

DEPRESSION IN THE STUDENT ENVIRONMENT*

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Abstract

Given that depressed patients improve their condition only when they understand what is happening to them, we consider it imperative to convince certain students through psycho-education, as specialist academics, that they need to identify their affective states, mood disorders disposition and accept that they may sometimes have an illness that can be cured by avoiding certain things and relying on certain resources. On their road to recovery, students who go through such periods need psychological support and encouragement to regain the hope, joy and pleasure that was stolen from them with the stress of entering a new cycle of education, the academic.

Awareness of the causes and psychological effects of depression and taking control of depressive states through voluntary effort by actors in the university environment, as well as a campaign to prevent and combat its presence among students, will determine that depression is no longer considered a stigma. Blame and responsibility lie equally with those teachers or counselors who might identify the symptoms but ignore the seriousness of the problem and cause the illness to go undiagnosed and treated, easily mistaking it for just a feeling of sadness or melancholy.

The study was conducted using a questionnaire covering 20 questions with a simple complement on a sample of 110 students. We believe that the results obtained from this study will contribute significantly to the awareness of the importance of the phenomenon.

Key words: *Mild depression; Psychological therapy; Treatment of depression; Lifestyle.*

1. Introduction

Depression is a common problem in today's society that often goes undiagnosed or, more often than not, is diagnosed late. Statistics show that 15% of the population had at least one episode of minor depression during their lifetime and

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5% a major one, and in some countries such as Afghanistan the depression rate even reaches 22.5% of the population (Alonso, 2022, p. 17).

As it appears from the DSM-5 and ICD-10 classifications, depressive disorder is an illness in the category of affective disorders, characterized by a depressed mood that persists for at least two weeks, for most of the day, almost every day, and is a change from the previous level of functioning, to which is added at least one of two symptoms: anhedonia (loss of interest or pleasure in activities considered to be enjoyable) or fatigue. Often, this symptomatology is accompanied by low self-esteem, loss of appetite with weight loss, hypnotic disorders such as insomnia or hypersomnia, feelings of uselessness, inability, concentration disorders, emotional pain without a clear cause, etc. (DSM-5, 2016, pp. 160-161; ICD-10, 2016, pp. 200-203).

Society tends to stigmatize mental illness and label those people who suffer from a mental condition, often using various terms that distance them from normality, actions that cause the person in question to refuse, most often seeking professional help. Thus, through social exclusion, recovery can be made difficult, and minor affective or anxiety disorders can complicate and turn into serious health problems and, implicitly, real mental illnesses.

2. Depression among young students

Today, depression among young people is a global health problem, representing one of the major risk factors for suicide and self-aggressive acts (Preliceanu, 2015, p. 474), so that one of the main objectives of various institutions of public health is represented by reducing the incidence of affective disorders among young people. Current evidence suggests that only through sustained intervention can the likelihood of depressive episodes in young people be reduced.

As it appears from the latest reports of the World Health Organization, approximately 5% of the population of our country suffers from an affective disorder of the depressive type, the prevalence among young people being lower than among adults, but increasing compared to previous years, which not negligible, which is a strong alarm signal.

At the world level, both depression and anxiety (in its comorbid position) are common presences in academic life, the student having an increased vulnerability, which is associated, most of the time, with the presence of different mental stressors or physically, they act, usually together, in a competitive and restrictive environment, where flexibility is limited (Preliceanu, 2015, p. 467).

The university, academic lifestyle with overloaded school programs, the confrontation at a young age with the morbidity specific to the environment, doubled by reduced capacities to effectively face challenges, deficient levels of relationships, the inability to use alternative solutions to overcome difficulties, low social, family and/or institutional support, frequent evaluations and examinations, reduced social activities, abuses by some teaching staff, discrepancies between the official and informal curriculum, financial difficulties and the long path involved in building a future career, problems adapting to the environment academic, new norms and customs compared to the environment of origin, are just some of the stressful factors

that the student faces. Thus, as noted by Isaías Arriola-Quiroz and Stucchi Portocarrero (2010), feelings of frustration, guilt, failure, low self-esteem are reached, which will ultimately have adverse effects on the student's future academic performance (with the appearance of vicious circles, associating the mentioned stressors), his hostile attitude towards society, even addiction to prohibited substances and even self-suppression ruminations.

The risk of suffering from depression has 50% genetic causes, which means that environmental and psycho-educational factors are equally involved in the development of mood disorders (Alonso, 2022, p. 52).

The causes of depression among students are complex, and in order to understand the affective-emotional conditions underlying these imbalances, it is necessary to identify all the risk factors and life situations that can increase the stress level. In such situations, reduced relational skills, folded on a deeply negative thinking, often lead to difficulties for students in establishing new interpersonal relationships, adapting to the new academic environment and, implicitly, achieving school performance.

On the other hand, negative events in everyone's life, some of them even repeated during childhood, such as exposure to domestic violence, parents' divorce, poor living conditions, low economic status, emotional or physical abuse, failure in love, etc. can lead to the triggering of a depressive-type disorder (Preliceanu, 2015, p. 469). Therefore, the ways in which we become depressed are: genetic predisposition, neglect or bad treatment in childhood, chronic stress that alters the nervous structures and a major traumatic episode (Alonso, 2022, p. 81).

Each person's specific cognitive characteristics influence the interpretation of negative events in life, so these triggers will not always lead to depression. Another cause of depression among young adults is genetic factors and certain physical imbalances (Preliceanu, 2015, p. 473). As most studies show, children who have a parent with an affective spectrum disorder are four times more likely to develop the disorder themselves, and maternal depression is associated with a risk of developing depression in adolescents by up to 40% by age 20, with girls more affected than boys.

According to the research carried out, 8.4% of full-time students, who do not attend classes or who learn at a distance, who are between the ages of 18 and 22, "suffered an episode of major depression in the last year", and compared to their peers students recorded the highest proportion of "serious suicidal thoughts" in the last year, according to Alonso (2020, p. 48).

Just as the academic environment certainly contributes to the social, professional and emotional development of students, it can also represent an important source of events that can have a negative impact on certain categories of young people. Poor school results and negative beliefs about one's own cognitive abilities result in an increase in the level of stress associated with attending classes. Practicing acts of physical or verbal aggression towards colleagues (bullying) can be signs of masked depression, especially in girls.

As students, then as young employees, almost all of us had moments of fear, hesitation, guilt, lack of perspective or loss of hope, but fortunately, for most of them,

these states were transient, not qualitatively extremely oppressive and prolonged, nor did they quantitatively aggregate into major disease complexes. In others, however, the specific therapeutic interventions were necessary and welcome, without them the deterioration of academic performance, the withdrawal from social relations, in some cases, even more serious, even family ones, professional insertion and their evolution would certainly have become dramatic.

The symptomatology of depression among students is not always easy to recognize. There is a feeling of sadness, negative projection of the future, which can affect the daily activity and can lead to the appearance of secondary symptoms or disorders, such as those of sleep such as insomnia or hypersomnia, loss of appetite with weight loss or vice versa, in the case of an atypical depression, hyperphagia with the appearance of obesity as comorbidity, mnesico-prosexic disorders. Some behavioral disorders, appearing in the short term and which do not influence the quality of life, can be confused with the symptoms of depressive disorder (Prelipceanu, 2015, p. 465).

In the case of students experiencing depression, behavioral changes are accompanied by long-term changes in mood and personality. Common signs of depression include: depressed mood, irritability, fatigue, decreased ability to concentrate, hypnotic and eating disorders, abandonment of certain activities that were part of the current activity and which were previously enjoyable, reduced adaptive and integrative capacities, negative thoughts and feeling of guilt. The consumption of alcohol and prohibited substances can represent the obvious symptoms of depression and, most of the time, are comorbidities of this affective disorder (DSM-5, 2016, p. 168).

Currently, the recovery programs for a young person with depression are complex, involve multidisciplinary teams and are carried out in steps that mainly involve lifestyle modification, psychotherapy sessions or the administration of drugs from the class of antidepressants, in more serious situations. A visit to the doctor is always necessary for a correct diagnosis of depression and to benefit from specialist help. Depending on the severity of the depression and the level of impact on quality of life, it may be necessary to include antidepressant medications in the treatment plan. In most cases, following the administration of antidepressants, improvements in symptoms are observed within two to six weeks, according to clinical experience.

Students with depressive symptoms are encouraged not to give up sports or to start practicing a sport and have a balanced diet. At the same time, it is necessary that they pay special attention to sleep and avoid the consumption of alcohol or prohibited substances. Spending a good part of the day outdoors can help reduce stress and anxiety and improve mood. When we are faced with a reduced interest in sports that involve a higher level of concentration and physical effort, we can resort to outdoor walks as part of a daily routine. Writing or reading can also have therapeutic benefits, as a depressive often experiences a decline in cognitive abilities due to prosexic deficits, and a daily intellectual activity can keep him connected and lead to an increase in power for Focus.

To support the recovery of a young person experiencing depression, it is necessary to understand that depression is a mental condition, which changes the way he thinks, having obvious influences on behavior. Constant encouragement is needed to communicate with members of the groups to which he belongs, to participate in social activities that he previously practiced together with other people of his age, and all this to combat social isolation and connect him to a model of life adapted to his needs. Support from family, loved ones, even peers can make a difference in the recovery of a young person with depression. Volunteering and getting involved in various actions and to achieve certain goals is an important antidepressant and a possible booster of self-esteem, which improves social relations and communication skills.

Mental and physical health are directly linked, depressive symptoms being caused by sedentary lifestyle, inadequate sleep and unbalanced diet or aggravated by these factors. Unhealthy behaviors of students, such as missing sleep, not respecting the main meals and spending a long time in front of the phone or computer screen are factors that can negatively influence the appearance of affective symptoms or the progressive evolution of an already installed depression. Before looking for solutions to relieve or treat depression, it is necessary to change the lifestyle by combating any behavior harmful to physical health and implicitly to mental health.

From the point of view of psychotherapy, depression is the result of a life scenario in which the person considers himself unappreciated, unloved, with low self-esteem, considering that he is not ok and that he does not deserve any of the good things that happen to him (Tudose and Tudose, 2007, pp. 393-396). A 2017 review found that cognitive behavioral therapy appears to be similar to antidepressant medication in terms of effectiveness, and another from 2012 found that psychotherapy is better than no treatment, but not better than other treatments.

In the case of more complex and chronic forms of depression, a combination of medication and psychotherapy gave clearly superior results. There is evidence that psychological therapies are a useful short-term adjunct to antidepressant medication, especially in treatment-resistant depression.

Through psychotherapy, traumas that generate insecurity are healed, self-esteem increases, activity plans are established, emotional and stress management techniques are learned, new and positive behaviors are learned (Tudose and Tudose, 2007, pp. 408-409).

Behind a depression, there is a relational dependency, the person in question coming from childhood with an unsatisfied need for love. The therapy is adapted to each person. Each one is unique and the number of sessions depends on each individual. Following psychotherapy, he learns to love himself, accept his needs and be gentle with himself, learns to communicate honestly with others without shying away, to interact much more easily with all categories of people, to manage his own emotions and to anticipate others, to make correct decisions on his own, to find solutions, to develop skills he was not aware of, to be creative, to realize that life is wonderful and to enjoy every moment to the fullest.

The most studied form of psychotherapy for depression is cognitive-behavioral therapy (CBT), which teaches clients to change self-destructive ways of thinking (cognitions) and modify long-term counterproductive behaviors.

Analyses of samples of students with depressive disorder who received therapy sessions found that CBT was most effective, although its effects on severe symptoms are not definitively known. The elements that determine the success of cognitive behavioral therapy in young students with depression are: higher rational thinking, better defined future, lower level negative thoughts and less impaired cognition. Also, cognitive-behavioral therapy represented an important means of relapse/relapse prevention.

Cognitive-behavioral therapy and occupational therapies have been shown to be effective in decreasing illness time in college students with depressive symptoms.

If the depression is of severe intensity and cannot be relieved by a change in lifestyle or therapy, drug therapy can be resorted to.

With regard to this method of treatment, the specialists face reluctance both on the part of the affected persons and the entourage, however, once the appropriate drug and the correct dose have been found to cover the affective symptoms, the life of the affected person can improve considerably.

For example, antidepressant medication can be prescribed, which have the role of restoring brain levels of neurotransmitters. This type of medication can have sedative effects, but it is not addictive. As for the benefits, they are expected to appear after at least two weeks of regular administration, but if after a few weeks of administration there is no improvement in symptoms or this improvement is minimal or we face the appearance of adverse effects, it should be taken considering the gradual modification of doses or the therapeutic switch. Once the optimal treatment is found, it is recommended that it be continued for at least 6 months after the cessation of symptoms, in the case of a first depressive episode, or indefinitely in the case of recurrent depressive disorder (Preliceanu, 2015, p. 476).

In clinical practice, according to studies, it was found that approximately half of the patients with depression who are in treatment, abandon it (or present an inconstant administration of the medication) once they subjectively note an improvement in their mental state. Here, an important role is played by psychotherapy, which has the gift of creating that much-desired therapeutic alliance, of diminishing the feeling of withdrawal and isolation from the outside world, as well as personal beliefs about the fact that one's suffering cannot be understood by others and to increase communication at the level of the groups he belongs to. Implicitly, a better compliance with the treatment follows from this, and the patient becomes aware of the fact that early abandonment of the medication is accompanied by relapses or relapses of the disease (Preliceanu, 2015, p. 190).

Last but not least, it must be said that the family, friends, colleagues of the person with depression play an important role in his recovery through constant support, encouragement, increasing self-esteem, strengthening the conviction that he is not alone in the fight against the disease, and to be of help, they need to know that:

- the appearance of the disease does not represent a weak character, nor the fact that the person in question lacks will;
- it is not necessary to show an unjustified concern that can further incapacitate the person in question and accentuate his tendency to isolation;
- the depressive does not want pity from another person, but constant affection, without any interest, is always welcome;
- encouraging the person to carry out a constant physical activity;
- the appreciation of the small positive changes that can be found in the depressed person, lead to the strengthening of the convictions that he can overcome the disease;
- constant encouragement regarding the reversibility of the disease, even its eradication.

Academic staff interacting with students may notice several of the following early symptoms of depression in a person and should take them very seriously and seek help from a doctor, clinical psychologist or other health professional, even a psychiatrist : hopelessness or distress, loss of interest in previously enjoyable things, lethargy, exhaustion or lack of energy, tendency to cry, with nerves on edge, difficulty making decisions, pessimism and loss of hope, low self-esteem, feelings of guilt, thoughts of death and suicide (Alonso, 2022, pp. 30-35).

Regardless of specialist training, any academic could help if they suggested to students with depressive moods some ideas and thoughts that can help them overcome it: there are no magic cures, don't get discouraged, nobody is to blame for depression themselves, break down complex tasks into simpler ones, set realistic goals and prioritize them, make new friends and recover old ones, have someone to confide in, walk, avoid alcohol, don't make drastic life changes, stay sober, eat, sleep and drink well/healthily and most of all educate yourself about depression and how to treat it.

The most used depression diagnostic scales are the Hamilton Depression Rating Scale and the Beck Depression Inventory (Rizeanu, 2014, p. 108). It is not the attribute of teachers to make a diagnosis, nor will they do it, but they can suggest to students the adoption of some strategies to prevent or get out of a mild depression: "physical exercises, warm baths, skin-to-skin contact and phototherapy" (Alonso, 2022, p. 114).

Unlike clinical depression, sadness can have the role of "the predisposition to make far-reaching reflections" (Fernandez-Abascal, 2022, p. 65). But depression is not only sadness, because reflection, "suffering or despair are prolonged excessively" (Vindel, 2022, p. 59) and hopelessness appears. At the same time, from the perspective of learning, students with depression disorders have a significant decrease in interest or pleasure in all or almost all activities, almost daily, which decreases their academic performance (Ducher, 2012, p. 31). The alarm signal is raised when the student "becomes strange, avoids contact, seems indifferent to everything, unfairly devalues himself and shows a serious and brutal decline in academic abilities and performance" (Barbier, 2012, p. 43).

3. Results of the applied questionnaire

To the questions addressed to a number of 110 first-year students of the University of Craiova, which statement from a group best describes their condition, disposition, 6% answered that they sometimes think about suicide, but they can't do it and 4% believe that death will set them free, an aspect that confirms that certain indicators correlated with others, over a certain period of time (according to DSM-5), can show the existence of depression (figure 1).

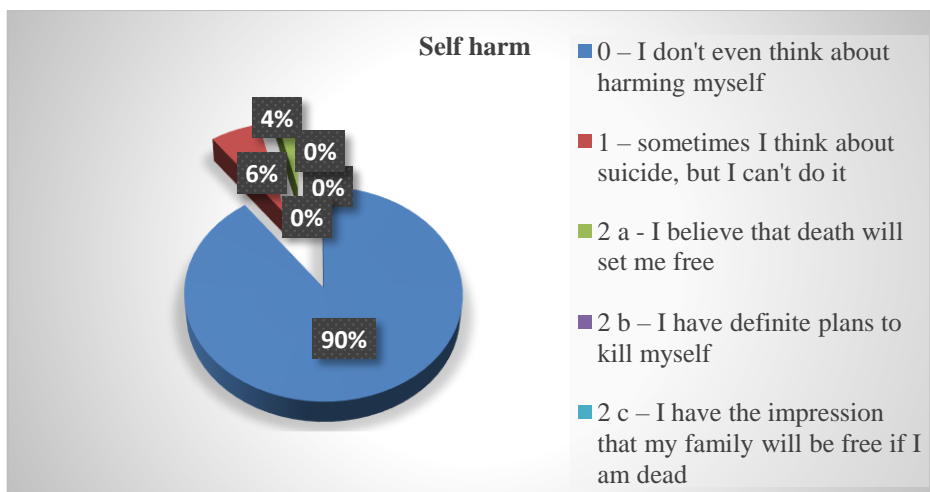


Figure 1. The students' opinion on Self harm

It should also be taken into account that self-image plays a decisive role in the appearance of depressive symptoms, as can be seen from the responses of students, who in proportion to 22% stated that they were disappointed by themselves and that 7% do not like themselves (do not love themselves) (figure 2).

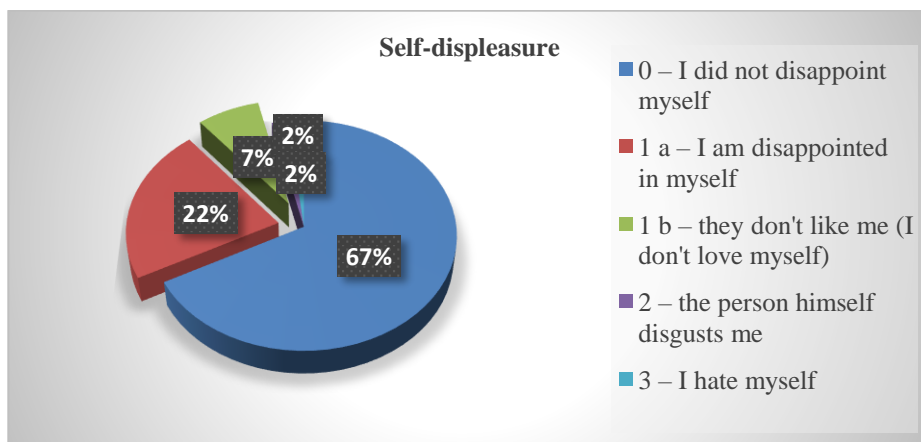


Figure 2. The students' opinion on Self-displeasure

4. Conclusions

Depression among students is common and represents a public health problem, as it is one of the major risk factors for suicide and self-harm (DSM-5, 2016, p. 167) and the earlier it is intervened, the treatment will be more effective and the possibility of relapse will decrease proportionally.

Therefore, escaping depression is an imperatively necessary, but at the same time complex process, in which the patient, his family, the psychiatrist, the psychotherapist, even the teacher, in certain cases, should participate equally, and its success depends, most of the time, on good communication between these parties. Reducing the incidence of depression in academia by promoting emotional well-being and mental health should be one of the main goals of global health institutions.

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