

Mental Health and Depression in Science Students

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ABSTRACT

Depression is a very serious medical disease and an important public health issue. The main purpose of present research was to find out the mean difference in the levels of mental health and depression in science students. The total sample consist 60 science students in mental health and depression. The research tool used for mental health was measured by Dr. D. J. Bhatt and Dr. GeetaR. Geeda While depression was measured by Lonard R. and DeryGetis. Here't test was applied to check the significance difference in mental health and depression. Result revels that no significant difference in mental health and depression in science students.

Key words: mental health and depression.

Introduction

Mental health is the strength and hidden ability which keeps the human stable in the critical circumstances. But in the present era, mental health of the person has been the burning problem because the ambition of the person has been raised. The era is the era of science and technology. The people have become aware of physical health. But in the attainment of physical prosperity, the people have been losing their mental health. Mind is the caption of the ship of body, so maintenance and care of mental health is very important. Mental health is not nearly an absence at mental illness, but it is also the ability to cope with the problems in life. Mental health is as important as physical health to everybody. A good mental health is essential for leading a good life. One cannot success in one's life effectively if he/she is suffering from stresses and strains and is struggling with mental health problems such as depression or anxiety unsteady felling due to academic, social or family pressures. With poor mental health one loses overall effectiveness. (negi, 2010) Mental health is a balance between all aspect of life-social, physical, spiritual and emotional aspect of a person. It imparts on how all manage our surroundings and male choices in our lives. Clearly it is an integral part of our overall health. (negi, 2010)

Klein said about mental health that a proper study of the aspects which affects an individual or society coordination and also optimum use of the aspects of that study. Mental health is a huge problem in this modern style of living. It is very difficult to judge a person's mental helath by looking at her/him physically. Depression is a very serious medical disease and an important public health issue. Depression is characterized by continual sadness and sometimes touchiness (particularly in children) and is one of the leading causes of disease worldwide for men and women. Depression can cause suffering for depressed individuals and can also have negative effects on their families and the communities in which they live. The economic burden of depression, including workplace costs, direct costs and suicide- related costs, was estimated to be \$210.5 billion in 2010. Depression is related with significant healthcare needs, school problems, loss of work, and earlier humanity.

The image of adolescence as a time of storm and stress, intense moodiness with the self has permeated both professional and lay perspectives on this developmental period. Mostly all over students depressed when result time is near. Depression is coming because get low marks in her\his classroom.

Review of literature

According to **Givens, Jane L. MD; Tjia, Jennifer MD (2002)**, Depression is an under recognized yet common and treatable disorder among medical students. This study sought to determine the level of mental health service use by depressed medical students and their reported barriers to use. Twenty-four percent ($n = 46$) of the medical students were depressed by BDI criteria. Of the depressed students, only 22% ($n = 10$) were using mental health counseling services. The most frequently cited barriers to using these services were lack of time (48%), lack of confidentiality (37%), stigma associated with using mental health services (30%), cost (28%), fear of documentation on academic record (24%), and fear of unwanted intervention (26%). These data demonstrate that depression among medical students may be undertreated. Medical schools can assist depressed students by addressing issues such as the stigma of using mental health services, confidentiality, and documentation. Early treatment of impaired future caregivers may have far-reaching implications for the individual students, their colleagues, and their future patients.

According to **Harold G Koenig(2016)**, this paper research on the relation between religion and spirituality, and mental health, focusing on depression, suicide, anxiety, psychosis, and substance abuse. The results of an earlier systematic review are discussed, and more recent studies in the United States, Canada, Europe, and other countries are described. While religious beliefs and practices can represent powerful sources of comfort, hope, and meaning, they are often intricately entangled with neurotic and psychotic disorders, sometimes making it difficult to determine whether they are a resource or a liability.

According to Bruce Headey, Jonathan Kelley and Alex Wearing (1993), Psychological well-being and psychological distress are often regarded as distinct, if not orthogonal dimensions of mental health. Based on analyses in this paper, we consider the distinction misleading. Four dimensions seem worth measuring in general population surveys: life satisfaction, positive affect, anxiety and depression. Furthermore, one of the well-being dimensions, life satisfaction, is quite strongly correlated with a distress dimension, depression. A person is unlikely to be both satisfied with life and depressed, but may be satisfied and anxious. The paper is based on convergent validity (exploratory and confirmatory factor analyses) and divergent validity assessments of a range of widely used measures, which were included in the Victorian Quality of Life Panel Survey, 1987.

According to **David M. Fergusson and Lianne J. Woodward (2002)**, this study used longitudinal data to examine the extent to which young people with depression in mid adolescence (ages 14-16) were at increased risk of adverse psychosocial outcomes in later adolescence and young adulthood(ages 16-21). Data were taken during a 21-year longitudinal study of a birth legion of 1265 children. Measures included assessments of *DSM-III-R* major depression (at age 14-16); psychiatric disorders, educational achievement, and social functioning (at age 16-21); social, familial, and individual factors; and co gloomy disorders. Thirteen percent of the legion developed depression between ages 14 and 16. Young people with depression in adolescence were at significantly ($P < .05$) increased risk of later major depression, anxiety disorders, nicotine dependence, alcohol abuse or dependence, suicide attempt, educational underachievement, unemployment, and early parenthood. These associations were similar for girls and boys. The results reveals that presence of 2 major pathways linking early depression to later outcomes. First, there was a direct linkage between early depression and increased risk of later major depression or anxiety disorders. Second, the associations between early depression and other outcomes were explained by the presence of confounding social, familial, and individual factors. Young people having early depression were at increased risk of later adverse psychosocial outcomes. There was a direct linkage in which early depression was associated with increased risk of later major depression and anxiety disorders. Linkages between early depression and other outcomes appeared to reflect the effects of confounding factors.

Objectives

The main objectives of study were as under:

3. To measure mental health in science students.
4. To measure depression in science students.

Null Hypothesis

To related objectives of this study Null-Hypothesis were as under:

3. There will be no significance difference on mental health in science students.
4. There will be no significance difference on depression in science students.

Method

Participants

In this study total 60 students were taken as a sample. (30 boys and 30 girls)

Tools:

C. Mental Health :

It scale made by Dr. D. J. Bhatt and Dr. Geeta R. Geeda. This is a four point scale. Two types of sentences in this scale are positive and negative. Total 56 sentences in this scale and 24 are positive and 32 are negative sentences.

D. Depression :

It scale made by Lonard R. and DeryGetis. Total 20 sentence in this scale. This is a five point scale. Never, some time, medium, more time, mostly is five options given in this scale. For right answer give sign of yes.

Procedure:

First of all select as a sample and went at their school and tuition. Total 60 students were taken as a sample, 30 boys and 30 girls were selected. They were informed about the purpose of the study. Participants were informed about the confidentially regarding information collected from them. A time for data collection was setup that was conducive for the participants. Before administering the scale, the purpose of the study was again explained to the participants a good report was built with the participants for getting correct response. Some necessary instruction and guidelines were provided to them properly filling the scale. After this the both scale were provided to them and they were requested to fill up the both scales as for the instructions given in the scale. After completion of the scale participants returned the scale and they were thanked for their participation and co-operation.

Research Design

The aim of present research was mental health and depression in science students. For these total 60 samples were taken with used purposive method to check significance differences between groups. 't' test was used check relation between mental health and depression. Result and discussion of study is as under:

Result

The present study attempted to assess the mental health and depression in science students. The data were selected by purposive method in Rajkot (Gujarat-India). The 't' test was applied for the purpose of statistical interpretation to test the significance of different between mental health and depression. Result and discussion for the present study are as follows:

Table - 1
Result of Mental health

variables	N	Mean	't'	Sig.
Boys	30	158.1	1.77	0.01
Girls	30	151.4		

Result of mental health saw that boys science students have a good mental health (Mean = 158.1) as compare girls science students (Mean = 151.4). The 't' test was 1.77. There is no significant difference of mental health. It means first hypothesis was accepted. (Close looks at result table-1)

Table - 2
Result of Depression

variables	N	Mean	't'	Sig.
Boys	30	24.43	1.44	0.01
Girls	30	30.73		

Result of depression saw that boys science students have low level of depression (Mean =24.43) as compare girls science students (Mean =30.73). The 't' test was 1.44. There is no significant difference of mental health. It means first hypothesis was accepted. (Close looks at result table-2)

Discussion:

In this study, result saw that no significance difference on mental health and depression in science students. Possible reason will be mental health and depression is associated with each other so it's a no difference between mental health and depression.

Based on mean score, boys science students have a good mental health as compare girls' science students. Possible reason will be shown that gender prejudice in our society and girls face this gender prejudice problem. Girls are getting more responsibility in our society as compare boys. It's all are effect on mental health. so girls mental health is not good and boys mental health is good.

Based on mean score, boys science students have low level of depression as compare girls' science students. Possible reason will be shown that boys more worried about them future as compare girls. Boys worried about society's expectations from him. And boys not share his problem and fillings with anyone and girls share her thoughts and problems with other people. So girls are not depressed and boys are more depressed.

Conclusion:

We can conclude by data analysis as follows: There was no significant difference on mental health and depression in science students. Based on mean score, Boys science students have a good mental health as compare girls' science students and Boys science students have low level of depression as compare girls' science students.

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Fall seven times, Stand up eight.

~ Japanese Proverb