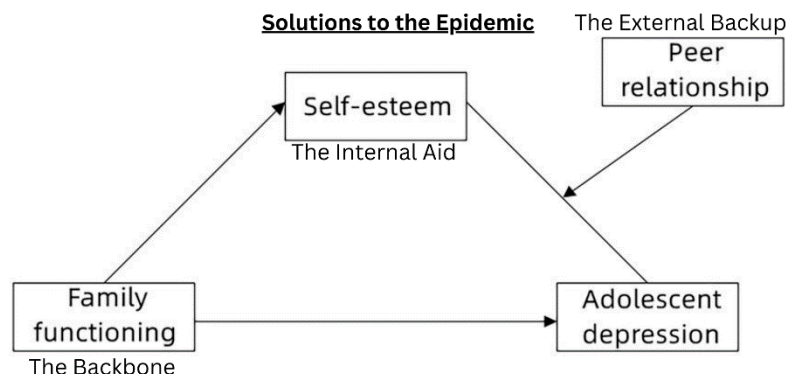


Deeply buried in our lives, and cancer in our times, depression and anxiety disorders have taken the world by a storm. A persistent loss in happiness as depressive disorders, excessive worry and psychological arousal of the human mind as anxiety, has increased over 25% (World Health Organisation, 2022) and has drastically evolved into an epidemic.

Today, the world faces a daunting challenge, where the youth has undermined the value of co-existence. In retrospect, what once used to be of no challenge for adolescents, has now left human connection to be overlooked, and given rise to a host of mental illnesses. As humans drift away from one another, plaguing the youth thereafter, they hinder adolescents' mental and physical development (Li and Li, 2022). Though the mental health crisis is treatable, it will take a multi-pronged approach.

The ordinary lifestyle of the young generation has changed to be inclusive of social media, a platform meant to improve the medium of human interaction. Ironically, it has forged new boundaries between people, who otherwise would have socialized with others if not consumed by social media. It is astonishing that we humans may hang out with people across continents, but are tensed to rub shoulders within our neighborhood. This transition from a “community” based lifestyle to a “digitalized” Western one has brought about the comorbidity of anxiety and depression, with approximately 60% of those inflicted facing both (Beth, 2018). In the traditional sense, this community-based approach can also be referred to as the Family System Theory, where the weight of psychological welfare depends entirely upon the proper functioning of one's family (Beavers and Hampson, 2000). This extends to the relapse of depression and anxiety, especially within the youth. Teenagers are less likely to experience depression or other types of emotional discomfort when their families are cohesive and offer a loving atmosphere and provide emotional support. In addition, family flexibility lessens the effect of adverse events on the mental and somatic health of teenagers and helps families adjust to change. This leads one to conclude that there exists an inverse relationship between the degree of family functioning and the rate of prevalence of adolescent depression (Huang et al., 2022). The stretch of community also leaves a mark of cultural influence on the adolescents' lives. Examining depression across cultures reveals an association between societal emphasis on the individual and the incidence of major depressive disorders. This connection finds its roots in the established psychological construct of individualism versus collectivism. Western societies tend to celebrate the self-made individual, driven by personal achievement and success. In contrast, other cultures prioritize the well-being of the family or society as a whole, often sacrificing individual happiness for the collective good. Within these collectivistic cultures, individual needs may receive less emphasis. For instance, in some traditional Asian cultures, it's common for a single family member to devote themselves to hard work, sharing their earnings with the entire extended family

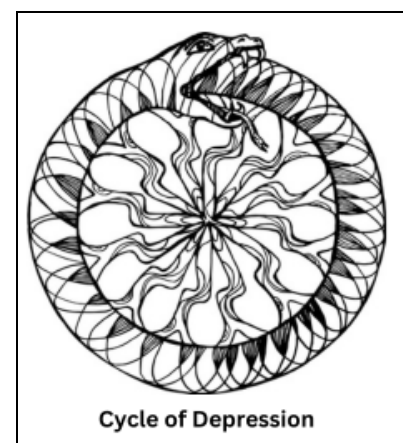


network. This potentially diminished focus on the self could contribute to lower rates of depressive disorders developing within these societies. According to a recent study conducted by The Global Monitor, The American Continent has 1 in 4 people facing depression and anxiety, while about 1 in 7 people face these disorders in Asia.

However, while being cognizant of the “interpersonal” nature of depression and anxiety, one shouldn’t ignore the individual’s mental state. Self-esteem is a pivotal aspect in affecting the psychological state of a human being, including knowledge of one’s value and worth (Franck et al., 2007) (Rosenberg, 1965). The vulnerability model demonstrates that low self-esteem acts as a predisposing factor, increasing the likelihood of depression. This vulnerability manifests through interpersonal and intrapersonal pathways, ultimately leading to depressive episodes (Orth et al., 2008). These pathways may include seeking excessive reassurance or negative feedback, or social withdrawal from the society entirely. Contemplating over negative perceptions of one’s image is an extreme form of the same. Studies have demonstrated that implicit self-esteem, or unconscious self-evaluation, predicts future depressive symptoms (Franck et al., 2007). Similarly, low self-esteem in childhood predicts the development of depression in adulthood (Steiger et al., 2014). Furthermore, recent research suggests that low self-esteem not only directly influences depression but also interacts with psychological inflexibility to exacerbate depressive symptoms (Peng et al., 2021b). Thus, the cure of this unprecedented epidemic of psychological disorders is principally dependent upon the atmosphere created around the afflicted individual.

That leaves the question of how today’s youth can be better positioned to recognise early signs of depression and anxiety? As evident from the recent COVID-19 pandemic, herd immunity is an effective way of controlling a viral disease (World Health Organization, 2020). Similarly, one wonders if this approach could also be applied to managing mental illnesses, where people experiencing similar psychological illnesses could intermingle due to the diluted exasperated symptoms in comparison to COVID-19. On the internet, we may find media such as websites, videos and e-books that propagate self-help as the most viable treatment for depressive disorders. Depression and anxiety lead to a disconnect from social life, no matter its intensity. A patient may not be able to access positive or negative emotions, and could miss out on key experiences and information about themselves. Therefore, reconnecting with emotional signals can be helpful in treating depression. Communication-Focused Therapy (CFT) prioritizes the understanding of the patient's emotional landscape without pressuring them.

Therapists achieve this by exploring communication patterns within the therapy session itself, or by delving into memories of past interactions and experiences. However, the core focus of CFT is not on dissecting individual emotional episodes. Instead, it empowers patients to become more aware of processes of communication and information flows that underlie their emotions.



This awareness ultimately allows them to influence their own emotional responses (Haverkamp, 2017a).

Relevant stakeholders that hold the solution to this crisis are family, friends and public health campaigns. People with depression must be encouraged to seek help from these stakeholders since they are well-placed to provide support which is perceived to be positive and can assist the afflicted in obtaining formal mental health treatment. However, the input of some family members may be unhelpful or toxic. These inputs could only be expressed by people who have been forced into such an atmosphere themselves. This begins a sort of an “ouroboros”, a never-ending cycle of depression and mental agony. The only way to escape this “ouroboros” is to get together with other people, and expose the individual to relationships, friends and all the societal connections, including others living with depression and anxiety—herd immunity in action! There may also be benefits in undertaking community education and destigmatisation programs which target caregivers specifically. (Griffiths et al., 2011).

A key component in the path to resolving this crisis is the diagnosis of the mental disorder itself. While objectively there is no evidence such as a blood test indicating a psychological disorder, there are various symptoms that can be observed with a fair level of certainty. These symptoms can vary greatly, encompassing everything from mood disturbances to physical complaints. Additionally, they can appear contradictory, with some individuals experiencing hypersomnia (excessive sleep) while others struggle with insomnia. Furthermore, depression can mimic or exacerbate existing medical conditions, such as headaches and arthritis-related back pain. In fact, the disabling nature of depression symptoms can often surpass those of other chronic illnesses like diabetes or hypertension. Somatic symptoms, or physical complaints often mistakenly attributed to other conditions, are frequently the primary reason depressed patients seek help from their primary care physicians. Highlighting this point, a World Health Organization study found that the prevalence of physical symptoms like headaches, back pain, fatigue, and even issues like constipation were the sole reason that 69% of patients were able to meet the criteria for major depressive disorder according to the DSM-IV (Savard, 2004). These symptoms may also include appetite dysfunction and gastrointestinal problems.

Depression is among the most treatable of mental disorders. Between 70 and 90% of people with depression eventually respond well to treatment (Chinenye, 2024). As one of the most prevalent forms of psychotherapy, cognitive behavioral therapy (CBT) has emerged as a valuable tool in treating depression. CBT centers on identifying and rectifying unhealthy thought patterns. By restructuring these patterns, individuals can learn to approach challenges with a more positive mindset and adopt healthier behaviors. It can be employed either independently or as a supplement to antidepressant medication. Psychotherapy can encompass individual, family, or group settings. Family or couples therapy delves into issues affecting these close relationships, aiming to foster healthier dynamics. Group therapy, on the other hand, brings together individuals experiencing similar struggles with depression within a therapeutic environment. This format fosters mutual learning and provides a supportive network for the patients. In

addition to emotional and mental support, the field of medicine has developed to such an extent, that there are pathological remedies available for patients to take. Ignoring the detrimental hazard of addiction, these “anti-depressants” are recommended for at least six months. This extended treatment period aims to prevent relapse. For individuals at heightened risk of future episodes, such as those with a personal history of multiple depressive episodes or a strong family history of the condition, long-term maintenance medication is suggested. This approach aims to further reduce the likelihood of depression's return. However, if the degree of psychological disorder scales up to be of a chaotic nature, “desperate times might call for desperate measures”.

Electroconvulsive therapy (ECT) stands as a vital treatment option, typically reserved for severe depressive episodes unresponsive to other interventions. Though its use dates back to the 1940s, ongoing research has led to significant advancements and a growing recognition of its efficacy as a mainstream treatment, rather than a last resort. ECT involves the controlled application of electrical stimulation to the brain while the patient is under anesthesia, deliberately inducing a brief seizure. This procedure is typically administered two to three times a week for a total of six to twelve sessions, proving to be effective in most scenarios.

When humanity is removed from society, it results in war and bloodshed. When society is removed from humanity, it leads to the detrimental effects of depression and anxiety. The impact of the epidemic has stretched far beyond physical health, leaving deep scars that will take years to heal. If humanity pursues purely economic goals over treating depression, then the epidemic will rage on. If humanity fights the stigma of adolescent depression and focuses on prevention and cure, then this unprecedented disease will fade away and we can imagine a future where such debilitating psychological disorders are a thing of the past.

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