Mental illness tops disease burden among youth

By Jennifer E Chase

According to a study released by the World Health Organization at the end of 2011, neuropsychiatric disorders including depression, bipolar disorder, schizophrenia, substance abuse and others, now account for 45 percent of the disease burden among youth ages 10-24. But in spite of mental illness diagnoses as the main source of the burden (the next closest categories are “unintentional injuries” and “infectious diseases” at 12 and 10 percents, respectively) psychologists treating young people are encouraged by the report for its highlighting diagnoses whose stigmas may diminish the more people talk about how common they have become.

Randy Auerbach, Ph.D., directs McLean Hospital’s Child and Adolescent Mood Disorders Laboratory and is an instructor at Harvard Medical School’s Department of Psychiatry. “I think [the WHO] raised an important issue, and underscored the wide prevalence of youth mental illness. I view it as a way to raise awareness – a push in developing the trajectory of adolescent lives. I commend them for having the courage to put it out there.”

According to the National Alliance on Mental Illness (NAMI), which reported about the WHO’s study, researchers used data from the 2004 Global Burden of Disease and determined the percentage of disease burden by employing cause-specific DALYs (disability-adjusted life years). DALYs examine estimates of years of life that are lost due to premature deaths, as well as years lost to a specific disability such as depression.

According to Auerbach, as many as 50 percent of today’s youth are dealing with some degree of mental illness symptoms and some 20 percent of all adolescents will experience a major depressive issue before age 18. That 45 percent of all youth are suffering varying degrees of mental illness that are highly co-occurring and co-morbid was no surprise.

“There tends to be a spillover of parental stressors,” he says, noting that for kids, environmental influences and how vulnerable certain youth can be are factors that lead to their own diagnosis of depression.

Auerbach is a part of two group programs at McLean that are examining the causes of childhood depression. One, Project STAR (Stress, Trauma and Adolescent Resilience), is investigating how early childhood sexual abuse impacts young girls’ behavioral and neural differences, thereby affecting the early onset of depression in 13- to 19-year-old girls. Another program, Project ADAPT (Addressing Depression in Adolescent and Parent Treatment) is described as an “investigatory group treatment program for adolescent depression, which includes a concurrent but not combined parent group.”

“Depression is more than just being sad,” says Auerbach, and is so heterogeneous that the two McLean programs are trying to pinpoint the subtle shades of differences between diagnoses. If they do, psychologists may learn to tailor treatment accordingly and possibly earlier.
Noting that every study has its limits, Auerbach says the WHO was taking the pulse of this issue the way polls do in an election. He likes to think that it will confirm what he really expects, which is that the statistics will get people talking and help at-risk youth be targeted earlier rather than at the apex of their disorders.

“Our emotions are our tools,” he says. “Much like any tool, they need adjustment. Kids often look over symptoms of anxiety and depression, but we need to fine-tune. [Diagnoses] shouldn’t be something people are too scared of; just something people need to address.”