The Prevalence of Depression Among First-Year Health Sciences Students at Thammasat University

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Abstract
This study aims to find out the prevalence of depression in first-year health sciences students at Thammasat University, Thailand. The study is a cross-sectional descriptive (Survey Research). 248 first-year students are recruited from 6 faculties. There are 2 phases in this study; a survey and an in-depth interview. The survey consists of 2 parts including personal information and questions of Thai version of Hamilton Rating Scale for Depression (HAM-D). There are 248 Health Sciences students between the ages of 17–19. 183 participants are female (73.8%) and 65 participants are male (26.2%). There are 10 participants who have major depression or 4%, 33 participants who have less than major depression or 13.3%, and 83 participants who have mild depression or 33.5%. The three most common symptoms from the HAM-D are having a guilty feeling (64.1%.), have psychic anxiety (63.3%), and have somatic anxiety (58.5%). The information in quantitative in-depth interview was collected from 7 health science students who have less than major depression. Their depression experiences were categorized into 4 themes; perception, triggers, effects, and coping styles. The study findings can lead to a better understanding of depression among first-year health sciences students. Furthermore, they are useful in creating an intervention program to improve treatment of depression in the future study.

Keywords: prevalence, depression, health sciences, first-year students

Introduction

Depression is a common emotional state in general population. Regardless of age, people may experience an event or a situation in daily life that leads to depressive emotion. It is normal to occasionally feel depressed. However, it is considered unusual or malfunctional if an individual feel depressed chronically (Sitdhiraksa et al., 2015) or have a distortedly negative idea about one's self and the world when experiencing life crisis which causes the change in their expression mentally, emotionally, physically, and behaviorally (Beck & Alford, 2009) which also affects their function in daily life, such as incapability to study or work.

The prevalence study found that depression rate has currently increased continually. Similarly, WHO predicts that depression would be the most common disorder in 2030 (World Health Organization, 2012). Moreover, depression is expected to be the second most burdensome disease (Ustun et al., 2004).

The study in depression situation in Thai adolescents found that depression could be found in 6 percent of this population and found in woman twice as much as man (Sitdhiraksa et al., 2015). The study of psychiatric prevalence in Thailand in 2008 reported that 2.7 percent of people aged over 15 years old had Major Depressive Disorder (Kongsuk, 2008). Also, the study of mental health disorder in medical students in Thailand who could not graduate pointed out that depression was the most common cause, accounted as 32% (Ketumarn et al., 2013).

Nevertheless, there is no studies in prevalence of depression among Health Sciences students yet. Hence, it is important to survey this population who is at-risk of depression.

Methods and data collection

This study is a descriptive and qualitative study.

Population and samples in this study are first-year students aged between 17 and 19 studying in Health Sciences in Thammasat University, Rangsit campus. The Health Sciences faculties include the Faculty of Medicine, the Faculty of Dentistry, the Faculty of Pharmacy, the Faculty of Nursing, the Faculty of Allied Health Science, and the Faculty of Public Health. There are 690 students in total. The sample size of 248 students was calculated by using the table of the determining sample size for research activities by Krejcie and Morgan.

Personal Information Questionnaire developed by a researcher is used to collect personal information. Furthermore, Thai Version of Hamilton Rating Scale for Depression (HAM-D) is used to interview for evaluating the severity of depression with 0.74 of Cronbach's alpha coefficient and 0.87 of inter-rater reliability of Kappa. (Lotrakul et al., 1996)
Descriptive statistic is used to present percentage. SPSS statistics for Windows, version 23.0 was used for all statistical analysis.

This study is approved by the Srinakharinwirot University Ethics Committee.

Results

General Information

There are 248 participants who are Health Sciences students. 183 participants (73.8%) are female and 65 participants (26.2%) are male. As for an age, 198 participants (79.8%) are 19 years old and 50 participants (20.3%) are 18 years old.

Information about Depression

There are 10 participants (4%) having major depression, 33 participants (13.3%) having less than major depression, and 83 participants (33.5%) having mild depression. However, 122 participants (49.2%) have no depression.

As for the severity of depression in relation with gender, 10 participants with major depression (100%) are female. In a group with less than major depression, there are 23 women (69.7%) and 10 men (30.3%). In the group with mild depression, there are 67 women (80.8%) and 16 men (19.2%).

As for present symptoms, the most common one is having a guilty feeling answered by 159 participants (64.1%). 157 participants (63.3%) have psychic anxiety. 145 participants (58.5%) have somatic anxiety. Considered by gender, there are 38 men (58.5%) have a guilty feeling. 37 men (56.9%) have psychic anxiety. 31 men (47.7%) have somatic anxiety. As for female participants, there are 121 women (66.1%) who have a guilty feeling. The same number of female participants also has psychic anxiety, accounted as 121 people (66.1%). And 114 female participants (62.3%) have somatic anxiety.

The results below show the present symptoms in relation with depression severity and gender.

The most common present symptoms in participants with major depression are guilty feeling, psychic anxiety, and somatic anxiety answered by 10 people (100%) of this group.

All 33 participants (100%) with less than major depression have psychic anxiety. 32 participants (97%) have somatic anxiety while 31 participants (93.9%) have agitation.

As for participants with mild depression, there are 72 of them (86.7%) having psychic anxiety as the most common present symptom. 67 participants (80.7%) have somatic anxiety. And 62 participants (74.7%) have guilty feeling.

Qualitative Information

Qualitative information regarding depression experiences was collected by in-depth interview from 7 health science students who have less than major depression. Data analysis is also used to understand participants' experiences. The information can be categorized into 4 parts including 1. perception 2. triggers 3. effects and 4. coping styles

1. Perception

Perception is how participants defined depression from their point of view. They described by words such as upsetting, bored, overthinking, unpleasant, unenjoyable, unhappy, gloomy, and despair.

“It feels blue. Everything is boring. It’s unhappy. Don’t feel like talking to friends. (Two – *the second participant*)

2. Triggers

It means the situations that lead to depression. Participants described the experiences they had that drew to depression. This can be divided into 2 subthemes.

2.1 Self-disappointment
Participants could not accomplish their expectations. They thought that they could have done something better.

“It’s about my scores for university admission. I missed only 3 points to get to Faculty of Veterinary Medicine. I felt discouraged.” (One- *the first participant*)

2.2 Disappointment in relationships
Participants had a relationship which did not meet their expectation. For example, breaking up, getting heart broken, arguing with friends, upset with friends, and feeling abandoned.

“Sometimes it’s because of friends. At first, we always hung out together and invited each other to join a company. But as time has passed, I feel alone. They go with other circle of friends. They have motorbikes so they can go anywhere together. Like, after school, they will leave with the group of friends. So, it’s like I’m all alone.” (Three– *the third participant*)

3. Effects

It is the effects that participants observed after they have depression. There are 4 subthemes.

3.1 Effects on thought

The participants described their thought when they experienced triggers. For instance, having self-blame, questioning things they did not understand, obsessing with negative thoughts like being abandoned and lack of sense of belonging, having self-criticize, and comparing one’s self to others.

“I don’t want to do anything. I have been thinking about this over and over. For example, when the class finished, my friends all went out together but I walked home by myself. I obsessed with the question why they only hung out with that circle? Why they left me alone? This thought has struck in my head while I was walking until I got home. (Three – *the third participant*)

“Maybe my friends don’t think that I am important to them, I guess? Because sometimes when there is an assignment, I’ll try to write it down everything for them. They will ask me to see what I write, and I’ll let the see. But why it seems that when I am useless to them, they don’t really pay any attention to me.” (Three – *the third participant*)

3.2 Emotional effects

The participants described their emotions when experiencing triggers. It also affected their thought as well. These emotions include sad, blue, angry, awkward, discouraged, or upset depending on the situations and the thought.

“It was sad. It’s like I didn’t want it to be like this. So, when it wasn’t what I expected, I felt sad.” (Two – *the second participant*)

“In a situation like eating out, if my friends don’t ask me to eat with them, I’ll become angry. Well, when they need help, I always do everything I can do for them. But when they eat something and don’t ask me to join, I’m upset.” (Three – *the third participant*)

3.3 Behavioral effects

When people experience depression triggers, it doesn’t only cause the effects on thought and emotions, but it also affects behaviors as well. The changes, however, are different in each person. These behaviors include staying silence, having self-isolated, crying or changing the tone of voice.

“Yeah.. I still talk. But it feels like I am not in a good mood as usual. I’ll talk with different tone of voice.” (Three – *the third participant*)

“In that time? I had cried for a few days” (One – *the first participant*)

3.4 Physical effects

Physical changes include loss of appetite, physical tense, and having sleep difficulty.

“At first, I didn’t feel like eating anything at all.” (Two – *the second participant*)

4. Coping styles

The situations which cause the effects on thought, emotion, and behavior make people suffer. Therefore, they try to cope with the suffering. In this study, there are 2 ways they choose to do.

4.1 Discuss and spend time with other people

The participants can talk about their distress or ask for advice. Hence, they feel better afterward. Also, they will get other people’s support as well. These people can be friends, parents, or significant others.

"When talking about my problems with friends, I felt better. So, I usually talk to friends or my family." (Five – *the fifth participant*)

"I just cried. Tear streamed down on my face when I told my parents I couldn't get into the faculty I expected. They comforted me. I told my mother about that. She said it was okay and tried to soothe me. … I also told my idol who is a writer, Nong Wongtanong. He said it was okay. He said he believed that I could make it next time. He was supportive. My depression was gone when I got his support." (One – *the first participant*)

4.2 Engage in activities

Not only talking to others, but also the participants tried to cope with their difficult time by doing something to takes their mind and emotion out of the distress. They also feel that they can let things out and the obsession can be paused for a while. One of the participants mentioned playing sport.

"Sometimes when I was alone, I would watch something entertaining. So, I could stop thinking in that moment. But when I felt it again, I'd think about it over and over again. Sometimes, my dormmates would ask me to play football with them or go for a run, the negative emotion and the thought would disappear. When I play sport, have fun with friends or practice sports with friends, it is better. These negative thoughts are gone." (Three – *the third participant*)

"I play sport and things like that. I like playing sport, exercising, and going to gym. It feels better. It's like I can release something inside when I play sport." (Six – *the sixth participant*)

Discussion

The study in Health Sciences students reveals that there are 4% of participants who have major depression. Similar to many studies, including the study of Lotrakul et al. (2015) stating that the prevalence of depression in children and adolescents is 2-5%. Moreover, the study of Kaewpornsawan & Tuntasood (2012) in prevalence of depression and related factors in students grade 11 in Bangkok found the prevalence is 3.8%. Also, Sadock & Sadock (2009) supported that the prevalence of depression in adolescents is approximately 6%. They also found depression in woman much more than men which is similar to this study.
As for present symptoms, the most chosen choice is guilty feelings (64.1%). This is in accord with an in-depth interview. When the participants experienced situations that caused depression, their thought would change into "self-judgment" and "self-blaming".

Conclusion

There are 4% of Health sciences students who have major depression. 13.3% of participants have less than major depression, 33.5% have mild depression, and 49.2% have no depressions. The three most common symptoms are having a guilty feeling (64.1%), having psychic anxiety (63.3%), and having somatic anxiety (58.5%). And

the qualitative information shows 4 themes of participants' depression experiences including perception, triggers, effects, and coping styles.

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