

An Investigation On The Treatment Effects On Adolescents Suffering From Depression And Anxiety

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ABSTRACT

With an emphasis on current research and evidence-based methods, this study examines the effectiveness of several treatment approaches for depressed and anxious adolescents. Problems with mental health, such as anxiety and depression, are common among teenagers and have a major influence on their emotional, social, and academic lives. Medication, lifestyle modifications, cognitive-behavioral therapy (CBT), interpersonal therapy (IPT), and other contemporary therapeutic techniques are reviewed in the research. The negative thinking patterns and behaviours linked to depression and anxiety may be effectively addressed with cognitive behavioural therapy (CBT), a goal-oriented, organised treatment. IPT has also shown promising results, especially in the management of depressive symptoms; it focuses on enhancing interpersonal interactions. For teens whose symptoms are very severe or long-lasting, pharmaceutical options such selective serotonin reuptake inhibitors (SSRIs) are examined. Medication may alleviate symptoms significantly, but it's important to watch out for adverse effects and tailor dosage to each patient. For patients with moderate to severe illnesses, the combination of medicine and psychotherapy may greatly improve treatment results. By fostering accepting communities and decreasing stigma, school-based treatments and peer support programmes amplify the positive effects of therapy. Adolescents suffering from anxiety and depression may find relief via a combination of medicine and therapy, but they can also benefit from making positive adjustments to their lifestyle and reaching out to friends and family for support. To provide complete care for teenagers dealing with these difficult mental health disorders, future studies should keep assessing and improving these treatments to make them more effective and easier to obtain.

KEYWORDS: Treatment Effects, Adolescents, Depression, Anxiety.

1. INTRODUCTION

There are major changes occurring on all levels of development throughout adolescence, from the physical to the emotional and psychological. Depression and anxiety, among other mental health disorders, often manifest for the first time at this time for many people. Depression affects up to 20% of teenagers and anxiety problems around 30% of the time, according to research. These diseases are common among teenagers. It is critical to have appropriate treatment techniques for these problems since they may greatly affect an adolescent's general health and development. Academic performance, social connections, and self-esteem may all take a hit when a teenager experiences chronic melancholy, lack of interest in activities, and interruptions in everyday functioning, all of which are symptoms of depression. Similarly, an adolescent's capacity to participate in typical activities and relish life might be hindered by anxiety disorders, which are marked by an overwhelming sense of dread, apprehension, or concern. There is an immediate need for effective therapeutic approaches since these diseases are linked to an increased risk of drug addiction, self-harm, and suicide thoughts. With an increasing amount of evidence supporting diverse therapy methods, the treatment landscape for teenage depression and anxiety has undergone a remarkable transformation. Anxiety and depression are two conditions that may benefit greatly from cognitive-behavioral treatment (CBT). The goal of cognitive behavioural therapy (CBT) is to help people who are experiencing emotional distress recognise and change unhelpful ways of thinking and behaving (Ames, 2023).

Research indicates that it alleviates symptoms by assisting teenagers in cultivating more positive ways of dealing with stress and solving problems. Another helpful treatment is interpersonal therapy (IPT), which focuses on improving social functioning and relationships; this may be especially helpful for teenagers who have problems interacting with others. For teenagers experiencing moderate to severe symptoms, psychotherapy is often combined with pharmacological therapies, especially SSRIs. With proper dosage and careful monitoring, selective serotonin reuptake inhibitors (SSRIs) help alleviate symptoms of depression and anxiety. In order to maximise therapeutic advantages while minimising unwanted effects, medicine and treatment are typically combined according to individual requirements. When it comes to treating depression and anxiety, it's important to include lifestyle improvements like getting enough sleep, maintaining a balanced diet, and being physically active on a regular basis with medication and psychotherapy. By creating a welcoming environment and decreasing stigma, school-based programmes and peer support efforts may increase the efficacy of therapy. By looking at current research and evidence-based practices, this study intends to assess and evaluate the efficacy

of several therapy methods for depressed and anxious teenagers. In order to optimise care and improve outcomes for this susceptible group, our research aims to assess the effects of various interventions (**Beck, 2020**).

2. BACKGROUND OF THE STUDY

Changes on many levels, including the physiological, psychological, and emotional, characterise the formative years of adolescence. As they grow from infancy into maturity, people go through a time of tremendous change. The development of mental health problems, including anxiety and sadness, is unfortunately more likely to occur at this time as well. More and more research is demonstrating the incidence and effect of these diseases on the lives of teenagers, and as a result, they are being acknowledged as major issues within this age range. Adolescents often struggle with mental health issues including depression and anxiety. Anxiety disorders affect over 32% of teenagers, and severe depressive episodes affect around 13% of them each year, according to research. Adolescents' academic performance, social relationships, and quality of life might be affected by the beginning of these diseases, which interrupt their developmental trajectory. Reduced academic performance, higher likelihood of drug misuse, and heightened vulnerability to self-harm are some of the significant difficulties that adolescents with untreated anxiety and depression often encounter. In addition, many people continue to struggle with mental health disorders well into adulthood, a testament to the long-term impact of these illnesses. Successful treatment approaches adapted to the specific requirements of teenagers are necessary to overcome these obstacles. With the availability of several evidence-based methods, the therapeutic landscape for addressing anxiety and depression in adolescents has undergone significant evolution. Among the many therapies that have received a great deal of attention and study, cognitive-behavioral therapy (CBT) stands out (**Birmaher, 2022**).

Cognitive behavioural therapy (CBT) aims to assist people in seeing and changing unhelpful ways of thinking and behaving that exacerbate their emotional suffering. Cognitive behavioural therapy (CBT) has an impressive track record of improving general functioning and reducing depressive and anxious symptoms by teaching better coping strategies and problem-solving abilities. Interpersonal therapy (IPT) is another powerful kind of treatment; it focuses on helping patients develop better communication and interpersonal abilities. When it comes to teenage relationships and social issues, IPT may be a lifesaver. Adolescents may benefit from IPT's emphasis on building support networks and fixing problems with social functioning as they deal with interpersonal difficulties and try to enhance their emotional health. When dealing with moderate to severe symptoms, pharmacological therapies, such as selective serotonin reuptake inhibitors (SSRIs), are often recommended for teenagers. SSRIs are effective in treating depression and anxiety because they raise brain serotonin levels. Although SSRIs have the potential to be helpful, it is important to closely observe their use in adolescents because of the possibility of adverse effects and the need for accurate dose (**Cuijpers, 2021**).

Modifying one's way of life is just as important as medicine and psychotherapy when it comes to controlling mental health issues like depression and anxiety. In addition to improving the efficacy of other therapies, maintaining a regular exercise routine, healthy eating habits, and sufficient sleep duration greatly contribute to general mental health. Adolescents may also benefit from school-based programmes and peer support initiatives, which are run by communities and schools. These programmes can help eliminate stigma and provide them access to extra resources for dealing with mental health difficulties. Improvements in therapy have not eliminated the need for continuous research into new and better therapeutic methods. Improving outcomes requires a deeper understanding of therapy repercussions across time, expanding access to care, and investigating personalised treatment approaches. This research is to contribute to the development of more successful and comprehensive care strategies for this vulnerable group by investigating the impact of various treatment modalities on teenagers suffering from depression and anxiety. The study helped optimise therapy and promote teenage mental health by looking at existing practices and finding areas that may be improved (**Hetrick, 2019**).

3. PURPOSE OF THE RESEARCH

The goal of this research is to find out which treatments work best for depressed and anxious teenagers. Understanding the best effective approaches for managing adolescent mental health difficulties is vital for improving outcomes and quality of life for affected people, since these illnesses are increasingly recognised as major public health concerns. To better understand how various therapeutic approaches, such as cognitive-behavioral therapy (CBT), interpersonal therapy (IPT), pharmaceutical treatments, and lifestyle interventions, help to alleviate symptoms and improve overall well-being in this age group, this study intends to investigate and analyse their effects. Adolescents' grades, friendships, and mental health may all take a hit when they suffer from depression and anxiety. Finding the right treatment methods is thus essential for creating focused therapies that can solve these problems entirely. The goal of this research is to determine which of many existing therapies is the most effective in meeting the requirements of adolescents in terms of symptom reduction, functional improvement, and developmental support. The research also intends to address voids in the existing literature by investigating potential synergistic effects of various therapeutic combinations and provide new insights into the efficacy of individual treatments. Clinicians, educators, and legislators may expect actionable suggestions for improving treatment for depressed and anxious teenagers based on an analysis of current data and evidence. The end objective is to help get a better grasp on how different therapy choices may be used to promote the mental health of teenagers. To make sure that teenagers get the best care possible for these difficult mental health issues, the results helped define best practices, enhance treatment methods, and direct future research in the area

4. LITERATURE REVIEW

Adolescent depression and anxiety therapy has been the subject of a great deal of study, with many studies examining the efficacy of different approaches. Adolescents often struggle with major depressive disorder (MDD) and anxiety, which may have a wide variety of symptoms and significantly impact their quality of life. It is important to identify and evaluate appropriate treatment options for these disorders since they are common among teens. Extensive research has shown that cognitive-behavioral therapy (CBT) is among the most effective treatments for anxiety and depression in adolescents. Cognitive behavioural therapy (CBT) aims to help people overcome emotional suffering by changing their negative thinking patterns and behaviours. Weisz et al. found that CBT significantly reduced depressed and anxious symptoms in teenagers by helping them acquire stronger coping strategies and problem-solving abilities. The cognitive distortions and behavioural difficulties linked to these illnesses may be effectively addressed by CBT due to its organised and goal-oriented character. Consistent with previous research, meta-analyses have shown that cognitive behavioural therapy (CBT) is effective in alleviating symptoms and improving overall functioning. Another well-respected method for dealing with depression in teenagers is interpersonal therapy, or IPT (**Hollon, 2020**).

Teens who are struggling socially may benefit greatly from IPT's focus on developing stronger connections and communication abilities. Specifically, Mufson et al. note that IPT aids depressed teenagers by guiding them through difficult social situations and helping them build stronger support networks. An attractive alternative for treating depression in the setting of interpersonal and social problems is interpersonal processing therapy (IPT), which has been shown to increase mood and interpersonal functioning. When teenagers have moderate to severe anxiety and depression, pharmacological treatments, such as selective serotonin reuptake inhibitors (SSRIs), are sometimes used with psychotherapy. A common mechanism by which SSRIs ease symptoms is by raising brain serotonin levels. In their extensive assessment of SSRIs, Hetrick et al. highlight that, despite their effectiveness, their usage requires close monitoring owing to possible adverse effects and the need for customised dosage. A more holistic approach to symptom management is generally achieved by combining medicine with psychotherapy, which often improves treatment results. When it comes to managing mental health issues like depression and anxiety, lifestyle modifications are just as important as medicine and psychotherapy. For optimal mental health, it is necessary to adhere to a regular exercise routine, consume a balanced diet, and get enough sleep. Mood and stress levels may be improved with lifestyle modifications, according to studies, which in turn improves treatment results. The best way to manage teenage depression and anxiety, according to the research, is with a combination of psychotherapy, medicine, behavioural modifications, and supportive surroundings. Nevertheless, further study is necessary to hone current methods and uncover novel techniques to enhance therapy results. Practitioners may improve their mental health treatment for teenagers as a whole and cater to their specific needs by using these results (**Klein, 2022**).

5. RESEARCH QUESTION

i) What are the effects of school-based mental health programs and peer support initiatives on the treatment outcomes for adolescents suffering from depression and anxiety?

6. METHODOLOGY

A cross-sectional investigation was carried out by the researchers, and the study was carried out by the researcher for a period of four months in order to collect the data. For the cross-sectional design to be implemented, it was necessary to gather data at a single moment in time, which was both efficient and inexpensive. China's many different organisations were responsible for carrying out the research. A technique that is quantitative was chosen by the researcher because of the restricted resources and the short amount of time available. Through the use of a random sampling process, each and every respondent was contacted for the survey. Following this, a sample size was determined using Rao Soft, and the total number of samples was 473. Individuals confined to wheelchairs or who are unable to read and write the survey questions read aloud by a researcher, who then records their answers word for word on the survey form. While participants waited to complete their surveys, the researcher informed them about the project and field any questions they may have. On occasion, it is asked that people finish and send back questionnaires simultaneously.

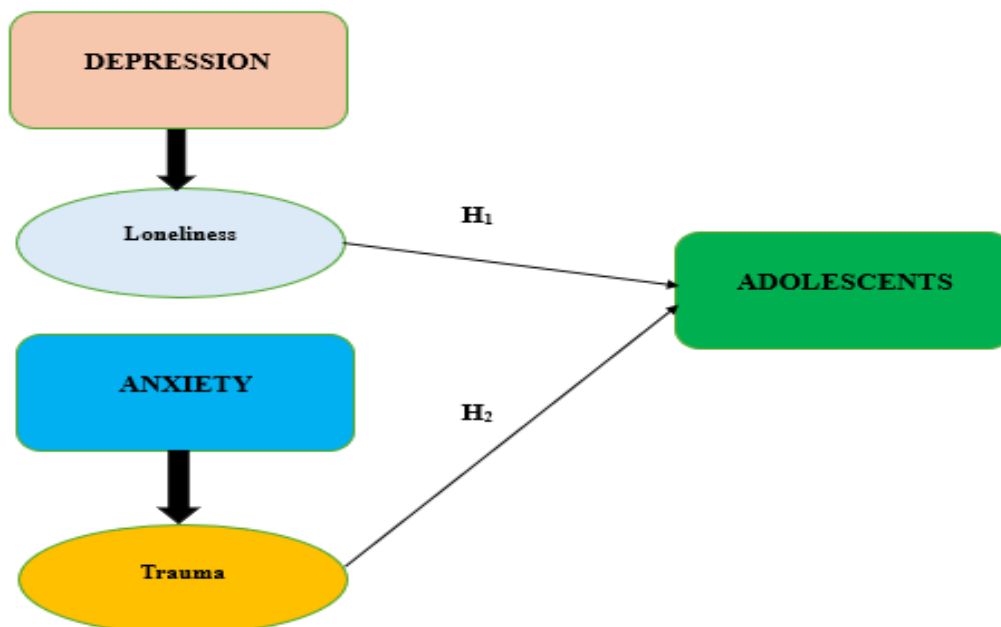
Sampling: Research participants filled out questionnaires to provide information for the research. Using the Rao-soft programme, researchers determined that there were 473 people in the research population, so researchers sent out 580 questionnaires. The researchers got 567 back, and the researcher excluded 67 due to incompleteness, so the researchers ended up with a sample size of 500.

Data and measurement: A questionnaire survey was used as the main source of information for the study (one-to-correspondence or Google-form survey). Two distinct sections of the questionnaire were administered: Both online and offline channels' (A) demographic information, and (B) replies to the factors on a 5-point Likert scale. Secondary data was gathered from a variety of sites, the majority of which were found online.

Statistical Software: SPSS 25 was used for statistical analysis.

Statistical tools: To get a feel for the data's foundational structure, a descriptive analysis was performed. A descriptive analysis was conducted to comprehend the fundamental characteristics of the data. Validity was tested through factor analysis and ANOVA.

6.1 CONCEPTUAL FRAMEWORK



7. RESULTS

Factor analysis (FA) is often used to validate the fundamental structure of a measurement battery. The following is the line of reasoning: These observed scores may be attributed to underlying or hidden traits. Modelling (FA) is the basis of accuracy analysis. The primary objective of this is to illustrate the correlation between data, unidentified factors, and the imprecision of measurements. The Kaiser-Meyer-Olkin (KMO) Test may be used to assess the appropriateness of data for factor analysis. Researchers confirm that there is a enough amount of data available for all variables in the model, as well as for the whole model itself. Researchers can determine the extent to which numerous independent variables have a common variance by examining the statistics. Factor analysis demonstrates strong performance when working with minuscule quantities. KMO outputs integers ranging from 0 to 1. Adequate sample size is determined by Kaiser-Meyer-Olkin (KMO) values ranging from 0.8 to 1.0. If the Kaiser-Meyer-Olkin (KMO) measure is below 0.6, the sample must be changed since it indicates inadequacy. Some writers use the value of 0.5 for this function, leaving a significant margin between it and 0.6. The acronym KMO stands for Knowledge Management Officer. A score around 0 indicates that partial correlations are more important than complete correlations. Once again, researchers have encountered a significant issue with component analysis: the presence of large-scale correlations. Here, researchers may see the minimum and maximum criteria set by Kaiser: Kaiser has established the following as its minimum and maximum prerequisites. A range of integers, namely between 0.050 and 0.059. Usually, it falls between the range of 0.80-0.89 on the middle school quality point scale, with a minimum range of 0.60-0.69. There is a broad spectrum of values seen between 0.90 and 1.00.

Table 1: KMO and Bartlett's Test^a

KMO and Bartlett's Test ^a		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.856
Bartlett's Test of Sphericity	Approx. Chi-Square	4759.175
	df	190
	Sig.	.000
a. Based on correlations		

In exploratory factor analysis (EFA), the first step is to check whether the data is suitable for factor analysis. According to Kaiser, factor analysis cannot be performed until the KMO (Kaiser-Meyer-Olkin) measure of sample adequacy coefficient value is more than 0.5. The Kaiser-Meyer-Olkin (KMO) test for sample adequacy is responsible for this. Based on the data that was used, this study produced a KMO value of .856. And according to Bartlett's test of sphericity, the significance level was found to be 0.00

TEST FOR HYPOTHESIS

Before discussing the idea with coworkers and doing experiments to see whether it holds water, scientific teams often make educated guesses or assumptions, known as hypotheses. In the scientific community, the first step in formulating a testable hypothesis is a thorough review of the relevant literature. This study's major premise was proven correct. A "hypothesis" is an assertion that offers a potential rationale for an observed occurrence. Some hypotheses were developed and evaluated to carry out an exhaustive inquiry.

❖ DEPENDENT VARIABLE

✚ ADOLESCENTS

People between the ages of 10 and 19 are considered adolescents because they are in the midst of the transition from childhood to adulthood. Puberty, cognitive growth, and the construction of one's identity are just a few of the major emotional, psychological, and physiological changes that occur during this time. In addition to beginning to develop their own set of core values and ideas, adolescents go through a period of fast physical and mental development. They may experience changes to their mental and emotional health as a result of managing more freedom and exploring relationships. For the purpose of offering suitable assistance and direction during this formative period of life, it is essential to have a firm grasp of adolescence.

❖ INDEPENDENT VARIABLE

✚ DEPRESSION

Moodiness, pessimism, and an inability to find joy in once pleasurable activities are hallmarks of depression, a psychiatric illness. Fatigue, changes in appetite, as well as sleep difficulties are some of the physical symptoms that may accompany its mental and behavioural effects. When depressed, it might be difficult to carry out daily tasks at work, in class, or in social settings. Multiple elements, including heredity, biology, psychology, and the environment, contribute to its development. To address the many parts of the condition and enhance general well-being, effective treatment usually combines medication with psychotherapy and lifestyle modifications.

✚ ANXIETY

Anxiety is a mental illness defined by excessive and persistent uneasiness, fear, or worry that may impact everyday functioning and other areas of life. Physical manifestations including racing heart, profuse perspiration, shakiness, and tense muscles are common. Anxiety disorders, such as panic attacks, social anxiety, as well as particular phobias, may develop for unknown reasons or in response to stressful situations. It has a major influence on quality of life and the capacity to handle daily activities. Anxiety disorders are best treated with a combination of talk therapy, medication, and behavioural modifications.

❖ FACTOR

✚ Loneliness

Isolation or disconnection from other people, regardless of one's social situation, may lead to the emotional pain known as loneliness. Feelings of profound loneliness and a lack of connection with others are hallmarks of this condition. Feelings of melancholy, despair, or anxiety may develop as a result of loneliness, which can originate from either real social exclusion or from a sense of disconnection within a group. Increasing one's social network, reaching out for help, and taking part in activities that cultivate meaningful relationships along with emotional health are common strategies for combating loneliness.

✚ Trauma

An individual's capacity to cope is overwhelmed by a traumatic experience, which is defined as a very upsetting or troubling event. Abuse of any kind, whether physical or mental, as well as accidents, natural catastrophes, and catastrophic loss may all contribute to this condition. Symptoms such as flashbacks, anxiety, despair, or trouble functioning might manifest in a person's physical, emotional, and mental health as a result of trauma. As well as having far-reaching consequences on a person's physical and mental health, traumatic experiences may shake their feeling of safety and security. To aid in the processing and recovery from traumatic events, effective treatment may include psychotherapy, support groups, along with other therapeutic approaches.

✚ RELATIONSHIP BETWEEN LONELINESS AND ADOLESCENTS

It affects their mental and psychological development, teenage loneliness is a major cause for worry. Individuals are more likely to experience emotions of loneliness throughout adolescence because of changes in social dynamics and self-identity. Having trouble establishing personal connections, being socially excluded, or moving on from friendships formed in childhood are all factors that may lead to feelings of loneliness. Depression and anxiety are mental health concerns that may be exacerbated by this emotional state. They have a negative impact on both academic achievement and general well-being. Fostering supportive social situations, encouraging healthy relationships, and offering mental health services are

all ways to combat teenage loneliness and assist young people overcome social obstacles and form meaningful relationships.

On the basis of the above discussion, the researcher formulated the following hypothesis, which was analysed the relationship between loneliness and adolescents.

H₀₁: “There is no significant relationship between loneliness and adolescents.”

H₁: “There is a significant relationship between loneliness and adolescents.”

Table 2: ANOVA(H₁)

ANOVA					
Sum					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	38516.620	337	4159.223	2821.318	.000
Within Groups	323.125	162	5.356		
Total	38839.745	499			

In this study, the result is significant. The value of F is 2821.318, which reaches significance with a p-value of .000 (which is less than the alpha level). This means the **“H₁: There is a significant relationship between loneliness and adolescents.”**

✚ RELATIONSHIP BETWEEN TRAUMA AND ADOLESCENTS

Adolescents are particularly vulnerable to the psychological and emotional effects of trauma. Traumatic stress disorder (PTSD), anxiety, sadness, and other mental health difficulties are common among adolescents who have experienced significant trauma, such as abuse, violence, or loss. Trauma is especially harmful at this developmental period because it interferes with the formation of identity and coping mechanisms. It has the potential to impact one's confidence, social life, and academic achievement. Adolescents who have experienced trauma might benefit from treatment, counselling, and the establishment of a secure, supportive environment. In order to aid teenagers in healing from trauma and developing appropriate coping strategies for dealing with emotional and psychological difficulties.

On the basis of the above discussion, the researcher formulated the following hypothesis, which was analysed the relationship between trauma and adolescents.

H₀₂: “There is no significant relationship between trauma and adolescents.”

H₂: “There is a significant relationship between trauma and adolescents.”

Table 3: ANOVA(H₂)

ANOVA					
Sum					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	40597.815	423	3143.117	2741.537	.000
Within Groups	762.443	76	5.356		
Total	41360.258	499			

In this study, the result is significant. The value of F is 2741.537, which reaches significance with a p-value of .000 (which is less than the alpha level). This means the **“H₂: There is a significant relationship between trauma and adolescents.”**

8. DISCUSSION

A multi-pronged strategy for treating depression and anxiety in teenagers has been uncovered via an analysis of treatment outcomes. Mental health disorders may have a major influence on social, intellectual, and emotional development throughout adolescence, a crucial phase of development. The most effective treatments often include both therapy approaches and medicines. When it comes to treating teenage anxiety and depression, cognitive-behavioral therapy (CBT) ranks high among the most researched and successful options. Through cognitive behavioural therapy (CBT), people are able to recognise and question destructive thinking patterns and learn more adaptive ways of coping. Also, important for teenagers is better communication, which may be addressed via family therapy and interpersonal therapy (IPT). In cases when symptoms are severe or do not respond to treatment alone, medication, such as SSRIs, may be administered. Medication, on the other hand, is often chosen only after a comprehensive review has taken place, because of the risks involved and the requirement of close monitoring. Mental health may be enhanced by making adjustments to one's lifestyle, such as engaging in regular physical exercise, maintaining a balanced diet, and getting enough sleep. Treatment may be further improved by participating in school-based programmes or peer support groups. For the best results in treating anxiety or depression in teenagers, it is best to use a multifaceted strategy that includes psychotherapy, medication

(if needed), and lifestyle modifications. This helped with their specific developmental requirements and promoted their overall health.

9. CONCLUSION

Ultimately, it is crucial to take a holistic and personalised approach when studying the efficacy of treatments for depressive and anxious teenagers. Interpersonal therapy (IPT) focuses on enhancing relationships and communication, while cognitive-behavioral therapy (CBT) helps teenagers learn to regulate and reframe negative thinking patterns. These two approaches commonly work together for effective treatment. There is strong evidence that these treatments can alleviate symptoms and improve coping mechanisms. When talking therapy doesn't work, SSRIs (selective serotonin reuptake inhibitors) could be an option; nevertheless, researchers have to watch out for their negative effects. Furthermore, it is essential to promote mental health and improve general well-being via lifestyle alterations including frequent exercise, a good diet, and appropriate sleep. Involving family members and making school and social circles supportive settings may also greatly improve treatment success. Ongoing support and stigma reduction may also be achieved via school-based programmes and peer support groups. When it comes to treating depression and anxiety in teenagers, it's crucial to have a comprehensive treatment plan that takes into account their unique requirements. This strategy should include psychotherapy, medication, lifestyle modifications, and supportive settings. To promote long-term behavioural wellness and resilience in this vulnerable group, treatment options should be continuously evaluated and adjusted for the greatest results.

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