Overcoming Gender Disparity in Adolescent Mental Health: Utilizing Safe and Natural Therapies to Treat Teenage Girls

Psychological development during adolescence presents challenges to both genders, however adolescent girls experience mood disorders more frequently than their male counterparts. Before puberty, the prevalence of mood disorders diagnosed among boys and girls is equal, yet by mid-adolescence girls are twice as likely as boys to be diagnosed with mood disorders.[1] A recent report from National Surveys on Drug Use and Health revealed specifically that depression triples for girls as they enter adolescence between the ages of 10 and 15.[2] Researchers at Yale University reported that 56% of the 10- to 14-year-old girls they interviewed reported engaging in Non-Suicidal Self Injury (also known as "cutting") at some point in their lifetime, including 36% in the past year.[3]

Why is there such a gender disparity in mental health during adolescence? Some suggest that girls at menarche begin to tune in more acutely to emotional stimuli in order to be able to nurture babies and respond to their emotional cues. Differences in estrogen and testosterone result in vast differences in brain development and behavior for boys and girls, which can be observed in infancy. Baby girls make eye contact and read faces much more than baby boys. In one study, 12-month-old girls looked at their mothers faces for signs of approval or disapproval 10-20 times more than baby boys.[4] Estrogen enhances skills of communication, observation and intuition. It drives women towards developing relationships, being more emotionally connected to others, as well as a preference to avoid conflict. Oxytocin furthers that drive for connection, bonding and nurturing, and for females this feeling of connection reduces stress.

In our modern world where teenage girls are in an often hostile cultural and social environment, we can see how an increase in sensitivity to emotional stimuli in addition to an innate longing for connection and approval during this phase could result in challenges to mental health if not appropriately addressed. Girls are bombarded with messages from the media and our culture that tell them their value lies in their physical beauty, and they are often in peer groups where other girls engage in damaging passive aggressive behavior (the so called *mean girl* phenomena). This can be incredibly painful and detrimental to the mental and emotional health of a girl who is experiencing an increased sensitivity to emotional stimuli due to her newly cycling hormones as an adolescent.

As a health care provider for this population, it is crucial to know how to identify mood disorders, and determine biological and social influences, in order to develop effective treatment approaches. In some extreme cases, it may be necessary to make a referral to a specialist or in-patient facility, in which case it is still important to be able to integrate management of care.

Too often a dysthymic or clinically depressed adolescent girl is dismissed as being *moody* by her family, or her anxiety is labeled as *teen angst*. She may simply be called *Type A* or *tightly wound*. Consequently, she may not get the treatment she needs and thereby risk moving into her adult years with anxiety or a mood disorder. The vast majority of teens who suffer from anxiety and depression don't get treatment. One survey showed that among adolescents with mental health needs, 70 % did not receive any treatment.[5]

There are a myriad of reasons why adolescents are not getting their mental health care needs met, including lack of access to services, lack of parental support, resistance on the part of the teen to receive or comply with treatment, and lack of appropriate screening and diagnosis. In particular, even if an adolescent has health insurance, mental health services are often limited or excluded. Sometimes a teenage girl or her parents forgo seeking mental health care because they fear the consequences a potential diagnosis would carry for the rest of her life.

On the other end of the spectrum, when adolescents do receive treatment, they are often given the same treatment as adults. This is problematic for several reasons; primarily, it is not developmentally appropriate. We have seen a dramatic increase in the use of adult psychiatric drugs in children and adolescents. In the *Archives of General Psychiatry*, a comparison between the years 1993-1998 and 2005-2009, demonstrated a five-fold increase in prescriptions of antipsychotic drugs for adolescents (14-20 years old).[6]

Ultimately, what is happening for adolescent girls is a mental health crisis of epic proportions. They are experiencing mental health issues with far greater frequency than boys their age. Most of them aren't getting the treatment they need, and when they are treated, it is primarily with adult psychiatric drugs. This is due in part to the pharmaceutical industry launching a highly effective multi-million dollar advertising campaign to the medical community and the American public. The industry regards their medications as the most advanced, safe, and effective way to treat mental illness.

Using psychiatric drugs in the treatment of adolescent girls: Dilemmas and controversies

There are far reaching consequences of teaching young people to think of their psychological challenges in strictly biochemical terms. Over the past three decades the normalization of using psychiatric drugs has shifted our culture from viewing emotional problems as a product of personal developmental psychology to one that contextualizes negative thoughts and emotions as a chemical imbalance. The acceptance of mental illness as a biochemical problem has been celebrated as removing the stigma, and providing a treatment in the form of a pill.

Adolescent girls are readily prescribed pharmaceutical drugs and pathologized for their psychological issues, even when they may not be suffering at all from a biochemical disorder. As a result, they are discouraged from exploring and examining the roots of their feelings and developing life skills that will help them to navigate their emotions and cope with our culture more effectively for the rest of their lives.

Unfortunately, the efficacy of pharmaceutical treatments is unimpressive and the known side effects and potential adverse reactions are terrifying. According to a literature review in 2013 in the Journal of Neuropsychiatric Disease and Treatment, approximately 30% to 40% of patients with major depression have only a partial response to available pharmacological and psychotherapeutic interventions.[7] Highly publicized concerns regarding the risk of suicide have given us all a reason to pause and exercise extreme caution in prescribing these drugs. Concerns about the use of psychiatric drugs in children and adolescents reached a climax about a decade ago when, public health officials in the United States, Britain, France, and Canada issued warnings that a popular SSRI, paroxetine (Paxil), could increase the risk of hostility, mood swings, aggression and suicide in children and adolescents.[8] Furthermore, a 2012 study of the use of SSRI's

versus Cognitive Behavioral Therapy (CBT) in adolescents concluded that “the risk-benefit profile over a 5-year period, CBT offers a safer profile than combination treatment or SSRIs alone with respect to suicide deaths and attempts. Any additional benefits of SSRIs, either alone or in combination with CBT, must be weighed against the expected increase in suicides.”[9]

We can no longer afford to disregard the body of literature that continues to emerge, which implicates the use of psychiatric medications in countless suicides, and other acts of violence including murder. Because these drugs can cause dissociative reactions, making adolescents who take them unable to connect with the consequences of their behavior, we should exercise extreme caution in prescribing them. We know that the frontal lobe, which is responsible for higher reasoning, problem solving, and the ability to predict future consequences, is still developing through the late teens and early twenties. We can see the danger inherent in administering a drug to a teenage girl, since her frontal lobe is still developing, and her ability to make good decisions and choices could be compromised even further by an SSRI. A teenage girl who is already using poor judgment, as many teenagers do, may exhibit increased detachment to outcomes, leading to greater risk to her safety and well-being under the influence of these drugs.

Another concern about the use of SSRI’s in adolescents is that they inhibit sexual desire and sexual functioning. Developmental psychologists have made us aware of the way in which sexuality drives psychological development and drives our connection with other people. If we are administering medications which inhibit sexual functioning, especially during adolescence when sexual development is beginning to emerge, there is

great concern about the far reaching effects this may have on a young woman's ability to develop authentic intimacy and fully express herself in healthy sexual relationships.

Furthermore withdrawing from these substances has to be carefully managed and is often extremely uncomfortable. Dr. Jonathan E Prousky articulated the withdrawal symptoms for the various classes of psychiatric drugs and proposed medication tapering protocols in his article: "What to Do When Patients Wish to Discontinue Their Psychotropic Medications? Effective Tapering Strategies to Limit Drug Withdrawal and Destabilization: a Clinician's Perspective" in the February 2013 issue of *The Townsend Letter*.[10] With adolescent girls who live at home and are enrolled in school it is helpful to have parents and teachers alert to possible withdrawal side effects so that intervention and management of unpleasant symptoms happens swiftly.

Safer and more natural treatments are proven to be effective

Fortunately, there are many non-pharmaceutical interventions that are effective in treating mild to moderate depression and anxiety in teenage girls, which should be considered when appropriate. Even when it is indicated for an adolescent girl to use pharmaceutical drugs to help manage her condition, using an integrative approach can increase the efficacy of the treatment and potentially reduce the duration of the pharmaceutical intervention.

Using acupuncture and Chinese medicine in addressing adolescent girls mental health can create deep and lasting positive changes. Many studies demonstrate the benefits of acupuncture in the treatment of anxiety, depression and addictive behaviors. One such study, which compared the brainwaves of anxiety patients on clonazepam with

patients receiving acupuncture, demonstrated that acupuncture not only relieved anxiety faster, but was also more effective in resolving anxiety.[11]

Another benefit of using a Chinese medical approach is that the mind, body and spirit are not viewed as separate. A pattern that exhibits itself as what is defined in western medical terms as depression or anxiety is delineated in more specific, individualized patterns such as *Liver qi constratint* or *spleen qi deficiency*, which tends to feel like less of a stigma to a girl.

There are conventional medical journals which highlight the efficacy and legitimacy of the use of natural medicine in the treatment of psychiatric disease. In the May 2013 issue of *Journal of Neuropsychiatric Disease and Treatment,* a literature review stated the following:

> "Evidence-based data suggest that light therapy, St John's Wort, Rhodiola Rosea, omega-3 fatty acids, yoga, acupuncture, mindfulness therapies, exercise, sleep deprivation, and S-adenosylmethionine (SAM-e) are effective in the treatment of mood disorders."
>
> "Choline, inositol, 5-hydroxy-L-tryptophan, and N-acetylcysteine are effective in bipolar patients in conjunction with conventional treatment. DHEA is effective both in bipolar depression and depression in the setting of comorbid physical disease, although doses should be titrated to avoid adverse effects." [12]

In addition, according to the literature review, studies support the use of omega-3 fatty acids, EPA and DHA in the treatment of unipolar and bipolar depression, and

demonstrate that higher doses may be required in patients with resistant bipolar depression who experience rapid cycling.

These orthomolecular therapies are a mainstay in my practice for both the treatment of mood disorders and also as integrative support during the process of tapering off of psychotropic drugs. I use Rhodiola, St. John's Wort, L-Tryptophan or 5-HTP for serotonin support to help manage symptoms of depression, and GABA, L-Theanine, Melissa, or *Lavela* to support a girl who is experiencing anxiety. I have found these natural therapies to be incredibly beneficial to a girl while she receives CBT, exploring the source of her feelings and developing coping strategies with a skilled therapist. Modalities like acupuncture and homeopathy, because they are also working on the quantum physical level, allow me to provide a highly individualized approach in treating teenage girls.

In addition to supporting mental health with nutrients, botanical medicines, amino acids, acupuncture, and homeopathy, we need to consider the unique needs of female adolescent development and make clinical decisions and treatment plans with acknowledgement of the neuroendocrinological difference in girls.

For example, since we are aware of teenage girls' innate drive to connect with others, we can encourage and facilitate groups where they can connect with other girls. I have facilitated groups for adolescent girls where they have an opportunity to connect with each other and express their thoughts and feelings about issues related to media and body image, emerging sexuality and more. Helping a girl to develop a critical thought process around messages in the media and other messages she encounters in our culture,

is a powerful preventative approach, which can provide her a useful filter, and greater resiliency.

It is ideal to start early, even before menarche to help girls understand the difference in how the hormones most prevalent during the first half of the menstrual cycle differ from the hormones during the second half of the cycle and how that difference can influence our mood. For example, I educate girls about the inherent biological predisposition to want to go out and socialize around the time of ovulation (yang), and conversely the biological predisposition to be more introverted (yin), and potentially more emotionally sensitive during the time leading up to menstruation. I encourage each girl to aspire to embrace the flow of yin and yang energy throughout her cycle, setting aside time to be more externally focused during ovulation and setting aside time to write poetry or music and time to reflect and connect deeply to her thoughts and feelings around menstruation. Helping her to cultivate this type of self-awareness related to the cycling of her hormones and neurotransmitters reinforces to her that the ebbing and flowing of her sensitivity to emotional stimuli is part of a normal physiologic process.

Parents, teachers, care providers and adolescent girls themselves often struggle with determining the difference between normal teenage mood swings and possible mental illness. Many of us dislike and fear the idea that diagnosis may result in the prescribing of psychiatric drugs. Just because we don't like the most widely accepted treatments does not mean that a problem does not exist. Counseling for the adolescent girl and her family is often a reasonable place to start. Psychosocial interventions that help to change personal or family dynamics may be effective depending on the nature of the issue.

The two types of depression that commonly present in adolescent girls are major depression and dysthymia. Major depression lasts two weeks and can occur more than once during childhood and adolescence. Major depression can occur after a traumatic event, such as death of a loved one, or abuse. Dysthymia is less severe than major depression, but it is more chronic, lasting for two years.

About half of girls diagnosed with any form of depression are also diagnosed with an anxiety disorder. Girls diagnosed with anxiety disorder in childhood are more likely to become depressed as teens. This is why it is important that awareness and mental health screening for girls begin in pediatrics in an effort to prevent an anxious girl from becoming an older teen with depression.

The US Preventative Services Task Force recommends primary care providers screen adolescents for depression annually between the ages of 12-18 in routine office visits. There are several screening tools that physicians can utilize in the clinical setting as well as screening tools and rating scales that can be used by parents, teachers, or the teenage girl herself to evaluate her mental health. University of Massachusetts Department of Psychiatry website[13] provides a useful table of all the screening tools and rating scales that have been developed for adolescent mental health. It is important to note that these tools do not provide a diagnosis, but rather, guide the practitioner, parent, teacher, or teen towards determining if particular mental health disorders might be worth considering as a cause for the adolescents' behavioral or emotional struggle. Also, if an adolescent girl is given a diagnosis and a treatment plan is in place, some of these tools are useful in measuring the progress and efficacy of her treatment.

A particular score on these scales does not mean that a child has a disorder, and it is imperative that a full diagnostic workup, including clinical physical diagnosis, laboratory workup and psychiatric evaluation is included before an adolescent is given a diagnosis of a disorder. To be given a diagnosis of a disorder should not be taken lightly. I have been surprised by the way in which these diagnoses are often given in a cavalier manner by health care providers, without the input of a specialist or full diagnostic workup. I have seen patients in their 40’s who are taking antidepressants they were prescribed in their 20’s and have been refilled annually by a primary care provider without thorough and complete evaluation or follow up regarding the diagnosis of depression. In fact no one had even suggested the possibility that the medication would ever be discontinued.

A full social history is critical in the assessment of a girl’s mental health which includes her performance at school, her relationships with peers, dating history, sexual history, how well she sleeps, the amount of screen time (amount of time spent using social media such as facebook, twitter and instagram), her activity level, sibling dynamics, as well as the dynamics in her relationship with parents, step parents and other influential family members. Some of the ways that mood disorders present in adolescent girls include withdrawing from friends, activities, or family, difficulty sleeping or concentrating, falling grades, getting in trouble at school, truancy, increase or decrease in appetite, irritable or angry, feeling restless, frequent sadness, crying or mood swings, and low self-esteem.

Nutritional evaluation for girls is extremely important in supporting their mental health. In my practice I pay close attention to caloric intake with an emphasis on daily

consumption of sugar and caffeine, as well as protein and fat intake. In cases of suspected eating disorder it is important to act promptly and refer to a specialist. In addition, getting an accurate and complete family history is important since girls with depressed parents are more likely to experience depression. At any point during the evaluation, if the adolescent girl expresses thoughts of harming herself or others, immediate intervention is required by a mental health practitioner with experience in managing adolescents in crisis.

In my practice after a comprehensive intake and workup have been completed, I determine the severity of the mental health issues a teenage girl is experiencing. At that point I may refer to a specialist for further psychological evaluation and ongoing management. I will integrate management of her care throughout the process so that she receives a comprehensive, holistic treatment plan. If I determine that she has a mood disorder or anxiety that is mild to moderate, I believe it is appropriate to initiate a less invasive treatment approach utilizing minimally invasive treatments and natural medicines.

In some cases adolescent girls have been prescribed pharmaceutical medicines, which they have not yet taken because they are worried about the dangerous side effects. For example, in my practice I treated a 15-year-old female with a history of panic attacks. Her mother wanted a treatment alternative to the Zoloft prescription that was given by her pediatrician. The 15-year-old's anxiety started increasing after her parents got divorced, then over the course of the past two years the anxiety had escalated to panic attacks. The mother was concerned about the potential side effects of the medication her daughter was prescribed, and also was afraid of her daughter becoming dependent on pharmaceutical drugs to manage her mental health. In addition to recommending family counseling, as

well as individual counseling, I started providing her weekly acupuncture treatments for 10 weeks. Weekly acupuncture treatments are not only effective in treating anxiety, but also provide an opportunity for frequent re-assessment of progress and an opportunity to revise and evolve the treatment plan if needed. I also prescribed a high potency fish oil supplement and the use of a lavender oil supplement, Lavela WS 1265, as needed for anxiety. Lavela WS 1265, made by Integrative Therapeutics, is a non-sedating and non habit forming and is supported by clinical trials to be effective in the treatment of anxiety disorder.[14] Treatment has been highly effective demonstrated by her absence of panic attacks. She is also developing greater emotional literacy with her counselor in CBT and she feels she has more agency in her family.

It is not uncommon for an adolescent girl to already be taking one or more psychiatric drugs when she initiates care with me. In these cases it is ideal to have a working relationship and excellent communication with the prescribing doctor to integrate the management of care throughout the treatment and especially if the patient makes the decision to taper off the drug. I have great success in using acupuncture, homeopathy, flower essences, guided imagery, botanical medicines, nutritional counseling and amino acid therapy to prevent unwanted withdrawal side effects.

Although in some ways the outlook for adolescent girls' mental health care looks grim, we are making a difference by identifying mood disorders in teenage girls, getting them appropriately treated and helping them not to become dependent on potentially dangerous and habit forming pharmaceuticals. We need to raise awareness about the availability and legitimacy of the safe and effective natural medicines that can treat anxiety and mood disorders. In addition, we must strive to create a more nurturing social

and cultural environment for girls who have heightened emotional sensitivity, and serve as teachers, healers and guides for them along their journey towards womanhood. We can help them to have compassion for themselves, and other girls, and we can help parents feel empowered and optimistic about meeting their needs as well.

---

[1] Steingard, Ron J. MD, Child Mind Institute. *Mood Disorders and Teenage Girls: Why they are more vulnerable than boys, and what signs and symptoms you should look for.* http://www.childmind.org/en/posts/articles/mood-disorders-teenage-girls-anxiety-depression

[2]http://www.samhsa.gov/data/

[3] Hilt, Lori. Nonsuicidal self-injury in young adolescent girls: Moderators of the distress-function relationship. Journal of Consulting and Clinical Psychology, Vol 76(1), Feb 2008, 63-71.

[4] Obrien, Ginny. Understanding Ourselves: Gender Differences in the Brain. The Columbia Consultancy. Volume 52, Fall 2007. http://www.columbiaconsult.com/pubs/v52_fall07.html. Accessed 11/8/13.

[5] Chandra, A.; Minkovitz, C. S. 2006. Stigma Starts Early: Gender Differences in Teen Willingness to Use Mental Health Services. *Journal of Adolescent Health* 38: 754e.1-754e8.

[6] Olfson, M. National trends in the office-based treatment of children, adolescents, and adults with antipsychotics. *Arch Gen Psychiatry.* 2012;69(12):1247-1256.

[7] Qureshi NA, Al-Bedah AM. Mood disorders and complementary and alternative medicine: a literature review. *Journal of Neuropsychiatric Disease and Treatment.* May 2013 Volume 2013:9 Pages 639 – 658.

[8] http://www.health.harvard.edu/newsweek/Should_children_take_antidepressants.htm

[9] Soetman, DI. Modeling the risks and benefits of depression treatment for children and young adults. Value Health._2012 Jul-Aug;15(5):724-9. doi: 10.1016/j.jval.2012.03.1390. Epub 2012 Jun 8.

[10] Prousky, Jonoathan E. What to Do When Patients Wish to Discontinue Their Psychotropic Medications? Effective Tapering Strategies to Limit Drug Withdrawal and Destabilization: a Clinician's Perspective. *The Townsend Letter.* February/March 2013.

[11] Zhou, XF**.** Impacts of acupuncture at twelve meridians acupoints on brain waves of patients with general anxiety disorder. *Chinese Acupuncture and Moxibustion.* 2013 May;33(5):395-8.

[12] Qureshi NA, Al-Bedah AM. Mood disorders and complementary and alternative medicine: a literature review. *Journal of Neuropsychiatric Disease and Treatment.* May 2013 Volume 2013:9 Pages 639 – 658

[13] http://www2.massgeneral.org/schoolpsychiatry/screeningtools_table.asp

---

[14] Kasper, S. Silexan, an orally administered Lavandula oil preparation, is effective in the treatment of 'subsyndromal' anxiety disorder: a randomized, double-blind, placebo controlled trial. *International Clinical Psychopharmacology.* 2010 Sep;25(5):277-87. doi: 10.1097/YIC.0b013e32833b3242.