The prevalence of depression among Maine teenagers is a rising health concern. Above the national average, Maine’s rate of Major Depressive Episode (MDE) among adolescents aged 12-17 is 11.2% compared to 9.9% nationally. The 2015 Maine Integrated Youth Health Survey reported that 25.9% of grade 9-12 teens answered yes when asked if they ever “felt sad or hopeless every day for two weeks or more in a row that you stopped doing some usual activities.”

There is no question that Maine youth are struggling, but why?

First, it’s important to understand what can cause depression. Depression can be “episodic” when tied to a specific life event, such as a significant loss or disappointment. It may also be the product of a long-term unmet need that may include lack of fulfillment or social isolation. Depression may also be caused by a neurochemical imbalance (serotonin, dopamine).

Clinically, the two most common types of depression are Major Depressive Disorder (MDD) and Dysthymic Disorder. The best way to understand depression is to consider that everyone has a baseline, or range of functioning between good days and bad, but remain within a fairly constant range. In the
case of MDD, a person shows a significant decline and departs from their normal range of functioning. This is referred to as a depressive episode and may range from days to weeks or even months and can range in severity from mild, moderate, and severe. The rate of depressive episodes among teenagers in Maine is higher than any other state in New England.

The second form of depression, Dysthymia, is more difficult to identify because it does not typically show impairment in functioning. Dysthymic Disorder is best understood as a relatively constant, low level sadness that a person lives with. It is common that teens with this disorder seek constant external engagement and stimuli as ways of avoiding awareness of their underlying feelings.

In our culture, we tend to associate depression with lethargy, hopelessness, excessive sleeping and avoidance. It’s important to note that there is also what clinicians refer to as “atypical presentations.” In these cases, the person who is depressed is observed and understood as being angry, acting impulsively, and being easily frustrated or irritated. This is actually fairly common amongst adolescent boys and increasingly among teenage girls. The key to understanding atypical depression is that the individual is hiding their vulnerable emotions behind angry and defensive behaviors.

Increasingly, depression is understood to be a product of surviving Adverse Childhood Experiences (ACEs). ACEs include negative and long-lasting traumatic experiences, exposure to violence, abuse and neglect.

According to Rebecca Hoffmann Frances, LMFT, Director of Clinical Innovation at Maine Behavioral Healthcare, “Addressing adverse childhood experiences is critical to addressing suicide, quality of life and health. We’ve been collecting data on the exposure of childhood trauma in Maine, and our state statistics are high when compared to the national statistics: one in four Mainers experience two or more types of trauma in their childhood. The earlier that you provide coping skills, the better the chances are of interrupting the adoption of high risk behaviors.”

The result of untreated ACEs and depression in adolescents can be tragic. The rate of suicide continues to increase across age groups in Maine and nationally. It has become a public health epidemic. The Centers for Disease Control and Prevention report that suicides have tripled nationwide in girls aged 10 to 14 since 1999. In Maine, suicide is the second leading cause of death for adolescents aged 10 to 24. Educating ourselves and supporting our families about depression is more important than ever.
In addition, research has shown that bullying, overexposure to social media, peer problems, and academic stress are major contributors to increased rates of depression amongst adolescents. It has also shown that early intervention, family support, and treatment are effective in improving mental health for people of all ages.

Hoffmann Frances suggests that screenings for depression are an important first step in identifying the problem. Free online resources include:

- Screening for Mental Health, Inc.
- Anxiety and Depression Association of America
- Mental Health America Depression Test

If you or someone you know is in mental health crisis, call the Maine Crisis Hotline at 1-888-568-1112.

Maine Behavioral Healthcare is concerned with the well-being of all Mainers and provides an excellent level of professional care to adolescents who live with mental health conditions. Please visit our site and contact us regarding how we can best support the needs of your family.

Sources: