Depressive disorders in French Polynesian adolescents: Prevalence, associated factors and comparison with French adolescents

François Beck(1,2), Romain Guignard(3), Jean-Baptiste Richard(1), Stéphane Legleye(1,3,4)

1. French Institute for Health Promotion and Health Education (INPES), Paris, France
2. Cermes3 - Cesames team (Research Centre Medicine, Sciences, Health, Mental Health, Health Policy), CNRS UMR 8211, Inserm U988, University of Paris Descartes, Sorbonne Paris Cité, EHESS, Paris, France
3. Institut national des études démographiques (Ined), Paris, France
4. Cermes3 - Cesames team, CNRS UMR 8211, Inserm U988, University of Paris Descartes, Sorbonne Paris Cité, EHESS, Paris, France

Introduction:

Epidemiological data on the mental health of adolescents are scarce [1]. The use of standardized tools within the framework of declarative surveys allows to approach certain mental health problems and to study the associated factors, even if the limits of these tools are numerous [2]. At the international level, in spite of important variations in the results, due in particular to the methodology used on the studies, data show that approximately a quarter of the young people suffered from a mental problem during the last twelve months. The observed variations are sometimes due to real cultural differences. The anxiodepressive disorders, such as measured by standardized tools in a non clinical situation, are the most frequent disorders in teenagers [3], their prevalence increasing sharply in late adolescence [4]. The recent implementation of simple, effective and validated, specific tools designed for adolescents, allows to improve the observation of such disorders.

Methods:

In the ECAEP survey, a secondary school survey (n=4,092) led in 2009 in French Polynesia [5], the 10-item self-report version of the Adolescent Depression Rating Scale (ADRS), recently validated in French [6], was used to assess depressive disorders in French Polynesian adolescents. The ADRS is a useful, short and self-report scale to evaluate adolescent depressive disorders. Various proposals were performed to analyze the factors associated with depressive disorders. Results for people aged 15-16 were compared with the French Espan survey, a survey led in 2007 in metropolitan France on a sample of pupils aged 15-16.

Results:

According to the scale we used, 22% of boys aged 10-19 and 33% of girls had a positive score for moderate (respectively 17% and 26%) or severe (respectively 4% and 7%) depression. Among 15-16 years old, levels are comparable with those observed in France, even if slightly inferior: 6% of boys and 12% of girls showed severe depressive disorders in metropolitan France (vs 4% of boys and 9% of girls in French Polynesia). Moderate depressive disorders are reported by 16% of boys in both countries and by 26% of girls in France and 31% in French Polynesia.

Discussion/Conclusion

Despite recurrent discussions on the meaning of depressive symptoms in adulthood [9] or even more in adolescence, with the idea that those symptoms could be normal, inherent to this period of life [10], the monitoring of mental health in adolescence remains crucial. This distinction between normal and pathological is indeed particularly difficult to assess during adolescence. Several formulation adaptations were necessary to use the adolescent depression rating scale in French Polynesia. Despite a completely different context, levels and associated factors reveal quite similar in France and in this French speaking part of the Pacific islands. The various Pacific territories present a series of very isolated archipelagoes, sometimes with a very low density, including within the French Polynesia. The sociocultural and economic context of this territory can be evoked: the current situation of the French Polynesia, although privileged with regard to the other numerous islands of the Pacific, seems marked with rather clear social inequalities, in particular due to the economic recession observed there since the beginning of the 2000s. A general population survey led in 2009 showed in particular that the great majority of Polynesians considered that the situation of the country had degraded these last years [11].

From a historic point of view, several major culture shocks must be also mentioned. First of all, the arrival of the European sailors and missionaries in 18th and 19th centuries, introducing new social, cultural and religious practices, contributed to a shape of deculturation (loss of native culture) of the Polynesian traditional society. The beginning of 1960s was marked by a massive drift from the land towards Papeete (main city of the archipelago, which concentrates henceforth more than half Polynesian population), as well as an extension of secondary school access to the whole Polynesian youth. Other important cultural changes intervened, pressing heavily on the organization of the education of youth, as for the progressive relinquishment of the community care of young people. This role must now be more and often assumed by a nuclear family devoid of any model to bring up the children [12]. The identity uncertainties resulting from this context play certainly a role in the expression of psychological distress of young Polynesians, but this one remains difficult to analyze and would require the frame of an ethnological survey.

Table 1: Factors associated with severe depression prevalence among pupils aged 12+ in French Polynesia

The ADRS result consists in a score based on the following 10 binary items (yes/no answers):

1. I have no energy for work/school
2. I have trouble thinking
3. I feel overwhelmed by sadness and listlessness
4. Nothing really interests or entertains me
5. What I do is useless
6. When I feel this way I wish I were dead
7. Everything annoys me
8. I feel downhearted and discouraged
9. I sleep badly (difficulties to get to sleep, frequent awakenings, nightmares…)
10. School/work doesn’t interest me just now, I can’t cope

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In agreement with Dr Anne Revah-Levy, the formulation was adapted here to the Polynesian situation: the term “lack of energy” for the school, for the work was replaced by the term “to get fiu” which refers to a typically Polynesian shape of tiredness.

(2) Examples were added, which was not the case in the original French version.

(1) Adjusted odds ratio

(2) Assessed with the Cannabis Abuse Screening test (CAST) CAST score >2 at risk; CAST score >4 Misure (T 8)

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