Impact of depression on mental health among senior science college students

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Abstract
The study was taken to investigate the effects of depression on Mental Health To senior science college students. A Sample: 121 senior science college students were selected for the present study, among them 73 low depress senior science college students found and 48 high depress of various College of Aurangabad (Maharashtra). The age range of subjects where 18-25 years (Mean 20.36, SD 2.03). And Non- probability accidental and purposive sampling was used. Mental Health Inventory (MHI): Mental health inventory constructed by Dr. Jagdish and Dr. A K Srivastav, Depression Scale constructed by Dr. Shamim Karim and Dr. Rama Tiwari. The findings showed that Low depresses senior science college students have significantly good mental health than the high depress senior science college students. There is a negative Correlation between depression and mental health among senior science college students.

Keywords: Depression, mental health

Introduction
Problems and misfortunes are a part of life. Everyone experiences unhappiness, and many people may become depressed temporarily when things don't go as they would like. Experiences of failure commonly result in temporary feelings of worthlessness and self-blame, while personal losses cause feelings of sadness, disappointment and emptiness. Such feelings are normal, and they usually pass after a short time. This is not the case with depressive illness. Depression is different from feeling down or sad. Unhappiness is something which everyone feels at one time or another, usually due to a particular cause. A person suffering from depression will experience intense emotions of anxiety, hopelessness, negativity and helplessness, and the feelings stay with them instead of going away. Depression can happen to anyone. Many successful and famous people who seem to have everything going for them battle with this problem. Depression also affects people of every age. Half of the people who have depression will only experience it once but for the other half it will happen again. The length of time that it takes to recover ranges from around six months to a year or more. Living with depression is difficult for those who suffer from it and for their family, friends, and colleagues. It can be difficult to know if you are depressed and what you can do about it.

Types of depression
There are several types of depression, some of which are listed below.

Mild depression
Depression is described as mild when it has a limited negative effect on your daily life. For example, you may have difficulty concentrating at work or motivating yourself to do the things you normally enjoy.

Major depression
Major depression interferes with an individual’s daily life - with eating, sleeping and other everyday activities. Some people may experience only one episode but it is more common to experience several episodes in a lifetime. It can lead to hospital admission, if the person is so unwell they are at risk of harm to themselves.

Bi-polar disorder
The mood swings in bi-polar disorder can be extreme - from highs, where the individual feels extremely elated and indestructible, to lows, where they may experience complete despair, lethargy and suicidal feelings. Sometimes people have very severe symptoms where they cannot make sense of their world and do things that seem odd or illogical.

Post-natal depression
Many new mothers experience what are sometimes called 'baby blues' a few days after the birth. These feelings of anxiety and lack of confidence are very distressing but in most cases last only a couple of weeks. Post-natal depression is more intense
and lasts longer. It can leave new mothers feeling completely overwhelmed, inadequate and unable to cope.

It was also concluded in their research that people who lack emotional expression lead to misfit behaviors. These behaviors are a direct reflection of their mental health. Self- destructive acts may take place to suppress emotions. Some of these acts include drugs and alcohol abuse, physical fights or vandalism. Also without emotional support, mental health is at risk. According to a study done by Strine, Chapman, Balluz and Mokdad (2015), “Inadequate social and emotional support is a major barrier to health relevant to the practice of psychiatry and medicine, because it is associated with adverse health behaviors, dissatisfaction with life, and disability” (2008, p. 154). By receiving emotional support your health can increase and prevent mental health disorders. Support systems are a valuable asset and those whom do not have social and emotional support are more likely to lead to disorders. This support can lead to “an increase personal competence, perceived control, sense of stability, and recognition of self-worth and can have a positive effect on quality of life” (Strine, Chapman, Balluz & Mokdad, 2008).

David M. Fergusson, PhD; Lianne J. Woodward, PhD (March 2002) Mental Health, Educational, and Social Role Outcomes of Adolescents With Depression. Background 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). Methods Data were gathered during a 21-year longitudinal study of a birth cohort 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 comorbid disorders. Results Thirteen percent of the cohort 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 suggested the 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. Conclusions 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 of the study
1) To find out the effect of depression on mental health among senior science college students.
2) To study the correlation between Mental health and Depression

Hypotheses
1) Low depress senior science college students have significantly good mental health than the high depress senior science college students.
2) There is a negative correlation between mental health and depression among senior science college students.

Sample
121 senior science college students were selected for the present study, among them 73 low depress senior science college students found and 48 high depress of various College of Aurangabad (Maharashtra). The age range of subjects where 18-25 years (Mean 20.36, SD 2.03). And Non- probability accidental and purposive sampling was used.

Variable
Independent variable- Depression
Dependent Variable: Mental Health

Tools
Mental Health Inventory (MHI)
Mental health inventory constructed by Dr. Jagdish and Dr. A K Srivastav. 56 items are in the questionnaire and each of the items has four responses – 1. Almost always true, 2. Sometime true, 3. Rarely true and 4. Almost never true. The reliability of the inventory was determined by split-half method using odd-even procedure. Overall mental health reliability coefficients is .73 and Construct validity of the inventory is determined by finding coefficient of correlation between scores on mental health inventory and general health questionnaire (Gold beig, 1978) it was found to be .54.

Depression Scale
Depression Scale construct by Dr. Shamim Karim and Dr. Rama tiwari. All the 96 items of the scale. And each of the item has two answer (multiple Choice) ‘YES’ and ‘NO’ split-half reliability. Guttman and spearman-Brown’s prophecy formula have been used which yielded the coefficient of correlation as + .86 and +.92 respectively, when this test was administered on a sample of 100 subjects. And factor analysis method used for validity.

Procedures of data collection
The study was conducted in two phases. In the first phase, depression test were give on the 121 senior science college students. The data were obtained and median value on depression test was calculated. Students at and above median value were treated as having Low depress Senior science college students and below median value were treated as having high depress Senior science college students. From among 121 students, 73 students having Low depress students and 48 students having high depress, were selected. The selected students were subjected to mental health Inventory in the second phase. The obtained data analyzed using t-test.
Statistical Analysis and Discussion

Table 1: High depress college student and low depress college student, Shows the mean S.D and t value of mental health

<table>
<thead>
<tr>
<th>Dimension</th>
<th>High Depress Students (N=43)</th>
<th>Low Depress Students (N=48)</th>
<th>t- ratio</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>Mean 157.36, SD 9.78, SE 1.09</td>
<td>Mean 174.20, SD 8.81, SE 0.98</td>
<td>11.44**</td>
<td>119</td>
<td>&lt; .01</td>
</tr>
</tbody>
</table>

The results related to the hypothesis have been recorded. Mean of Total Mental Health score of the high depress Senior science college students Mean is 157.36 and that of the low depress Senior science college students Mean is 174.20 The difference between the two mean is highly significant (‘t’= 11.44, df=119, P < 0.01) This Result Support the Hypothesis. Low depress senior science college students have significantly high mental health than the high depress senior science college students. A similar finding was reported earlier by David M. Fergusson, and others (March 2002) Mental Health, Educational, and Social Role Outcomes of Adolescents with Depression. Conclusions 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.

Table 2: ‘r’ showing the significance of relationship between mental health and depression among senior science college students

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>N</th>
<th>r</th>
<th>DF</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>121</td>
<td>-.42</td>
<td>119</td>
<td>.01</td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
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</tbody>
</table>

The results displayed in table 02 clearly indicated the significant relation between depression and mental health. The correlation of depression and mental health and significant (r = -0.42, df = 119, P<.01).

Conclusions
1) Low depress senior science college students have significantly good mental health than the high depress senior science college students.
2) Negative Correlation between depression and mental health among senior science college students

References