

Use of Medications and Counseling for Depression by Asian and Multiple-Race Adolescents Aged 12–17 Years

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Asians and Pacific Islanders and multiple-race individuals are among the fastest growing U.S. populations (1). Asian, Hispanic, and black adults underuse mental health services for depression compared with whites (2,3), but less is known about treatment use among adolescents.

Adolescent samples from the National Survey on Drug Use and Health (NSDUH) (2008–2010) were pooled (N=54,161) (nsduhweb.rti.org). Estimates of treatment use were based on the subset of adolescents who met the NSDUH-defined criteria for a past-year *DSM-IV* major depressive episode (N=4,446). An adolescent was defined as having received treatment or counseling if he or she saw or talked to a medical doctor or other professional for depression, and medication treatment was defined as taking medications prescribed for depression in the past 12 months.

Overall, 37.0% of adolescents with a major depressive episode received any treatment for depression in the past year (2.8%, medications only; 21.7%, counseling only; and 12.5%, medications and counseling). No racial-ethnic differences were found in use of counseling only, but variations were noted for other categories (Figure 1). Use of any treatment was greater among whites (41.0%) than among blacks (27.5%) and Asians and Pacific Islanders (15.6%). Among whites the

proportion using medications only (3.2%) was higher than among Asians and Pacific Islanders (<1%) and multiple-race adolescents (.8%). Use of medications and counseling was greater among whites (15.8%) than among blacks (3.9%), Asians and Pacific Islanders (3.3%), and Hispanics (9.1%).

This analysis reveals low rates of treatment use by Asians, Pacific Islanders, and blacks with major depression.

Study limitations include use of self-reports of depression and treatment use and a lack of information about number of treatment visits and type of medications used. Adolescents with fewer than five visits may not have received adequate care (3).

The findings highlight a need for research to elucidate low rates of treatment use and outcomes among mi-

nority groups with major depression.

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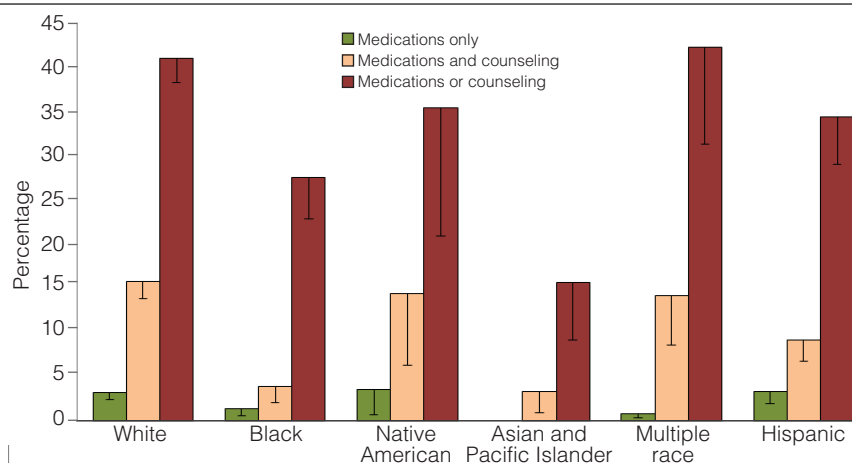
The authors report no competing interests.

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Figure 1

Past-year treatment use for symptoms of a major depressive episode among U.S. adolescents ages 12–17, 2008–2010^a



^a Source: National Survey on Drug Use and Health. Lines inside bars indicate the lower limit of 95% confidence intervals of the estimates. If two bars overlap, the difference between two groups is not statistically significant ($p > .05$).

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