 2004



Receipt of Treatment for Depression among Youth with Past Year MDE

Among adolescents aged 12 to 17 who reported having experienced at least one MDE in the past year, 40.3 percent received treatment for depression during the past year. Adolescents aged 16 or 17 (45.0 percent) were more likely to have received treatment for depression in the past year than those aged 14 or 15 (35.5 percent) (Figure 2). Rates of treatment for depression were similar among male (37.7 percent) and female (41.3 percent) adolescents with past year MDE. However, rates of past year treatment for depression were higher among whites (44.9 percent) than among blacks (28.9 percent) or Hispanics (36.8 percent). Adolescents who had

health insurance at the time of the survey were more likely to have received past year treatment for depression than adolescents who did not have health insurance (41.2 vs. 26.9 percent, respectively).

Cigarette, Alcohol, and Illicit Drug Use among Adolescents with Past Year MDE

Adolescents aged 12 to 17 who experienced a past year MDE were more likely to have engaged in substance use than their counterparts who had not experienced a past year MDE (Figure 3). Specifically, adolescents who experienced a past year MDE were more than twice as likely to have smoked cigarettes during the past month as those without a past year MDE (22.8 vs. 10.7 percent). Additionally,

adolescents who experienced a past year MDE were more likely to report any alcohol use in the past month and any illicit drug use in the past month than their peers who had no MDE in the past year.

End Notes

- ¹ Office of Applied Studies. (2005). *Results from the 2004 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 05-4062, NSDUH Series H-28). Rockville, MD: Substance Abuse and Mental Health Services Administration. [Available at <http://www.oas.samhsa.gov/p0000016.htm#2k4>]
- ² Hallfors, D. D., Waller, M. W., Bauer, D., Ford, C.A., & Halpern, C.T. (2005). Which comes first in adolescence—Sex and drugs or depression? *American Journal of Preventive Medicine*, 29, 163-170.
- ³ Nezami, E., Unger, J., Tan, S., Mahaffey, C., Ritt-Olson, A., Sussman, S., Nguyen-Michel, S., Baezconde-Garbanti, L., Azen, S., & Johnson, C.A. (2005). The influence of depressive symptoms on experimental smoking and intention to smoke in a diverse youth sample. *Nicotine & Tobacco Research*, 7, 243-248.
- ⁴ American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- ⁵ In assessing MDE, no exclusions were made for MDE caused by medical illness, bereavement, or substance use disorders.
- ⁶ NSDUH measures the nonmedical use of prescription-type pain relievers, sedatives, stimulants, or tranquilizers. 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.
- ⁷ Hasin, D. S. & Nunes, E. (1997). Comorbidity of alcohol, drug, and psychiatric disorders: Epidemiology. In H. R. Kranzler & B. Rounsaville (Eds.), *Dual diagnosis and treatment: Substance abuse and comorbid mental and psychiatric disorders* (pp. 1-31). New York: Marcel Dekker Inc.

Figure Note

Source: SAMHSA, 2004 NSDUH.

Research findings from the SAMHSA 2004 National Survey on Drug Use and Health (NSDUH)

Depression among Adolescents

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- Among adolescents aged 12 to 17 who reported having experienced an MDE in the past year, less than half (40.3 percent) received treatment for depression during that time
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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). Prior to 2002, this survey was called the National Household Survey on Drug Abuse (NHSDA). The 2004 data are based on information obtained from 22,301 persons aged 12 to 17, of whom 2,042 gave responses that led to their being classified as having a major depressive episode in the past year and subsequently being asked questions about treatment for depression. 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 Office of Applied Studies (OAS), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information and data for this issue are based on the following publication:

Office of Applied Studies. (2005). *Results from the 2004 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 05-4062, NSDUH Series H-28). Rockville, MD: Substance Abuse and Mental Health Services Administration.

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

Because of improvements and modifications to the 2002 NSDUH, estimates from the 2002, 2003, and 2004 surveys should not be compared with estimates from the 2001 or earlier versions of the survey to examine changes over time.



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