A description of the psychosocial factors associated with depression and anxiety in South African adolescents attending urban private practices in Johannesburg

To the editor: The worldwide prevalence of major depression in adolescents is reported at 4 to 8% and dysthymia at 1.6 to 8%, and the incidence of these disorders continues to rise.[1] There is no prevalence data for anxiety and mood disorders amongst South African teenagers, but the prevalence of anxiety and mood disorders amongst adults is 23% and 10.1% respectively.[2] This study was motivated by these factors, coupled with the association of adolescent psychopathology with negative outcomes in adulthood, such as depression,[3,4,5] anxiety,[3] suicide,[1,3,4] poor academic and employment outcomes,[1,3,5] psychosocial maladjustment[3] and substance abuse.[1,3] The aim of this study was to determine which psychosocial factors are associated with depression and anxiety in South African adolescents, and to suggest appropriate interventions.

A cross-sectional survey was carried out in Johannesburg and targeted adolescents aged 13 to 19 years who attended private psychiatric or psychological services, with a diagnosis of depression or anxiety disorder (major depression, dysthymia, generalised anxiety, social phobia or panic disorders). A questionnaire based on Abrahamson's version of the Stressful Life Events and Circumstances Scale was used as a comprehensive inventory of stressors in adolescence.[6] The participants were asked to mark all stressors applicable to themselves.

Eleven local psychiatrists and psychologists contributed questionnaires from all patients over a seven-month period. Thirty-seven respondents with an average age of 16.1 years completed questionnaires. Of these, 73% were female, 84% were white, 48% suffered from major depression and 40% suffered from generalised anxiety disorder. The recurring theme in the top 10 reported stressors (see Table I) is that adolescents suffering from anxiety and depression disorders suffer from feelings of inadequacy in the face of external pressures (particularly with academic workload) and expectations from parents, school and society. There are high levels of poor body image and interpersonal difficulties with peers, parents and partners, while disruptive environments also play a role, such as starting a new school and parental absence.

Table I: Top 10 stressors in adolescents with depression or anxiety

Stressors	n = 37 n (%)
Struggle with academic workload	26 (70)
High parental expectations	26 (70)
Time pressure	25 (68)
Pressure to succeed	24 (65)
Unhappy with appearance	24 (65)
Worried about the future	23 (62)
Struggle to fit in with peers	20 (55)
Parental absence	19 (54)
Change to new school	19 (54)
Recently broken off a relationship	19 (54)

This study revealed a pattern of psychosocial issues that should alert teachers, parents and medical personnel to similar adolescents at risk of psychopathology.

The results suggest that the demands placed on adolescents in relation to school performance are perceived as the main psychosocial stressors associated with depression and anxiety. This could be related to the curriculum design, an unhelpful focus on competition and academic achievement by parents and teachers, too many extramural activities, or the inability of specific adolescents to cope. Facilities should be available at schools to educate parents and staff on the stressors facing children, the signs to watch for in terms of emotional strain, and the resources available to deal with potential problems proactively. Incorporating a questionnaire on life stressors at the beginning of each term as part of a guidance curriculum might assist teachers in identifying adolescents at risk of psychopathology. In addition, guidance and psychology services need to be available and structured in a manner that will make them representative of the gender, population and language groups of the adolescents they serve in the hope that this will improve accessibility. Particular efforts may be needed during periods of transition, such as puberty, school changes and matriculation.

Focus also needs to be placed on guiding adolescents towards a healthy body image and lifestyle, as well as helping them to set limits and prioritise competing demands so as not to become overwhelmed. Furthermore, adolescents should be encouraged to express their emotions openly and in a healthy manner. Life skills training should be part of the regular curriculum, with appropriate time and staffing to guide students toward a balanced attitude to life through open discussion forums.

The female predominance could be due to greater emotional expression and help-seeking behaviour for mental distress amongst girls, and the predominance of white adolescents could be due to how emotional disorders are perceived and addressed in different cultures, or to the cost and accessibility of private specialist care. All the participating specialists were white, suggesting a shortage of specialists from different language and cultural backgrounds.

The generalisability of the results is limited by the small sample size and the focus on adolescents in private practice settings. The study design does not determine the direction of association between the psychosocial factors and psychopathology.

In conclusion, this study identifies the top 10 psychosocial factors associated with depression and anxiety amongst a group of adolescents attending specialist private practices in Johannesburg. Depression and anxiety in adolescents are issues of concern that need to be addressed proactively in view of their growing prevalence, as well as their potentially detrimental effects in later adult life.

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