Addressing the Overlooked: Understanding and Supporting Youth with Mild to Moderate Depression

Lingtong Kong[1*] *and Bingchan* Wang[2]

[1]St. Mary's High School, N2C 2S2 Kitchener, Canada
[2]New Oriental Academy, 102206 Beijing, China

Abstract. Depression has emerged as one of the most commonly studied mental health issues among teenagers in terms of the way they perform at school, their social interaction, and even their future. Although severe depression is normally considered a clinical challenge, most adolescents with mild or moderate cases are often ignored, which puts them at the risk of further deterioration. The world health organization estimates that more than 200 million individuals in the world have depression and among them, adolescents constitute an increasing percentage. It has been found that the initial symptoms include mood swings, sleeping disturbances, and even social isolation, which usually remain unnoticed, postponing the response. This essay examines the various complex factors and determinants of mild to moderate depression in young people and they are academic stress, family background, social media and lifestyle. It proposes the need to be more aware and intervene at earliest age by schools, families, communities, and digital platforms. Societies can build resiliency and encourage mental health equity by addressing adolescents not only through clinical intervention but also by means of prevention and early intervention to support these youths.

1 Introduction

Depression is among the most prevalent mental health disorders on the contemporary society. As the lives of youths have become busier and more competitive, socially and digitally connected, an increasing number of them complain that they are anxious, isolated, and emotionally exhausted [1]. The World Health Organization states that more than 200 million people in the world have depression [2]. In the group of adolescents (10-19 years old), about 14.3% have mental health issues [3]. According to the latest statistics on the National Health and Nutrition Examination Survey (2021-2023), one in twelve adults aged 12 and above had reported experiencing depressive symptoms in the last two weeks, and the situation is worse in adolescents (13.1 vs. 19.2) [4]. Recent data from the National Health and Nutrition Examination Survey (2021 – 2023) indicate that 13.1% of people aged 12 and older reported depressive symptoms within a two-week period, and the rate rises to 19.2% among adolescents, with females more frequently affected than males [4].

* Corresponding author: 40072kon@wcdsb.ca

Depression is not just a simple moment of sadness but it may continue and severely affect the ability of a person to even enjoy his day to day life. It affects mood, cognition and behavior, usually affected by social conditions like family relationships, friends and communal support [5]. Depression not properly treated may lead to sleep disturbance, eating disorders, difficulty in concentration, and suicidal thoughts [6].

Depression is especially a perilous factor among adolescents because of the developmental difficulties of the age. Academic pressure, family conflict, hormone changes, and social comparison may increase the level of emotional instability [7]. Social media is another factor that makes this picture even more complex: though online communities provide a means of connection, they also subject the users to cyberbullying and unattainable ideals as well as compulsory habits [8].

Although mental health is becoming more recognized, adolescents experiencing mild or moderate depression can be blamed as not visible. Most show mild symptoms at an early stage, including fatigue, irritability or loss of pleasure in activities, but fail to satisfy the diagnostic criteria of major depressive disorder. As a result, they might be unable to obtain support in terms of school counseling and clinical care [9, 10]. Nevertheless, studies have continuously demonstrated that early detection and treatment have a positive impact on outcome and decrease the likelihood of developing a case of severe depression [11].

The paper will explore the causes of the mild to moderate cases of depression in adolescents and will propose a support network that will cover the school setting, family life, life habits, use of technology, and the intervention of professionals. The knowledge of such influences can be used to take preventive action early and build emotional resilience and make sure that youth with subclinical symptoms get the attention they deserve.

2 Understanding Depression Through Data and Observations

2.1 Patterns in Numbers

The recent surveys have shown that depression amongst adolescents is on the rise. The NHANES (2021-2023) states that close to every fifth adolescent has had depressive symptoms it the last two weeks. These figures indicate that there can be five or six students in a normal classroom of 30 who could be silently struggling. Such symptoms are more commonly reported by girls than by boys [12], which may be related to the influence of gendered coping and social expectations. There are also certain tendencies in the world, where young people with school age declare high rates of stress and emotional pain [13, 14].

2.2 School Environment

One of the most mentioned factors that cause teenagers to be depressed is academic pressure. Sleep deprivation and burnout are likely caused by competitive grading systems, standardized testing, and excessive homework [15]. Research indicates that adolescents who experience chronic academic stress have more chances of experiencing emotional exhaustion and lack of motivation [16]. The achievement focus of schools that places emphasis on well-being can reinforce perfectionism (associated with depressive symptoms) unintentionally [17].

2.3 Family and Social Life

Emotional development is strongly influenced by the family environment. Resilience is created by the supportive and communicative family, whereas threatening and dismissive or

severe instability in a household increases the risk of depression. Some of the risk factors are known as divorce, financial stress, and parental mental illness [18]. On the other hand, good friendships with peers are protective; positive friendships minimize loneliness and cushion depressive symptoms [19]. Bullying, in its turn, is a direct and long-term effect and raises the risk of both depression and anxiety [20].

2.4 Influence of Social Media

The social media is two-fold. It is a social bonding and identity exploration on the one hand and social comparison and cyberbullying on the other [21]. Compared to those who spend less time online, adolescents who experience excessive time online cite that they have lower self-esteem and more depressive symptoms, particularly when involving passive consumption or comparison [22]. The stress to create an ideal image about oneself online may falsify personal perception and aggravate emotional distress [8].

2.5 Lifestyle Habits

Lifestyle factors such as diet, exercise, and sleep significantly influence mood regulation. Physical activity is linked to reduced depressive symptoms and improved cognitive function [23]. A diet rich in fruits, vegetables, and omega-3 fatty acids supports brain health, whereas high sugar intake correlates with mood instability [24]. Sleep deprivation—a common issue among students—disrupts emotional regulation and increases vulnerability to depression [25].

3 Pathways to Prevention and Support

3.1 School-Based Support

Schools are pivotal for early detection and intervention. Teachers often notice behavioral changes before parents or clinicians [26]. Integrating mental health literacy into curricula helps reduce stigma and encourages help-seeking behavior [27]. School counseling programs, mindfulness sessions, and peer-support groups have proven effective in mitigating stress and promoting coping skills [28]. Creating a safe and open environment where mental health discussions are normalized can prevent escalation of mild symptoms.

3.2 Family Involvement

Parental warmth and communication are strong protective factors. Families that prioritize emotional openness help adolescents manage stress constructively. Parenting programs and family therapy can improve understanding of depression and reduce conflict [29]. Educating parents about early warning signs ensures timely intervention, countering misconceptions that mild depression is merely “laziness.”

3.3 Healthy Lifestyle Habits

Promoting balanced routines is crucial. Regular exercise releases endorphins and builds structure; balanced nutrition sustains cognitive and emotional health [23, 24]. Schools can encourage physical education, while families model healthy eating and sleeping habits. Sleep hygiene education—limiting screen time, consistent bedtimes—can dramatically improve mood stability [25].

3.4 Role of Technology and Social Media

Rather than banning technology, guidance in responsible use is key. Digital literacy programs can teach adolescents to recognize harmful content, manage screen time, and engage positively online [21]. Online support communities and mental health apps provide accessible resources, particularly for youth reluctant to seek face-to-face help [30].

3.5 Professional Help

For adolescents with persistent symptoms, professional treatment remains essential. Cognitive Behavioral Therapy (CBT) and Interpersonal Therapy (IPT) are evidence-based interventions that reduce depressive symptoms and improve coping [6]. Early engagement with mental health professionals prevents progression to severe disorders. Pharmacological treatments, when necessary, should be closely monitored [31].

3.6 Community and Policy Support

Broader societal efforts can reduce systemic barriers. Community-based programs offering free or low-cost counseling expand accessibility [9]. Public health campaigns combat stigma and promote awareness. Policies addressing academic pressure, social media regulation, and mental health funding can foster supportive ecosystems [11].

4 Conclusion

Mild to moderate depression among adolescents is a pressing yet often neglected issue. These youth may not exhibit severe symptoms, but their struggles significantly affect academic performance, relationships, and long-term well-being. Early identification, supported by schools, families, and communities, can prevent escalation. Encouraging healthy lifestyles, fostering digital resilience, and expanding access to professional care are crucial steps. By shifting focus from crisis intervention to prevention and support, society can ensure that no young person's emotional distress is ignored.

Authors Contribution

All the authors contributed equally, and their names were listed in alphabetical order.

References

1. J. M. Twenge, A. B. Cooper, T. E. Joiner, M. E. Duffy, S. G. Binau, Age, period, and cohort trends in mood disorder indicators among U.S. adolescents, 2005–2017, *Journal of Abnormal Psychology* 128 (3), 185–199 (2019).
2. World Health Organization, *Depression*, https://www.who.int/news-room/fact-sheets/detail/depression (2023).
3. UNICEF, *The state of the world's children 2021: On my mind – promoting, protecting and caring for children's mental health*, https://www.unicef.org/reports/state-worlds-children-2021 (2021).
4. Centers for Disease Control and Prevention, *National Health and Nutrition Examination Survey (2021–2023)*, U.S. Department of Health and Human Services (2023).

5. U. Bronfenbrenner, Ecological models of human development, *Readings on the Development of Children* 2 (1), 37–43 (1994).
6. P. Cuijpers, E. Karyotaki, M. Ciharova, C. Miguel, H. Noma, T. A. Furukawa, The effects of psychotherapies for depression on response, remission, reliable change, and deterioration: A meta-analysis, *Acta Psychiatrica Scandinavica* 144 (3), 288–299 (2021).
7. B. L. Hankin, J. F. Young, J. R. Abela, A. Smolen, J. L. Jenness, L. D. Gulley, et al., Depression from childhood into late adolescence: Influence of gender, development, genetic susceptibility, and peer stress, *Journal of Abnormal Psychology* 130 (5), 1–13 (2021).
8. A. Vannucci, K. M. Flannery, C. M. Ohannessian, Social media use and anxiety in emerging adults, *Journal of Affective Disorders* 207, 163–166 (2017).
9. V. Patel, S. Saxena, C. Lund, G. Thornicroft, F. Baingana, P. Bolton, et al., The Lancet Commission on global mental health and sustainable development, *The Lancet* 392 (10157), 1553–1598 (2018).
10. S. Y. Lee, H. Kim, S. Park, Unmet mental health needs among adolescents with subthreshold depression, *Journal of Adolescent Health* 72 (1), 123–131 (2023).
11. M. M. Barry, A. M. Clarke, I. Petersen, R. Jenkins, *Implementing mental health promotion*, Oxford University Press (2023).
12. C. Kuehner, Why is depression more common among women than among men?, *The Lancet Psychiatry* 4 (2), 146–158 (2017).
13. World Health Organization, *Depression*, https://www.who.int/news-room/fact-sheets/detail/depression (2023).
14. UNICEF, *The state of the world's children 2021: On my mind – promoting, protecting and caring for children's mental health*, https://www.unicef.org/reports/state-worlds-children-2021 (2021).
15. M. C. Pascoe, S. E. Hetrick, A. G. Parker, The impact of stress on students in secondary school and higher education, *International Journal of Adolescence and Youth* 25 (1), 104–112 (2020).
16. Y. Liu, Z. Lu, X. Li, Academic stress and mental health among Chinese adolescents: Testing the mediating role of self-efficacy, *School Psychology International* 40 (3), 300–317 (2019).
17. T. Curran, A. P. Hill, Perfectionism is increasing over time: A meta-analysis of birth cohort differences, *Psychological Bulletin* 145 (4), 410–429 (2019).
18. R. L. Repetti, S. E. Taylor, T. E. Seeman, Risky families: Family social environments and the mental and physical health of offspring, *Psychological Bulletin* 128 (2), 330–366 (2002).
19. S. Y. Rueger, C. K. Malecki, Y. Pyun, C. Aycock, S. Coyle, A meta-analytic review of the association between perceived social support and depression in childhood and adolescence, *Psychological Bulletin* 142 (10), 1017–1067 (2016).
20. S. E. Moore, R. E. Norman, S. Suetani, H. J. Thomas, P. D. Sly, J. G. Scott, Consequences of bullying victimization in childhood and adolescence: A systematic review and meta-analysis, *World Journal of Psychiatry* 7 (1), 60–76 (2017).
21. P. Best, R. Manktelow, B. Taylor, Online communication, social media and adolescent wellbeing: A systematic narrative review, *Children and Youth Services Review* 41, 27–36 (2014).

22. Y. Kelly, A. Zilanawala, C. Booker, A. Sacker, Social media use and adolescent mental health: Findings from the UK Millennium Cohort Study, *EClinicalMedicine* 6, 59–68 (2018).
23. S. J. H. Biddle, S. Ciaccioni, G. Thomas, I. Vergeer, Physical activity and mental health in children and adolescents: An updated review of reviews and an analysis of causality, *Psychology of Sport and Exercise* 42, 146–155 (2019).
24. F. N. Jacka, J. A. Pasco, A. Mykletun, L. J. Williams, A. M. Hodge, S. L. O'Reilly, et al., Association of Western and traditional diets with depression and anxiety in women, *American Journal of Psychiatry* 167 (3), 305–311 (2010).
25. C. A. Alfano, A. H. Zakem, N. M. Costa, L. K. Taylor, C. F. Weems, Sleep problems and their relation to cognitive factors, anxiety, and depressive symptoms in children and adolescents, *Depression and Anxiety* 26 (6), 503–512 (2009).
26. M. D. Weist, E. A. Mellin, K. L. Chambers, N. A. Lever, D. Haber, C. Blaber, Challenges to collaboration in school mental health and strategies for overcoming them, *Journal of School Health* 88 (7), 538–546 (2018).
27. Y. Wei, P. J. McGrath, J. Hayden, S. Kutcher, Measurement properties of mental health literacy tools measuring help-seeking: A systematic review, *Journal of Mental Health* 26 (6), 543–555 (2017).
28. T. Bywater, J. Sharples, Effective evidence-based interventions for emotional well-being: Lessons for policy and practice, in *Emotional well-being in educational policy and practice* (Routledge, 2017), pp. 7–26.
29. M. R. Sanders, J. N. Kirby, C. L. Tellegen, J. J. Day, The Triple P-Positive Parenting Program: A systematic review and meta-analysis of a multi-level system of parenting support, *Clinical Psychology Review* 79, 101–127 (2019).
30. V. Rideout, S. Fox, C. Wellbery, *Digital health practices, social media use, and mental well-being among teens and young adults in the U.S.*, Hopelab and Well Being Trust (2022).
31. P. C. Kendall, S. M. Safford, E. Flannery-Schroeder, A. Webb, *Child and adolescent therapy: Cognitive-behavioral procedures*, Guilford Publications (2022).