

# Why Depression is on the rise Amongst Millennials and Gen Z

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## Abstract

The purpose of our study is to identify reasons why recent generations, specifically Millennials and Generation Z, have shown a sharp increase in levels of depression compared to prior generations. We approached this question by doing an analysis on the previous literature on depression and possible factors that may lead to depression. Within these studies, we identified differences in factors that are experienced more by older generations (i.e., Generation x, Baby boomers) and those that are experienced more by younger generations (i.e., Millennials, Generation Z). We hypothesized that the reasons for increased depression in younger generation would include differences in the understanding of mental illness between older and younger generations that would lead more young people to seek a diagnoses, and the influence of recent technology such as cell phones and social media on the mental health of younger generations. Indeed, we found studies that identified higher levels of stigma surrounding mental illness in older adults and higher levels of mental health literacy in younger generations. Additionally, we found that technology such as cell phones and social media decrease the quality of interactions between younger people, which can lead to social isolation, a factor that can increase the risk for depression.

## Introduction

The prevalence of depression in the United States has risen to unprecedented levels. Rates of depression in younger generations are rising much quicker than those in older generations. From 2005 to 2014, the National Surveys on Drug Use and Health found that the rate of major depressive episodes in adolescents increased from 8.7% to 11.3% (Motjabai, Olfsen, & Han, 2016). A 2010 study of the National Comorbidity Survey looked at four different age groups (18-34, 35-49, 50-64, & 65+) and found that people ages 65 and older experienced significantly fewer major depressive episodes than younger age groups, and that the depressive episodes they did experience were less severe than those of younger age groups. Additionally, the youngest age group (18-34) was found to have the highest rate of major depressive episodes in developed countries. (Kessler, Birnbaum, Bromet, Hwang, Sampson, & Shahly, 2010). While reviewing existing literature on depression rates amongst different generations, we identified patterns in environmental factors that influence younger and older generations at different levels. With rates of depression rising disproportionately in younger generations, it is imperative to pinpoint factors that could be negatively impacting their mental health. Additionally, we must consider factors that impact the rates at which depression is diagnosed.

Sufferers of mood disorders are at a higher risk for dying of suicide. Not every depressed individual experiences suicidal ideation, and not everyone who is suicidal has major depressive disorder. However, nearly 90% of completed suicides involve people with mental illness are by whereas one-half to two-thirds of those suicides involve people with mood disorders (Isometsa 2014). Therefore, recent trends in suicide could also reflect increases in depression among younger generations. With depression being a risk factor for suicide, identifying possible causes of its growing rates amongst younger generations is also important in guiding suicide prevention.

## Methods

In this review we drew on literature on depression and its possible causes in order to identify trends that could indicate the predominating causes for the rise in cases, particularly in young people, in recent decades. More specifically, we examined generational differences in the environmental influences that contribute to different levels of depression. For the purposes of this review, we refer to Millennials (born 1977-1995) and Gen Z (1996-TBD) as younger generations, while older generations include Generation X (born 1965 – 1976), Baby Boomers (born 1946 – 1964), and Traditionalists or Silent Generation (born 1945 and before).

With depression and suicide increasing so rapidly in younger generations, we explored factors that have affected and currently affect younger generations more intensely than they have impacted older generations, as well as influences that could contribute to more diagnoses of depression in younger people

## Results

### Mental Health Literacy: knowledge and beliefs about mental disorders which aid their recognition, management or prevention

- Studies found a greater stigma towards mental illness in older patients, which was predictive of antidepressant noncompliance (Abdullah and Brown, 2011).
- College aged adults face less stigma towards depression, and are more likely to view mental health care as helpful in treating depression when compared with older groups. Results showed that 60% of college-age adults considered seeking mental health care as a sign of strength, compared with 35% of older adults. Additionally, more college aged adults identified depression as a risk factor for suicide, with 86% of college students identifying depression as a risk, compared to 78% of older adults (Harris Poll, 2015).
- Older people (65–74 years) were poorer at correctly identifying depression than young adults (15–24 years). Additionally, fewer older adults recommended treatment from a counsellor, telephone service or psychologist, and they were more likely to perceive psychiatrist treatment as harmful (Fisher and Goldney, 2003).
- When presented with a vignette describing symptoms of depression, adults aged 70 years and older were the worst at identifying depression out of all age groups. Moreover, respondents aged 18–24 years were more likely than those aged over 70 years to rate psychologists as a helpful treatment for depression (Farrer, Leach, Griffiths, Christensen, & Jorm, 2008).

### Social isolation

- Technology use is contributing to social isolation and ultimately depression in younger generations. We found that this is partly due to the shift towards online social relationships. Loneliness appears to be a major risk factor for depression (Cacioppo, Hughes, Waite, Hawkey, & Thisted, 2006); (Santini, Jose, Cornwell, Koyanagi, Nielsen, Hinrichsen, Necka, & Cacioppo, 2017).
- Evidence shows that younger generations are using mobile devices and social media more frequently (Rideout, Foehr, & Roberts, 2010), (Madrigal, 2013).
- Mobile devices and social media can cause poorer social connections that may lead to loneliness. Conversations in which a mobile device was present were ranked lower in connectedness and participants reported lower levels of empathy (Misra, Cheng, Genevieve, & Yuan, 2014).

## Discussion

- Mental illnesses such as depression are more stigmatized in older generations. Furthermore, several studies suggested that younger generations have higher levels of mental health literacy, meaning that they are better able to identify signs and symptoms of mental illness and have knowledge of where to seek help. For these reasons, younger people who suspect that they are depressed could be more likely to seek a diagnosis. However, despite higher levels of mental health literacy, we found that younger generations, especially younger men, still hesitate to seek professional help.
- The psychological effects of technology might be compounded by the physical consequences of technology use, such as poor sleep, to contribute to depression in younger generations. However, there are limitations to this evidence. For example,, much of the research that has been done on internet use, loneliness and depression has been done on younger people, particularly students, leaving older generations underrepresented in these data.
- Additionally, we do not know the extent to which increased social isolation caused by online communication are contributing to the rising levels of depression, as there are several other factors affecting younger generations differently than older generations, including increased pressure to attend college, more student loan debt, easier access to an unhealthy diet, increased housing costs, etc. These factors should be further investigated in future studies of rising rates of depression cases.
- The relationships among internet use, loneliness and depression also appear to be dynamic, and vary based on an individual's age, perceived deficits in social interactions, and the way in which one utilizes technology. Therefore, the likelihood that internet use alone will cause depression is unclear.
- Internet use might be related to MHL in younger generations. However, its relationship with seeking help and a diagnosis is complex. Although we found that younger people report being more comfortable seeking mental help online, this could mean that they do not receive a professional diagnosis. In this case, they would not be counted in the increasing numbers of reported cases of mental illness.

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