



Reframing the perspective on Depression in young adults; A review of causes and current treatments

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Abstract:

In the modern world, depression is a prevalent condition that has an adverse impact on one's feelings, thoughts, and behaviors. While there are many symptoms that characterize depression, losing interest in earlier passions and long periods of sadness are among the most common (*Depression*, n.d.) . There are many treatments that exist currently in order to treat this condition, these include: medication, psychotherapy, Deep Brain Stimulation (DBS), Cognitive Behavioral Therapy (CBT), etc. Even though treatments like these exist, many people still suffer from depression and more research is required to fully understand this condition. Here, we will explore the new trends in depression in teens, potential causes for increases in depression incidence, and current and future treatments for depression. In addition, we will focus on ways to change the stigmas associated and surrounding depression and tactics for accepting depression as a transient condition.

Introduction:

Depression is a prevalent mental condition that impacts one's thoughts, actions, and well-being. It is distinguished by feelings of sadness, low energy, sleep difficulties, and an inability to find pleasure in life. (Depression, n.d.) Major depression is one of the most common and debilitating personal and public health conditions worldwide, representing the third most costly disease to society (Hauenstein, 2003). On a yearly basis, the prevalence of depression varies from country to country but is thought to impact approximately 280 million people worldwide. This means that depression affects nearly one out of every five individuals during their lifetime (Hauenstein, 2003). High income (5.5%) and low/middle income countries (5.9%) both have similar percentages of people diagnosed with major depressive disorder. This shows how the occurrence of major depressive disorder is not dependent on people's income level (Hauenstein, 2003). The most likely time for the initial occurrence of major depression spans from the teenage years to the mid-40s (Hauenstein, 2003). However, nearly 40% of individuals encounter their first bout of depression before reaching the age of 20 (Hauenstein, 2003).

One of the most common forms of Depression in Adolescents is Major Depressive Disorder. The occurrence of Major Depressive Disorder (MDD) in adolescents varies, with current estimates indicating that it can affect around 8.3% of adolescents at any given point in time. Notably, girls are twice as likely as boys to be diagnosed with MDD (Hauenstein, 2003). Major depressive disorder (MDD) is a psychiatric condition that can significantly impact a person's ability to work, socialize, and maintain physical health. Depression is the leading cause of disability worldwide, affecting over 300 million individuals globally, with approximately 20.6% of people in the USA experiencing it during their lifetime. While there are numerous treatments available for MDD, it is estimated that 10 to 30% of patients do not respond to standard treatments.

Furthermore, a significant proportion of people (approx. 30%) (Kverno & Mangano, 2021) diagnosed with major depressive disorder (MDD) do not experience complete relief from symptoms or regain full functionality when treated with antidepressants. In cases of major depression where two prior conventional treatments or augmentations have proven ineffective, known as treatment-resistant depression (TRD). Manual-based psychotherapies like cognitive-behavioral therapy have been found effective for treating major depression, their effectiveness as standalone treatments for TRD is not firmly established (Nuñez et al., 2022)

Diagnosis of Depression:

In addition to high rates of treatment resistant depression, the diagnosis of MDD is also challenging, a medical environment, to identify Major Depressive Disorder (MDD) in both adults and adolescents, the criteria outlined in the Diagnostic and Statistical Manual 4th Edition—Text Revision (APA, 2000) can be employed. Typically, the diagnosis of MDD relies on the use of systematic and standardized clinical interviews (Puig-Antich & Ryan, 1986; Schwab-Stone et al., 1993; Spitzer, Williams, Gibbon, & First, 1992; Welner, Reich, Herjanic, Jung, & Amado, 1987). These standardized interviews are considered the most reliable method for confirming the presence of MDD. However, they can be somewhat unwieldy, particularly in general pediatrics and other primary care settings. Specifically for children, the Children's Depression Inventory (CDI), developed by Kovacs in 1980/1981, is designed for kids aged 7 to 17 years. The CDI is a quick screening tool that takes less than 10 minutes to complete. An even simpler screening method which uses a survey format involves asking these two questions:

1. In the past month, have you felt sad, depressed, or hopeless?
2. In the last month, have you frequently lost interest or joy in doing things?

If a person answers "yes" to either of these questions, it's considered a positive screening result, and further assessment is recommended. These two questions alone can reliably identify approximately 65% of individuals with Major Depressive Disorder (MDD) (Whooley, Avins, Miranda, & Browner, 1997).

Outside of official surveys, numerous additional indicators can suggest that an adolescent might be experiencing depression, as outlined by Lewinsohn et al. in 1998. These signs may include an abundance of negativity, heightened irritability, self-criticism, criticism of others, and the use of sarcasm, which can serve as potential markers of Major Depressive Disorder (MDD) in teenagers. Additionally, traits like self-consciousness, low self-esteem, struggles in social situations, and difficulty in managing stress are behaviors that should prompt consideration of the presence of a depressive condition, particularly among girls. These symptoms do not necessarily indicate that a teenager suffers from depression and it is important to receive a diagnosis for the same by getting evaluated by a medical professional. (Hauenstein, 2003)

Major depressive disorder (MDD) is the most widespread depressive disorder in adolescents (Hauenstein, 2003). New approaches to treating treatment-refractory depression (TRD) have primarily focused on targets other than serotonin in the brain and various techniques to stimulate specific brain regions. For patients who have not seen improvement with any of the currently available antidepressant treatments, including electroconvulsive therapy, deep brain

stimulation (DBS) is currently only offered as part of experimental research studies. (Figuee et al., 2022)

Types of Depression:

Depression can take many forms in teens. It can include, but is not limited to, Major Depressive Disorder, Dysthymic disorder, and Bipolar Disorder. MDD or Major depressive disorder is the most common type of depressive disorder. Major Depressive Disorder (MDD) is diagnosed when a person experiences either a persistent depressed mood or a continuous lack of pleasure in their usual activities for a duration of at least two weeks, along with the presence of five or more additional symptoms, according to the American Psychiatric Association (APA, 2000). Major depressive disorder (MDD) is a severe psychiatric condition that can significantly impact a person's ability to work, socialize, and maintain physical health. These additional symptoms encompass changes in appetite, sleep patterns, or weight, as well as feelings of fatigue, reduced libido, difficulties with concentration, a sense of worthlessness, and, in more severe cases, recurrent thoughts of death (Hauenstein, 2003). MDD exhibits a significant genetic predisposition, with the highest rates of the disorder observed in close family members of adolescents who have had this condition in the past or presently have it (Hauenstein, 2003). Dysthymic disorder is a persistent mood disorder characterized by a prolonged and smoldering emotional disturbance for at least two years (Sansone & Sansone, 2009). Bipolar disorder is a mental health condition that causes extreme mood swings, from mania to depression. It affects millions of people worldwide, regardless of their background or socioeconomic status. Dysthymic disorder is similar to the Major Depressive Disorder (MDD) and is often seen in teenagers. Dysthymic disorder is a persistent mood disorder characterized by a prolonged and emotional disturbance for at least two years and can be characterized by a depressed mood or when moodiness is present for a year or more (Sansone & Sansone, 2009). It shares almost the same symptoms as MDD. Teenagers who experience Dysthymic disorder have a high chance of developing MDD and when this occurs it is termed Double Depression (Hauenstein, 2003). Bipolar disorder is a leading cause of disability among young people, and it can increase the risk of death, especially by suicide. 10-15% of adolescents with MDD also develop Bipolar Disorder. Bipolar Disorder includes both mania and MDD as part of the illness spectrum. Mania is defined by an expansive or irritable mood along with an inflated self-esteem, reduced need for sleep, excessive talkativeness, and racing thoughts. In adolescents, this can manifest as academic problems, skipping school, engaging in antisocial behavior, or using illegal substances, according to the American Psychiatric Association (APA, 2000). Usually, a manic episode occurs just before or after a depressive phase in this condition.

Social Contributors to Depression:

The potential causes of Depression is examined by two studies on social comparisons that were made through Social Media and its association with depression. Nesi and Prinstein (2015) discovered that comparing oneself to others and seeking feedback on social media platforms were linked to depressive symptoms, even after accounting for factors like overall technology usage, seeking reassurance excessively offline, and prior depressive tendencies. This connection was particularly significant among females and adolescents with lower popularity,

according to peer evaluations. On the other hand, Niu et al. (2018) found that using Qzone, a Chinese social media site, didn't directly cause depression. Instead, the relationship between Qzone use and depression was mediated by negative social comparisons. Moreover, this link between Qzone use and negative social comparisons was more prominent among individuals with low self-esteem (Vidal et al., 2020). Psychology professor Rosen has referenced studies suggesting that excessive daily use of various media and technology negatively impacts the well-being of children, preteens, and teenagers, potentially increasing their vulnerability to psychological issues such as anxiety and depression. However, it's important to note that these findings may sometimes mistakenly equate correlation with causation. For instance, a study involving 160 high school students, conducted through interviews, discovered a significant statistical connection between the time spent on social networking platforms like Facebook, Twitter, and MySpace and the participants' scores on the Beck Depression Inventory. The study concluded that there was an association between depression and online social networking but emphasized the need for further research to uncover potential causal links. (Richards et al., 2015)

Raising Awareness of Depression :

Awareness of depression, especially among young adults, has seen a significant increase in recent years. This heightened awareness is driven by a combination of factors, including greater public education, improved mental health advocacy, and open conversations around the topic. Young adults in particular are more informed about depression thanks to the wealth of information available online and through social media. They are increasingly recognizing the signs and symptoms of depression and are better equipped to seek help when needed. This is a critical development, as early intervention and support can make a substantial difference in one's ability to manage and recover from depression.

It is important to be willing to consider new ideas in order to be more open-minded about the concept of depression having profound impacts. First and foremost, it reduces the stigma that has historically surrounded mental health issues. Open conversations help individuals realize that depression is a common and treatable condition, and it can affect anyone, regardless of age, gender, or background. This shift in perspective encourages those struggling with depression to seek help without fear of judgment. Furthermore, open-mindedness fosters a more empathetic society, where people are better equipped to support friends, family members, or colleagues who may be experiencing depression. It allows for a more compassionate and understanding environment, which is crucial for the recovery and well-being of those affected by this mental health condition.

Can we do something more to become open minded about depression ?

Several steps can be taken to become even more open-minded about depression and contribute to reducing the stigma surrounding it. First and foremost, education plays a vital role. We People should continue to promote mental health literacy by integrating mental health awareness programs into schools, colleges, and workplaces. These programs can teach individuals about the signs and symptoms of depression, strategies for self-care, and how to



support friends or loved ones who may be struggling. The more informed we are, the better we can empathize and provide the necessary help. Another crucial aspect is fostering open and non-judgmental conversations. Encouraging people to share their personal experiences with depression can humanize the condition and make it more relatable. It's essential to create safe spaces where individuals can talk openly about their mental health challenges without the fear of being stigmatized. Public figures, including celebrities and influencers, can also play a significant role by sharing their own experiences, as this can inspire others to do the same. Moreover, media representation and language matter. Media outlets should be encouraged to depict depression and mental health issues accurately and sensitively. Language matters, and avoiding derogatory terms or stereotypes associated with mental health is essential. By using words that are inclusive that include : a person with depression, experiencing depression, depressive disorder and understanding, we can contribute to a culture that respects and supports individuals living with depression. Collectively, these efforts can help create a more open-minded and compassionate society when it comes to understanding and addressing depression. Furthermore, destigmatizing depression also involves challenging misconceptions and stereotypes. It's important to highlight that depression is not a sign of personal weakness or failure, but rather a complex medical condition that can affect anyone. By dispelling these myths, we can create a more accepting and supportive environment for those who are suffering. Promoting stories of resilience and recovery can further demonstrate that depression is treatable, and individuals can lead fulfilling lives with the right support and interventions. Supporting mental health initiatives and organizations can make a significant impact. Volunteering, fundraising, or simply spreading the word about reputable mental health organizations can help raise awareness and resources for individuals in need. Additionally, advocating for policies and laws that ensure equitable access to mental health care and insurance coverage can make a profound difference.

It's essential to encourage self-care and mental well-being practices in our daily lives. This includes acknowledging that taking care of our mental health is just as important as taking care of our physical health. Practicing self-compassion and empathy towards ourselves and others is a vital part of this journey. This can involve setting boundaries, managing stress, and seeking professional help when needed. Community involvement is another key aspect of building an open-minded approach to depression. By engaging with local mental health initiatives and organizations, individuals can contribute to creating a more empathetic and supportive community. Volunteering, participating in awareness campaigns, or attending mental health events can help break down the barriers that often isolate those struggling with depression.

In a world where the awareness of depression is growing and open-mindedness is championed, young adults can navigate the challenges of their mental health more effectively. They are empowered to seek help, engage in early intervention, and lead fulfilling lives while managing depression. As societies continue to embrace mental health awareness, the impacts are profound, ultimately leading to healthier, more supportive communities that prioritize the well-being of every individual. In summary, fostering a more open-minded and accepting society regarding depression is an ongoing effort that involves education, empathy, language, and cultural change. By working collectively to challenge stereotypes, promote accurate information, and create safe spaces for open conversations, people can contribute to a more inclusive and compassionate world where individuals with depression feel supported and empowered to seek help and live healthier lives.

Current medical treatments for depression :

As mentioned above, despite its high prevalence, major depressive disorder (MDD) often goes untreated or undertreated. Research focusing on adolescents has indicated that treatment rates range from 34.7% to 61%, with only 16% of those people receiving adequate care (as shown in studies by Flament et al., 2001, and Lewinsohn, Rohde, & Seely, 1998b). This low rate of successful treatment is a significant concern because untreated depressed adolescents are at risk of becoming depressed adults, as highlighted by Weissman et al. (1999). These researchers discovered that depressed adolescents have a suicide rate of 7.7%, which is five times higher than that of their non-depressed counterparts, and they are also twice as likely to experience major depressive disorder, psychiatric issues, and medical hospitalizations as adults. Furthermore, their ability to function in work, family, and social settings is impaired. Several factors contribute to this, including a lack of time and training among physicians and reduced compensation for treating psychiatric disorders in pediatric settings, as pointed out by Sampson and Mrazek (2001). It's important to note that evidence-based treatments for adolescents have not been extensively developed as more research is required to do so.

Over the years, many different treatments for Depression have been discovered and researched about. Researchers have developed a number of effective therapies including Psychotherapy (talk therapy) and various medications. Research on therapies and medication for depression is an ongoing process, with new and innovative treatments being developed all the time.

Therapies

Empirical evidence strongly supports the effectiveness of psychotherapy in achieving remission and recovery from major depressive disorder (MDD) in adolescents. In a review of psychotherapy research conducted by Kazdin and Weisz in 1998, several psychotherapeutic treatment approaches with adolescents stood out for their compelling efficacy. One such approach for adolescents with MDD is coping skills training (CST), as demonstrated by findings from Lewinsohn et al. in 1998. CST draws heavily from Beck's cognitive theory of MDD and, to a lesser extent, stress diathesis models (as outlined in Beck, Rush, Shaw, & Emery in 1979 and Lewinsohn et al. in 2001). This group therapy is structured into multiple topics and typically involves 2-hour sessions held twice a week, totaling 16 sessions in all. The CST program starts with social skills training, which addresses a significant concern for teenagers. Following this, participants are taught relaxation techniques using progressive muscle relaxation to reduce social anxiety. Cognitive restructuring is the next component, focusing on enhancing positive thinking patterns and challenging irrational thoughts. Adolescents also learn strategies to increase pleasurable activities as part of cognitive restructuring. The program then delves into teaching basic negotiation and problem-solving skills, particularly aimed at improving parent-child interactions and reducing negative interactions. To prevent further episodes of MDD, adolescents are guided to identify individual triggers for mood changes and depressive symptoms while learning to recognize the reappearance of these symptoms. As part of the CST process, adolescents are provided with a workbook and are expected to complete homework assignments to reinforce their learning.

Medication

Limited randomized controlled trials have assessed the effectiveness of medication for treating major depressive disorder (MDD) in adolescents. Specifically, there have been eleven controlled studies examining the efficacy of tricyclic antidepressant medications (TCAs), such as imipramine (as discussed in Keller et al., 2001). These studies did not provide evidence that TCAs are more effective than a placebo (as indicated by Birmaher et al., 1996a, and Sampson & Mrazek, 2001). Moreover, the significant side effects associated with TCAs and their potential for causing severe harm in cases of overdose discourage their use in adolescents. There is some preliminary data suggesting that selective serotonin reuptake inhibitors (SSRIs) may be effective in treating MDD in adolescents (as mentioned in Birmaher et al., 1996a, Keller et al., 2001, and Sampson & Mrazek, 2001). Most of the research in this area has consisted of open-label studies, which have shown that fluoxetine (Prozac, Eli Lilly, Indianapolis, IN) and paroxetine (Paxil, GlaxoSmithKline, Research Triangle Park, NC) were more effective than a placebo in reducing symptoms of MDD in adolescents. However, it's worth noting that two placebo-controlled studies involving Prozac produced ambiguous results. In a recent randomized, placebo-controlled trial, it was observed that there was a slight improvement in clinical mood ratings when comparing Paxil, imipramine, and placebo (as described in Keller et al., 2001). Although Paxil demonstrated effectiveness when compared to a placebo, imipramine did not yield the same positive results.

Pharmacotherapy

The treatment of major depressive disorder has traditionally centered around enhancing the activity of monoaminergic neurotransmitters. However, more recent antidepressant medications target different brain systems, such as the N-methyl-D-aspartate (NMDA) receptor, melatonin, or gamma-aminobutyric acid (GABA). While the precise mechanisms through which antidepressants alleviate mood symptoms are not fully understood, most antidepressants that act on monoaminergic neurotransmission initially produce effects within the brain. These effects then influence intracellular signaling and second messenger pathways. These complex pathways ultimately result in alterations in gene expression, the generation of new neurons (neurogenesis), and changes in the strength of synaptic connections (synaptic plasticity). These adaptive changes collectively contribute to the therapeutic benefits of antidepressants (Malhi & Mann, 2018). The pharmacological effects of antidepressants are multifaceted and intricate. Although categorizing antidepressants into classes based on their primary pharmacological actions may seem overly simplistic, it remains a practical approach in clinical practice. This categorization is helpful because the clinical effects of antidepressants often exhibit broad and overlapping characteristics.

Cognitive behavioral therapy

Three of the most acclaimed therapies for the treatment of depression in adolescents and children that have received empiric support are Cognitive Behavioural Therapy (CBT), Interpersonal Psychotherapy (IPT) and family therapy. However, out of these the most well-established is Cognitive Behavioral Therapy. Usually, CBT for depressed youth ranges from 5 to 16 sessions. The Coping with Depression for Adolescents program, the ACTION program,

and the Primary and Secondary Control Enhancement Training have all been utilized in various delivery formats, including individual, group, and online. Notably, the Treatment for Adolescents with Depression Study, the largest treatment trial for depressed youth, involved 439 adolescents aged 12 to 17 with primary Major Depressive Disorder diagnoses (Oar et al., 2017). They were randomly assigned to receive Cognitive-Behavioral Therapy (CBT), fluoxetine (FLX), a combination of both (COMB), or a placebo (PBO) over a 12-week period. Results indicated that COMB produced better outcomes compared to FLX and CBT separately, with FLX being more effective than CBT alone. CBT showing no significant advantage over the placebo (Oar et al., 2017). The underwhelming CBT outcomes prompted scrutiny, with suggestions that factors such as the specific type of CBT (e.g., a limited number of sessions with various treatment components) and the method of implementation may have contributed to these less favorable results (Oar et al., 2017). However, in the long-term follow-up, CBT outcomes were found to be similar to FLX and COMB. Additionally, it's worth noting that while rates of suicidal events decreased during therapy, this decrease was less pronounced for FLX when compared to COMB and CBT (Oar et al., 2017)

Deep brain stimulation

Despite encountering various challenges, deep brain stimulation (DBS) is a widely utilized method for treating Parkinson's disease (PD) and is currently being explored off-label for major depression treatment. The lack of a well-defined understanding of depression's neurophysiological basis and the site-dependent nature of DBS mechanisms have hindered the establishment of an optimal approach. Research on DBS's antidepressant effects primarily stems from open-label studies, and it remains experimental according to treatment guidelines. Identifying electrophysiological biomarkers indicating treatment suitability and efficacy is crucial. In this review, we outline tested neuroanatomical brain structures for depression DBS treatment, providing updated information on their suitability. The existing evidence for DBS's efficacy and safety in depression remains limited, necessitating ongoing exploration of optimal brain targets. Reliable biomarkers for depression-related brain abnormalities could enhance DBS treatment assessment, potentially paving the way for personalized medicine in depression DBS treatment (Drobisz & Damborská, 2019).

Given the widespread prevalence of major depression, its profound impact on individuals, and the significant economic burden it imposes, there is an urgent need for enhanced diagnosis and management. Challenges include the diverse nature of the illness, the social stigma associated with mental health conditions, and the collective failure to discover more effective treatments. However, the central issue lies in our incomplete understanding of the causes and physiological processes underlying major depressive disorder, which hinders the development of improved treatments. Prevention, early intervention, and effective management are critical objectives. However, substantial progress is likely only when we identify the fundamental causal mechanisms. In clinical practice, the treatment focus should transition from achieving mere response to attaining remission, with an ultimate goal of recovery and resilience development. To achieve these objectives, we must aim for earlier detection, diagnosis, and the prompt treatment of depression at its onset. Major depression primarily affects the brain, and it is plausible that this condition can be preventable and even curable once we fully comprehend its



underlying causes. To reach this point, we must make substantial and long-term investments in research that leverages recent advancements in neuroscience, genomics, and technology (Hazell, 2009)

Conclusion:

Depression is not a one size fits all type of condition rather all individuals experience it in their own unique ways. Depression is not a disability rather it is a condition that can be caused by a variety of reasons as described above. With more than 40% of people experiencing symptoms before the age of 20, depression is a very prevalent condition. Over the years, many different tests have been developed for adults and adolescents alike, but many have been created specifically for adolescents and teenagers. It is believed that Depression is a condition that is treatable to some extent in most cases. However, there are cases where depression symptoms may not be impacted by any current treatments. This paper has reviewed treatments like Cognitive Behavioral Therapy, Pharmacotherapy, Deep Brain Stimulation as well as developing and future treatments. Despite the availability of such therapies, numerous individuals continue to experience depression, underscoring the need for further research to gain a comprehensive understanding of this condition. In addition, this paper has addressed social contributors to depression as well as ways to alter the social biases and misconceptions linked to depression. Finally, strategies for acknowledging depression as a temporary state have been discussed. In essence, it is crucial to continue exploring innovative approaches and providing comprehensive support to empower young adults in their journey towards mental well being and a brighter future.

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