

Factors Influencing Adolescent Depression and Suicidal Behavior and Intervention Measures in China

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Abstract: Adolescent depression and suicidal behavior represent significant public health challenges. This paper conducts a systematic review of relevant literature to analyze the influencing factors of these issues among adolescents in China, which are categorized into individual, familial and educational dimensions. Furthermore, it summarizes existing intervention measures, including cognitive-behavioral therapy, interpersonal therapy, and resilience training programs. The study also discusses the limitations of current interventions and proposes future directions for improvement. The findings aim to provide insights for developing more effective strategies to prevent and mitigate adolescent depression and suicidal behavior.

Keywords: Adolescent Depression; Suicidal Behavior; Influencing Factors; Intervention Measures; Mental Health

1. Research Background

Depression is a severe negative emotional state that harms human physical and mental health. The report 'Global Health Issues Among Youth' indicates that depression is the leading cause of disability among adolescents aged 10 to 19. Practical investigations in many regions of our country show that the rate of depression among middle school students is often over 30%. In addition to increasing negative psychological experiences in adolescents, depression also affects the individual's cognitive processing of information, normal learning, and interpersonal relationships, and is often closely linked to harmful behaviors, such as suicide. According to the World Health Organization, suicide is the second leading cause of death among individuals aged 15 to 29 (Li Yixuan, 2020). Therefore, studying the influencing factors of adolescent depression and exploring effective intervention methods for depressive symptoms have become important issues in today's society.

The subjects of this research are mainly adolescents aged 13 to 19 in mainland China. By reviewing relevant literature, this study summarizes and generalizes the depression and suicide conditions among students within this age range, and analyzes the influencing factors related to these phenomena. Additionally, it organizes existing intervention measures and proposes new feasible measures based on relevant theories.

Adolescence plays a crucial role in the personal physical and mental development process and has a certain guiding and predictive function for individual development. Studying the depression and suicide status of adolescents during this stage and the underlying causes is beneficial for educators and parents to intervene promptly in adolescents' self-harm and suicidal behaviors, as well as to help them alleviate depressive symptoms. Additionally, analyzing existing intervention measures helps to summarize more effective strategies while addressing the shortcomings of current measures, thereby refining intervention methods.

2. Performance Characteristic

Depression, as a common mental disorder, is clinically characterized by symptoms such as slowed thinking, a depressed mood, and reduced volitional activity among patients. Individuals suffering from depression often experience a variety of symptoms, including feelings of sadness, despair, or suffering, a loss of interest in activities and things that once brought joy, and an inability to experience pleasure in life. Different circumstances can also trigger emotions such as anger, guilt, and shame, which are often more intense and enduring than single negative emotional experiences. Severe depression can lead to feelings of uselessness, helplessness, and hopelessness, potentially inducing suicidal thoughts and actions. Research indicates that approximately 15% of individuals with severe

depression ultimately die by suicide. Epidemiological studies further show that the prevalence of depression among adolescents is rising annually, with the age of onset becoming increasingly younger. About 15% to 20% of adolescents with depression may suffer from it throughout their lives, with a recurrence rate of as high as 40% to 70% (Zhao Juanjuan, 2024).

3. Influencing Factors

The main factors contributing to adolescent depression can be categorized into three dimensions: individual, familial, and educational.

The personal dimensions include factors such as gender, self-esteem and other objective factors. The period of early and middle adolescence is marked by significant physiological, psychological development, and neuroendocrine changes. The development and maturation of sexual characteristics, the enhancement of the desire for independence, the establishment of self-identity, role confusion, and the pressure of advancing education can all become sources of stress during puberty, contributing to an increase in psychological crises and depressive symptoms during this stage. Research indicates that during adolescence, the prevalence of depression among females is significantly higher than that among males. Some researchers suggest that psychological characteristics of females, such as emotional sensitivity, concrete thinking, emotional vulnerability, and high dependency, are related to depression and suicidal ideation. Furthermore, girls are required to address, at an earlier stage, the conflicts between the rapid onset of sexual physiology and relatively immature sexual psychology, as well as the contradictions between strong self-awareness and delayed social maturity. If these conflicts are not resolved effectively, it can lead to depression and suicidal behavior. Some scholars also believe that this may be related to the different expectations of gender roles for male and female adolescents in social and familial contexts, as well as their differing approaches to problem-solving.

At the same time, self-esteem also influences the strength of the relationship between interpersonal relationships and depressive emotions. Research findings indicate that the alleviating effects of parent-child relationships,

peer relationships, and teacher-student relationships on depressive emotions are moderated by levels of self-esteem. Compared to individuals with low self-esteem, those with high self-esteem experience a stronger alleviating effect of interpersonal relationships on depressive emotions. Conversely, among individuals with low self-esteem, the strength of the relationship between the quality of interpersonal relationships and depressive emotions is somewhat weaker. This may be because individuals with high self-esteem are more likely to receive greater advice and assistance from good interpersonal relationships and can feel more support and understanding, thereby alleviating depressive emotions. In contrast, low self-esteem individuals tend to exhibit more rejection and avoidance in interpersonal relationships, which prevents them from obtaining help and support, thus failing to effectively alleviate depressive symptoms. Moreover, research shows that the average level of self-esteem among adolescent boys is higher than that among adolescent girls, which may also be one of the reasons why depressive levels among adolescent males are lower than those of adolescent females (Dang Qingxiu, 2016).

The influencing factors from a family perspective can be mainly divided into parenting styles and interpersonal relationships within the family, such as parent-child relationships and spousal relationships. Excessive control or a neglectful parenting style significantly increases the depressive emotions of adolescents. At the same time, families with parents who have a lower level of education typically struggle to provide effective advice and strategies when adolescents face depressive emotions or suicidal thoughts, which is also one of the influencing factors. Additionally, if adolescents have experienced abuse from their parents during childhood, the levels of depression and the likelihood of suicidal behavior will significantly increase (Liu Wan, 2017). Moreover, a poor marital relationship between parents can also impact the depressive emotions of adolescents. The more severe the parental conflict, the higher the levels of negative emotions in adolescents. They may attribute the causes of parental conflict to themselves, which in turn leads to feelings of guilt, shame, and distress.

The factors influencing the school dimension mainly include academic pressure and interpersonal relationships. The education system in mainland China subjects adolescents to significant pressure in transitioning from junior high to high school. Excessive academic pressure can lead to problems such as anxiety and sleep disorders in adolescents, which may, in turn, provoke dangerous behavioral actions. Research analyzing the correlation between academic performance and suicidal thoughts has commonly found a link between academic pressure and suicidal ideation. Many students with poor academic performance experience intense feelings of guilt or frustration, either due to harsh criticism from parents or inability to meet their own expectations, which subsequently trigger suicidal thoughts.

In the context of peer interactions on campus, students with lower levels of friendship support often exhibit higher levels of depression. Additionally, regardless of their level of friendship, adolescents who experience higher levels of peer rejection are likely to demonstrate elevated levels of depression. On the contrary, a better campus atmosphere will reduce negative emotions among adolescents and lower levels of depression.

People have long recognized the dangers of depression and have conducted a series of preventive and intervention studies, resulting in a wealth of findings. Research on preventing adolescent depression is a relatively new field, which has been pursued since the 1990s, yielding significant results. To date, the primary methods for intervening in depression include cognitive behavioral interventions, interpersonal therapy, resilience training programs, and positive psychology therapy.

According to cognitive behavioral theory, an individual's emotions and behaviors often change in accordance with changes in cognition. When cognition is irrational, emotions may become negative, behaviors may deviate, and difficulties in emotional regulation can positively predict self-harming and suicidal behaviors in adolescents. In such cases, rationalizing cognition can be an effective approach to improve emotional and behavioral outcomes. Research has shown that cognitive behavioral interventions that focus on emotional regulation strategies are beneficial in enhancing the cognitive emotional regulation capacity of adolescents with depressive

disorders, thereby reducing self-harm and suicidal behaviors among these individuals (Ding Hanqin, 2021).

Interpersonal therapy emphasizes the adjustment and learning of interpersonal relationships, alleviating depression by improving interpersonal functioning. Numerous studies have demonstrated the moderating effects of interpersonal relationships, such as parent-child relationships and peer relationships, on depressive symptoms in adolescents. For instance, research has shown that parental support and friendship support operate in an enhancing reciprocal model regarding their impact on depression; however, no single form of support can compensate for the negative effects of the absence of the other in reducing depression. Interventions targeting peer systems and family systems can effectively contribute to decreasing depressive emotions in adolescents. The Youth Resilience Counseling Program is a universal preventive program that typically becomes a part of the school curriculum. It consists of two parts: counseling for adolescents (RAP-A) and counseling for parents (RAP-P). RAP-A combines cognitive-behavioral therapy and interpersonal therapy, while RAP-P integrates cognitive-behavioral theory and family systems theory into a developmental educational model. Based on feedback from participating schools, the response has been positive, with strong support from both students and teachers, some of whom have already applied the knowledge and skills learned from RAP in practical situations (Wang Wei, 2000).

4. Discussion

4.1 The Shortcomings of Existing Intervention Measures

Sample Selection and Quantity

Most of the samples selected in the experiments consist of hospitalized or diagnosed adolescents with depression, and the sample size is relatively small. However, under the influence of traditional beliefs, many parents are unwilling to take their children to see a psychologist, even when their children may be severely depressed, as seeking psychological help is seen as a shameful act in their view. Additionally, many parents choose not to take their children to the hospital for

treatment to avoid disrupting their academic progress. As a result, the majority of adolescents participating in the experiments come from families with a harmonious and open atmosphere, which decreases the representativeness of the samples. Furthermore, adolescents who are not diagnosed with depression but may be troubled by depressive emotions should also be a focus of attention. Therefore, future research should consider new criteria for sample selection.

Insufficient cooperation between home and school

In most interpersonal relationship intervention programs, parent-child relationships, peer relationships, teacher-student relationships, etc., are categorized as separate interpersonal relationship systems for intervention, thereby neglecting the potential connections among them. With the advancement of communication technology, educators can utilize communication devices to break the confines of the school environment and gain insights into students' conditions at home and elsewhere, in order to better assess their mental health status.

School Curriculums and Activities Arrangement

Although many intervention programs have proven to be effective, in practice, due to the emphasis on entrance examinations, many schools are unable to allocate sufficient course time for mental health education and activities. As a result, the implementation of these programs and activities often falls short, making it difficult for students and parents to benefit from them.

4.2 Future Outlook

The country's emphasis on youth depression and suicidal behavior is increasingly growing. Policies have mandated that all primary and secondary schools must be equipped with professional psychological counselors. At the same time, the implementation of the 'double reduction' policy aims to alleviate students' academic burdens, providing them with more opportunities to participate in extracurricular activities. Under this trend, I believe that in the future, mental health courses and activities can be fully implemented to prevent depression and suicidal behavior among adolescents.

Furthermore, for educators, it is essential to pay attention not only to the learning

conditions of adolescents but also to their interpersonal relationships, including peer relationships within the school and relationships with teachers, as well as parent-child relationships outside of school. This necessitates establishing closer home-school cooperation to help parents understand reasonable ways to interact with their children, as well as to communicate about adolescents' behavioral situations, thereby preventing self-harm and suicidal behavior among youth.

For schools, strengthening collaboration with communities and hospitals is imperative. Regular psychological health activities should be conducted, along with the continuous monitoring of students' mental health status. When necessary, such as in the case of students showing suicidal tendencies, it is crucial to promptly contact hospitals and communities for communication and treatment.

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