METHODS FOR DIAGNOSING DEPRESSIVE STATES IN ADOLESCENCE

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Abstract: This article examines the characteristics of depressive states during adolescence, the main etiological factors contributing to their development, and international experience in the psychological diagnosis of adolescent depression. It also discusses the application of diagnostic methods under local conditions and proposes recommendations for the correction and prevention of depressive states among adolescents.

Keywords: depression, adolescence, psychodiagnostics, assessment methods, psychocorrection, cognitive-behavioral therapy, depressive state, depressive disorder.

Introduction

Young people constitute approximately 60% of the population of Uzbekistan. Each year, more than 600,000 young men and women enter the labor market, and by 2030 this number is expected to reach one million. Ensuring youth employment and creating favorable conditions for their development have become key priorities of state policy. Over the past eight years, the number of young entrepreneurs has increased threefold, and they currently account for nearly 40% of all business owners. Youth unemployment has been reduced by half, and the number of unemployment-free neighborhoods has reached 1,889. Through the "Youth Register" program, financial assistance amounting to 345 billion soums was provided to 180,000 young people in the previous year. In the past, at least ten applicants competed for one place in higher education; however, due to a threefold increase in the number of higher education institutions, the coverage rate has now reached 42%. Moreover, state-funded tuition for women has resulted in an elevenfold increase in female enrollment. An increasing number of young people are achieving success in various professional fields, and more than 1,500 Uzbek students are currently studying at prestigious universities worldwide [3].

Against this demographic and social background, the problem of adolescent mental health—particularly depressive disorders—has become increasingly relevant.

Depression, also referred to as depressive disorder, is a widespread mental illness characterized by a persistently low mood and a marked loss of interest or pleasure in daily activities over an extended period. Unlike ordinary mood fluctuations, depression significantly impairs a person's functioning and affects multiple areas of life, including interpersonal relationships, academic performance, and professional activity [3].

Adolescent depression is a serious mental health condition marked by persistent sadness, emotional exhaustion, and diminished interest in previously pleasurable activities. It negatively influences adolescents' cognitive processes, emotional regulation, and behavior, often leading to poor academic performance and impaired social functioning [4].

The development of depression in adolescence is influenced by multiple biopsychosocial factors. Genetic predisposition plays a significant role, as adolescents with a family history of depression are at higher risk. In addition, adverse life events such as family conflict, parental divorce, bereavement, exposure to violence or bullying, living in a hostile environment, and inadequate social support substantially increase the likelihood of depressive symptoms [5].

Adolescence is a critical developmental period characterized by heightened emotional sensitivity and intensive socialization. Depression during this stage can severely disrupt academic achievement and relationships with parents, peers, and teachers. Adolescents experiencing

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sadness, irritability, or emotional numbness tend to withdraw from social interactions, which further intensifies depressive symptomatology. It is incorrect to interpret adolescent depression as a temporary developmental phase. Rather, it is a clinically significant disorder requiring timely and often long-term intervention. Treatment approaches typically include psychotherapy and, when necessary, pharmacotherapy. Early identification of depressive symptoms is crucial for reducing symptom severity and improving overall quality of life. Therefore, parents, educators, and mental health professionals must be well informed about the early signs of adolescent depression and intervene without delay [4].

Psychodiagnosis of depression in adolescents remains a complex process due to the heterogeneity and variability of its clinical manifestations. International diagnostic systems such as DSM-5 and ICD-11 rely primarily on a polythetic approach, whereby a diagnosis is established based on a combination of symptoms rather than a single defining feature. This complexity complicates accurate diagnosis and the development of targeted treatment strategies. Furthermore, variations in symptom expression related to gender and cultural context further challenge the diagnostic process [4].

One of the most influential conceptual approaches to understanding depression is phenomenological psychopathology, which focuses on the subjective experiences of individuals suffering from depressive disorders. From this perspective, the way a person perceives themselves and the surrounding world is a central component of depression. For example, Ratcliffe (2015) emphasizes that individuals experiencing depression often undergo profound changes in their worldview, including persistent feelings of hopelessness, loss of motivation, and a narrowing of perceived life possibilities. Consequently, diagnostic assessment should consider not only observable symptoms but also the adolescent's subjective inner experience [8].

In our view, higher education institutions play a significant role in the identification and prevention of depressive states among adolescents, as students spend a substantial portion of their daily lives within academic settings. For diagnostic purposes, a range of standardized psychological questionnaires and assessment tools can be employed. One such method is the Zung Self-Rating Depression Scale, which can be used to assess the severity of depressive symptoms in adolescents.

Participants are instructed to carefully read each statement and select a response based on how they have felt recently. The scale consists of 20 items, each rated on a four-point Likert scale. Completion time ranges from 20 to 30 minutes. The depression index (DD) is calculated as follows:

DD = Σt.d. + Σt.r.

Σt.d. – sum of direct items: 1, 3, 4, 7, 8, 9, 10, 13, 15, 19

Σt.r. – sum of reverse items: 2, 5, 6, 11, 12, 14, 16, 17, 18, 20

Direct items are scored from 1 to 4, while reverse items are scored from 4 to 1. The total score ranges from 20 to 80.

DD < 50 – no depression

DD = 50–59 – mild situational or neurotic depression

DD = 60–69 – subdepressive or masked depression with notable mood decline

DD ≥ 70 – clinically significant depressive disorder [3, pp. 316–318]

To overcome the difficulties associated with diagnosing and treating adolescent depression, a wide range of approaches has been proposed. These include psychoeducational programs, non-pharmacological interventions, family-based therapy, multidisciplinary treatment models, and international collaborative initiatives.

Conclusion

Future approaches to the diagnosis and treatment of adolescent depression should be increasingly evidence-based, culturally sensitive, and innovation-oriented. It is essential to develop diagnostic and corrective strategies that take national and cultural characteristics into account, introduce innovative technologies into psychodiagnostic and therapeutic practices, reduce social stigma associated with depression, and expand access to mental health services. The use of combined, research-based therapeutic approaches and the strengthening of cooperation among educational institutions, families, and communities are also critically important.

Furthermore, the development of new methodological frameworks for understanding depression is required. In particular, the phenomenological-psychopathological approach enables a deeper exploration of adolescents' inner experiences, while network analysis conceptualizes depression not as a collection of isolated symptoms but as a dynamic system of interrelated factors. At present, the application of digital technologies and artificial intelligence—through mobile applications and algorithm-based assessment tools—offers substantial potential for improving the accuracy and accessibility of psychodiagnostic procedures.

We believe that consistent and effective implementation of these approaches will contribute significantly to the prevention of adolescent depression and to the improvement of existing mental health conditions.

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