

Review Paper

A Systematic Review on The Prevalence and Risk Factors of Depression among Chinese Undergraduate Students

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Abstract: This review focuses on the prevalence of depression and its associated risk factors among Chinese undergraduates, particularly examining the impacts of the COVID-19 pandemic on their mental health. The aim is to deepen the understanding of depression's prevalence and risk factors within this group, providing a robust reference for future studies and interventions. A comprehensive search and review were conducted on 1,198 documents from CNKI, Web of Science, Scopus, and other relevant databases. The selection process involved deduplication, preliminary evaluation, and a thorough full-text review, culminating in 75 documents that adhered to rigorous analytical standards, including the detailed reporting of depression data, the use of standardized depression scale assessments, and focusing on ordinary Chinese undergraduates. The analysis identified 70 risk factors for depression, confirming that the prevalence of depression among these students is influenced by a complex interplay of sociodemographic, psychological, health status, and personal lifestyle factors. The review also highlights several methodological flaws in previous studies, such as simplified research methods and outdated references. The study underscores the need for future research to consider the impact of different cultural backgrounds on depression, to employ longitudinal studies to establish causal relationships, and to use theoretical frameworks to conduct more systematic and detailed analyses. These steps will enhance the understanding and development of effective interventions for improving the mental health of Chinese undergraduates in a post-pandemic context.

Keywords: Depression; Chinese undergraduate students; COVID-19; prevalence; mental health

Introduction

Depression is recognized as a prevalent mental disorder both in China and worldwide, contributing significantly to disability and recurrence rates, and in severe cases, it can detrimentally affect an individual's life (Dwyer et al., 2020; Oyetunji et al., 2023; Santomauro et al., 2021). People suffering from recurrent depression often experience memory or motor dysfunctions, emotional regulation impairment, and cognitive deficits, which can lead to severe disability and a significant economic burden on society (Beurel et al., 2020). The prevalence of depression among Chinese undergraduate students (USs) has increasingly attracted attention, with reports indicating that one in three USs will experience severe symptoms of depression or anxiety that significantly interfere with their everyday life (Akeman et al., 2020). Such symptoms have a substantial negative impact on USs' physical and mental health, and if left untreated, depression can lead to serious functional and developmental consequences and may signal a risk of other illnesses and suicide (X. Liu et al., 2023; Moitra et al., 2021).

Since the outbreak of COVID-19, there have been severe psychopathological effects, with the pandemic significantly accelerating the deterioration of mental health and increasing psychological distress (Çol et al., 2023; Zamberi et al., 2023). Psychoanalysts believe that pandemics affect all areas of people's lives and activate primitive human defences, further complicating mental health challenges (Kwok et al., 2020; O'Reilly, 2023). Moreover, the prevalence of depression is recognized as the fourth-most common mental disorder among adolescents globally, becoming even more prevalent among USs, particularly following the COVID-19 pandemic (Balakrishnan et al., 2022; Dianovinina & Surjaningrum, 2023). This concern is echoed in studies from the University of Washington and the University of Queensland in Australia, which assessed the global influence of COVID-19 on depression and anxiety disorders, estimating that the prevalence of major depressive disorder would increase by 28 percent globally by 2020, with young people and women being especially vulnerable (Pedraz-Petrozzi et al., 2021; Santomauro et al., 2021).

Attention to the mental health challenges faced by Chinese USs has intensified, particularly with a 2020 study reporting a prevalence of 6.3% (95% CI 5.7% to 6.8%) among the entire Chinese sample, and a systematic review indicating an overall prevalence of 28.4% (n = 185,787) with a 95% CI of 25.7% to 31.2% among USs in China (C. Gao et al., 2021; X.-Q. Liu et al., 2022). Despite extensive research, gaps remain, particularly regarding the methodology and recency of the literature cited in previous studies. This study adopts a new perspective, collecting the latest research data to explore the profound impact of COVID-19 on depression among USs, aiming to address these gaps and provide new insights for understanding and managing the prevalence of depression among Chinese USs. The objective of this research is to conclude the risk factors of depression in Chinese USs, and to provide useful references for future research and practice of mental health issues in this population (W. Li et al., 2022; X.-Q. Liu et al., 2022; C. Gao et al., 2021).

Methodology

1. Data Selection

A computer was used to search for the study factors influencing depression in Chinese USs by combining subject words and free words. When searching the Chinese database (CNKI), the keywords "depression" and "student" and "factor" and "China" were combined to search the title, abstract, or literature with this series of keywords. When searching English databases (Pro Quest, Web of Science Core Collection, the Cochrane Library, Wiley Online Library, Scopus), we used the keywords "depress*" and matched "factor" and "Chin*" and "student" to retrieve the title, abstract, or literature with this series of keywords. The search period was from December 1, 2019, to December 21, 2023. Taking Pro Quest Documents as an example, title ("depress*" AND "factor" AND "Chin*" AND "student") OR abstract ("depress*" AND "factor") AND ("Chin*" AND "student") OR main subject ("depress*" AND "factor" AND "Chin*" AND "student"). To be comprehensive, relevant literature found during literature reading and Google Scholar searches are supplemented.

2. Data Analysis

For data analysis, each of the remaining studies was read in full, and relevant data were extracted and catalogued in a structured Excel database. The data extraction focused on capturing comprehensive details such as study demographics, depression assessment methods, and identified risk factors. The qualitative synthesis then involved a thematic analysis, where common themes and patterns were identified across different studies, allowing for a robust synthesis of findings. This methodical approach ensured that the conclusions drawn were based on comprehensive and rigorously analyzed data, providing valuable insights into the factors influencing depression among Chinese undergraduate students.

Findings

1. Literature Screening

In this review, we initially collected 1198 documents from multiple databases such as CNKI, Web of Science, Scopus, Pro Quest, Wiley Online Library, and Cochrane Library. By removing duplicates, we screened 1073 documents for preliminary evaluation. After further screening, the full text of 189 documents was evaluated,

and 75 documents that met the strict screening criteria were finally selected for qualitative synthesis analysis. These standards include that the literature must report depression data in detail, use a depression scale to assess depressive symptoms among college students, the research population is limited to ordinary Chinese undergraduates, the research results focus on factors affecting depression among college students, and the language of the literature is limited to Chinese or English. This process ensured the quality and relevance of the selected literature, providing a solid scientific basis for this review. The literature screening process are shown in Figure 1. After the literatures were eliminated and screened, excel were further used to list the authors, years, risk factors and other information of the 75 literatures that were finally accepted. The literature screening results are shown in Table 1.

The data collection process involved a systematic and comprehensive search of multiple academic databases using a combination of keywords tailored to maximize the retrieval of relevant studies. This approach ensured the inclusion of a wide array of studies, thereby minimizing selection bias. The initial pool of studies was then subjected to a duplicate removal process using both automatic software tools and manual checking to ensure accuracy.

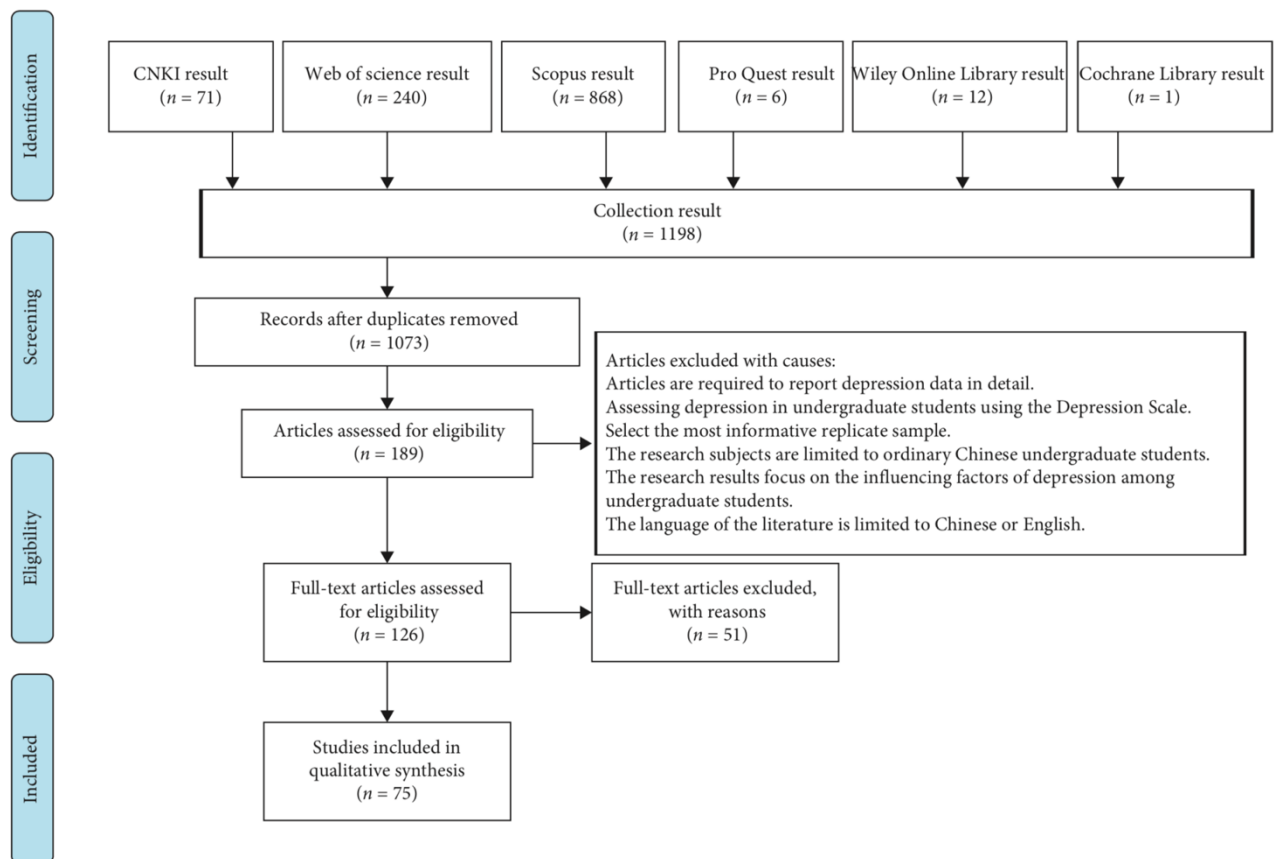


Figure 1. A PRISMA flow diagram of the review and article exclusion process

Table 1. A summary studies examining the prevalence of depression among undergraduates

Author and year	District	Sample Size	Rate of Depression (%)	Instrument	Risk Factors
(X. Yang et al., 2021)		195		20-item CES-D	Boredom, emotionally lonely, socially lonely, and mobile phone addiction
(H. Liu et al., 2021)	Shandong, China	1605		SCL-90	Left-behind experiences

(L. Li et al., 2021)		1635		PHQ-9	Gaming disorder
(Rui et al., 2022)	45 universities	450		Self-Subthreshold Depression Scale (STDS)	Freshmen
(H. Yang et al., 2023)		1602		20-item CES-D	Mobile phone addiction
(L. Zhang et al., 2021)	8 universities	881	50.62	PHQ-9	Drinking soda, gender, exercise frequency, overly concerned by mistakes, bad diet, sleep disorder, drinking a lot, static behaviour, pain duration, and sleep on the day
(Qin et al., 2023)	Jiangsu, China	1156		PHQ-9	Low-intensity daily exercise and not being an only-child
(Xiao et al., 2022a)		3951		PHQ-9	Living in urban areas, coming from a financially stable family, and undergoing psychological counselling
(J. Huang & Liu, 2023)		1176		PHQ-9	Living in rural areas , low monthly living expenses
(Guo et al., 2021)	Shanxi, China	1278		DASS-21	Male, low social support
(H. Liu et al., 2020)	2 universities in Hunan	1301		PHQ-9	Experiencing laryngopharyngeal reflux symptoms
(Cheng et al., 2021)	Shandong, China	600	31.2	DASS-21	Having low-levels of mental health knowledge
(H. Yang et al., 2022)		222009		PHQ-9	More food shops near the place of residence that offer takeout, candies, and fast food
(Z. Zhang et al., 2019)	Shenyang, China	3461	20.7	Zung Self-rating Depression Scale (Z-SDS)	Lower standard of living related to oral health
(W. Li et al., 2020)		9515		Z-SDS	Sleep disorder and short sleep duration
(Y. Zhang et al., 2021)	16 cities	11787	25.9	PHQ-9	High screen time and low physical activity
(Meng et al., 2021)		3351	10.5	GAD-7	Married, higher levels of education, non-medical students, urban students

(Q. Zhang et al., 2023)	Several universities in Sichuan Province, China	1105		DASS-21	Experienced abuse during childhood
(Zou et al., 2020)		200		Beck's Depression Inventory (BDI-II)	Being less extraverted, open, or agreeable
(Tang et al., 2021)	Changsha, Hunan, South China	541	29.8	Z-SDS	Woman, lacking social support, poor nutrition, lack of self-actualisation
(J. Wang et al., 2023)	Yunnan Province	1180		20-item CES-D	Lack of cohesion in the family
(Zhu et al., 2019)		10174		Z-SDS	Less frequent breakfast consumption
(W. Gao et al., 2020)	15 universities in China	1892		DASS-21	Male
(J. Shi et al., 2022a)	10 cities	30733		20-item CES-D	LGB and unsure students
(Y. Zhang et al., 2023)	Anqing cities in Anhui Province, China	7623		SDS	Male, maltreated during childhood, problematic mobile phone usage
(J. Wang et al., 2021)	Guangzhou, China	648		BDI-II	Lack of basic psychological needs and low self-control and having helicopter parents
(Lin et al., 2021)		1022		Z-SDS	Low physical test scores
(Song et al., 2020)		235		20-item CES-D	High levels of baseline anxiety, Eysenck Personality Questionnaire-Neuroticism, overly concerned by mistakes, daytime sleepiness, mild not moderate exercise
(Wu et al., 2021)		14769		Z-SDS	Female
(X. Shi et al., 2023)		3827		PHQ-9	Smartphone addiction
(Cui et al., 2021)		1181		PHQ-9	Problematic mobile phone usage and procrastinating going to bed
(Ma et al., 2020)		746 217	21.1	PHQ-9	Low perception of receiving social support, senior student, and having a history of mental health issues.
(H. Wang, Si, et al., 2022)		3641	10.49	DASS-21	Female, medical students

(M. Liu & Lu, 2022)	Western China	973		PHQ9	Mobile phone addiction
(Jing et al., 2021)		17876		Z-SDS	Female, partially introverted, junior college students, affected by the epidemic, feeling at moderate or higher risk of infection, and eager to return to school
(Cheng et al., 2020)	Jinan, Shandong, China	645	22.2	Z-SDS	Only-child
(Y. Yu et al., 2022)		6032		DASS-21	Anxious, senior students, males, higher grades, have parents with low education levels, irrational eating habits, and low physical activity levels
(C. Gao et al., 2021)		1017	45.3	GAD-7	Family income, eating regular meals, frequently consuming breakfast, having a chronic disease, and consuming nocturnal snacks
(M. Yu et al., 2021)		1681	56.8	20-item CES-D	Sleep issues, family members' going out, finding online education more stressful, fearing COVID-19, influenced by social interactions, and having higher grades
(Chi, Becker, et al., 2020)	180 universities	2500	23.3	PHQ-9	Older, have experienced more adverse childhood experiences, severe unsafe attachment, especially anxiety attachment, and low-level resilience
(X. Luo et al., 2022)	Henan Province, China	140259	21.12	PHQ-9	Living in rural areas
(Xu et al., 2021)	30 universities in Wuhan, China	11254	41.5	PHQ-9	Having high levels of stress
(J. Yu et al., 2021)	Wuhan, China	9383	15.8	PHQ-9	Under quarantine observation or treatment, losing family members to coronavirus, rarely or never asked for assist, just little support from others in the past one month, bad relationship with parents, spent long hours on electronic devices that did not include network education, and felt anxious about going back to school

(Z.-H. Wang et al., 2020)	Guangzhou, China	44447	12.2	20-item CES-D	Having confirmed cases of family members or relatives afflicted by coronavirus
(H. Li, Qian, et al., 2023)	Qiqihar city, Heilongjiang Province, China	2152		SDS	Female
(Y. Chen et al., 2022)	Shaanxi province, China	21000		CESD-20	Problematic social media usage
(Zhou et al., 2023)		685		DASS-21	Problematic social media usage
(Yao et al., 2023)		1438		20-item CES-D	Male
(G. Chen et al., 2023)		703		20-item CES-D	Having a habit of ruminating
(Xiang et al., 2020)		1396	41.8	Z-SDS	Insufficient physical activity
(Wei et al., 2021)	3 universities in Nanjing and Xi'an	540		SDS	Maladaptive perfectionism
(Geng et al., 2021)		355		DASS-21	Smartphone addiction
(Ren et al., 2021)	2 colleges in Shandong and Chongqing in China	831		20-item CES-D	Male and feeling lonely
(Hao et al., 2023)		1258		Z-SDS	Female and having body dissatisfaction
(B. Chen et al., 2023)	Anhui Province, China	2033		Z-SDS	Malfunctioning family dynamic
(J. Wang, Liu, et al., 2022)		8079		CIDI 3.0	Having high level of general self-efficacy
(J. Wang, Guan, et al., 2022)	Yunnan Province, China	1164		20-item CES-D	Investing less time in the body

(Y. Luo et al., 2023)		3123		PHQ-9	Low levels of gratitude or psychological capital.
(Y. Wang et al., 2023)		6652		CIDI 3.0	Punishment denial and helicopter parents.
(X. Li et al., 2021)		23206		PHQ-9	Experienced adversities in childhood.
(Tao et al., 2021)	1 university in Hebei Province, China	4189		Z-SDS	Emotional, sexual, physical childhood abuse and neglect.
(Ge et al., 2023)		421		20-item CES-D	Smartphone addiction.
(Q. Li et al., 2021)	60 universities from 10 provinces in China	30374		20-item CES-D	Experienced emotional abuse in childhood.
(L. Liu et al., 2023)		1865		20-item CES-D	Negative perfectionism.
(M. Wang, Li, et al., 2022)		1493		Z-SDS	Low levels of resilience, high neuroticism, and negative attention bias.
(H. Li, Zhao, et al., 2023)	5 universities in Shandong Province	2948		DASS-21	Senior student, medical student, wearing a mask outdoors, practicing standard handwashing, and keeping one meter in queues.
(Mei et al., 2020)		466		Z-SDS	Reduced morning activities, increased night-time activities, failed exams, decreased social activities, and poor dietary habits
(H. Huang et al., 2022)		2108		BDI-II	Having experienced maltreatment in childhood
(Mu et al., 2020)	1 university in Fujian	1128		PHQ-9	Social media addiction and neuroticism
(Z. Liu, 2020)	6 universities in Shanghai	2110	34.9	SDS	Senior, female, not physically active, and not an only-child
(Dong, 2023)	Shenyang, China	1275	36.5	SDS	Poor sleep quality
(X. Huang, 2023)		7527		20-item CES-D	Lacking physical activity and mental health literacy

(Y. Li et al., 2021)	Guangdong, China	68685	PHQ-9	Senior student, having confirmed or suspected COVID-19 cases nearby, and having COVID-19-related concerns
(L. Liu et al., 2021)		8118	PHQ-9	Female, experiencing mental health issues due to the use of psychotropic drugs, have been to or currently undergoing counselling, consuming alcohol, irregular diet, and having negative perceptions and behaviours about COVID-19
(Ding et al., 2023)	Liaoning, China	850	SCL-90	Mobile phone addiction

2. Depression Risk Factors of Chinese Undergraduate Students (USs)

The included studies involved 70 risk factors related to depression in USs, which were mainly divided into 7 aspects. It included sociodemographic factors (10), psychological factors (18), COVID-19-related factors (12), and health-related factors (7), personal lifestyle (6), and other factors (5).

Sociodemographic Factors:

- Grade ("Freshmen ", "senior students ")
- Low monthly living expenses (some said "good family economic levels")
- Married
- Higher education (some said "junior college educational level")
- Non-medical major
- Female (some said "males")
- Only-child (some said "not only-child")
- Low parents' education
- LGB and unsure USs
- Living in rural areas (some said "urban areas")

Psychological Factors:

- i. Boredom
 - Rumination
 - Perfectionism (maladaptive perfectionism, negative perfectionism)
 - Loneliness (emotionally lonely, socially lonely)
 - High level of general self-efficacy
 - Low levels of gratitude
 - Low levels of psychological capital
 - Punishment denial
 - Parental rearing styles
 - Childhood adversities (helicopter parents; left-behind experience; emotional, physical, or sexual abuse; emotionally and physically neglected)
 - Low levels of resilience
 - Negative attention bias (overly concerned by mistakes, body dissatisfaction)
 - Lacking basic psychological needs
 - Low levels of self-control

- High levels of baseline anxiety
- Lacking adequate social support
- Character (neurotic; less extraverted)
- Bad family dynamics

COVID-19-related factors:

- Perceived "moderate" or higher risk of infection
- "Moderately" or above affected by the COVID-19
- Willing to go back to college
- Fear of COVID-19
- Higher perceived stress regarding online education
- Influence on social interactions
- COVID-19-related concerns
- People with infection or suspected cases in their residential communities
- Family members' going out
- Family members or friends have died from COVID-19
- Defined COVID-19 cases among family members and relatives
- Been quarantined for observation or treatment

Health-Related Factors:

- Laryngopharyngeal reflux symptoms
- Low standard of living related to oral health
- Prior mental health problems (use of psychotropic drugs, experience of counselling)
- Sleep problems (sleep during the day, bad sleep quality and inadequate sleep duration)
- Chronic disease
- Poor nutrition
- Pain duration

Personal Lifestyle:

- Irrational eating habits (preference for fried food, soda, addiction to drinking, irregular diet, consumption of nocturnal snacks, poor meal habits)
- Low levels of physical activity
- High screen time (gaming disorder, addictive use of social media)
- Sedentary behaviour
- Increased night activities
- Decreased morning activities

Others:

- Helicopter parents
- Failing exams
- Low levels of engagement in social activities (avoiding mealtimes with friends)
- Low level of mental health knowledge
- Living near places with denser fast food and take-away

Discussion

1. Prevalence of Depression among Chinese Undergraduate Students (USs)

In our review, 19 articles reported depression rates, including the minimal quantity of participants which was 600, and the maximum was 746,217. We counted 8,238,954 participants. According to the literature data, the mean prevalence of depression was 21.21% (SD = 4.47%), the lowest prevalence was 10.49%, and the highest prevalence was 56%. These data suggests that pandemic up the rate of depression among USs (K. Lee, 2020).

2. Factors Affecting Depression of Chinese Undergraduate Students (USs)

Through a comprehensive review of sociodemographic, psychological, COVID-19-related, health-related, personal lifestyle, and other factors, this study delves into the impact of these factors on depression among USs and provides a deeper understanding in conjunction with relevant theoretical frameworks.

Sociodemographic Factors

Sociodemographic factors play a key role in depression among USs. The study found that freshmen (Rui et al., 2022), married (Meng et al., 2021), low economic (J. Huang & Liu, 2023; Xiao et al., 2022b), highly educated (Meng et al., 2021), non-medical majors (Meng et al., 2021), female (Hao et al., 2023; Jing et al., 2021; H. Li, Qian, et al., 2023; L. Liu et al., 2021; Z. Liu, 2020; H. Wang, Si, et al., 2022; Wu et al., 2021), only child (Cheng et al., 2020), low parents' education (Cheng et al., 2020), LGB and uncertain status USs (J. Shi et al., 2022b) are aspects more likely to face depression risk. These findings are consistent with the idea of the "quality-stress" model, which suggests that individual qualities may render people more prone to depression under certain environmental stresses (R. Wang et al., 2023).

The study found a link between the school year and depression (Ma et al., 2020; Y. Yu et al., 2022). Perhaps because senior students have greater employment pressure (Shao et al., 2020), especially non-medical USs are more possible to suffer from depression, that may due to factors such as academic pressure and career prospects of non-medical majors (Stornæs, 2023). Meanwhile, freshmen face many challenges, such as academic adaptation and social pressure (Akeman et al., 2020), with attendant challenges associated with developing a new identity (van Herpen et al., 2020). In addition, the cost of living puts financial stress on the involved USs in their daily routine (Jamri & Ishak, 2023) because the acute financial well-being will lead inability to meet basic needs, including housing, food, healthcare, and education (Che Mohamed et al., 2023). This also explains why women, low parental education are associated with an increased risk of depression, because they tend to be associated with lower economic attainment (Flor et al., 2022). Married USs are more likely to face depression (Meng et al., 2021). This may be related to USs have difficulty balancing academic expectations and marital responsibilities (Fakhari et al., 2020). LGB and uncertain status USs have higher rates of depression may because of minority stress such as stigma, discrimination, and victimization (Le, 2022). In addition, if the family function is poor, the teenager must fully bear the pressure of family conflict, resulting in the only-child teenager is more likely to suffer from depression. However, for non-only children, siblings can buffer the negative effects of family conflicts (Chi, Huang, et al., 2020).

Psychological Factors

Mental health problems are often the result of multifaceted, multi-factor interactions. Studies have found that psychological factors such as boredom (X. Yang et al., 2021), rumination (G. Chen et al., 2023), perfectionism (L. Liu et al., 2023; Wei et al., 2021), loneliness (Ren et al., 2021; X. Yang et al., 2021), and reduced self-efficacy (Tang et al., 2021; J. Wang, Liu, et al., 2022) are closely related to depression. Loneliness can affect an individual's quality of life (Kuczynski et al., 2020), thereby increasing the risk of depression (P. Gao et al., 2023). Boredom and rumination are important variables involved in negative emotions and can easily induce problematic smartphone use, while smartphone dependence can increase depression (Y. Wang, Yang, et al., 2022). Both adaptive and maladaptive perfectionists may have depression when they have narrow health focus (Kozłowska & Kutyl-Pachecka, 2022). In addition, school failure is often associated with low self-efficacy, which in turn is related to depression (Cattelino et al., 2021).

Inadequate social support may make these above psychological factors more likely to lead to depression (Guo et al., 2021; Ma et al., 2020; Tang et al., 2021). The stress buffer model of social support theory indicates that social support can reduce the negative impact of stress on mental health. For example, a study showed that during the epidemic, young people are more likely to reduce the incidence of depression by accepting financial support from family or friends, rather than by receiving financial support from the government (Coulaud et al., 2023). Moreover, parental care and warmth in adolescent would promote better emotion regulation (Rosharudin et al., 2023).

COVID-19-Related Factors

COVID-19 is related to mental health of USs (Idris et al., 2023). The link between perceived infection risk and depression suggests that an individual's health concerns may directly affect their psychological state (Jing et al., 2021). The correlation between pandemic exposure and depression further underscores the overall impact of the pandemic on USs' lives (H. Li, Zhao, et al., 2023; M. Yu et al., 2021). The desire to go back school and fear of the pandemic may lead to uncertainty about the future among USs, increasing mental health problems (Jing et al., 2021). In addition, USs faced many challenges during lockdown, such as elevated online academic stress and mental health issues, internet limitations, and poor network connectivity (Phiriepa et al., 2023).

Health-Related Factors

The relationship between physical health problems and depression may be a two-way process. The correlation between sleep problems and depression shows that depressive symptoms may affect sleep quality (W. Li et al., 2020; Z. Liu, 2020). Meanwhile, life quality can decrease because of long-term symptoms of throat reflux and oral health problems (H. Liu et al., 2020), leading worsen symptoms of depression. In addition, bad eating habits and insufficient physical exercise affect nutrition, hormones, metabolism, microbes, and other levels, which can affect individual physical and mental health (Nota et al., 2023; St-Amour et al., 2023). This proves the importance of the interaction between physical and mental health.

Personal Lifestyle

Personal lifestyle factors such as eating habits (L. Zhang et al., 2021; Zhu et al., 2019), physical activity frequency (X. Huang, 2023; Lin et al., 2021; Qin et al., 2023; Xiang et al., 2020), and screen time (Y. Chen et al., 2022; Ge et al., 2023; Geng et al., 2021; L. Li et al., 2021; Mu et al., 2020; H. Yang et al., 2023; Y. Zhang et al., 2021, 2023; Zhou et al., 2023) are also associated with depression in USs. Screen time may be a significant factor because internet and smartphone addiction can exacerbate loneliness (Jiang et al., 2018), and loneliness and depressive symptoms are antecedents of internet addiction (Tian et al., 2023), that is, there is a two-way relationship between loneliness and depressive symptoms (L. Luo et al., 2023). Furthermore, social media addiction is positively associated with online victimisation, which doubles the tendency to develop depression. Social media addiction is associated with depression tendency (M. H. L. Lee et al., 2023). This may be related to USs' family, for example, research has shown that with higher educated parents and richer families, USs are more likely to have healthy lifestyles like more reading and less internet addiction (Manap et al., 2023).

Other Factors

USs' depression is also caused by other factors, such as excessive interference in the family environment (B. Chen et al., 2023), exam failure (Mei et al., 2020), and less participation in social activities (Song et al., 2020). Good family functioning can improve the effect of perceived stress levels on psychopathic experiences in USs (Wu et al., 2021). Poor grades may damage individuals' social media reputations and make students less participate in organised activities (Grossberg & Rice, 2023). In addition, less participation in social activities can lead to social support, higher risk of loneliness, and higher possibility of depression. Because social support is a valuable management mechanism, such as food and housing, to reduce depressive symptoms (Broton et al., 2022). Moreover, research demonstrates that support from family and close friends is important when activities and social opportunities are limited (Nurdiyanto et al., 2023).

3. Limitations

Although this study conducted a comprehensive analysis of the factors affecting USs' depression, there are still some limitations. (1) Due to the limitation of literature, some relevant factors may not have been included in the analysis; (2) due to the inclusion of Chinese and English literature, cultural background may impact the study results; (3) this study mainly focuses on cross-sectional studies, and the interpretation of causality needs to be cautious; (4) there is no difference in the influencing factors of USs with different degrees of depression; and (5) all included studies in China, affecting the generalisability of the results.

Conclusion

Depressive symptoms can affect USs' physiology, cognition, emotions, and behaviours (Affendi et al., 2021). Thus, through a comprehensive study of depression among Chinese USs, this study explored the influencing aspects: sociodemographic factors, psychological factors, COVID-19-related factors, health-related factors, personal lifestyle and other factors. The study found that these factors interweave with each other, forming a complex network which jointly affects the mental health of USs.

The review is significant for the intervention and prevention of depression in USs. Future mental health intervention and prevention works should comprehensively consider the construction of social support system, education for strengthening mental health, and cultivating individual ability to cope with pressure. For example, at home, positive communication and the promotion of healthy habits can help USs reduce alcohol abuse and lower the incidence of depression (Sasser et al., 2022; Vasquez et al., 2023). In schools, high quality interactions with schools, colleges, teachers, and counsellors in mental health services can prevent adjustment disorders in USs (Alhussain et al., 2023). In addition, carrying out campus support group programs will also benefit students' mental health (Copeland et al., 2021). We hope this study's conclusion can provide a valuable reference for future research and practice regarding USs' mental health. Future studies can further explore the influencing factors considering different cultural backgrounds, conduct more longitudinal studies to verify causality, and conduct more systematic and in-depth analyses using theoretical frameworks.

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Conflicts of Interest: The authors declare no conflict of interest.

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