



Four Risk Factors Associated with Adolescent Depression: Discrimination, Academic Stress, Migrant Status and Family Bullying

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Abstract. Mental disorders have now played an increasingly crucial part in triggering disability, among which depression is especially worth attention. Its prevalence has been very high worldwide, especially in undeveloped and unwealthy countries and areas. This mental disorder can be found in a wide range of age groups, but adolescents have a significantly high prevalence. Adolescents are in a very turbulent phase where individuals' psychosocial, physiological, etc., leave them very unstable and vulnerable. They are more subjected to this mental disorder than other population groups such as children or adults. Meanwhile, vast quantities of social factors can also trigger this mental disorder. Symptoms of this mental disorder vary and are mainly related to broken spirits, e.g., low esteem, low mood and lack of interest, and even suicide in individuals, thus creating significant loss to individuals, their families, or even society. Therefore, this mental disorder is worthwhile paying attention to, either the cause or the treatment methods. Physiological factors, as stated above, influence the mental condition of adolescence, but social factors are also critical in forming mental illness. Four social factors and how they lead to depression will be present below.

Keywords: Depression, Adolescence, Social factors.

1 Introduction

Depression is a commonly seen mental disorder. It is associated with long-lasting sadness, and a lack of interest or pleasure in activities people have previously enjoyed. It can negatively influence daily life, such as sleep and appetite, and even cause suicide. Other typical symptoms are being tired and being unable to concentrate as others [1, 2].

Depression has become very common, and according to recent research, lifelong-lasting and yearly prevalence of depression were 11% and 7.5%, separately [3]. More than 75% of people who suffer this disorder in undeveloped countries, however, re-

ceive no treatment due to a lack of resources or qualified healthcare practitioners; meanwhile, situations are also not that optimistic even in wealthy countries since a significant number of people are not correctly diagnosed or overly prescribed antidepressants which might have a long-term side effect [2].

It can also be highly recurrent, and the episode's length varies depending on the lifestyle factors and treatments. Some individuals experience this their whole life.

An estimated 5% of adults have this mental disorder, among whom women tend to suffer more easily and often than men. A similar gender-related phenomenon can also be seen among adolescents [2]. Research shows that rates of severe Major Depressive Disorder were 3% and 2.3%; the prevalence of it increased drastically throughout adolescence, with significantly higher increases among females than males [3].

On top of people's physical and biological features, social factors are closely associated with depression, among which four common and influential factors will be presented here.

2 Literature Review

2.1 Connotation

Definition and Criteria.

Depression is a commonly seen mental disorder. It is associated with long-lasting sadness, and a lack of interest or pleasure in activities people have previously enjoyed. It can negatively influence daily life, such as sleep and appetite, and even cause suicide. Other typical symptoms are being tired and being unable to concentrate as others [2].

According to DSM-5, the process of MDD is quite variable, such that some individuals rarely, if ever, experience remission (a duration of 2 or more months with no symptoms, or only one or two signs to no more than a mild degree), while others might experience many years with few or no symptoms between discrete episodes.

2.2 Causes

Depression and Racial Discrimination.

Discrimination is a phenomenon featured in treating people and groups with partiality and bias according to race, gender, etc.; racial discrimination can be seen much, particularly among minority populations [4]. Racial discrimination occurs to Black teens even five times daily [5]. A survey has found that symptoms such as having trouble sleeping, difficulty keeping the mind on what individuals are doing, etc., deteriorated after two weeks of experiencing racial discrimination such as physical assault, bullying, and insults. Consequently, individuals will experience negative feelings such as worthlessness or ignorance.

Besides, racial discrimination can also lead to stress such as poorer self-esteem, poor academic performance, substance abuse, etc., which will significantly harm individuals' mental and physical health. Especially people who lack viable coping mechanisms. Individuals in early adolescence who might be sensitive to discrimina-

tion but not mature enough to handle it tend to feel more socioemotional distress and mental disorders. The stronger they sense the bias, the more likely they will develop depressive symptoms and further internalize symptoms. That might be a crucial reason for the frequent depressive disorders in adolescents. Later, they can cope better when they build their methods or standards of value to face these discrimination and harmful feelings [6]. Consequently, if the practitioners want to focus on adolescents' well-being and reduce the impact of discrimination on youth, not only can they try to eliminate outside discrimination scenarios, but also can develop and promote coping mechanisms to help the teenagers realize how to consider the situation and how to respond to that.

Other than this negative discrimination situation, racial discrimination can also occur in a seemingly positive way; for example, Asian Americans are always considered to have brilliant academic scores but can't compete with their American or European counterparts in sports or other extra-curricular activities [6]. Consequently, they will have to end up experiencing excessive pressure related to access to high learning performance and fitting in clubs or some sports activities. It's not the truth, and many Asian descendants have helped to decrease this kind of discrimination with their brilliant performance in many sports, dancing competitions, etc. Some brilliant ones have demonstrated good examples.

There is also a phenomenon that should be noticed, which is microaggression. It might not be straightforward to be considered discrimination, but it has similar negative, hidden influences. For example, A salesperson might service a customer who enters the shop after a Black teenager. Or a teacher might misspell a student's name, and they don't think it's a noticeable problem and ignore it. The person who does this may be just unconscious of harming others, but the teenagers can still perceive the prejudice and feel being hurt, thus developing maybe hidden and chronic bad feelings. The other form is that if a Black teen feels unhappy about what others did to them, others might try to persuade them not to think about it even if it's an actual offense [5]. To these kinds of discrimination, adolescents might develop even more muscular depressive disorders cause they might not be able to cope with it well and have to hide it due to the pressure given by people around them who don't recognize it.

Depression and Academic Stress.

Academic stress is a physical or biological reaction to requirements caused by academic requirements, which is stronger than the adaptive capabilities of students. There are three leading causes of academic stress [7]. Competitive pressure, when all the teenagers are trying to get a better grade, really causes stress, and it might lead to depression; if students leave their families and enter colleges after high school, a range of psychological symptoms are commonly found among first-year students; Teachers and parents demand too much of academic performance, lots of teachers and parents think that academic pressure can lead to better grades. Research shows that an excessive amount of this kind of stress can cause a psychological problems like depression.

People are paying more attention to the education of schoolchildren and teenagers in India and to what's between mental health problems and academic stress [8]. It may be a contributing factor to depression. Suicide is the third leading cause of death among adolescents, and academic stress might contribute to depression. Psychologists have been exploring how academic stress affects mental conditions. [9]. The findings show that expectations from family members and professors are the adolescents' primary sources of learning focus. Besides, adolescent girls have higher academic pressure than boys.

Next, the consequences of academic stress. On the increase side, feelings of hopelessness, self-harm tendency, and eating disorder are the most common manifestation. Drug and alcohol abuse, Teens may try to "self-treat" depression with alcohol or drugs [10]. Unfortunately, this only makes things worse. Phone addiction, Teens may escape their problems by going online, but it can only increase their loneliness and makes them feel more depressed. And in the other part, self-esteem, interests, and academic grades will be beneficial.

Depression and Migrant status.

Migrant status is an important social factor affecting depression, which refers to a person who leaves their fixed abode, whether within a state or across an international frontier. This is an important social factor because globalization in the 21st century has transformed into an increasingly interconnected world, with an estimated 281 million migrants worldwide as of 2020. Adolescents are particularly vulnerable in the migration process as leaving home for a new place is often accompanied by a drastic shift in several areas of their lives. They also lack socioeconomic and social status more than others, with many cultural and language barriers.

Some vulnerability factors in the migration phases are the difficulty adjusting to school and language barriers, restricting these teenagers from being less social since they have no one to talk to or express their challenges [11]. In addition, differences in social status and inadequate language/social skills are increasing their stress, feeling of hopelessness, anxiety, and social marginalization and decreasing their social support and self-esteem. As a result, these vulnerabilities lead to a significantly increased potential risk of depression among migrant adolescents.

A practical illustration of this is that in Austria, adolescents with immigrant backgrounds are significantly more at risk of developing some psychiatric disorders, which means that adolescents without immigrant experience are at lower risk of developing depression [12]. There are several potential reasons for this phenomenon, the first being that, according to data, the income levels of people with an immigrant background in Austria tend to be lower, which means that the living conditions of these immigrant families are generally poorer, resulting in immigrant teenagers having a lower socioeconomic status than the majority and therefore significantly higher levels of stress and peer pressure in their lives. Secondly, due to language barriers, parents in these migrant families may have low general support levels for their children, especially in terms of helping and improving their children's situation in school matters and studies. As a result, immigrant adolescents are consistently unable to seek timely help from their parents, leading to increased stress. In addition, due to the em-

ployment crisis caused by the segregation policy in COVID-19, immigrant families may suffer more economic and financial constraints than before, increasing children's worries and anxiety about their family's economic level more than usual. In turn, these factors increase the risk of depression among immigrant youth in Austria.

Depression and Family Violence.

Family violence is a significant social psychological factor in society since there are countless families around the world. People all recognize bullying as a negative word to describe someone doing physical or mental harm to others. Compared with family bullying, family violence is a more common word for people. Family violence can be defined in more than one way. Word humiliation, ignorance, and neglect are the significant conditions in family violence. Numerous studies have proven family violence, such as authoritarian parenting, can cause depression in children and adults recurrent depression easily. Different parenting can affect children's mental health in multiple ways. Authoritative parenting is strict and stressful for children. Parents place high expectations on children and focus on children's obedience and discipline instead of children's mental and physical health [13]. Authoritarian parenting becomes one of the most common depression triggers because parents play the most crucial role in children's early life. Therefore, the harm from authoritative parenting is invertible and persistent [14].

Based on the research, teenagers between 12 and 17 years old are the primary group affected by family violence. The symptoms of depression do not trigger immediately and obviously; however, the consequence after children grow up is breathtaking. The data shows that 80 percent of representatives reported having five or more depressive symptoms as they grew up [15]. Due to family violence containing word humiliation and neglect, participants all have low self-esteem and self-denial. These factors can lead participants to have eating disorders, emptiness, sleep disorders, lack of concentration, and so on. The result proved family violence could affect children over the long term.

Moreover, the depression family violence causes can accompany children's whole lifetime. Family violence happens around children resulting in recurrent depression in an immortal and chronic way. It is an ignored, enormously dangerous social factor for every family.

2.3 Treatment

The treatment relies on the type and severity of the adolescent's depressive manifestations. A combination of psychotherapy and medication tends to be practical and standard for most adolescents suffering from depression. The first is medication, and the US Food and Drug Administration (FDA) has approved two drugs for depression in adolescents - fluoxetine (Prozac) and etanercept (Lexapro). We should also monitor medication use and potential side effects, as some adolescents under 25 may experience increased suicidal thoughts or behavior when taking antidepressants. The next step is psychotherapy, which is the treatment of depression by talking to a mental

health professional about depression and related issues. Different types of psychotherapy can effectively treat depression, such as cognitive behavioral therapy or interpersonal therapy. Adolescents who are severely depressed or at risk of self-harm may need to be hospitalized or attend an outpatient treatment program until symptoms improve [16]. Psychologists have proven psychosomatic mutual aid treatment is astonishingly effective for female groups. PMAT owns the ability to avert depression symptoms by providing people with a comfortable environment and face-to-face sessions. As PMAT continues, patience will build a credible connection with their psychological therapist and speak out their thoughts about other tolerance. In summary, PMAT can enhance depression impressively in females and benefit their psychological condition for a long time.

3 Implication and future directions

Depression remains a mental disorder that is common and highly recurrent, especially in adolescents and females. Social factors should be stressed and studied based on the view that people in different counties or areas have similar physical and biological traits. Because to treat the disorder effectively, factors leading to the suffering of individuals should be found, and personalized treatments should be given accordingly to ensure the results. On the other side, if research shows similar causes among specific population groups, the external environment, and social values or cultures should be noticed and altered to adjust to the situation.

4 Conclusion

Even nowadays, people define depression as a mental health disorder covered by mystery, mental health that influences over 25 percent of human beings in the world. Under the condition of COVID-19, the percentage data present even worse results of depression rate among worldwide people. Therefore, people should acknowledge the origin of depression first. Discrimination causes niche groups low self-esteem and negative thoughts due to skin color or gender humiliation. Teenagers are the group psychologists always focus on while doing depression research since they are in the complex between identity versus role confusion. Most children are taking online classes due to COVID-19, so that academic problems can be a chief topic for every family. Children have difficulties focusing on online courses, and the low quality of studying brings low scores. Academic stress from school and parents has a high possibility of causing the consequence of role confusion and triggering depression in the chain. Migration is not an unusual word today, but migrant teenagers are at risk of depression due to the vulnerability factors such as social marginalization and cultural conflict during the migration process. Family violence is inescapable condition psychologists need to focus on. Children will suffer from depression easily since they have no place to avoid harm. Multiple data reports above have shown these social factors' influence on society. The social aspect is a progressive and amusing angle for psy-

chologists to dig into the secret of depression. It will bring an unbelievable new thought to researchers on depression study one day.

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