**Identifying and Treating Depression among Black Teenagers in the United Kingdom**

**Introduction**

Public health professionals have for a long time recognized depression as a significant mental health problem with great implications for the emotional wellbeing and physical health of individuals. Among adolescents, depression is associated with various adverse health outcomes such as high blood pressure and obesity, and is recognised as a significant contributor to suicidal ideation (Midgley et al., 2015). In the United Kingdom, research shows that approximately 10% of girls and 13% of boys aged between 11-15 face mental health challenges (Olfson et al., 2015). In fact, about ¾ of all mental health problems begin during adolescence



Despite the data on the prevalence of mental health problems in adolescence, and depression in particular, much of the focus on depression has been on Caucasian youth, with little attention being given to adolescents of African descent. However, there is evidence to show that the burden of mental health illness, and depression in particular, disproportionately affects Black minority adolescents compared to their White counterparts (LaVeist et al., 2014).

There is little information on the prevalence of depression among Black minority adolescents in the UK, and how these adolescents experience depression. If healthcare practitioners are to come up with better diagnosis and treatment approaches for depression across the diverse adolescent population, then we must first get a clear picture of how Black minority adolescents identify and experience depression.

**Racial Disparities Adolescent Expression and Treatment of Depression**

Even within similar geographic environments, black youths differ from their Caucasian counterparts in the way they experience depression (LaVeist et al., 2014). There also appears to be a connection between socio-economic status and race, which significantly affects the differential outcomes in the experience and diagnosis of depression among adolescents.

Recently, studies have started to consider whether the minority ethnic populations are less likely to obtain treatment for health complications compared to the Caucasian majority, despite the evidence of being overrepresented in admissions (Hoare et al., 2014). A study conducted by The Sainsbury Centre for Mental Health (2002) found particular barriers that hindered African and Caribbean communities from accessing mental health services.

Depression diagnosis, treatment, research has traditionally been approached through the use of a medical model conceptualization that focuses mostly on the biological and genetic influences that underlie the expression and development of the illness. However, such an approach is likely to miss out on the nuances linked to the differentials in the expression of depression among people of diverse backgrounds (Her Majesty’s Government/Department of Health, 2011). It is thus possible that current clinical and research measures may be less relevant to ethnic minority adolescents.

It is thus prudent to develop new and more accurate measures and treatments of depression for Black adolescents in the UK. Clinicians will be better placed to support early diagnosis and treatment of depression by having an improved understanding of the various symptom presentations of depression among Black adolescents.

More research is also needed on how adolescents from minority groups experience depression, including the effect of socio-economic factors and stigma (Midgley et al., 2015). Such research will offer insight that will inform effective treatment and identification models.

One possible strategy for addressing the racial disparities in the diagnosis and treatment of adolescent depression is the ‘Locked Hexagon’ Model proposed by Sewell (2012). The model offers a six-point treatment strategy that considers environmental and social factors in addressing mental health issues. Some elements that should be considered are outlined in figure 1.

**Conclusion**

Depression among adolescent Black youths is largely under-identified and under treated. Most available studies and treatments do not recognise socially-relevant parameters and how they relate to mental health. Future studies and treatment modalities must thus seek to offer evidence-based guidelines on the racial differentials and how they affect treatment.

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