

ANXIETY AND DEPRESSION IN YOUNG ADULTS

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Abstract

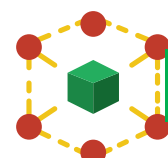
Anxiety and depression have become one of the defining health concerns for people in their late teens and twenties. This narrative review pulls together recent survey data, global estimates and research reviews to describe how common these conditions are among young adults, what may be behind the rise, and why so many people go without care. In the United States, about one in three adults aged 18 to 25 had a mental illness in 2024, the highest share of any adult age group, and young adults were far more likely than older adults to report serious thoughts of suicide. Global estimates suggest that depression and anxiety rose by more than a quarter in 2020, with younger people affected more than older ones. Research on social media points to small-to-moderate associations rather than proven causes. There is some encouraging news, because national data show declines among young adults between 2021 and 2025, but nearly half of adults with a mental illness still receive no treatment. Early recognition, easier access to care and realistic expectations about technology are the most practical ways forward.

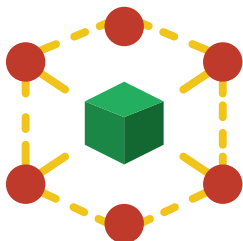
Keywords: *anxiety; depression; young adults; mental health; social media; COVID-19; treatment gap; prevention*

1. Introduction

Picture a 22-year-old in the final year of a degree. Grades are fine, friends are around, nothing dramatic has happened. Yet mornings feel heavy, sleep is patchy, and a vague dread follows every message left unanswered. This person is a composite, not a real case, but many readers will recognise the picture. It is the everyday face of anxiety and depression in young adulthood: often quiet, often hidden, and easy to dismiss as “just stress.”

Headlines say that anxiety and depression are now common in young adults, and the numbers support the claim, although the full story is more mixed than the headlines suggest. This article looks at how widespread these conditions really are, what the research says about possible causes, why many





young people are never treated, and what appears to help. Most of the detailed data come from the United States, where national surveys are large and regular, and global figures are used where they exist. The review is narrative rather than systematic, so the sources were chosen for their quality and relevance and not through an exhaustive search.

2. How Common Is It, Really?

The best recent numbers come from the National Survey on Drug Use and Health (NSDUH), a large annual US survey. In 2024, about one third of adults aged 18 to 25 (33.2%, or 11.6 million people) had experienced a mental illness in the past year, compared with 23.4% of all adults (SAMHSA, 2025). Averaged over 2022 to 2024, the pattern by age is striking: roughly 34% of 18- to 25-year-olds, 30% of those aged 26 to 49 and 14% of people over 50 (Figure 1; SAMHSA, 2025b). Mental illness, in this survey, covers any diagnosable mental, behavioural or emotional disorder, so it is wider than anxiety and depression alone, but these two conditions make up a large part of it.

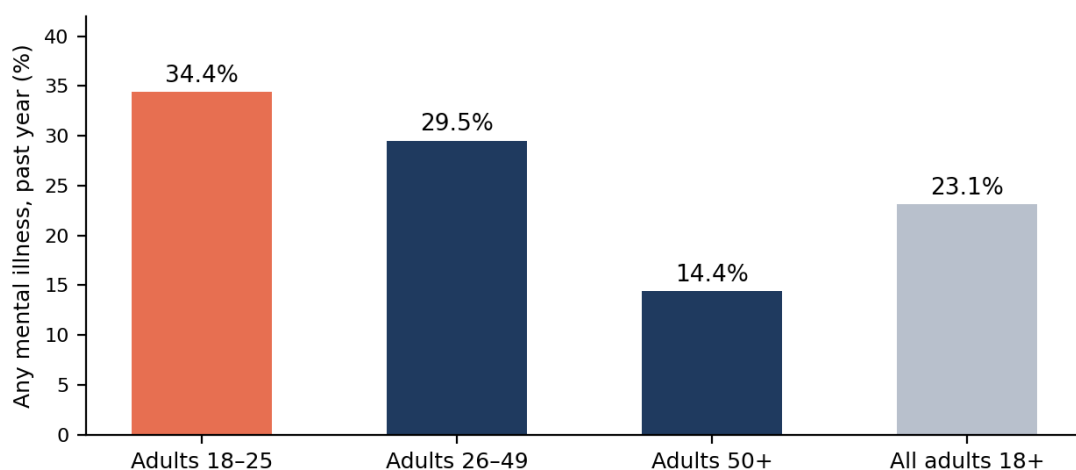
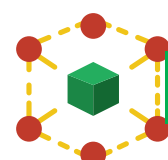


Figure 1. Share of US adults with any mental illness in the past year, by age group (2022–2024 annual averages). Source: SAMHSA (2025b).

Depression shows the same age gradient. In the 2021 survey, 18.6% of adults aged 18 to 25 had a major depressive episode in the past year, more than double the 8.3% seen among all adults (NIMH, 2023). Suicidal thoughts follow suit: 12.8% of young adults reported serious thoughts of suicide in the past year, against 5.2% of adults overall, and after adjustment for other factors the odds were about 5.5 times higher than for people aged 50 or older (SAMHSA, 2025b). Table 1 gathers the main figures.



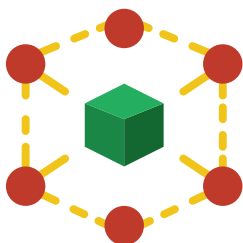


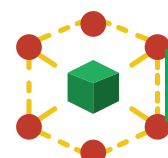
Table 1. Key mental-health figures for young adults (US, NSDUH)

Indicator	Young adults 18–25	Comparison
Any mental illness, past year (2024)	33.2% (11.6 million)	23.4% of all adults
Serious mental illness, past year (2024)	9.4% (3.3 million)	12.0% in 2021
Major depressive episode (2021)	18.6%	8.3% of all adults
Serious thoughts of suicide (2022–2024)	12.8%	5.2% of all adults
Adults with any mental illness who received treatment (2024)	—	52.1% (all adults)

Now for the part that rarely makes the headlines. Serious mental illness among young adults fell from 12.0% in 2021 to 9.4% in 2024, and among adolescents the rate of major depressive episodes dropped from 20.8% to 15.4% over the same period (SAMHSA, 2025a). The 2025 survey, released in July 2026, reported further declines among 18- to 25-year-olds in depressive episodes, any mental illness and serious mental illness (SAMHSA, 2026). So the fairest summary is that anxiety and depression are common, were unusually high in the early 2020s, and may now be easing. Even so, a rate of one in three is not a reason to relax.

3. What Might Be Driving the Rise?

No single cause explains it, and anyone offering one should be treated with caution. The evidence is strongest for the pandemic. A global analysis covering 204 countries estimated that in 2020 cases of major depression rose by 27.6% (an extra 53.2 million) and anxiety disorders by 25.6% (an extra 76.2 million), with women and younger people affected more than men and older groups (COVID-19 Mental Disorders Collaborators, 2021). Closed schools and campuses, lost jobs and weeks of isolation hit people at an age when friendships, study and first jobs are being built (Figure 2A).



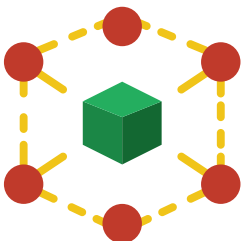
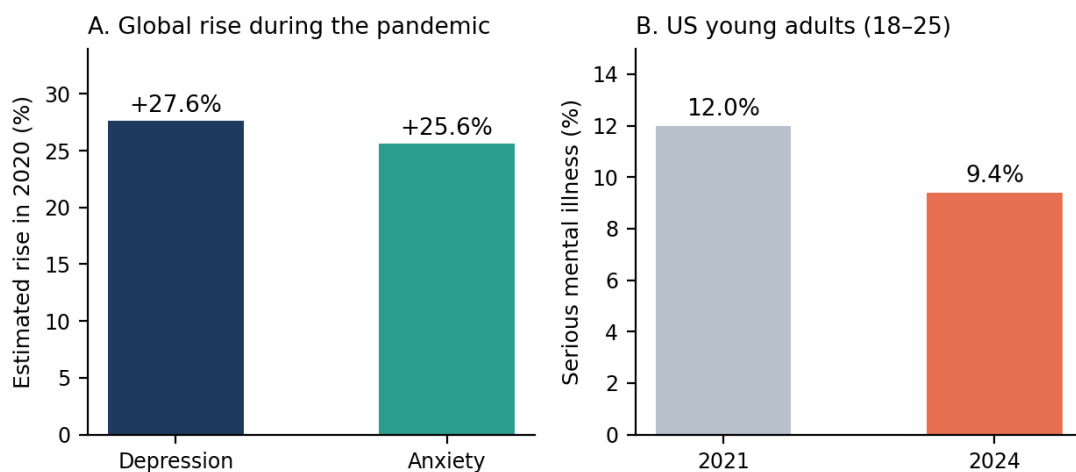


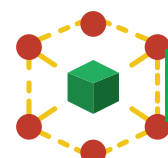
Figure 2. (A) Estimated global rise in depression and anxiety in 2020 due to the pandemic (COVID-19 Mental Disorders Collaborators, 2021). (B) Serious mental illness among US adults aged 18–25 (SAMHSA, 2025a).

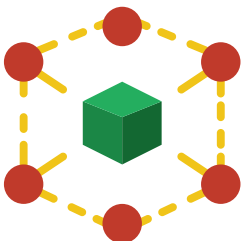
Social media is the most debated suspect. Large reviews do find links. A meta-analysis of 98 studies found small but significant associations between social media use and both depression and anxiety, and “problematic” use, the compulsive, can’t-put-it-down kind, was also tied to poorer sleep (Ahmed et al., 2024). Another analysis of 18 studies put the correlation for problematic use at about 0.27 for depression and 0.35 for anxiety (Shannon et al., 2022). Yet a scoping review of 140 studies noted that almost all examined association rather than cause, and that depression may itself lead to more social media use, not just the reverse. Shorter, purposeful use appeared to go with better mood (Hilty et al., 2023). In other words, the screen may be part of the picture without being the whole picture.

Other pressures are widely discussed, including money worries, an unpredictable job market, loneliness and the strain of life transitions, although they are harder to measure and fewer large studies isolate their effect. Substance use also travels with poor mental health: in 2021, 13.5% of young adults had both a substance use disorder and a mental illness (SAMHSA, 2022). Table 2 summarises how strong the evidence looks for each factor.

Table 2. Possible contributors and how strong the evidence looks

Factor	What the research shows	Strength of evidence
Pandemic disruption	Global rise of about 26–28% in depression and anxiety in 2020; younger people more affected	Strong for a short-term rise





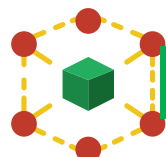
Factor	What the research shows	Strength of evidence
Social media use	Small associations overall; stronger for problematic use; direction of cause unclear	Mixed, mostly correlational
Poor sleep	Linked with problematic social media use and with worse mood	Moderate, associational
Substance use	13.5% of young adults had both a substance use disorder and a mental illness (2021)	Strong association
Money, work and loneliness	Frequently discussed pressures of early adulthood	Plausible; less directly measured

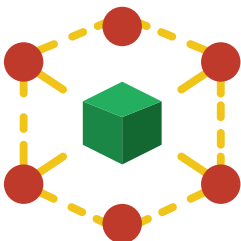
4. Telling Stress From Something More

Everyone feels low or tense sometimes. The difference lies in how long it lasts and how much it gets in the way. Surveys such as the NSDUH describe a major depressive episode as a period of at least two weeks with a persistent low mood or loss of interest, together with problems such as disrupted sleep, appetite or concentration (NIMH, 2023). Anxiety tends to show up as constant worry, restlessness or physical symptoms. The two often overlap, which is part of why they are so often discussed together. Table 3 lists some common signs.

Table 3. Common signs of depression and anxiety

More typical of depression	More typical of anxiety	Often seen in both
Persistent low or empty mood	Constant, hard-to-control worry	Trouble sleeping
Loss of interest in usual activities	Racing heart, tight chest, shaking	Difficulty concentrating





More typical of depression	More typical of anxiety	Often seen in both
Feelings of worthlessness or guilt	Avoiding situations that cause fear	Tiredness and low energy
Changes in appetite or weight	Feeling on edge or unable to relax	Pulling away from friends

If any of these signs last for weeks, get worse, or include thoughts of self-harm, it is time to talk to a doctor, counsellor or someone trusted. Anyone in immediate danger should contact local emergency services or a crisis line in their country right away.

5. The Treatment Gap

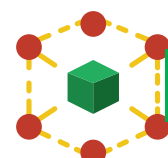
Recognising a problem is only the first step, and the second is often the harder one. In 2024, 52.1% of US adults with a mental illness received any treatment in the past year, which means almost half did not (SAMHSA, 2025a). The 2025 figure was similar at 50.9% (SAMHSA, 2026). Young adults have historically been among the least likely to get care: the 2021 survey found that, despite having the highest rate of serious mental illness, people aged 18 to 25 had the lowest treatment rate of any adult age group (SAMHSA, 2022).

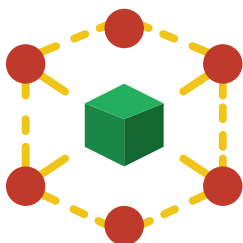
The reasons are easy to guess and familiar from everyday life: cost, long waiting lists, stigma, not knowing where to start, and the sense that “it’s not bad enough yet.” Young adults also sit in an awkward gap between child and adult services, and many are moving between cities, universities and jobs, which makes continuity of care difficult.

6. What Seems to Help

The good news is that both conditions are treatable. Talking therapies such as cognitive behavioural therapy and, where appropriate, medication are established first-line options, and many people recover or manage symptoms well (NIMH, 2023). In the NSDUH, two thirds of adults who considered themselves to have had a mental health issue said they were in recovery or had recovered (SAMHSA, 2025a).

Beyond formal treatment, several practical steps are reasonable. Protecting sleep, staying physically active and keeping real-world friendships going all support mood. On the digital side, the research hints that shorter and more purposeful use is better than long, passive scrolling (Hilty et al., 2023),





though no one should pretend that a simple screen-time limit is a cure. At the system level, universities, employers and primary-care clinics can make it easier to ask for help by offering quick screening, short waiting times and low-cost counselling. Friends and family matter too: asking “how are you really?” and listening without rushing to fix things costs nothing.

7. Limits of the Evidence

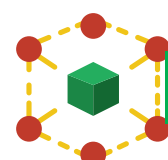
A few cautions apply. Most figures here are from the United States, and the picture may differ elsewhere. The surveys rely on self-report, and definitions change between studies, so numbers are not always comparable. The NIMH has noted that more than half of the selected 2021 NSDUH sample did not complete the interview, and people with depression may be over-represented among those who did not (NIMH, 2023). And because most social media research is correlational, it cannot say whether screens cause distress, distress drives screen use, or both.

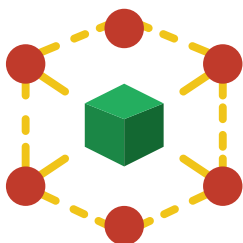
8. Conclusion

Anxiety and depression are common among young adults, and the data confirm it: about one in three US adults aged 18 to 25 had a mental illness in 2024, and global estimates show a sharp pandemic-era jump. At the same time, recent surveys offer cautious hope, with several indicators for young adults moving downward since 2021. The causes are layered, and the evidence points to a mix of pandemic disruption, sleep, substance use, social pressures and possibly technology rather than any single culprit. What is clear is the gap between need and care. Closing it will take earlier recognition, easier and cheaper access, and a willingness among all of us to treat mental health as seriously as we treat a broken bone.

References

- Ahmed, O., Walsh, E. I., Dawel, A., Alateeq, K., Espinoza Oyarce, D. A., & Cherbuin, N. (2024). Social media use, mental health and sleep: A systematic review with meta-analyses. *Journal of Affective Disorders*, 367, 701–712.
- COVID-19 Mental Disorders Collaborators. (2021). Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. *The Lancet*, 398(10312), 1700–1712. [https://doi.org/10.1016/S0140-6736\(21\)02143-7](https://doi.org/10.1016/S0140-6736(21)02143-7)
- Hilty, D. M., Stubbe, D., McKean, A. J., et al. (2023). A scoping review of social media in child, adolescents and young adults: Research findings in depression, anxiety and other clinical challenges. *BJPsych Open*. <https://doi.org/10.1192/bjo.2023.523>
- National Institute of Mental Health. (2023). Major depression: Prevalence statistics (2021 NSDUH data). <https://www.nimh.nih.gov/health/statistics/major-depression>





- Shannon, H., Bush, K., Villeneuve, P. J., Hellemans, K. G. C., & Guimond, S. (2022). Problematic social media use in adolescents and young adults: Systematic review and meta-analysis. *JMIR Mental Health*, 9(4), e33450. <https://doi.org/10.2196/33450>
- Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health. SAMHSA.
- Substance Abuse and Mental Health Services Administration. (2025a). Annual National Survey on Drug Use and Health, 2024: Results and press release (July 2025). <https://www.samhsa.gov/newsroom/press-announcements/20250728/samhsa-releases-annual-national-survey-on-drug-use-and-health>
- Substance Abuse and Mental Health Services Administration. (2025b). Any mental illness or serious thoughts of suicide in the past year among adults. *NSDUH Population Statistics Reports*, Vol. 1, No. 5 (September 2025).
- Substance Abuse and Mental Health Services Administration. (2026). Annual National Survey on Drug Use and Health, 2025: Press release (July 27, 2026). <https://www.samhsa.gov/newsroom/press-announcements/20260727/samhsa-releases-annual-national-survey-on-drug-use-and-health>

