

## Impact of Depression, Anxiety & Substance Abuse on Adolescence

Khushi Jethliya<sup>1\*</sup>, Dr. P. G. Mehetre<sup>2</sup>

### ABSTRACT

This paper conceptualizes and examines Depression, Anxiety, and Substance abuse affecting the mental health of adolescents. The study's main focus was adolescent depression, anxiety, and substance addiction. The data for this study was meticulously gathered from a number of websites, publications, and articles. It examined adolescents between the ages 12 - 18 years. Adolescents' mental health is negatively impacted by depression, anxiety, and substance abuse. Major contributing causes leading to depression, anxiety, and substance abuse in adolescence is analyzed. Substance abuse in adolescence is prevalent. The most prevalent forms of anxiety and depression which is generally found in adolescence investigated.

**Keywords:** *Depression, Anxiety, Substance Abuse, Adolescence*

Adolescence is the transitional phase between childhood and adulthood. It is a critical development period characterized by physical and hormonal growth. Therefore, it is important to pay attention to the physical, intellectual, emotional, moral, social and spiritual development of adolescents. Youth welfare is a major concern for the future of the country, as young people become the youth of the country. It is important that they are healthy, both physically and mentally, as they will bear the future of the country. Physical, emotional and social changes such as poverty, abuse and violence predispose adolescents to mental health problems. Adolescents with mental illness are particularly vulnerable to social exclusion, discrimination, stigma (willingness to seek help), educational difficulties, risk-taking, physical illness, and human rights violations. Rising suicide rates and mental health problems among adolescents are due to significant increases in the prevalence of depression, anxiety, and substance abuse problems. In this study, we sought to examine the fundamental factors affecting adolescent mental health: adolescent depression, anxiety, and substance abuse. This study sought to focus on adolescent mental health.

### *Depression*

The word depression comes from the Latin word "depressio", which means downfall. A person feels weighed down by his existence. The American Psychological Association (APA) defines depression as a common and serious medical condition that adversely affects emotion, thoughts, behavior. It can cause feelings of sadness and loss of interest in activities

<sup>1</sup>Research Scholar, Department of Psychology, MGM University

<sup>2</sup>Assistant Professor, Department of Psychology, MGM University, Aurangabad

\*Corresponding Author

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that were previously enjoyed, leading to a range of emotional and physical problems that affect one's ability to function at work and at home. German psychiatrist Emil Kraepelin was the first to distinguish between manic depression. Kraepelin defined the term manic-depressive disorder, known as bipolar disorder. This mental health condition causes mood swings such as ups and downs in people. According to Freud, in *Mourning and Melancholy* (1917), the state of depression is characterized by "a very painful depression, loss of interest in the outside world, loss of the ability to love, inhibition of all achievement." characterized as spiritually characterized. Low self-esteem expresses self-blaming and self-directed insults and increases to delusional expectations of punishment.

### *Anxiety*

Carl Jung saw fear as a positive attempt by the mind to heal itself. He believed that fear brings lessons, a purpose not found elsewhere, and an opportunity to learn about ourselves and our potential. In that case, our only role is to withdraw into our inner world, is to find out what our discomfort demands of us. American neurologist Sigmund Freud defined anxiety as the way in which a person (from conscious awareness) experiences, emotions, or impulses viewed as a symptomatic expression of the internal emotional conflict that occurs when repressed is considered. Behavioral psychologists recognize fear as a learned response to frightening real-life events. The fear that arises clings to the surrounding circumstances, causing fear in the person regardless of the frightening event. According to the American Psychological Association (APA), anxiety is seen as a positive, long-term response that focuses primarily on pervasive threats. World Health Organization (WHO) has defined anxiety is characterized by excessive fear and worry related behavioral disturbances. Kierkegaard understands anxiety to be both the attraction to and the repulsion from the nothingness of future possibilities.

### *Substance abuse*

In 1966, the American Medical Association's Committee on alcoholism and addiction defined abuse of stimulants (amphetamines, primarily) in terms of 'medical supervision': 'use' refers to the proper place of stimulants in medical practice; 'misuse' applies to the physician's role in initiating a potentially dangerous course of therapy; and 'abuse' refers to self-administration of these drugs without medical supervision and particularly in large doses that may lead to psychological dependency, tolerance and abnormal behavior. According to American Psychiatric Association (1972) created a definition that used legality, social acceptability, and cultural familiarity as qualifying factors: as a general rule, we reserve the term drug abuse to apply to the illegal, nonmedical use of a limited number of substances, most of them drugs, which have properties of altering the mental state in ways that are considered by social norms and defined by statute to be inappropriate, undesirable, harmful, threatening, or at minimum, culture-alien. In 1973, the National Commission on Marijuana and Drugs Abuse stated: drug abuse may refer to any type of drug or chemical without regard to its pharmacologic actions. It is an eclectic concept having only one uniform connotation: societal disapproval. The Commission believes that the term drug abuse must be deleted from official pronouncements and public policy dialogue. The term has no functional utility and has become no more than an arbitrary codeword for that drug use which is presently considered wrong. Substance abuse is a pattern of harmful use of any substance for mood-altering purposes. "Substances" can include alcohol and other drugs (illegal or not) as well as some substances that are not drugs at all. "Abuse" can result from using a substance in a way that is not intended or recommended, or from using more than prescribed. To be clear, someone can use substances and not be addicted or even have a substance use disorder, as

defined in the “Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition” (DSM-5).

### **REVIEW OF LITERATURE**

Anne C Petersen, Bruce E Compas, et al., (1993) studied depression in adolescence. Adolescence is a critical developmental period in understanding the nature, course, and treatment of depression. We review recent research addressing depressed mood, syndromes, and disorders in adolescents. This includes a survey of prevalence, course, risk factors, preventions and treatment programs for each of these three levels of depressive phenomena in adolescence. A broad biopsychosocial perspective on depression in adolescents is recommended, suggesting directions for future integrated research. Based on current research and findings, impacts on research, programs, and national policy will be considered.

Scott M Monroe, Paul Rohde, et al., (1999) examined life events and depression in adolescence. Stressful life events have been consistently associated with the development of major depressive disorder (MDD), but most studies do not distinguish between early episodes and relapses. In a large epidemiological sample of older adolescents (N=1,470) evaluated at two time points, risk of recent romantic breakup was examined as a predictor of early onset of MDD versus relapse. Results indicated a high likelihood of first onset of MDD during adolescence when recent separation was reported. In contrast, a recent breakup did not predict recurrence of depression. These results were for both genders and remained significant after adjusting for gender. Additional analyzes to determine the discriminant validity and specificity of these findings strongly supported recent amputations as an important risk factor for his first episode of MDD during puberty. It discusses the implications of these results and future research directions.

DeMond M Grant (2013) investigated anxiety in adolescence. Anxiety disorders are among the most common psychiatric disorders, and the risk of developing these disorders increases significantly during adolescence. Nevertheless, the literature examining this condition in adolescence is still relatively sparse. It provides an overview of the characteristics of anxiety disorders during this period. It focuses specifically on panic disorder (with or without agoraphobia), social anxiety disorder, generalized anxiety disorder, obsessive-compulsive disorder, post-traumatic stress disorder, and specific disorders. It describes the etiology of adolescent anxiety disorders, including biological, interpersonal, and cognitive risk factors. In addition, key concerns and issues associated with each disability assessment are identified.

Rebecca S Siegel and Daniel P Dickstein (2011) explored anxiety in adolescence and update on diagnosis and treatment for primary care providers. Anxiety disorders are the most common mental health problem among adolescents today and are largely untreated. This suggests that there is fairly good data supporting an evidence-based approach to the diagnosis and treatment of anxiety disorders, and that if left untreated, these problems can persist and become more severe into adulthood. This is of particular concern when you think about it. Knowing how to recognize and respond to anxiety in adolescents is therefore paramount importance in primary care. To that end, it provides an up-to-date overview of anxiety disorder diagnosis and treatment aimed at primary care professionals. It includes subtypes, clinical manifestations, etiology and biology, and also effective screening tools, evidence-based treatments (both drugs and therapy), and long-term outcomes for adolescents with anxiety. Importantly, it focuses on the most common types of anxiety disorders, often called phobias, such as generalized anxiety disorder, panic disorder, and specific phobias. In

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summary, anxiety is a common psychiatric problem in adolescence, but primary care physicians with the right tools can make a big impact.

Frank E Crumley (1990) studied substance abuse and adolescent suicidal behavior. Over the past two decades, there is evidence of a significant association between adolescent psychoactive substance use and adolescent suicidal behavior. Accumulating evidence, although not unanimous, supports the hypothesis that adolescent psychoactive substance abuse is a risk factor for a range of suicidal behaviors (idea, attempted suicide, completed suicide). Given the rising rates of psychotropic substance abuse among adolescents over the past two decades, this seems to be an increasingly important factor. It is unclear whether the association is causal. Psychotropic drug abuse appears to be associated with increased frequency and relapse of suicidal attempts, increased medically fatal attempts, greater severity of intent, and increased suicidal ideation. Additional data support certain associations between adolescent alcoholism and gun suicide. Adolescents who abuse psychoactive substances, especially those with any type of depressive disorder, appear to be at increased risk of suicide and may require appropriate psychiatric treatment.

Amy B Rowan (2001) analyzed substance abuse and suicide among adolescents. Teenage suicide rates have risen significantly over the last 50 years, as has teenage substance abuse rates. However, the relationship between adolescent substance abuse and suicide is unknown. The most important risk factors for attempted suicide are psychiatric disorders (mood disorders and disruptive behavior disorders) and substance abuse [Brent, 1995: Suicide 25: 52-63]. Additionally, family history, social factors, and the presence of firearms in the home can all contribute significantly to suicide risk. Further research is needed in this area, especially with respect to cultural issues, substance abuse and suicide.

### **METHODOLOGY**

This is a descriptive research report that draws on secondary data collected by many scholars. The research has looked at a number of articles, journals, and websites that are included in the reference section in order to get the necessary information.

#### *Sample*

The data is collected from different websites, articles, and publications. The adolescence age is in between 12 to 18 years.

#### *Objective*

After reviewing the past researches following objectives were formed:

1. To examine the main contributors to adolescent depression, anxiety, and substance abuse.
2. To study the most prevalent forms of anxiety and depression among adolescents.
3. To determine which type of substance abuse is most prominent in adolescence.

### **RESULT AND DISCUSSION**

The etiology of adolescent depression is difficult to understand due to the clinically heterogeneous and diverse causes of the disease. As with many other common health disorders, multiple risk factors work together to stochastically increase the risk of depression. Because many individual, family, and societal risks are highly correlated and associated with ongoing and subsequent adversity, the contribution of each risk factor should be assessed separately to identify critical development stages at which exposure is particularly dangerous. About 1 in 5 teenagers will experience depression before reaching adulthood. There are

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probably many factors as to who develops depression and who does not, and these factors are no different in teenagers. Depression is thought to have many causes. These include:

- **Genetics:** Depression runs in families and it has been established that there is a genetic basis for depression. Adolescents with a family history of mood disorders may be at increased risk of developing them. Note that even teenagers with no history of depression can develop the disorder.
- **Trauma:** Teenagers with traumatic histories, such as being involved in sexual abuse, violence, accidents, or loss of a loved one or pet are more likely to suffer from depression. A stressful or traumatic event, or even a major lifestyle change, can trigger depression vulnerably in adolescent.
- **Social situation/home environment:** A teenager's social, school, and home environment can affect their mental health. Unfortunately, there are young people who live in difficult conditions. Domestic violence, substance abuse, family divorce, bullying, learning disabilities, poverty, or other family problems can cause stress and contribute to depression in teenagers.
- **Substance abuse:** Drug and alcohol abuse can affect a teenager's mood and lead to depression. They can rely on these substances to self-medicate their emotions.

Anxiety in teenagers is perfectly normal. But if the adolescent is consistently anxious and has too much anxiety to think rationally then it is not considered as normal anxiety and is a signal to get professional help. Anxiety disorders are common mental health problem and can have various causes. These include:

- **Lack of sleep:** When adolescents don't have time to de-stress and relax, it can lead to a lack of sleep, which can lead to additional anxiety. When adolescents have trouble sleeping, it adds to their anxiety and creates a cycle that's hard to break.
- **Hormonal changes:** Many physical changes mark adolescence. As teenagers' hormone production develops, their emotional state changes. Sometimes teenagers seem anxious, angry or even depressed for no reason because they are not mature enough to manage their emotions and hormonal changes effectively.
- **Relationship with parents:** Despite the rebelliousness of adolescence, teenagers also want their parents to be proud of them. This can be frustrating for teens and parents, creating feelings of anxiety for both parties.
- **Peer pressure:** The need to fit in and feel recognized can also make teens nervous. Whether it's competitive pressure at school or trying new things, it can be a source of anxiety for teens.
- **Need to achieve:** Many teens often feel stressed about meeting the expectations they believe they have to meet. For some, this means excelling in school to earn college scholarship, while for others, it may mean becoming a member of a sports team.

For many adolescents, illicit drug use and abuse becomes part of the teenage landscape. Although most young people who use drugs do not become drug addicts, adolescent drug use is a very dangerous proposition. One of the areas of life that is usually most affected by substance use and abuse is school and relationships, especially family relationships. The most obvious signs that teens are becoming more and more drug addicted is when drug use became part of their teenage routine. Addiction to drugs can ruin previously important activities and change a teenager's view of themselves in unrealistic and inaccurate ways. There is no single cause of adolescent drug and alcohol problems. There are many ways to develop adolescent substance abuse problem. Some major causes of substance abuse issues among adolescents are:

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- Family history: Drug addiction is prevalent in families, possibly for both genetic and environmental reasons. For example, if the adolescent have a dependent relative, especially a parent or full sibling, the adolescent is at increased risk of drug addiction.
- Mental health problem: If the adolescent have a mental health problem, whether diagnosed or not, and whether he/she is taking medication for it, the adolescent is at a higher risk of addiction. Mental health issues include anxiety, attention-deficit hyperactive disorder (ADHD), depression, bipolar personality disorder, and post-traumatic stress disorder (PTSD).
- Adverse Childhood Experiences (ACE): Harmful childhood experiences such as emotional, physical, or sexual abuse increase the risk of drug addiction.
- Social pressure: Social pressure from peers and friends is a serious risk factor, especially for young people who are at risk of starting substance abuse.

The most common forms of depression and anxiety in adolescence:

Most common form of anxiety disorders in teens are:

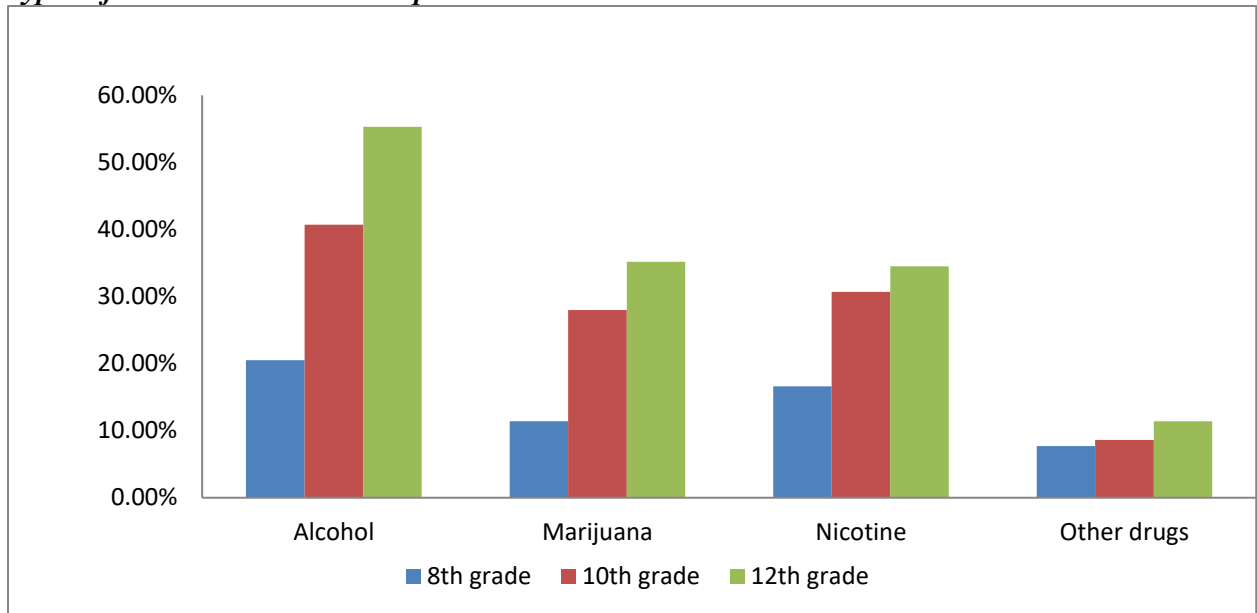
- Social anxiety disorder / social phobia: it is an intense fear of social situations and of being judged or embarrassed in public. It may be accompanied by strong anxiety about not being included or “fear of missing out”.
- Generalized anxiety disorder: it causes excessive worry in many everyday situations.
- Specific phobia: it is an intense fear of situations or objects, such as dogs or heights.
- Panic attack: a panic attack is an overwhelming feeling of fear or panic in a situation that most people are not afraid of.
- Agoraphobia: it is the fear of being in a situation or place that makes difficult to escape or seek help if something goes wrong. This includes the fear of leaving home.
- Separation anxiety: it is an excessive fear of being away from home and loved ones.
- Selective mutism: it is the inability to speak in certain places, with certain people, or during certain social activities.

Types of depression commonly found in teens:

- Adjustment disorder with depressed mood: adjustments disorders occur in response to life events. Transferring to a new school, dealing with the death of a loved one, or a parent’s divorce are examples of changes that can cause adjustment disorders in adolescents.
- Persistent depressive disorder (dysthymia): it is mild, chronic depression that lasts for more than a year. Teens with dysthymia are often irritable, lackluster, have low self-esteem and can feel hopeless. Dysthymia often impairs concentration and decision making.
- Bipolar disorder: it is characterized by episodes of mania or hypomania (a milder form of mania) following episodes of depression. Both depression and mania can last from weeks to month.
- Major depression: it is most severe form of depression. An estimated 13% of teens aged 12 to 17 experienced at least one episode of major depression in 2017, according to the national institute of mental health.

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### *Types of substance abuse most prevalent in adolescents:*



The data is taken from National Institutes of Health (NIH) of the year 2020.

Alcohol: The percentage of students who reported using alcohol increased for 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grade.

- 8<sup>th</sup> grade: 20.5%
- 10<sup>th</sup> grade: 40.7%
- 12<sup>th</sup> grade: 55.3%

Marijuana: The percentage of students who reported using marijuana increased for 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grade.

- 8<sup>th</sup> grade: 11.4%
- 10<sup>th</sup> grade: 28.0%
- 12<sup>th</sup> grade: 35.2%

Nicotine: Vaping nicotine continues to be the major method of nicotine consumption among adolescence. The percentage of students using nicotine increased for 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grade.

- 8<sup>th</sup> grade: 16.6%
- 10<sup>th</sup> grade: 30.7%
- 12<sup>th</sup> grade: 34.5%

Other drugs: The percentage of students using illicit drug (other than marijuana) increased for 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade.

### ***Limitations***

The data is based on the information available on internet.

1. The data is limited to age range between 13-18 years.
2. The data is only of adolescence.

### ***Implications of the study***

1. A counselor should be appointed in schools and colleges to deal effectively with depression, anxiety and substance abuse issues among adolescents.

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2. Promoting the causes and effect of increasing depression, anxiety and substance abuse among adolescents.
3. Awareness about increasing depression and anxiety among adolescents should be spread within the teenagers as well as parents.

### CONCLUSION

This study analyzed depression, anxiety, and substance abuse affecting adolescent mental health. This research investigated the leading causes to depression, anxiety, and substance abuse in adolescents. And which substances do adolescents are relayed mostly. It also includes information about the types of depression and anxiety that are common or most common in adolescents. Few studies have shown that all three variables impact the mental health of adolescence. As this study has examined the major contributors of depression, anxiety, and substance abuse along with the most prevalent causes of depression and anxiety and which type of substance abuse is most prominent in adolescence. Therefore, this study will prove to be very useful for future research.

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### ***Conflict of Interest***

The author(s) declared no conflict of interest.

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