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Evaluate the Status of Depression and Anxiety of Newly Arrived Students at Orumieh Medical Sciences University

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ABSTRACT

Background and issue: Students form the most dynamic part of each society and mental health of this part is the health necessary of majority of society greatly. Change of the individual's life's environment and location from home to the university, access to the individual independence because of separation from family has different consequences. Anxiety and depression among freshman students can be happened because of various reasons and it impresses the their health the main aim; of this was conducted in order to determining depression and anxiety situation in freshman students of Medical sciences and health services university of Orumieh during 2012, 2013 and 2014. Method: This sectional study was conducted from type of longitudinal analysis on 555persons from students of medical sciences university of Orumieh during the academic year of 2012 to 2014. The studied samples were determined according to the student population of each academic year and questionnaire was distributed among students randomly. Ouestionnaire GHO28 was information collection tool in this study. After the data collection, they were analyzed with the use of SPSS.21 software. Findings: obtained findings show that amount of the depression and anxiety among freshman students in 2012 to 2014 had a significant difference with each other and students have experienced fewer symptoms in these two disorders in the recent years (The amount of depression respectively is equal to 1.24,1.04,0.56 since 2012 to 2014 and amount of anxiety is equal to 3.05,3.02,2.04). Accordingly, amount of these two disorders have not significant difference impairment between 2012 and 2013, But we see the significant difference of amount of these two disorders in freshman students in 2014. Conclusion: Based on the obtained results can be expressed the symptoms of depression and anxiety disorder are reduced among students in recent years and it shows decreasing trend and students have better mental health.

Key words: Anxiety, Depression, Mental Health, Students

Introduction

One of the vital periods in the young age is the student course that it is a known dynamic transitional period (1) entrance to the university has specific excitements that can impress the mental and physical health of student (2). In this period, young individuals accept the responsibility for their health with improvement of physically, mentally and socially and sexually this transitional period is the best time for creating healthy behaviors (1)

Anxiety disorders are the most common mental disorder in the society (2, 3, and 4) and students (5, 6, and 7) and more than 40 percent of those who refer to counseling centers of universities they have kind of depression. It is while interesting number of other students that refer to these centers because of problems apart from depression, they suffer of depression (8, 9). Even, if the intensity of depression symptoms in the students, in the slight level of their depression is chronic and it provides the background for increasing more serious risks such as suicide.

Students that suffer from the depression and anxiety they face with more problems in their academic affairs and they have the lower academic performance (10, 11). In fact, depression and anxiety is a serious problem that is effective on all involved operations in a successful experience at the university, such as motivation, concentration, self-esteem and it disables the suffering students (10, 12).

Although depression and anxiety has allocated the volume of extensive studies to itself in the clinical population But despite its high sensitivity and prevalence among student class, there is relatively little researches that they have studied the depression and anxiety among students specifically (13), that in addition of the limitation of these studies, studies that have longitudinal field also have considered much less amount.

2. Main body

Depression is the most common mental disorders that its prevalence is increasing currently. This disorder that someone has reminisced it as the mental cold that at least it is found in everyone slightly (14). Almost all at least had depression feel slightly. Frustration feels, impatience, sadness, disappointment, discouragement and unhappiness all of them are common experiences of depression (15). Depression has confronted the personal and social functions of person and it leads to he/she suffers from different mental and psychosomatic illnesses (Wells et al., 1989). When students experience the depression they get the reduction of concentration, pessimism, self-loathing, self-blame and reduction of energy (16).

from symptoms of depression can be point to the sadness, high anxiety, feel of guilt and worthlessness, staying away from others, reduction of appetite and libido, insomnia, loss the interest and enjoying from in daily activities. Depressed people experience the different forms from the mentioned symptoms that may be it changes from mild range or very severe range about intensity (17, 18).

Problematic symptoms of depression in the students include cognitive symptoms such as perfectionist ideation, feel of worthlessness and lack of self-esteem, motivational symptoms like dependence, lack of initiative and social problems about finding friend and self-expression (9, 16, 19) sadness also is one of the characteristics of depression, but in the all individuals this case is not observed instead the patient may be suffer from dizziness, anxiety and lack of concentration instead of the sadness (18, 17). These symptoms that also have considered the usual protests of clinical depression (20, 21) this mode includes of a wide range of normal sadness, grief and depressive symptoms until, severe form of depressive psychosis (3, 4, 5, 22).

Anxiety also is the process of interactive subsystems, includes of cognitive, physical, emotional, and behavioral sub-systems (7, 23), and it is an alert that warn to the person means danger is on the way and it leads person can proceed for opposition with the risk (24, 24) and it is the inseparable part of human life. Its abnormal mood can effect on wide range of different performances such as physical performance (25, 26, 27, and 28).

Anxiety is a very unpleasant generalized feel and often vague anxiety that it is with one or more symptoms and physical feel, and it is reason of numerous disorders such as phobia, obsessive, suicide, substances abuse, personality disorders, and variety of deviation. Symptoms such as anxiety, stomach aches, retirement, nausea, coercion, insomnia, withdrawn, depression, crying (2), empty feeling, shortness of breath, palpitations, headache, sweating and sudden incontinence for urination, irritability and the desire to move from (7) who that suffer from anxiety, involve to the extensive range of problems, from cognitive and physical to unjustified fears and startle (5, 8, 10) and their performance reduce in the different fields (8, 9, 10, 17).

Several studies have admitted to the high amount of depression prevalence and anxiety in the students (7, 29, 30) researches have confirmed some differences in the abbreviation signs that depressed students appear compared with clinical population. For example, depression of students is more cognitive compared to clinical depression (16, 19). Gharami, Porzoor, Aghajani and Narimani (2015) show that before of running test and in the pre-test average of anxiety is equal to 3.17 for students and the anxiety is equal 4.77.

The results of evaluating Adynbureh university show that 20 percent of boy students and 14.6 percent of girl students suffer from a kind of mental illness (31) estimating amount of depression in the student population is with mild depression extend of 30 percent and with major depression extend of 15 percent (32, 14). Statistics of depression also has high numbers among Iranian students. Bagheri Yazdi et al (1995) found during the research about mental health Tehran university students that 30 percent of the admissions of this university suffer from sadness and depression feels (33). Ahmadi (1995) achieved to 18,6 percent of the moderate depression and 8.5 percent severe depression among students of Shiraz university in this study 44.9 percent of students had depression and the average of boys depression (16.4) percent achieved more than girls (13,6) significantly (31).

In explaining depression and anxiety among students of collegiate challenging situations, such as adapting with new conditions, mastering on the new skills (24, 34) overcome on the problems of education (24) unfamiliarity of many students with university campus on the arrival time, lack of interest to the reasonable degree, incompatibility with other people in the residence, faced with educational new challenges and stress of academic (35, 36, 37) are such as factors that have identified. So can be expected as a result of extensive changes that occur in the environment and location of freshman students, they experience the different rates of depression and anxiety, so present research wants to answer to this question that how is the anxiety and depression of freshman students in 2012, 2013 and 2014?

Research methodology: The present research is a part of longitudinal analytical that it was performed with the survey plan. The freshman students of medical sciences university of Orumieh form the statistical population of this research. The studied samples were determined according to the proportion of student population of each academic year randomly.

So the freshman students of the medical Sciences University of Orumieh were selected as 555 persons in 2012, 2013, 2014. From the students was got satisfaction and after justify them questionnaire was executed by researcher, the criteria of exit from the study are: lack of

cooperation and calm when answering questions. Collected data with descriptive statistics method and univariate covariance statistical analysis method were analyzed by spss 18 software.

The research instrument: dimensions of the general health questionnaire (28-GHQ) were used for measuring disorder in the social function and anxiety symptoms. General health questionnaire has been provided by Goldberg and Hiller in 1972 and it has been used in the various researches widely and it is one of the most known tools of screening in the researches related to the mental health.

The questionnaire also has been formed from four subscales, that each of them have seven questions. From questions of 8 to 14 are related to the subscale of anxiety and from questions of 22 to 28 are related to the subscale of depression. The subscale of anxiety measures the clinical symptoms and signs of severe anxiety, insomnia, being under the pressure, being angry and worry and in the depression scale it measures the specific symptoms of depression such as worthlessness feel, hopelessness, being worthless the life, suicidal thoughts, wish of die and inability in the doing works (14).

The questionnaire is grading in the scale of 4-degree (3-0). So that the total score of the test is variable from 0 to 84 and cut off point of this test is considered 23. Due to this cut-off point, individuals are divided to the two healthy and suspect to the mental disorder groups (38). Internal coordination of general health questionnaire with 28 questions is 0.87, and 0.91 for anxiety and depression scale respectively with the use of Cronbach's alpha. The reliability of this questionnaire, has been calculated 91% by Palahang et al. Goldberg and Bekdoon have reported reliability of correlation coefficient of scores (GHQ) with a result of evaluating severity of clinical disorders of 80%.performed researches in the Iran also obtained validity of this questionnaire in good and excellent level (39).

Research findings

The research sample is 161 persons in 2012, 184 persons in 2013 and 210 persons in 2014 that it is 555 persons totally. According to the research findings average of depression situation of students shows the more desirable situation since 2012 to 2014 and symptoms of depression reduce. Average of depression is equal to 1.24 in 2012, 1.04 in 2013 and 0.56 in 2014. Therefore, can be said the depression of students has improved. Also situation of students shows the more desirable situation since 2012 to 2014 and symptoms of anxiety disorder reduce. Average of anxiety symptoms is equal to 3.05 in 2012, 3.02 in 2013 and 2.04 in 2014. Therefore can be said the anxiety of students has improved.

Table 1: Descriptive findings of anxiety and depression in the 2012-2013-2014

		91	92	93
	At least	3.96	1.95	0.99
Danraggion	Slight	7.3	2.3	0.1
Depression	Average	-	1.1	-
	Average	24.1	04.1	56.0
	At least	8.88	3.85	8.94
Amriatra	Slight	1.8	4.11	2.5
Anxiety	Average	1.3	3.3	-
	Average	05.3	02.3	04.2

The obtained findings show that freshman students have experienced the different amount of depression in the different years and amount of their depression had been different with each

other. Evaluating different anxiety symptoms among freshman students in the different years shows the different in amount of anxiety symptoms among them.

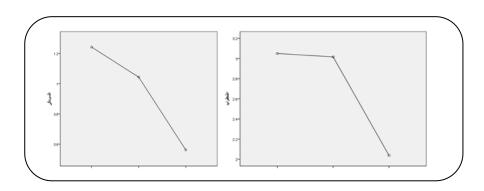
Table 2: evaluating difference of depression and anxiety in between 2012-2013-2014

	Difference	Sum of squares	Degrees of	F	Significant
Depression		Bulli of squares	freedom	1	level
	Intergroup	45.46	2		
	Intergroup	90.2088	552 13.6		002.0
	Total	35.2135	554		
Anxiety	Intergroup	02.129	2		0.000
	Within the group	24.4464	552	97.7	
	Total	26.4593	554		

Evaluating the difference between freshman students in different years shows that symptoms of depression and anxiety disorder in 2014 had been less than other years. So in the recent years, freshman students had faced with less depression and anxiety. Freshman students do not have significant difference with each other in the field of depression and anxiety in 2012 and 2013.

Table 3: Evaluating difference of depression and anxiety in during 2012-2013-2014

					•	
			Depression		Anxiety	
	Year		The difference	Significant	The difference	Significant level
			of the years	level	of the years	
201	2	92	199.0	611.0	033.0	993.0
		93	680.0	003.0	012.1	002.0
201	3	91	1990	611.0	0330	993.0
		93	482.0	039.0	978.0	002.0
201	4	91	6800	003.0	0121	002.0
		92	4820	039.0	978.0	002.0



Scatter diagram of depression

atter diagram of anxiety

The scatter diagram also shows the rapid reduction of in amount of individuals' depression and anxiety in during three years.

Discussion and conclusion

The obtained descriptive findings in present research show that amount of symptoms of catching show the decreasing trend depression in during 2012 to 2014. According to these findings

average of depression and anxiety has decreased among freshman students, so that a small number of freshman students show the symptoms of depression and anxiety from disorder from themselves in 2014. Since then has been conducted no longitudinal study, cannot be said that present research is in line with which research. But since the researches have evaluated the depression and anxiety among students in the past years, can be expressed that the results of the research is inconsistent with results of researches, such as Mack lenan(1992)(32) Rozental and Shiner (2000)(14), Gharamaki, Porzoor, Aghajani and Narimani (2015)(41) that they have reported high rates of depression and anxiety among students. Of course the reason of this lack of differences can be lead of research sample, because the freshman students form the present research sample that it is different with more researches that it forms all students. Although the results of 2012 in present research are closes to the researches such as Gharamaki and others 2015 (41) somewhat; hence amount of depression and anxiety is closes to the previous researches in 2012 somewhat. Reduction of stress and anxiety symptoms in the recent years can be shows the interference of a factor outside or inside of the medical Sciences University of Orumieh that it could reduce the rate of these disorders. Because the results of this research are not in line with some of simultaneous research in other parts of the country such as Gharamaki and others, So it is possible that in the regional level and or inside the medical sciences university of Orumieh (such as efficient core of psychology and consultation in this university, better educational and welfare facilities) the factors has been leads to reducing significant amount of these disorders among freshman students.

The obtained results need further researches and studies until can be identified the reducer factor. On the other hand results give the exceptional opportunity to the authorities that they faces with the students that they have good mental health. So authorities of medical sciences university of Orumieh must have the most attention. Also, it can be used from performance of this university for use in other universities.

References

Can-G, Ozdilli-K, Erol-O, et al., 2008, Comparison of thehealth-promoting lifestyles of nursing and non-nursing students in Istanbu, Turkey. J Nursing Health Sci, 10 (4), 273-80.

Hosseini-SH, Kazemi-SH, Shahbaznezhad-L. 2006. [Evaluation of mental health in athletic and nonathletic students] Persian. J Mazandaran Univ Med Sci, 16 (53), 94-104.

Christensen-H., Pallister-E., Smale-S., Hickie-I. & Calear, A. 2010.Communitybasedprevention programs for anxiety and depression in youth: A systematicreview. The Journal of Primary Prevention, 31 (3), 139-170.

Leibenluft-E. 1997, Issue in the treatment of women with bipolar illness. J Clin Psychiatry, 58, 5-11.

Rosental-B. S., Schreiner-A. C. 2000. Prevalence of psychological sumptomsamong undergraduate students in an ethnically diverse urban public college. J AmCollege Health, 40, 12-18.

Khawaja-N. G., Duncanson-K. 2008. Using the university student depression inventory to investigat the effect of demographic variable on student's depression. Australian journal of Guidance and counseling, 18 (2), 1-15.

Kenney-B. A. & Holahan-C. J. 2008. Depressive symptoms and cigarette smokingin a college sample. Journal of American College Health, 56 (4), 409-414.

Benton-S.A, & etal. 2003. Changes in counseling center client problems across 13 years. Professional Psychology: Research and Practice, 34, 66-72.

Mousavi et al. (2016). Journal of Management and Social Studies, Vol. 3, No. 7, pp. 460-468.

Surtees-P. G, Pharoah-P. D. P, & Wainwright, N. W. J, 1998. A follow-up study of new users of a university counseling service.British J. Guidanceand Counseling, 26, 255-272.

Lyubomirsky-S, Kasri-F, & Zehm-K, 2003. Dysphoric rumination impairs concentration on academic tasks. Cog. Ther. Res, 27, 309-330.

Lyubomirsky-S., Kasri-F., & Zehm-K. 2003. Dysphoric rumination impairs concentration on academic tasks. Cog. Ther. Res., 27, 309-330.

Andrews, B., Wilding, J. M. 2004. The relation of depression and anxiety to lifestress and achievement in students.British Journal of Psychology, 95, 509-521.

KhawajaNigar-N. &, Bryden Kelly-J. 2006. "The development and psychometric investigation of the university student depression inventory" .Journal of Affective Disorders. 96. pp: 21-29.

Rosenhan-D, & Seligman-M. 1995. Abnormal psychology (3th edition). New York: Norton. 15 holes, Dyvydal, 1379, psychopathology, Yahya Mohammad, Tehran, Arasbaran, vol. 2, p. 3.

Cox-B. J, & etal. 1999. The nature of the depressive experience in analogue and clinically depressed samples. Behav. Res. Ther, 37, 15-24.

Davison-G. C, Kring-A M, & Neal, J. M. 2004. Abnormal psychology, (9thedition). New York, John Wiley & Sons Inc.

Pour Afkari, 2007, a sign of mental illness for medical students, nursing, psychology, liberal publications.

Whisman-M. A, Perez-J. E, & Ramel-W. 2000. Factor structure of the Beck Depression Inventory- second edition (BDI-II) in a student sample. J. Clinical Psychology, 56, 545-551.

Beck, A. T. 1967. Depression: Causes and treatment, Philadelphia, University of Pennsylvania Press.

Rapaport, M. H, Jud & et al. 2002. A descriptive analysis of minor depression. Am. J. Psychiatry, 159, 637-643.

Patel-V. 2001. Depression in developing countries lesson from Zimbobwe. Br Med. J, 322 (7284) 482-4.

Lee Ridner-S., Staten-R. R. & Danner, F. W. 2005. Smoking and depressive symptoms in a college population. Journal of School Nursing, 21 (4), 229-235.

Misra-R., & Castillo-L. G. 2004. Academic stress among college students: Comparison of American and International students. International Journal of Stress Management, 11, 132-148.

KhawajaNigar-N. &, Bryden Kelly-J, (2006) .The development and psychometricinvestigation of the university student depression inventory.Journal of AffectiveDisorders, 96, 21-29.

Lenz-B. K. 2004. Tobacco, depression, and lifestyle choices in the pivotal earlycollege years. Journal of American College Health, 52 (5), 213-219.

Cox-B. J., Enns-M. W., Borger-S. C., & Parker-J. D. A. 1999. The nature of thedepressive experience in analogue and clinically depressed samples.Behav. Res.Ther., 37, 15-24.

Whisman-M. A., Perez-J. E., & Ramel-W. 2000. Factor structure of the BeckDepression Inventory- second edition (BDI-II) in a student sample.J. ClinicalPsychology, 56, 545-551.

Ayldrabady-A; Firoozkooh, of the oppressed, R., Navidian-AS (2004). Prevalence of depression in 80-81 Zabol University of Medical Sciences, Journal of Medical Sciences 6 (6) 21-15.

Mousavi et al. (2016). Journal of Management and Social Studies, Vol. 3, No. 7, pp. 460-468.

Rashidi Zaviyeh, F. (2001). Depression medical students at Zanjan University of Medical Sciences, Medical Sciences and Health Services Zmjan Journal, 30, 54-44.

Ahmadi-J., 1995, the rate of depression in students of Shiraz University of Medical Sciences, the annual Congress of Psychiatry and Clinical Psychology Abstracts first, 3 to 10 December, Tehran University of Medical Sciences. McLennan-J. 1992. University blues: Depression among tertiary students during an academic year. Br. J. Guidance

Counselling, 20, 186-192.

Q -Bagheri Yazdi, Bolhari-C, H follow. Check the status of mental health in the academic year 73-74 students of Tehran University. Journal of thought and behavior. first year. No. 4. 1374. Sfhat 30-40.

Martin- W. E, Jr, Swartz-Kulstad-J. L, & Madson, M. 1999. Psychosocial factors hat predict the college adjustment of first-year undergraduate students: Implications for college counselors. Journal of College Counseling, 2, 121-133.

Lapsley, D. 1989. Psychological Separation and Adjustment to College. Journal of Counseling Psychology, 36, 286-240

36-Turabi, Nykchh, 1376, Ilam depression in students of institutions of higher education, college Journal of Medical Sciences, 3-14.

Farzin Rad, Asghar nejad, yekkeh Yazdandoost, Habibi Sgrabad, 2010, compared to coping strategies and personality styles in depressed and non-depressed students Journal of Behavioral Sciences, 4 (1): 17-21.

Moradian Sorkhkalaee-M, Eftekhar-H-, nejat- S-; Sai Poor-N; Shahmirzadi-S. 2012, Tehran University of Medical Sciences students mental health in the academic year 1390-1389. The Journal of Student Research Committee University of Medical Sciences. Volume 14, Number 2.

sadeghian-E, Moghaddarikusha-M., 2010, the state of mental health of students in the academic year 2009-2008 Hamadan high school girls. Scientific Journal of Hamadan University of Medical Sciences and Health Services. Volume XVII, Issue 3.

Isfahani-N, 2002, the impact of physical exercise on mental health, anxiety and insomnia, social dysfunction and depression Zahra. Move publication. 12. Number 75-86.

Sobhi Gharamaleki -N, Porzur-P; Aqajani-S, Narimani-M. 2015, focused on the effectiveness of emotional regulation on reducing symptoms of stress, anxiety and depression. Iranian Journal of Health Education and Health Promotion. Volume three. number one. 17-5.