

Is There Really an Epidemic of Depression and Anxiety Among Young People?

One of the latest topics in our 24-hour news cycle is how depressed and anxious young people are becoming. Theories about the causes of this trend abound and include social media use, the global COVID-19 pandemic, and false narratives perpetuated by the capitalistic nature of the pharmaceutical industry. No matter which causation theories one subscribes to, evidence clearly illustrates that, across the globe, rates of anxiety and depression are on the rise; and young people are disproportionately affected. However, contrary to widespread belief, the surge in reported rates of depression and anxiety among young people is not a sudden phenomenon but rather a long-standing issue that has been historically under-reported.

In the past, social stigmas surrounding mental health disorders imparted data that does not accurately represent the reality of how commonplace conditions such as depression and anxiety are across society, and only now, with greater social acceptance and institutional support, the data is more descriptive of our long-ignored mental health epidemic (Bharadwaj et al., 2017). But despite past under-reporting, there is no question that rates have been accelerating in recent years; thus, the escalating prevalence of anxiety and depression among young adults is real and concerning.

Data from a long-term longitudinal study yielded statistics showing a 63 percent increase in both disorders from 2005 to 2017 in the US (Lakasing, 2020), but it is important to note that such drastic upswings in rates of these disorders are certainly not unprecedented. For example, anxiety began to rapidly claim the mental state of millions of Americans and depression grew by 300 percent from 1987 to 1997 (Hyde, 2023). Since then, anxiety and stress disorders have continued to increase in frequency of clinical diagnosis, particularly among young adults—but again, this is nothing new. However, more contemporarily, this epidemic is not solely a result of increasing mental health disorders but also influenced by shifting societal attitudes, improved diagnostic capabilities, and the digital age's impact on mental well-being.

Digitalization's Correlation with Teenage Anxiety & Depression

Many believe the digitalization of society has transformed how we interact and perceive ourselves, impacting mental health. For example, excessive social media use among young adults correlates with higher rates of anxiety and depression (Zubair et al., 2023). In summary, Dr Zubair's study concluded that constant exposure to curated realities and comparison with others' highlight reels contributes to feelings of inadequacy and anxiety. Sceptics of these findings may argue that blaming social media oversimplifies the complex nature of mental health disorders; furthermore, they may point out that genetics, trauma, and socioeconomic factors also play significant roles. However, acknowledging the influence of social media does not negate these other factors but rather highlights the multifaceted nature of mental health.

The COVID Pandemic's Impact on Mental Health Rates

Most recently, the mental health community has endeavoured to understand how the COVID-19 pandemic has exacerbated mental health challenges among young people and has contributed to the current spike in reported rates. A study co-authored by dozens of researchers worldwide looked at the prevalence and burden of depressive and anxiety disorders in 204 countries and territories during 2020 and found that the prevalence of anxiety disorder went up 25.6 percent worldwide during the pandemic, and for depressive disorder, the prevalence increased by 27.6 percent (Santomauro et al., 2021). Overall, increased isolation, fear, and uncertainty associated with the pandemic have certainly contributed to heightened levels of anxiety and depression among young people. Similar findings were corroborated by the World Health Organization (WHO), which found anxiety and depression prevalence increased by approximately 25 percent globally (World Health Organization, 2022). However, even before the pandemic, anxiety and depression were becoming more common among children and adolescents, increasing by 27 percent and 24 percent respectively from 2016 to 2019 (Lebrun-Harris; et al, 2022). Therefore, while the pandemic has certainly exacerbated factors linked with increased rates of depression and anxiety, the pandemic cannot dismiss the fact that rates of these illnesses have been consistently rising long before the outbreak of COVID-19.

Questioning the Pharmaceutical Industry's Influence

To diligently ascertain influential drivers of today's mental health crisis, it is imperative to question who benefits from increased rates of anxiety and depression in young people. It may be a sinister thought, but one cannot discount the fact that there is a lot of money to be made from telling healthy people they're sick. Pharmaceutical companies are now actively involved in sponsoring the definition of diseases and promoting them to both prescribers and consumers and thus, the social construction of illness is being replaced by the corporate construction of disease (Frances, 2013). To understand the scope of pharmaceutical expansion, a team of researchers from the University of Bristol, evaluated prescriptions for anxiety in the U.K. Their results, now published in the *British Journal of General Practice*, show a steep rise in prescribing for anxiety between 2008 and 2018 (Bogowicz, 2021). Among young adults, an increase in new prescriptions of antidepressants (most notably among people under 25) and benzodiazepines. Several possible reasons for the increase in prescribing medication include increasing rates of anxiety, better detection of anxiety, and greater acceptance of medication; however, the influence of pharmaceutical companies on mental health trends raises concerns about incentivizing an epidemic narrative for profit and the rise in prescribed medications prompts a critical examination of industry practices and their impact on mental health perceptions.

Despite a momentous upswing in prescribed anxiety and depression medications, advocates of pharmaceutical intervention point out that most individuals with depression remain untreated or undertreated (Goodwin et al., 2023). Although substantial progress has been made in evidence-supported pharmacologic and psychotherapeutic treatments for depression over the past several decades, commensurate and comprehensive implementation of and access to affordable high-quality mental health care has not occurred (Abi-Jaoude et al., 2020). Depression and anxiety are multifaceted mental health disorders, with clinical depression requiring specific criteria from the DSM-5 and mild depression often being situational and short-term (Cleveland Clinic, 2022). Today, the evolving definitions and diagnostic criteria have led to increased diagnoses, blurring the lines between clinical disorders and common emotional experiences.

Others feel some forms of medicalizing ordinary life, such as widening the boundaries of treatable illness to expand markets for those who sell and deliver treatments, may now be better described as disease-mongering (Koerner, 2002) and argue that expanding diagnostic criteria leads to over-diagnosis and medicalization of normal emotions. However, proponents of broad diagnostic criteria argue that it allows individuals to seek early intervention and support for their mental well-being which prevents the escalation of symptoms into more severe, long-term disorders. Despite the ongoing debate over the ethics of such practices, two key facts remain: firstly, the pharmaceutical industry actively incentivizes the increased diagnosis of anxiety/depression and accompanying medications, and secondly, medication is not a solution to the current mental health epidemic.

Potential Mitigators to Address Rising Rates of Anxiety & Depression

With clear evidence that depression and anxiety in young people are on the rise; and acknowledgement that this phenomenon is not a sudden occurrence but rather a clear trend spanning decades, the prioritization of efforts to effectively mitigate this ongoing epidemic is not only imperative but long overdue. However, when addressing this widespread and complex issue, there is no single solution.

The first step toward effectively dealing with the mental health crisis is learning from key societies that have been more successful in curbing the rise in mental health rates. For example, countries with high happiness levels, such as Switzerland, exhibit a keen sense of community; with 96 percent of Swiss people believing that they can rely on someone in time of need. Overall, the happiest countries are those that build strong social ties. Moreover, when examining countries with high happiness levels, other factors beyond simply a sense of community are revealed, which may provide key insights toward combating the prevalence of anxiety and depression within a society. For instance, Iceland ranks at the top in jobs and earnings, which ensures high living standard and life satisfaction; Norway has an average of higher than 82 percent of adults aged 25-64 who have completed upper secondary education; and Finland has average students scoring 528 in OECD's Programme for International Student Assessment (PISA), which exceeds the OECD average of 497 excessively (Johnson, 2015). In sum, healthy life expectancy, access to education, social support, and above-average GDP per capita help explain why these European countries have high happiness levels as well as lower rates of anxiety and depression among their young people.

Critics will be quick to point out that realizing meaningful improvements to large, systematic facets of society, such as healthcare, education, and job markets are neither easy nor quick solutions. In fact, this is true, but it does not undermine the reality that improving these areas can ease the ever-climbing rates of mental illnesses. Therefore, immediately actionable solutions are also necessary to combat the growing anxiety and depression epidemics in the near term. For instance, on an individual level, physical exercise of any kind has been shown to effectively reduce mental health issues. In a recent study by The Black Dog Institute and UNSW, researchers found that 12 percent of cases of depression could have been prevented if participants had undertaken just one hour of physical activity each week (Schuch et al., 2018). Co-author Dr Simon Rosenbaum, Senior Research Fellow at UNSW Sydney, said the key challenge ahead is "ensuring that this overwhelming evidence is translated into meaningful policy change that creates environments and opportunities to help everyone, including vulnerable members of our society, engage in physical activity". However, not everyone can benefit from doing physical activities—those with physical illnesses or disabilities may not be able to conduct physical exercise due to safety concerns. According to a study conducted by the Australian Research Alliance for Children and Youth, young people with disabilities or chronic health conditions have poorer mental health than their non-disabled peers (Honey et al., 2009). Thus, beyond a focus on physical exercise, professional treatment such as taking anti-depressant medicines, Cognitive Behavioural Therapy, Mindfulness-Based Therapies, and increased prioritization of social support may be more effective and tolerant for all kinds of young people who have anxiety or depression (Eyre et al., 2013).

Acknowledging our past neglect of mental health issues, we must now take proactive steps to address the escalating rates of depression and anxiety among young people. In the near term, considerations of increased regulations on the pharmaceutical industry and major social media platforms could be the most immediate rebuff against the rising rates of depression and anxiety in today's youth. However, by understanding the multifaceted nature of this epidemic and implementing holistic interventions, we must simultaneously work towards a society that prioritizes mental well-being and resilience. Systematically, leadership within any society must remain committed to elevating the quality of life for its citizens, with special emphasis on improving economic prosperity, access to education, and promotion of health services as well as strengthening social cohesion and inclusion; all of which have been proven to significantly decrease rates of depression and anxiety within society.

Psychology Q2: There is an unprecedented epidemic of depression and anxiety among young people. Can we fix this? How?

Bibliography:

1. Bharadwaj, P., Pai, M. M., & Suziedelyte, A. (2017). Mental health stigma. *Economics Letters*, 159(1), 57–60. <https://doi.org/10.1016/j.econlet.2017.06.028>
2. Lakasing, E., & Mirza, Z. (2020). Anxiety and depression in young adults and adolescents. *British Journal of General Practice*, 70(691), 56–57. <https://doi.org/10.3399/bjgp20x707765>
3. Hyde, E. K. O. E. (2023, October 30). The Rise of Anxiety and Depression among Young Adults in the United States - Ballard Brief. Ballard Brief. <https://ballardbrief.byu.edu/issue-briefs/the-rise-of-anxiety-and-depression-among-young-adults-in-the-united-states>
4. Zubair, U., Khan, M. K., & Albashari, M. (2023). Link between excessive social media use and psychiatric disorders. *Annals of Medicine and Surgery*, 85(4), 875–878. <https://doi.org/10.1097/MS9.000000000000112>
5. Santomauro, D. F., Herrera, A. M. M., Shadid, J., Zheng, P., Ashbaugh, C., Pigott, D. M., Abbafati, C., Adolph, C., Amlag, J. O., Aravkin, A. Y., Bang-Jensen, B. L., Bertolacci, G. J., Bloom, S. S., Castellano, R., Castro, E., Chakrabarti, S., Chattopadhyay, J., Cogen, R. M., Collins, J. K., & Dai, X. (2021). Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. *The Lancet*, 398(10312), 1700–1712. [https://doi.org/10.1016/S0140-6736\(21\)02143-7](https://doi.org/10.1016/S0140-6736(21)02143-7)
6. World Health Organization. (2022, March 2). COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide. *Www.who.int*. <https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide#:~:text=In%20the%20first%20year%20of>
7. Lebrun-Harris, L. A., Ghandour, R. M., Kogan, M. D., & Warren, M. D. (2022). Five-Year trends in US children's health and well-being, 2016-2020. *JAMA Pediatrics*, 176(7), 1–11. <https://doi.org/10.1001/jamapediatrics.2022.0056>
8. Frances, A. (2013). Saving normal: An insider's revolt against out-of-control psychiatric diagnosis, DSM-5, big pharma and the medicalization of ordinary life. *Psychotherapy in Australia*, 19(3), 14–18. <https://search.informit.org/doi/10.3316/informit.464019439257830>
9. Bogowicz, P., Curtis, H. J., Walker, A. J., Cowen, P., Geddes, J., & Goldacre, B. (2021). Trends and variation in antidepressant prescribing in English primary care: a retrospective longitudinal study. *BJGP Open*, 5(4), BJGPO.2021.0020. <https://doi.org/10.3399/bjgp.2021.0020>
10. Goodwin, R. D., Dierker, L. C., Wu, M., Galea, S., Hoven, C. W., & Weinberger, A. H. (2022). Trends in U.S. Depression Prevalence From 2015 to 2020: The Widening Treatment Gap. *American Journal of Preventive Medicine*, 63(5), 726–733. <https://doi.org/10.1016/j.amepre.2022.05.014>
11. Abi-Jaoude, E., Naylor, K. T., & Pignatiello, A. (2020). Smartphones, social media use and youth mental health. *CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne*, 192(6), E136–E141. <https://doi.org/10.1503/cmaj.190434>
12. Cleveland Clinic. (2022, October 14). DSM-5: What It Is & What It Diagnoses. Cleveland Clinic; Cleveland Clinic. <https://my.clevelandclinic.org/health/articles/24291-diagnostic-and-statistical-manual-dsm-5>
13. Koerner, Brendan I. "Disorders made to order: pharmaceutical companies have come up with a new strategy to market their drugs: First go out and find a new mental illness, then push the pills to cure it." *Mother Jones*, vol. 27, no. 4, July-Aug. 2002, pp. 58+. Gale OneFile: Health and Medicine,
14. Johnson, C. (2015, June 12). What Makes a Nation Happy? Greater Good. https://greatergood.berkeley.edu/article/item/what_makes_a_nation_happy
15. Schuch, F. B., Vancampfort, D., Firth, J., Rosenbaum, S., Ward, P. B., Silva, E. S., Hallgren, M., Ponce De Leon, A., Dunn, A. L., Deslandes, A. C., Fleck, M. P., Carvalho, A. F., & Stubbs, B. (2018). Physical Activity and Incident Depression: a Meta-Analysis of Prospective Cohort Studies. *The American Journal of Psychiatry*, 175(7), 631–648. <https://doi.org/10.1176/appi.ajp.2018.17111194>
16. Honey, A., Emerson, E., & Llewellyn, G. (2009). The mental health of young people with disabilities: impact of social conditions. *Social Psychiatry and Psychiatric Epidemiology*, 46(1), 1–10. <https://doi.org/10.1007/s00127-009-0161-y>
17. Eyre, H. A., Papps, E., & Baune, B. T. (2013). Treating Depression and Depression-Like Behavior with Physical Activity: An Immune Perspective. *Frontiers in Psychiatry*, 4. <https://doi.org/10.3389/fpsy.2013.00003>