Depression And Anxiety Are More Prevalent Than Ever Among Young People, What's Causing It, And Can We Fix It?

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ABSTRACT

This question discusses whether depression and anxiety can be addressed and concludes that they cannot. Firstly, the background of these two disorders is presented and then in the past they have not been properly addressed. As the society progressed, these problems intensified. I have presented several perspectives on the causes of these disorders and assessed why they cannot be addressed.

A mentally diseased person is like a drowning man who accidentally falls into a nippy, biting lake in winter. After falling into the bottom of the lake, his feet become more and more tightly entangled in the seaweed, and the chilling water slowly strips his consciousness, and he finally has no way to get out of the water. In the maze of the human mind, depression and anxiety intercross like thorny vines, their roots sinking deep into the psyche. Their intricate web challenges conventional remedies, urging a deeper exploration of holistic approaches and personalized interventions. Social pressure is like seaweed that clings to them; societal expectation is the cold, stinging water that drowns them. Ultimately, an unparalleled pandemic of anxiety and depression affecting young people cannot be fixed. I will argue the origins, social, and family factors to prove it.

Why cannot mental illness be fixed? Since it is a deep-rooted problem that has never been completely solved, even with time. It can be traced back to its origins. Depression has always been a problem in the early days. Melancholia was recognized as early as Hippocrates and continued through Galilean medicine and the Middle Ages. This term was broadly defined earlier to include various forms of quiet insanity (Paykel, 2008, para.1). It is the ancestor of depression. Throughout the early to mid-Christian period (400–1000 CE), depression and other mental diseases were viewed as spiritual rather than physical ailments in many societies, including those of the ancient Greeks, Romans, Babylonians, Chinese, and Egyptians, believed that witches, devils, or demons brought on depression with the ability to spread to others. Priests would perform exorcisms on the affected individuals, and in the worst situations, the crowds would burn or drown them (Schimelpfening, 2023; Zaman, 2019). Moreover, documents from as far back as 1670 attested to the existence of private mental health institutions, also known as "madhouses," wives who appeared to be possessed by demons or acting strangely would be imprisoned at the madhouse without any reason given by their wealthy husbands who could afford to hire a sympathetic physician (Administrator, 2014b). These phenomena are enough to show that mental health treatment has not yet been developed. The technological and cognitive backwardness of the time and the lack of education of the people did not popularize any knowledge about mental illnesses, so the conditions they were recognizing and treating at the time were considered signs of insanity.

Mental issues have not been solved with social and economic progress; on the contrary, the psychological problems inherited from previous centuries have become more severe with the advancement of humankind in the 21st century. The rapid progress and development of society have contributed to the development of the economy and education, and nowadays, every family attaches great importance to education, so children have been enrolled in many remedial classes, forming an involutional social trend. At the same time, as current socioeconomic disparities widen—exemplified by the gulf between the rich and poor in the UK—the health disparities between the highest and lowest

social strata are also expanding (Murali et al., 2004). This indicates that existing social inequalities directly or indirectly worsen individuals' mental health status because they have been compared since they were young and have to be the best at everything so they can take advantage of opportunities. Thus, the prevalence of anxiety is rising in many countries, and seven out of ten teenagers believe that their friends are seriously affected by them. Adolescence is a high-risk period for depression. The first significant factor contributing to depression in young people is academic stress. Many teenagers say that the general pressure mainly comes from academics. As 61% of adolescents indicate experiencing academic pressure, this reflects the connection between their post-graduation aspirations and the stress of performing well in school (Mitchell & Mitchell, 2024). According to Sarker's (2024) paper, for college students, pressure can be a driving factor in suicide and suicidal thoughts. As 61% of adolescents indicate experiencing academic pressure, this reflects the connection between their post-graduation aspirations and the stress of performing well in school (Mitchell & Mitchell, 2024). This also suggests that the current societal environment, characterized by a highly competitive job market and scarce opportunities, exacerbates academic pressure. Students need to go to top universities to get competitive job chances. Therefore, students must constantly compare themselves with others to ensure they are the best and maintain the best GPA. In a nutshell, as academic expectations increase, students often find themselves in a vicious cycle of anxiety and declining academic performance that is challenging to disrupt, further exacerbating feelings of low self-esteem and depression.

At the same time, as humanity progresses, technology and the internet develop. So, the second major issue is that the utilisation of social media makes people depressed. Because of the advancement of technology, the internet has become fast-spreading. According to research, information online moves thousands of kilometers in seconds (How Fast Does Information Spread on Social Media? | 5 Answers From Research Papers, n.d.). Among young people, 23% reported experiencing cyberbullying. The most widely used electronic social media platforms for bullying were Web pages, blogs, Twitter, social networking sites, and message boards. The most popular forms of cyberbullying include gossip and rumors, sharing images, and calling names or making offensive remarks (Wagner, 2020). If an individual learns and believes gossip from three people, the gossip will likely spread throughout the entire internet, given the rapid speed at which information is disseminated online (Rinni, 2019). Even if the original post is deleted, there will be so many retweets that it will not help. Once it is out there on the internet, the number of people who know about it is vast, and the bully is bullied thousands of times over and cannot shut up about it. Additionally, people can observe others' success stories and lifestyles through social media platforms like TikTok. This constant exposure to others' seemingly perfect lives can lead to feelings of inferiority and self-doubt. Over time, this comparison can contribute to feelings of depression, as individuals might feel their achievements are insignificant or that they are not living up to societal expectations.

Despite the high rate of comorbidity between the two conditions, there are differences in the factors that lead to depression and anxiety. It is essential to discuss the factors that lead to anxiety disorders. Young people are in environments that cannot be separated from the schoolyard. In a mentally immature campus, students will compare themselves to each other; for example, they will gang up on each other because of who has money or compare luxuries. Over time, this situation can lead to bullying in schools. Research shows that 49.8% of adolescents say they have experienced bullying at school (Patchin & Hinduja, 2020). School bullying takes the form of not just physical but verbal and isolation. Victims of bullying experience four anxiety disorders, including Post Traumatic Stress Disorder, Generalized Anxiety Disorder, and Social Anxiety Disorder (Gordon, 2022). Whichever of the above anxiety disorders you suffer from can affect your daily life. For instance, those with social anxiety disorder will subconsciously avoid social situations and, over time, become autistic and unwilling to interact with others; another type of person suffering from social anxiety disorder may force himself to socialize, outwardly pretending to be psychologically cured, but when he feels isolated and neglected, that feeling of helplessness and anxiety will emerge at that time. Post-traumatic stress reactions are even more severe, resulting in irreversible trauma.

Besides, with the prevalence of social media, many perceptions are influenced by the internet, indirectly subjecting one's appearance to external judgment. Beauty standards such as double eyelids, tanned, muscular, or juvenile styles are now popular on the internet, and therefore, young people feel they have to be perfect on social media.

In addition, teenage girls often feel pressure from other students. According to statistics, nearly three in ten feel pressure to look good (29%) and be socially appropriate (28%) (Mitchell & Mitchell, 2024). As a result, they share sexualized photos of themselves with male students or post them online. Given that the mind and brain are not yet mature enough to form proper values, young people can be easily influenced by aberrant online influences. From there, they question their appearance and become anxious by comparing themselves to others. This situation is also difficult to reverse because, in this general social situation, people are climbing in the aesthetics constructed by the internet.

Apart from individual emotional influences, the broader social and cultural context remains to be discussed. The mainstream cultural backgrounds are East Asian and Western cultures. East Asia is often sensitized by collectivism and Confucianism, which believe that groups bind individuals and each other. At the same time, the West is often influenced by individualism, which believes that individuals are valued by the expression and assertion of individual desires (Oyserman, Coon, & Kemmelmeier, 2002). Both have different cultural norms of social behavior. In collectivist countries, strict social norms designed to ensure group harmony can trigger social anxiety because people fear negative consequences for violating these norms. Heinrichs and colleagues, comparing individualistic and collectivistic countries, found that collectivistic countries exhibit higher levels of social anxiety and acceptance of socially withdrawn and withdrawn behaviors on a cultural level than individualistic countries (Heinrichs et al., 2006; Schreier et al., 2010). Thus, in collectivist countries, young people place greater emphasis on the perceptions of those around them, leading to increased pressure and subsequent anxiety symptoms. This cultural factor is challenging to reverse because the idea has been ingrained in everyone's minds in this social context.

Based on the significant prevalence of depression and anxiety discussed above, even with interventions, it appears challenging to resolve these issues effectively. Firstly, even though psychological counseling services are available on campus, students may feel ashamed to discuss their experiences openly. Besides, while psychological counseling can partially intervene in students' mental states and alleviate their depression or anxiety symptoms, the underlying causes of mental illness are challenging to eliminate. Factors such as academic pressure, societal norms, and public opinion persist, especially in the collectivist environment of East Asia. Therefore, despite employing cognitive behavior therapy, sleep interventions, mindfulness, and other mental health interventions, these measures can only alleviate students' symptoms of depression and anxiety, temporarily allowing them to escape the status quo.

Besides, depression and anxiety not only bring temporary distress but can also lead to Post-Traumatic Stress Disorder (PTSD). In particular, patients may recall past trauma years later due to similar triggers, causing increasingly severe distress. Thus, depression and anxiety are not only tricky to fix but can also potentially develop into PTSD, leading to the recurrence and exacerbation of both conditions. Unfortunately, the remission rate for PTSD is meager, with past data indicating that only 26% of patients experience relief after six months of intervention (Breslau, 1998).

Furthermore, the high cost of psychological treatment poses a significant barrier to patients seeking drug therapy and non-drug therapy. Many psychiatric medications or other mental health interventions are not covered by medical insurance, especially in impoverished countries and regions. Additionally, the global economic recession has increased significantly due to factors such as COVID-19, making it increasingly challenging to implement economic measures. Not every family can afford the thousands of dollars required for psychological treatment. Additionally, parents may not prioritise their children's psychological issues until they become severe, which leads treatment costs to escalate further.

Depression and anxiety disorders in young people are challenging to fix completely, as they are often influenced and exacerbated by fundamental factors such as academic pressure, employment stress, the inherent dissemination capabilities of social media, school bullying, and East Asian cultural norms. Each young person has unique reasons and experiences that contribute to the development of these psychological disorders. Humans are inherently social beings □ which means young people cannot be separated from environments like the Internet and schools. These aspects perpetuate underlying issues. Furthermore, responsibility can induce stress, and perfectionism can lead to emotional decline, potentially culminating in breakdowns.

Acknowledgments

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