

Depression And Mental Health

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Abstract:

The study was conducted on university student with the intention to assess gender difference on depression and mental health. Independent t-test was used to analyze data with the help of SPSS. The study concluded that there is no significant difference between male and female on depression and the study also included that there is no significant difference between male and female on mental health.

Keywords; *depression, mental health, students*

Introduction:

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depressive disorder or clinical depression, it affects how you feel, think and behave and can lead to a variety of emotional and physical problems. You may have trouble doing normal day-to-day activities, and sometimes you may feel as if life isn't worth living. More than just a bout of the blues, depression isn't a weakness and you can't simply "snap out" of it. Depression may require long-term treatment. But don't get discouraged. Most people with depression feel better with medication, psychotherapy or both

Symptoms

Although depression may occur only once during your life, people typically have multiple episodes. During these episodes, symptoms occur most of the day, nearly every day and may include:

1. Feelings of sadness, tearfulness, emptiness or hopelessness
2. Angry outbursts, irritability or frustration, even over small matters
3. Loss of interest or pleasure in most or all normal activities, such as sex, hobbies or sports
4. Sleep disturbances, including insomnia or sleeping too much
5. Tiredness and lack of energy, so even small tasks take extra effort
6. Reduced appetite and weight loss or increased cravings for food and weight gain
7. Anxiety, agitation or restlessness
8. Slowed thinking, speaking or body movements
9. Feelings of worthlessness or guilt, fixating on past failures or self-blame
10. Trouble thinking, concentrating, making decisions and remembering things
11. Frequent or recurrent thoughts of death, suicidal thoughts, suicide attempts or suicide
12. Unexplained physical problems, such as back pain or headaches

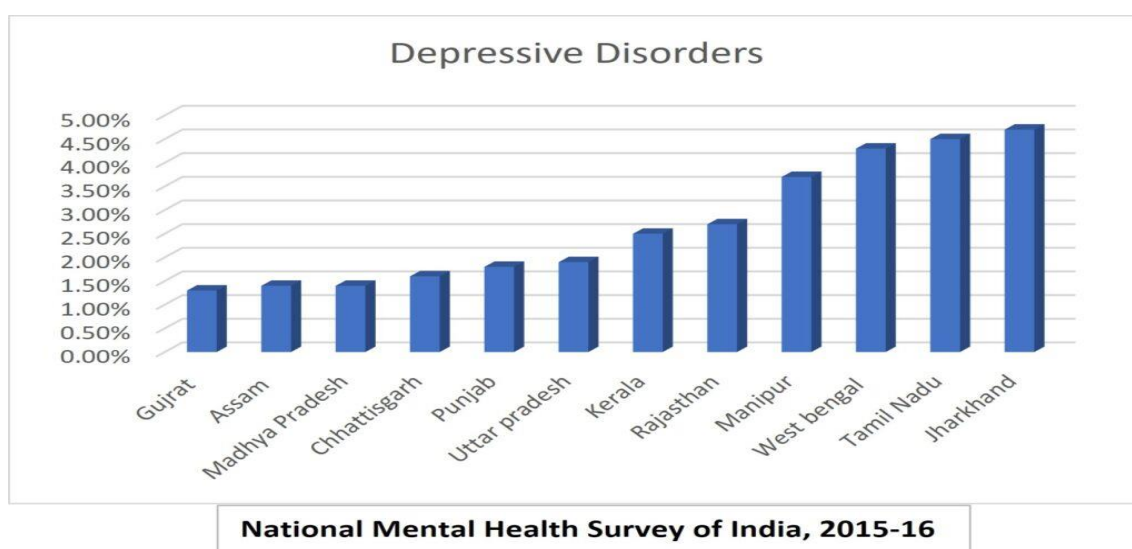
For many people with depression, symptoms usually are severe enough to cause noticeable problems in day-to-day activities, such as work, school, social activities or relationships with others. Some people may feel generally miserable or unhappy without really knowing why.

Depression affects an estimated one in 15 adults (6.7%) in any given year. And one in six people (16.6%) will experience depression at some time in their life. Depression can occur at any time, but on average, first appears during the late teens to mid-20s. Women are more likely than men to experience depression. Some studies show that one-third of women will experience a major depressive episode in their lifetime. There is a high degree of heritability (approximately 40%) when first-degree relatives (parents/children/siblings) have depression.

Mental Health

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development. Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes.

Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental health conditions are more likely to experience lower levels of mental well-being, but this is not always or necessarily the case.



Objectives: To assess gender difference on depression and mental health

Hypotheses:

1. There will be no significant gender difference on depression
2. There will be no significant gender difference on mental health

Research methods: Appropriate research were used

Sample: 100 students were taken as the subject

Tools Used: Depression and mental health questionnaire were used

Statistical Analysis: Independent t-test was used

Result and Discussion:

Table 1: Gender difference on depression and Mental Health among students			
Variables	t	df	Sig. (2-tailed)
Depression	.639	98	.821
Mental Health	.441	98	.338

The table shows that there is no significant gender difference on depression. Therefore the hypothesis number 1 is accepted. The table also shows that there is no significant gender difference on Mental Health. Therefore the hypothesis number 2 is accepted. In 1993 Pace and Dixon conducted a four- to seven-week randomized controlled trial to assess the treatment effectiveness of individual cognitive therapy for college students with depressive symptoms. Participating undergraduate students earned course credit for their research involvement. Seventy-four students (100% Caucasian, 81% female) who met strict criteria for study inclusion were randomly assigned to either a group that received individual cognitive therapy or a control condition where participants did not receive treatment and were put on a waiting list for cognitive therapy. Pace and Dixon found that 74% of participants in the cognitive therapy group (versus 33% in control group) were classified as nondepressed with BDI scores of less than 10 after four to seven weeks of treatment. At the one-month follow-up, 81% of participants in the cognitive therapy group (versus 64% of control group) were classified as nondepressed. Outcomes at both time points were statistically significant in favor of cognitive therapy. The authors concluded that brief individual cognitive therapy may effectively reduce mild to moderate depressive symptoms as well as depressive self-schemata among college students.

Bibliography:

1. Ahmad, A. and Mazlan, H.N. 2014. Stress and Depression: A Comparison Study between Men and Women Inmates in Peninsular Malaysia. *Int. J. Humanities and Soc. Sci.*, 4(2).
2. Al-Qaisy, M. 2011. *Int. J. Psychology and Counselling* 3(5): 96- 100, Available online at <http://www.academicjournals.org/IJPC>.
3. Bhav, S. and Nagpal, J. 2005. Anxiety and depressive disorders in college youth. *Pediatric Clinics of North America*, 52: 97-134.
4. Pace T, Dixon D: Changes in depressive self-schemata and depressive symptoms following cognitive therapy. *Journal of Counseling Psychology* 40:288–294, 1993Google Scholar
5. Pataki, C.S. 2000. Mood disorders and suicide in children and adolescents. In: Sadock, B.J., Freedman, A.M., Kaplan, H.I. (Eds.) . *Comprehensive Textbook of Psychiatry*. 7th ed. (pp. 2740-2767).
6. Philadelphia: Williams and Wilkins. Singh, R. and Joshi, H. 2008. Suicidal Ideation in Relation to Depression, Life Stress and Personality among College Students. *J. Ind. Academy Appl. Psychology*, 34(2): 259-265.
7. Sharma, M., Sharma, N. and Yavada, A. 2011. Parental Style and Depression among Adolescents. *J. Ind. Academic Appl. Psychology*, 37(1): 60-68.
8. vison, W.R. and McAlpine, D.D. 1992. Gender differences in symptoms of depression among adolescents. *J. Heal. Soc. Behavior*, 33: 77-96.