



Research report

The prevalence and correlates of depression, anxiety, and stress in a sample of college students



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ABSTRACT

Background: Over the past four years, the Franciscan University Counseling Center has reported a 231% increase in yearly visits, as well as a 173% increase in total yearly clients. This trend has been observed at many universities as mental health issues pose significant problems for many college students. The objective of this study was to investigate potential correlates of depression, anxiety, and stress in a sample of college students.

Methods: The final analyzed sample consisted of 374 undergraduate students between the ages of 18 and 24 attending Franciscan University, Steubenville, Ohio. Subjects completed a survey consisting of demographic questions, a section instructing participants to rate the level of concern associated with challenges pertinent to daily life (e.g. academics, family, sleep), and the 21 question version of the Depression Anxiety Stress Scale (DASS21).

Results: The results indicated that the top three concerns were academic performance, pressure to succeed, and post-graduation plans. Demographically, the most stressed, anxious, and depressed students were transfers, upperclassmen, and those living off-campus.

Conclusions: With the propensity for mental health issues to hinder the success of college students, it is vital that colleges continually evaluate the mental health of their students and tailor treatment programs to specifically target their needs.

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1. Introduction

According to a recent study conducted by the [Anxiety and Depression Association of America \(n.d.\)](#), seven out of 10 United States adults claim to experience stress or anxiety at least at a moderate level on a daily basis. While stress is an inevitable part of life, it is very present ([Blanco et al., 2008](#)) and becoming more prevalent among university students ([Gallagher, 2008](#); [Mackenzie et al., 2011](#)). In addition to anxiety and stress, depression can also impact college life to such an extent that in-depth research is necessary in order to help future students. In the USA, almost 10% of university students have been diagnosed with, or treated for, depression over the past 12 months ([Wolfram, 2010](#)). However, only about half of the people in America suffering from a diagnosed case of depression are treated for the disorder ([NIH, 2010](#)).

Increasingly, obtaining a college degree is seen as the key to success ([Thurber and Walton, 2012](#)), and with many students leaving their home state to attend a post-secondary school, the transition itself can be a cause of depression, anxiety and stress.

The transition into a post-secondary school has been reported to be associated with appetite disturbance, concentration problems and depression ([Lee et al., 2009](#); [Price et al., 2007](#)). Homesickness is a direct byproduct of this transition that affects university students, mainly freshmen ([Thurber and Walton, 2012](#)), and is therefore an important focus for universities looking to properly treat the mental health problems plaguing their students.

Academics are an integral part of the life of all college students, and without a healthy attitude toward academic goals, students can be plagued with crippling bouts of stress. Academic pressures of meeting grade requirements, test taking, volume of material to be learned and time management has been shown to be a significant source of stress for students ([Crocker and Luhtanen, 2003](#); [Kumaraswamy, 2013](#); [Misra and McKean, 2000](#)). While academics can be perceived as a positive challenge, potentially increasing learning capacity and competency, if viewed negatively, this stress can be detrimental to the student's mental health ([Kumaraswamy, 2013](#); [Murphy and Archer, 1996](#)).

In order for universities to tailor treatments to the specific needs of their students, it is important to understand what other aspects of life, in addition to academics, may be causing this increase in depression, anxiety, and stress. For example, negative perceptions of body image have been shown to be linked with increased likelihood of depression and anxiety in adolescents

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(Kostanski and Gullone, 1998; Lifespan News, 2006), as well as low satisfaction in life, low self-esteem and feelings of inferiority that may result in significant impairment of social, occupational and educational functioning (Goswami et al., 2012). Students who grew up in families lacking financial stability are more likely to show symptoms of depression and anxiety (Eisenberg et al., 2007), indicating that financial difficulties correlate with higher rates of these mental health problems. Studies also indicate that poor sleeping habits have a negative impact on academic performance and mental health complaints, with women reporting poorer sleep habits than men (Orzech et al., 2011).

The negative side effects of depression, anxiety, and stress demonstrate the importance of treating their incidence among college students. For example, depression is correlated with detrimental behaviors such as smoking, poor diet, lack of exercise, poor sleep habits, and noncompliance with medical treatment recommendations (Doom and Haefel, 2013). People with anxiety disorders also report a worse quality of life than people without high levels of anxiety (Barrera and Norton, 2009). It can also be beneficial for universities to understand what aspects of life correlate with a decrease in depression, anxiety, and stress symptoms in order to encourage those behaviors in their students. For example, studies have shown that those college students who have satisfactory relationships with family and friends are more likely to have overall life satisfaction (Diener and Diener, 1995).

The Franciscan University Counseling Center reports that the prevalence of counseling requests is highest three to four weeks into the semester and also after mid-terms. In the school year of 2007/08 there were 196 clients totaling 1000 visits with an overall diagnosis of depression. That number almost doubled in the year 2012/13 with 340 clients totaling 2311 visits with an overall diagnosis of anxiety and depression. This study was designed to investigate the potential factors that may correlate with the increase in student visits to the counseling center at Franciscan University. It is hoped that the findings of this study would give some insight into the main behaviors or factors associated with depression, anxiety and stress throughout the university's student body, as well as potentially other universities of similar, or larger, size.

For the purpose of this study, the DASS 21 was utilized to assess the relative prevalence of the depression, anxiety and stress (Lovibond and Lovibond, 2004; Henry and Crawford, 2005). The characteristics associated with high scores on each DASS scale are as follows: Depression: "self-disparaging, dispirited, gloomy, blue, convinced that life has no meaning or value, pessimistic about the future, unable to experience enjoyment or satisfaction, unable to become interested or involved, slow, and lacking in initiative"; Anxiety: apprehensive, panicky, trembly, shaky, aware of dryness of the mouth, breathing difficulties, pounding of the heart, sweatiness of the palms, worried about performance and possible loss of control"; and Stress: "over-aroused, tense, unable to relax, touchy, easily upset, irritable, easily startled, nervy, jumpy, fidgety, and intolerant of interruption or delay" (PFA, 2013).

2. Methods

In compliance with Federal Law, requiring that all researchers conducting testing on human participants must complete training on the protection of research subjects, all survey administrators completed the Protecting Human Research Participants training module provided through the NIH Office of Extramural Research and certification is kept on file for documentation purposes by the principal investigator, Dr. Stephen Sammut. Prior to administration of the survey, IRB approval was obtained (2013–12).

Participants were recruited for this study using convenience sampling and were students in classes at Franciscan University. Classes were selected across disciplines offered at the university. Permission was obtained from professors prior to surveys being administered during their class period. Over the course of three weeks, the survey was administered by a proctor in the selected classes.

Prior to completing the survey, each student signed a consent form that detailed the nature of the study and explained that participation in the study implied consent to analyze their responses. They were also assured of the confidentiality of their responses. Each survey filled both sides of a single sheet of paper and consisted of a demographics section, a list of stressors, and the standard 21 question DASS. The projected time of administration and completion of the survey was approximately 10 min. The instructions indicated to students that they should take their time and that there were no right or wrong answers. Students had to be within the age range of 18–24 and no surveys were included in the analysis from participants outside of this age range. Surveys were also excluded from analysis if participants failed to include their age, sex, year in school or if they left more than one question blank in the depression, anxiety, or stress categories of the DASS questions. On the basis of these criteria, from the original 407 surveys distributed, a total of 374 surveys were deemed valid and analyzed. This sample size is representative of the student body at Franciscan University.

Demographic Information: the survey inquired about the age, gender, marital status, household membership (faith-based fraternal associations), home state, nature of home location (rural, urban, or suburban), major, type of current housing accommodations, hours worked per week, hours spent on non-academic activities per week, and whether the participant transferred from another school.

DASS (Depression, Anxiety, and Stress Scale): The survey included the 21 question version of the DASS (Lovibond and Lovibond, 2004). The purpose of the questions is to "assess the severity of the core symptoms of depression, anxiety, and stress" (Gomez, n.d.). Each question measured the prevalence of symptoms of depression, anxiety, or stress over the prior week. Answers were reported on a four point Likert scale (0–3). A score of 0 indicated that the item "did not apply to them," and a score of 3 meant that the participant considered the question to apply "very much, or most of the time" (Gomez, n.d.). The DASS 21 is not intended to diagnose disorders relating to depression, anxiety, or stress.

Stressor evaluation: the second portion of the survey consisted of a series of common stressors that were deemed to be pertinent to college students in prior research (APA, 2009, 2014; Bryne et al., 2007; Han et al., 2000; Healthline, n.d.; Ross et al., 1999; Sharma and Agarwala, 2013; Thurber and Walton, 2012; van den Eijnden et al., 2008). Answers were reported on a Likert scale (0–4) and indicated the significance of each life stressor. Answers ranged from "not at all significant" to "extremely significant." As it was predicted that students would exhibit increased levels of stress in the time period around midterm and final examinations, we purposefully avoided those periods of the semester in order to reduce the possibility of a significant influence on the interpretation of the results.

3. Results

3.1. Demographics

The gender distribution of those surveyed closely resembled the gender distribution of the student body at Franciscan

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