Exploring Contributing Factors to Depression in Young Adults: A Survey Based Research

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ABSTRACT

This study investigates the factors contributing to depression in young adults through a survey-based methodology targeting individuals aged 18-35, with a significant focus on those aged 18-24. Clinical depression, characterized by intense sadness and impaired daily functioning, remains underdiagnosed despite its prevalence. The survey data, collected from students and postgraduates, reveal key factors influencing depression: financial stress (39.8%), adverse living environments (39.8%), traumatic experiences (29.5%), physical health issues (28.4%), academic pressure (30.7%), and genetic predisposition (43.2%). Alarmingly, 90.9% of participants do not seek professional psychological help, despite experiencing significant symptoms. These findings underscore the urgent need for accessible mental health services and interventions to address these factors, aiming to prevent the progression of depression and improve the well-being of young adults.

Keywords: Depression, Contributing factors, Environment, Lifestyle, Health, Stress.

Received :12-1-2026 Accepted 20-04-2026 Published :29-06-2026

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INTRODUCTION

OBJECTIVE:

The primary objective of this study is to investigate the contributing factors to depression in young adults. Utilizing a survey-based methodology, we target individuals aged 18-35, with a significant representation of participants aged 18-24. Our aim is to collect comprehensive data on the diverse factors influencing depression in this demographic, with a focus on personal experiences, symptom severity, coping mechanisms, and social and environmental influences[1].

BACKGROUND:

Clinical depression is characterized by profound sadness, melancholia, or despair that significantly disrupts an individual's social functioning and daily activities. It can present both as a symptom and as a disease, ranging from mild sadness to severe pathological depression. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), depression is diagnosed when symptoms persist for at least two weeks and include criteria such as significant weight changes, sleep disturbances, psychomotor changes, fatigue, feelings of worthlessness or excessive guilt, diminished cognitive abilities, or recurrent suicidal thoughts[2].

Depression is more prevalent and often overlooked compared to dementia, which is primarily associated with older adults. Among community-dwelling older adults aged 65 and above, the prevalence of depression is estimated at 1%. Depression not only exacerbates the morbidity of comorbid diseases but also contributes to declines in mobility and cognitive function, underscoring the importance of addressing depression in preserving physical and cognitive health. Furthermore, depression is significantly on the rise among adolescents, with a 12-month prevalence increasing from 8.7% in 2005 to 11.3% in 2014[3, 4].

Globally, depression is a leading cause of morbidity and disability, incurring substantial costs for individuals, healthcare systems, and society . Despite advancements in understanding its etiology and neurobiology, only about one-third of those treated achieve remission after initial treatment, and another third are resistant to multiple

antidepressant trials[5]. The recurring and relapsing nature of depression further increases its prevalence, costs, disability, and disease burden [6, 7].

In youth, risk and protective processes associated with depression are discussed within a developmental–ecological framework. Individual risk factors, including genetics, biology, affect, cognition, and behavior, interact with broader contextual factors such as family, school, community, and financial status. These dynamic and reciprocal interactions evolve over time and developmental stages. Effective prevention of depression likely involves multicomponent and multilevel interventions addressing various risk and protective factors. These interventions should focus on building protective factors within young individuals and creating health-promoting environments at home and school. Long-term strategies that assist youth across successive developmental periods are essential[8].

Significant advances in understanding depression in children and adolescents have been made over the past 20 years, offering clinicians effective treatment strategies. However, further research is needed to continue improving these interventions.

The role of stress in depression is a critical area of investigation. Stress can cause brain disturbances thought to underlie certain forms of depression or specific components of the depressive syndrome. It is widely acknowledged that stress may cause depression, prompting questions about whether a particular type of depression can be identified as particularly stress-inducible. The new construct ‘anxiety/aggression-driven depression’ meets this criterion. It is defined as a 5-HT-related depression, based on a primary dysfunction of anxiety and aggression regulation and is stress-inducible par excellence.

Sociodemographic factors such as age, gender, marital status, education, immigrant status, and income have consistently been identified as important in explaining the variability in depression prevalence rates.

Stress is most often associated with aversive states and rapidly induces the release of hormones and neuropeptides, including dynorphin, which activates kappa opioid receptors (KORs) in the central and peripheral nervous systems. Understanding these complex interactions between stress and depression is essential for developing more effective prevention and treatment strategies[9].

METHODOLOGY

This study employs a survey-based research methodology to investigate the factors contributing to depression among young adults. The primary participants were students and postgraduates, with a significant proportion being under the age of 24. The survey captured demographic information, personal experiences, and perceptions related to depression.

Participants

The study targeted young adults, with 79.5% of respondents being undergraduate students. Of the total participants, 38.6% were male and 61.4% were female. The age range of participants was predominantly under 24 years.

Survey Design

The survey consisted of questions designed to assess awareness and experiences related to depression, including symptoms, coping mechanisms, and perceived contributing factors. The questions aimed to gather comprehensive data on:

1. Awareness of Depression:

Participants' knowledge and understanding of depression.

2. Symptoms:

The prevalence of various symptoms associated with depression, such as lack of concentration (39.8%), doubts about the future (26.1%), difficulty making decisions (25%), loss of interest in previously important activities (30.7%), and trouble sleeping (22.5%-25%).

3. Familial History:

The presence of a familial history of depression, with 28.4% of participants reporting a family history that may increase susceptibility to developing depression.

4. Contributing Factors:

Participants' perceptions of the leading factors contributing to depression, including genetics, stress, social and financial issues, academic pressure, traumatic experiences, and environmental factors.

5. Data Collection

The data was collected through an online survey distributed to students and postgraduates. The survey was designed to be anonymous to encourage honest and accurate responses.

6. Data Analysis

The survey data was analyzed to identify patterns and correlations between demographic variables, reported symptoms, and perceived contributing factors to depression. Descriptive statistics were used to summarize the prevalence of various symptoms and contributing factors.

7. Ethical Considerations

Informed consent was obtained from all participants, and the study was conducted in accordance with ethical guidelines to ensure the confidentiality and anonymity of the respondents. Participants were informed about the purpose of the study, and their right to withdraw at any time.

8. Limitations

The study acknowledges certain limitations, including the self-reported nature of the survey data, which may be subject to response biases. Additionally, the sample was predominantly students and postgraduates under the age of 24, which may limit the generalizability of the findings to other age groups and populations[2, 10, 11].

Overall, this methodology provides a comprehensive approach to understanding the factors contributing to depression in young adults, leveraging survey data to identify key patterns and insights.

RESULT

Our research identified multiple factors contributing to the development of depression in young adults. The key findings from our survey-based study are as follows:

1. Financial Issues: 39.8% of participants reported that financial stress significantly impacts their mental health.

2. Living Environments: 39.8% indicated that their living conditions adversely affect their mental well-being.

3. Traumatic Experiences: 29.5% attributed their depressive symptoms to past traumatic events.

4. Physical Health: 28.4% reported that physical health issues contribute to their depression.

5. Academic Stress: 30.7% of participants cited academic pressure as a major factor.

6. Genetics: 43.2% believed that genetic predisposition plays a crucial role in their depressive symptoms.

These results are consistent with existing studies. Patterns of sadness regulation, as revealed in our study, vary by gender and influence social functioning. Boys are more likely to minimize sadness displays, and deviations from this pattern correlate with lower peer acceptance and higher parent-rated social problems. Girls, on the other hand, frequently display overt sadness without this behavior impacting peer acceptance.

Our study also found that youth differentiate between concerns about meeting their family's economic needs versus wants. Youth concerns about unmet needs were particularly associated with those of their parents, and perceptions of economic stress and subjective social status were linked to academic adjustment.

Psychological strain at work seems to be associated with future depression, with moderate evidence indicating a relationship between job-related psychological demands and the development of depression, with a relative risk estimate of approximately 2.0. Additionally, adolescents experiencing academic stress were found to be at 2.4 times higher risk (95% CI=0.9-2.4, P<0.001) of depression compared to their peers without academic stress.

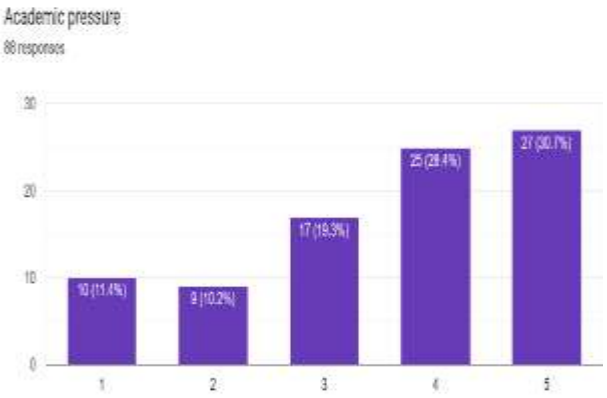
Despite recognizing these contributing factors, a significant majority of respondents (90.9%) do not seek professional psychological help, even when experiencing symptoms such as trouble focusing, managing daily tasks, or sleeping. This lack of consultation is alarming and

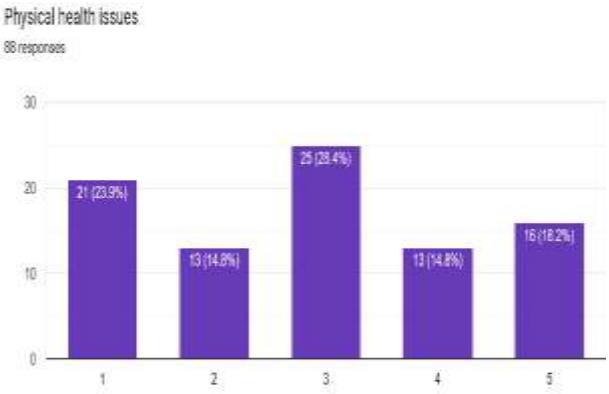
highlights the need for accessible mental health services and platforms that offer therapy and guidance to young adults, aiming to mitigate future complications and risks associated with untreated depression.

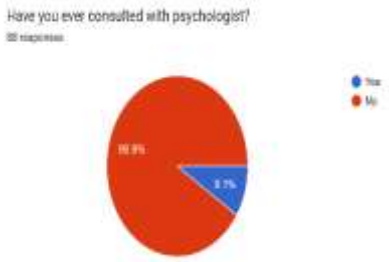
CONCLUSION

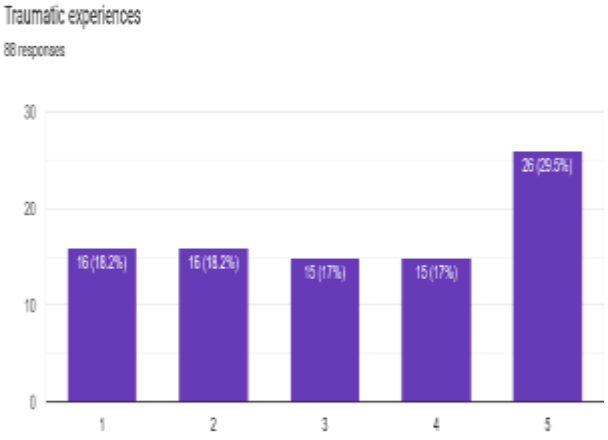
In conclusion, our study highlights the complex interplay of factors contributing to depression in young adults. Financial stress and living environments each impacted 39.8% of participants, while 29.5% attributed their symptoms to traumatic experiences. Physical health issues affected 28.4%, academic pressure impacted 30.7%, and 43.2% pointed to genetic predisposition. Despite these significant stressors, 90.9% of respondents do not seek professional psychological help. This finding is alarming, given the potential long-term consequences of untreated depression. The results emphasize the urgent need for accessible mental health services and targeted interventions to address these diverse contributing factors, ultimately aiming to prevent the progression of depression and improve the well-being of young adults.

STATISTICAL DATA











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