

Depression in young adulthood is strongly linked to childhood and adolescent social environment.

Commentary on: Kehusmaa, J., Ruotsalainen, H., Mannikko, N., Alakokkare, A., Niemela, M., Jaaskelainen, E., and Miettunen, J., The association between the social environment of childhood and adolescence and depression in young adulthood – A prospective cohort study. *J Affect Disord.* 305. 37-46. doi: 10.1016/j.jad.2022.02.067. Epub 2022 Feb 26.

Implications for practice and research

- Nurses must practice at an individual, family and policy level to protect children and adolescents from harassment and bullying.
- Further research is required to establish the warning signs and symptom precursors for depression in young adults.

Context

Depression is a common mental health disorder at all life stages, particularly in young adulthood ², while the most common risk factors for depression are linked to a child's social environment ³. Bullying in childhood or adolescence is a major risk factor for depression in adulthood ⁴. Nurses have a key role to play in early detection of bullying and harassment and in developing and implementing protective policies at an organisation, local and national level.

Methods

The study was based on data collected from the 1986 Northern Finland Birth Cohort (NFBC), originally comprising 9432 live born children. Data from the mother's pregnancy, and participants, their teachers and parents at 7- 8 years and 15 -16years was used. Participants under 17 years with a diagnosis of depression were excluded. Different national registers were used to identify diagnosis of depression. The "Rutter B" and "Youth Self-Report" assessment forms with supplementary questions were used to evaluate children's behaviour in school and the competences and problems of 11–18 year-olds. Data were analysed using SPSS. Logistic regression analysis was used to assess which factors were associated with depression in young adulthood. Factors included, number of friends, loneliness, bullying, time spent with family, parental interest in children's issues. Internalising symptoms, including family structure, family socioeconomic status (SES) and parental mental disorders were used as covariates.

Findings

Final results comprise 6147 participants, 3065 girls and 3082 boys. Results indicate that negative factors in childhood as well as adolescent social relationships with family and peers, are linked to depression in young adulthood. Bullying in adolescence was the strongest risk factor for young adult depression. Results differ for gender. 9.8% of the cohort had been diagnosed with depression by the end of 2019, with 35.9% of parents diagnosed with a psychiatric condition. Higher rates of depression were seen for boys and girls with non-cohabiting parents in comparison to nuclear families, defined as a pair of adults and their socially recognised children. SES made little difference to girls: 7.4% of boys and 12.6% of girls from higher SES experienced depression in comparison to 6.5% boys and 12.6% girls in lower SES.

Commentary

This study recognises that social relationships within the family can act as a protective and a risk factor for depression in young adults. Family structure is not the cause of depression, but changes in family structure can impact on mental health. Spending time with family in childhood and adolescence acts as a protective factor for those experiencing loneliness, victimisation and bullying by peers. This study provides important messages for nurses working with children and families in acute, primary care and school settings. Nurses need skills and knowledge to recognise the signs and symptoms of low self-esteem, bullying, aggression, and victimisation and how their long-term consequences can contribute to depression ⁵.

Bullying is a public health, community and societal issue and nurses can have an impact at a number of levels: at a person level by role modelling kind, considerate behaviour when working with children, young people, and their families; at a local level by working with schools to develop policy for early recognition of bullying, implementing and embedding training to help teachers and parents recognise, report and appropriately deal with bullying while developing educational material for children which openly discusses bullying and helps children recognise how they can access help and support. Nurses can encourage and facilitate an open discussion about loneliness and bullying, while also ensuring that help and support for children experiencing bullying is easily accessible and that safe spaces to talk about bullying are available.

REFERENCES

1. Kehusmaa J, Ruotsalainen H, Mannikko N, Alakokkare A, Niemela M, Jaaskelainen E, Miettunen J. The association between the social environment of childhood and adolescence and depression in young adulthood – A prospective cohort study. 2022 J. Affect Disord. 305. 37-46. doi: 10.1016/j.jad.2022.02.067. Epub 2022 Feb 26
2. Kessler RC, Bromet EJ. The epidemiology of depression across cultures. 2013 Annu. Rev. Public Health 34, 119-138. DOI: [10.1146/annurev-publhealth-031912-114409](https://doi.org/10.1146/annurev-publhealth-031912-114409)
3. Malik F, Marwaha R. Development stages of social emotional development. 2018 Available from StatPearls Publishing Treasure Island. <https://europepmc.org/article/nbk/nbk534819#free-full-text> Accessed 24.5.2022.
4. McKay MT, Cannon M, Chambers D, Conroy RM, Coughlan H, Dodd P, Healy C, O'Donnell L, Clarke MC. Childhood trauma and adult mental disorder: a systematic review and meta-analysis of longitudinal cohort studies. 2021 Acta Psychiatr Scand. 143 (3) 189-205. DOI: [10.1111/acps.13268](https://doi.org/10.1111/acps.13268)
5. Wheeler JM, Ward C, Rebowe D. Bullying and Cyberbullying- Prevention in Schools. Position Statement [internet] National Association for School Nurses. 2018 Available from <https://www.nasn.org/nasn-resources/professional-practice-documents/position-statements/ps-bullying> Accessed 24.5.2022

Dr Anne Mills
Senior Academic
Bournemouth University,
Dept of Medical Sciences and Public Health,
Bournemouth, Dorset, BH8 8GP, UK
amills@bournemouth.ac.uk Tel:1202967389

Author: No Competing Interests