

A Biopsychosocial Analysis of Recurrent Major Depressive Disorder with Psychotic Symptoms in Young Adults: A Clinical Case Study

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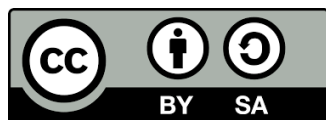
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Abstract

Major depressive disorder with psychotic features is a severe mental health condition associated with an elevated risk of suicide, particularly among young adults exposed to significant psychosocial stressors. This study aimed to analyze the biopsychosocial factors associated with recurrent major depressive disorder with psychotic features through a clinical case study approach. A qualitative descriptive case study was conducted involving a 20-year-old female patient who received treatment at a regional psychiatric hospital. Data were collected through autoanamnesis, alloanamnesis, clinical observation, and mental status examination, and were analyzed using a biopsychosocial approach. The findings showed that the patient experienced severe depressive symptoms, including persistent sadness, social withdrawal, sleep disturbances, and loss of motivation, accompanied by psychotic symptoms in the form of auditory command hallucinations and suicidal ideation. The condition was precipitated by acute stressors, including betrayal by a close friend and job loss, and was exacerbated by a history of family conflict and limited emotional support. The diagnosis was established as recurrent major depressive disorder with a severe episode and psychotic features. In conclusion, the interaction of biological, psychological, and social factors plays an important role in the development and severity of the disorder. A comprehensive biopsychosocial approach is required to reduce suicide risk and improve patient outcomes.



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INTRODUCTION

Major depressive disorder is one of the most prevalent psychiatric disorders and has a significant impact on individual functioning across emotional, social, and occupational domains. In certain cases, depression can progress into a more severe form accompanied by psychotic symptoms, such as hallucinations and impaired reality perception, known as psychotic depression. This condition represents a more complex form of depression, characterized by greater severity and a substantially increased risk of suicide compared with depression without psychotic features (Razaq & Amin, 2024; Wang et al., 2021). These epidemiological and clinical characteristics highlight the importance of early recognition and comprehensive assessment, particularly among young adults, in whom psychotic depression may present with unique diagnostic and therapeutic challenges (Fusar-Poli et al., 2021; Jääskeläinen et al., 2018; Moe & Breitborde, 2019; Shah et al., 2020).

Clinically, the presence of psychotic symptoms in depression is closely associated with disease severity. Research has shown that more severe depressive episodes are more likely to be accompanied by psychotic symptoms and suicidal ideation (Madhu et al., 2025). This finding is supported by Wu et al. (2024), who reported that psychotic symptoms are relatively common among young adult patients experiencing a first depressive episode and represent an important risk factor for clinical deterioration and impaired social functioning.

Young adults represent a population vulnerable to severe depressive disorders with psychotic features, particularly due to exposure to complex psychosocial stressors. Factors such as interpersonal conflicts, job loss, social rejection, and a history of dysfunctional family relationships are known to contribute to the onset of major depressive symptoms. Studies have demonstrated that adverse experiences, including childhood trauma, lack of emotional support, and feelings of inferiority, may worsen depressive conditions and increase vulnerability to psychotic symptoms (Kehinde et al., 2022; Saputri & Vrisaba, 2025). Therefore, a comprehensive biopsychosocial assessment is essential to capture the cumulative effects of predisposing and precipitating factors in young adult patients.

In clinical settings, psychosocial factors often serve as major triggers for depressive episodes. This can be observed in young adult patients experiencing acute stressors, such as betrayal by close friends that results in job loss, followed by feelings of worthlessness, social withdrawal, and disturbances in sleep and appetite. These conditions may be further exacerbated by a history of limited family support, lack of affection during childhood, and exposure to family violence, which collectively contribute to psychological vulnerability (Herrenkohl et al., 2022; McCrory & Viding, 2015; O'Neill et al., 2018; Southern & Sullivan, 2021; Timshel et al., 2017).

In addition to depressive symptoms, the presence of psychotic symptoms in the form of command hallucinations is an important indicator of disease severity. These hallucinations, particularly those involving commands to end one's life, are strongly associated with an increased risk of suicide and psychiatric emergencies. The literature indicates that psychiatric disorders, especially severe depression with psychotic features, are major contributors to suicide risk and require prompt and comprehensive management (Fitrianti et al., 2026; Widodo & Ambarini, 2024).

The biopsychosocial approach provides an appropriate framework for understanding the complexity of this disorder. From a biological perspective, neurotransmitter dysregulation and neuroendocrine factors contribute to the development of depressive and psychotic symptoms (Yang et al., 2024). From a psychological perspective, negative cognitive patterns, low self-esteem, and limited coping abilities represent important predisposing factors. Meanwhile, social factors, including family conflict, inadequate social support, and environmental stressors, may act as precipitating factors that contribute to symptom recurrence or worsening (Yulian Sari, 2025; Azhari & Mulianda, 2026).

Management of depression with psychotic features requires a comprehensive and integrative approach. Pharmacological treatment, including a combination of antidepressants and antipsychotics, remains the primary therapeutic approach and should be supported by psychological interventions, such as supportive therapy, family therapy, and behavioral approaches, to improve social functioning and quality of life (Nuzulia & Hidayati, 2025;

Novtarina et al., 2025). This approach is particularly important in cases involving recurrent episodes and complex psychosocial risk factors.

Although numerous studies have examined depression and psychotic disorders separately, research integrating biological, psychological, and social factors within clinical case studies of young adults remains limited. A comprehensive understanding of the interaction among these factors is essential for establishing accurate diagnoses and developing effective intervention strategies (Hales, 2008; Herniman et al., 2021).

Based on this background, this study aimed to conduct an in-depth analysis of the biopsychosocial aspects of patients with recurrent severe major depressive disorder with psychotic features among young adults through a clinical case study approach. This study was expected to contribute to the development of more holistic and evidence-based management strategies.

METHOD

This study used a clinical case study design with a qualitative descriptive approach to analyze the biopsychosocial aspects of a young adult patient with recurrent severe depressive disorder with psychotic features. The case study approach was selected to provide a comprehensive understanding of the patient's clinical condition, including biological, psychological, and social factors (Hales, 2008).

The study was conducted at Duren Sawit Regional Special Hospital (RSKD), East Jakarta, from October to November 2025. The subject was a 20-year-old female patient diagnosed with recurrent major depressive disorder with a severe episode and psychotic features (F33.3) based on the PPDGJ-III criteria. The diagnosis was established through clinical interviews, mental status examination, and psychiatric evaluation.

Data were collected through autoanamnesis, alloanamnesis, clinical observation, and review of medical records. Autoanamnesis and alloanamnesis were performed to obtain information regarding the patient's symptoms, illness history, psychosocial background, and relevant environmental factors. A mental status examination was conducted to evaluate affect, thought processes, perception, cognitive function, and insight.

The main instruments used in this study were psychiatric clinical interview guidelines and standardized mental status examination formats. Diagnostic classification was based on PPDGJ-III criteria, while patient functioning was assessed using the Global Assessment of Functioning (GAF) scale. This approach aligns with clinical assessment practices commonly used for depressive disorders with psychotic features (Razaq & Amin, 2024).

Data were analyzed descriptively using a biopsychosocial approach. The contributing factors were categorized into three main dimensions:

1. Biological factors, including medical history, physical condition, and treatment response.
2. Psychological factors, including emotional state, cognitive patterns, traumatic experiences, and coping mechanisms.
3. Social factors, including family relationships, social environment, and life stressors.

The findings were subsequently compared with relevant scientific literature to identify consistency between clinical findings and existing evidence. This approach was used to

understand the relationship between depressive severity and the emergence of psychotic features, as described in previous studies (Madhu et al., 2025; Wu et al., 2024).

Clinical outcomes were evaluated based on:

- severity of depressive and psychotic symptoms;
- presence of suicidal ideation or behavior; and
- level of social functioning based on GAF scores.

The effectiveness of the intervention was evaluated by assessing changes in the patient's clinical condition following pharmacological therapy and psychotherapy, including improvements in mood symptoms, reduction in hallucination intensity, and improvement in social functioning.

The analytical approach was based on established psychiatric literature and relevant previous research rather than general statistical methods. This approach enabled a systematic and evidence-based interpretation of the clinical findings to understand the complexity of depressive disorders with psychotic features.

RESULTS AND DISCUSSION

Based on the results of the anamnesis, clinical observations, and mental status examination, it was obtained that the 20-year-old female patient experienced severe depressive symptoms accompanied by psychotic symptoms. The patient came with the main complaint of prolonged feelings of sadness, frequent crying for no apparent reason, withdrawal from the social environment, and loss of zest for life. These symptoms appeared about one week before admission to the hospital and were triggered by psychosocial stressors in the form of betrayal by close friends that caused the patient to lose his job.

In addition to depressive symptoms, it was found that there were perceptual disorders in the form of auditory hallucinations in the form of commands that encourage the patient to end life, as well as visual hallucinations in the form of frightening shadows. This condition is accompanied by sleep disturbances, decreased appetite, and the emergence of suicidal ideation which was manifested in the form of drug overdose attempts. From the examination of mental status, hypothyroid mood, affective affect, coherent thought processes were obtained, but there were perception disturbances and a decrease in the value of reality.

The patient's life history indicates the presence of significant psychosocial risk factors, including a lack of affection since childhood, disharmonious family relationships, and experiences of physical violence by parents. In addition, the patient also has a history of recurrent interpersonal conflicts, which contribute to psychological vulnerability. The patient has previously received psychiatric therapy and shown improvement, but experienced a relapse after exposure to new stressors.

Based on the PPDGJ-III criteria, patients were diagnosed with recurrent depressive disorder with severe episodes of psychotic symptoms (F33.3) with a GAF score of 50, indicating a serious impairment in social functioning and a high risk to personal safety.

The findings in this case show that severe depression with psychotic symptoms is a complex condition influenced by the interaction of biological, psychological, and social factors. This is in line with the biopsychosocial model which states that mental disorders are

not only caused by a single factor, but are the result of the interaction of various determinants that affect each other (Hales, 2008).

The Relationship between Depression Severity and Psychotic Symptoms

In this case, the appearance of psychotic symptoms such as auditory and visual hallucinations is closely related to the severity of the depression experienced by the patient. Auditory hallucinations in the form of a suicide order indicate the presence of severe perceptual impairment and are an important indicator in assessing clinical risk. Research by Madhu et al. (2025) shows that psychotic symptoms are more commonly found in depression with high severity and are significantly associated with an increased risk of suicide. These findings are also supported by Wu et al. (2024) who state that psychotic symptoms in young adult depressive patients are an important risk factor for worsening of the condition and social dysfunction.

The Role of Psychosocial Factors as Triggers

Psychosocial factors have a dominant role in triggering depressive episodes in these patients. Acute stressors in the form of betrayal of close friends that lead to job loss are the main precipitation factors. In addition, a childhood history characterized by a lack of affection, suboptimal parenting, and experiences of physical violence play a role as a predisposing factor that strengthens the patient's psychological vulnerability. This is in line with the research of Kehinde et al. (2022) who show that negative experiences during the developmental period are related to the appearance of depressive and psychotic symptoms.

Furthermore, the feelings of inferiority and low self-esteem experienced by patients due to social stigma and interpersonal conflicts also contribute to the worsening of depressive conditions. The study of Saputri and Vrisaba (2025) confirms that psychological dynamics such as inferiority are closely related to severe depression accompanied by psychotic symptoms.

Risk of Suicide and Psychiatric Emergencies

The existence of suicidal ideation accompanied by real experiments shows that the patient is in a state of psychiatric emergency. Command hallucinations are a factor that greatly increases the risk of suicide. The literature shows that psychiatric disorders, especially severe depression with psychotic symptoms, are the main cause of suicide and require immediate intervention (Fitrianti et al., 2026).

This case is also consistent with the findings of Widodo and Ambarini (2024) who show that patients with psychotic depression often have deep emotional conflicts and high suicidal tendencies, thus requiring an intensive and sustained therapeutic approach.

Biopsychosocial Analysis

The biopsychosocial approach in this case shows that:

- Biological aspect: the patient has a previous history of psychiatric treatment and shows a response to pharmacological therapy, which indicates the involvement of neurobiological factors. This is supported by the research of Yang et al. (2024) that shed light on the role of biological factors in the appearance of psychotic symptoms in depression.
- Psychological aspect: there are emotional disturbances, negative mindsets, and non-adaptive coping mechanisms.

- Social aspects: family conflicts, lack of social support, and environmental pressures are the main factors that trigger relapse, as explained by Yulian Sari (2025) and Azhari & Mulianda (2026)

These three aspects interact with each other and reinforce the patient's clinical condition, thus making clear the importance of a holistic approach in diagnosis and therapy.

Implications of Therapy and Management

The management in this case uses a combination approach between pharmacotherapy and psychotherapy, which is standard in the treatment of psychotic depression. The use of antidepressants and antipsychotics aims to address the core symptoms of depression and psychoticism, while psychological therapies such as supportive therapy, family therapy, and behavioral therapy aim to improve social functioning and improve the patient's coping ability.

This approach is in line with the findings of previous studies that show that integrative interventions provide more optimal outcomes than single therapy (Nuzulia & Hidayati, 2025; Novtarina et al., 2025). In addition, family involvement in therapy is an important factor in preventing recurrence and improving medication adherence.

Overall, this case confirms that severe depressive disorder with psychotic symptoms in young adults is a condition that is influenced by a complex interaction between biological, psychological, and social factors. Acute stressors that occur in individuals with pre-formed psychological vulnerabilities can trigger episodes of major depression accompanied by psychotic symptoms and suicide risk. Therefore, a comprehensive biopsychosocial approach is key in understanding and dealing effectively with this condition.

CONCLUSION

Based on the case analysis, it can be concluded that recurrent severe major depressive disorder with psychotic features in young adults is a complex condition influenced by the interaction of biological, psychological, and social factors. In this case, acute psychosocial stressors, including betrayal by a close friend that resulted in job loss, appeared to contribute to symptom onset and were further exacerbated by a history of limited emotional support, family conflict, and past traumatic experiences. Clinical manifestations, including severe depressive symptoms accompanied by auditory command hallucinations and suicidal ideation, indicated high symptom severity and a potential psychiatric emergency. These findings are consistent with previous literature indicating that depression with psychotic features is associated with an increased risk of suicide and a more complex clinical course. Therefore, optimal management requires a comprehensive biopsychosocial approach involving pharmacological treatment, psychotherapy, and adequate family support. This holistic approach may contribute to clinical improvement, enhanced social functioning, and prevention of future recurrence.

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