

DEPRESSION IN ADOLESCENTS AND PSYCHOLOGICAL FACTORS

Muedin Kahveci, Derya Bolcal, Ilhan Çelik page 47-60

ABSTRACT

The adolescence period, which is the period after childhood, is when the individual experiences rapid physical and mental changes. Adolescents are trying to adapt to the changes they have experienced, to their environment and family. With the effect of adolescence, his voice, appearance, and sexual difference change. It gets out of concrete periods and gains an abstract point of view. During this period, the adolescent attaches importance to his independence and freedom and falls into depression when he does not receive sufficient support from the family or society. During this period, the adolescent is to create his own identity. His ideas are changing daily, and he is constantly searching for discovery. This situation mentally exhausts the adolescent himself and shows depressive symptoms. Adolescence consists of three phases: early, middle, and late adolescence. (Koç, 2004). Adolescents are in rapid growth. Early adolescence covers the ages of 12-14. In the process of sexual development, girls begin earlier than boys; these developmental processes are positively affected by boys, while girls suffer from eating disorders and depression due to low self-perception.

Keywords: depression, adolescence, psychological factors.

Asst. Prof. Dr. Muedin Kahveci

International Vision University, Gostivar, N.Macedonia

e-mail: muhittin.kahveci@vision.edu.mk

Mrs. Derya Bolcal, PhD Candidate

International Vision University, Gostivar, N.Macedonia

e-mail: Derya_1913@hotmail.com

Ilhan Çelik, PhD Candidate

International Vision University, Gostivar, N.Macedonia

e-mail: ilhan.celik@vision.edu.mk

UDK:
159.922.8:616.895.4

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WHAT IS ADOLESCENCE?

Adolescence is a period of physical, mental, and social-emotional changes that start at the age of 9-11 and continue until the age of 17-18. Anxiety and stress occur in adolescents due to the changes experienced during adolescence. This state of anxiety and stress emerges from different reactions in male and female adolescents (Sayıl, Yılmaz and Uçanok 2002). Changes in adolescence and psychological and biological developments also affect the psychological development process of the adolescent. Erikson explains adolescence as a period in which the adolescent begins to search for identity due to the changes he experiences (Erikson 1965). Adolescence, which is the period after childhood, is a period in which the individual experiences rapid physical and mental changes. During this period, the adolescent tries to adapt to the rapidly changing, developing himself and the elements such as family and society in which he lives. The most significant changes in adolescence occur at the beginning of the adolescence period. Along with the physical transformation of the adolescent, his voice, face, and gender characteristics also change. This change progresses differently in boys and girls. In comparison, girls' fat tissue increases boys' muscle ratio increases. These changes in the bodies of adolescents cause anxiety in adolescents. Based on these concerns, adolescents experience physical and psychological problems (Yöndem and Güler 2007). Adolescence has developmental goals. There are several developmental stages for the adolescent to complete this process of change and adaptation. This situation is also explained as the adolescent's search for identity, finding his identity, and transitioning to the adulthood process (Bacanlı 2000, Erden, Münire and Akman 1998). These are;

1. Adapting to the rapidly developing and changing proportions of the body,
2. Being able to gain a foothold in peers,
3. Choosing a profession and preparing for it,
4. Gaining economic independence,
5. Being independent of family,
6. Reaching adult social status,
7. Preparing to get married and start a family,
8. Creating a sense of personal worth along with an appropriate philosophy of life.

Adolescents first try to adapt to their changing bodies during adolescence. The circle of friends has an important place in the adolescent's life. Ergen wants to be liked and noticed by his friends. Individuals seeking independence experience conflicts with their families. She wants to earn her economic freedom, independent from her family. He is to reach adulthood and establish a separate family with value judgments. In this way, the adolescent completes himself and gains his identity (Ercan 2001).

Adolescence consists of three phases: early youth, middle adolescence, and late adolescence (Koç 2004). Early adolescence covers the ages of 12-14. Adolescents are in rapid growth. In the process of sexual development, girls begin earlier than boys; these developmental processes are positively affected by boys, while girls suffer from eating disorders and depression due to low self-perception. Adolescents are busy with their bodies and perceive their sexual identity due to the developmental cycle experienced in this process. Again, the circle of friends gains importance in this period (Derman 2008). Middle adolescence is the period that covers the ages of 15-17. During this period, independence is very important for the adolescent. There is a conflict between the adolescents who want their autonomy and their parents. In middle adolescence, the individual moves to the abstract stage and makes generalizations. The sexual identity, which starts with early adolescence, develops during this period (Parlaz et al. 2012). Late adolescence covers the ages of 18-21. In this period, the adolescent has completed his search for identity and has drawn his path in social relations and academic terms. Identity confusion can be seen in adolescents who cannot search for identity. On the other hand, the abstract period gets completed, and adolescents have reached the maturity to plan for the future (Derman 2008).

During adolescence, the adolescent discovers new feelings and thoughts psychologically as well as changes physically. While trying to adapt to his changing body, he starts to look at the world from a different perspective, as an idea and spirit. At this point, the adolescent encounters some psychological factors. These conditions cause psychological disorders.

PSYCHOLOGICAL FACTORS IN ADOLESCENCE

Adolescence is a period in which the personality and life of the adolescent change and innovations experience. In this period, adolescents have the feeling of making decisions about their future and realizing their goals. The effort of the adolescent to reach the goals of identity development causes mental problems such as anxiety, stress, and depression (Andersen and Teicher 2008, Davey, Yücel and Allen 2008). Adolescents who gain the perception of abstract operations can make evaluations of their past life and make plans for their future goals (Davey, Yücel and Allen 2008). It has been explained that factors affect the adolescent's emotional problems during the dynamic change and developmental stages. Although there is emotional development during adolescence, emotional fluctuations experience due to the ongoing developmental processes of the adolescent. This situation affects the social relations of the adolescent. Cases such as excessive daydreaming, being uneasy and embarrassed, wanting to be alone, and not wanting to take responsibility are the forms of emotion experienced by the adolescent.

The adolescent's age, the family's attitude towards the behavior, and feelings of the adolescent, on the other hand, whether the adolescent continues his education or not affects this situation. In addition, mental distress is related to the adolescent's intelligence and social acceptance (Koç 2004). In the case of items, these factors are explained as follows:

- Adolescent's educational continuity,
- Adolescent's age group,
- Adolescent's differences,
- Social acceptance,
- Attitudes of the adolescent's family.

The changes brought about by adolescence cause psychological disorders in adolescents. Situations such as the individual differences of the adolescent, the way he perceives the world, or the support he receives from his family affect the psychological process of this period and the adolescent's self-development. Adolescents face several psychological disorders due to the negative impact of their psychology during adolescence. Depression is one of these disorders.

DEPRESSION

The concept of depression is the slowing down of ideas, speech, and behaviors of the individual in a state of being very sad, the feeling of numbness, worthlessness, and hopeless feelings affecting and slowing down the physiological behavior of the individual. In addition, depression is the most common disorder among conduct disorders (Pınar and Tel 2012, Vardar and Erzengin 2011). Depression, which includes the symptoms of sadness, pessimism, weakness, reluctance, and slowness of movement in the individual, is one of the most talked-about issues in the mental health process in recent years.

Many factors cause depression, one of which is explained as stress. Living under pressure or being associated with factors that cause stress triggers depression as well as causes physiological disorders. Stress is a concept that we encounter in every aspect of the day.

Many definitions of stress were in the studies carried out. The Dictionary of Spiritual Sciences defines stress as "the state of the response of an organism to the conditions it has to overcome. It is associated with protecting one's physical and mental health..." (Erkuş 1994). Daily life is a state of being physically and mentally hectic and nervous in the face of events that one knows, can always do, or does not know what to do. In this case, it causes depression in the person.

Depression is the most common psychiatric disorder. Depression, which means collapsing as a word, is explained as a momentary mood and illness in adapting to Turkish. In the DSM, the American Psychiatric Association classification unit, depression has subgroups. Depression does not refer to a single disease; there are multiple types of depression as a subgroup (Savrun 1999).

DSM- 5 DIAGNOSTIC CRITERIA FOR DEPRESSION DISORDERS

- Disruptive Mood Dysregulation Disorder,
- Major (Major) Depression Disorder,
- Ongoing Depressive Disorder (Dysthymia),
- Premenstrual (Premenstrual) Dysphoria Disorder,

- Substance/Drug-induced Depression Disorder,
- Depression Disorder Due to Another Health Condition,
- Another Unspecified Depression Disorder,
- Categorized as Unspecified Depression Disorder (Öner 2015).

As a result of the researches, depressive symptoms have been detected in children and adolescents since the 17th century. Before the 1960s, researchers believed that depression could not occur because the child's superego did not develop. Thought this view changed in the fourth congress of the European Pedopsychiatric Association held in Stockholm in 1970. This congress determined that depressive disorders caused a significant part of the psychiatric disorders encountered in children and adolescents. Criteria for its detection developed and described its symptoms in the DSM (Tamar and Özbaran 2004).

Adolescent depression symptoms are explained in DSM-5, which states that these diagnostic criteria can be diagnosed by reducing mood such as depression and restlessness in two weeks and meeting at least five of the bars in DSM-5.

DSM-5 DIAGNOSTIC CRITERIA FOR ADOLESCENT DEPRESSION

- Significant weight loss or decreased appetite (weight loss up to 5% of the total weight in 1 month),
- Inability to sleep to oversleep,
- Psychomotor agitation or regression,
- Fatigue and loss of energy,
- Feelings of worthlessness or guilt,
- Decreased concentration and indecision,
- Recurring thoughts about death and suicide

The symptoms mentioned above have been determined as the diagnostic criteria for adolescent depression. Since the adolescence period, in which the individual is in the developmental process, is a psychologically sensitive period, the adolescent needs to come out of this process with healthy psychology. On the other hand, it is important to additional diagnoses to these diagnostic criteria in DSM-5. These;

- Constant unhappiness and restless mood,
- Ongoing and unclear physical complaints,
- Often absenteeism from school and decline in academic achievement,
- Boredom,
- Alcohol and substance use,
- Increasing restless, angry, and hostile attitude,
- Careless behavior.

Depression during this period affects the individual's choices, development, and social relations. In addition, the depressive disorder experienced by the adolescent is important because it will affect the individual's environment and society. If at least five of the symptoms of depression observes as a result of adolescent psychological disorders, it recommends seeking support from specialists.

CAUSES OF DEPRESSION IN ADOLESCENTS

Some factors affect the adolescent psychologically and cause depression during adolescence. These factors are explained as items. These;

- Genetic model,
- Environmental factors,
- Biological factors,
- Neuroendocrine changes in childhood,
- Growth hormone,
- Psychological factors (Weller and Weller 1990).

As mentioned above, many factors affect the emergence of depression in adolescents. The genetic predisposition of the adolescent is one of them. The propensity in the adolescent's parental psychopathology paves the way for depression. On the other hand, familial problems, lack of support from family, and poor socioeconomic conditions trigger adolescent depression (Parker and Roy 2001).

It is possible for the depression experienced by the adolescent to occur even though it is not a psychosocial problem. In the emergence of depression, environmental factors are effective, as well as genetic and biological factors. As in mania and recurrent depressive disorders, there

is also a trigger point for biological factors in the depression process. A genetic predisposition in these types of depression increases the risk of developing depression two to three times.

As a result of the studies, it has been determined that depression occurs in cases of depression and insufficient neuroplasticity capacity of the brain. Neuroplasticity is explained in the part of adaptation to life in the central system of the brain. This system includes the brain's forgetting, learning, and remembering abilities. The central system in the brain needs to continue throughout life, and it needs to adapt. This inadequacy is associated with the emergence of depression. This situation is also explained as a cause of depression in adolescence.

In addition to the abovementioned factors, adolescent stress is explained as causing depression. By definition, stress is the factor that reduces the adaptive mechanisms in the organism to dangerous situations. Experts call these factors stressors. Stress is called cognitive, physiological, and behavioral responses that result from these factors disrupting the organism's balance (Baltaş 1984). Some factors cause stress during adolescence. Stress factors affect the adolescent; developmental tasks, relations with family, relations with friends, problems arising from education life, death of a loved one, health problems, and problems related to sexuality. If these stress factors do not exceed, depression occurs in adolescents (Oral 1994, McNamara 2000, Kulaksızoğlu 2001, Jose and Huntsinger 2005). On the other hand, it has been stated that adolescents show discomfort, such as headaches and stomachaches, when they are under stress (Kenny 2000).

Several social and social responsibilities are imposed on adolescents by age and gender during adolescence. There are rules in the house that must follow. In this period, the adolescent who is very fond of his independence and individuality, these rules are hard to come by, and he has conflicts with his family because of these rules. Adolescents, who pass into the abstract period in cognitive development, begin to perceive events from different aspects. On the other hand, the physical changes brought about by the adolescence period cause discontent in the adolescent. It takes time for the adolescent to adapt to these changes and accept himself, which causes the development of depression in the adolescent. Depression

symptoms in adolescents are not as pronounced as in adults. With the process brought by the adolescence period, the adolescent's mood is constantly changing, which causes the adolescent to experience depression. In this process, he thinks that no one understands him, and he drags himself into loneliness. Adolescents may not be as expressive of sadness as adults, but depressed attitudes and general dissatisfied behaviors and feelings dominate. (npistanbul.com).

The symptoms of depression during adolescence can change from day to day. These symptoms are different for everyone; not all signs occur simultaneously. The important point for diagnosing depression is that it disrupts the adolescent's functioning and harmony. Some symptoms of adolescents with depression are very important. For example, if the adolescent has thoughts of death, his family and environment should consider the situation, and the adolescent should seek support from experts related to this issue. Having a history of violence, alcohol, and abuse in the adolescent's family who shows symptoms of depression also carries a risk of suicide. Early diagnosis is important for adolescent depression. If depression in adolescence is not treated, the adolescent's academic success, social relations deterioration, and serious problems such as alcohol, cigarette use, and even suicide are encountered. The importance of the family in the treatment process, supporting the adolescent, and being with him is very important. Collaboration with family specialists is important for completing the process and getting results. Individual psychotherapy, family therapy, and drug therapy are used in the treatment process. (drsecilgassaloglu.com).

CONCLUSION

Since adolescence is a process of adaptation to change, adolescents may experience adaptation-related problems. In this process, the adolescent seeks to complete the formation of identity. Risk factors causing depression in adolescence; genetic model, environmental factors, biological factors, neuroendocrine changes in childhood, and growth hormones are psychological factors. The concept of depression is explained as the slowing down of ideas, speech, and behaviors of the individual in a state of being very sad, the feeling of numbness, worthlessness, and hopeless feelings affecting and slowing down the physiological behavior of the individual. The DSM describes adolescent depressive symptoms.

Depression is diagnosed in adolescents if at least five of them are seen: Significant weight loss or decreased appetite (weight loss up to 5% of the total weight in 1 month). Fatigue and loss of energy. Inability to sleep or hypersomnia. Psychomotor agitation or regression. Feelings of worthlessness or guilt. Decreased concentration and indecisiveness. Repetition of death and suicide.

Early diagnosis in adolescence is especially important if there is a psychopathological life history in the family and if the adolescent has suicidal behaviors. The progression of depression leads to psychological and biological problems in adolescents. Adolescents' depression affects both themselves and their environment. Family support is very important in the treatment process. Collaboration with family specialists is important for completing the process and getting results. Individual psychotherapy, family therapy, and drug therapy are used in the treatment process.

REFERENCES

1. Alisinanoğlu, F. (2002). Gençlik Dönemi Özellikleri ve Genç Anne-Baba İletişimi. *Eğitim ve Bilim*, 27(123).
2. Andersen, S.L. & Teicher, M.H. (2008). Stress, sensitive periods and maturational events in adolescent depression. *Trends in Neurosciences*, 31(4), 183–191. <https://doi.org/10.1016/j.tins.2008.01.004>.
3. Bacanlı, H. (2000). Eğitim Psikolojisi, Ankara: Alkım Yayınevi.
4. Baltaş, Z. (1984). Kavram Olarak Stres. *Pedagoji Dergisi*, 2,15-27. İstanbul: Edebiyat Fakültesi Matbaası.
5. Baltes, P.B. (1987). Theoretical Propositions Of Life-Span Developmental Psychology: On The Dynamics Between Growth And Decline. *Developmental Psychology*. 23, (5), 611-626.
6. Bayhan, P., & Işıtan, A. G. S. (2010). Ergenlik Döneminde İlişkiler: Akran ve Romantik İlişkilere Genel Bakış. *Sosyal Politika Çalışmaları Dergisi*, 20(20), 33-44.
7. Binbay, Z. (2011). Major Depresyonu Olan Hastaların Birinci Dereceden Yakınlarında Depresyon Varlığının Araştırılması, Stresle Başa Çıkma Yöntemleri, Mizaç ve Karakter Özellikleri. Maltepe Üniversitesi Tıp Fakültesi Psikiyatri Anabilim Dalı, Ruh Sağlığı ve Hastalıkları Uzmanlık Tezi, İstanbul
8. Binici, Z. (2018). *Ebeveyn Tutum Biçimlerinin 11-18 Yaş Aralığındaki Ergenlerin Depresyon, Kaygı ve Kendilik Alguları Üzerine Etkileri* (Master's Thesis, Sosyal Bilimler Enstitüsü). Klinik Psikoloji Anabilim Dalı, Yüksek Lisans Tezi, İstanbul.
9. Davey, C.G., Yücel, M. & Allen, N.B. (2008). The emergence of depression in adolescence: Development of the prefrontal cortex and the representation of reward. *Neuroscience Biobehavioral Reviews*, 32(1), 1-19.
10. Derman, O. (2008). Ergenlerde Psikososyal Gelişim. *Adolesan Sağlığı Sempozyum Dizisi*, 63(1), 19-21.
11. Ercan, L. (2001). Ergenlik Döneminde Rehberlik ve Psikolojik Danışma Hizmetleri. *Kastamonu Eğitim Dergisi*, 9(2), 47-58.

12. Erden, Minure ve Y. Akman. (1998). Gelişim ve Öğrenme-öğretme psikolojisi, Ankara: Arkadaş Yayınları.
13. Erikson EK (1965) Psychoanalysis and ongoing history: problems of identity, hatred and nonviolence. *Am J Psychiatry*, 122: 241-253.
14. Erkuş, A. (1994). Psikolojik Terimler Sözlüğü. Ankara: Doruk Yayınları.
15. Eryılmaz, A. (2009). Ergenlik Döneminde Stres ve Başa Çıkma (Ss. 20-37). *Yüzüncü Yıl Üniversitesi Eğitim Fakültesi Dergisi*, 6(2), 20-37.
16. Işık E., Işık U., Taner Y. (2013), Çocuk, Ergen, Erişkin ve Yaşlılarda Depresif ve Bipolar Bozukluklar; Ziraat Gurup Matbaacılık, Ankara.
17. Jose, P.E., & Huntsinger, C.S. (2005). Moderation And Mediation Mffects Of Coping By Chinese American And European American Adolescents. *Journal of Genetic Psychology*, 166, 1, 16-43.
18. Kenny, D.T. (2000). Psychological Foundations Of Stress And Coping: A Developmental Perspective. *Stress and Health: Research and Clinical Applicaitons*. Amsterdam: Gordan Breach/Harwood Academic Publishers.
19. Koç, M. (2004). Gelişim Psikolojisi Açısından Ergenlik Dönemi ve Genel Özellikleri, *Erciyes Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*, Kayseri, 17, 231-256.
20. Kulaksızoğlu, A. (2001). Ergenlik Psikolojisi. İstanbul: Remzi Kitabevi.
21. McNamara, S. (2000). *Stress In Young People: Waht's New And What Can We Do?.* London: Continuum International Publishing Group.
22. Koç, M. (2004). Gelişim Psikolojisi Açısından Ergenlik Dönemi ve Genel Özellikleri. *Erciyes Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*, 1(17), 231-238.

23. Oral, A. (1994). Sources Of Stres And Coping Strategies During Adolescence. Yayınlanmamış Yüksek Lisans Tezi. Ankara: ODTÜ Sosyal Bilimler Enstitüsü.
24. Öner, K. (2015). *Lise Öğrencisi Ergenlerde Depresyon, İnternet Bağımlılığı ve İlişkili Faktörler* (Master's Thesis, Adnan Menderes Üniversitesi, Sağlık Bilimleri Enstitüsü). Ruh Sağlığı ve Hastalıkları Hemşireliği Anabilim Dalı, Yüksek Lisans Tezi, Aydın.
25. Özer, D., Kocabıyık, A., Girgin, V., & Demiraslan, P. (2002). Ergenlerde Depresyon: Epidemiyoloji, Klinik Görünüm, Komorbidite, Seyir, Komplikasyonlar. *Düşünen Adam*, 15(2), 90-96.
26. Özmen, D. M. (1999). Depresyonun Psikoterapisi. *İçinde: Depresyon, Somatizasyon ve Psikiyatrik Aciller*. Ed: Eker E, İstanbul Üniversitesi. Cerrahpaşa Tıp Fakültesi Sürekli Eğitimi Komisyonu Yayını, İstanbul, 17, 121-131.
27. Öztürk O., Uluşahin A., (2008). Ruh Sağlığı ve Bozuklukları, yenilenmiş 11. Baskı, cilt 1, Ankara.
28. Parker G, Roy K (2001) Adolescent depression: a review. *Aust NZJ Psychiatry*, 35:572.
29. Parlaz, E. A., Tekgül, N., Karademirci, E., & Öngel, K. (2012). Ergenlik Dönemi: Fiziksel Büyüme, Psikolojik ve Sosyal Gelişim Süreci. *Turkish Family Physician*, 3(2), 10-16.
30. Parman, T. (1998). Ergenlik ve Psikanaliz. *Klinik Psikiyatri Dergisi*, 1(2), 73-82.
31. Pınar ŞE, Tel H. (2012) Depresyon tanılı birey ve hemşirelik yaklaşımı. *Psikiyatri Hemşireliği Dergisi*; 3(2): 86-91.
32. Savrun (1999). BM. Depresyonun tanımı ve epidemiyolojisi. İstanbul Üniversitesi Cerrahpaşa Tıp Fakültesi Sürekli Tıp Eğitimi Etkinlikleri, Depresyon, Somatizasyon ve Psikiyatrik Aciller Sempozyumu, İstanbul: 1999. s. 11-17.
33. Sayıl, M., Yılmaz A., ve Uçanok, Z. (2002). Ergenlikte Geçiflte Bilgilendirilenin Ergenin Bilgi Düzeyi ve Benlik Algısına Etkisi, *Türk Psikoloji Dergisi*, 17 (50), 47- 58.

34. Tamar, M., & Özbaran, B. (2004). Çocuk ve Ergenlerde Depresyon. *Klinik Psikiyatri*, 2(1), 84-92.
35. Taşğın, E., & Çetin, Ç. F. (2006). Ergenlerde Major Depresyon: Risk Etkenleri, Koruyucu Etkenler ve Dayanırlılık. *Çocuk ve Gençlik Ruh Sağlığı Dergisi*, 13(2), 87-93.
36. Uğurlu, S. (2017). *Geç Ergenlik Döneminde Depresyon Tanısı Almış Bireylerin Çocukluk Çağı Travması, Pozitif ve Negatif Düşünce Tekrarı İnanışları Açısından Değerlendirilmesi* (Master's Thesis, Sosyal Bilimler Enstitüsü). Klinik Psikoloji Anabilim Dalı, Yüksek Lisans Tezi, İstanbul.
37. Vardar, E., & Erzenin, M. (2011). Ergenlerde Yeme Bozukluklarının Yaygınlığı ve Psikiyatrik Eş Tanıları İki Aşamalı Toplum Merkezli Bir Çalışma [Ergenlerde yeme bozuklukları (YB) ve eşlik eden psikiyatrik bozuklukların yaygınlığı: İki aşamalı toplum temelli bir çalışma]. *Türk Psikiyatri Dergisi*, 22 (4), 205–212.
38. Weller EB, Weller EA (1990) Depressive disorders in children and adolescents. *Psychiatric Disorders in Children and Adolescents*, BD Garfinkel, GA Carlson, EB Weller (Ed), Philadelphia, WB Saunders Company, s.3-20.
39. Yöndem, Z. ve Güler, S (2007), “Ergenlik ve Cinsel Sağlık Eğitimi il İlgili Grup Rehberliğinin 6. Sınıf Öğrencilerinin Bilgi ve Tutumlarına Etkisi”, *İlköğretim Online* 6 (1):2-10. [Online]: <http://ilkogretim-online.org.tr>.

References from web paqes

40. <https://npistanbul.com/cocuk-ergen-psikiyatrisi/ergenlerde-depresyon>, (Erişim Tarihi: 20.06.2022).
41. <https://drsecilgassaloglu.com/yaz%C4%B1lar/%C3%A7ocuk-ve-ergenlerde-depresyon.html>, (Erişim Tarihi: 20.06.2022).