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DEPRESSION IN ADOLESCENTS A WIDESPREAD FEELING OF MODERNITY

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ABSTRACT

The violence and the deep environmental changes currently causing us adolescents feelings of anger, apathy and insecurity that are generators of depression risk.This reality calls for the urgent need to promote mental health and balance individual/social youths. In this context, the aim of this cross-sectional study, correlational and inferential statistics, is to assess the level of depression of young students from 12 to 18 years of the Autonomous Region of Madeira Island (RAM), Portugal. The sample is representative, composed by 1557 adolescents of both sexes, attending basic and secondary schools by municipality of RAM whose average age is 15.2 years. The measuring instrument selected was the Zung Depression Scake (ZDA) showed high internal consistency and reliability (α= 0.80). Most adolescents show no depression (81.5%). However, 18.2% have depressive mood or dysthymia and 0.3% major depression. There is highly significant association between depression (p = 0.000) gender (p = 0.000) and age group (p = 0.043), being the most prominent values in a group of 15 to 18 years and in females. As schooling level increases, the risk of depression, on the basis of the number of failures, being most evident in those that failed once. Parents being married or not also influences the manifestation of depression (p=.001), being most evident in young people whose parents are not married. Has significant influence on the appearance of symptoms of depression young people they have disease (p = 0.000), drinking alcohol (p = 0.000), lack of socializing with colleagues (p = 0.000) and sports (p = 0.000). We pretend that these data contribute to the statistics of the depression in the youthsand be an incentive to scientific and academic community for future research and development support of strategic programs with specific interventions to promote mental health of young people and social and educational policies.

INTRODUCTION

Mental disorders are phenomena in increase in the current world. The young man is in crisis, living a future full of questions in a liberal and repressive society simultaneously. The increase of daily violence, the intensifying individualization to the detriment of the collective, the new family organizations and the unhealthy lifestyles contribute enormously to the onset of depressive symptomatology.

In Portugal, recent data from the National Institute of Statistics (INE, 2015) show that youth unemployment takes alarming values, given that one in four young people from 15 to 34 years not have (27.8%). At the same time, the rate of early school leaving, is above the national average and one-fifth of these young do not study (22.7%).

The migratory phenomenon in young people is, in itself, one of the more painful process of resocialization of young adult, becoming a severe traumatic experience that encompasses losses, external modifications with psychic and physiological consequences. The employment and vocational training Observatory of the University of Madeira,inthe year 2015, shows an annual increase in the number of graduates unemployed (6.7%) more aggravating the situation of employment for young graduates from Madeira.

Teens sit down without references and perspectives for the future, risking destroying nature and be themselves victims of this breakdown, insecurity, anger, aggression, anxiety anddepression.

Authors such as Salgueiro (2013) points out that these phenomena have a negative impact on physical and mental health of adolescents and WHO (2014) emphasizes that children and adolescents exposed to natural disasters or

civil conflicts (especially those who participated in armed forces or groups), have huge shortcomings in mental health and require special attention.

All this presupposes developing through a world policy, concerted, global and participatory strategies of covering promotion, prevention, treatment and, if necessary, reintegration of these young people. It is imperative to pass from theory to action.

Adolescence has a crucial role in the development of any individual, being multiple economic and social factors that trigger anxiety and depression, mental health problems that stand out in times of crisis and global insecurity such as that experienced at present.

In the present study we opted for classification of Ladame (2001) which summarizes the stages of adolescence in two according to age:

Pre Adolescence (12 to 15 years) in which the adolescent struggle against the dilemma of feelings of loneliness, isolation and regression and the safety that parents constituted;

Adolescence Itself (of 15 to 18 years) period in which the teenager looking for emotional independence in relation to parental and social pairs objects exert a greater importance on empowering thoughts, desires and activities.

Depression is one of the most common psychiatric disorders in adolescence in the 21st century (Levisky, 2007) and interferes significantly in life, social relations and overall well-being, and can lead to limit situations such as the risk of suicide ideation (Nabais, 2014).

The aim of this study is to estimate the level of depression of young students from 12 to 18 years of the autonomous region of Madeira.

1. METHODS
1.1. Type of study
Quantitative study, transversal and inferential statistics
1.2. Population
A representative sample (n=1557 students) stratified, probabilistic, and of both sexes, by municipality of RAM and grade level (with a sampling error of 1.2%). Inclusion criteria: young people attending normal school, students from the 7th grade level, of 12 to 18 years inclusive,be considered "normal", without psychiatric complaints and which are not under the action of stimulants or depressants of the Central Nervous System.

Exclusion criteria: students with psychiatric treatment,aged below 12 and over 18 years,hat do not meet properly the sociodemographic data questionnaire or the measuring instruments used in this study.

1.2.1. Data collection procedures
All data were collected at the beginning of the school year 2014/2015, from September to December 2014. Then we inform in good time the directors of the respective school's councils, which had knowledge of the tests, as well as selected classes and sessions's school on schedule the students to the administration of the questionnaires. The entire administration of the questionnaires was managed by the author of the study.

1.3. Ethical Issues
Required prior consent to the Secretariat of Education of Madeira and to the directors of the schools selected. Werespected the confidentiality, anonymity and informed consent not only of the teenagers themselves, but also of the guardians.

1.4. Instruments

Characterization survey: sex; age; health; need for medical consultation; age of the parents, educational establishment; grade level; school failure; profession/occupation of father and mother; composition of the family; consumption of alcohol and drugs; socializing with colleagues and sports.

The Zung Depression Scale (ZDS): Composed of 20 items scored on a Likert scale (1 to 4). The scores indicate the severity of the depression, handing out the scores for the following ranges:

- 20-49 normal affective depression;
- 50-59 mild depression;
- 60-69 moderate depression;
- ≥ 70 severe or major depression.

Most people with depression have a score between 50 and 69, while a score of 70 and above indicates severe depression or major.

Used in multiple situations, primary health care, psychiatric and drugs tests various situations.

1.5. Prediction of statistical treatment
Descriptive statistics: frequencies, averages and standard deviation.

Correlational statistics: Cronbach's alpha coefficient and the Pearson correlation coefficient.

Inferential statistics: Student's T test for comparison of averages and multivariate testing-analysis of variance with Post hoc comparisons (Tukey).

The statistical calculations effected through the IBM SPSS Program 22.

RESULTS
The average age of adolescents is 15.2 years and most are women (55.2%).

Table 1: Descriptive statistics of the age of the adolescents

	N.	Minimum	Maximun	Average	SD
Age	1557	12	18	15.20	1.78

Note: SD = standard deviation

Analysing the depression, most adolescents (81.5%) does not have this mental disorder. However, we found that 18.5% have, being that:depressive mood or dysthymia (18.2%) andmajor depression (0.3%).

Table 2: Characteristics of the sample in terms of depression

Level of depression	n	%
"Normal" State	1270	81.5
Depressive mood or Dysthymia	283	18.2
Major depression	4	0.3
$\bar{x}$ = 41.68; Md = 41.00; s = 8.76; x_{min} = 21.00; $x_{máx}$ = 71.00		

As regards the comparison of the risk of depression in the adolescent age group function confirmed the existence of significant difference with p=0.043 (table 3).

The comparison of the average values show that depression is higher in older youth, namely at the stage of adolescence itself (of 15 to 18 years), demonstrated that the trend remains since long time.In fact, a decade ago, an investigation performed by Reinherz et al. (1995) proved that 15 years old is considered critical for the manifestation of depression. There is highly significant difference in depression according to sex (p=0.000). Accordingly, a study carried out by Borges and Werlang (2006) reveals that female adolescents are more prone to depression compared to young males. In addition, scientific evidence confirms that girls bearing a higher tendency to develop depressive symptomatology (Tuisku, v. et al. .2014; Marcus, Yasamy, Ommeren, Chisholm& Saxe, 2012; Esposito&Clum, 2002; Hesket et al., 2002).

Table 3: Comparison of depression depending on the age group and sex of youths

Depression	n	x̄	s	t	p
Age Group [12 – 15] [15 – 18]	710 847	41.19 42.09	8.54 8.93	-2.026	**0.043**
Sex Male Female	698 859	39.93 43.10	8.17 8.98	-7.288	**0.000**

Note that there is also a significant difference in the number of Deprecations young experienced (p=0.000), being more relevant in that fail only once (x̄= 43.67). The Tukey test reveals significant differences in terms of suicidal risk occur among teens who never failed and what failed once (p=0.000). A survey of Monteiro (2013), carried out at the national level, shows that the presence of depressive symptom is strongly associated with the failure and low school performance of young people.

Table 4: Comparison of depression with the number of deprecations at school

Depression	n	x̄	s	F	p
Deprecations at school None One Two and more	1107 257 193	41.20 43.67 41.76	8.74 8.28 9.18	8.336	**0.000**

The parents were married or not holds influence in manifestation of depression, given that there are significant differences (p=0.001). The analysis of the average values (table 5) and standard deviations shows us that depression are more patents in young people whose parents are not married (x̄=43.04 and s=8.80). Similarly, Stadelmann, Perren, Groeben& Klitzing, (2010) emphasizes the failure in marriage or not being married as typical examples of social situations that lead to the depression.

Table 5: Comparison of depression by the marital status of the parents

Depression Marital status	n	x̄	s	t	p
Depression Married NotMarried	1215 340	41.29 43.04	8.73 8.80	-3.245	0.001

The health situation significantly influences the onset of depression (p=0.038). The analysis of the average values of table 6, suggests that young people who suffer from some disease tend to show more pronounced this mental disorder (x̄=42.50). On the other hand, a study has shown that depression stems from neurochemical, neuroendocrine and neuroanatomical changes, which increase the vulnerability and the possibility of a pathology in the individual (Soares Costa &Mesquita, 2006). Strengthens, Correll, Detraux, De Lepeleire& De Hert. that physical diseases such as cancer, epilepsy, AIDS and some mental disorders (toxic addiction/alcohol and schizophrenia) can induce an individual to serious depressions, which confirms the data obtained in this study.

Table 6: Comparison of depression by health situation

Depression	n	x̄	s	t	p
Suffering from disease Yes No	372 1185	42.50 41.42	9.59 8.48	2.072	0.038

The use of drugs and alcohol influences significantly in manifestation of depression in young people in the study (p=0.032; p=0,010).These data confirm studies in Brazil by Scheffer, Pasa&Almeida (2010) and Saide (2011), individuals who use drugs have a higher predisposition to develop mental disorders, particularly depression.

Table 7: Comparison of depression with alcohol and drugs

Depression	n	x̄	s	t	p
Drugs Yes No	72 1485	43.38 41.59	8.44 8.77	1.684	0.032
Alcohol Yes No	148 1409	43.45 41.49	8.20 8.80	2.586	0.010

The fact that young people do not socializing with the social pairs and sports can be predictors of depression risk factors (p=0.000) in adolescents of RAM, as noted in table 8. According to the literature review, we recall that Hankin and Abramson (2001) show that the self-esteem of teenage girls is deteriorating due to a greater vulnerability to depression, reflecting in particular the rejection of socializing with colleagues. Similarly, Marcus Pereira (2011) emphasizes that young people showing signs of loneliness and social rejection exhibit a greater propensity for depression.

Table 8: Comparison of depression with socializing with colleagues and sports

Depression	n	x̄	s	t	p
Colleagues socializing Yes No	1489 68	41.50 45.54	8.73 8.74	3.736	0.000
Sports Yes No	1029 528	41.03 42.94	8.71 8.73	4.104	0.000

CONCLUSION

The ecological disaster that we have seen quietly and consequent deterioration of the socio-economic conditions of the population has powered the rise of phenomena to which we cannot remain indifferent, in particular, the depression in adolescents.

This inferential analysis corroborates the results obtained in numerous studies and alert to the need to focus on prevention and health promotion of adolescents who expressed vulnerability in appearance of this mental disorder, which in the future will cause dramatic outcomes in adult life.

This issue is a priority in socio-political terms such that, today, twenty-eight countries, including Portugal, have adopted national strategic plans of depression prevention. Research carried out in Portugal in this domain, offers low levels of evidence as to its effectiveness, due essentially to the lack of appropriate studies (prospective, controlled, randomized) and the complexity of factors associated with adolescents ' psychological disorders.

A plan for the prevention of mental disorders will only be feasible if we round up all the means available in multiple contexts and acting at various levels of the process, to the scrupulous knowledge of depression, the number of suicides and the profile of people who manifest such behaviours.The early intervention and specialized preferably minimizes the mental disorders, it increases self-confidence and self-esteem in adolescents, giving young people a healthier and happy school experience (promotion of healthy lifestyles).

The data of the present study showed as the main risk factors of fa depression in adolescence, which should be prevented in different contexts (social media, schools, recreation centers, health centers and others), and in particular avoid the presence of stressores events and

diseases, substance abuse (alcohol, drugs), family dysfunction,

relational issues (loneliness, not socializing with peers, school failure and others).

In a public health perspective, awareness-raising actions and information of the population, focusing on the prevention of depression using multisectoral cooperation programs with multicultural and multidisciplinary interventions and specific set of various professionals (health, education, social sciences, Humanities and other), political leaders and the entire community, contributing to the promotion of the well-being and improvement of the social environment of individuals and their families.

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