

# Level and Factors Responsible for Depression among Doctor of Physical Therapy Students in Islamabad

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## ABSTRACT:

**Background:** In recent past, depression has been estimated to have an increased prevalence amongst students and particularly in medical students which affects their competence, performance and capabilities.

**Objectives:** The main objective of this study was to find out the level and causes of depression among Doctor of Physical Therapy Students. The second objective was to find out relationship between different contributing factors and depression.

**Methodology:** A descriptive cross sectional study was done with a sample of 282 students of Riphah College of Rehabilitation Sciences. The study duration was from 01 April to 30<sup>th</sup> August 2012. Details of data were collected through structured questionnaire contained causes responsible for the depression and Beck's Inventory Score to measure level of depression.

**Results:** Majority of students (27%) from all semesters have severe problem with scope of field. Out of 77 students, 27 have shown mild depression whereas 16 students lie in moderate depression. Students who do not have any friend issues constitutes 16 out of 52 (30%) fall in category of moderate depression and those who consider it a severe problem are 27 out of 52 (52%) also have moderate depression.

**Conclusion:** Male students showed more depression than female students. A direct relationship was present between depression and family/friend issues. Residence was found out to be a prominent contributing factor in causing depression in such a way that day scholars were recorded to be more depressed than hostelites. On the other hand, the students who participated in extracurricular activities were least likely to get depressed.

**Keywords:** Depression, Doctor of Physical Therapy, Becks Inventory Score, (JRCRS 2013; 1(1):07-12)

## INTRODUCTION:

Depression is a mental state or chronic mental disorder characterized by feelings of sadness, loneliness, despair, low self-esteem, and self-reproach; accompanying signs include psychomotor retardation (or less frequently agitation), withdrawal from social contact, and vegetative states such as loss of appetite and insomnia. Feeling sad is normal condition and any one can experience it, but this sadness is not considered normal when it gets interfered with your daily routine and people around you start getting affected by it, only at this stage it is considered clinical depression. This is not usually a fear of death, more a preoccupation with death symptoms a patient has, the more chances of depression exist. A person habitual of thinking bad and thinking negatively about one's self are more prone to get depressed. Some have seasonal depression (SAD or seasonal) and psychotic depression. The patient would exhibit five of the symptoms listed

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above that are required to make the diagnosis of depression. If this situation persists for more than two years, it is sometimes called dysthymia<sup>7</sup>. This support should include information; accommodation; help with finding suitable work; training and education; psychosocial rehabilitation and mutual support groups. Understanding and acceptance by the community is also very important. A study supported that family interrelation and support plays an important role in decreasing psychological problem. An inverse relation was found between the two. The higher the family support, the lower is the level of depression and suicide thoughts<sup>9</sup>. Higher total scores indicate more severe depressive symptoms. SCORE 17 or higher needs professional treatment<sup>10</sup>. The ages of 18-25 was recorded as the prime age for serious mental health conditions to emerge<sup>11</sup>. Those who were enjoying good company of friends were less depressed<sup>12</sup>. Unhealthy eating habits and sleep patterns, lack of exercise, alcohol abuse and drugs, are other noticeable factors<sup>13</sup>. One study stated the higher level of depression in medical students due to increased use of benzodiazepines. Only limited number of students sought help and limited number used suitable therapies to get rid<sup>14</sup>.

Study of graduate level in and of itself demands arduous work. On top, the simultaneous pressures (financial, career, family, partner needs, etc.) can take its toll on physical and mental well-being of the student<sup>15</sup>. This was according to U-M research which was yet to be published on Sept<sup>15</sup>. In the Journal of the American Medical Association<sup>16</sup>. A cross sectional study done in Agha Khan University showed that occurrence of perceived stress appears to be high in medical students which affects their educational performances and their mental health also<sup>17</sup>.

#### **MATERIAL AND METHODS:**

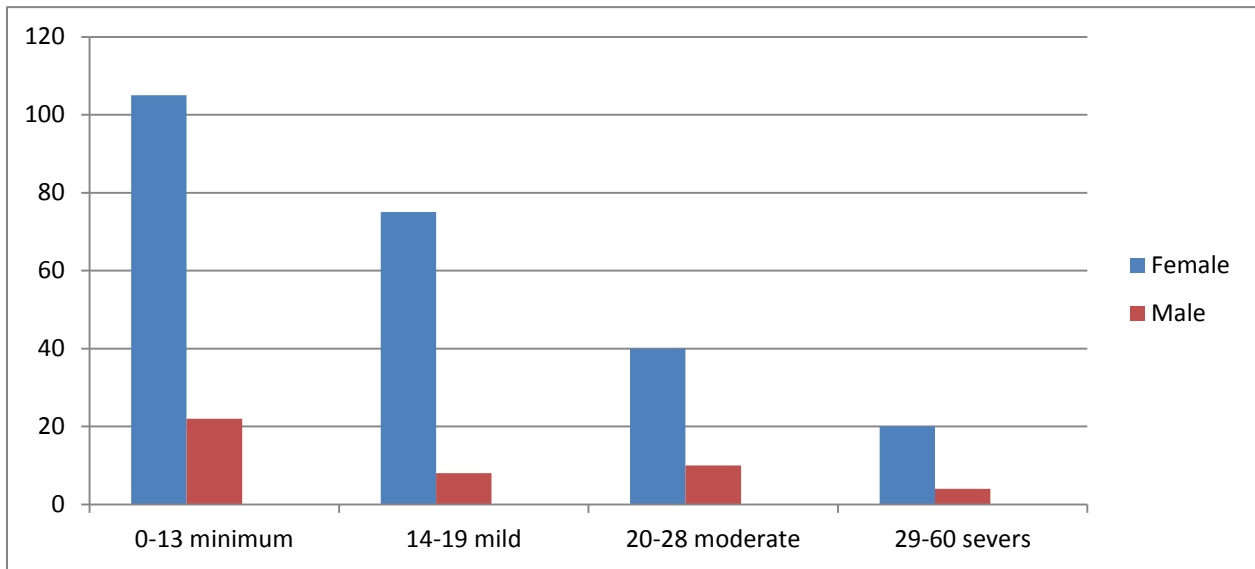
A descriptive cross sectional study was done with a sample of 282 students of Riphah College of Rehabilitation Sciences. The study duration was from 01 April to 30th August 2012. The students were recruited through the non-probability convenient sampling technique from different years of education. Details of data were collected through structured questionnaire which contained the different causes responsible for this depression and Beck's Inventory Score was used to measure level of depression. The data was analyzed through SPSS 17 and descriptive analysis was recorded. The data was arranged in the mild, moderate and severe depression through the scoring method of Beck's Inventory. The different factors responsible for depression include the family, friend and other personal issues were also analyzed for precise results.

#### **RESULTS:**

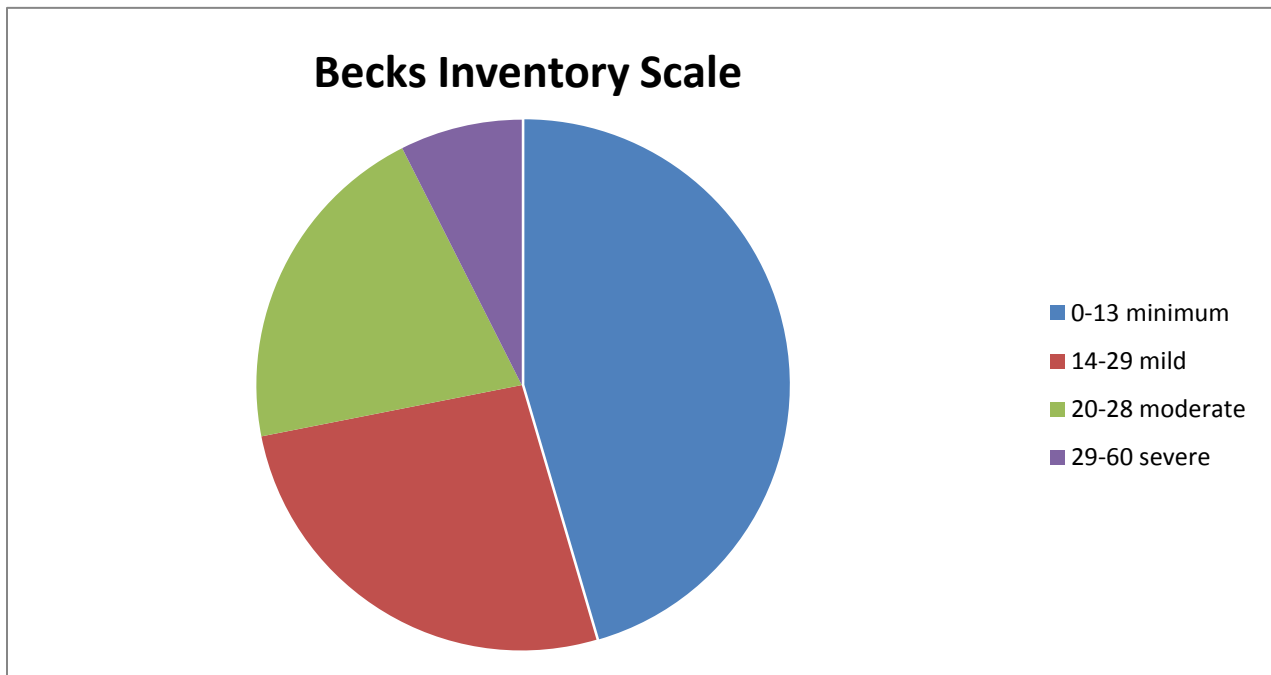
Majority 77 students (27%) from all semesters have severe problem with scope of field, out of 77 students 27 have shown mild depression whereas 16 students lie in moderate depression. Mild depression is the second category of Beck's Inventory Score and Moderate depression is its third category, which is an alarming level of depression. 137 students out of 282 (49%), consider family issues as a severe problem. 10 of these 137 students lie in severe depression category, 21 students show moderate, 42 show mild whereas 64 fall in minimum depression category. 101 students show no problem and 44 students show least problem with family issues.

Students who do not have any friend issues constituted 16 out of 52 (30%) fall in category of moderate depression and those who consider it a severe problem are 27 out of 52 (52%) also have moderate depression. Out of 129 depressed students 62 were involved in and 67 were not involved in extracurricular activities. Majority of depressed students 51% were not involved in extracurricular activities and minority of students 48% were involved in extracurricular activities. The study shows that there is a relationship between residence and depression. Out of 129 depressed students 111 were day scholars and 18 were hostelites. 47% of the day scholars were depressed as compared to 38 % of hostelites.

**Bar Chart**



**Becks Inventory Scale**



**DISCUSSION:**

There are several research studies that support correlated. In the chapter of discussion the points of similar concepts are highlighted and the importance of study point is being supported by different evident references. Family issue is a major factor, contributing in the high occurrence of depression. Majority students were having family problems and study has revealed that it is a major contributing factor in increasing depression. A direct relation with depression level and family issues is present. A

study supported that family interrelation and support plays an important role in decreasing psychological problems. An inverse relation was found between the two. The higher the family support, the lower is the level of depression and suicide thoughts<sup>9</sup>.

The study shows higher level of depression in students who have severe friend issues than those who do not consider friend issue as a major problem. A study carried out in Lahore concluded that hostelities were more prone to depression and anxiety as compared to day scholars. Similarly students who have experienced recently negative events and students in first two years were more depressed. Those who were enjoying good company of friends were less depressed<sup>11</sup>

Extracurricular activities and social participation is of great help in reducing depression. The results of the study show that those students who were socially active had a lesser percentage of depression as compared to those students who did not participate. Another study showed that inadequate social activities also effect mental health of medical students and create psychological problems<sup>23</sup>. Initial semesters have shown increased level of depression. A cross sectional study was done on the students of Ziauddin Medical University, who had spent more than six months in medical school. They came with a result that anxiety and depression is significantly higher in 1<sup>st</sup> and 2<sup>nd</sup> year medical students<sup>24</sup>. As 1<sup>st</sup> year students suffer more from pressure of studies so stress prevalence is also higher among them. The result is supported by a cross sectional study. This study also recommends that stress prevalence is more in medical students with female students having higher ratios than male students<sup>25</sup>.

As the results of the study have shown that there are several local factors at campuses such as time table, faculty etc. are responsible for increased level of depression. One study reported that prevalence of depression was highest among dental students. This could be the effect of stressors at their campus.<sup>26</sup>

Considerable number of students have major problem with fee structure. However another study showed contradicting results. Possible reason for this contradiction is that RCRS is a private institute with high fee structure. According to the mentioned study birth order, monthly income, number of siblings and monthly expenditure on education has no relation with level or prevalence of depression. They also suggested the needs of psychiatric counseling to the students having psychological issues.<sup>(24)</sup> Depression level has shown to be higher in day scholars and lower in hostel residents. It contradicts with the study mentioned below. The study carried out in Lahore concluded that hostelities were more prone to depression and anxiety as compared to day scholars. Similarly students who have experienced recently negative events and students in first two years were more depressed. Those who were enjoying good company of friends were less depressed.<sup>25</sup>

They believed that a fear of failure and worries over performing intimate physical examinations on patients, as well as long hours and stress, were to be blamed.<sup>18</sup> This result is supported by a cross sectional study. This study also recommends that stress prevalence is more in medical students with female students having higher ratios than male students<sup>19</sup>. The British Medical Association says that more than 50 per cent of medical students admit that they have sought help for depression or other mental health problems. However another study done to determine the level of mental health service use by depressed medical students and their perceived barriers to use mental health services. This study reported that majority medical students remain undertreated.<sup>20</sup> One study done reported that prevalence of depression was highest among dental students. This could be the effect of stressors at their campus.<sup>21</sup> Inadequate data was available regarding causes of distress and its effects on student's educational performance.<sup>22</sup> Inadequate social activities also effect mental health of medical students and create psychological problems.<sup>23</sup> The study also suggested the needs of psychiatric counseling to the students having psychological issues.<sup>24</sup> Another study done in Pakistan reported that there are certain risk factors

other than academic stressors that influence development of psychological health problems.<sup>25</sup>

### **CONCLUSION:**

After the conduction and analysis of this cross sectional survey it is concluded that male students are more depressed as compared to female students. Scope of the field has been ascribed as a severe problem by a larger percentage of students. Hence, a distinctive factor in the causing stresses. Another worth noticing factor is the direct relationship between depression and friends issues. It is also observed that family issues are major contributing factor in being the cause of depression in majority of students. Likewise, those students who have issues related to friends, are liable to develop depression as concluded by the results of the study. Fee structure has also been assigned a severe problem by an absolute majority. A relationship between residence and depression level was also analyzed. Those students who are day scholars were found out to be more depressed as compared to those residing in hostels. Travelling could be the possible factor of day scholar's depression. As this is an under developing field and majority of students have career insecurity, therefore scope of field also contributed to depression in majority of students. On the other hand, extracurricular activities always freshen up minds, releases tensions and burdens from studies. So the students who are involved in such activities are less depressed as compared to others, thus indicating an inverse relation between the two.

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