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Why Depressed Teens Don't Seek Treatment

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), 3.2 million adolescents reported having a major depressive episode (MDE) in 2017 and only 1.3 million received treatment for depression (about 41.5%). While this number is a slight increase compared to earlier years, the question still remains: why are less than half of the adolescents aged 12-17 who report depression seeking health services? According to a research study conducted in 2006, there are a multitude of reasons that can be divided into three categories.

First, children aged 12-17 are at a stage in their life when fitting in with their peers is of the utmost importance. One of the reasons teenagers don't seek treatment for their depression, even if they are aware that they have it, is that they desire to appear 'normal' and be neurotypical. Most teenagers don't want to identify as 'a depressed person', so they downplay their symptoms to themselves and other people to avoid confronting them. Further, they don't seek help for fear of being told they need to take antidepressants, and they worry about confidentiality. They are concerned about therapists reporting back to their parents. In addition, they don't go because they are scared of being told their problems are insignificant or weird.

Another reason often cited as to why a teenager doesn't seek treatment is actually poor experiences with therapists in the past. They want to have a connection with the person they are

choosing to open up to, and feel as if that person truly cares and is listening, not just processing their complaints and moving on. If a teenager feels they are picking up cues that the therapist isn't fully paying attention, they will withhold information and withdraw. It also bothers them when the clinician uses mostly technical jargon; they want feedback they can understand.

The last category of reasons centers on autonomy. Adolescence is a liminal stage in a person's life where they receive neither the full benefits of adulthood nor the full responsibility. Teenagers crave more independence, but at the same time still desire guidance from parents and providers. It's a tricky balancing act to negotiate when it comes to making medical choices. The teen often wants some form of parental involvement, but at the same time wants freedom to make their own choices. Some teenagers will rebel against any adult; some are too depressed to even seize their autonomy.

On the whole, we've come leaps and bounds in minimizing the stigma associated with mental health and getting treatment, but some misconceptions still remain that prevent many adolescents from seeking the care they need. Explaining confidentiality, establishing that it is okay to feel distress sometimes and approaching adolescents with more empathy and options are some of the ways we can continue to reach out to depressed teenagers.

