ORIGINAL ARTICLE

DEPRESSIVE SYMPTOMS IN ADOLESCENTS FROM THE BRAZILIAN MIDWEST: PREVALENCE AND ASSOCIATION WITH SOCIODEMOGRAPHIC CHARACTERISTICS

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Highlights: (1) Prevalence of 19.6%, female, 16 and 17 years old, public schools, and low score. (2) Depressive symptoms and proposed prevention and control measures.

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DEPRESSIVE SYMPTOMS IN ADOLESCENTS FROM THE BRAZILIAN MIDWEST: PREVALENCE AND ASSOCIATION WITH SOCIODEMOGRAPHIC CHARACTERISTICS

ABSTRACT

Objective: To estimate the prevalence of depressive symptoms and investigate their association with sociodemographic characteristics among adolescents in the Brazilian Midwest. Method: Study using data from the National School Health Survey (2019). The dependent variables were depressive symptoms and negative self-assessment mental health. Prevalence and prevalence ratios were estimated according to sex, age group, administrative dependence on the school, and goods and services score. Results: 17,640 students aged 13 to 17 years from the region Midwest were evaluated. 54.0% of adolescents reported feelings of worry, 34.0% felt sad, 31.1% felt that nobody cared about them, 43.3% reported feelings of irritation/nervousness/bad mood, 22.8% felt that life was not worth living, and 19.6% of adolescents presented a negative self-assessment mental health. The highest prevalences of depressive symptoms, as represented by the evaluated indicators, were observed in females aged 16 or 17, students from public schools, and those with a low score on goods and services. Conclusion: Depressive symptoms among adolescents in the region Midwest were associated with sociodemographic characteristics, representing challenges to mental health care for this population group.

Keywords: Mental Health; Depression; Adolescent; Socioeconomic Factors

INTRODUCTION

Adolescence is a complex stage of human development, for adolescents and their families, schools, and society in general. This stage witnesses physical, psychological, and emotional changes, and choices, habits, and attitudes are crucial to adolescents' health and well-being. Coping with this world of changes, events, and experienced realities is a challenge for adolescents[1]. Transformations, experiences, and conflicts during this life stage can trigger and deteriorate mental health problems[2].

Depressive symptoms in adolescence are a Public Health issue due to their high prevalence and countless consequences for the lives of teenagers[3]. They manifest as isolation, profound sadness, feelings of hopelessness, guilt, loss of energy, changes in sleep and motivation, psychomotor retardation, difficulty concentrating, irritability, poor academic performance, low self-esteem, suicidal ideation and attempts, and severe behavioral problems[4]. Some symptoms can lead to a diagnosis of depression and have very harmful consequences, including suicide, which is highly prevalent in this age group[5].

A systematic review and meta-analysis of 72 studies conducted in different regions of the world – such as Asia, Europe, Latin America, and Africa – analyzed the prevalence of self-reported depressive symptoms and evidence of clinical disorders, such as significant depression and dysthymia. The analysis indicated that 34% of adolescents reported experiencing depressive symptoms, and an increase in the prevalence of these symptoms was observed over time, from 24% in the 2001-2010 period to 37% in the 2011-2020 period (Shorey, Ng & Wong, 2022). This distinction is important because depressive symptoms, while common in adolescence, do not necessarily constitute a mental disorder, but may indicate significant psychological distress that requires attention[6].

A study conducted in Latin America showed that 16 million young people aged 10-19 years have some kind of mental disorder. This fact equates to 15% of people in this age group, and more than 10 adolescents, commit suicide every day, making it the third leading cause of premature death among adolescents aged 15-19[3].

In Brazil, a study evaluated 125,123 schoolchildren aged 13-17 years participating in a national survey, the 2019 National School Health Survey (PeNSE, in Portuguese), to describe the prevalence of mental health indicators. The percentage of adolescents who self-reported "most of the time or always" for the indicators was as follows: 50.6% were concerned about everyday things, 31.4% felt sad, 30.0% felt no one cared about them, 40.9% felt irritable, nervous, or moody, and 21.4% felt that life was not worth living. Furthermore, 17.7% evidenced negative mental health self-assessment[7].

A cohort study conducted in Brazil with 12,350 participants assessed the prevalence of mental disorders in adolescents, young adults, and adults and their relationship with sociodemographic characteristics in five birth cohorts: Ribeirão Preto (São Paulo), Pelotas (Rio Grande do Sul), and São Luís (Maranhão), Brazil. The prevalence of depressive episodes, suicide risk, social phobia, and generalized anxiety disorder was estimated, stratified by gender and socioeconomic status. The results of this study indicated that mental disorders were more prevalent among adolescents and those with lower socioeconomic status.[8]

Understanding the epidemiological situation of adolescent mental health in Brazil and the Midwest is crucial, given the few population-based studies on this topic. The scientific basis of Public Health should support decision-making and contribute to the quality of adolescent mental health.[1] In this context, this study aimed to estimate the prevalence of depressive

symptoms and investigate their association with sociodemographic characteristics among adolescents in the Brazilian Midwest.

METHODS

This cross-sectional study used data from the fourth edition of the National School Health Survey (PeNSE, in Portuguese), conducted from April to September 2019. PeNSE is a nationwide, school-based survey conducted by the Brazilian Institute of Geography and Statistics, in partnership with the Ministry of Health and the support of the Ministry of Education. The 2019 PeNSE sample was designed to estimate population parameters for students aged 13-17, attending public and private schools (morning, afternoon, and evening shifts) in the following geographic regions: state capitals and the Federal District, states, major regions, and Brazil.[9]

The 2019 PeNSE sampling plan adopted a two-stage cluster design. In the first stage, schools were selected based on information available from the 2017 School Census, conducted by the Anísio Teixeira National Institute of Educational Studies and Research. In the second stage, the study selected classes that covered the educational levels that encompass most students in the target age group, from the 7th grade (formerly 6th grade) of Elementary School to the 3rd High School year, including technical courses with integrated High School and regular/teacher courses. Students present at the time of data collection completed a structured, self-administered questionnaire on a smartphone. More information about PeNSE 2019 can be found in a previous publication[9]. A total of 124,898 adolescents aged 13-17 years responded to the questionnaire. Only adolescents from the Midwest (n=17,640) were evaluated for the analyses in this article.

Five variables related to mental health were analyzed as outcomes, which according to Beck (2008)[10] can be considered depressive symptoms: 1) Feeling of concern (In the last 30 days, how often did you feel very worried about everyday things in your daily life such as school activities, sports competitions, homework, etc.?); 2) Feeling of sadness (In the last 30 days, how often did you feel sad?); 3) Feeling like no one cares about him/her (In the last 30 days, how often did you feel that no one cares about you?); 4) Feeling irritable/nervous/in a bad mood (In the last 30 days, how often have you felt irritable, nervous, or in a bad mood about anything?) and; 5) Feeling that life is not worth living (In the last 30 days, how often have you

felt that life is not worth living?). The variables cover the same response categories: never, rarely, sometimes, most of the time, and always. For analysis, the responses “never”, “rarely”, and “sometimes” were grouped, as well as “most of the time” and “always”, yielding dichotomous variables: 0 (never/rarely/sometimes) and 1 (most of the time/always). Additionally, the composite indicator of mental health self-assessment was included as a dependent variable, created from the combination of the five variables of depressive symptoms, mentioned previously, and classified as negative when the adolescent reported “Most of the time/always” for at least four of the five variables[9].

The independent variables evaluated in the study were gender (male; female), age group (13-15 years; 16-17 years), school administrative facility (private; public), and goods and services score, created based on the methodology proposed in a previous study.[11] The items that composed the goods and were those services score available in PeNSE, 2019 edition: a car, cell phone, computer or notebook, full bathrooms with toilet and shower at home, and a domestic worker three or more days a week. The score was obtained by the sum of each item multiplied by the inverse of the frequency of presence in the total sample studied (adolescents aged 13-17 years living in the Midwest) and classified as low or high as per the median (cutoff point of 3.73). The variable Federative Unit (Mato Grosso, Mato Grosso do Sul, Goiás, and the Federal District) was used only as an adjustment.

All statistical analyses were conducted with the Stata statistical package, version 16.0, using the survey module (svy) for complex sample data analysis. Descriptive analysis involved calculating the relative frequency with their respective 95% confidence intervals (95% CI) for all variables used in this study. The prevalence and respective 95% CIs were estimated for each depressive symptom variable and negative mental health self-assessment according to independent variables. The chi-square test with Rao-Scott correction was used to compare proportions. Prevalence ratios (PR) and 95% CI were calculated using unadjusted Poisson regression and adjusted for gender, age group, school administrative facility, goods and services score, and Federative Unit. A significance level of 5% was considered.

The National Research Ethics Committee of the National Health Council approved PeNSE 2019 under CONEP Opinion N°3.249.268 of April 8, 2019. Adolescents who agreed to the Informed Consent Form, displayed on the first page of the questionnaire on the mobile collection device, participated in the research.

RESULTS

A total of 17,640 adolescents from the region Midwest with Brazil were evaluated. Regarding sociodemographic characteristics, 50.7% of the adolescents were female, 65.5% were aged 13-15 years, 41.2% resided in the state of Goiás, 85.1% attended public schools, and 50.6% had a low goods and services score (Table 1). Considering the adolescents' responses to PeNSE 2019 regarding the frequency with which they experienced specific feelings in the 30 days before the survey, grouping the options "most of the time/always", 54.0% of the adolescents reported feelings of concern, 34.0% declared feelings of sadness, 31.1% had feelings like no one cares about them, 43.3% reported feeling irritable/nervous/in a bad mood, 22.8% had feelings that life is not worth living and 19.6% reported negative mental health self-assessment (Table 1).

Table 1 - Sample distribution according to mental health indicators and sociodemographic characteristics of Brazilian adolescents in the Midwest region. PeNSE, 2019.

Variables	%*	95% CI*
Sociodemographic characteristics		
Gender (n= 17.608)		
Male	49.3	47.8-50.8
Female	50.7	49.2-52.2
Age group (n= 17,640)		
13-15	65.5	61.4-69.4
16 or 17	34.5	30.6-38.6
Federative unit (n= 17.640)		
Mato Grosso do Sul	15.8	14.0-17.9
Mato Grosso	23.9	21.3-26.7
Goiás	41.2	38.5-44.0
Federal District	19.1	16.9-21.5
School administrative facility (n= 17,640)		
Public	85.1	83.7-86.4
Private	14.9	13.6-16.3
Goods and services score (n= 17,619)		
Low	50.6	48.8-52.5
High	49.4	47.5-51.2
Mental health indicators		
Feeling of concern (n= 17,561)		
Never/rarely/sometimes	46.0	44.1-47.8
Most of the time/always	54.0	52.2-55.9
Feeling of sadness (n= 17,575)		
Never/rarely/sometimes	66.0	64.8-67.3
Most of the time/always	34.0	32.7-35.2
Feeling like no one cares about him/her (n= 17,575)		
Never/rarely/sometimes	68.9	67.7-70.1
Most of the time/always	31.1	29.9-32.3
Feeling irritable/nervous/in a bad mood (n= 17,577)		
Never/rarely/sometimes	56.7	55.1-58.2
Most of the time/always	43.3	41.8-44.9
Feeling that life is not worth living (n= 17,560)		
Never/rarely/sometimes	77.2	76.1-78.3
Most of the time/always	22.8	21.7-23.9
Mental health self-assessment (n= 17,484)		
Positive	80.4	79.2-81.6
Negative	19.6	18.4-20.8

95% CI: 95% confidence interval.
* Proportion and respective 95% CI weighted.

Notably, the prevalence in the 'most of the time/always' of the feeling of concern (PR=1.46; 95%CI: 1.39-1.53), feeling of sadness (PR=2.61; 95%CI: 2.41-2.82), feeling like no one cares about him/her (PR=1.98; 95%CI: 1.84-2.14), feeling irritable/nervous/in bad mood (PR=2.02; 95%CI:1.91-2.13), feeling that life is not worth living (PR=2.35; 95%CI: 2.10-2.63) and negative mental health self-assessment (PR=2.35; 95%CI: 2.10-2.63) were higher for females than for males (Table 2).

Table 2 - Prevalence and prevalence ratio of depressive symptoms and negative mental health self-assessment of Brazilian adolescents in the Midwest region, by gender. PeNSE, 2019.

Variables	Gender (% e 95% CI)		Prevalence ratio (PR)[a]	
	Male	Female	Crude (95% CI)	Adjusted (95% CI) [b]
Feeling of concern *	44.0 (42.0-46.0)	63.8 (61.4; 66.0)	1.45 (1.38-1.52)	**1.46 (1.39-1.53)**
Feeling of sadness *	18.7 (17.4-20.0)	48.8 (46.9-50.6)	2.61 (2.41-2.83)	**2.61 (2.41-2.82)**
Feeling like no one cares about him/her *	20.7 (19.3-22.2)	41.1 (39.4-42.9)	1.99 (1.84-2.15)	**1.98 (1.84-2.14)**
Feeling irritable, nervous, or in a bad mood *	28.6 (27.0- 30.2)	57.6 (55.8-59.3)	2.01 (1.90-2.13)	**2.02 (1.91-2.13)**
Feeling that life is not worth living *	13.5 (12.3-14.8)	31.8 30.0-33.8)	2.36 (2.11-2.64)	**2.35 (2.10-2.63)**
Negative mental health self-assessment *	8.7 (7.8-9.6)	30.1 (28.3-32.0)	3.47 (3.10-3.90)	**2.35 (2.10-2.63)**

95% CI: 95% confidence interval.
* p-value<0.05 (Chi-square association test, with Rao-Scott correction).
[a] Reference category: male gender.
[b] Prevalence ratio adjusted for age group, federative unit, goods and services score, and school administrative facility.

Compared to adolescents aged 13-15 years (reference group), those aged 16-17 years had higher prevalence levels of feeling of concern (PR=1.24; 95%CI: 1.19-1.30), feeling of sadness (PR=1.08; 95%CI: 1.01-1.16), feeling like no one cares about him/her (PR=1.09; 95%CI: 1.01-1.17) and feeling irritable, nervous, or in a bad mood (PR=1.10; 95%CI: 1.04-1.18) in 'most of the time/always' and negative self-rated mental health (PR=1.17; 95%CI:

1.06-1.29). Regarding the feeling that life is not worth living, the prevalence observed according to age group did not show a significant difference (Table 3).

Table 3 - Prevalence and prevalence ratio of depressive symptoms and negative self-rated mental health of Brazilian adolescents in the Midwest region, by age group. PeNSE, 2019**.**

Variables	Age group (% e 95% CI)		Prevalence ratio (PR) [a]	
	13-15 years	16 or 17 years	Crude (95% CI)	Adjusted (95% CI) [b]
Feeling of concern*	50.0 (48.1-51.9)	61.7 (59.2-64.2)	1.24 (1.18-1.30)	**1.24 (1.19-1.30)**
Feeling of sadness	33.2 (31.9-34.5)	35.5 (33.2-37.8)	1.07 (1.00-1.15)	**1.08 (1.01-1.16)**
Feeling like no one cares about him/her	30.3 (28.9-31.7)	32.6 (30.5-34.8)	1.08 (1.00-1.17)	**1.09 (1.01-1.17)**
Feeling irritable, nervous, or in a bad mood *	42.0 (40.0-44.0)	45.9 (43.8-48.0)	1.09 (1.02-1.17)	**1.10 (1.04-1.18)**
Feeling that life is not worth living	22.8 (21.5-24.2)	22.8 (20.9-24.9)	1.00 (0.90-1.11)	1.01 (0.91-1.12)
Negative mental health self-assessment *	18.6 (17.3-20.0)	21.5 (19.6-23.5)	1.16 (1.04-1.29)	**1.17 (1.06-1.29)**

95% CI: 95% confidence interval.
[*] p-value<0.05 (Chi-square association test, with Rao-Scott correction).
[a] Reference category: Age group of 13-15 years.
[b] Prevalence ratio adjusted for gender, federative unit, goods and services score, and school administrative facility.

The analysis of the indicators by school administrative facility revealed a lower prevalence of feeling of concern in the 'most of the time/always' category among adolescents attending public schools (PR=0.84; 95%CI: 0.80-0.87). In contrast, the highest prevalence of feeling of sadness (PR=1.14; 95%CI: 1.07-1.23), feeling like no one cares about him/her (PR=1.16; 95%CI: 1.07-1.25), and feeling that life is not worth living (PR=1.37; 95% CI: 1.24-1.51) in the 'most of the time/always' category, and of negative mental health self-assessment (PR=1.17; 95%CI: 1.05-1.29) were observed among adolescents attending public schools compared to private schools. There was no significant difference in the prevalence of feeling irritable, nervous, or in a bad mood between school types (Table 4).

Table 4. Prevalence and prevalence ratio of depressive symptoms and negative self-rated mental health of Brazilian adolescents in the Midwest region, by school administrative facility. PeNSE, 2019.

Variables	School administrative facility (% and 95% CI)		Prevalence ratio (PR) [a]	
	Public	Private	Crude (95% CI)	Adjusted (95% CI) [b]
Feeling of concern *	52.3 (50.2-54.4)	63.9 (62.1-65.7)	0.82 (0.78-0.86)	**0.84 (0.80-0.87)**
Feeling of sadness *	34.7 (33.3-36.2)	29.5 (28.0-31.1)	1.18 (1.10-1.26)	**1.14 (1.07-1.23)**
Feeling like no one cares about him/her *	31.9 (30.5-33.3)	26.3 (24.9-27.7)	1.21 (1.13-1.30)	**1.16 (1.07-1.25)**
Feeling irritable, nervous, or in a bad mood	43.2 (41.5-45.0)	43.8 (42.1-45.5)	0.99 (0.93-1.04)	1.01 (0.95-1.06)
Feeling that life is not worth living *	23.9 (22.6-25.2)	16.5 (15.3-17.7)	1.45 (1.33-1.59)	**1.37 (1.24-1.51)**
Negative mental health self-assessment *	20.1 (18.7-21.5)	16.8 (15.6-18.0)	1.20 (1.08-1.33)	**1.17 (1.05-1.29)**

95% CI: 95% confidence interval.
* p-value<0.05 (Chi-square association test, with Rao-Scott correction).
[a] Reference category: Private administrative facility.
[b] Prevalence ratio adjusted for gender, age group, federative unit, and goods and services score.

Among the goods and services scores, a lower prevalence of feeling of concern in the 'most of the time/always' category was observed for adolescents with a low goods and services score (PR=0.94; 95%CI: 0.90-0.98). However, this same group had a higher prevalence of feeling like no one cares about him/her (PR=1.10; 95%CI: 1.01-1.19), feeling that life is not worth living (PR=1.17; 95%CI: 1.07-1.29), and feeling of sadness in the 'most of the time/always' category, compared to the group with a high goods and services score. Regarding the feeling of sadness, and feelings of irritation, nervousness, or bad mood, concerning self-rated mental health, no differences in prevalence were observed between the groups (Table 5).

Table 5 - Prevalence and prevalence ratio of depressive symptoms and negative self-rated mental health of Brazilian adolescents in the Midwest region, by the goods and services score. PeNSE, 2019.

Variables	Goods and services score (% e 95% CI)		Prevalence ratio (PR) [a]	
	Low	High	Crude (95% CI)	Adjusted (95% CI) [b]
Feeling of concern *	51.5 (49.2-53.9)	56.7 (54.9-58.4)	0.91 (0.87-0.95)	**0.94 (0.90-0.98)**
Feeling of sadness *	36.0 (34.3-37.8)	31.9 (30.3-33.4)	1.13 (1.06-1.20)	1.07 (1.00-1.14)
Feeling like no one cares about him/her *	33.4 (31.7-35.2)	28.7 (27.2-30.3)	1.16 (1.08-1.26)	**1.10 (1.01-1.19)**
Feeling irritable, nervous, or in a bad mood	43.4 (41.2-45.5)	43.3 (41.7-45.0)	1.00 (0.95-1.06)	0.98 (0.93-1.03)
Feeling that life is not worth living *	25.6 (24.0-27.2)	20.0 (18.6-21.4)	1.28 (1.17-1.40)	**1.17 (1.07-1.29)**
Negative mental health self-assessment *	21.0 (19.4-22.7)	18.2 (16.9-19.6)	1.15 (1.05-1.26)	1.08 (0.98-1.18)

95% CI: 95% confidence interval.
* p-value<0.05 (Chi-square association test, with Rao-Scott correction).
[a] Reference category: goods and services score high.
[b] Prevalence ratio adjusted for gender, age group, federative unit, and school administrative facility.

DISCUSSION

The results of this study showed that approximately 20.0% of Brazilian adolescents in the Midwest region showed negative mental health self-assessment. The prevalence of depressive symptoms ranged from 22.0% to 54.0%, with the lowest prevalence for who felt that life was not worth living and the highest for who felt that no one cared about them. Inequalities were observed in the prevalence of depressive symptoms and negative mental health self-assessment by gender, age group, school administrative facility, and goods and services score.

Adolescence is a time of life when depressive symptoms can be highly prevalent. At this life stage, adolescents must deal with the responsibility of studying, making choices, enrolling in higher education, and finding their first job. They need to make healthier lifestyle choices, learn from social relationships, develop emotional relationships, be validated and accepted by

their groups, peers, and family, work on their mental constructs to build their own identity, and understand the body's physiological changes[12].

However, depressive symptoms can be overlooked at this stage of life due to a lack of knowledge or awareness of the issues surrounding mental distress. It can be more difficult to recognize these symptoms in adolescence than in adulthood, which is because sadness, loneliness, anxiety, and despair expressed by adolescents can be perceived as common emotional disturbances of growth and development.[13] Furthermore, suicide, which aggravates the factors associated with depression, affects all age groups and is caused by psychological, social, economic, biological, and cultural factors[14].

In this study, females were more exposed to depressive symptoms, corroborating results observed in a nationally representative sample of Brazilian adolescents[7] and previous local studies. A study of adolescents from municipal public schools in São Carlos, São Paulo, found that one of the risk factors that may predict depression in adolescents is being female.[15] Similarly, another study of Brazilian adolescents found a higher prevalence of common mental disorders in females (23.3%) compared to males (11.1%).[1]

Another study found that girls tend to report and express feelings differently than boys, more frequently describing emotions such as anger, anxiety, sadness, emptiness, self-esteem, and aspects related to socialization.[16] Therefore, because the instrument is self-reported, girls can report their depressive symptoms more accurately. The results reflect the need for caution and a more specific look at depressive symptoms and their associated and protective factors in female adolescents, specifically in the Midwest.

In this study, adolescents aged 16-17 years were more exposed to feelings of concern, sadness, feeling like no one cares about him/her, irritable/nervous/in a bad mood, and with a negative self-assessment of mental health. These results are consistent with a study of High School adolescents in public schools in Aracaju and Itabaiana, in Sergipe, which showed that depressive symptoms were more pronounced among adolescents aged 16 and older.[13]

This situation occurs because adolescence is a life stage with several changes, often leading to moments of stress and apprehension as we age. If these feelings are not recognized and managed, they can lead to the emergence of numerous mental disorders over time.[17] Also, adolescents closer to adulthood may be more exposed to symptoms of anxiety due to triggers

such as approaching High School graduation, the search for identity, the need to make decisions about career choices, entry into the professional world, and other adulthood demands.[12]

In this study, adolescents from public schools and with a low goods and services score had a lower prevalence of feelings of concern, and a higher prevalence of feelings that no one cares about them, and feelings that life is not worth living. Furthermore, adolescents attending public schools also had a higher prevalence of feelings of sadness and negative mental health self-assessment. Socioeconomic status is highlighted in the literature as a source of multiple stressful situations. It is considered a risk factor for the development of mental health problems among children and adolescents.[18]

Depression and anxiety symptoms may be more pronounced in socially vulnerable groups, disproportionately affecting those already disadvantaged and marginalized.[19] A systematic review and meta-analysis of 13 cohorts representative of the child population in the United States revealed that children with lower socioeconomic status were twice as likely to develop mental health problems[20].

More affluent adolescents tend to have more opportunities to use technological tools, access information and education, and engage in more activities, which can lead to greater concern. On the other hand, adolescents from low socioeconomic backgrounds may prematurely assume presumably adult roles, such as paid work, marriage, having children, and caring for other family members[7].

A study of adolescents from public and private schools in João Pessoa, Paraíba, showed that the social representation of depression is anchored in subjective experiences that emphasize the individual aspects of this event, such as sadness, loneliness, anguish, suffering, and suicide.[21] Attention must be paid to the subjectivity of adolescents and the fact that experiences vary significantly among individuals.[22] This difference occurs primarily due to socioeconomic factors that affect the educational, work, and well-being of adolescents and their families. Importantly, there is no universal adolescence, but instead always multiple and contingently built “adolescences”.[23]

There are significant criticisms of the tendency to pathologize adolescence. Studies indicate that this development stage, often labeled a risk stage, should be understood from a more pluralistic and critical perspective, considering social contexts, economic inequalities, structural violence, and territorial exclusion.[24,25]

This broader perspective prevents the often contextual and transient psychological distress adolescents experience from being confused with diagnosable mental disorders, which can lead to undue medicalization and the silencing of profound social issues[25]. The distinction between psychological distress and mental disorders is essential, as the former requires listening, community support, and intersectoral public policies, while the latter demands a specific clinical approach.

Furthermore, it is crucial to recognize that youth are not homogeneous. There are multiple adolescences, marked by gender, race, territory, and social class, which require attention to the specific vulnerabilities of each group.[24] To this end, strengthening mental health care networks, such as Child and Adolescent Psychosocial Care Centers and matrix support actions in primary care, is a central strategy for ensuring equitable and qualified access to psychosocial care.[26,27]

This study's limitations include its cross-sectional design, which prevents us from establishing a chronological relationship between exposure and the depressive symptoms assessed. Another point is that the information is self-reported, which may influence the results and interpretations. Strengths include the sample size and the fact that the study was conducted in the Midwest.

Adolescents are assigned countless roles during this stage of human development and identity development, including issues such as character development, values, and citizenship. They need an emotional haven, support, and secure guidance from their families and schools. Neglecting these roles can directly impact their mental health and, consequently, their adult life in society. They also need to learn to address much more complex issues, such as regulating their emotions/feelings, affections, emotional instabilities, and addressing their "emotional ghosts", which are typical symptoms and inherent challenges at this stage and can directly affect their mental health throughout their lives.

Professionals should be strongly encouraged to prioritize depression screening and the implementation of interventions for individuals in this age group. The Comprehensive Mental Health Action Plan 2013-2030 reinforces the importance of the inextricable links between mental health and public health, human rights, and socioeconomic development. This situation means that transforming mental health policies and practices can bring real and substantive benefits to people and adolescents everywhere. Therefore, investing in mental health is an investment in a better life and future for adolescents everywhere[28].

CONCLUSION

The prevalence of depressive symptoms among Brazilian adolescents in the Midwest region ranged from 22.0% to 54.0%, and the prevalence of negative self-rated mental health was 19.6%. This condition was significantly higher among female adolescents aged 16-17 years, who attended public schools and who had a low goods and services score. These results stress the urgent need to incorporate a gender perspective into public education and health policies, considering the social determinants of health and the intersectionality of the multiple forms of vulnerability that affect adolescence. It is essential to strengthen psychosocial care networks, especially those aimed at children and adolescents, and matrix support strategies in primary health care, so that these structures work with multidisciplinary teams and have the role of receiving and monitoring adolescents in distress, promoting territorialized and intersectoral care.

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DEPRESSIVE SYMPTOMS IN ADOLESCENTS FROM THE BRAZILIAN MIDWEST: PREVALENCE AND ASSOCIATION WITH SOCIODEMOGRAPHIC CHARACTERISTICS

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