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**Depression Across Different Age
Groups: A Comparative Study of
Adolescents and Young Adults in the
United States**

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Introduction:

Depression has unfortunately become a common and serious mental disorder that negatively affects how you feel, think, and act. It has recently affected different age groups, such as adolescents (10-19 years) and young adults (18-32 years). However, prevalence rates of depressive symptoms between teenagers and young adults may differ significantly due to varying rates of vulnerability and differing types of life stressors experienced during adolescence and young adulthood. These life stressors may include sudden psychological, social, and biological changes in adolescence compared to societal pressures of young adulthood. Although prevalence in both age groups is relatively high, specific triggers and risk for depression may vary significantly between these two age groups.

Research Question:

Do the prevalence rates of depressive symptoms differ significantly between adolescents (10-19 years) and young adults (18-32 years)?

Literature Review:

Research has thoroughly examined how the prevalence of depressive symptoms differs depending on the age group, focusing on adolescents and young adults. Studies have revealed that attention should be paid to compromised health and health-related behavior associated with MDE (major depressive episode) in youth. Specifically, the association between smoking and major depression in early adolescence should be borne in mind, and drinking habits or frequency of drunkenness should be carefully noted [1]. Additionally, the finding of another cohort study suggests that the increase in depressive symptoms among US adolescents is shifting towards an increase in young adult depressive symptoms as adolescents move into adulthood. There was significant perseverance in depressive symptoms from ages 18 years to 21 to 22 years, with the recent birth cohort reporting the most stable and raised symptom across age compared with previous birth cohorts. This tells us that it is critical to reduce the onset of depressive symptoms through primary prevention and mental health resources during the adolescent years [2]. Despite these deep insights, there is a noticeable lack of studies that investigate the causes of these depressive symptoms. Some key contributors may include genetics and brain chemistry (neurotransmitters), stressful life events, trauma, and lack of social support. Addressing the gap requires an inclusive approach to understand how these key contributors can affect the prevalence of depressive symptoms in adolescents and young adults.

Methodology:

Dataset: Data will be collected using a structured questionnaire distributed on both an online and offline basis to assist participants from diverse linguistic and regional backgrounds within the United States. The questions will include sections on age groups, key contributors that cause the depressive symptoms, and an explanation for these symptoms in various textual scenarios. One-to-one interviews will be conducted to collect more insightful data on the various key contributions that cause the depressive symptoms for adolescents and young adults.

Sampling: An efficient sampling approach will be utilized to ensure representation across different regional cultures (i.e., formal, functional, or vernacular) and age groups (i.e., adolescents and young adults). The target is to collect responses from at least 100 participants, 50 of the participants being adolescents and the other 50 of the participants being young adults. Moreover, 10 interviews will be conducted to understand the variability more deeply.

Data Collection: The participants will be invited to complete a questionnaire, either through an online approach (Google Form) or an offline method, such as printed copies of the form that has been mentioned. The interviews will be conducted using Google Meet or Zoom.

Data Analysis:

- a) Quantitative Analysis: Statistical analysis will be conducted using software like SPSS; i.e., in a comparative study of depression across age groups (such as adolescents and teenagers), SPSS can be used to perform descriptive statistics (e.g., prevalence rates, demographic profiles) and comparative tests (e.g., independent t-tests, ANOVAs to compare symptoms between adolescents and young adults).
- b) Qualitative Analysis: This analysis can be used in this comparative study by employing methods like interviews and focus groups to gather detailed, first-person accounts of depressive experiences in adolescents versus young adults, and then analyzing the data using thematic analysis or framework analysis to identify common and distinct patterns in their symptoms, coping mechanisms, and perceptions of help-seeking behavior.

Expected Outcomes:

This study aims to uncover the different key contributors that cause the difference in prevalence of depressive symptoms between adolescents and young adults in the United States. It is expected that the result will highlight the differences of prevalence in depressive symptoms between adolescents and young adults, which reflects the sociocultural aspects of the country.

Conclusion:

By investigating the different key contributors that cause the difference in prevalence of

depressive symptoms between adolescents and young adults, we get a deeper insight into how different age groups are affected by depression, what depressive symptoms they have, and the key contributors that cause this. These findings may help the country figure out what the need to provide to people in order for them to have a stable mental mindset. The country can promote mental well-being and prevent mental distress, educate and inform about mental health and public health, and strengthen mental health systems and support providers.

References:

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[1] Linnea M. Haarasilta, Mauri J. Marttunen, Jaakko A. Kaprio, Hillevi M. Aro, "Correlates of depression in a representative nationwide sample of adolescents (15–19 years) and young adults (20–24 years)," *European Journal of Public Health*, vol. 14, Issue 3, September 2004, Pages 280–285, doi:10.1093/eurpub/14.3.280

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[2] Keyes KM, Kreski NT, Patrick ME. Depressive Symptoms in Adolescence and Young Adulthood. *JAMA Netw Open*. 2024;7(8):e2427748. doi:10.1001/jamanetworkopen.2024.27748

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