Risk and Protective Factors for Depression during Adolescence

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Abstract. One of the most common and incapacitating psychopathologies is depression. It has great influence and harm on people's life. During adolescence, which is a sensitive period for teenagers, the incidence of depression has brought a serious harm in the lives of teenagers. However, only few of those adolescents can receive treatments due to the high expense and the ignorance of parents. Therefore, the prevention for depression in adolescence is very important. The main purpose of this review paper is to discuss the different risk factors and protective factors for depression in adolescence, to make more people understand the occurrence of depression and to reduce the probability of depression in adolescents. From four levels, this paper discussed interpersonal risk, protective factors, intrinsic risk, and protective factors during adolescence. Interpersonal factors mainly come from parents and peers. Internal factors include self-perception, perfectionism, emotion regulation, and meaning in life. At last, an effective depression prevention measure was demonstrated. Previous studies mainly focused on the outcomes at a certain developmental stage. Future research should track the dynamic process over time. This review can provide some insights to the prevention research and practices for at-risk adolescents.

Key words: social; peer; interpersonal; internal

1. Introduction

Depression is a very common mental illness, it is also one of the most disabling, and costly mental health conditions. It is most prevalent in young adults and is linked to high social and financial expenses [1]. For adolescents, depression is a one of the serious risk factors that can place individuals in a variety of adverse situations that may lead to negative consequences. It is commonly acknowledged that depression is a worldwide health problem due to its rising incidence. By 2030, depression is anticipated to be the primary global cause of illness burden [2].

Adolescence is a sensitive and vulnerable period of development. According to the survey, the lifetime prevalence of depression among adolescents is 11.7%, but only below a half of them received treatment [2]. Although depression is one of the most common mental diseases, many people are still not familiar with it, which leads to the failure of getting treatment in time for many adolescents. Therefore, it is necessary for more people to understand and realize the harm and influence of depression. This may not only prevent more adolescents from depression, but also enable those people diagnosed with depression to receive treatment in time.

A person's life can be significantly affected by the cognitive and emotional symptoms of depression, which include depressed moods, hopelessness, and suicide thoughts [3]. This not only makes a person sad constantly, but also puts a person in danger. Social stress is one of the most prevalent risk factors for depression. The pace of people's lives is accelerating with the development of society, which also leads to more and more pressure exposed. It is same for teenagers, due to the fast pace and development of society, a lot of teenagers are not able to adapt it. In this case, much more stress could be accumulated, which may lead to depression. More literature proved that depression also has individual factors, due to the fragility and sensitivity of their thinking patterns. Many teenagers are unable to deal with their inner pressure properly and effectively. They may not know or realize that they are in the risk for depression. Therefore, in this article, some common risk factors for depression and some of the corresponding protective factors were discussed. By demonstrating the evidence, this paper can provide some ideas and directions for future research and treatment for depression at schools

2. Interpersonal Risk and Protective Factors during Adolescence

2.1 Parental Indifference, Social Stress, and Depression

For teenagers and children, their parents play a very important role in their growth. If parents can bring right guidance and enough warmth and companionship to their children, the risk of depression in adolescences can be greatly reduced. On the contrary, if parents fail to provide warmth and companionship to their children, the risk of depression in adolescences can be significantly increased. Due to the proliferation of mobile phones, more than 90% of American parents use mobile phones at present, which in recent years has led people to depend more on digital devices than on the people around them. This created a kind of neglect called phubbing [1]. Some studies have suggested that phubbing is one of risk factors not only for adolescents' but also for adults' interpersonal relationships and mental health. According to an interview, during parent-child interactions, children frequently expect their parents to spend more time on them and put their phones away. More research has found that parental phubbing is adversely connected with warmth but positively associated with depression and rejection. Depression was negatively correlated with warmth and the satisfaction of a relatedness, while depression was positively correlated with rejection. These findings show that parental phubbing may both directly and indirectly influence adolescent depression. Therefore, parental phubbing is likely to decrease the protective effect and increases the risk effect on adolescences' depression.

Interpersonal relationships are indispensable in everyone's life. As adolescents grow up, they gradually begin to separate from their parents and develop other social relationships. However, these relationships are often the most stressful for people, because they need to break away from the environment that they are familiar with and develop different and strange relationships. It could cause a serious problem for adolescences who is at a sensitive period, but it is still important for each adolescent. If they fail to properly deal with the accumulation of interpersonal stress, the risk of depression could increase greatly. Only 3% of boys and girls in childhood satisfied the criteria for severe depressive illness, and due to the transition of adolescence, the prevalence of depression of adolescents increases roughly five times overall. Moreover, girls are suddenly twice as likely as boys to acquire MDD on average [4]. Recent interpersonally stressful life events are one of the most significant proximal risk factors for depression. Greater interpersonal life stress across the lifespans was linked to significant long-term increases in depression, but only in females who responded to social stress with higher levels of salivary TNF-α and IL-1β levels (i.e., tumor necrosis factor-α and interleukin-1β) which are commonly derived from serum [4]. Adolescent girls are known to dramatically up-regulate pro-inflammatory cytokine activity, and research has shown that these levels regulate how depression alters because of stress over time. For adolescent females, experiencing interpersonal life stress is a particularly effective predictor of depression. Moreover, studies on humans and experimental animals have revealed that these inflammatory mediators change the neurobiological mechanisms linked to depression and that they worsen MDD in people. By characterizing some adolescent girls between ages 12-16 at risk for psychopathology, their inflammatory susceptibility to social stress was assessed by measuring their salivary pro-inflammatory cytokine responses to a laboratory-based social stressor. Then, nine months later, no significant two-way interaction effects occurred, the results showed that adolescents' inflammatory responsiveness to social stress, not their basal inflammatory levels, is crucial for estimating increases in depression symptoms over time caused by interpersonal stress.

2.2 Peer Victimization as a Risk Factor

Many risk factors for depression in adolescence are linked to social, structural and health problems for family environment during childhood. Family is the most prominent social reference group in early childhood, whereas after middle childhood, peers become much more influential. In individuals' life courses, it's very important for adolescents to receive social support from family and peers. While some traumatic experiences raise the chance of developing depression later in life, positive ties with parents and friends can shield young people against mental diseases. When minors are left alone

outside from their peer groups, their mental health may be impacted. In addition, depression symptoms may worsen because they are unable to meet their social demands. Moreover, bullying victimization is much more destructive than loneliness or a lack of friends. At its worst, being the target of bullying can be extremely stressful and significantly increase the likelihood of developing depression in adulthood [5]. Bullying experienced in childhood can lead to a fear of interpersonal relationships, which can lead to social withdrawal and social phobia. Through surveys, the harmful effects of bullying can be reduced among adolescents who spend more time with their families. In contrast, an adolescent who was bullied and didn't spend a lot of time with their family had a significantly higher risk of depression than those who spent a lot of time with their family. The outcomes were comparable in the case of loneliness. The risk of depression can be reduced by spending time with family if an adolescent is experiencing loneliness. In this case, the protective factor of spending time with friends is less important than spending time with family. However, minors who don't spend time with their families, having friends and spending time with them can reduce the risk of depression in adolescence. Therefore, spending time with both family and friends is likely to be a protective factor.

3. Internal Risk and Protective Factors during Adolescence and Relevant Intervention

Beside the influence of society, adolescents' opinions to themselves are also an inevitable phenomenon. According to a previous study, adolescents who have healthy self-beliefs tend to be more energetic and confident, whereas those who have negative self-beliefs are more likely to experience despair. Adolescence is a time when self-cognitions are especially crucial in the treatment of depression. There is strong evidence that when children enter puberty, the prevalence of depression rises. These disparities appear between the ages of 11 and 15. Three variables were measured among grade 7 students from six independent schools, to examine the longitudinal relationships between adolescents' depression symptoms, low self-worth, and negative self-talk in adolescents. The results indicated that during adolescence, self-criticism and depressive symptoms increased, while self-esteem decreased, which shows that these changes all have relationships, that self-esteem negatively predicts later depression symptoms in teenagers [6]. Therefore, excessive self-criticism and low self-esteem may cause great stress in adolescents, which leads them to become one of the risk factors for depression. Moreover, girls have higher negative self-cognitive expectations and depressive symptoms than boys.

Although low self-esteem is a one of internal risk factors for depression in adolescents, excessively high self-esteem can also have negative effects. Perfectionism is one of the main factors underlying the development and maintenance of depression. Setting exceedingly high expectations accompanying with a harsh self-evaluation to achieve these standards is known as perfectionism [7]. Therefore, it has been demonstrated that perfectionism can foretell the emergence of subsequent instances of major depressive episodes, because the need for perfection and the emphasis on mistakes could potentially make stressors more intense and make someone more susceptible to depression. Maladaptive perfectionism, in contrast to individual perfectionism, entails self-criticism, a fear of making mistakes and being judged harshly by others. It has been linked to several psychopathologies. Additionally, in adults, socially prescribed perfectionism (SPP) and depression are strongly correlated. Usually, perfectionists could set too high or unattainable goals for themselves. These impossible goals can lead to their SPP failure, which leads to negative self-evaluation and may evolve into depression. Although more research is needed to determine the precise relationship between perfectionism and depression, a pervious study indicated that adolescents are more likely than adult populations to internalize others' expectations [7]. There is no doubt that perfectionism is also a serious risk factor for depression in adolescents because the perfectionism is basically formed by their own high self-esteem and parents' high standards. To prevent it in advance, changing the character or occurrence of perfectionistic thought could be an effective approach.

For the more, adolescence is a very vulnerable period, adolescents may experience stress and depression during this time. Additionally, stress is extremely impossible to avoid for adolescents and is known to play a significant role in the genesis of depression, because their developmental state faces constant challenges to the definitions of social role and increasing responsibilities, as well as other potential environmental stresses. These daily stresses may cause adolescents to gradually lose their desire for a better life, thus reducing the meaning of their lives. The meaning of life mainly includes self-satisfaction, life satisfaction and happiness. Some theorists believe that when the meaning of life is low, stress exposure is associated with higher risk of depression, on contrast when meaning of life is high, stress factors and depression are not linked [8]. Through survey responses from adolescents between ages 11 to 19, lesser depression is linked to higher purpose in life and higher transition. Therefore, high meaning of life can be a protective factor, and low meaning in life can be a risk factor.

To keep a high meaning in life, emotion regulation is very important for adolescents. If a student can effectively regulate his emotions, his meaning in life can become higher, the probability of him suffering from depression could be reduced greatly, and the influence of risk factors on him can also be reduced. However, effective emotional regulation is difficult for teenagers. The difficulties include increasing emotional sensitivity and frequent use of inappropriate cognitive pr behavioral regulation techniques [9]. Additionally, emotions are enduring, it's difficult to regulate it. Adolescents who experience victimization displayed intensely unpleasant feelings, such as rage, despair, and contempt, they also showed high levels of emotional reactivity and arousal and had higher levels of diurnal regulation of emotions compared to adolescents who did not experience victimization. Through assessing the underlying structure of emotional regulatory processes during adolescence, results showed that the main variables of interest were also stratified by genders. According to analysis, females performed better on the rumination and emotional reactivity measures and reported more depression and anxiety symptoms at baseline and follow-up [9]. As a result, due to psychological and physiological differences, it is more difficult for females to regulate their emotions than males. Due to these differences, females are also more susceptible to negative emotions and stress, thus increasing the risk factors for depression in females. Moreover, the effects for adolescent experiences of victimization are different. Although the experience of victimization can cause adolescents to produce a lot of negative emotions, it can also make adolescents' level of diurnal regulation of emotions higher. In other words, the experience of victimization can make adolescents pay more attention to their emotional regulation, thus reducing their pressure. Therefore, the victimization experience may become a double-edged sword. However, peer victimization is still a serious risk factor for depression during adolescence and emotional regulation can be an effective protective factor and relevant intervention.

A study has found that Single-Session Interventions (SSIs) could be another effective way to prevent depression of adolescents. In this trial, SSIs showed significant effect in prevention and treatment of adolescent psychopathology. Also, it may increase the accessibility and scalability of adolescent mental health care [10]. SSIs is a nine-month intervention and treatment approach involving different steps. Based on questionnaires about adolescents' behavioral and emotional control given to adolescents who received the intervention and those who did not, the result showed that depression symptoms decreased more rapidly during the follow-up period in the adolescents who received intervention than in the control group adolescents. Adolescents who received the intervention also had a significantly greater decrease in depressive symptoms from baseline to 9-month follow-up than adolescents in the control group. As a result, it shows that SSIs has the potential for adolescents with diagnosable and subclinical psychopathology [10]. In addition, it has significant effects on emerging even for self-administered interventions, which indicates the potential to reduce costs and expand access to services. Therefore, a promising, scalable SSI can reduce internal stress in high-risk adolescents, which could be a very effective intervention method.

4. Conclusion

Although a lot of research has been put forward for the prevention and treatment of depression at present, depression of adolescents is still a great problem in the society. Because of social stress, more and more adolescents developed mental health problems. For prevention of adolescent mental health problems, further research is necessary. Overall, previous results suggest that the risk of depression in adolescents has not only effects on social areas but also effects on personal emotional aspects. Social influence includes influences of parents, peers, and interpersonal pressure. The influence of parents is the care and correct guidance for children, which may become one of the most important protective factors for depression in adolescents. However, if teenagers suffer from parental indifference and lack of parental care and companionship, it can rank among the most significant risk factors for depression in adolescents. The influence of peers is also similar. The care and companionship of friends can be a protective factor for depression in adolescents, but if adolescents are bullied or excluded, it can become a serious risk factor. Interpersonal stress is cumulative, and if teenagers can't handle it, it may become a risk factor. Individual emotional influences include emotional regulation, perfectionism, and the meaning of life. Effective emotional regulation is likely to be a protective factor for adolescents. On the contrary, it can be a risk factor too, if adolescents failed to regulate their emotions. Mild perfectionism can bring positive effects to adolescents, while severe perfectionism could cause a lot of stress in adolescents, leading to increased risk for depression. If adolescents' meaning of life is too low, exposure to stress is likely to be associated with depression and become a risk factor for depression in adolescents. Contrarily, if adolescents' meaning of life is high, exposure to stress can reduce the association between stress and depression. This review can provide some suggestions to the design of prevention and intervention programs at schools and relevant research.

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