

The common phenomenon of depression in society and its solution

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Abstract. Depression is one of the most prevalent mental disorders globally. World Health Organization (WHO) data shows that approximately 3.5%–5% of the global population suffers from depression, and the incidence rate is increasing annually. Its peak age of onset is concentrated in late adolescence to middle age, especially among those aged 15–29. Depression has become a major risk factor for disability and suicide. This article summarizes and compiles the main causes of depression, its significant impact on individuals and society, and innovative treatment methods proposed by some scholars. This article primarily employs a literature review method, compiling several articles to demonstrate the causes and solutions of depression. The research concludes that the development of depression includes, but is not limited to, congenital genetic factors, interpersonal relationships, and academic pressure. It can be treated with Selective Serotonin Reuptake Inhibitors (SSRIs) and Norepinephrine Reuptake Inhibitors (SNRIs).

Keywords: depression, personal factors, social factors, mental disorder

1. Introduction

Depression is a common and complex mental disorder with a high prevalence and recurrence rate, which seriously affects the quality of life and social functioning of individuals. Existing research shows that its occurrence is closely related to genetics, neurotransmitter imbalance, stress response and abnormal neural circuits. Contemporary college students face multiple pressures such as academic pressure, employment pressure, social pressure, love pressure and economic pressure [1]. The superposition of these pressures leads to an increasing psychological burden on those students. Therefore, it is necessary to strengthen psychological courses and add psychological teachers to provide guidance and support for college students. The causes of adolescent depression are diverse, such as genetic factors, psychological factors, social environmental factors, etc. [2]. Drug treatment can be used for these situations, such as Selective Serotonin Reuptake Inhibitors (SSRIs) and Norepinephrine Reuptake Inhibitors (SNRIs), which are the most commonly used drugs for treating adolescent depression, as well as traditional drugs such as Tricyclic Antidepressants (TCAs) and Monoamine Oxidase Inhibitors (MAOIs) [2]. However, current drug and psychotherapy still have limitations in efficacy and universality. Exploring new pathological mechanisms and intervention methods is of great significance for promoting the research and clinical application of depression.

This article primarily employs a literature review approach to discuss depression among modern young people caused by various high-pressure situations in society, and methods for alleviating and treating depression, such as dietary supplements. This article helps summarize the causes of depression, methods for alleviating depression through medical means such as food and medication, and the manifestations of depression in individuals and society.

2. Causes of depression

Depression is becoming increasingly well-known in today's fast-paced world, and more and more people are unsure whether they have it. Depression, also known as depressive disorder, is a mental disorder with a high incidence rate, a high clinical cure rate, but a low treatment acceptance rate and a high relapse rate. Its main characteristic is a significant and persistent low mood. Some patients may exhibit self-harm or suicidal behavior, and may even experience psychotic symptoms such as delusions and hallucinations. Clinically, depressive disorders can be classified into mild, moderate, and severe based on the number, type, and severity of symptoms, and are referred to as geriatric depression, childhood depression, postpartum depression, etc., depending on the specific group, such as the elderly, children, or postpartum women.

On the one hand, depression can stem from tense family relationships in childhood, such as verbal arguments and physical conflicts between parents. On the other hand, there is also pressure from work and studies. For students, academic tasks and

quantifiable goals constantly put them on edge. For working professionals, the daily pressure of dealing with superiors and completing numerous tasks can also lead to depressive moods, eventually developing into clinical depression.

In addition, interpersonal communication can also induce depression. There are many people with different personalities in society, and introverted and reserved people are often passive in communication, which may lead to being ostracized or having some conflicts with others, thus triggering depression [3]. In addition to acquired factors, there are also some innate factors. Genetics shows that the incidence of depression is higher in some families of individuals with depression. Although no single gene can cause depression, the combination of multiple genes may affect the level of neurotransmission in the brain, thus inducing depression. Based on the theory of genetic and environmental interaction such as serotonin gene transporter and brain-derived neurotrophic factor gene polymorphism, it is believed that genes related to depression will form a susceptibility to depression, which will trigger depression under the interaction with the environment. For example, the interaction between individuals susceptible to depression and internet addiction may induce a series of depressive symptoms. These depression susceptibility genes belong to the five-core tryptamine signaling pathway, dopamine signaling pathway, vascular-related pathway and neurotrophic factor-related signaling pathway according to the function of their expression products. Their variant forms include gene mutation, single nucleoside F nucleotide polymorphism and variable number of gene tandem repeats, all of which have been shown to be associated with the occurrence of depression [4].

3. Manifestations and effects of depression

3.1. Individual level

Many teenagers feel anxious and uneasy when they first enter an unfamiliar environment, especially introverted individuals. Case Analysis: Li, a female freshman, had mild depression before entering university. After entering university, she spent her time outside of class time entertaining herself in her dormitory and other rest areas. Initially, her classmates and roommates would try to communicate with her, but due to her cold attitude, they gradually became unwilling to interact with her. In the first semester of her freshman year, Li was still able to attend classes on time. However, in the second semester, Li began to sleep in class and even skipped classes altogether. Her roommates, unable to tolerate Li's behavior in the dormitory (unexplained throwing things, crying, and staying up all night), repeatedly requested the counselor to move her to another dormitory. The counselor promptly contacted the school's psychological counseling center, and Li received psychological counseling. Based on Li's various daily behaviors, a preliminary diagnosis of severe depression was made.

Li's case illustrates a common developmental trajectory of depressive symptoms among university students. At the individual level, depression often manifests through persistent emotional withdrawal, reduced motivation, changes in sleep patterns, and significant decline in academic performance. Many students entering college experience adjustment-related stress, but individuals with pre-existing vulnerabilities, such as introversion or a history of emotional disorders, may find transitional stress particularly overwhelming. In Li's situation, her inability to adapt to the new environment gradually intensified her sense of isolation. As her interpersonal interactions diminished, her self-perception and emotional stability deteriorated further.

Moreover, depression also affects cognitive functioning. Individuals may experience difficulty concentrating, slower information processing, and impaired decision-making. These symptoms directly contributed to Li's absenteeism and declining classroom engagement. Physiological symptoms—such as fatigue, appetite disturbance, and insomnia—further exacerbate psychological distress, creating a negative cycle that deepens depressive severity. Research indicates that young adults often lack the coping mechanisms and help-seeking awareness necessary to interrupt this cycle, resulting in delayed treatment and worsening symptoms [4]. Li was unable to adapt to the new environment quickly, which led to his gradual alienation from his peers and his development of depression.

3.2. Social level

Different social classes mainly refer to the differences in class and cognition caused by differences in wealth, knowledge accumulation, etc. Because of these differences, people have huge differences in their outlook on life, aesthetics and values, which leads to the occurrence of many depressions: for example, children born in some poor economic families are obviously more inferior and sensitive, thus showing depressive mood or even depression at all times. At the same time, economic limitations will also restrict the development of college students in all aspects. Doing the same thing, students from poor families have to bear more pressure and burden and face more "depression" than students from well-off families [5].

3.3. Impact

Depression has become a prevalent and undeniable illness in recent years. According to the China Mental Health Survey (CMSHS), the lifetime prevalence of depression in China is approximately 6.8%, which translates to about 95 million people,

with an annual prevalence rate of 3.6%, totaling 50 million. The factors contributing to depression are complex. For example, since 2020, reports of depressive and anxiety symptoms have increased significantly, particularly among frontline workers and adolescents. Furthermore, with societal development, more and more people are proactively seeking medical diagnosis and discovering they have depression. In response to this issue, the National Health Commission of China released the Work Plan for Exploring Characteristic Services for the Prevention and Treatment of Depression in 2020, incorporating depression into the key areas of public health, with the aim of early detection and intervention.

Beyond prevalence, the impact of depression extends across multiple domains of individual and societal functioning. Emotionally, individuals may experience persistent sadness, irritability, or emotional numbness, which impairs their ability to maintain healthy relationships. Academically and occupationally, depression contributes to reduced productivity, poor concentration, and absenteeism, affecting both personal development and institutional performance. For students, this may lead to academic probation or withdrawal; for working adults, it can result in decreased job stability or income loss.

The societal impact is equally significant. Depression contributes to increasing healthcare expenditures and places a heavy burden on public mental health services. Family members often assume caregiving responsibilities, which may strain family dynamics and cause additional stress. In severe cases, untreated depression increases the risk of self-harm or suicide, posing a major public health challenge.

However, awareness and intervention efforts have improved noticeably in recent years. The integration of depression screening into public health initiatives helps identify high-risk groups early. Universities, workplaces, and community organizations have begun establishing counseling systems and psychological support networks. Public education campaigns also reduce stigma and encourage help-seeking behaviors. As diagnosis rates rise, earlier treatment becomes more common, offering individuals greater chances of recovery and reintegration into daily life. The long-term societal goal is to create a supportive environment where mental health care is accessible, normalized, and effectively implemented.

4. Treatment

The treatment of depression is multifaceted and should be tailored to the individual's severity of symptoms, personal preferences, and specific circumstances. A comprehensive treatment plan often integrates various approaches, primarily including psychotherapy, pharmacotherapy, and brain stimulation therapies.

4.1. Pharmacotherapy

Antidepressant medications are a cornerstone in the management of moderate to severe depression. They work by modulating the levels of neurotransmitters in the brain, such as serotonin, norepinephrine, and dopamine.

As the first-line treatment for depression, Selective Serotonin Reuptake Inhibitors (SSRIs) are widely prescribed due to their favorable side-effect profile and safety in overdose. Examples include fluoxetine, sertraline, and escitalopram. They function by selectively blocking the reuptake of serotonin, thereby increasing its concentration in the synaptic cleft and helping to improve mood. Common side effects are usually transient and may include nausea, headache, sexual dysfunction, and insomnia.

Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs), such as venlafaxine and duloxetine, extend the action of both serotonin and norepinephrine. This dual mechanism may be particularly effective for patients with comorbid chronic pain conditions or severe fatigue. However, they are more likely to cause side effects like elevated blood pressure, nausea, dry mouth, and increased sweating compared to SSRIs.

Tricyclic Antidepressants (TCAs) (e.g., amitriptyline, imipramine) are an older class of antidepressants. They are potent inhibitors of the reuptake of both serotonin and norepinephrine. However, their use is often limited by more significant side effects due to their interaction with other receptors. Blocking cholinergic receptors can cause dry mouth, constipation, and blurred vision; blocking histamine H1 receptors can lead to sedation and weight gain. They are typically reserved for treatment-resistant cases due to their higher toxicity in overdose.

Other options include Atypical Antidepressants (e.g., bupropion, which acts on dopamine and norepinephrine and has no sexual side effects), and Monoamine Oxidase Inhibitors (MAOIs), which are highly effective but require strict dietary restrictions to avoid dangerous interactions.

A crucial principle of pharmacotherapy is that these medications do not work immediately; it typically takes 4 to 8 weeks to experience their full therapeutic effects. Furthermore, they must be taken under medical supervision and should not be discontinued abruptly.

4.2. Psychotherapy

Different social classes mainly refer to the differences in class and cognition caused by differences in wealth, knowledge accumulation, etc. Because of these differences, people have huge differences in their outlook on life, aesthetics and values,

which leads to the occurrence of many depressions: for example, children born in some poor economic families are obviously more inferior and sensitive, thus showing depressive mood or even depression at all times. At the same time, economic limitations will also restrict the development of college students in all aspects. Doing the same thing, students from poor families have to bear more pressure and burden and face more "depression" than students from well-off families [5].

At a broader social level, depression is shaped not only by personal psychological makeup but also by structural inequalities and societal expectations. Individuals from lower socioeconomic backgrounds often face chronic stressors such as unstable financial conditions, limited access to educational resources, and fewer opportunities for upward social mobility. These pressures can gradually accumulate and contribute to long-term emotional strain. The resulting feelings of inferiority, self-doubt, and social comparison are particularly salient among adolescents and young adults, who are in a critical stage of identity formation.

Social stigma surrounding mental illness further intensifies depressive symptoms. In many communities, depression is still viewed as a personal weakness rather than a legitimate health condition. This perception discourages individuals from seeking timely help, increasing the likelihood of symptom escalation. The social environment—including peer norms, cultural expectations, and familial pressures—also plays a significant role. For example, students from disadvantaged backgrounds may feel obligated to perform well academically to improve family conditions, thereby experiencing greater emotional burden when they fall short of expectations.

Moreover, rapid social change and urbanization have contributed to growing emotional distance within communities. Traditional support systems have weakened, and social interactions increasingly take place online, sometimes creating a sense of superficial connection rather than genuine emotional support. Exposure to social media also amplifies comparison-based stress, with young people frequently confronted with idealized depictions of success and happiness. Overall, social class, stigma, and societal expectations interact to create an environment where depression can easily emerge or worsen, especially among vulnerable populations [5].

4.3. Brain stimulation therapies

For individuals with severe, treatment-resistant depression who do not respond to medication or psychotherapy, brain stimulation therapies offer an alternative.

While its public image is often negative, modern Electroconvulsive Therapy (ECT) is a safe and highly effective treatment performed under general anesthesia. It involves passing a carefully controlled electric current through the brain to trigger a brief seizure. The exact mechanism is unknown, but it is believed to cause changes in brain chemistry that quickly reverse depressive symptoms.

Transcranial Magnetic Stimulation (TMS) is a non-invasive procedure that uses magnetic fields to stimulate nerve cells in the brain region involved in mood regulation. It is typically used for treatment-resistant depression and does not require anesthesia.

4.4. Comprehensive and integrated approach

The most effective strategy for treating depression is often a combination of medication and psychotherapy. While medication can alleviate the biological symptoms, psychotherapy equips individuals with long-term coping strategies and addresses the underlying psychological and social roots of their distress. Lifestyle modifications, such as regular physical exercise, maintaining a healthy sleep schedule, and building a strong social support network, also play a crucial supportive role in the recovery process.

In practice, an integrated treatment plan is typically tailored to the severity and specific characteristics of each patient. For individuals with moderate to severe depression, antidepressant medications—such as SSRIs or SNRIs—help regulate neurotransmitter imbalances and reduce core symptoms like persistent sadness, fatigue, and cognitive slowing. Psychotherapies, including Cognitive-behavioral Therapy (CBT), Interpersonal Therapy (IPT), and mindfulness-based interventions, complement medication by helping patients identify maladaptive thought patterns, improve emotional regulation, and rebuild interpersonal functioning.

In addition, lifestyle interventions play a meaningful role in stabilizing mood and preventing relapse. Regular aerobic exercise has been shown to reduce depressive symptoms by increasing endorphin levels and enhancing sleep quality. Structured daily routines and healthy sleep hygiene improve emotional stability and cognitive clarity. Social support—from family, peers, and campus or community resources—provides emotional buffering, encourages adherence to treatment, and reduces the sense of isolation commonly experienced by individuals with depression. As research increasingly emphasizes, a comprehensive and multimodal approach offers the highest likelihood of sustained recovery and long-term resilience [6].

5. Conclusion

In recent years, with social development and increased personal awareness, depression has become increasingly prevalent in people's lives. Many people, initially unaware of their condition, are unaware they have depression, or even mistake it for normal

low mood, thus delaying treatment. Later, the condition gradually worsens, affecting their daily lives and even those around them. Based on these issues and phenomena, this paper aims to help prevent depression or find appropriate treatment methods after diagnosis by integrating current literature on the causes and treatments of depression. From specific case analyses to the possibility that depression may be caused by social status and interpersonal relationships, and then to medications such as Selective Serotonin Reuptake Inhibitors (SSRIs), the paper comprehensively elucidates the causes of depression and how to address and treat it. Furthermore, based on this integrated literature, patients with depression can better understand the causes of their condition and treatment methods. However, this paper also has some limitations. While the literature review method effectively collects and organizes past data, it lacks a certain degree of innovation. Future research could incorporate other research methods, such as questionnaires.

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