Rising Rates of Adolescent Depression in the United States: Challenges and Opportunities in the 2020s

Major depressive disorder is a major public health concern. Many cases of depression have their onset during adolescence or even earlier [1]. Critically, adolescent- (or earlier) onset depression tends to follow a recurrent course and is associated with more negative outcomes relative to adult-onset depression, including impairment in a range of important psychosocial domains that can persist into adulthood. Daly [2] examined the prevalence of adolescent depression using the National Survey on Drug Use and Health (NSDUH) in the United States. A total of 167,783 adolescents aged 12–17 years were assessed annually using national surveys from 2009 to 2019. Rates of adolescent depression increased from 8.1% in 2009 to 15.8% in 2019, a relatively larger increase than reported in a previous examination in the NSDUH from 2005 to 2014 [3]. These findings are consistent with other recent cohort studies in the United States and the world in highlighting a potential adolescent mental health crisis. Adolescents have reported increasing stress, anxiety, depression, self-harm, and suicidality during the 2000s [4–6].

Descriptive research that leverages regular, cross-sectional assessments in large, nationally representative samples of adolescents, such as the NSDUH and others (e.g., Monitoring the Future, Millennium Cohort Study), is well suited to examining secular trends over time. Knowledge gained from descriptive research is also informative for developing mechanistic hypotheses that predict which adolescents are most at risk for developing depression and propose explanatory causes and mechanisms. Daly’s [2] timely study provides descriptive information on rates of adolescent depression during the 2010s. It also raises important questions, namely, why rates of adolescent depression are increasing and the potential influences of sex and race/ethnicity on adolescent depression. These critical questions must now be addressed—to promote adaptive adolescent development by identifying those adolescents at greatest risk for depression and to understand the individual difference and contextual factors that contribute to its development and the mechanisms by which this occurs.

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subjected to rigorous tests of measurement invariance, meaning it is not clear at this point whether our measures are sensitive to cultural differences in depression expression and are accurately measuring depression among adolescents in different racial/ethnic groups.

Identifying those adolescents at greatest risk for developing depression is critical for promoting adaptive adolescent development, and Daly [2] highlights sex and race/ethnicity as potential indicators of risk. However, this is not to say that sex or race/ethnicity confer causal risk for depression. Instead, it is likely that sex and race/ethnicity index other individual difference and contextual mechanistic risk factors, and study designs able to get at causes and risk mechanisms are necessary to understand these processes [12]. Daly [2] focused on secular trends in adolescent depression in the United States in the 2010s, the decade immediately following the “Great Recession” of 2007–2009. The 2020s are likely to prove even more challenging for adolescents and their families and communities. Adolescents in the United States, and the world more broadly, are now living through a once-in-a-century pandemic, the novel coronavirus (COVID-19), that has disproportionately affected racial/ethnic communities and highlighted and exacerbated socioeconomic and racial/ethnic health disparities ([13,14]) and increased prejudice, discrimination, and violence against Asian and other racial/ethnic groups [15]. Adolescents are witness to and experience ongoing police violence within their communities and structural and systemic failures to redress rampant social inequities [16]. Adolescent mental health has suffered, and there is growing evidence that adolescent girls and those who identify as racial/ethnic minorities have been particularly affected during this period [17–19]. It is not hyperbole to suggest that we face an adolescent mental health crisis as we move into the 2020s. However, with these challenges come opportunities to better understand individual difference and contextual factors that increase risk for and protect against adolescent depression, delineate the effects of depression on adolescent development and functioning, guide the most strategic and effective preventive-intervention efforts, and ultimately improve the lives of millions of adolescents. The coming decade will be critical—let us do what we can to protect and promote adolescent health.

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