The Causes of Depression and Its Social Factor

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Abstract. Higher rates of depression in college students are more frequent now, probably caused by studying, stress, living away from their family, inefficiency in higher education or various discrimination, etc. Among all these factors, it is crucial to get a complete comprehension of depression and different stress, and so on. Besides, due to research surveys on college students, 10 to 20 % of the student population suffers from psychological problems. And this paper briefly describes the definition of depression and discrimination and treatments. It focuses on discrimination such as gender, racial, direct, indirect, and depression among college students. Particular ways are greatly emphasized to help students with depression and suggested preventive measures to be taken by colleges like psychotherapy, drug therapy, exercise, etc. According to this study and recent research on depression and discrimination among college students, burden, epidemiology, diagnosis, comorbidity, and treatment of depression have attracted much attention, particularly in general medical conditions, and get a better understanding of the recognition, diagnosis, and optimal management of depression in available medical settings and reducing some of these problems in the future and make better modification on its treatment.

Keywords: Depression, Discrimination, Psycho-therapy, Drug-therapy

1   Introduction

Depression is neurosis with down emotion, slow thinking, and impaired speech and movement, as well as the typical symptoms. Patients' life and work were confused and interferential when they suffered from depression which brings a heavy burden to the family and society. And suicidal thoughts make about 15% of patients end their life. According to a joint study by the World Health Organization, the World Bank, and Harvard University, it has been proved that China has the second largest population that suffers from severe depression. Depression is caused by various factors, including genetic factors, physical factors, abnormal function and metabolism of central nervous system mediators, mental aspects, and so on. Depression has the highest suicide rate among psychiatric disorders. The prevalence of depression is so high that almost 1 in 7 adults is depressed; it has been named the psychiatric equivalent of the cold. Currently, depression, which causes a severe issue to human beings, has become the second most important disease in the world [1]. Lacking a correct understanding

of depression in society is the main reason for this condition, and it is reluctant for patients to seek psychiatric treatment because of prejudice. In China, many patients have not received timely and proper diagnosis and treatment. This condition deteriorates their state or even causes serious consequences of suicide.

On the other hand, the symptoms of depression were misunderstood as a mood due to the lack of knowledge and misunderstanding about depression, causing more significant psychological pressure on the patient and further worsening the condition. Although plentiful literature has studied the etiology and treatment of depression, this field still lacks enough research on its impacts or outcomes on individuals, mainly how discrimination affects and causes depression in either personal relationships or work. In short, the focus of this paper is to offer an overall review of the etiology, impacts, and treatments of depression. Besides, this article will consider one particular social factor that leads to depression and some possible reasons behind this phenomenon. Overall, this article is aimed to provide comprehensive knowledge about depression. The emphasis on discrimination is intended to provide possible direction for improving the accuracy of diagnosis and treatment of depression in the future.

2　　Literature review

2.1　　Definition of Depression

According to DSM-5, depression is a kind of mood disorder, with lasting and significant mood and low mood as the primary clinical characteristics of a disease, also known as depressive disorders. The main clinical symptoms are depressed mood, low self-esteem, world-weariness, self-blame, low self-evaluation, decreased attention, slow thinking, laziness, unwillingness to contact others, avoidance of social activities, depression, and even grief, suicidal behaviors or attempts. To diagnose and determine whether an individual has depression, generally, we use DSM-5 criteria to do it. For instance, some diagnostic criteria for depression are persistent low mood, slow thinking and association, inhibition of will and behavior, decreased interest and hobbies, low self-evaluation, accompanied by insomnia, early awakening, loss of appetite, and decreased libido; Serious patients will have repeated thoughts of death or self-injury, self-abandonment behavior, lasting more than two weeks, patients need to exclude organic brain disease, a physical disease caused by depression, anxiety, obsessive-compulsive disorder, and other neuroses.

2.2　　Distribution

Due to a recent study has proved that prevalence is highest among young people, with higher rates of depression among those between the ages of 18 and 34 than among other age groups (with college students and workers accounting for the majority) [2]. Therefore, it is crucial to study depression in different populations. And we are targeting the scales of college students [3]. Thus, during these formative years, many college students, experiencing the pleasures and novelties of college life without experiencing severe adjustment difficulties, have suffered higher levels of depression. Due

to several recent epidemiological studies, it is approximately appraised that the life-time prevalence of depressive disorders is 17%. In addition, a recent study indicates that it is reported that about 1 in 5 youth experience depression, and nearly half of those suffer a relapse in early adulthood. Thus, during college, many first episodes of depression happen, especially as the risks of psychiatric illnesses [4]. Depression frequently happens among elderly persons, affecting at least 1 in 6 patients treated in general medical practice, and it even has a higher percentage among those in hospitals and nursing homes. The suicide rate is one of the highest among any age group.

2.3   Social Factors Related to Depression Among College Students

The Definition of Discrimination.

Discrimination is directly influenced by the knowledge and attitude of prejudice against members of a particular group. Bias leads to the first episodes of depression. From the perspective of society, discrimination is an emotional reaction and behavior between different groups. What is more, discrimination varies a lot. It can be divided into several types, such as racial discrimination, gender discrimination, direct discrimination, indirect discrimination, etc. For the latter two less common types, direct and indirect discrimination differ from each other. The direct discrimination refers to a behavior that is directly targeted and makes people sense direct discriminating effects with non-self-selected characteristics.

On the other hand, indirect discrimination occurs neutrally. Still, different conditions, such as different genders, races, colors, ages, and other characteristics that are not self-selected, lead to discrimination between people [5]. Discrimination consists of actions, practices, policies, and so on. What is more, race, religion, and gender differences are regarded as potential conditions of discrimination in any modern society, but they would not typically qualify. However, the social salience requirement has been challenged, and how the challenge is resolved leads to a sound understanding of what makes discrimination wrongful. In the meantime, due to the social salience requirement, the discrimination analysis will proceed. Discrimination against persons based on their membership in a specific social group is oriented toward them. But it is also necessary that some disadvantage is imposed by discriminatory conduct. Thus, segregation is related to discrimination against black children because it sets their educational and psychological short-backs.

Discrimination Among College Students.

With approximately 20% of the population experiencing an episode of major depressive disorder (MDD) during adolescence, it seems that depression is the most prevalent and famous mental disorder among them [6]. Nowadays, the social discrimination in college students' employment is mainly manifested in gender, geographical, physiological, and so on. The first is sexism. Gender discrimination refers to the employer refusing to hire female students for little reason or raising the assessment and employment standards for female students, resulting in female students losing their equal right to choose a job. For example, some enterprises will publish the "male students

only" information in the recruitment advertisement. Even if there is no precise regulation on some positions, most enterprises still prioritize male students, which has become an "unspoken rule" in the human resources industry. Statistics show that 70 percent of female college students, including some from prestigious universities, say there is gender inequality in job hunting. Secondly, geographical discrimination. Regional discrimination mainly refers to employers restricting graduates' household registration. In the past, due to the influence of the planned economic system, many graduates were limited in the employment process due to the registered permanent residence problem. Nowadays, more and more college students choose to work in different places. Many local governments regard these foreign talents as competitors of the local labor force. To prioritize solving the employment problem of the local labor force, many units raise the employment threshold and restrict the employment of foreign college students by using household registration and other conditions— finally, biological discrimination. Students with poor appearance, physical disability, or diseases are discriminated against in employment. Many employers will restrict the height and build in the recruitment process, which makes many outstanding graduates with short stature and poor appearance lose employment opportunities. Pathological discrimination is a common problem in today's society. Many enterprises will investigate the physical condition of employees during recruitment or require employees to go to the hospital for physical examination when formally paying insurance. These are physiological discrimination to a certain extent, and even many enterprises will dismiss employees when they suffer from diseases.

2.4   Negative Impact

According to DSM-5, depression can influence students' emotions, and they always suffer from depression with anxiety. Insomnia symptoms can also occur. Depressive mood will lead to depression patients' thoughts of negative, pessimistic, always immersed in self-condemnation, inferiority, pessimism, and despair for the future. Besides depression often happens to come along with anxiety [7]. Advanced age might be regarded as an important factor that exists concurrently with depression. Finally, among all medical conditions, untreated depression, which is associated with patients who are required physician assistants, is one of several psycho-social factors.

2.5   Treatment

Many effective treatments could be used for Depression. First, exercise could be very beneficial for patients with depression which helps them motivate their energy and have a positive attitude towards life. Electroconvulsive therapy remains one of the most effective treatment options for depression, and other brain stimulation techniques should be compared with ECT. Reducing the cognitive impairment caused by ECT, accelerating the onset time of ECT, and optimizing the maintenance treatment techniques can improve the overall prognosis of patients with depression. Optimizing new brain stimulation techniques (treatment process, stimulation parameters) is not always necessary.

Further research on photo-therapy is also needed in clinical practice, especially the efficacy of photo-therapy as an adjunctive treatment for non-seasonal depression and maintenance treatment for seasonal depression are areas of interest. Adjunctive therapies, including acupuncture, also need to be more thoroughly studied. The role of physical exercise in the acute and maintenance phases of depression, especially in reducing adverse reactions, improving function, and improving quality of life, deserves further exploration. Advances in neuroimaging, genomics, proteomics, and neuroscience are helping us identify the causative factors of depression and ultimately individualized treatment. In the meantime, it is essential to focus on the existing and new treatment modes' clinical research [8]. The further development in depression treatment is a recurrent illness. Without a general medical condition, at least half of those who experience an episode of significant depression will suffer a relapse. In addition, with or without full recovery from any special attack, about one-fifth to one-third have a residual persistence of symptoms, impairment in functioning, or both. Thus, it is engaging in using medications, particularly after several episodes. In addition, studies on whether any specific psycho-therapeutic interventions afford a protective impact against future attacks will clarify. And the Agency for Health Care Policy and Research has reviewed, synthesized, and published much of the information on illness prevalence and efficacy as a set of treatment guidelines on depression for primary care settings. In addition to these methods mentioned above, CBTI is regarded as one of the most important treatments. Cognitive behavioral therapy can adjust and change patients' unreasonable cognition, but it is not a simple reason, debate, discussion, and ideological work for patients. It is a systematic method with many psychological techniques and techniques. In CBT, patients need to learn to recognize automatic negative thinking and correct inappropriate cognitive mistakes, learn new adaptive behavior patterns and "a change of perspective" (mental) shift, let patients actively interact with the environment, and increase their sense of control and the pleasure, arrange planned activities, control training, social skills training, problem-solving. The treatment of acute depressive disorder can effectively reduce depressive symptoms and can effectively prevent or reduce relapse and recurrence in the treatment of consolidation and maintenance. Still, the effect is not suitable for patients with severe depressive disorder. CBTI can be used as a first-line treatment option.

3   Future implication

Even though the existing literature has already provided sufficient knowledge about depression, there are still some areas and focus areas for future improvement. Firstly, Research into psychotherapy needs to be intensified. We need to compare different psychotherapy approaches, understand their differences, and determine how to choose the right direction for a given individual. The mediating factors of psychotherapy efficacy, optimal treatment cycle, treatment frequency, and psychotherapy types applicable to different stages of depression also need to be further studied. The outcome evaluation of psychotherapy research should not only be limited to the change of symptoms in the acute phase but also be concerned with the durability of efficacy and

whether psychotherapy has a long-term preventive effect on the recurrence and recurrence of the disease. The strategies of sequential therapy and combination therapy (combined with drugs or other treatments) in psychotherapy need further exploration. Besides, there is also a great deal of work on drug treatment. We need to compare the efficacy of different drugs, understand the adverse response characteristics of short-term and long-term treatment of various drugs, and improve the strategies of combination therapy (e.g., a combination of selective serotonin reuptake inhibitors with other compounds) and intensive therapy (second-generation antipsychotics, lithium). It is also necessary to understand the efficacy of these drug treatments for specific sub-types of depression (e.g., depressive episodes with psychotic symptoms) and to explore the relationship between serum drug concentrations and efficacy and adverse effects. Preliminary results of mono-therapy with second-generation antipsychotics for depression are encouraging, but studies on the acute and long-term treatment of depression with these drugs are insufficient. The definition and treatment options of treatment-resistant depression also need to be clarified.

Furthermore, treatment effects on depression might differ among college students related to the larger adult population due to the higher levels of cognitive functioning and IQ and higher proportions of first-onset cases [9]. In the future, adolescents with elevated symptoms should be more concerned about realizing the progression from elevated symptoms to diagnosis with more frequent and detailed conduction. Theories of protective factors might be informed by why most of the population with eloquent signs do not have depression and might motivate other factors that increase the risk of high depressive symptoms. Such findings would encourage the treatment of depression and potentially improve a deeper understanding and complete definition of the diagnosis of depression [10]. Regarding that, it is significant to comprehend that the key to screening criterion is elevated depressive symptoms, which indicated prevention programs that focus on individuals experiencing early signs of pathology.

4   Conclusion

In conclusion, how discrimination affects and causes depression has attracted many researchers' attention. In order to achieve individualized treatment and one day even prevention of depression, we must understand the causes of depression. Shortly, scientific research will focus on predictors of specific treatments' efficacy and adverse effects. Advances in genomics, proteomics, physiology, personality traits, personal experiences, comorbidities, and depressive symptomatology will help us understand the underlying causative factors of depression and the regulatory factors that mediate therapeutic effects. Even if perfect, individualized care can be provided in the future, patients should have the opportunity to access and adhere to these treatments. Therefore, our research should also develop better ways to improve access to treatment, pay attention to efficacy and efficacy, and pay attention to the cost-effectiveness of treatment and its impact on function and quality of life. In addition, due to the aging trend of the population and the increasing appearance of comorbidities, the mental and physical comorbidities related to depression are also areas worthy of attention. Most

of the previous studies focused on treating depression in the acute phase. The treatment of depression in the consolidation and maintenance phases should be the focus of future research. Several treatments, including psychotherapy, drug therapy, and physiotherapy, could be applied to practice to prevent those terrible consequences.

5   References

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