Depression among Secondary Students in the Philippines: Assessing its Prevalence and Risk Factors

Petty D. Dio, MD*
Maria Christina H. Ventura, MD**

ABSTRACT

Depression among adolescents is a serious mental health problem that requires proper diagnosis and treatment. This study piloted surveys to screen secondary students for depression symptoms in selected regions in the Philippines. The study found that 47.87% of the 2,682 students surveyed showed signs of depressions—that is, students reported five or more depression symptoms based on the DSM-V diagnostic criteria for major depressive disorder over a two- week period and/or possible suicidalities. About 33.30% of students who reported depression symptoms also stated having suicidal ideations. The study found that high income can be a risk factor for adolescent depression in the Philippines because youth from high-income households face greater pressure in the high-pressure, performance-oriented, and hypercompetitive environments they live in. There were also more female secondary students who reported depression symptoms. The higher prevalence of depression symptoms among adolescent girls may be accounted for by female hormonal fluctuations and social and relationship patterns of girls, particularly the tendency of girls to co-ruminate. The study also found a higher prevalence of depression in the younger cohorts possibly due to the onset of puberty. Puberty may cause hormonal changes or transient impacts of social pressures, which are associated with risks of depression among adolescents.

INTRODUCTION

Deemed as the prime cause of disability and a leading contributor to the overall burden of disease worldwide, depression affects more than 300 million people around the globe.[1]

Depression, which is different from feelings of being down or sad, is a mental disorder that causes people to suffer from depressed mood, loss of interest or pleasure, feelings of low self- worth, and difficulty of sleeping and poor concentration.[2] Left untreated, depression can lead to poor functional capacity or, at worst, suicide. Nearly 800,000 people worldwide die because of suicide each year.[3]

Depression debilitates millions Filipinos with the Philippines having the most number of depressed people in the Southeast Asian region. In 2015, around 3.3 million Filipinos suffered from depression. Suicide rates in the Philippines were estimated at 2.5 males and 1.7 females per 100,000.[4] These figures, the World Health Organization (WHO) suspects, may be underestimated since the stigma surrounding mental health issues could result in under-reporting of cases of depression and suicide incidents.

Teenagers and young adults are among the groups most at risk of depression. Suicide linked with depression is the primary cause of death among 15-29 year-olds worldwide.[5]

* *Community Pediatrics Society of the Philippines*
** *Ateneo School of Medicine and Public Health*

[1] *World Health Organization. (2018). Depression: Key Facts. 22 May. Retrieved https://www.who.int/en/news-room/fact-sheets/detail/depression*
[2] *Mental Health Foundation. (2018). Depression. Retrieved https://www.mentalhealth.org.uk/a-to-z/d/depression*
[3] *World Health Organization. (2018). Depression: Key Facts. 22 May. Retrieved https://www.who.int/en/news-room/fact-sheets/detail/depression*
[4] *De Guzman, S. (2018). Mental health of Filipinos today. The Philippine Star. August 27. Retrieved https://www.philstar.com/opinion/2018/08/27/1846128 /mental-health-filipinos-today*
[5] *World Health Organization. (2018). Depression: Key Facts. 22 May. Retrieved https://www.who.int/en/news-room/fact-sheets/detail/depression*

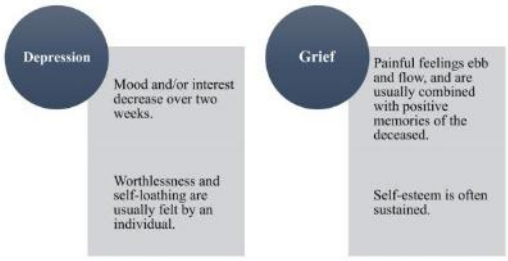
In the Philippines, 15% of students aged 13-17 attempted suicide one or more times and 9.2% seriously considered attempting suicide in the past 12 months prior to the administration of the WHO's 2015 Global School-based Student Health Survey.[6] Cases of young patients with suicidal tendencies or have attempted suicide have notably increased between 2016 and 2018, with at least one suicide referral made per day.[7]

Timely identification, treatment and management of depression among adolescents is imperative if depression is to be addressed effectively in the Philippines. The Community Pediatric Society of the Philippines and a leading pharmaceutical company in the Philippines have piloted surveys aimed at screening children and adolescent students for depression in selected regions. This report discusses the findings and implications that emerged from the surveys.

Depression: Causes, Symptoms, and Treatment

Depression, also called major depressive disorder or clinical depression, is a mood disorder that negatively affects a person's feelings, thoughts and behavior. It can result in various emotional and physical problems and decreased capacity to function properly at work, home or school. Depression is different from feelings of sadness, grief or bereavement (Figure 1).

Figure 1: Distinguishing between Depression and Sadness, Grief or Bereavement



Source: American Psychiatric Association (2018). What Is Depression?. Retrieved https:// www.psychiatry.org/patients-families/depression/what-is-depression

Symptoms of depression could be mild or severe and must last at least two weeks to warrant a diagnosis of depression. Symptoms may include:

(i) feelings of sadness or depressed mood;
(ii) reduced or loss of interest or pleasure in activities previously enjoyed;
(iii) increased or reduced weight that is not linked with dieting;
(iv) sleeping too little or too much;
(v) increased fatigue;
(vi) greater engagement in purposeless physical activity such as hand-wringing or pacing;
(vii) slowed movements and speech;
(viii) feelings of worthlessness or guilt;
(ix) poor concentration or decision-making; and
(x) suicidal ideation and thoughts of death.[8]

The symptoms of depression in children and teenagers have slight differences to those of adults. Younger children suffering from depression may exhibit symptoms such as sadness, irritability, clinginess, physical aches and pains, refusal to attend school, or being underweight. These symptoms are also largely observed among teens in addition to poor performance and attendance in school, anger, feelings of worthlessness, use of drugs or alcohol, self-harm and little interest in social interaction.[9]

While depression is among the most treatable mental disorders, treatment initiation initiation remains sub-optimal as only around one-third of newly diagnosed patients get treatment.[10] Medication, psychotherapy, electroconvulsive therapy or a combination of these are used to treat depression. Around 80%-90% of patients with depression respond well to treatment.[11]

[6] *World Health Organization. (2015). Philippines: 2015 Fact Sheet. Global School-based Student Health Survey. Retrieved https://www.who.int/ncds/surveillance/gshs/PIH2015_fact_sheet.pdf.*

[7] *Tomacruz, S. (2018). A Cry for Help: Mental illness, suicide cases rising among youth. September 11. Retrieved https://www.rappler.com/newsbreak/in-depth/211671-suicide-cases-mental-health-illness-youth-rising-philippines*

[8] *American Psychiatric Association (2018). What Is Depression?. Retrieved https://www.psychiatry.org/patients- families/depression/what-is-depression*

[9] *Mayo Foundation for Medical Education and Research. (2018). Depression (major depressive disorder). Retrieved https://www.mayoclinic.org/diseases-conditions/depression/symptoms-causes/syc-20356007*

[10] *Waitzfelder, B., Stewart, C., Coleman, K.J. et al. (2018). Treatment Initiation for New Episodes of Depression in Primary Care Settings. Journal of General Internal Medicine. 33: 1283. Retrieved https://doi.org/10.1007/s11606-017-4297-2*

[11] *American Psychiatric Association (2018). What Is Depression?. Retrieved https://www.psychiatry.org/patients- families/depression/what-is-depression*

Screening Tool Description and Profile of Respondents

The Community Pediatric Society of the Philippines in collaboration with a leading pharmaceutical firm in the Philippines have developed and administered a screening tool for diagnosing depression among children and adolescent students. The tool is in the form of a survey questionnaire, which adheres to the DSM-V diagnostic criteria for major depressive disorder.[12] There are nine core symptoms of depression. Five or more need to be present over a two-week period to diagnose depression.

The 12-item questionnaire covered specific symptoms for depression in children and adolescents and major issues experienced during this period such as seeking approval/support from parents and peers. Students were asked whether or not they experienced such feelings and issues in the past two weeks prior to administering the survey. Students with a score of 5 and above were deemed to show signs of depression, while those who answered yes to any of the two questions relating to suicidal tendencies were deemed to have possible suicidalities. The survey questionnaire was written in English with a Filipino translation.

Between 2016 and 2018, the screening tool was piloted among students in grades 7-12 aged 13-20 in two public schools in the National Capital Region and Region VI and two private schools in Region IV-A.[13] The schools and students were selected using convenience sampling, which is most useful for pilot studies like this one. Most importantly, the convenience sampling method allowed for a crucial ethical consideration in undertaking health-related researches-that is, informed consent or the willingness of subjects to participate.[14] Since the schools are located in city centers and attract students from various geographic and socio-economic backgrounds, the study sample may be likely representative of the secondary student's populations in the National Capital Region, Region IV-A and Region VI.

The schools were selected based on the permission of school officials, enrollment size, diversity of students in terms of socio-economic background, and previous collaborative efforts with the partner pharmaceutical firm and the Community Pediatric Society of the Philippines. In each school, students in grades 7-12 were targeted, but only those with parental consent were allowed to take the survey.

The screening tool was administered to a total of 2,682 students. Since the surveys were conducted during the Philippines' transition to the K-12 program, the schools had a few or no enrollment for grades 11 and 12 (Table 1).

Table 1: Study Population by Sample School

School	Number of Students (Grade 7-12)
Public School A (NCR)	900
Public School B (Region VI)	810
Private School A (Region IV-A)	321
Private School B (Region IV-A)	651
Total	**2682**

Source: Study team's calculations.

About 47.25% of fathers of the students surveyed were employed in private organizations (Table 2). There were more students in public schools whose fathers were overseas contract workers compared with their counterparts in private schools. In contrast, there were more students in private schools whose fathers were engaged in their own income-generating activities such as businesses compared with students in public schools.

More than half, or 52.5%, of mothers of the students surveyed were housewives, while 32.35% of them were employed in private organizations (Table 3). Similar to fathers, more mothers of students in private schools had their own businesses or other income-generating activities than their counterparts in public schools.

Table 2: Distribution of Study Population by Father's Occupation (%)

Employment Category		Public School A (NCR)	Public School B (Region VI)	Private School A (Region IV-A)	Private School B (Region IV-A)
Wage and salary workers	Employed in government agencies	...	3	4	...
	Employed in private firms	37	58	63	31
Self-employed or owns a business		3	9	9	22
Unpaid family workers (e.g. employed in family business)		...	...	...	47
Overseas Contract Workers		2	27	10	...
Unemployed		58	4	14	...

Note: Total percentage may exceed 100% due to rounding up.
Source: Study team's calculations.

[12] *The criterion on psychomotor retardation or agitation was not included in the questionnaire because it needs to be observed by others and is therefore not applicable for a self-evaluation questionnaire.*

[13] *The names of the schools were withheld in view of ethical considerations of this study.*

[14] *Philippine Health Research Ethics Board. (2018). National Ethical Guidelines for Health and Health-Related Research. Taguig City*

Table 3: Distribution of Study Population by Mother's Occupation (%)

Employment Category		Public School A (NCR)	Public School B (Region VI)	Private School A (Region IV-A)	Private School B (Region IV-A)
Wage and salary workers	Employed in government agencies	...	2	9	...
	Employed in private firms	30	44	36	19
Self-employed workers or owns a business		...	15	13	15
Unpaid family workers (e.g. housewife)		70	40	34	66
Overseas Contract Workers		...	...	8	...
Unemployed		...	...	...	...

Note: Total percentage may exceed 100% due to rounding up.
Source: Study team's calculations.

Table 4: Distribution of Study Population by Religious Affiliation (%)

Religious Affiliation	Public School A (NCR)	Public School B (Region VI)	Private School A (Region IV-A)	Private School B (Region IV-A)
Evangelical Christianity	10	30	33	...
Iglesia ni Cristo	10	...	2	...
Protestant	...	...	7	...
Roman Catholic	70	59	55	98
Others	10	11	5	2

* = Others include Aglipayan, Adventist, Methodist, Islam, etc.
Note: Total percentage may exceed 100% due to rounding up.
Source: Study team's calculations.

Table 5 presents estimates of prevalence of depression among students (in percentages) and 95% confidence intervals. Among the 2,682 students surveyed, 47.87% indicated signs of depressions-that is, students reported five or more depression symptoms over a two-week period and/or possible suicidalities. Given a 95% confidence interval, the study's best estimate of the overall prevalence rate of depression symptoms in the study population falls between 45.98% and 49.76%.

With nearly half of the study population reporting symptoms of depressions, the findings indicate a high prevalence of depression among young people. This highlights both the need and importance of detecting and treating depression as part of pediatric primary care. Detecting depression among teens and adolescents would be aided by assessments using standardized depressions screening tools such as the one used in this study. Follow-up consultations with physicians are needed to confirm the diagnosis. The high prevalence of depression symptoms among students in grades 7-12 could also reflect an increase in reporting of symptoms or help- seeking behavior given potentially greater awareness of mental health issues today.

Table 5: Percentage of Students with Signs of Depression

School	Total	Students with Scores 5 and Above*	Students with Possible Suicidalities
Public School A (NCR)	42.33 (39.10–45.56)	10.67 (8.65–12.69)	31.67 (28.63–34.71)
Public School B (Region VI)	44.70 (41.28–48.12)	13.20 (10.87–15.53)	31.48 (28.28–34.68)
Private School A (Region IV-A)	50.47 (45.00–55.94)	20.25 (15.85–24.65)	30.22 (25.20–35.24)
Private School B (Region IV-A)	58.22 (54.43–62.01)	18.89 (15.88–21.90)	39.32 (35.57–43.07)
TOTAL	**47.87 (45.98–49.76)**	**14.58 (13.24–15.92**	**33.30 (31.52–35.08)**

* = Given the nine core symptoms of depression, students reporting five or more symptoms over a two-week period
Source: Study team's calculations.

Among the secondary students in the four schools who reported depression symptoms, 33.30% stated having suicidal ideations. Past studies have shown that having some suicidal thoughts during early adolescence was not uncommon.[15] However, persistent suicidal ideation among early adolescents is not common and is a source of concern.[16] Among Swiss youth, for example, even transient suicidal ideation among pre-adolescents was linked with poor young adult outcomes.[17] This indicates that transient, and particularly persistent, suicidal ideation among adolescents serves as an early warning for preventing both current and future risk and adversity.

In the Philippines, approximately one in 10 Filipino youth aged 15 to 27 have suicidal thoughts-although only about 1 in 20 go through with suicide. In terms of the factors associated with suicide ideation and suicide attempts among Filipino youth, an adolescent's integration into his/ her family is significantly correlated with suicide. This emphasizes the important role of family members in looking after the mental health of youth.[18]

Table 5 also shows that there is a higher share of students reporting symptoms of depression in private schools at 54.35% than public schools at 43.52%. Moreover, there were more students in private schools reporting possible suicidalities

[15] *Garrison C., Addy C., Jackson K., McKeown, R., and Waller J. (1991). A Longitudinal study of suicidal ideation in young adolescents. Journal of the American Academy of Child and Adolescent Psychiatry; 30(4):597-603.*

[16] *Stoep, A., McCauley, E., Flynn, C., and Stone, A. (2010). Thoughts of Death and Suicide in Early Adolescence. Suicide Life Threat Behav; 39(6): 599.*

[17] *Steinhausen, H., and Metzke, C. (2004). The impact of suicidal ideation in preadolescence, adolescence, and young adulthood on psychosocial functioning and psychopathology in young adulthood. Acta Psychiatrica Scandinavica; 110(6):438-445.*

[18] *Quintos, M. (2017). Prevalence of Suicide Ideation and Suicide Attempts among the Filipino Youth and Its Relationship with the Family Unit. Asia Pacific Journal of Multidisciplinary Research, Vol. 5, No. 2.*

(34.77%) than in public schools (31.56%). These findings are opposite previous literature, which found a higher proportion of students reporting depression symptoms in public schools than private schools because of differences in their socio-economic environments.[19]

However, the higher prevalence of depression among students in private schools than public schools may be accounted for the greater proportion of parents of students in private schools mothers of secondary students in private schools than public schools were managing or engaged in who were engaged in occupations and income-generating activities. In particular, more fathers and businesses. Business owners usually struggle to maintain a work-life balance and have reduced time for nurturing a supportive environment at home for their children-this could lead to children having absent or overworked parents. Hence, even when parents are physically present, their children may feel left behind or ignored.

Children with absentee parents are more likely to have suicidal ideation and negative emotional outcomes. In such cases, teachers and caregivers play a significant role in understanding the psychological needs of children with absentee parents and helping to address such needs to prevent risks of adolescent suicide and depression.[20] In the Philippines, the high prevalence of overseas labor migration of parents leads to children having absentee parents. Studies found that parental absence in the Philippines is associated with negative effects on the emotional and psychological well-being of left-behind children.[21]

Another possible explanation for the higher share of students with signs of depression in private than public schools could be linked to income. Since private schools usually cater to more affluent families than public schools, students face greater pressure to fit into or maintain a high socio-economic or school-based status.

While previous literature found that low levels of income are associated with mental disorders and suicide attempts[22], high income can be also a risk factor for depression. Youth from high- income households may face higher risk of depression because of the high-pressure, performance-oriented, and hyper-competitive environments they live in. Wealthy families have the resources to enroll their children into coaching, tutoring and other activities, which could result in over-parenting behaviors and over-scheduled kids. Although such activities can help improve children's capabilities, too much of them can place a great deal of pressure on children to always perform well and to become obsessed with building a social image rather than developing character, values or ethics.[23]

In terms of gender, the proportion of female students showing signs of depression (31.80%) was nearly twice the corresponding share of male students (16.07%) (Table 6). Furthermore, the share of female students with suicidal ideations was more than double than share of male students at 22.82% and 10.48%, respectively. This finding is consistent with existing literature, which found young girls to be more at risk with depression than young boys. [24]

Table 6: Percentage of Students with Signs of Depression by Gender

School	Total		Percentage of Students with Scores 5 and Above*		Percentage of Students with Possible Suicidalities	
	Female	Male	Female	Male	Female	Male
Public School A (NCR)	26.00 (23.13–28.87)	16.33 (13.92–18.75)	5.78 (4.25–7.30)	4.89 (3.48–6.30)	20.22 (17.60–22.85)	11.44 (9.36–11.52)
Public School B (Region VI)	30.49 (27.32–33.66)	14.20 (11.79–16.60)	8.27 (6.37–10.17)	4.94 (3.45–6.43)	22.22 (19.36–25.09)	9.26 (7.26–11.26)
Private School A (Region IV-A)	36.14 (30.88–41.39)	14.33 (10.50–18.16)	12.77 (9.12–16.42)	7.48 (4.60–10.35)	23.36 (18.74–27.99)	6.85 (4.09–9.62)
Private School B (Region IV-A)	39.32 (35.57–43.08)	18.89 (15.89–21.90)	12.44 (9.91–14.98)	6.45 (4.56–8.34)	26.88 (23.48–30.29)	12.44 (9.91–14.98)
TOTAL	**31.80 (30.04–33.57)**	**16.07 (14.68–17.46)**	**8.99 (7.90–10.07)**	**5.59 (4.72–6.46)**	**22.82 (21.23–24.41)**	**10.48 (9.32–11.64)**

* = Given the nine core symptoms of depression, students reporting five or more symptoms over a two-week period are deemed to be suffering from depression.
Source: Study team's calculations.

[19] *Singh, M.M., Gupta, M., and Grover, S. (2017). Prevalence & factors associated with depression among schoolgoing adolescents in Chandigarh, north India. Indian J Med Res. 146(2): 205-215.*

[20] *Fu, M., Xue, Y., Zhou, W., and Yuan, T.F. (2017). Parental absence predicts suicide ideation through emotional disorders. Retrieved https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5720745/*

[21] *Battistella, G., and Conaco, M.C. (1998). The Impact of Labour Migration on the Children Left Behind: A Study of Elementary School Children in the Philippines. Journal of Social Issues in Southeast Asia 13(2):220-241; Smeekens, C., Stroebe, M., and Abakoumkin, G. The impact of migratory separation from parents on the health of adolescents in the Philippines. Social Science & Medicine, 2012, vol. 75, issue 12, 2250-2257*

[22] *Sareen, J., Afifi T., McMillan, K., Gordon, J., and Asmundson, G. (2011). Relationship Between Household Income and Mental Disorders Findings From a Population-Based Longitudinal Study. Arch Gen Psychiatry. 68(4):419-427.*

[23] *Kang, S. (2015). How the Wealthy are Disadvantaged. Psychology Today. Retrieved https://www.psychologytoday.com/us/blog/the-dolphin-way/201512/how-the-wealthy-are-disadvantaged.*

[24] *Albert, P. (2015). Why is depression more prevalent in women?. J Psychiatry Neurosci. 40(4): 219-221.; Thapar, A., Collishaw, S., Pine, D.S., and Thapar, A. J. (2012). Depression in adolescence. Lancet. 379(9820): 1056-1067.*

The higher prevalence of depression in adolescent women is often linked with female hormonal changes. The risk of depression increases among girls after puberty as depression is associated with pubertal changes in hormone in females.[25] Hence, the sex-based difference in adolescent depression may be partly due to girls' heightened sensitivity to stress, which is hormonally- linked.[26]

However, female hormonal fluctuations alone cannot fully account for the sex difference in adolescent depression. Social and relationship patterns of girls also make them more vulnerable to depression. For example, girls are more likely to co-ruminate-or the inclination to overthink problems or harmful beliefs-with friends, which help them create more intimate relationships. However, the downside of co-rumination is that it can result in greater anxiety and risk factors for depression.[27] Females also suffer from specific illnesses related to depression that are linked with changes in ovarian hormones such as premenstrual dysphoric disorder, postpartum depression and postmenopausal depression and anxiety.[28]

While depression is generally more prevalent in girls than boys, diagnosing depression among boys is equally important. Adolescent boys are likely to express negative feelings through violence, reckless or destructive behavior, and substance abuse.[29]

Across grade levels, there is generally a higher proportion of students in grades 7 and 8 reporting depression symptoms and suicidal ideations in both public and private schools compared with other grade levels (Table 7). For example, 8.11% of students with depression symptoms in public school A were in grade 8 and 22.11% of students reporting possible suicidalities in the same school were also in grade 8.

Table 7: Percentage of Students with Signs of Depression by Grade Level

School	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Percentage of Students with Scores 5 and Above*						
Public School A (NCR)	...	8.11 (6.33–9.89)	...	1.78 (0.92–2.64)	0.78 (0.20–1.35)	...
Public School B (Region VI)	4.32 (2.92–5.72)	2.35 (1.30–3.39)	2.35 (1.30–3.39)	4.20 (2.82–5.58)	...	...
Private School A (Region IV-A)	4.05 (1.89–6.21)	3.74 (1.66–5.81)	2.18 (0.58–3.78)	1.56 (0.20–2.91)	5.61 (3.09–8.12)	3.12 (1.21–5.02)
Private School B (Region IV-A)	6.00 (4.17–7.81)	6.45 (4.56–8.34)	6.45 (4.56–8.34)	...	...	...
Percentage of Students with Possible Suicidalities						
Public School A (NCR)	...	22.11 (19.40–24.82)	...	8.77 (6.92–10.61)	1.67 (0.83–2.50)	...
Public School B (Region VI)	8.77 (6.82–10.71)	6.91 (5.17–8.66)	8.15 (6.26–10.03)	7.65 (5.82–9.49)	...	...
Private School A (Region IV-A)	4.67 (2.36–6.98)	6.23 (3.59–8.87)	3.74 (1.66–5.81)	3.43 (1.35–5.42)	7.48 (4.60–10.35)	4.67 (2.36–6.98)
Private School B (Region IV-A)	13.52 (10.89–16.14)	15.98 (13.35–18.60)	9.83 (7.20–12.46)	...	...	...

* = Given the nine core symptoms of depression, students reporting five or more symptoms over a two-week period are deemed to be suffering from depression.
Source: Study team's calculations.

The prevalence of depression in the younger cohorts may be due to the onset of adolescence or puberty, which occurs between the ages of 12-16 in boys and 10-14 in girls.[30] Puberty may induce the effects of hormonal changes or transient impacts of social pressures, which are associated with risks of depression among adolescents. Moreover, puberty is a sensitive period for adolescents and their families. Around this time, adolescents start developing autonomy and hence must renegotiate with their parents to make choices based on their free will.

Early puberty is linked with depression as children entering puberty at an early age have a higher likelihood of suffering from depression.[31] Compared with boys, girls who go through puberty early are likely to face a higher risk of depression with an odds ratio of 0.83 per one year increase in age of onset of puberty.[32] Hence, whether early

[25] *Angold, A., Costello, E.J., Erkanli, A., and Worthman, C.M. (1999). Pubertal changes in hormone levels and depression in girls. Psycho! Med. 1999;29:1043-53.*

[26] *Thapar, A., Collishaw, S., Pine, D.S., and Thapar, A. J. (2012). Depression in adolescence. Lancet. 379(9820):1056-1067*

[27] *Levine, D. (2017). Why Teen Girls Are at Such a High Risk for Depression. U.S. News. Retrieved https:// health.usnews.com/health-care/patient-advice/articles/2017-08-22/why-teen-girls-are-at-such-a-high-risk-for- depression*

[28] *Albert, P. (2015). Why is depression more prevalent in women?. J Psychiatry Neurosci. 40(4): 219-221.*

[29] *McGrath, E. (2002). Teen Depression - Boys. Psychology Today. Retrieved https://www.psychologytoday.com/us/articles/200207/teen-depression-boys*

[30] *Stoppler, M.C. (2018). Puberty. MedicineNet. Retrieved https://www.medicinenet.com/puberty/ article.htm#puberty_fact*

[31] *Marceau, K. (2011). Study of Early Child Care and Youth Development. National Institute of Child Health and Human Development. Retrieved https://www.futurity.org/fast-paced-puberty-linked-to-depression/*

[32] *Wang, H., Lin, S. H., Leung, G., and Schooling, C.M. (2016). Age at Onset of Puberty and Adolescent Depression: "Children of 1997" Birth Cohort. Pediatrics. Volume 137. Issue 6.*

puberty is a symptom of stressors or a source of stress in itself, screening for depression should commence earlier for children-especially girls-who enter puberty at an early age.

On the contrary, the prevalence of depression and suicidal ideation in private school A was highest in grade 11 relative to other grade levels. This may due to the pressure associated with transitioning into senior high school and the impending move to college or work place. Adolescents may easily feel anxious as they try balance school, friends, family and sometimes work-all of this while trying to figure out who they want be and what they want to do for the rest of their lives.

CONCLUSION

The study reveals a high prevalence of child and adolescent depression symptoms among surveyed students in grades 7-12 at 47.87%, of whom 33.30% reported suicidal ideations. High income, absentee parents, gender, and onset of puberty are some of the risk factors for adolescent depression among the study sample. Such high prevalence underscores the importance not only of detecting children and adolescent depression, but also of conducting follow-up assessments to confirm the diagnosis of depression and provide treatment. Students with signs of depression received counseling from psychiatrists and pediatricians. Some were given prescriptions, while others were referred for psychotherapy. Moving forward, the screening tool developed in this study can be refined and administered to a wider study population to help bring greater awareness to and arrest child and adolescent depression in the Philippines.