DEPRESSION IN YOUNGSTERS (18-25 YEARS)

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Abstract
This study examined the prevalence, causes, and effects of depression in 18 to 25, age group through a mixed-methods design, combining qualitative narratives from observations with quantitative survey data (N = 55). Results showed that 76.4% of participants reported spending more than three hours daily on social media, with 27.3% perceiving its impact as negative and 16.4% reporting experiences of cyberbullying. Academic stress was widespread, as over 60% of respondents experienced frequent pressure regarding grades and career uncertainty. Relationships also played a dual role, with 52.7% reporting both positive and negative effects on their mental health. More than half of the participants struggled with self-esteem and confidence, while 41.8% reported exposure to stressful or traumatic experiences that shaped their emotional well-being.The findings suggest that depression in young adults arises from the interaction of social, academic, relational, and psychological factors rather than a single cause. The study highlights the role of therapy, peer support, and technology-based interventions as practical strategies to strengthen resilience and recovery. By integrating qualitative and quantitative insights, this research offers a holistic perspective on depression in young adults and provides recommendations for policymakers, educators, and mental health practitioners to design targeted, culturally sensitive interventions.

Keywords: depression, young adults, mixed-methods, social media, academic pressure, identity, trauma, peer support, mental health interventions.

1. INTRODUCTION

Depression is a serious mental health condition marked by persistent sadness, lack of energy, and reduced interest in daily activities (American Psychiatric Association [APA], 2022). It has become increasingly common among young adults aged 18 to 25, a group undergoing major life transitions such as starting higher education, seeking employment, and forming long-term relationships (Eisenberg et al., 2009; National Institute of Mental Health [NIMH], 2023). These transitions often generate pressure to meet family expectations and personal goals, which can heighten vulnerability to mental health challenges. Despite this rising concern, many young people do not seek or receive appropriate help due to stigma, limited awareness, or lack of accessible resources (Garlow et al., 2008; Gulliver et al., 2010).

It is important to distinguish sadness from depression. Sadness is a natural emotional reaction to specific circumstances such as loss, disappointment, or struggle. It is typically short-lived, subsiding when conditions improve or coping strategies are used, and it generally does not interfere with everyday functioning (Hammen, 2018). Depression, in contrast, is a diagnosable disorder whose symptoms extend far beyond normal emotional responses. It is characterized by prolonged unhappiness, negative thought patterns, and withdrawal from activities once enjoyed, and it can persist

for weeks, months, or even years without a clear external trigger (Kessler et al., 2005; APA, 2022). Common features include fatigue, changes in sleep or appetite, feelings of worthlessness, and, in severe cases, suicidal ideation (NIMH, 2023). Unlike ordinary sadness, which usually resolves on its own, depression often requires professional treatment such as therapy, medication, or lifestyle adjustments to support recovery (Cuijpers et al., 2020).

The present study seeks to deepen understanding of depression in this age group and explore ways to support young adults more effectively. Depression among individuals aged 18 to 25 is often overlooked or misunderstood because of social stigma and limited awareness. Without intervention, it can severely disrupt academic performance, occupational functioning, and interpersonal relationships, and in extreme cases, lead to self-harm or suicide (Eisenberg et al., 2009; World Health Organization [WHO], 2021). By examining how common depression is in this group, identifying its primary causes, and assessing the effectiveness of current support systems, this research aims to suggest practical solutions that can promote healthier, more resilient futures for young people.

This work is particularly significant because mental health challenges among young adults are rising worldwide (WHO, 2021). By addressing academic stress, career pressures, and social media influences, the study highlights key factors that contribute to depression in urban, educated populations. In doing so, it provides evidence that can help educators, policymakers, and mental health professionals create stronger support structures. At the same time, the research contributes to reducing stigma by encouraging open dialogue about mental health, helping young people feel less isolated and more empowered to seek the assistance they need (Gulliver et al., 2010; Cuijpers et al., 2020).

2. LITERATURE REVIEW

Research consistently shows that adolescents and young adults face significant risks of anxiety, depression, and psychosocial difficulties. Singh, Junnarkar, and Sharma (2015) reported that Indian teenagers encounter major challenges in psychosocial functioning, with psychiatric illness prevalence ranging between 14.4% and 31.7%. These findings underscore the critical need for culturally appropriate mental health interventions, especially during the vulnerable developmental stage of 15–18 years when psychological distress often peaks. Their work, which assessed the efficacy of instruments such as the Depression Anxiety Stress Scales (DASS) and the Strengths and Difficulties Questionnaire (SDQ), reflects a growing concern that parallels global trends of rising adolescent depression (Patel et al., 2007; World Health Organization [WHO], 2021).

Historical and cultural analyses also highlight broader influences on depression rates. Seligman (1990) observed that depression has risen sharply in younger generations compared with fifty years ago, attributing this increase to major socioeconomic shifts in post–World War II societies. His comparison with pre-modern groups, such as the Old Order Amish in Pennsylvania and the Kaluli of New Guinea, revealed substantially lower depression rates, suggesting that cultural and institutional factors strongly influence emotional well-being. Similarly, Klerman and Weissman (1989) examined secular trends and identified a rise in adolescent and young adult depression during the 1970s, linking it with suicide attempts, childhood depression, and substance misuse. They argued that gene–environment interactions and cohort effects may help explain why "baby boomers" exhibited higher prevalence than earlier generations.

Gender differences and social support have also been emphasized in more recent studies. Van Droogenbroeck, Spruyt, and Keppens (2018) analyzed data from two waves of the Belgian Health Interview Survey and found that adolescent girls reported higher levels of anxiety and depression than boys, with rates of distress rising between 2008 and 2013. Weak social ties were shown to heighten

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vulnerability to poor mental health, underscoring the protective role of strong support networks. These results stress the importance of social connectedness in mitigating mental health risks among youth.

Family structure further shapes adolescent mental health outcomes. Hoyt, Cowen, Pedro-Carroll, and Alpert-Gillis (1990) investigated the effects of divorce on children's psychological well-being by comparing 83 classmates from intact households with 49 peers from divorced families. Using self-reports, parent assessments, and teacher ratings, they found that children of divorced parents exhibited significantly higher levels of anxiety and depression and struggled more with school adjustment. The study highlighted the urgent need for preventive interventions that address the vulnerabilities of children coping with family breakup.

Collectively, these studies demonstrate that depression in young populations is influenced by cultural change, gender, social support, and family stability. Together, they point to the necessity of early, context-sensitive strategies for prevention and intervention to reduce the negative effects of depression on adolescents' and young adults' development.

3. RESEARCH METHODOLOGY

This study adopts a **mixed-method research design** that integrates both qualitative and quantitative approaches to gain a holistic understanding of depression among young adults aged 18–25. Mixed methods are widely acknowledged for their ability to combine the depth of qualitative insights with the generalizability of quantitative data, thereby producing more reliable and multidimensional findings (Creswell & Poth, 2018; Johnson & Onwuegbuzie, 2004). By applying this design, the study captures both the lived experiences of participants and the measurable patterns in their responses. Such methodological triangulation also helps avoid the biases of relying on a single research tradition (Greene, 2007).

3.1 Data Collection Methods

Two key methods were used to collect data: *observation* and *surveys.*

Observation was conducted in naturalistic university campus settings where young adults typically interact. The objective was to identify behavioral markers, environmental stressors, and social contexts that may contribute to depressive symptoms. Observation is an established qualitative strategy that reveals non-verbal cues and contextual influences often missed in self-reported data (Patton, 2015).

Surveys were employed to gather self-reported data on depressive symptoms, triggers, and coping mechanisms. A structured questionnaire was developed to ensure consistency while allowing participants to disclose sensitive information anonymously. The survey included demographic questions (e.g., age, gender, and education), mental health history, perceived stress levels, and the availability of support systems. It was administered online using Google Forms, ensuring accessibility and efficiency. Surveys have long been considered reliable instruments in health and social science research for capturing large-scale patterns (Fowler, 2014; American College Health Association, 2020).

Sampling

The target population comprised **young adults aged 18–25**, a demographic shown to be highly vulnerable to stress, anxiety, and depression due to academic, social, and career-related transitions (Eisenberg et al., 2009). Participants were recruited through convenience sampling, which is particularly useful in exploratory and resource-limited contexts (Etikan, Musa, & Alkassim, 2016). While this method limits generalizability, it allows accessible data collection from a population that is often difficult to reach for sensitive mental health topics.

Data Analysis

Qualitative data from observations and open-ended survey responses were analyzed thematically. Thematic analysis is a flexible tool that allows researchers to identify, code, and interpret patterns within narrative data (Braun & Clarke, 2006). Quantitative survey data were analyzed through descriptive statistics, including frequency distributions and percentages, to highlight prevalence trends in depressive symptoms, coping strategies, and environmental triggers. The use of both thematic analysis and statistical representation ensures rigor, aligning with best practices in mixed-methods design (Nowell et al., 2017).

Justification of Methodology

The choice of a mixed-methods approach is particularly appropriate given the study's interdisciplinary focus that intersects linguistics, psychology, and nutrition (Quyyum, 2024; Quyyum, 2025). Previous research in related domains, such as healthy eating among students and linguistic markers of depression, demonstrates that integrating multiple methods enriches understanding and supports stronger intervention strategies (Quyyum, Fareed, & Zainab, 2025). Moreover, case-driven corpus research in linguistics has highlighted the importance of capturing both linguistic forms and their social contexts (Quyyum & Bhatti, 2024). Following this precedent, the present methodology ensures that the language through which depression is expressed and experienced is analyzed alongside quantitative prevalence patterns, consistent with the Nutrolinguistics framework

4. DATA ANALYSIS AND PRESENTATION

The analysis and data presentation of this study are organized into two main sections: qualitative and quantitative findings. Under both approaches, five core domains are addressed sequentially—role of social media in mental health, academic pressure and career uncertainty, impact of relationships, identity and self-esteem, and trauma. Findings and results are consistently presented on the basis of these domains to provide a comprehensive and coherent understanding of depression among young adults.

4.1. Qualitative Analysis

The observations provide the following causes of depression among young adults aged 18 to 25:

- Role of social media in mental health
- Academic pressure and career uncertainty
- Impact of relationships in mental health
- Identity and self-esteem
- Trauma

4.1.1 Role of Social Media in Mental Health

Social media plays a complex role in shaping the emotional well-being of young people. While it can provide valuable opportunities for self-expression and access to supportive communities, it is also a significant source of psychological distress, including depression. Research shows that constant exposure to idealized images of success, beauty, and lifestyles fosters unhealthy comparisons, which may damage self-esteem and increase depressive symptoms (Twenge & Campbell, 2018). Unrealistic comparisons with peers have been linked to feelings of inadequacy and hopelessness, particularly in youth navigating identity development (Keles, McCrae, & Grealish, 2020).

Another major concern is cyberbullying and online harassment, which intensify stress, anxiety, and social isolation (Patchin & Hinduja, 2010). Fear of Missing Out (FOMO) further exacerbates these challenges; continuous updates on friends' activities or achievements often make young people feel excluded, which amplifies loneliness and sadness (Baker et al., 2016). Excessive engagement with social platforms can also disturb sleep cycles and reduce face-to-face communication, both of which are associated with greater depressive tendencies (Primack et al., 2017). In South Asian contexts,

where family and peer interaction is culturally valued, online overuse has been observed to reduce protective social buffers, leaving individuals more vulnerable (Quyyum & Ahmed, 2022). Moreover, harmful content, including posts related to self-harm or maladaptive behaviors, creates emotional contagion that worsens mental health outcomes (Marwick & Boyd, 2014). Collectively, these findings suggest that while social media is not inherently negative, its overuse and mismanagement act as significant triggers of depression among young adults.

4.1.2. Academic Pressure and Career Uncertainty

Young adulthood is often characterized by an intense struggle to meet educational demands while preparing for the uncertainties of future careers. This dual challenge significantly contributes to feelings of stress, anxiety, and depression. Research shows that many students experience overwhelming academic pressure, whether it originates from family expectations, societal standards, or internalized perfectionism (Misra & McKean, 2000). When these expectations are not met, young people frequently internalize failure, which undermines their sense of worth and increases vulnerability to depressive symptoms (Arslan et al., 2020). Heavy workloads, tight deadlines, and constant competition intensify this stress, leaving students fatigued and emotionally drained. As Quyyum (2022) notes in her work on language and self-esteem, even the linguistic environments of classrooms—where comparison and correction are constant—can reinforce feelings of inadequacy, further fueling academic stress.

Perfectionism often exacerbates this cycle. Young adults striving for flawless performance may procrastinate or become paralyzed by fear of failure, leading to heightened anxiety and depressive moods (Sherry et al., 2016). In parallel, social comparisons—both in academic settings and through social media—create the perception of falling behind, fostering hopelessness and self-doubt (Marsh & Craven, 2006). This resonates with findings in Quyyum's (2021) study on English as an esteemed language, where the symbolic weight of academic success and language fluency influenced young people's sense of identity and self-worth, linking unmet expectations with psychological strain.

Career uncertainty compounds these pressures. As young adults transition toward independence, the ambiguity of the labor market and future opportunities provokes significant anxiety (Blustein, 2011). Many report that unclear career paths or repeated rejections erode confidence and contribute to depressive symptoms (Ali et al., 2019). Financial stress—including student loans, low-paying jobs, or rising living costs—further heightens this vulnerability (Richardson et al., 2017). When career aspirations clash with limited opportunities, frustration and feelings of failure often emerge, particularly in contexts where family and cultural expectations set high benchmarks for success. These concerns are magnified in South Asian societies, where careers are closely tied to familial honor and identity, making uncertainty particularly damaging to mental health (Quyyum & Ahmed, 2022).

In short, academic pressure and career uncertainty function as interrelated stressors that undermine mental well-being in young adults. Both spheres feed into cycles of self-doubt and linguistic expression of failure, as evident in the negative self-talk and hopeless words used by struggling students. Addressing these issues requires recognizing the interplay between structural pressures, cultural expectations, and the psychological toll they exact, particularly in contexts where language, identity, and achievement are deeply intertwined.

4.1.3. Relationships and Mental Health

Interpersonal relationships play a pivotal role in shaping emotional well-being, and their quality can either buffer against or contribute to depression in young adults. Supportive family and peer ties provide belonging, encouragement, and coping resources, which significantly lower the risk of psychological distress (Cohen & Wills, 1985; Umberson & Montez, 2010). In contrast, toxic or

conflictual relationships often fuel low self-esteem and feelings of worthlessness, which exacerbate depressive symptoms (Coyne, 1976). For young adults navigating transitions toward independence, romantic relationships are especially influential: while supportive partnerships enhance resilience, unstable or controlling ones increase vulnerability to sadness, hopelessness, and emotional exhaustion (Braithwaite et al., 2016).

Loss and disconnection amplify these risks. Breakups or bereavements can lead to grief and emotional instability that, without adequate social support, develop into clinical depression (Monroe et al., 1999). Likewise, loneliness — whether from isolation or weak peer networks — has been shown to predict depression strongly in adolescents and young adults (Vanhalst et al., 2012). Quyyum's (2022) linguistic study further highlights how young people's narratives of failed or controlling relationships often contain words expressing rejection, dependency, and emotional abandonment, suggesting that language itself reflects the internal scars relationships leave behind. Taken together, relationships are a central factor in the linguistic and psychological articulation of depression in early adulthood.

4.1.4. Identity and Self-Esteem

The search for identity and the negotiation of self-esteem are central developmental tasks for young adults. Struggles with identity formation can create confusion, alienation, and emotional instability, all of which contribute to depression (Erikson, 1968; Schwartz et al., 2011). Low self-esteem, in particular, has been consistently identified as both a symptom and predictor of depressive episodes, forming a cycle where negative self-views sustain and worsen psychological distress (Orth & Robins, 2014). Negative self-talk — a pattern frequently observed among young adults — reinforces these dynamics by embedding cycles of inadequacy into language and thought (Beck, 1976).

Language plays a crucial role in these identity struggles. In her analysis of English as an esteemed language, Quyyum (2021) documented how linguistic competence, particularly pronunciation and fluency, influenced young people's sense of self-worth. Those with weaker skills often felt marginalized, reporting experiences of mockery or exclusion that shaped negative identities and lowered self-confidence. Similarly, Quyyum and Ahmed's (2022) critical discourse analysis revealed how media ideologies surrounding language reproduce hierarchies that can damage self-perceptions, intensifying feelings of inadequacy among vulnerable youth. These findings resonate with broader evidence that cultural and linguistic pressures can erode self-esteem and act as pathways into depression (Major & O'Brien, 2005). Thus, identity and self-esteem are not only psychological constructs but also linguistically mediated forces that significantly determine young adults' mental health.

4.1.5. Trauma and Depression

Trauma leaves deep emotional imprints that heighten susceptibility to depression. Adverse experiences such as abuse, violence, or sudden loss can disrupt psychological development and lead to persistent emotional pain, hopelessness, and mistrust (Kilpatrick et al., 2003). Survivors often report feeling "stuck," unable to move beyond their past, which manifests in depressive rumination and a diminished sense of agency (Nolen-Hoeksema, 2000). Trauma also damages the ability to regulate stress: even minor challenges can trigger disproportionate emotional responses, compounding depressive tendencies (Heim & Nemeroff, 2001).

The erosion of trust is a hallmark of trauma, leaving young people isolated and unable to seek support (Herman, 1992). This isolation feeds directly into depressive symptoms, as social withdrawal removes protective buffers. Trauma also undermines self-worth, with survivors frequently blaming themselves, which deepens feelings of guilt and low esteem (Beck, 1976). Linguistic evidence

reinforces these patterns: Quyyum's (2022) research shows that trauma narratives in youth often feature words of blame, entrapment, and emotional paralysis, highlighting how language both mirrors and sustains the psychological aftermath of traumatic events. Such findings align with clinical research emphasizing the long-lasting links between traumatic exposure and depressive disorders (Kessler et al., 1995).

4.2. Quantitative Presentation

The preceding qualitative findings provided a nuanced understanding of the lived experiences of young adults, highlighting how social, academic, relational, identity-related, and traumatic factors intertwine with depressive symptoms. However, to complement these narratives, it is essential to situate the results within the demographic and statistical patterns of the sample. A mixed-methods approach ensures that subjective accounts are reinforced with measurable data, providing both depth and breadth (Creswell & Poth, 2018). As Quyyum (2022) emphasizes in her study on the form and function of language and its social implications, integrating qualitative and quantitative strands allows for a more comprehensive analysis that captures the realities of young adults in context. In line with this design, the quantitative analysis also addresses the same five key domains explored qualitatively:

1.   Role of social media in mental health,
2.   Academic pressure and career uncertainty,
3.   Impact of relationships on mental health,
4.   Identity and self-esteem
5.   Trauma.

Accordingly, the following section presents the demographic distribution of participants—such as gender, age, educational status, and living arrangements—and then analyzes the statistical data for each of these five domains, thereby contextualizing the qualitative insights and strengthening the overall interpretation of findings.

Figure 4.2a

Age Distribution of Respondents (N = 55)
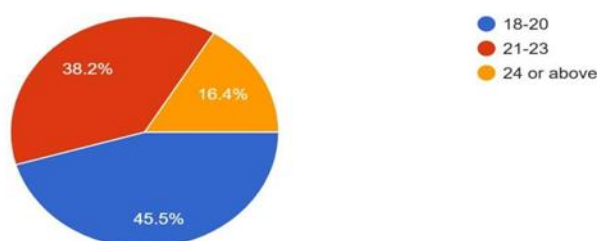

Note. The chart illustrates that 45.5% of participants were aged 18–20, 38.2% were aged 21–23, and 16.4% were aged 24 or above. This indicates that the majority of respondents fall within the younger segment of the 18–25 age range, which is considered a particularly vulnerable phase for developing mental health challenges due to academic transitions, career uncertainty, and identity formation. Research highlights that these developmental years carry increased risk for depression and anxiety (Arnett, 2015; Kessler et al., 2007), making the demographic profile of this study especially relevant to understanding the psychological and linguistic patterns observed.

Figure 4.2b
Gender Distribution of Respondents (N = 55)

What is your gender?
55 responses
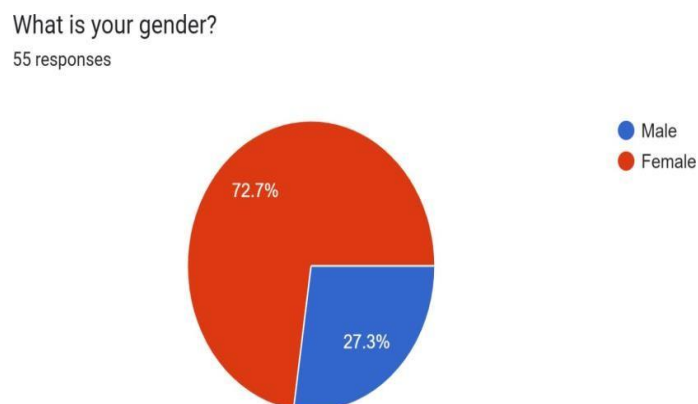
- Male
- Female

Note. The sample consisted of 72.7% female respondents and 27.3% male respondents. The higher proportion of female participants suggests that women's perspectives are more strongly represented in this dataset. This is relevant since evidence indicates that women are more likely than men to report depression and related symptoms during young adulthood (Van Droogenbroeck et al., 2018; WHO, 2023). Thus, the gender balance in this study may shape the interpretation of subsequent findings

Figure 4.2c
Current Educational Status of Respondents (N = 55)

What is your current educational status?
55 responses

- Student
- Working professional
- Unemployed
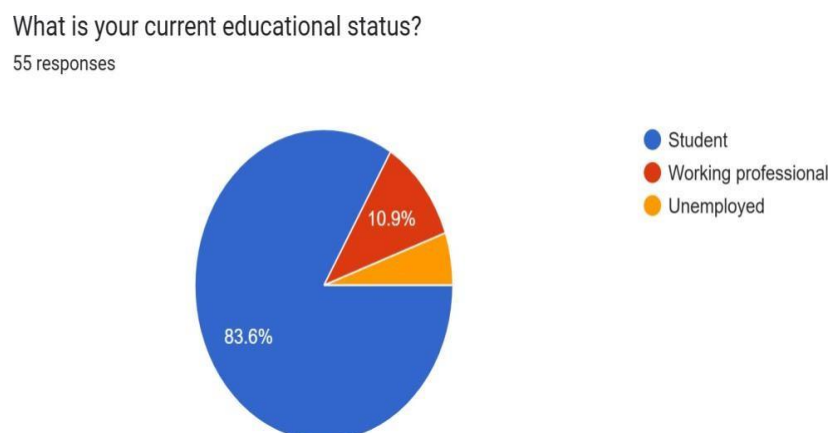
Note. The chart shows that a large majority of respondents (83.6%) are students, while 10.9% are working professionals and 5.5% are unemployed. This dominance of student participants highlights the significance of academic stressors in shaping the study's results. As prior research indicates, university students often report higher levels of psychological distress due to academic and career-related uncertainties compared to their employed peers (Arslan et al., 2020). The smaller proportion of unemployed respondents also reflects an important yet underrepresented group, as unemployment during youth has been strongly associated with depression and feelings of marginalization (WHO, 2023).

Figure 4.2d
Living Situation of Respondents (N = 55)

What is your current living situation?
55 responses

- Living with family
- Living with friends
- Living alone/hostel

65.5%
27.3%
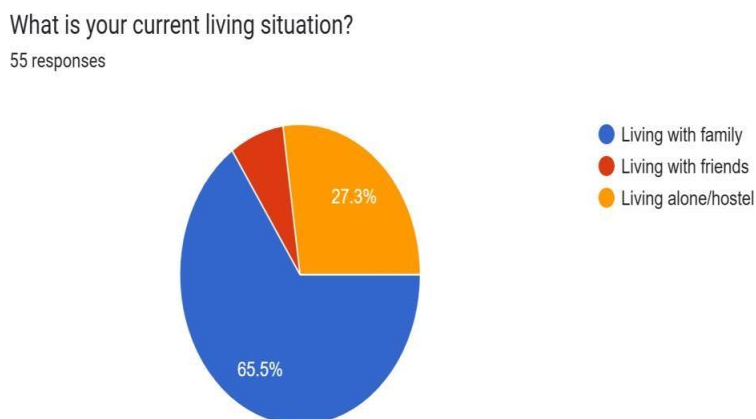
Note. The majority of respondents (65.5%) reported living with their families, while 27.3% lived alone or in hostels, and only 7.2% lived with friends. This distribution suggests that most participants still reside in family homes, which may provide emotional and financial support. However, living away from family—whether with friends or alone—can increase vulnerability to loneliness, stress, and depression, especially in young adults adjusting to academic or career pressures. Prior studies highlight that social environment and living conditions are closely linked to psychological well-being (Arnett, 2015; Quyyum, 2022). The finding underscores how living situations not only shape daily routines but also contribute to the broader patterns of mental health in this age group.

4.2.1. Role of Social Media

In order to further explore the role of social media in young adults' mental health, the quantitative section presents a set of figures that build on the general demographic questions already discussed. These charts illustrate patterns of daily social media usage, its perceived impact on self-esteem and mental health, tendencies of social comparison, experiences of cyberbullying or online harassment, and the perceived contribution of technology to stress and anxiety. Together, these findings provide a statistical lens through which the nuanced qualitative insights on social media can be validated and contextualized, offering a balanced understanding of how digital interactions intersect with psychological well-being

Figure 4.2.1a
Daily Social Media Usage of Respondents (N = 55)
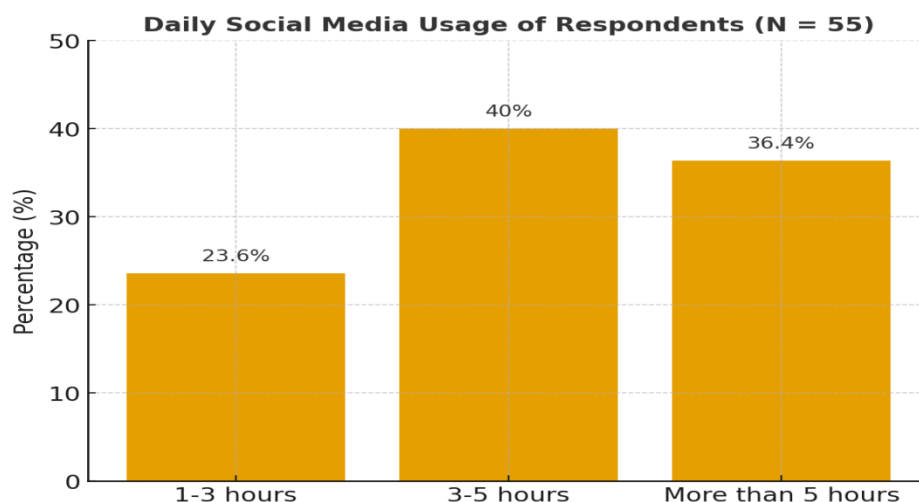
Note. The chart shows that 23.6% of respondents use social media for 1–3 hours daily, 40% for 3–5 hours, and 36.4% for more than 5 hours. The data highlights that the majority spend significant time online, with more than three-quarters (76.4%) using social media for over three hours each day. This finding aligns with prior research suggesting that heavy social media engagement can contribute to increased anxiety and depressive symptoms among young adults (Twenge & Campbell, 2018). In the context of this study, these results reinforce the qualitative insights that language and interaction on digital platforms play a critical role in shaping mental health outcomes.

Figure 4.2.1b

Perceived Impact of Social Media on Mental Health and Self-Esteem (N = 55)
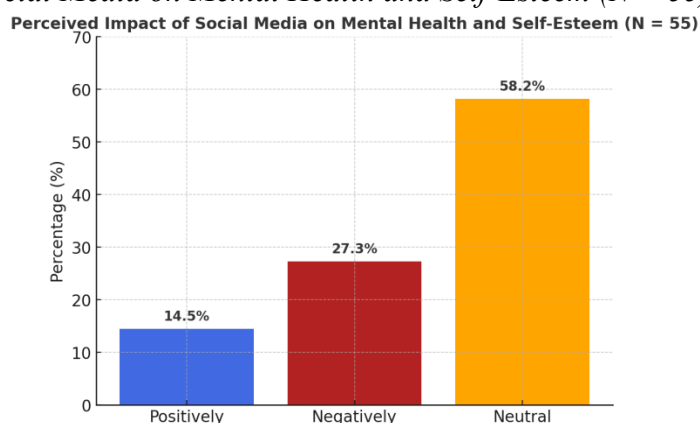

Note. The results show that a majority of respondents (58.2%) viewed social media's effect on their mental health and self-esteem as neutral, while 27.3% reported negative effects, and only 14.5% perceived it positively. This finding indicates that although most participants do not attribute strong psychological outcomes to social media, a significant proportion still recognizes its harmful impact. Such patterns resonate with studies that highlight how exposure to idealized online portrayals and negative interactions can erode self-esteem and increase vulnerability to depression (Andreassen et al., 2017; Keles et al., 2020). At the same time, the smaller percentage of positive responses reflects social media's potential as a supportive tool for connectivity and expression (Nesi et al., 2020).

Figure 4.2.1c

Frequency of Comparing Oneself to Others on Social Media (N = 55)
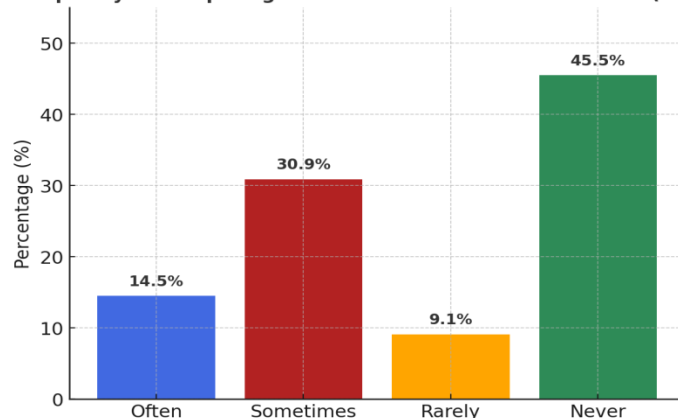
Note. The results indicate that 45.5% of participants reported never comparing themselves to others on social media, while 30.9% admitted doing so sometimes, 14.5% often, and 9.1% rarely. These findings suggest that although nearly half of the respondents claim resilience against social comparison, a substantial proportion still engages in comparison at varying levels. This is particularly relevant as frequent self-comparison online has been linked to reduced self-esteem and increased depressive symptoms (Appel et al., 2016; Vogel et al., 2014). The results highlight a dual trend: while some young adults maintain a healthy distance from social comparison, others are vulnerable to the psychological strains that accompany constant exposure to idealized online portrayals.

Figure 4.2.1d

*Experience of Cyber bullying or Online Harassment among Respondents (N = 55)*
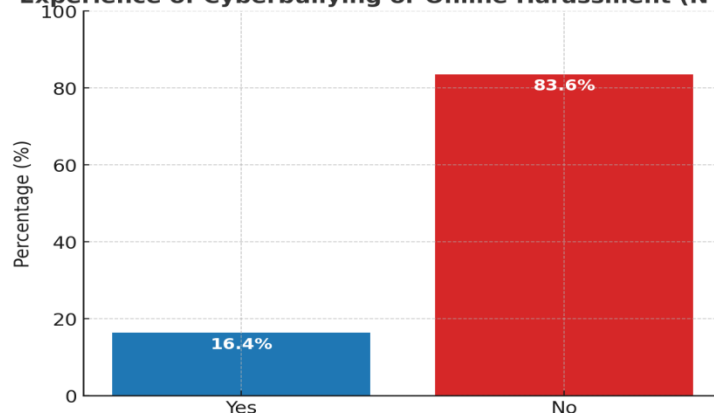
Note. The findings reveal that 16.4% of participants reported experiencing cyberbullying or online harassment, while a majority of 83.6% had not faced such incidents. Although the percentage of directly affected respondents appears relatively small, it is significant because cyberbullying has been consistently associated with heightened levels of anxiety, depression, and social withdrawal among young adults (Kowalski et al., 2014; Hinduja & Patchin, 2018). Even when only a minority experiences it, the psychological consequences can be long-lasting and severe, influencing academic performance, self-esteem, and interpersonal trust. Moreover, the presence of online harassment in this age group highlights the vulnerability of digitally active youth and underlines the importance of proactive awareness and mental health interventions.

Figure 4.2.1e

Perceived Contribution of Technology to Stress and Anxiety (N = 55)

**Perceived Contribution of Technology to Stress and Anxiety (N = 55)**
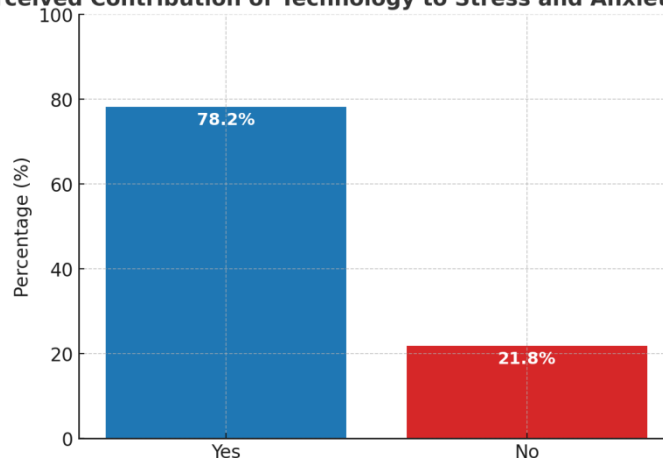
Note. The chart indicates that 78.2% of respondents believed that technology, particularly smartphones and social media, contributes to their stress or anxiety, whereas only 21.8% reported no such impact. This finding highlights how digital dependence is increasingly intertwined with psychological distress in young adults. Excessive connectivity, constant notifications, and the pressure to maintain an online presence can significantly elevate stress levels (Elhai et al., 2017; Twenge, 2019). The high percentage of affirmative responses underscores how technology, despite its benefits, often exacerbates feelings of overload, comparison, and restlessness. These results also align with broader research that links screen time and social media intensity with heightened risks of depression and anxiety, suggesting that managing digital habits is a critical aspect of mental well-being.

4.2.2. Academic Pressure

Academic performance and grades remain one of the strongest sources of stress among young adults, particularly in higher education contexts. The competitive academic environment, coupled with family expectations and uncertain career prospects, often contributes to anxiety and depressive symptoms (Arslan et al., 2020; Quyyum, 2022). The following figures illustrate how frequently participants reported stress related to academic performance.

Figure 4.2.2a

Stress Levels about Academic Performance or Grades (N = 55)
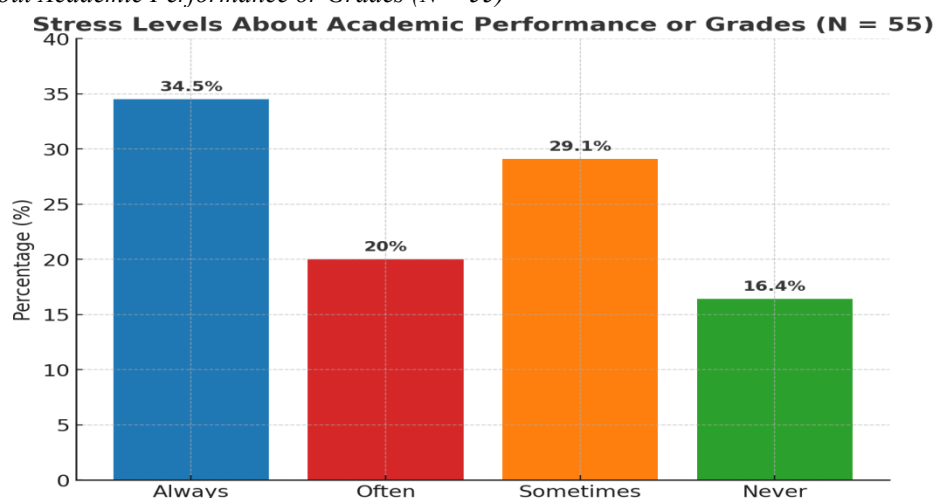
Note. The chart shows that 34.5% of respondents reported "always" feeling stressed about grades, 20% "often," 29.1% "sometimes," and only 16.4% "never." This distribution demonstrates that a large majority of students experience grade-related stress at varying frequencies, with over half indicating consistent or frequent pressure. These findings align with existing research which links academic pressure to heightened risks of anxiety, perfectionism, and burnout (Pascoe et al., 2020).

Such stressors play a significant role in shaping mental health outcomes during the transition from adolescence to adulthood.

Figure 4.2.2b

Respondents' Confidence about Their Career Path (N = 55)

Respondents' Confidence About Their Career Path (N = 55)
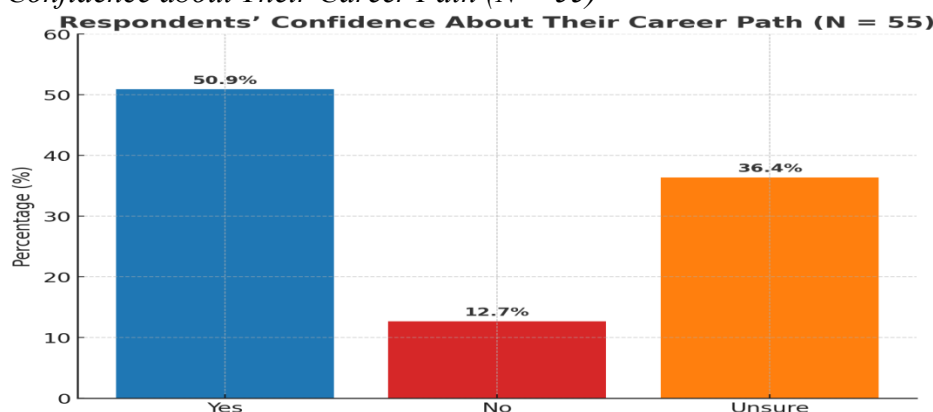
Note. The results show that 50.9% of participants expressed confidence in their career path, 36.4% were unsure, and 12.7% reported having no confidence. While the majority demonstrate clarity about future direction, a substantial proportion remain uncertain or doubtful. This uncertainty reflects the growing pressures young adults face when transitioning from education to employment, especially in societies where career success is closely tied to identity and social expectations (Arnett, 2015; Quyyum, 2022). The presence of uncertainty and lack of confidence may contribute to heightened stress, indecision, and vulnerability to depressive symptoms, linking academic pressure directly to mental health outcomes.

Figure 4.2.2c

Impact of Career Uncertainty on Depression and Anxiety (N = 55)

Impact of Career Uncertainty on Depression and Anxiety (N = 55)
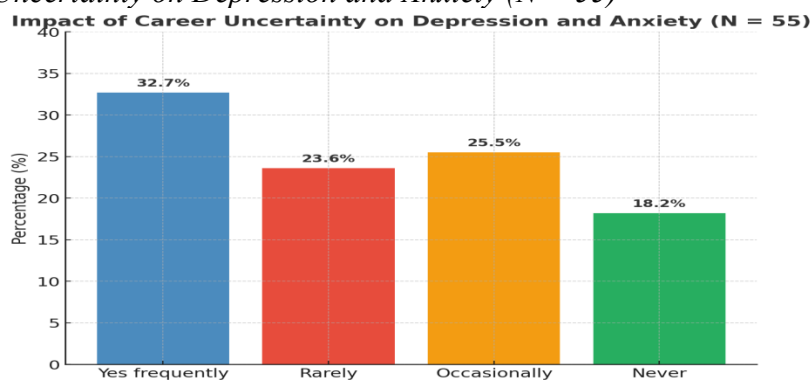
Note. The data reveal that 32.7% of participants frequently feel depressed or anxious due to career uncertainty, 25.5% occasionally experience such feelings, and 23.6% report this rarely, while only 18.2% stated they never feel affected. These findings highlight that more than half of the respondents experience at least occasional emotional strain linked to career ambiguity, reinforcing prior research that links future uncertainty with heightened vulnerability to stress and depressive symptoms in young adults (Arnett, 2015; Quyyum, 2022).

4.2.3. Impact of relationship in mental health

Relationships play a vital role in shaping the mental health of young adults, as they provide both emotional support and potential stressors. Positive and nurturing bonds with friends, family, or

partners can act as protective factors, buffering individuals against anxiety and depression, while strained or toxic relationships often contribute to feelings of loneliness, low self-worth, and psychological distress. Breakdowns in relationships or the absence of supportive social networks can intensify vulnerability to depression, highlighting the dual role that interpersonal connections play in either strengthening resilience or amplifying mental health challenges (Kawachi & Berkman, 2001; Umberson & Montez, 2010).

Figure 4.2.3a

Impact of Relationships on Mental Health (N = 55)

Impact of Relationships on Mental Health (Figure 4.13)
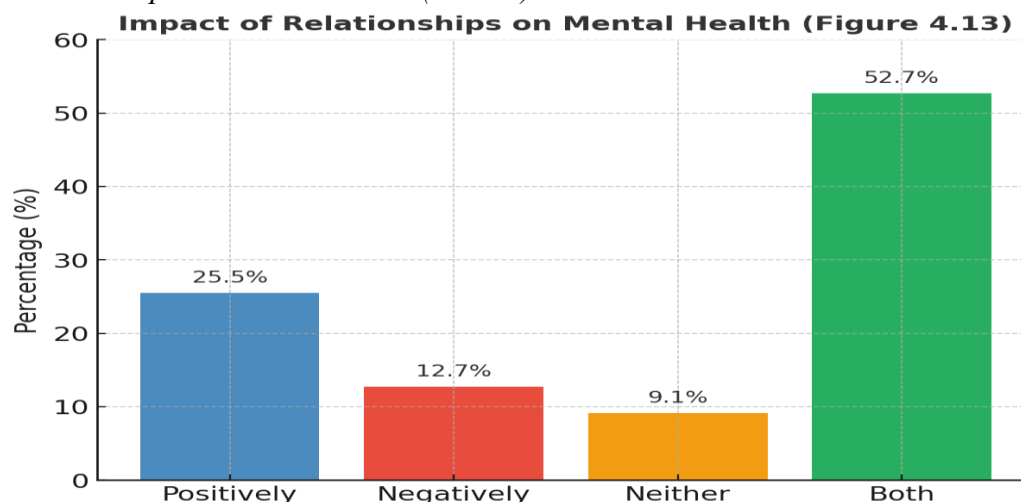
Note. Over half of the respondents (52.7%) indicated that relationships with friends, family, or partners affect their mental health in *both positive and negative* ways, underscoring the complex dual role of social connections. A quarter (25.5%) reported relationships having a *positive* effect, while smaller percentages acknowledged *negative* (12.7%) or *neutral* (9.1%) influences. These findings suggest that while relationships can act as protective factors fostering emotional stability, they may simultaneously serve as sources of stress or conflict, consistent with prior research linking social ties to both resilience and vulnerability in mental health (Cohen & Wills, 1985; Quyyum, 2022).

Figure 4.2.3b

Conflicts in Relationships Impacting Mental Well-being

Conflicts in Relationships Impacting Mental Well-being (Figure 4.14)
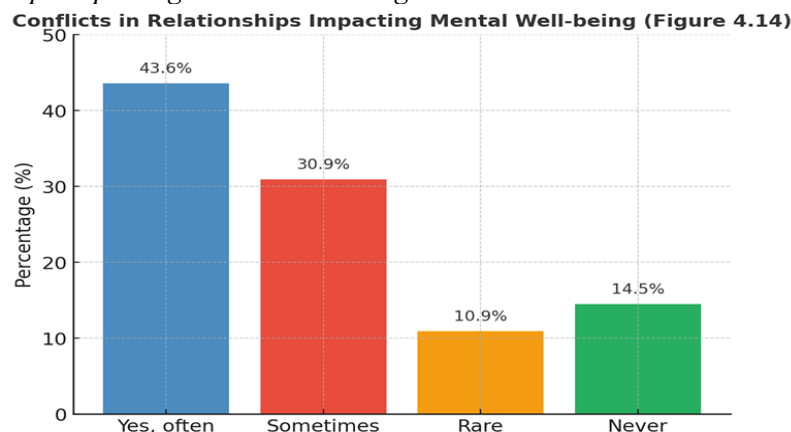
Note. The results indicate that 43.6% of respondents reported "often" experiencing relationship conflicts that affected their mental well-being, while 30.9% reported this happening "sometimes." Smaller groups noted such conflicts as "rare" (10.9%) or "never" (14.5%). These findings highlight

that relationship dynamics—whether with friends, family, or partners—play a substantial role in shaping young adults' mental health, echoing prior studies linking interpersonal strain with heightened stress and depressive symptoms (Cohen & Wills, 1985; Van Droogenbroeck et al., 2018).

Figure 4.2.3c

Importance of Emotional Support from Relationships to Mental Health

Importance of Emotional Support from Relationships (Figure 4.15)
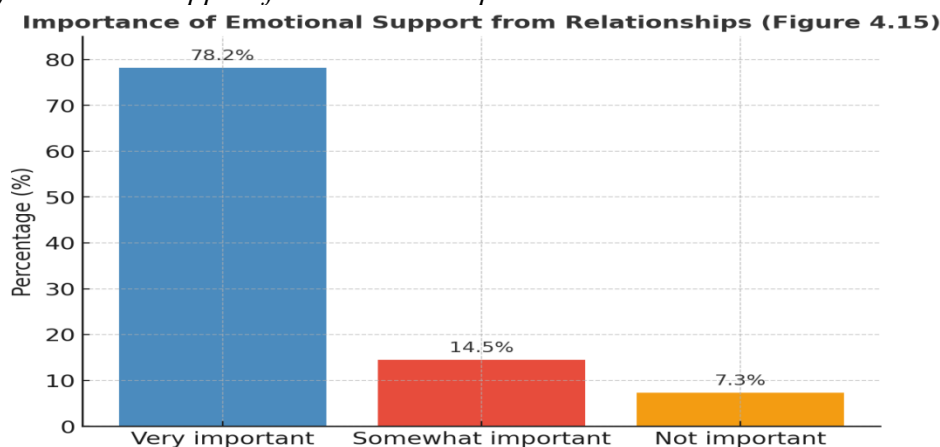
Note. A significant majority of respondents (78.2%) emphasized that emotional support from relationships is *very important* to their mental health, reflecting the central role of close ties in providing psychological stability. Another 14.5% considered it *somewhat important*, while only 7.3% regarded it as *not important*. These findings align with psychological research that highlights the buffering effects of emotional support against depression and anxiety, reinforcing that secure social bonds serve as vital protective factors in young adults' mental well-being (Thoits, 2011; Umberson & Montez, 2010).

Figure4.2.3d

Availability of Emotional Support Systems

Availability of Emotional Support Systems (Figure 4.16)
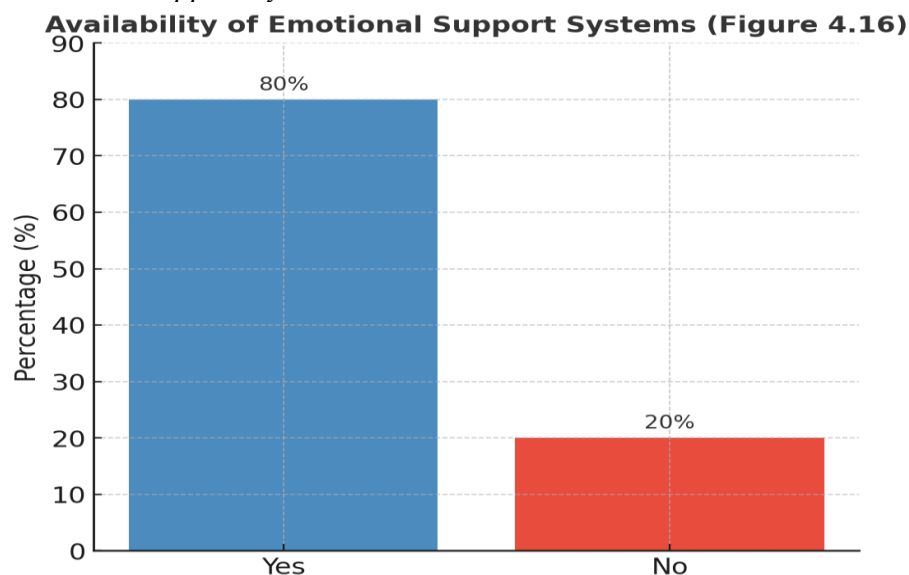
Note. The data show that 80% of participants reported having an emotional support system—such as friends, family, or a therapist—while 20% indicated they lacked such support. This suggests that although the majority

of young adults benefit from accessible support networks, a significant minority remain without reliable sources of emotional help. The absence of support may intensify vulnerability to depression and anxiety, while strong networks are consistently linked to resilience and better coping (Thoits, 2011; Umberson & Montez, 2010).

4.2.4. Identity And Self Esteem

Identity formation and self-esteem are central to psychological development during young adulthood, as individuals navigate expectations, personal goals, and societal pressures. Low self-esteem has long been identified as both a symptom and a predictor of depression, influencing how young people perceive their worth and cope with challenges (Orth & Robins, 2014). Struggles with identity confusion and self-image can undermine confidence, increase vulnerability to stress, and create cycles of negative self-talk that contribute to poor mental health outcomes.

Figure 4.2.4a

Struggles with Self-esteem Issues
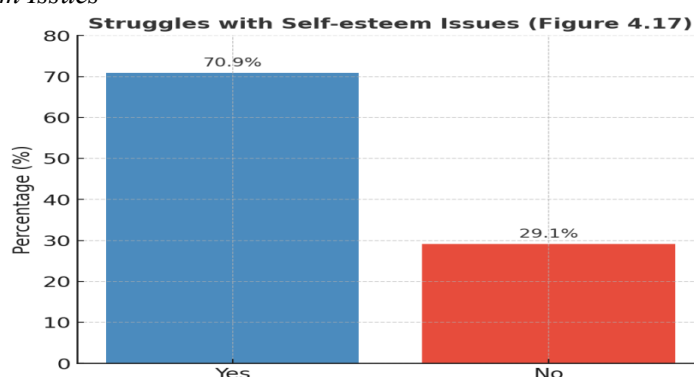
Note. The chart shows that 70.9% of respondents reported struggling with self-esteem issues, while 29.1% indicated they did not. This demonstrates that concerns about self-image and confidence are highly prevalent among young adults, reinforcing the qualitative findings that identity crises and negative self-perceptions often fuel depressive symptoms. These results align with psychological research linking low self-esteem to higher risks of anxiety, depression, and maladaptive coping strategies (Orth & Robins, 2014; Quyyum, 2022).

Figure 4.2.4b

*Pressure to Conform to Societal or Peer Expectations*
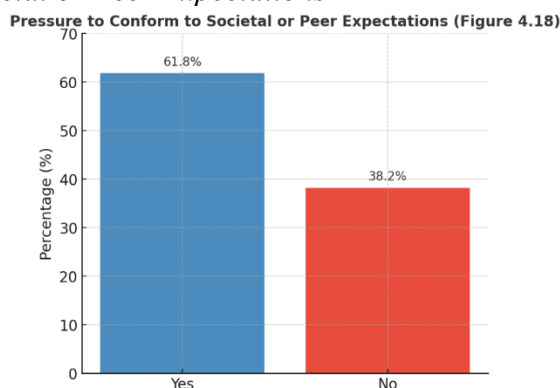
Note. The results reveal that 61.8% of respondents reported feeling pressure to conform to societal or peer expectations, while 38.2% did not. This indicates that the majority of young adults are influenced by external norms and peer comparisons, which can significantly impact identity formation and self-esteem. Such pressures

often lead to heightened anxiety, reduced autonomy, and internal conflicts, aligning with research linking conformity stress to negative psychological outcomes (Ryan & Deci, 2000; Quyyum, 2022).

Figure 4.2.4c

Levels of Self-confidence among Respondents

Levels of Self-confidence Among Respondents (Figure 4.19)
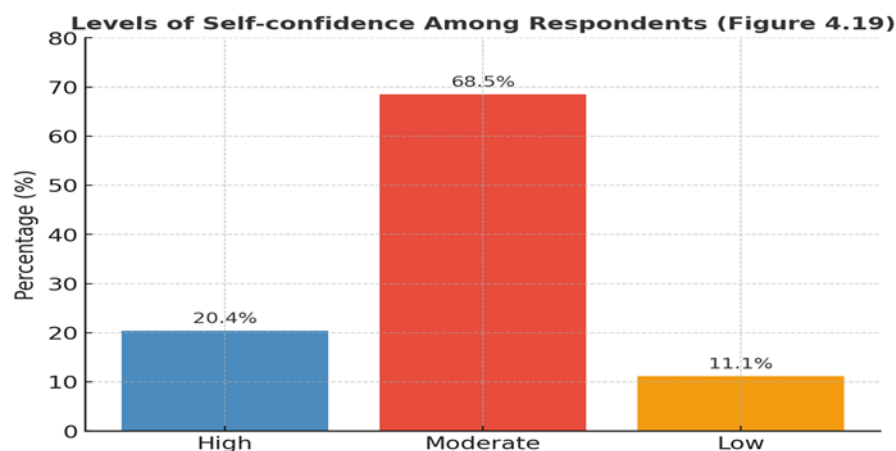
Note. The results show that the majority of respondents (68.5%) reported having a *moderate* level of self-confidence, while 20.4% described their self-confidence as *high* and 11.1% as *low*. This distribution highlights that most young adults occupy a middle ground in their self-perception, reflecting a balance between self-assurance and lingering self-doubt. The relatively smaller proportion of high confidence indicates that external pressures and uncertainties often limit the development of strong self-esteem, a trend consistent with existing research on emerging adulthood and self-concept (Arnett, 2015; Orth & Robins, 2014).

4.2.5. Trauma

Trauma represents one of the most profound risk factors affecting mental health, especially among young adults. Previous qualitative findings in this study revealed that exposure to adverse experiences—such as personal loss, family conflict, or abuse—often leaves long-lasting emotional scars that manifest in symptoms of depression, anxiety, and reduced resilience. The quantitative analysis presented here extends this discussion by highlighting the prevalence of trauma within the sample and its strong association with deteriorating psychological well-being (Herman, 1992; Kilpatrick et al., 2003; Quyyum, 2022).

Figure 4.2.5a

Prevalence of Depression Symptoms among Respondents

Have you experienced trauma that affect your mental health?
55 responses

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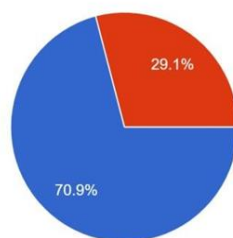
Note. The data shows that a significant majority of participants (70.9%) reported experiencing symptoms of depression in recent years, whereas 29.1% did not. These findings align with global research demonstrating that trauma and adverse life events often translate into long-term depressive symptoms (Kilpatrick et al., 2003; Herman, 1992). The results underscore how unresolved trauma can manifest as persistent psychological distress, reinforcing the urgent need for support systems and therapeutic interventions.

Figure 4.2.5b

Frequency of Stress or Anxiety Experiences among Respondents

How often do you experience stress or anxiety?
55 responses
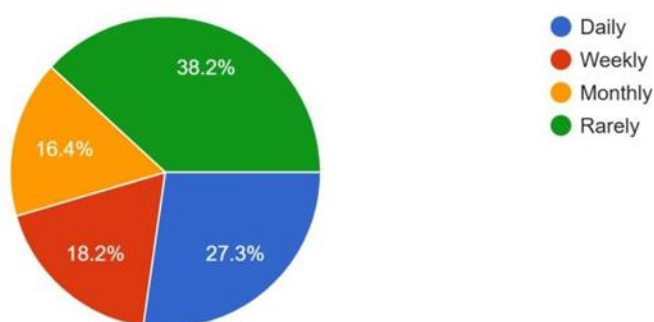
Note. The chart highlights that stress and anxiety are common experiences among respondents. About 27.3% reported feeling stressed or anxious on a **daily basis**, 18.2% on a **weekly basis**, and 16.4% on a **monthly basis**, while 38.2% indicated that they experience stress only **rarely**. These findings emphasize that although a substantial proportion manage stress episodically, a significant minority suffer from persistent stress and anxiety, which can be symptomatic of trauma-related psychological patterns (American Psychological Association, 2020; Quyyum, 2022). The data underscores the ongoing need for institutional and familial support structures to help mitigate these recurring experiences.

Figure 4.25c

Prevalence of Persistent Sadness and Hopelessness among Respondents

Have you ever experienced feeling of sadness, hopeless that lasted more than 2 weeks?
55 responses
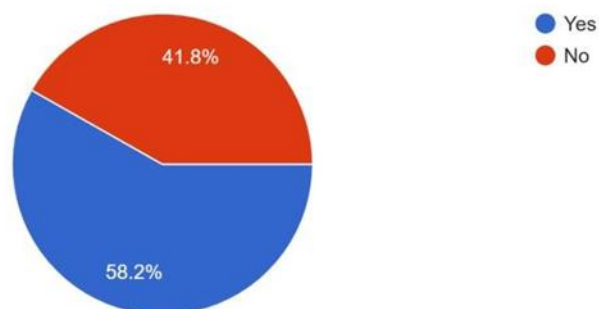
Note. The results indicate that 58.2% of participants reported experiencing feelings of sadness or hopelessness that lasted for more than two weeks, while 41.8% did not. Clinically, such prolonged low moods are a key marker of depressive episodes often linked with unresolved trauma or chronic stress (World Health Organization, 2020; Herman, 1992). This finding highlights that more than half
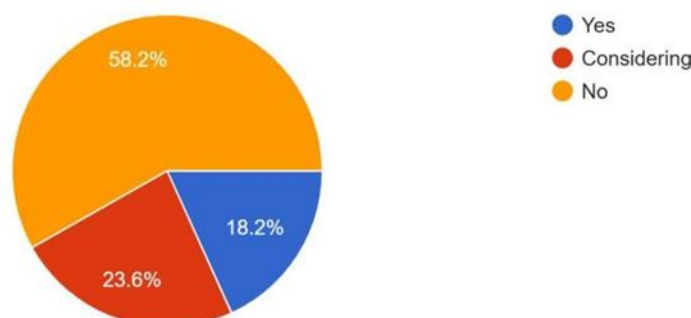
of the surveyed young adults may have encountered experiences aligning with symptoms of clinical depression, underscoring the urgent need for timely psychological support and awareness programs.

Figure 4.2.5d

Respondents' Willingness to Seek Professional Help for Mental Health Issues
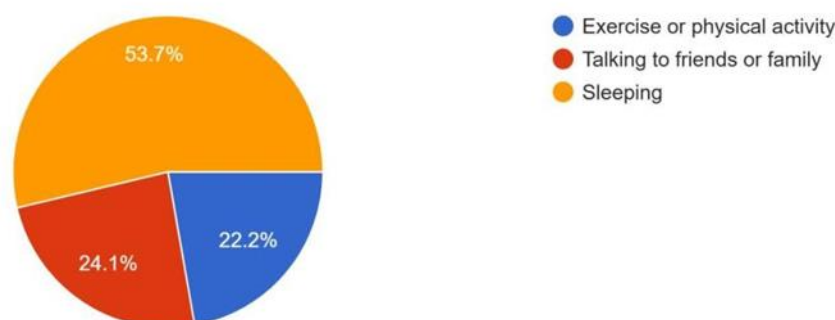

Note. The chart reveals that a majority of participants (58.2%) reported not seeking professional help for their mental health concerns, while 23.6% stated they are considering it, and only 18.2% have actually sought professional support. This trend points to the persistent stigma and barriers associated with accessing mental health services in South Asian contexts (Gulliver et al., 2010; Quyyum, 2022). Despite the prevalence of trauma, depression, and anxiety identified in earlier figures, the reluctance to seek professional help indicates a gap between awareness and action. Addressing cultural taboos, affordability issues, and the lack of accessible counseling resources is critical for bridging this gap and encouraging proactive care-seeking behavior.

Figure 4.2.5e

Coping Mechanisms Adopted by Respondents to Manage Stress and Difficult Emotions

Note. The data shows that more than half of the participants (53.7%) cope with stress or difficult emotions primarily through sleeping, while 24.1% rely on talking to friends or family, and 22.2% engage in exercise or physical activity. These findings highlight that passive coping strategies (like sleeping) are more prevalent than active strategies, such as social support or physical activity. While sleep may offer temporary relief, excessive reliance on it can mask underlying issues and prolong psychological distress (Akerstedt et al., 2017). In contrast, open communication and exercise are recognized as healthier coping strategies associated with resilience and long-term well-being (Taylor, 2011). The results suggest the need for awareness programs promoting constructive coping

5.   FINDINGS AND RESULTS

This section presents the key findings of the study based on the quantitative data collected. The results are organized across five major domains—social media, academic pressure, relationships, identity and self-esteem, and trauma. For each domain, a brief summary is provided along with a consolidated table of percentages to illustrate the main trends.

5.1 *Role of Social Media in Mental Health*, The findings reveal that social media plays a complex role in shaping mental health among young adults. While respondents reported high daily usage, most perceived its impact on mental health and self-esteem as neutral or negative. Frequent social comparisons and cyber bullying were also evident, with technology overall identified as a key contributor to stress and anxiety.

Table 5.1

Impact of Social Media on Mental Health and Well-Being (N = 55)

Figure	Categories & Responses (%)
4.2.1a Daily Social Media Usage	1–3 hrs: 23.6%, 3–5 hrs: 40%, >5 hrs: 36.4%
4.2.1b Impact on Mental Health	Positive: 14.5%, Negative: 27.3%, Neutral: 58.2%
4.2.1c Social Comparison	Often: 14.5%, Sometimes: 30.9%, Rarely: 9.1%, Never: 45.5%
4.2.1dCyberbullying/Harassment	Yes: 16.4%, No: 83.6%
4.2.1eTechnology and Stress	Yes: 78.2%, No: 21.8%

Note. Percentages reflect respondents' perceptions of social media usage, its psychological impact, social comparison, experiences of online harassment, and technology-related stress.

5.2. *Academic Pressure and Career Uncertainty*. Academic challenges emerged as a strong source of psychological distress. Respondents frequently reported stress linked to grades and performance. While over half expressed confidence in their career path, uncertainty and anxiety about the future were common, reinforcing the link between academic stress and depression.

Table 5.2

Academic Pressure and Career Uncertainty (N = 55)

Figure	Categories & Responses (%)
4.2.2a Stress over Grades	Always: 34.5%, Often: 20%, Sometimes: 29.1%, Never: 16.4%
4.2.2b Career Confidence	Yes: 50.9%, No: 12.7%, Unsure: 36.4%
4.2.2c Career Uncertainty & Depression	Frequently: 32.7%, Rarely: 23.6%, Occasionally: 25.5%, Never: 18.2%

Note. The data indicate that a substantial portion of respondents experience academic stress consistently, with more than one-third "always" stressed about grades. While half of the participants report confidence in their career path, a significant number remain unsure. Moreover, frequent or occasional anxiety linked to career uncertainty is prevalent, underscoring the pressure young adults face during this transitional phase.

5.3. *Impact of Relationships on Mental Health*. Relationships with family, friends, and partners significantly influenced mental health. While many respondents experienced both positive and negative effects, frequent conflicts and lack of emotional support heightened stress. At the same time,

the majority recognized emotional support as vital, and most reported access to a reliable support system.

Table 5.3
Impact of Relationships on Mental Health (N = 55)

Figure	Categories & Responses (%)
4.2.3aRelationship Impact	Positive: 25.5%, Negative: 12.7%, Neither: 9.1%, Both: 52.7%
4.2.3b Conflicts in Relationships	Often: 43.6%, Sometimes: 30.9%, Rare: 10.9%, Never: 14.5%
4.2.3cImportance of Emotional Support	Very: 78.2%, Somewhat: 14.5%, Not important: 7.3%
4.2.3dSupport System Availability	Yes: 80%, No: 20%

Note. The findings show that more than half of the respondents (52.7%) reported relationships affecting their mental health in both positive and negative ways, while nearly half (43.6%) experienced frequent conflicts that impacted their well-being. At the same time, emotional support was considered "very important" by the majority (78.2%), and 80% indicated having some form of support system. These results emphasize the dual role of relationships as both potential stressors and vital protective factors for young adults' mental health.

5.4. Identity and Self-Esteem. Issues of identity and self-esteem proved to be central to respondents' mental health. A majority struggled with self-esteem challenges, felt pressure to conform to societal norms, and described their self-confidence as moderate rather than high. These findings highlight how identity struggles shape psychological vulnerability.

Table 5.4
Identity and Self-esteem (N = 55)

Figure	Categories & Responses (%)
4.2.4a Self-esteem Struggles	Yes: 70.9%, No: 29.1%
4.2.4b Pressure to Conform	Yes: 61.8%, No: 38.2%
4.2.4c Self-confidence Levels	High: 20.4%, Moderate: 68.5%, Low: 11.1%

Note. The data indicate that a majority of respondents (70.9%) have struggled with self-esteem issues, and 61.8% feel pressure to conform to societal or peer expectations. While most respondents describe their self-confidence as "moderate" (68.5%), relatively few report high confidence (20.4%), suggesting that identity-related concerns significantly shape their overall psychological well-being.

5.5. Trauma and Psychological Consequences. Trauma was found to have profound implications for young adults' mental health. Most respondents reported experiencing trauma, symptoms of depression, and recurrent stress or sadness. Despite this, fewer sought professional help, with coping strategies often limited to informal supports such as family, friends, or personal routines.

Table5.5
Trauma and Its Psychological Consequences (N = 55)

Figure	Categories & Responses (%)
4.2.5a Experience of Trauma	Yes: 70.9%, No: 29.1%

Figure	Categories & Responses (%)
4.2.5b Symptoms of Depression	Yes: 70.9%, No: 29.1%
4.2.5c Frequency of Stress/Anxiety	Daily: 27.3%, Weekly: 18.2%, Monthly: 16.4%, Rarely: 38.2%
4.2.5d Prolonged Sadness	Yes: 58.2%, No: 41.8%
4.2.5e Professional Help Seeking	Yes: 18.2%, Considering: 23.6%, No: 58.2%
4.2.5f Coping Mechanisms	Exercise: 22.2%, Talking: 24.1%, Sleeping: 53.7%

Note. Percentages illustrate the prevalence of trauma-related experiences, symptoms of depression, help-seeking behaviors, and coping strategies among respondents.

Table 5.6

Summary of Major Findings across Five Domains (N = 55)

Domain	Key Findings
Social Media	High usage, neutral/negative impacts, cyber bullying risk, stress linked to tech overuse.
Academic Pressure	Frequent stress over grades, career uncertainty strongly linked with anxiety.
Relationships	Both positive and negative effects; conflicts common; support highly valued.
Identity & Self-Esteem	Majority struggle with self-esteem; moderate confidence levels; conformity pressures evident.
Trauma	High prevalence of trauma, depression symptoms, prolonged sadness; professional help underutilized.

Overall, the findings demonstrate that depression among young adults is multifaceted, shaped by digital habits, academic stress, relational dynamics, identity struggles, and trauma experiences. While certain protective factors such as support systems and moderate confidence levels were present, the dominance of stress, uncertainty, and trauma underscores the urgent need for targeted interventions. By combining qualitative narratives with quantitative evidence, the results highlight how interrelated social, academic, and psychological pressures contribute to mental health challenges in this age group. Depression in young adults aged 18 to 25 emerged as a serious concern requiring immediate attention. The findings highlight that this age group faces multifaceted challenges that influence their mental health, including social, academic, relational, and personal factors. Addressing these concerns through structured interventions can play a critical role in prevention and recovery. The results of this study suggest several pathways for practical support that are both accessible and effective.

One of the most significant strategies involves the role of therapy and counseling. Personalized interventions enable young adults to process emotions, build resilience, and develop coping mechanisms (American Psychiatric Association [APA], 2022). Expanding affordable and accessible mental health services through schools, universities, and community programs is therefore essential (World Health Organization [WHO], 2023). Equally important is the impact of peer support. Having friends and colleagues who provide encouragement can alleviate feelings of isolation and foster a stronger sense of belonging. Research consistently shows that peer-based activities improve outcomes for young adults struggling with depression by reducing stigma and strengthening social ties (Eisenberg et al., 2009).

The findings also emphasize the need to address self-doubt, which was frequently reported by respondents as a barrier to confidence and well-being. Programs designed to strengthen self-esteem,

build positive coping strategies, and reduce internalized stigma can help young adults navigate challenges with greater optimism (Orth & Robins, 2014). Finally, the study underscores the growing role of technology in providing mental health support. Mobile applications, online counseling platforms, and digital self-help resources offer immediate and private assistance, particularly for individuals who may feel reluctant to seek help in person (Torous et al., 2018). Integrating such tools into broader mental health strategies can make care more inclusive and reduce barriers to support.

Overall, these results point to the necessity of a multi-layered approach that combines professional therapy, peer support, self-esteem enhancement, and technology-based interventions. By adopting such strategies, society can contribute to an environment where young people feel supported, empowered, and better equipped to maintain their mental health.

6. RECOMMENDATIONS AND SUGGESTIONS

Based on the findings of this study, it is clear that addressing depression in young adults requires multi-layered interventions. First, expanding access to personalized therapy and counseling should be prioritized, as evidence shows that early professional support significantly reduces symptom severity and improves coping skills (Cuijpers et al., 2021). Governments, universities, and community organizations should collaborate to make these services affordable and widely available (WHO, 2023).

Second, peer support networks should be integrated into academic and workplace settings. Research demonstrates that supportive peer environments not only reduce stigma but also enhance resilience among young adults facing psychological challenges (Eisenberg et al., 2009). Structured group discussions, mentorship programs, and peer-led workshops can normalize mental health conversations and create stronger safety nets.

Third, interventions must focus on self-esteem and identity development. Longitudinal studies confirm that low self-esteem in adolescence and early adulthood predicts higher rates of depression later in life (Orth & Robins, 2014). Programs that emphasize confidence-building, problem-solving skills, and identity exploration are therefore crucial to prevention.

Finally, technology should be harnessed responsibly as a complementary tool. Digital mental health apps, online therapy platforms, and virtual peer communities can increase accessibility and provide immediate support, particularly for individuals hesitant to seek in-person help (Torous et al., 2018). However, safeguards and quality standards are necessary to ensure these digital solutions are effective and ethically sound.

Overall, these recommendations highlight the importance of integrated approaches that combine clinical care, social support, personal growth, and digital innovation. By implementing such measures, policymakers, educators, and practitioners can contribute to a healthier environment where young adults feel supported, empowered, and equipped to manage their mental health challenges.

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