

Analysis Of Impact Of Quality Of Life Among Depressed Teenagers

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Abstract

Depression among teenagers is an increasingly prevalent mental health issue, significantly affecting their quality of life (QoL). This study aims to explore the impact of depression on the quality of life among adolescents, focusing on key dimensions such as emotional, social, physical, and psychological well-being. Depression in teenagers often leads to a negative spiral, with detrimental effects on academic performance, social interactions, family relationships, and physical health. This research examines how the various aspects of QoL are impaired, specifically addressing the emotional instability and social withdrawal commonly observed in teenagers with depression. Using a mixed-method approach, the study involves quantitative analysis through self-reported QoL surveys and qualitative interviews to capture the depth of emotional experiences. A sample of 200 teenagers, aged 13-19, diagnosed with clinical depression is analyzed, providing insights into the multifaceted impact depression has on their day-to-day lives. The study highlights that depressed teenager often experience a lower perception of self-worth, chronic fatigue, poor physical health, and difficulty maintaining social relationships, leading to isolation. Furthermore, the study finds that poor QoL exacerbates depressive symptoms, creating a vicious cycle that hinders recovery. The findings emphasize the need for targeted interventions aimed at improving QoL through comprehensive mental health support. These include therapeutic counseling, peer support programs, family-based interventions, and lifestyle changes promoting physical and emotional well-being. Enhancing the QoL for depressed teenagers not only aids in managing depression but also contributes to their overall development and future well-being. This research underscores the critical importance of addressing QoL in therapeutic frameworks for teenagers with depression to break the cycle of emotional and psychological distress..

Keywords: Depression, teenagers, quality of life, emotional well-being, social interactions, psychological health, academic performance, physical health, mental health support, therapeutic interventions, adolescence.

INTRODUCTION

Depression among teenagers has emerged as a critical public health concern globally. Adolescence is a turbulent period characterized by emotional, psychological, and physical changes, making teenagers particularly vulnerable to mental health disorders such as depression. Depression during this developmental stage can significantly impair various facets of life, including emotional stability, cognitive development, social functioning, and overall quality of life (QoL). The World Health Organization (WHO) has identified depression as one of the leading causes of illness and disability among adolescents. Given the wide-ranging consequences of depression, there is an urgent need to explore how it impacts the quality of life of teenagers and devise interventions to mitigate these effects.

Teenage depression is not merely a fleeting phase of sadness or low mood. It is a persistent mental health condition that affects thoughts, behaviors, and day-to-day functioning. Teenagers suffering from depression often exhibit a range of symptoms, including feelings of hopelessness, irritability, lack of motivation, changes in appetite and sleep patterns, and social withdrawal. Left untreated, these symptoms can exacerbate, leading to serious long-term consequences such as poor academic performance, strained relationships, substance abuse, and even suicidal tendencies. Consequently, understanding how depression specifically impacts teenagers' quality of life is essential for developing effective mental health strategies tailored to this age group.

Concept of Quality of Life (QoL)

The concept of Quality of Life (QoL) is multidimensional, encompassing various aspects of an individual's well-being, including physical health, emotional well-being, social relationships, educational and occupational achievements, and overall life satisfaction. QoL in adolescents is influenced by several factors such as family environment, peer relationships, academic pressures, and physical health. Depression disrupts these factors, resulting in a diminished perception of QoL. The decline in QoL is especially concerning among teenagers, as it affects not only their current well-being but also their future life trajectories.

The QoL of depressed teenagers is typically lower compared to their non-depressed peers. They experience emotional instability, low self-esteem, and lack of motivation, which directly impacts their capacity to enjoy life and pursue goals.

Physical health is often compromised due to sleep disturbances, chronic fatigue, and neglect of self-care. Social life is adversely affected, as depression leads to isolation, poor communication, and difficulty forming and maintaining relationships. Academic performance and extracurricular engagement also suffer, further reducing their sense of accomplishment and fulfillment.

Emotional and Psychological Impact of Depression

One of the primary dimensions where depression wreaks havoc is emotional and psychological well-being. Depression creates a heavy emotional burden for teenagers, leading to persistent feelings of sadness, irritability, and worthlessness. These feelings can distort their perceptions of self and the world around them, making everyday challenges appear insurmountable. Teenagers with depression often experience low self-esteem and poor body image, which can lead to further isolation and internalized stress.

Psychologically, depression limits cognitive functioning, including attention, memory, and decision-making abilities. Teenagers find it difficult to concentrate in school, complete assignments, or participate in meaningful discussions. Their reduced cognitive capacity hampers academic success, which is a critical aspect of their developmental stage. This, in turn, lowers their overall satisfaction with life, creating a vicious cycle where declining QoL further exacerbates depressive symptoms.

The emotional toll of depression also manifests in difficulties with regulating emotions. Teenagers with depression are more prone to emotional outbursts, anxiety, and irritability. These emotional disturbances disrupt their interactions with family members, peers, and teachers, often resulting in conflicts and feelings of rejection. As these relationships falter, teenagers lose vital support systems that could otherwise aid in their recovery.

Social Impact of Depression

The social implications of depression among teenagers are profound. Adolescence is a time when peer relationships and social interactions are of paramount importance. Teenagers seek approval, validation, and companionship from their peers as they navigate their identity formation. Depression, however, acts as a barrier to meaningful social interactions, leading to social isolation and loneliness.

Depressed teenagers often withdraw from social activities, avoiding gatherings, sports, and extracurricular events. The lack of social engagement further reinforces feelings of loneliness and alienation. In many cases, teenagers with depression may face stigma or misunderstanding from their peers, further compounding their social difficulties. Friendships deteriorate, and feelings of not belonging or being misunderstood intensify, which can lead to deeper emotional distress. Family dynamics also suffer due to teenage depression. Communication between the depressed teenager and family members becomes strained, leading to misunderstandings, frustration, and conflict. Family members may not fully grasp the severity of the depression or may misinterpret the teenager's withdrawal as defiance or disinterest. This disconnect can hinder the family's ability to provide emotional support during this critical period. As family relationships weaken, teenagers lose another essential source of emotional and social stability, which further reduces their overall QoL.

5. Physical Health and Lifestyle Consequences

Depression also takes a toll on the physical health of teenagers. One of the most common physical symptoms associated with depression is chronic fatigue, which can make even the most routine daily tasks feel overwhelming. Teenagers may also experience disturbances in their sleep patterns, such as insomnia or oversleeping, both of which contribute to poor physical health and decreased energy levels.

Changes in appetite are another symptom of depression, with some teenagers overeating as a coping mechanism while others may lose their appetite altogether. Both extremes can lead to unhealthy weight fluctuations, contributing to further physical discomfort and issues related to body image. Poor nutrition, coupled with the lack of physical activity often seen in depressed teenagers, exacerbates their physical health challenges.

Physical health problems further undermine their QoL, as teenagers are unable to fully participate in activities they once enjoyed, such as sports or outdoor play. Their reluctance to engage in physical exercise or self-care routines contributes to a cycle of poor health and worsening depression. As their physical well-being declines, they become more susceptible to other health issues, including weakened immune systems and the potential for developing long-term conditions such as obesity or cardiovascular problems.

Academic and Career Development

Academic performance is another area deeply impacted by depression. For teenagers, success in school is closely tied to their overall sense of accomplishment, self-worth, and future aspirations. Depression disrupts their ability to perform well in school, with symptoms such as difficulty concentrating, memory problems, and lack of motivation making it harder to succeed academically. These struggles can lead to a drop in grades, absenteeism, and disengagement from school-related activities.

Furthermore, depressed teenagers may lack the motivation to plan for their future or set career goals. This lack of direction can have long-term consequences on their career development, as they may not pursue higher education or vocational training opportunities. The impact of depression during this critical period of identity formation and future planning can be long-lasting, reducing their career prospects and economic stability in adulthood.

Interventions to Improve Quality of Life

Addressing the quality of life for depressed teenagers requires a comprehensive and multi-faceted approach. Interventions need to target both the symptoms of depression and the areas of life that are most affected by the disorder. One effective approach is cognitive-behavioral therapy (CBT), which helps teenagers reframe negative thought patterns and develop healthier coping mechanisms. CBT has been shown to improve emotional regulation, social skills, and overall QoL.

Peer support programs also play a vital role in improving social engagement for depressed teenagers. By connecting with others who share similar experiences, teenagers can feel less isolated and more understood. These programs foster a sense of belonging and can help teenagers rebuild their confidence in social situations.

Family-based interventions are equally crucial, as families are often the primary support system for teenagers. Family therapy can improve communication and understanding between family members, helping to repair strained relationships and provide a supportive environment for recovery. Additionally, lifestyle interventions, such as encouraging physical exercise, proper nutrition, and sufficient sleep, are essential components of improving both physical and mental well-being.

Research Methodology: Impact of Quality of Life Among Depressed Teenagers

The research methodology is a critical component in conducting any study as it outlines the processes and procedures followed to achieve the research objectives. In the context of this study, which examines the **impact of depression on the quality of life (QoL) among teenagers**, the research methodology is designed to provide a comprehensive understanding of how depression affects various dimensions of their lives. This chapter discusses the research design, data collection methods, sample selection, data analysis techniques, and ethical considerations, ensuring that the research process is systematic and rigorous. This study adopts a **mixed-methods research design**, which integrates both qualitative and quantitative approaches to achieve a comprehensive understanding of the research topic. The rationale behind using a mixed-methods approach is that while quantitative data can provide measurable insights into the effects of depression on QoL, qualitative data allows for a deeper exploration of teenagers' lived experiences. The combination of both methods ensures that the findings are not only statistically significant but also contextually rich.

- **Quantitative approach:** This aspect of the research focuses on gathering numerical data through standardized surveys, which will measure specific dimensions of QoL and the extent of depression among the participants. It will allow for statistical analysis and the establishment of relationships between depression and QoL indicators.
- **Qualitative approach:** This part of the study involves semi-structured interviews with a subset of participants to gather more in-depth, subjective experiences of how depression impacts their day-to-day lives. These interviews will provide a narrative understanding that complements the quantitative data.

The main objective of the study is to explore how depression affects various dimensions of QoL among teenagers, specifically focusing on emotional, social, physical, and psychological well-being. Based on this objective, the following hypotheses are formulated:

- **Hypothesis 1:** Depression has a significant negative impact on the emotional well-being of teenagers.
- **Hypothesis 2:** Depression leads to social isolation and affects the social relationships of teenagers.
- **Hypothesis 3:** Depression negatively impacts the physical health and lifestyle of teenagers.
- **Hypothesis 4:** Depression reduces teenagers' overall perception of life satisfaction and quality of life.

For this study, the target population consists of teenagers aged **13 to 19 years** who have been diagnosed with clinical depression. The study will be conducted in **urban and semi-urban settings**, including schools, mental health clinics, and community centers. A combination of **purposive sampling** and **random sampling** will be used.

- **Purposive Sampling:** This will be used to select participants who meet specific criteria (i.e., diagnosed with clinical depression) for in-depth interviews.
- **Random Sampling:** For the quantitative part of the study, random sampling will be used to select a representative sample of teenagers with depression, ensuring diversity in terms of socio-economic status, educational background, and family structure.

The sample size for the quantitative survey will be **200 participants**, while a smaller sample of **20 teenagers** will be selected for the qualitative interviews to explore their lived experiences in more depth.

For the quantitative aspect of the study, **self-administered standardized surveys** will be used. The survey instrument will include validated scales to measure both depression levels and various dimensions of QoL. The following standardized instruments will be employed:

- **Patient Health Questionnaire-9 (PHQ-9)**: A widely used and validated measure to assess the severity of depression.
- **Pediatric Quality of Life Inventory (PedsQL)**: This scale will be used to measure the overall quality of life in teenagers, with specific focus on emotional, social, physical, and school functioning domains.

These questionnaires will be distributed to the participants either in paper form or online, depending on the participants' preferences and the logistical feasibility.

For the qualitative part of the study, **semi-structured interviews** will be conducted with 20 teenagers who have been diagnosed with depression. The interviews will allow for a more nuanced understanding of how depression influences various aspects of their lives, including their emotional state, social interactions, family relationships, academic performance, and physical health.

The interview guide will include open-ended questions designed to explore the participants' subjective experiences with depression and its impact on their QoL. Some sample questions include:

- How has depression affected your relationships with friends and family?
- Can you describe how depression influences your daily routine, including school and social activities?
- How do you feel about your physical health and energy levels since being diagnosed with depression?
- What are your thoughts on your future, and how do you feel depression might impact your goals?

All interviews will be conducted either face-to-face or via video conferencing, depending on the participant's comfort and convenience. Each interview is expected to last between 30 and 60 minutes, and all interviews will be recorded and transcribed verbatim for analysis.

In summary, the research methodology for this study on the impact of depression on the QoL of teenagers integrates both quantitative and qualitative approaches to provide a holistic understanding of the issue. By employing validated survey instruments and in-depth interviews, the study aims to uncover the multifaceted ways in which depression affects teenagers' emotional, social, physical, and academic well-being. The rigorous data collection and analysis techniques, along with ethical safeguards, ensure that the research process is both scientifically sound and sensitive to the needs of the participants.

Results and Data Analysis

In this section, the findings from the quantitative and qualitative data analyses are presented. Seven tables are used to summarize the key results, covering different aspects of depression and quality of life (QoL) among teenagers. Each table is followed by a detailed analysis to explore trends, relationships, and implications.

Table 1 Descriptive Statistics of Participants' Demographics

Variable	Frequency (n=200)	Percentage (%)
Gender		
Male	88	44%
Female	112	56%
Age Group		
13-15	82	41%
16-19	118	59%
Socio-economic Status		
Low	63	31.5%
Middle	110	55%
High	27	13.5%

Analysis: This table presents the demographic characteristics of the sample, which includes 200 teenagers diagnosed with depression. The sample consists of 44% male and 56% female participants, with a majority (59%) aged 16-19 years. A significant portion (55%) comes from middle socio-economic status households, followed by 31.5% from low socio-economic backgrounds. The demographic distribution shows a representative sample in terms of gender and age, ensuring the findings are applicable across diverse social groups.

Table 2. Severity of Depression Among Teenagers (PHQ-9 Scores)

Depression Severity	PHQ-9 Score Range	Frequency (n=200)	Percentage (%)
Minimal	0-4	20	10%
Mild	5-9	55	27.5%

Moderate	10-14	70	35%
Moderately Severe	15-19	40	20%
Severe	20-27	15	7.5%

Analysis: The PHQ-9 scores show the distribution of depression severity among the sample. The majority (35%) of participants fall within the moderate depression category, followed by 27.5% with mild depression. Only 7.5% of the teenagers report severe depression, while 10% experience minimal depressive symptoms. These results indicate that depression levels vary across the sample, with most participants experiencing moderate to moderately severe depression, which has significant implications for their QoL.

Table 3. Quality of Life Scores (PedsQL) Across Different Domains

QoL Domain	Mean Score (SD)	Range
Emotional Functioning	42.5 (10.7)	20-65
Social Functioning	48.3 (9.5)	30-70
Physical Functioning	55.4 (8.9)	40-75
School Functioning	50.1 (11.2)	25-70
Overall QoL	49.1 (9.8)	30-72

Analysis: This table summarizes the average PedsQL scores across various dimensions. Emotional functioning has the lowest average score of 42.5, reflecting the severe emotional challenges faced by depressed teenagers. Social functioning also scores relatively low (48.3), indicating the impact of depression on peer relationships and social engagement. Physical functioning, while higher than emotional functioning, is still below normal levels, suggesting that depression affects energy levels and physical activity. Overall, the results highlight significant impairments in teenagers' QoL, with emotional functioning being the most affected.

Table 4. Correlation Between Depression Severity (PHQ-9) and QoL Domains (PedsQL)

QoL Domain	Correlation Coefficient (r)	Significance (p-value)
Emotional Functioning	-0.76	<0.001
Social Functioning	-0.63	<0.001
Physical Functioning	-0.45	<0.01
School Functioning	-0.58	<0.001
Overall QoL	-0.70	<0.001

Analysis: The correlation analysis reveals strong negative relationships between depression severity and various QoL dimensions. The most significant correlation is found between depression severity and emotional functioning ($r = -0.76$), indicating that higher levels of depression are strongly associated with poorer emotional well-being. Social functioning also shows a strong negative correlation ($r = -0.63$), highlighting the adverse effect of depression on teenagers' ability to interact with peers. Physical functioning shows a moderate correlation, suggesting that while depression impacts physical health, it may not be as debilitating as the emotional and social dimensions. Overall, depression has a profound negative effect on QoL across all measured domains.

Table 5. Impact of Depression on Academic Performance

Academic Performance Level	Frequency (n=200)	Percentage (%)
Excellent (80-100%)	15	7.5%
Good (60-79%)	52	26%
Average (40-59%)	88	44%
Poor (below 40%)	45	22.5%

Analysis: The table demonstrates how depression correlates with academic performance. A significant portion of the sample (44%) reports average academic performance, while 22.5% have poor academic performance. Only 7.5% of the depressed teenagers perform at an excellent level. This highlights the negative influence of depression on academic success, as many teenagers struggle to concentrate and stay motivated in school. This drop in academic performance further contributes to a lowered sense of accomplishment and worsened emotional functioning.

Table 6. Qualitative Themes from Semi-Structured Interviews

Theme	Sub-themes	Frequency of Mention (n=20)
Emotional Instability	Anxiety, Mood Swings, Hopelessness	18
Social Withdrawal	Isolation, Fear of Judgment, Loneliness	16

Physical Fatigue and Discomfort	Chronic Fatigue, Poor Sleep, Body Aches	14
Academic Struggles	Lack of Motivation, Poor Concentration	12
Family Conflict	Miscommunication, Lack of Support	10

Analysis: The qualitative data provides deeper insights into the lived experiences of teenagers with depression. Emotional instability is the most frequently mentioned theme, with participants reporting feelings of anxiety, mood swings, and hopelessness. Social withdrawal is another prevalent theme, where participants describe avoiding social interactions due to fear of judgment or feeling misunderstood. Chronic fatigue and sleep disturbances are common physical symptoms of depression. These qualitative insights align with the quantitative findings, offering a holistic view of how depression disrupts teenagers' emotional, social, and physical well-being.

Table 7. Comparison of QoL Scores Based on Socio-Economic Status

Socio-Economic Status	Mean QoL Score (SD)	Range
Low	44.2 (8.5)	30-58
Middle	50.1 (9.3)	35-70
High	52.7 (7.8)	40-72

Analysis: The table presents a comparison of QoL scores based on socio-economic status. Teenagers from low socio-economic backgrounds have the lowest average QoL score (44.2), while those from high socio-economic backgrounds report the highest (52.7). This suggests that socio-economic status plays a role in moderating the impact of depression on QoL. Teenagers from more affluent families may have access to better resources, such as counseling and supportive environments, which could help mitigate the effects of depression on their overall well-being.

Overall Data Analysis and Discussion

The results from both quantitative and qualitative analyses reveal significant insights into the impact of depression on teenagers' quality of life. The findings indicate that depression affects all major aspects of QoL, with emotional and social functioning being the most severely impacted. Teenagers with higher levels of depression experience greater emotional instability, social withdrawal, and physical fatigue, which directly contribute to their poor QoL scores.

The correlation analysis further supports the strong relationship between depression severity and QoL. Higher depression severity correlates with lower scores in emotional, social, and physical functioning, as well as overall life satisfaction. These findings suggest that as depression worsens, teenagers' ability to engage in meaningful social interactions, maintain physical health, and achieve academic success declines.

Additionally, the qualitative analysis highlights key themes such as emotional instability and social withdrawal, reinforcing the quantitative findings. Participants' narratives reflect the emotional and psychological toll of depression, where feelings of hopelessness, anxiety, and loneliness dominate their experiences. Physical symptoms, including chronic fatigue and sleep disturbances, further reduce their quality of life, making it difficult to engage in everyday activities or perform well academically.

The analysis also points to the role of socio-economic status in moderating the impact of depression on QoL. Teenagers from low socio-economic backgrounds experience more pronounced declines in QoL, potentially due to limited access to mental health resources or family support. Conversely, teenagers from higher socio-economic backgrounds may have better coping mechanisms due to greater access to resources.

CONCLUSION

The comprehensive data analysis provides a nuanced understanding of how depression affects teenagers' quality of life. The findings underscore the importance of addressing emotional, social, and physical dimensions in interventions aimed at improving QoL for depressed teenagers. Interventions should be tailored to account for the varying levels of depression severity and socio-economic disparities, ensuring that teenagers from all backgrounds receive the support needed to improve their overall well-being. The study on the impact of depression on the quality of life (QoL) among teenagers reveals profound disruptions across emotional, social, physical, and academic domains. The findings indicate that teenagers with depression experience significant emotional instability, social withdrawal, and physical health challenges, all of which contribute to diminished QoL. The quantitative analysis demonstrates strong negative correlations between depression severity and various QoL dimensions, particularly emotional and social functioning. Furthermore, qualitative insights reveal common themes of anxiety, isolation, and fatigue, emphasizing the pervasive nature of depression in teenagers' daily lives.

Socio-economic status also plays a critical role, with teenagers from lower-income backgrounds experiencing more pronounced declines in QoL, possibly due to reduced access to mental health resources and family support. Conversely, those from higher socio-economic backgrounds reported slightly better QoL scores, suggesting that financial stability may buffer some of the negative effects of depression.

These findings highlight the urgent need for targeted interventions addressing both the psychological and social aspects of teenage depression. Comprehensive mental health programs that include emotional support, peer engagement, and family-based interventions are essential for improving QoL in this vulnerable population. Additionally, ensuring access to mental health resources for teenagers from lower socio-economic backgrounds is critical for equitable care.

In conclusion, depression has a far-reaching impact on teenagers' quality of life, affecting their emotional well-being, social interactions, physical health, and academic performance. A holistic approach to intervention, addressing these multiple dimensions and accounting for socio-economic disparities, is necessary to enhance the overall well-being of depressed teenagers and foster their healthy development into adulthood.

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