Narrative Review Article

How do Different Psychological, Social, and Cognitive Factors Contribute to the Rise in Mental Distress Among Adolescents?

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ABSTRACT

Adolescent mental health issues have risen sharply over the past decade, emerging recently as a global health concern. This literature review looks into how different factors such as psychological, social and cognitive factors have contributed to the increasing prevalence of mental distress among youth with emphasis on the impacts of the COVID-19 pandemic. Evidence has indicated that several factors interconnectedly exacerbate mental distress, including heightened academic pressure, increased social media use, bullying, dysfunctional family, dynamics, and substance use. COVID-19 has appeared as a consistent catalyst that aggravates preexisting vulnerabilities. Collectively, these findings underscore the need for prevention and intervention strategies to address escalating mental health challenges facing adolescents today.

Keywords: Adolescent; mental health; COVID-19; social media; academic pressure; education; family dynamics; substance abuse

INTRODUCTION

Adolescence is a stage characterized by profound social, cognitive and psychological transitions, including a higher susceptibility to psychological distress. Over the past decade, adolescent mental distress has been substantially increasing, surging to levels that have sparked a public health crisis (1). Globally in 2021, mental health cases amongst teens were at 278.98 million (2). The prevalence of diagnosed mental and behavioral health conditions rose 35% from 2016 to 2023 (3). In Australia's national survey, the rate of mental disorders amongst youth has increased by 50% over the past 15 years, disproportionately affecting females (1). Depression amongst youth has more than doubled in Australia over the past 14 years (1). This is true for other countries across the globe, including the United States, Canada, Sweden, the United Kingdom, Poland and other Nordic countries (1). Pharmaceutical data corresponds with these trends. In fact, from January 2016 to December 2022, monthly antidepressant dispensing rate for children, adolescents, 12- to 15-year-olds increased by 66.3% (4).

The majority of mental disorders begin during adolescence, although they are also frequently diagnosed in later stages of life (5). 75% of mental illness onsets occur before the age of 24 (6). Mental health issues are harmful to adolescents because they come with adverse developmental outcomes, including more academic stress, substance abuse, and involvement in violence both towards others and oneself (5).

Mental health is multifactorial, meaning that rising numbers are due to a number of reasons, such as cultural influences, social media, academic pressures, and/or

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family dynamics (7). This review aims to offer insight into how these numbers have fluctuated over the years and the factors that influence their fluctuation. More specifically, this review aims to: a) survey and connect the causes of youth mental health decline in the last decade; b) identify research gaps and future directions for targeted investigation; c) collate research into adolescent mental health from the past decade to offer an overview of the current state of the field. This review organizes research by contributing factors, which are summarized in Table 1.

MAJOR EVENT - COVID-19 (GLOBAL PANDEMIC)

Coronavirus disease 2019 (COVID-19) is a contagious disease that originates from the SARS-CoV-2 virus and caused a global pandemic in 2020**.** The pandemic profoundly disrupted the lives of adolescents worldwide, causing school closures, reduced peer interaction, and social isolation. COVID-19 increased the prevalence of adolescent depression, anxiety and substance misuse (8). Based on data collected in 2020 that included 1188 ethnically diverse adolescents (mean age 14.8 years, 50% female), COVID-19-induced stress and loneliness were linked to depression and anxiety (9).

The pandemic led to the loss of face-to-face interactions and restricted socializing across all age groups. Adolescents who did not limit physical interactions experienced fewer depressive symptoms (9). Social distancing caused the flareup of psychological imbalance of psychiatric illness in people already predicting mental illnesses (10). The loss of daily contact and the disruption of daily routines generated feelings of uncertainty, especially among those with existing mental health difficulties (10). At the same time, unrestricted socializing was related to a higher likelihood of substance use, including heavy episodic drinking (9).

The loss of access to supportive services also greatly affected vulnerable adolescents. School closures affected those with special needs, as they were left unable to make progress on essential skills and their families had to take care of them without the support of professionals (10). During lockdown, many children experienced the

Table 1. *Summary of the contributing factors to adolescent mental health outcomes, including major exposures, underlying mechanisms, and associated psychological effects.*

Contributing factor	Key components	Underlying mechanisms	Associated mental health outcomes
COVID	Limited physical interaction, loss of in-school support, increased use of social media, increased intake of negative information, loss of a loved one	Aggravation of preexisting conditions, grief, isolation, decrease in treatment options	Increased depressive symptoms, substance abuse, suicidality, increased anxiety
Social Media	Screen time, idealized images, negative content, online victimization	Self-esteem, gender, identity formation, cognitive distortion	Increased depressive symptoms, increased body-image issues, increased anxiety
Peer Relationships	Bullying, violence	Identity formation	Increased depressive symptoms, increased anxiety, increased substance abuse, suicidality, antisocial behaviour
Family Dynamics	Poor dynamics, domestic violence	COVID-19	Increased anxiety, increased depressive symptoms, aggressive behavior
Academic Pressure	Social shifts, academic evaluation, impact of school calendar, shifts in labor market, poor sleep	Self-worth, perfectionism, gender, cognitive distortion	Mixed anxiety and depressive symptoms, suicidality, increased emotional dysregulation, burnout, physical consequences
Substance Abuse	Alcohol, cannabis, tobacco, parental substance abuse	Environmental influence, emotional dysregulation, maladaptive coping	Increased depressive symptoms, increased anxiety, antisocial behavior

loss of a loved one for the first time without being able to say goodbye properly. With school communities and services closed, children and adolescents struggled to gain access to psychiatric treatment after potentially traumatic experiences (10).

The pandemic not only aggravated preexisting conditions but simultaneously led to the reactivation of past mental illnesses. A review analysing 156 empirical studies shows an increase in symptoms of mental distress compared to pre-pandemic statistics (11). Depression symptoms were shown to worsen in 79% of the studies. Anxiety matches those numbers very similarly (11). Across 21 studies of life satisfaction or quality of life, 6 of 7 longitudinal studies show decline. 41% of children and adolescents experienced a reactivation in eating disorder symptoms after lockdown. Adolescents were already a vulnerable group, especially during COVID-19, but adolescents with pre-existing mental disorders or eating disorders were exceptionally vulnerable (12). The pandemic-induced decrease in therapy and rehabilitation support caused the escalation of emotional symptoms (10%) and conduct problems (35%) including aggression and deceitfulness (12).

Beyond activating preexisting illnesses and exacerbating symptoms, the pandemic catalyzed a sharp rise in suicide. According to estimates from the World Health Organization (WHO), suicide was the fourth leading cause of death for youth between ages 15 to 19 globally in 2019 (13). In Japan, the monthly suicide rates of children and adolescents increased by 49% between July and October 2020, compared with the overall 16% of increase among the general population (13). One way a pandemic like COVID-19 can impact children and adolescents is the psychological influence of negative information. The pandemic may have also impaired adolescent mental health through stress spillover from other family members. This can cause parent-child relationships to change, disrupting social support and potentially triggering suicidal ideation and attempts (13).

Many negative mental outcomes have been introduced or exacerbated by the pandemic. The loss of supportive services and physical contact left many adolescents struggling to deal with both traumatic events and preexisting mental distress. Surprisingly, the impacts of COVID-19 infection itself on mental health have yet to be studied, though its impact could be substantial. Future research could usefully explore effective alternatives to in-person support and socialization in the event of another global pandemic.

SOCIAL FACTORS

There is a well-established relationship between adolescent social interaction and mental health. The social determinants of mental health refer to the structural conditions young people are exposed to throughout their lives (1). These conditions actively affect the mental health outcomes of adolescents and contribute to the disparities identified within and between populations.

Social Media (Digital Interventions)

One of the most substantial factors contributing to the increase in adolescent mental illness is the shift in social environments to digital spaces. The term ‘social media’ describes media that involve digital platforms and interactive participation (14). This includes blogs, emails, texts, connection sites, gaming and entertainment apps and social networking sites (SNS). Specifically, SNS platforms have become ubiquitous over the years and reached a peak in engagement during the lockdown. Social media has transformed the ways in which adolescents interact with their peers and has disrupted their self-perceptions. Other negative aspects of social media include their effect on adolescents’ screen time and their exposure to negative online content. Some high-income countries have tried to improve mental health services offered to adolescents, but thus far such efforts have been unable to scale up relative to how quickly youth mental health problems are rising (1).

A majority of studies conducted on social media use have found positive correlations with depression and other forms of mental distress (16). As media exposure becomes more pervasive, young adults are exposed to the idealized images on social media, causing body image and self-esteem issues—most profoundly among young females. A study by Fardouly *et al*. (2015) found that young women who viewed images of thin models on social media reported higher levels of body dissatisfaction and lower self-esteem (17). The heavy prevalence of edited and curated content sets unrealistic beauty standards, particularly for women, leading to issues such as eating disorders and excessive dieting. Adolescence is a critical period for identity development, and social media is playing an increasingly significant role in this process of self-discovery (18).

Critically, many of the negative outcomes associated with social media are related to the type of content that users consume. Negative content may include depictions of violence, bullying, or appearance-focused media. In particular, online victimization (cyberbullying) is

associated with depression, self-harm, suicidality and anxiety (19). Another form of online victimization is sextortion, which has increased drastically over time (19). Sextortion is threatening the release of intimate, explicit or embarrassing images, typically to gain money. Sextortion has been associated with many negative mental health outcomes**,** including depression and anxiety (19). Considering the myriad of experiences that adolescents have online, therapists should be inquiring about social media intake throughout treatment. Although social media can help foster connections between individuals, it also introduces consistent comparison and the need to receive digital validation from their peers, which can lead to bullying and other forms of harmful behavior.

Recent advances in digital technology have led to the growth of digital interventions, wherein individuals can gain immediate access to evidence-based interventions before their mental problems escalate (20). Research has found that digital interventions can be effective for a range of mental health difficulties, including depression and anxiety (20). Digital interventions can include screen-time monitoring and app limits, which have been implemented in many major smartphone brands such as Apple. Though app limitations offer an innovative approach, there are still many ways to bypass the time restrictions users put on applications. Therefore, interventions thus far have not substantially buffered social media usage amongst adolescents. Other interventions with limited success include Australia's social media ban, made into law in 2025 for children under 16, which aims to reduce online bullying and mental health issues. Similar to app limits, however, adolescents still manage to find ways to circumvent the ban by utilizing VPNs.

Australia's incomplete success reveals an urgent need for more adaptive intervention strategies. For instance, future research could focus on tackling the randomness of the algorithm. As algorithms are uniquely curated for each user, social media applications feed different content to different people at different times. This raises questions about how often different users' algorithms display harmful content and how to better regulate the types of content shown to adolescents.

Peer Relationships

Young adults' social relationships during their adolescent years can significantly impact their well-being (21). Supportive friendships act as a buffer against stress and adversity, while harmful relationships and bullying put adolescents' mental health at risk (22).

Bullying is often defined as intentional, repeated and harmful aggressive behaviors among peers (22). It is a common form of violence among children and adolescents (23). Bullying can be verbal, physical, relational, sexual, and takes place in-person or online (cyberbullying). The negative mental health effects of bullying are both long- and short-term, and include anxiety, depression, substance abuse and suicidal behaviours (22). The impact of bullying and peer relationships on adolescent mental health is complex and multifaceted. Violence, especially sexual violence, poses a recognised risk to mental health (21). Studies indicate that the impact of being bullied surpasses the effects of both other childhood adversities and adult abuse (1). While targeted efforts have started to minimize bullying in many European countries, an increase in bullying has recently been observed in the UK. According to McGorry (2024), the proportion of individuals who have experienced cyberbullying at some point in their lives has more than doubled over the years (1).

After an evaluation of 212 studies in a meta-analysis, bullying was underscored as a significant risk factor for young people. A systematic review conducted by Abregú-Crespo *et al* (2023) categorized bullying involvement into victimization, perpetration, and perpetration victimization (23). Victimization refers to the experience of being targeted by unwanted aggressive behavior from others, while perpetration is harmful aggressive behavior towards others. Perpetration victimization describes the dynamic wherein the perpetrator is bullied themselves, making them fall into both the victimization and the perpetrator categories. Young people with psychiatric conditions showed a 2.85-fold increased chance for bullying victimization and a 2.45-fold increased chance for perpetration (23).

Although bullying involves both a perpetrator and a victim, the victims bear the brunt of the impact (22). These impacts can be split into three categories: emotional consequences, health consequences, and consequences that extend into adulthood (22). Short-term health consequences include depression, panic and low self-esteem, as well as externalized behavioral problems such as substance abuse, violence, antisocial behavior and self-harm (22). A study of retired elderly individuals revealed that, although the impact of bullying diminishes over time, those who were bullies are much more likely to be dissatisfied with life compared to those without bullying experiences (22).

A particularly surprising aspect of the impacts of bullying on adolescent mental health is that these

negative outcomes do not always fade with time. Instead, being bullied in the early stages of life can shape long-term emotional patterns that may give rise to future mental health challenges. These effects are not limited to victims, but also include bystanders who witness harmful peer relationships. This research demonstrates a clear need for more investment in consistent long-term individual and group therapy so that victims can be supported throughout adulthood. Importantly, adolescents already at higher risk of mental health challenges, such as those in the LGBTQ+ community or those who have a disability, are more likely to experience bullying, introducing a compounding effect on mental health outcomes. Thus, more research should explore identity-specific interventions that can target those who are especially vulnerable.

Family Dynamics

The family is the first and most influential context in which a child develops. Family dynamics heavily influence the psychological and emotional development of children (24). Family dynamics comprise the patterns of interactions, roles, relationships, communication styles and emotional connections among family members (24). Dysfunctional dynamics such as neglect, abuse, and unresolved marital conflict significantly increase the risk of psychological disturbances among adolescents (24).

Poor family dynamics can be responsible for adolescent depression (25). Adolescents with better family dynamics tended to report lower depression scores (25). Furthermore, parents' psychological and physical abuse towards their children was ruled to have an impact on suicidal ideation during COVID-19 (13). According to Deolmi & Pisani, 2020, caregivers stress combined with the loss of support services during quarantine led to an increase in child abuse. Lockdown sparked a financial downturn, job losses, and changes in daily routines including the loss of outdoor activities, posing significant challenges to caretaking. Socioeconomic stressors and cultural variations complicate the relationship between family dynamics and child mental health (24).

Adolescents exposed to increased domestic violence within the family are also likely to experience heightened levels of stress, anxiety, depression and other disruptive symptoms that can be exacerbated during global pandemics like COVID-19 (26). These findings underline domestic violence as another cause of mental health decline among adolescents, suggesting a need for more accessible and affordable mental health services to be implemented (26).

One accessible form of support may come from the extended family. Extended family support is the emotional and practical help provided by relatives beyond the immediate nuclear family, and can include grandparents, aunts, uncles and cousins (27). Support from extended family members has been shown to be a buffer for psychological stress inflicted by negative parental behaviors (28). Although extended family support is common in many cultures throughout history, the practice of putting children in extensive family members' care has decreased as society has become more individualistic and geographically dispersed (28). This puts a bigger burden on parents, especially those in single-parent or dual-working households, due to increased financial stress, social stigma, and limited access to support networks. This burden, in turn, elevates the risks of parental psychopathology and negative parenting behaviors (28). These combined effects can increase the risk of anxiety and other mental disorders among children and adolescents.

Despite the strong influence of family dynamics on adolescent mental distress, many studies included in this review neglect to suggest interventions. More research could weigh the benefits of individual and family counseling to better understand their effectiveness. Another gap in the research is the lack of culturally specific studies outlining how and in which countries with extended family support have changed over the past several decades.

PSYCHOLOGICAL FACTORS

Academic Pressure and Expectations

As social environments have shifted over the past 10 years, the pursuit of higher education, career opportunities, financial success, and the increasing competition to gain admission to top universities has led to more academic pressure than ever before (28). Several researchers argue that Western labour markets have become increasingly polarized, with a growth of both highly-skilled knowledge occupations and low-skilled service-oriented occupations, but a decline of medium-skilled industrial occupations. Crucially, access to the expanding highly skilled job market is directly dependent on education (29). This has led more adolescents to enter higher education, leading, for instance, to a two-time increase in tertiary attainment rate among young Europeans since the early 2000s (29).

An influential explanatory model in literature is the "educational stressors hypothesis," stating that increasing

mental health problems among adolescents are due to the increase in stressors related to school and education. The hypothesis was initially formulated by West and Sweeting (2003), and states that as contemporary or modern societies put more emphasis on education, the life expectancy of adolescents are increasingly dependent on their educational performance. Consequently, adolescents tend to feel more stressed over school, and their mental states become increasingly vulnerable.

As the stakes of moving through the educational system rise, so do the stakes of academic evaluation. Academic evaluation can impact a student's identity, self-worth and self-esteem. This effect comes from the path-dependent structure of education systems, in which students' performances have long-term consequences for their future prospects (29). When adolescents equate academic achievement with self-worth, they may develop perfectionistic tendencies and a fear of failure. The pressure of meeting high standards, often set by their parents or themselves, can often heighten emotional dysregulation, stress, and depression (28).

Recent systematic reviews have revealed that 48 out of 52 studies show a positive correlation between academic pressure and poor adolescent mental health outcomes (30). Specifically, for mixed anxiety and depression symptoms, 19 out of 20 studies have reported a positive association (30). Out of other symptoms such as depression, anxiety and suicidal idealation, around 90% indicated a positive association. Importantly, Steare *et al*'s review correlates the school calendar with more severe outcomes such as suicidal ideation. 9 out of 10 studies found lower rates of suicidal ideation during holidays and higher rates during term time. Supporting that point, mental health-related hospital admissions and emergency visits were highest during term time while dropping significantly during school breaks (30). This seasonal pattern was prevalent in multiple countries including the US, UK and Japan (30). This strongly suggests that academically associated stress directly contributes to the fluctuations in adolescent mental health crises.

Beyond the time of year, there are significant differences in academic stress between grade levels. As students reach high school, there is a higher overall academic stress than in 7th or 8th grade (31). As academic demands start to bloom, the stress they produce rises simultaneously. Students who feel more pressure from peers also tend to report higher academic stress, emphasizing the impact of social environments on the psychological burden of academic work. Additionally, when academic pressure is high, teens with high parental expectations experience more intense mental health problems (32). There is ample evidence showing that adolescents, principally girls, perceive school and education to be a major source of stress in their lives (29). Long-term stress has been linked to negative emotional outcomes such as anxiety and burnout. Academic pressure alone does not appear as an intense mental stressor, but factors such as family, peer pressure, age and gender can indicate how strongly educational stress is experienced and how it can lead to negative psychological outcomes (32, 31).

Mental distress among adolescents has increased considerably in recent years, due in large part to shifts in the Western labor market. As more students pursue higher education, academic pressure rises, increasing rates of adolescent depression and anxiety. Compounding these stressors is the negative impact of academic pressure on sleep. Studies in China have revealed that academic demands both reduce the amount of sleep adolescents are getting and impact the quality of their sleep (32). Poor sleep is linked to aggression, altered cognitive functioning, anxiety, and depression, and several physical consequences such as higher body mass index, hypertension and chronic pain (33).

Similar to the impact of social media, the negative outcomes of school are usually more prominent in girls. For that reason, more research can be done on the impact of different demographic factors and cultural environments on mental health outcomes. For instance, studying rising education demands in non-Western countries such as China can offer insight into the factors driving educational intensity beyond those related to the Western labor market. Furthermore, future research could investigate how race, culture and class inflect academic experience to better grasp which communities are most vulnerable and implement targeted interventions.

Substance Abuse

Adolescent substance abuse is heterogeneous in nature, associated with behavioral, physical and mental health problems**.** It has been a growing public health concern in countries such as the U.S. and Canada, where alcohol, cannabis and tobacco are the substances most commonly used by adolescents (34). Young people are especially vulnerable to developing harmful substance-use patterns that can persist throughout their whole lifetime (21). In 2019, the prevalence of alcohol use among 15- to 19-year-olds was at 22% worldwide. Tobacco and cannabis are additional concerns. Many adult smokers

had their first cigarette before 18. Further, in 2022, the prevalence of cannabis use among adolescents (5.5%) was higher than that of adults globally (4.4%) (21).

The results of a meta analysis found significant positive associations between depression and alcohol use, cannabis use and tobacco use (34). Similarly, positive associations were found between anxiety and alcohol use, cannabis use and tobacco use (34). Moreover, results showed that there was a significant positive bi-directional association between tobacco use at baseline leading to depression and depression leading to tobacco use (34). Cannabis use is consistently linked to poorer mental health outcomes (35) and higher-potency cannabis is associated with higher risks**.** Globally, cannabis is the most commonly used internationally-regulated drug and policy on use is becoming more liberal worldwide. A case control study in England found that those who self-reported using high-potency cannabis were twice as likely to have a psychotic disorder, compared with participants who did not use (35).

Parental substance abuse is another major risk factor for adolescent mental well-being. Parental substance abuse refers to the consumption of psychoactive substances, including licit and illicit substances such as alcohol and tobacco (36). Compared with younger children, adolescents are at greater risk due to more prolonged exposure to parental substance abuse (36). Children with substance use disorders are more likely to develop emotional and behavioral issues that include anxiety, depression and substance abuse later in life (36). Across countries including the US, New Zealand, Tasmania, Australia, Colombia, Finland, Iceland, and the UK, parental substance consumption leads children to get involved in those substances, develop mental illnesses such as depression, and/or exhibit antisocial behavior (36).

Due to the severity and increasing prevalence of substance use, healthcare reform is needed to make the necessary changes to make systems of care more coordinated. Preventive interventions, early detection, and the diagnosis and treatment of co-occurrent mental health and substance-use disorders can improve adolescents' quality of life (34). It is also essential to cross-train healthcare providers from different sectors to increase their awareness of existing associations between mental health disorders and substance use. Further, there is a lack of research on adolescent substance abuse in Asian, African, and South and Central American countries. Future research should include more geographically inclusive interventions and more research across different economic classes.

CONCLUSION

Compared to previous generations, it is no doubt that current adolescents face unique challenges that stem from rapid societal and technological change as well as the lingering impact of the COVID-19 pandemic. The pandemic has served as a major catalyst that has magnified existing vulnerabilities globally. Lockdowns, school closures and the disruption of daily routines on top of limited access to social services have been detrimental to all young adults across the globe. The complex role of social media on adolescents of this generation poses a particular challenge for studying its role in identity formation and developing effective interventions.

Adolescents' relationships with their peers and family are critical to their mental health outcomes as well. Positive relationships can be protective forces while negative dynamics are consistently associated with harmful mental health outcomes including depression, anxiety and suicidal ideation. Although the results examined in this review highlight the detrimental effect of parental abuse on adolescents, the number of studies that examined cognitive, social or economic health outcomes were extremely limited. Longitudinal studies could perhaps capture these results more accurately to provide a full picture of their impact on the many dimensions of well-being.

Compared to earlier decades, the competitive nature of higher education and the growing weight of future career success has taken a toll on those who are enrolled in education systems, intensifying the consequences of academic failure. The structural changes of society and education systems have created environments that amplify psychological strain, causing academic performance to be an existential measure of success.

While the factors explored in this review are societal-level and environmental, their effects extend into the cognitive domain, which is also a contributor to mental health issues. Environmental influences such as social media, peer relationships and academic pressure can lead to the development of cognitive distortions. These distorted thought patterns can lead adolescents to interpret academic setbacks or peer rejection as failures, reinforcing cycles of anxiety and depression. Cognitive distortions are thus not only shaped by societal-level influences but also play a key role in propelling adolescent mental health issues.

Addressing adolescent mental health requires interventions that target both external and internal factors and are adapted to specific vulnerable groups.

Preventive measures should reduce exposure to key factors including toxic social media content, negative peer and family dynamics, excessive academic pressure and substance abuse. This could mean strengthening anti-bullying programs in school environments and having more accessible and targeted support. Further, school counseling can support those in need and identify risks early. Future interventions can also include family therapy to address conflict and rebalance dynamics, as well as more accessible individual therapy that directly supports those with anxiety and depression. Academic pressure can also be addressed through improved educational systems that incorporate flexible assessment methods. Students should also be provided with time management training and stress-management resources to reduce academic-related distress. Finally, preventive strategies could include the early identification and support of substance-use behaviors. The implementation of substance-use education and group counseling in different cultural contexts can be further explored.

Though this review provides insight into the manifold factors driving the rise in adolescent mental health issues, there are many research gaps yet to be explored. For example, a large portion of the literature in this review is conducted in a narrow geographical region, typically focusing on North America. Examination of perspectives in other regions of the U.S. and in other countries is needed to inform generalizability and make the data more solid. There is an urgent need to see adolescent mental health as not only a mental illness issue, but a reflection of contemporary society in all of its cultural specificity.

CONFLICT OF INTEREST

The author declares no conflicts of interest related to this work.

REFERENCES

1. McGorry P, Gunasiri H, Mei C, Rice S, Gao CX. The youth mental health crisis: analysis and solutions. *Front Psychiatry*. 2024; 15: 1517533. https://doi.org/10.3389/fpsyt.2024.1517533
2. Wang Z, Dou Y, Yang X, Guo X, *et al*. Global, regional, and national burden of mental disorders among adolescents and young adults, 1990-2021. *Transl Psychiatry*. 2025; 15 (1): 397. https://doi.org/10.1038/s41398-025-03623-w
3. Sappenfield O, Alberto C, Minnaert J, Donney J, Lebrun-Harris L, Ghandour R. Adolescent mental and behavioral health, 2023. U.S. Department of Health and Human Services; 2024.
4. Chua KP, Volerman A, Zhang J, Hua J, Conti RM. Antidepressant dispensing to US adolescents and young adults, 2016-2022. *Pediatrics*. 2024; 153 (3): e2023064245. https://doi.org/10.1542/peds.2023-064245
5. Patel V, Flisher AJ, Hetrick S, McGorry P. Mental health of young people: a global public-health challenge. *Lancet*. 2007; 369 (9569): 1302-1313. https://doi.org/10.1016/S0140-6736(07)60368-7
6. Gili M, Castellví P, Vives M, de la Torre-Luque A, *et al*. Mental disorders as risk factors for suicidal behavior in young people. *J Affect Disord*. 2019; 245: 152-162. https://doi.org/10.1016/j.jad.2018.10.115
7. McKinsey Health Institute. Gen Z mental health: the impact of tech and social media. Available from: https://www.mckinsey.com/mhi/our-insights/gen-z-mental-health-the-impact-of-tech-and-social-media (accessed on 2026-03-24).
8. Meade J. Mental health effects of the COVID-19 pandemic on children and adolescents. *Pediatr Clin North Am*. 2021; 68 (5): 945-959. https://doi.org/10.1016/j.pcl.2021.05.003
9. Temple JR, Baumler E, Wood L, Guillot-Wright S, Torres E, Thiel M. The impact of the COVID-19 pandemic on adolescent mental health and substance use. *J Adolesc Health*. 2022; 71 (3): 277-284. https://doi.org/10.1016/j.jadohealth.2022.05.025
10. Deolmi M, Pisani F. Psychological and psychiatric impact of COVID-19 among children and adolescents. *Acta Biomed*. 2020; 91 (4): e2020149.
11. Zolopa C, Burack JA, O'Connor RM, Corran C, *et al*. Changes in youth mental health, psychological wellbeing, and substance use during the COVID-19 pandemic. *Adolesc Res Rev*. 2022; 7 (2): 161-177. https://doi.org/10.1007/s40894-022-00185-6
12. Panchal U, Salazar de Pablo G, Franco M, Moreno C, *et al*. The impact of COVID-19 lockdown on child and adolescent mental health. *Eur Child Adolesc Psychiatry*. 2023; 32 (7): 1151-1177. https://doi.org/10.1007/s00787-021-01856-w
13. Liu J, Chai L, Zhu H, Han Z. COVID-19 impacts and adolescent suicide. *Child Abuse Negl*. 2023; 138: 106076. https://doi.org/10.1016/j.chiabu.2023.106076
14. Vidal C, Lhaksampa T, Miller L, Platt R. Social media use and depression in adolescents. *Int Rev Psychiatry*. 2020; 32 (3): 235-253. https://doi.org/10.1080/09540261.2020.1720623
15. Breaux R, Cash AR, Lewis J, Garcia KM, Dvorsky MR, Becker SP. Impacts of COVID-19 quarantine on adolescent social functioning. *Curr Opin Psychol*. 2023; 52: 101613. https://doi.org/10.1016/j.copsyc.2023.101613
16. Alfredson QD, Garimella A, Kerr B, Moreno MA.

Social media use and adolescent mental distress. *Wis Med J*. 2024; 123 (6): 578-588.
17. Fardouly J, Diedrichs PC, Vartanian LR, Halliwell E. Appearance comparisons and self-objectification. *Psychol Women Q*. 2015; 39 (4): 447-457. https://doi.org/10.1177/0361684315581841
18. Avci H, Baams L, Kretschmer T. Social media and adolescent identity development. *Adolesc Res Rev*. 2024; 10 (2): 219-236. https://doi.org/10.1007/s40894-024-00251-1
19. Domoff SE, Armstrong SB, Rollings H, Mancuso A, Janney CA. Social media and adolescent wellbeing. *Front Psychiatry*. 2025; 16: 1484456. https://doi.org/10.3389/fpsyt.2025.1484456
20. Stefanopoulou E, Hogarth H, Taylor M, Russell-Haines K, Lewis D, Larkin J. Digital interventions for mental health. *J Ment Health*. 2020; 29 (2): 207-216. https://doi.org/10.1080/09638237.2020.1714009
21. Truong M, Joshi A. The influence of peer relationships in the middle years on mental health. Australian Institute of Family Studies. Available from: https://aifs.gov.au (accessed on 2026-03-24).
22. Han ZY, Ye ZY, Zhong BL. School bullying and mental health among adolescents. *Transl Pediatr*. 2025; 14 (3): 463-472. https://doi.org/10.21037/tp-2024-512
23. Abregú-Crespo R, Garriz-Luis A, Ayora M, Martín-Martínez N, *et al*. School bullying systematic review. *Lancet Child Adolesc Health*. 2024; 8 (2): 122-134. https://doi.org/10.1016/S2352-4642(23)00289-4
24. Kolawole F. Family dynamics and child mental health. Available from: https://doi.org/10.2139/SSRN.5343889 (accessed on 2026-03-24). https://doi.org/10.2139/ssrn.5343889
25. Shi J, Tao Y, Yan C, Zhao X, *et al*. Family dynamics and depression in adolescents. *Front Psychiatry*. 2023; 13: 1025168. https://doi.org/10.3389/fpsyt.2022.1025168
26. Piquero AR, Jennings WG, Jemison E, Kaukinen C, Knaul FM. Domestic violence during COVID-19. *J Crim Justice*. 2021; 74: 101806. https://doi.org/10.1016/j.jcrimjus.2021.101806
27. Bester S, Malan-Van Rooyen M. Emotional development, effects of parenting and family structure on. In: International Encyclopedia of the Social & Behavioral Sciences. 2nd ed. 2015; p.438-444. Available from: https://doi.org/10.1016/B978-0-08-097086-8.23048-1
28. Anderson TL, Valiauga R, Tallo C, Hong CB, *et al*. Contributing factors to adolescent anxiety. *J Child Adolesc Psychiatr Nurs*. 2024; 38 (1): e70009. https://doi.org/10.1111/jcap.70009
29. Högberg B. Educational stressors and adolescent mental health. *Soc Sci Med*. 2021; 270: 113616. https://doi.org/10.1016/j.socscimed.2020.113616
30. Steare T, Gutiérrez Muñoz C, Sullivan A, Lewis G. Academic pressure and adolescent mental health. *J Affect Disord*. 2023; 339: 302-317. https://doi.org/10.1016/j.jad.2023.07.028
31. Sarfika R, Saifudin IMMY, Malini H, Effendi N, Wenny BP. Peer pressure and academic stress. *Front Nurs*. 2024; 11 (2). https://doi.org/10.2478/fon-2024-0020
32. Zhu X, Haegele JA, Liu H, Yu F. Academic stress, sleep, and mental health. *Int J Environ Res Public Health*. 2021; 18 (14): 7257. https://doi.org/10.3390/ijerph18147257
33. Clement-Carbonell V, Portilla-Tamarit I, Rubio-Aparicio M, Madrid-Valero JJ. Sleep quality and mental health. *Int J Environ Res Public Health*. 2021; 18 (2): 460. https://doi.org/10.3390/ijerph18020460
34. Esmaeelzadeh S, Moraros J, Thorpe L, Bird Y. Mental health disorders and substance use. *J Clin Med*. 2018; 7 (12): 543. https://doi.org/10.3390/jcm7120543
35. Hines LA, Freeman TP, Gage SH, Zammit S, *et al*. Cannabis use and mental health. *JAMA Psychiatry*. 2020; 77 (10): 1044-1051. https://doi.org/10.1001/jamapsychiatry.2020.1035
36. Kuppens S, Moore SC, Gross V, Lowthian E, Siddaway AP. Parental substance use and child wellbeing. *Dev Psychopathol*. 2020; 32 (2): 765-787. https://doi.org/10.1017/S0954579419000749
37. Long E, Gardani M, McCann M, Sweeting H, Tranmer M, Moore L. Mental health disorders and peer relationships. *Soc Sci Med*. 2020; 253: 112973. https://doi.org/10.1016/j.socscimed.2020.112973
38. Thorisdottir IE, Sigurvinsdottir R, Kristjansson AL, Allegrante JP, Lilly CL, Sigfusdottir ID. Social media and distress. *Prev Med*. 2020; 141: 106270. https://doi.org/10.1016/j.ypmed.2020.106270
39. Sowislo JF, Orth U. Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. *Psychol Bull*. 2013; 139 (1): 213-240. Available from: https://doi.org/10.1037/a0028931
40. Lin J, Guo W. The research on risk factors for adolescents' mental health. *Behav Sci*. 2024; 14 (4): 263. Available from: https://doi.org/10.3390/BS14040263
41. Lynch-Jordan AM, Kashikar-Zuck S, Szabova A, Goldschneider KR. The interplay of parent and adolescent catastrophizing and its impact on adolescents' pain, functioning, and pain behavior. *Clin J Pain*. 2013; 29 (8): 681-688. Available from: https://doi.org/10.1097/AJP.0B013E3182757720
42. Lan Z, Pau K, Yusof HM, Zhao Q, Liang F, Huang X. Influence of adolescents' tendency to catastrophise on non-suicidal self-injury behaviour: a moderated mediation model. *Front Psychol*. 2022; 13: 936286. Available from: https://doi.org/10.3389/FPSYG.2022.936286