

Source: Romano, E., Tremblay, R. E., Vitaro, F., Zoccolillo, M., & Pagani, L. (2001). Prevalence of psychiatric diagnoses and the role of perceived impairment: Findings from an adolescent community sample. *Journal of Child Psychology and Psychiatry*, 42(4), 451-461.

The authors note that while over the last 15 years numerous studies have been conducted on the prevalence of psychiatric disorders among children and adolescents, findings often reveal a very wide range of prevalence rates among these studies. For example, prevalence rates for a psychiatric diagnoses among females may range from 8% to 33%, and among males, from 6% to 22%. However, even though prevalence rates vary widely, findings from numerous studies support more generalized findings that females have higher rates of internalizing (depression and anxiety) disorders than males, and that males have higher rates of externalizing (attention and behavioral) disorders than females. Additionally, adolescents have been found to self-report higher rates of both internalizing and externalizing disorders when compared with parental reports of child and adolescent symptomatology.

The authors of this article purview a number of prevalence studies and offer the hypothesis that prevalence rates would decrease when impairment is included as a diagnostic factor. Previous studies have shown that the presence of impairment as a criterion for diagnosis specifically reduces the prevalence rates of internalizing disorders. The authors note that this finding may result from the possibility that internalizing disorders are not as impairing as are externalizing disorders, or that the nature of depression and anxiety are such that impairment is a difficult construct to identify and measure among such disorders.

The goals of the present study were: a) to determine prevalence of psychiatric disorders by gender within a six month time period by administering the DISC 2.25, which is based on DSM III-R criteria, to a community population of Canadian adolescents ( $N = 1201$ ) with an average age of 15; b) to compare adolescent self-reports with parental (mother) reports, and; c) to measure the impact of impairment criteria on prevalence estimates of adolescent psychiatric disorders.

When presence of a diagnosis (symptoms) and impairment were considered together, nearly 2 in 10 females and 1 in 10 males were found to have one or more disorders. Using this approach, the prevalence rates for anxiety related disorders decreased overall, but female adolescents still reported a “significantly higher prevalence of psychiatric disorders than males” (p. 456). Although mothers tended to underreport internalizing problems and to overreport externalizing problems, “both mothers and adolescents reported anxiety rather than depressive disorders to be more frequent during mid-adolescence” (p. 457).

Findings indicated that the rate of depressive disorders was not significantly reduced with the inclusion of impairment criteria, even though, overall, impairment criteria “significantly lowered the prevalence of one or more psychiatric disorders” (p. 457), and especially with regard to anxiety disorders. Yet “the effect of impairment on decreasing the prevalence of externalizing disorders, composed of CD-ODD and ADHD, was negligible” (p. 457).

Limitations to the study include the “modest reliability” of the French DISC 2.25 for adolescent reported behavioral disorders and parent reported depressive disorders. However, the finding that 1 in 5 adolescents had a recognizable psychiatric disorder is consistent with past research. Furthermore, the narrow age range (14-17) of the study participants permitted the authors to “examine [gender] differences and to reach more precise conclusions about psychiatric functioning during middle adolescence” (p. 458). Perhaps most importantly, this study found that the inclusion of impairment criteria significantly lowered the prevalence of internalizing *rather* than externalizing disorders. Thus, the authors point out that “especially in epidemiological studies, using symptom criteria alone may overestimate the prevalence of psychiatric diagnoses among nonreferred young people” (p. 458).