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Peer Pressure and Depression among Adolescents

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ABSTRACT: When we talk about peer pressure, most of us immediately think about high school. Although peer pressure exists in elementary school, escalates in middle school, and permeates college culture on social, academic, and personal levels, high school is the time and place peer pressure appears to exert its most powerful influence over the growing human.This makes perfect sense when we think about adolescent development. During adolescence, school-age children transform into adults. The definition of physical adolescence – the full development of the sexual organs – means that youth who were children at 12 are adults at 18.

KEYWORDS: peer pressure, depression, adolescents, anxiety, high school, influence, youth, personal, social

I. INTRODUCTION

The brain is the last thing to finish developing, with the prefrontal cortex reaching full maturity at some point during the early- to mid-twenties.(1,2) This means that the development of our primary mechanism for rational decision-making, impulse control, and risk-reward analysis lags behind everything else, including our bodies and our emotions, by five to ten years.This means certain elements of psychological and emotional maturity lag behind, as well.Now let's consider the breadth of changes that occur during adolescence. Adolescents undergo radical development in the following areas:

- Ethical and Moral Decision Making
- Adolescents may challenge rules and test limits
- Adolescents may experiment with sex and illegal substances
- Independence and Emotions
- Adolescents may become preoccupied with the way they appear, dress, and behave
- Adolescents may feel awkward in their bodies and out of place in their social lives
- Sexuality
- Adolescents may begin to worry about their relative level of attractiveness
- Adolescents may become interested in and/or experiment with sex

While all these radical changes happen, another thing happens, as we mention above: peer influence increases in intensity. Research shows that adolescents diagnosed with a mental health disorder – particularly depression or anxiety – are at increased vulnerability to peer pressure. Adolescents with depression and anxiety display increased levels of the following emotional/psychological states and experiences, as compared to peers without similar mental health diagnoses:

Low self-esteem

Extreme self-consciousness

Sensitivity to criticism

Preoccupation with failures

Sensitivity to rejection

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Combined with some of the more difficult changes that occur during adolescence – developing sexuality, pushing boundaries, worrying about appearance, experimenting with sex/alcohol/drugs, preoccupation with social status, prioritizing peer opinion over parental guidance – the characteristics of depression and anxiety listed above leave adolescents with depression and anxiety vulnerable to engaging in risky behaviors and making decisions based on poorly regulated emotional impulses and guided by what others think, rather than making decisions based their own best interest and guided by their personal sense of wellbeing.At this point, this article diverges and takes two parallel tracks. One is for parents of adolescents diagnosed with depression or anxiety. (3,4,5) The other is for adolescents without a diagnosis, but who may be vulnerable to the disorders – and also vulnerable to peer pressure.

Peer Pressure and Adolescent Mental Health: What Parents Should Watch For

On the one hand, we advise parents of adolescents with a depression or anxiety diagnosis to increase their vigilance. According to the data in the study linked to above, their adolescent is at risk of disproportionate influence by peers who don't understand the power they have. Peers may exert extreme pressure to participate in risky behavior without knowing that a adolescent with depression or anxiety may desperately want to fit in, find a peer group, and gain acceptance – which impairs their ability to make a rational decision. They'll go to great lengths to get that acceptance. The fact their prefrontal cortex is underdeveloped exacerbates the problem. (6,7,8) On the other hand, parents of adolescents who have depression or anxiety but have not yet received a diagnosis need to understand the power of peer pressure on their adolescents, as well. If their adolescent is in the process of developing depression or anxiety but they don't know it, they may make choices that have everything to do with their undiagnosed disorder and peer pressure, and little to do with what they want for themselves. Their emotions – under the twin influence of adolescence and a mood disorder – may lead them to places they truly do not want to go.(9,10)That's why we say this article diverges, yet takes parallel tracks. It diverges in that it's for two sets of parents: those with adolescents with a mental health diagnosis, and those with adolescents without a mental health diagnosis. It's parallel in that the risks and warning signs to watch for are identical. Parents of adolescents with a diagnosed disorder should watch for a recurrence of the warning signs, while parents of adolescents without a diagnosed disorder should watch for the initial appearance of the risks and warning signs.(11,12)

Depression and Anxiety in Adolescents: Risks and Warning Signs

Both sets of parents should understand that peer pressure – combined with the vulnerabilities associated with depression and anxiety – can lead to risky behavior that may have long-term, negative consequences.We'll start by defining depression, then offer the warning signs of adolescent depression.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-V) defines depression as:

"An overwhelming feeling of sadness, isolation, and despair that last two weeks or longer at a time."

Parents should pay close attention to the key phrase "…that last for two weeks or longer at a time."

Adolescent Depression: Warning Signs

Persistent sadness and low mood

Frequent crying

Recurring, daily hopelessness or pessimism

Frequent irritability

Frequent anger or hostility

Daily feelings of hopelessness or worthlessness

Withdrawal from friends and family

Lack of interest favorite activities

Decreased participation in extracurricular activities, including sports, band, or academic clubs

Daily fatigue

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Communication issues with friends or family

Restlessness

Agitation

Problems with concentration and decision-making

Memory issues

Problems completing tasks at home or school

Changes in sleep: too much/too little

Changes in eating: too much/too little(13,14)

Extreme loss or gain of weight

Physical ailments, such as headaches or stomachaches, that have no clear cause and do not improve with common remedies

Suicide-related thoughts and behaviors: thinking about, talking about, or attempting suicide*

* If your adolescent is in immediate danger or poses an imminent threat to themselves or someone else, call 911 immediately or take them to an emergency room at a regular hospital or a psychiatric hospital.Parents reading this should understand those symptoms in terms of the key phrase in the clinical diagnosis above, which states that for symptoms to meet the threshold for clinical depression, they "…are present every day for two weeks or longer at a time."Since we all know adolescents can be moody, it's worth repeating something. Short bouts of sadness, anger, or withdrawal are common. But when they last for two weeks or more, that's a clear red flag. Parents of adolescents with no previous diagnosis should arrange a full assessment with a mental health professional. Parents of adolescents with a previous diagnosis should contact their adolescent's therapist or treatment center.We'll now define anxiety, then offer the warning signs of adolescent anxiety(15,16,17).According to the National Association on Mental Illness (NAMI), all anxiety disorders share one unifying trait:

"Persistent, excessive fear or worry in situations that are not threatening."

NAMI describes specific symptoms to watch for:

Emotional:

Fear of typical, day-to-day situations

Constant restlessness

Persistent irritability

Habitually predicting the worst outcome in any situation

Excess tension or jumpiness

Physical:

Racing heart/shortness of breath

Headaches, insomnia, fatigue

Twitching, sweating, or tremors

Nausea

Frequent trips to the bathroom (diarrhea or frequent urination)

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There's a general rule of thumb to follow with regards to most mental health issues, anxiety and depression in particular. The rule has two parts:If the anxiety lasts for more than a few days – up to two consecutive weeks – then it may indicate clinical anxiety.If the anxiety disrupts daily activity – meaning it impairs home life, school life, and social life – then that may indicate the presence of an anxiety disorder, rather than typical anxiety.Now it's time to talk about risk factors.(18,19,20) Experiencing the following things can increase the chance that a adolescentager will develop clinical depression:

Family history of mental illness

Family history of depression

Significant life events: moving or changing schools

Traumatic life events: a death in the family, major accidents, significant illness

Extreme stress

It's important to understand that the presence of a risk factor, or multiple risk factors, does not mean a adolescent will develop depression or anxiety. Also, the presence of symptoms and risk factors simultaneously does not mean a adolescent has or will develop depression or anxiety. However, if a adolescent displays signs and symptoms of depression or anxiety every day for two weeks or more – and risk factors are also present – then it's time to take action.

Evidence-Based Treatment is Effective for Adolescent Depression and Anxiety

As we mention above, parents of adolescents with no previous diagnosis of depression or anxiety should arrange a full assessment with a mental health professional if they see the signs we list above. Parents of adolescents with a previous diagnosis of depression or anxiety should contact their adolescent's therapist or treatment center if they see the signs we list above.One more thing: it's important for parents to know that treatment works. That goes for both sets of parents. Parents of adolescents with no previous diagnosis should understand that their adolescent can receive evidence-based treatment, which allows them to manage their disorder and lead a full and productive life. Parents of adolescents with a previous diagnosis should understand that a relapse or recurrence of symptoms does not mean treatment failed. It means that recovery is a lifelong process, and their adolescent needs to reconnect with their coping skills and return to treatment if necessary.(21,22,23)

III. DISCUSSION

Adolescents are under constant pressure – pressure to perform academically, to become their own person independent of their parents and guardians, and to deal with the hormonal and physical changes that are happening to their bodies. On top of all that, adolescents are also under constant scrutiny from their classmates, and are often subject to mounting pressure to fit in or do things that earn them approval from their peers. This constant pressure to fit in and to gain approval can be overwhelming for many adolescents, ultimately leading to depression and other mental health issues(24,25)

How Peer Pressure Leads to Depression

Everyone feels pressure to fit in with their peers and people they admire, but for adolescents, this pressure to conform and get approval is especially acute. High school is notorious for being filled with different cliques and groups that often define themselves through certain behaviors and by assigning social statuses to different people. In order to fit in with these cliques, adolescents often feel pressured to change things about themselves, or to pretend that they are someone different than who they really are. Because adolescents are already struggling to define and discover who they are as a person, this additional pressure to act or look certain ways can often lead them to feeling confused or at odds with themselves. When peer pressure demands that they act in ways with which they are not comfortable, it can cause adolescents to suffer from low self-esteem, anxiety, and depression. (26,27)

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Depression in Adolescents

Adolescents often feel very strong emotions, leading to noticeable extremes in mood. That said, depression is more than just feeling sad. Depression is a mental health issue, one that can damage academic performance, discourage adolescents from socializing or making friends, and even lead to dangerous behavior. When peer pressure causes adolescents to become depressed, the most important step to take is to give them a chance to process and deal with their emotions outside of the environment that is causing the changes in their behavior. For some adolescents, speaking with a counselor or therapist is enough for them to learn to manage their emotions in a healthy way, and to navigate the high pressure social world of high school. Other adolescents, however, may require additional help and schooling in a therapeutic environment.

However, children and young people may struggle to cope with the varying forms and degrees of peer pressure. We often look to our peers for guidance, reassurance, and a sense of belonging.This means that peer pressure is a powerful force that can have an adverse effect on children and young people's health and wellbeing. Peer pressure is often thought as synonymous with teenage years – however, most people want to fit in from a very young age, and peer pressure will also be present in primary schools.Peer pressure does have some positive aspects - for example, conforming to safe and healthy behaviour and peers influencing academic achievement.Negative peer pressure is often related to influencing bullying behaviours, drinking alcohol, drug use and negative body image, all of which are harmful to a child or young person's wellbeing.The effects of such behaviours can decrease self-confidence, self-worth and distancing from family members and friends.(28,29)

Research shows that there is a direct, positive correlation between peer pressure and depression in young people. Depression at its worst can lead to suicidal ideation, self-harm and other harmful behaviours.Research further states that the presence of peer pressure is a predictor for increase stress levels, anxiety and sleep issues.Social media adds a significant dimension to peer pressure. It means that a young person's peer group has continuous access to them, outside of the normal school day. Peer pressure-related posts may include images of unrealistic lifestyles or body image (for example using image filters), risky behaviour and alcohol and drug use.

If you are at all concerned about a child or young person, you should always speak to your designated safeguarding lead as a matter of priority. They will be able to advise on suitable next steps and speaking to them about any concerns should always be the first action you take, ahead of any of the suggestions on this page.

There are several ways that school staff can support children and young people who are being affected by peer pressure.

- Provide a safe environment of open communication. This can either be in the classroom or with a designated member of staff elsewhere in the school. Let students know you are there to listen and help if they need it.
- Model healthy talking behaviours. For example, share your own experiences of peer pressure when at school (as appropriate) and ways you have handled them.
- Talk to students about how to set boundaries and be assertive in their communication. Ask them to think about what they would say in a negative situation, and practice saying no in different ways. This may be in the form of a group discussion or role play.
- Create a plan and a backup plan with students for situations of peer pressure. Let them know there is nothing wrong with making an excuse if they are unsure what to do and help them brainstorm creative ways to exit an uncomfortable situation.
- Foster independence in students and teach them to listen to their gut. Let them know that they cannot please everyone, and that is okay.(30)

IV. RESULTS

One in six people are aged 10-19 years. Adolescence is a unique and formative time. Physical, emotional and social changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health problems. Protecting adolescents from adversity, promoting socio-emotional learning and psychological well-being, and ensuring access to mental health care are critical for their health and well-being during adolescence and adulthood.Globally, it is estimated that 1 in 7 (14%) 10-19 year-olds experience mental health conditions(1), yet these remain largely

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unrecognized and untreated.Adolescents with mental health conditions are particularly vulnerable to social exclusion, discrimination, stigma (affecting readiness to seek help), educational difficulties, risk-taking behaviours, physical ill-health and human rights violations. Adolescence is a crucial period for developing social and emotional habits important for mental well-being. These include adopting healthy sleep patterns; exercising regularly; developing coping, problem-solving, and interpersonal skills; and learning to manage emotions. Protective and supportive environments in the family, at school and in the wider community are important.Multiple factors affect mental health. The more risk factors adolescents are exposed to, the greater the potential impact on their mental health. Factors that can contribute to stress during adolescence include exposure to adversity, pressure to conform with peers and exploration of identity. Media influence and gender norms can exacerbate the disparity between an adolescent's lived reality and their perceptions or aspirations for the future. Other important determinants include the quality of their home life and relationships with peers. Violence (especially sexual violence and bullying), harsh parenting and severe and socioeconomic problems are recognized risks to mental health.(31)

Some adolescents are at greater risk of mental health conditions due to their living conditions, stigma, discrimination or exclusion, or lack of access to quality support and services. These include adolescents living in humanitarian and fragile settings; adolescents with chronic illness, autism spectrum disorder, an intellectual disability or other neurological condition; pregnant adolescents, adolescent parents, or those in early or forced marriages; orphans; and adolescents from minority ethnic or sexual backgrounds or other discriminated groups. Emotional disorders are common among adolescents. Anxiety disorders (which may involve panic or excessive worry) are the most prevalent in this age group and are more common among older than among younger adolescents. It is estimated that 3.6% of 10-14 year-olds and 4.6% of 15-19 year-olds experience an anxiety disorder. Depression is estimated to occur among 1.1% of adolescents aged 10-14 years, and 2.8% of 15-19-year-olds. Depression and anxiety share some of the same symptoms, including rapid and unexpected changes in mood.Anxiety and depressive disorders can profoundly affect school attendance and schoolwork. Social withdrawal can exacerbate isolation and loneliness. Depression can lead to suicide.(32)

Behavioural disorders are more common among younger adolescents than older adolescents. Attention deficit hyperactivity disorder (ADHD), characterized by difficulty paying attention, excessive activity and acting without regard to consequences, occurs among 3.1% of 10-14 year-olds and 2.4% of 15-19 year-olds(1). Conduct disorder (involving symptoms of destructive or challenging behaviour) occurs among 3.6% of 10-14 year-olds and 2.4% of 15-19 year-olds(1). Behavioural disorders can affect adolescents' education and conduct disorder may result in criminal behaviour. Eating disorders, such as anorexia nervosa and bulimia nervosa, commonly emerge during adolescence and young adulthood. Eating disorders involve abnormal eating behaviour and preoccupation with food, accompanied in most instances by concerns about body weight and shape. Anorexia nervosa can lead to premature death, often due to medical complications or suicide, and has higher mortality than any other mental disorder. Conditions that include symptoms of psychosis most commonly emerge in late adolescence or early adulthood. Symptoms can include hallucinations or delusions. These experiences can impair an adolescent's ability to participate in daily life and education and often lead to stigma or human rights violations. Suicide is the fourth leading cause of death in older adolescents (15-19 years)(2). Risk factors for suicide are multifaceted, and include harmful use of alcohol, abuse in childhood, stigma against help-seeking, barriers to accessing care and access to means of suicide. Digital media, like any other media, can play a significant role in either enhancing or weakening suicide prevention efforts. Many risk-taking behaviours for health, such as substance use or sexual risk-taking, start during adolescence. Risk-taking behaviours can be an unhelpful strategy to cope with emotional difficulties and can severely impact an adolescent's mental and physical well-being.(33)

Worldwide, the prevalence of heavy episodic drinking among adolescents aged 15-19 years was 13.6% in 2016, with males most at risk(3).The use of tobacco and cannabis are additional concerns. Many adult smokers had their first cigarette prior to the age of 18 years. Cannabis is the most widely used drug among young people with about 4.7% of 15-16 years-olds using it at least once in 2018(4).Perpetration of violence is a risk-taking behaviour that can increase the likelihood of low educational attainment, injury, involvement with crime or death. Interpersonal violence was ranked among the leading causes of death of older adolescent boys in 2019(5). Mental health promotion and prevention interventions aim to strengthen an individual's capacity to regulate emotions, enhance alternatives to risk-taking behaviours, build resilience for managing difficult situations and adversity, and promote supportive social environments and social networks.These programmes require a multi-level approach with varied delivery platforms – for example, digital media, health or social care settings, schools or the community – and varied strategies to reach adolescents, particularly the most vulnerable. It is crucial to address the needs of adolescents with mental health conditions. Avoiding institutionalization and over-medicalization, prioritizing non-pharmacological approaches, and

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respecting the rights of children in line with the United Nations Convention on the Rights of the Child and other human rights instruments are key for adolescents' mental health.(23)

V. CONCLUSIONS

WHO works on strategies, programmes and tools to assist governments in responding to the health needs of adolescents.For example, the Helping Adolescents Thrive (HAT) Initiative is a joint WHO-UNICEF effort to strengthen policies and programmes for the mental health of adolescents. More specifically, the efforts made through the Initiative are to promote mental health and prevent mental health conditions. They are also intended to help prevent self-harm and other risk behaviours, such as harmful use of alcohol and drugs, that have a negative impact on the mental − and physical − health of young people.WHO has also developed a module on Child and Adolescent Mental and Behavioural Disorders as part of the mhGAP Intervention Guide 2.0. This Guide provides evidence-based clinical protocols for the assessment and management of a range of mental health conditions in non-specialized care settings.Furthermore, WHO is developing and testing scalable psychological interventions to address emotional disorders of adolescents, and guidance on mental health services for adolescents.WHO's Regional Office for the Eastern Mediterranean has developed a mental health training package for educators for improved understanding of the importance of mental health in the school setting and to guide the implementation of strategies to promote, protect and restore mental health among their students. It includes training manuals and materials to help scale up the number of schools promoting mental health.(33)

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