

A Review of Depression of College Student: Symptoms, Types, Contributing Factors

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Abstract – Psychological distress is mainly referred to as a measure of people's mental health and is widely used as an indicator in population surveys, public health evaluations, epidemiological research, or related clinical investigations and other important intervention research. The scientific literature highlights the applicability to the indistinguishable group of symptoms of depression, general anxiety, behavioural problems, functional limitations and even personality characteristics of psychological discomfort. "India engineering education has seen remarkable development over the last decade in the number of students and the number of institutions, but the average quality of schools and graduate students is suspicious," as shown by the human resources survey of Indian multinational companies, the employability of only one quarter of engineering graduates is eligible. Lack of communication skills, lack of quality education, lack of practical knowledge, lack of interpersonal skills, a bad position in leadership, teamwork and time management are the main reasons of the bad category of pupils. In this paper discuss the about Depression, Symptoms, types of depression, and treatment of depression.

Key Words – Depression, Symptoms, Treatment, Mental Health, Therapy, College Students

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1. INTRODUCTION

In today's environment a student's social, personal and academic life plays an important part in developing his personality. At the same time, he/she must maintain a successful professional progression, which includes strong time management in both curriculum and curriculum activities. Students from various backgrounds find it difficult to adapt to their university level, leading to dissatisfaction, tension, conflict, anxiety and melancholy. They are confronted with unfavourable societal elements, such as rivalry for position, fulfilment of objectives, difficulties placing excellent businesses, lack of communication and confidence.^[1]

In the 21st century, college students encounter extensive experience of their own personal and psychological difficulties, which exacerbate their experience of mental illness. Higher and professional training causes significant stress amongst these young adult students who are growing systems, where it is difficult for students to adapt to their academic and familial affairs and to manage time appropriately, who encounter unsuccessful and failing situations in their professional courses and other elements of their life. It is often observed that adaptation problems and general development continue because of the inefficiency of handling the

separation of family conditions, fear of professional growth, stress management, a basic schedule of studies, defining objectives, building a connection with other friends or faculty in the system, and growing emotions and self-respect within the complete system. Just like young adults, undergraduate students must deal not only with psychological and psychological changes linked to the formation of an independent personal life, but also with academic and social obligations in the preparation for their professional careers in university studies. Therefore, the undergraduate time is a sensitive era in the life span of a person, and many consider this time vital for building systems and intervention approaches that might prevent or lessen mental issues.^[2]

2. COLLEGE STUDENTS

The university environment is significantly different from the school, when students forget about their comforts and friends in previous years, but generally, it is a period of expectation, anxiety and beautiful discoveries. 'Often college students encounter scholastic challenges and expectations that are higher than in high school' ' '. The main problems faced by a student in the school activities are the huge volume of reading, the limited periods of writing, caused by the burden of uncertainty,

dissatisfaction and possibly solitude. Some students feel depressed or feel sad, weary, guilty and desperate and experience numerous sensations of being concerned or worried about their future by thinking about incapacity, lack of confidence and communication, losing interest in academics and distracting themselves with numerous concerns related to adolescent troubles and social pressure.^[3]

Millions of young people have symptoms that cause problems in their everyday activities. Anxiety is one of the many emotional and behavioural problems and a strong predictor of student poor academic performance. Depression rates among university students are also high as a result of variables such as academic strain, inefficient social adaptation, poor sleep and the general stress of the adjustment to college life. Highly impacted university students in their academic lives are anxiety and depression, leading to poor overall well-being. In this study 200 students of engineering from Tiruchengode K.S.R. College of Technology have been chosen for a purposeful sample. Of the 200 engineering students, 100 electronics engineers and 100 students in electronics and communication engineering, 40 (from each group) were female and 60 were boys of each faculty. The evaluations were performed using Case Study Schedule, Beck's Depression Inventory Manifest Anxiety Inventory (M.A.I), and WHO's General Wellness Index.

3. DEPRESSION

'Depression is a frequent mental condition that manifests with a gloomy mood, lack of interest or pleasure, guilt or low self-worth and disrupted sleep or appetite, low energy and poor attention,' says WHO (2008). A person's capacity to carry out his or her daily activities might be severely hindered if these difficulties persist or reoccur. Suicide is a terrible death caused by depression that takes the lives of around 8,50,000 people each year at its worst.^[4]

The Diagnostic and Statistical Manual of Mental Disorders stated that a depressed mood is often reported as feeling depressed, sad, helpless, and hopeless. When used in everyday speech, the word "depressed" frequently means simply "sad." However, clinical and non-clinical depression can also refer to a collection of other emotions.

3.1 Common Symptoms of Depression

Depression manifests in varying degrees from General Symptoms to Clinical Disorder. Emotional, cognitive, somatic, and behavioural symptoms are all common, but mood instability is the most prevalent. Changes in appetite, weight, sleep, and psychomotor activity are all common signs of depression, as are feelings of worthlessness or guilt, and problems thinking clearly or making decisions. Anhedonia, or a lack of interest in formerly enjoyable activities, is a

common side effect of social isolation. Depression is a risk factor for a number of other negative health outcomes including diminished immune function and poor illness recovery.^[5]

3.2 Physical Symptoms

- Changes in sleeping pattern
- Changes in eating patterns
- Fatigue, loss of energy
- Headaches, stomach-aches or otherwise inexplicable aches and pains

3.3 Behavioural/Attitudinal Symptoms

- Diminished interest and enjoyment of previously pleasurable activities-sex, sports, hobbies, going out with friends
- Difficulty in concentration or making decisions
- Neglecting responsibilities and personal appearance

3.4 Emotional Symptoms

- Depressed mood-can mean feeling down, apathetic, irritable, pessimistic, hopeless, negative, guilty, anxious, empty, etc.
- Suicidal Thought
- Feeling hopeless and helpless
- Feelings of worthlessness

4. TYPES OF DEPRESSIVE DISORDER

There are different types of depressive disorders. Many of the symptoms overlap, but each type of depression has distinct signs and effects.

4.1 Major Depression

The inability to feel joy or happiness is a hallmark of major depression. These signs and symptoms recur on a regular basis, making it difficult to function normally and have fun. A serious depressive episode often lasts six months if left untreated. In some cases, depression is a one-time occurrence, but in the majority of cases, it is a long-term problem.^[6]

4.2 Atypical Depression

Atypical depression is a common subtype of major depression. It features a specific symptom pattern, including a temporary mood lift in response to positive events. Weight gain, excessive sleep, a

heaviness in the arms and legs, and sensitivity to rejection are all symptoms of atypical depression.^[7]

1. **Sthymia:** 'Low-grade' depression that lasts at least two years is called dysthymia or dysthymic disorder. Dysthymia is less severe than major depression, but its chronic symptoms prohibit people from living their lives to the maximum extent of their abilities. There is a condition called "double depression" in which patients with dysthymia also have significant depressive episodes.
 2. **Bipolar Disorder:** In manic-depressive bipolar disorder, mood swings alternate between periods of depression and periods of mania. The transition from one emotional extreme to the other is usually slow, spanning at least several weeks for each manic or depressed episode. When depressed, a person with bipolar disorder exhibits the usual symptoms of major depression. In the manic phase, symptoms include hyperactivity, rapid speech and impulsive behaviour.
- **Seasonal Affective Disorder**

Some people who experience recurring episodes of depression show a seasonal pattern known as Seasonal Affective Disorder (SAD). SAD is a major depression that occurs in the fall or winter when the amount of sunlight is limited. In SAD, the depression goes away once the seasons turn again in the spring. SAD is more common in northern climates and in younger people.

- **Postpartum Depression**

Postpartum depression is a long lasting and more serious depression thought to be triggered by hormonal changes associated with having a baby. Postpartum depression usually develops soon after delivery, but any depression that occurs within six months of childbirth may be postpartum depression.

- **Causes of Depression**

Depression is a major issue of personal and societal importance, interfering with intra- and inter-personal processes, academic and social inclusion and retention. Some depressed people may be rude, uncooperative, self-critical, interpersonal styles that generate unpleasant reactions from others. Low social skills and social acuity have been suggested to render individuals susceptible in view of adverse stressful life situations in the emergence of depression symptoms and other psychosocial disorders.^[8]

Depression causes are complex. The development may contribute to genetic, biochemical and

environmental variables. Depression may be related to one cause in some persons, while a certain number of factors are involved in others. The causes are never known to many. Depression is a frequent reaction to the disappointments, tragedy and loss of life. The causes are connected, interact and influence. It is assumed that biological factors like inheritance and chemical imbalances in the brain have a role. But psychological and social variables are as significant. These include stress levels in life, support system qualities, world seeing, coping style, early life experiences and lifestyle choices. No one cause of depression exists. Induce depression via early life experience, genetic susceptibility, lifestyle variables, and particular characteristics. Feeling connected with others in our everyday life makes a significant impact in our capacity to overcome stress and despair. Persons who are unaware or invisible, or who ignore other people's help and comfort, are at danger of depression and depressive diseases.

- **Chemical Imbalances**

Neurotransmitters are chemical messengers in the brain. They play a role in everything the brain regulates, including mood and emotions. Lower levels of three neurotransmitters namely serotonin, norepinephrine, and dopamine have been found in people suffering from depression. Depression is caused by deficiencies in one or all of these neurotransmitters in the brain. Some studies found that increased levels of norepinephrine in depressed patients.

- **Genetics**

Depression runs in families and twin studies provide information about the role of genetics. Twin studies suggest that there is a moderate genetic contribution to depression. Genetics appears to play a bigger role in severe, recurrent depression.

5. CONTRIBUTING FACTORS TO DEPRESSION OF COLLEGE STUDENTS ENVIRONMENTAL

There are several things that might cause a student to get depressed such as living in a small space, a terrible roommate arrangement, money troubles, having a hard time with classes, too much pressure, feeling helpless to alter the environment and being victimised (assault, robbery and so on).^[9]

- **Interpersonal**

Relationship problems or break-ups, conflicts with parents or family members, death of significant person in life, feeling like people are taking advantage of us, unresolved anger or guilt, feeling helpless to effect changes in important

relationships are the different interpersonal factors which can cause depression in college students.

- **Diet and Lack of Exercise**

College students are very much prone to fast food, sugar, caffeine, alcohol, potato chips and other relatively non-nutritious items, substance abuse, etc. Lack of exercise and consumption of the products mentioned will lead to side effects and in turn cause depression.

- **Cognitive**

Some of the cognitive factors like negative self-talk, self criticism, pessimistic thinking and low sense of self-worth will give rise to depression in college students.

Depressive symptoms appear to be commonplace these days. Student emotional and physical well-being was assessed by the American College Health Association (ACHA). More than 16,000 students from twenty different public colleges and universities, as well as eight different private institutions, took part in the National College Health Assessment. According to the results, 10% of the students polled had been diagnosed with depression, and they had had mental health issues 1–10 times during the 1999–2000 school year.

- **Theories of Depression**

The effects of depression on a person's everyday life can be debilitating and can grow increasingly worse with time. The physical and psychological components that accompany depression symptoms have formed the basis for a number of theories on its origin. Depression is classified as an affective disorder that disrupts a person's emotional state. Feelings of sadness, loss of interest in daily activities, fatigue and muscle aches and pains are all possible symptoms of this disorder. A person's emotions, thoughts and behaviours are factors that play a part in how this condition is experienced. A theory of depression will incorporate one or more of these factors to explain how this condition develops within a person's life.^[10]

- **Cognitive Theory**

Cognitive Theory of Depression deals within the thought processes of the mind. Individuals Who Experience Symptoms Like Sadness, loss of self-esteem and hopelessness suffer from negative patterns of thinking. This theory views thought processes as "conductors" of emotion. Treatment approaches focus on eliminating these negative thinking patterns and replacing them with positive, constructive patterns of thinking. Once negative thought processes are gone, their resulting emotional symptoms are eliminated.

- **Malaise Theory**

The Malaise Theory of depression views the disorder as caused by a hyperactive immune system response that attacks specific chemical processes within the body. This theory expresses depression as a sickness behaviour caused by higher than normal levels of cytokines in the system. Cytokines are a class of immune active agents which are believed to be responsible for the fatigue and muscle aches that accompany some forms of depression. Symptoms become further aggravated by negative thought processes and emotions. Malaise theory views antidepressants as a type of an analgesic pain-killer that reduces the number of cytokines in the system as a result of which one gets relieved from such symptoms.^[11]

- **Treatment Cognitive Therapy for Depression**

It is possible for a depressed person to benefit from psychotherapy in many ways. It helps to alleviate the symptoms of sadness, as well as to alleviate the sentiments of hopelessness that accompany depression. It also alters the negative thoughts, excessive expectations, and overly critical self-assessments that contribute to and perpetuate depression. Cognitive therapy aids the depressed individual in identifying the most important and least important aspects of their lives. There is also a favourable impact on his/her life objectives, and a more positive judgement of his/her self. As a last aspect of problem solving therapy, it aims to alleviate tension and despair in the individual. If you want to improve your Coping Skills or resolve issues in your relationships, you may benefit from behavioural therapy or interpersonal counselling.

- **Antidepressant**

In the treatment of depression, there are a number of drugs available. Selective inhibitor of serotonin re-uptake Prescriptions for antidepressants like Prozac are the most often given out. In order for antidepressants to be fully effective, it might take anywhere from 4 to 6 weeks. Because medicine might have adverse effects, it's critical to inform patients about the risks and benefits of their treatment options. Lithium, a mineral salt is a drug used to treat bipolar disorder. Drugs such as Depakote and Tegretol are effective in reducing manic episodes.

- **Electro Convulsive Therapy**

"Shock treatment" refers to electroconvulsive therapy (ECT). When used appropriately, ECT has been proven to be an effective and safe therapy for severe depression since its inception in the 1930s. Patients with severe depression who suffer from delusions and hallucinations are particularly well served by this treatment. Electroconvulsive

Therapy is administered when medications have not been effective, when medications might endanger the patient or when a rapid response is needed. It is administered to the patient's head with 70 to 150 volts of electric current causing a loss of consciousness and often seizures. Usually the patient is sedated and receives muscle relaxants prior to administration of the current to reduce the intensity of muscle contractions produced during ECT. Most patients receive ten treatments in a month, although others choose to continue receiving treatments for months later as preventative measures.

- **Vagus Nerve Stimulation**

Vagus Nerve Stimulation or VNS was originally developed as a treatment for epilepsy. It involves implanting a battery-powered device under the skin in the upper left of the chest to deliver mild electrical stimulation to the vagus nerve. Patients who use VNS continue to show improvement in both their depression symptoms and quality of life.

- **General Well-Being**

"Men must, by their very nature, be their own best allies and actively participate in their own well-being and success"^[12]

Every moment of our life is affected by our well being in a positive or negative way. Well-being as a term has been used synonymously with 'good health' and has been introduced in various grounds for its meaning and definition. Psychologically, well-being refers to a person's feeling of satisfaction and happiness toward their life. Philosophically, well-being insists on the balance of feelings that a person experiences in his life. According to an Economist, well-being is based on criteria of promoting health and happiness among the citizens of a community. Complete mental health can be conceptualized via combinations of high levels of emotional well-being, psychological well-being and social well-being.

Well-being is based on nearly every facet of our lives. Physical wellness and good health are important for a positive sense of well-being. Disturbed sleep patterns or sleep disorders, anxiety, tension, worry, depression, frustration, etc. can be detrimental to well-being. Social factors play an important role in building our positive well-being. Influencing factors like good relationships or bonds among the relatives, developing trust, sharing personal interest, and a good social network can provide self-confidence, positive sense of belonging and offer support to develop one's self esteem in their lifetime.

6. CONCLUSION

The research is very valuable for aetiology, prevalence and treatment of depression, anxiety and psychological discomfort. The research also illustrates the beneficial effect of counselling in mental health relief, empowerment and positive development in one's life. They research, debate and promote the significance of physical and mental health. It underlines the necessity of lifestyle management and encourages the power of positive and focuses on individual strength growth. It rationalises that each bad customer storey has good assets or capabilities that may be cultivated to achieve healthy thinking, emotions and behaviours.

A research financed by the World Health Organization predicted that around 50 percent of India's people are anticipated to live in urban regions in the next two decades. They say that urbanisation will have a poisonous impact on mental health by influencing heightened stresses and elements such as congested and polluted areas, a greater reliance on a cash economy, increased levels of violence, and lower social support. Furthermore, the mental health care in metropolitan regions is currently confined to psychiatric hospitals and psychiatry departments in medical schools owing to a large stigma associated therewith mental problems and the degree of ignorance about mental health information and accessible support and treatment. The WHO has thus suggested developing models for mental health in urban settings with an emphasis on extending mental health treatment to a community level. The study focuses on the demands of urban mental health issues and is prepared to address pressures caused by urbanisation and globalisation. The research enables the management of problems such as depression, psychological discomfort, anxiety which are the primary impacts on urbanisation and also focuses on establishing a good lifestyle for maintaining excellent mental health.

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