

**COLLEGE DEPRESSION: UNDERSTANDING STUDENTS'  
LEVEL OF MANIFESTATION GEARING TOWARDS  
PREVENTION AND INTERVENTION PROGRAMS**

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**Abstract—**

This study investigated the level of manifestation of depression among School of Arts and Sciences first year students (BS Biology, AB English and BS Nursing) towards the development and implementation of prevention and intervention programs. The standardized instrument used in this study was the 21-item Beck's Depression Inventory. To validate the quantitative data, indigenous technique was also employed. The data were analyzed using descriptive and inferential statistics. Results revealed that the first year students of School of Arts and Sciences had a Mild Mood Disturbance level of manifestation of depression. In terms of gender, male students had a higher level of manifestation of depression than female students but the difference in their mean of 16.50 and 13.23 respectively was not significant. As to the course, SAS first year students had a mild mood disturbance level of manifestation of depression although BS Nursing students exhibited highest depression as compared to the other courses, however, the variance in their level of manifestation of depression was not significant. On the other hand, with regards to the possible basis of prevention and intervention programs for students with high level of depression, the results conveyed that it should be based on dealing with self-criticalness, agitation, and past failure for depression that are psychological in nature while for physical in nature, it should be based on activities dealing with durability, loss of energy, loss of interest in opposite sex, changes in sleeping pattern, and tiredness or fatigue.

**Keywords:** Depression, college depression, level of manifestation of depression, prevention and intervention programs

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## 1 INTRODUCTION

Going to college is a foremost preparation for a more specialized job in the future. Colleges and universities offer varied courses with specific curricula that would advanced students toward their prospective work. Notwithstanding, the stability of students' well-being are oftentimes left unchecked as college life is more on individual student's option. With the changes associated with university life, there are many students who could not cope up and eventually succumb to mental illness such as depression. Depression is a serious medical illness that involves the brain. According to Medline Plus (2014), it's more than just a feeling of being "down in the dumps" or "blue" for a few days because if someone has depression, the feelings do not go away, they persist and interfere with everyday life. In addition to that, Solomon et al.(2000, cited by Kosslyn and Rosenberg, 2003) posited that major depression affects a person's ABC's or affect, behavior and cognitions. He further estimated that by the year 2020, depression will probably be the second most disabling disease in the US the first of which is heart disease. Symptoms can include: sadness; loss of interest or pleasure in activities you used to enjoy; change in weight; difficulty sleeping or oversleeping; energy loss; feelings of worthlessness and; thoughts of death or [suicide](#) (Medline Plus, 2014). Symptoms for major depression as defined by the National Institute for Mental Health (NIMH) include sadness, anxiety or empty feelings; decreased energy; loss of interest in usual activities; sleep disturbances such as over or under sleeping; weight gain or loss; feelings of worthlessness; thoughts of suicide; difficulty concentrating or making decisions; excessive crying and chronic aches and pains not explained by a physical condition. Many people experience one or more of these conditions now and then. But if five or more symptoms at one time persist for two weeks or longer, it is time for professional help. The causes of depression are complex, often including a combination of genetic, psychological and environmental factors (Peterson, 2002). Similarly, Hunter and NIMH (2014) enumerated symptoms of depression which include a persistent sad mood; loss of interest or pleasure in activities that were once enjoyed; significant change in appetite or body weight; difficulty sleeping or oversleeping; physical slowing or agitation; loss of energy; feelings of worthlessness or inappropriate guilt; difficulty thinking or concentrating; and recurrent thoughts of death or suicide.

THERE ARE A VARIETY OF CAUSES, INCLUDING GENETIC, ENVIRONMENTAL, PSYCHOLOGICAL,

AND BIOCHEMICAL FACTORS. DEPRESSION USUALLY STARTS BETWEEN THE AGES OF 15 AND 30, AND IS MUCH MORE COMMON IN WOMEN (MEDLINE PLUS, 2014).

STUDENTS IN COLLEGE MAY SUFFER DEPRESSION FOR A NUMBER OF REASONS. IF THEY ARE HAVING DIFFICULTY COPING WITH THE CHANGES ASSOCIATED WITH UNIVERSITY LIFE, THIS COULD BE A CAUSE. IN ADDITION, THE LIFESTYLE OF A STUDENT, SUCH AS POOR SLEEPING PATTERNS AND EATING HABITS, CAN CONTRIBUTE TO DEPRESSION. LIKewise, BAD GRADES AND OTHER ACADEMIC STRESS, SUCH AS FROM TESTS OR HOMEWORK, MAY ALSO CONTRIBUTE TO DEPRESSION (QUINONEZ, 2014). FURTHERMORE, KERR (2012) BELIEVES THAT SLEEP INADEQUACY, POOR EATING HABITS, AS WELL AS NO ENOUGH EXERCISE WILL LEAD TO COLLEGE STUDENTS' DEPRESSION. HE ALSO ADDED THAT THE STRESS THAT COMES WITH ACADEMIA SUCH AS PRESSURE TO GET GOOD GRADES, FINANCIAL WORRIES, FAILED RELATIONSHIPS AND CONFLICTS WITH ROOMMATES ARE FORCES THAT WOULD DRIVE STUDENTS AWAY FROM COLLEGE OR OTHER WORST DECISION.

A study by the Students Against Depression (SAD) found that what you eat can cause low mood and could, in turn, cause anxiety and depression, which can go full circle to poor dieting and poor body image. Doctors however are not sure whether depression is due to heredity or whether the mental illness is purely psychological and physical or whether caused by both nature and nurture (Daily Sundial, 2013).

According to the Stanford School of Medicine in the article "Major Depression and Genetics," it is not certain a person may inherit a gene that causes depression. According to the study, if someone has a parent or sibling with major depression, that person probably has a 20 to 30 percent greater risk of developing the ailment compared to the average person who has a mere 10 percent chance (Daily Sundial, 2013).

Family dysfunction at home such as parental drug and alcohol use and the parents' absence in the home contribute to depression according to Gallagher (2001 cited by Peterson, 2002). Likewise, Ehrle and Moore (2007) reported based on the national survey in the US that several family and neighborhood characteristics are associated with the development of emotional problems such as depression. Further, greater parental depression, reduce parental supervision and control, and low-family income resulted to higher children's manifestation of depression. On the other hand, Marano's study (2002, in Peterson 2002) revealed that sexual and physical abuse at home predisposes the likelihood of depression among students.

Moreover, studies showed that a depressed mood can be contagious. A person who is always with a depressed individual such as a family member or roommate may become more depressed (Coyne, et al., Joiner, 1994 in Kosslyn and Rosenberg 2003).

College depression is a worldwide phenomenon. Professional Psychology: Research and Practice published in 2003 the results of a study involving over 13,000 college students on mental health related problems over a thirteen year period of time. The results of this survey were not only significant, but the findings indicated that the increase in college student depression was dramatic (Scott Counseling, 2009). Likewise, Quinonez (2014) cited the Times Online's report that around one-fourth of college students in the United Kingdom suffer from some form of mental illness including depression. She further noted that although this statistics is only specific to one country, this high number demonstrates a need for a better understanding of depression among university students.

John Guthman, PhD, who is the author of the study and director of student counseling services at Hofstra University in Hempstead, NY. found that the percentage of students with moderate to severe depression has gone up from 34 to 41 percent. Guthman also believed that people with moderate to severe depression often are in need of greater treatment resources than those without. The increase in the more severe cases of depression and anxiety in college students may be because more students are coming to college with pre-existing mental health difficulties (Grohol, 2010).

According to the American College Health Association's (ACHA) National College Health Assessment, a 2011 nationwide survey of college students at two and four-year institutions found about 30 percent of college students reported feeling so depressed that they found difficulty in doing their daily tasks at some time in the past year (Daily Sundial, 2013).

Shamsah Sonawalla, a psychiatrist from Massachusetts General Hospital says there is not only an increase in the occurrence of psychological problems in college students, but an identification of problems earlier. Sonawalla found that 14% of 701 students who filled out a survey at a college in the Boston area showed significant depressive symptoms, and half of them could qualify as having major depression. The psychiatrist already presented her research to the American Psychological Association (Peterson, 2002).

Furthermore, North America's college counseling centers report an increase in troubled students, according to psychologist Robert Gallagher of the University of Pittsburgh. His 2001

survey of counseling centers shows that 85% of colleges report an increase during the past five years in students with severe psychological problems and 30% report at least one suicide in the previous year trend. Another alarming trend occurred when study from the American College Health Association in 2000 said that 10% of college students have been diagnosed with depression. And the National Mental Health Association quotes a study saying 30% of college freshmen report feeling overwhelmed a great deal of the time; 38% of college women do (Peterson, 2002).

THE PHILIPPINES ON THE OTHER HAND, IS CONSIDERED TO HAVE THE HIGHEST INCIDENCE OF DEPRESSION IN SOUTHEAST ASIA, ACCORDING TO ASSISTANT SECRETARY PAULYN JEAN B. ROSELL-UBIAL OF THE DEPARTMENT OF HEALTH (VILLABERT, 2014). LIKEWISE, BASED ON THE REPORT OF NATASHA GOULBOURN FOUNDATION (NGF), A DOH PARTNER IN THE PHILIPPINES FOR THE ADVOCACY ON THE PREVENTION OF SUICIDE, THERE WERE OVER 4.5 MILLION DEPRESSION CASES IN THE PHILIPPINES IN 2004(NATASHA GOULBOURN FOUNDATION AT [HTTP://NGF-HOPE.ORG/](http://ngf-hope.org/) ). THE DATA GIVEN BY THE NGF WAS THE BASIS FOR THE REPORT THAT THE PHILIPPINES HAS THE MOST CASES OF DEPRESSION IN THE SOUTHEAST ASIA (ABS-CBN NEWS, MARCH 18, 2013).

The existence of college depression is alarming based on the mentioned reports. Knowing and understanding the level of manifestation of depression among first year college students of the School of Arts and Sciences of Aklan State University would ready the institution for the development and implementation of prevention and intervention programs for students who have diagnosed and undiagnosed depression

Specifically, this study sought answers to the following questions: (1) What is the level of manifestation of depression among SAS first year students when they are taken as a whole and when students are grouped according to gender and course? (2) Is there a significant difference in the level of manifestation of depression of SAS are the possible basis of prevention and intervention programs for college depression?

## METHODOLOGY

**Research Design.** This study was a descriptive type of research employing a survey method. According to Lahey (2001), survey method is one of the most direct ways to obtain information that will allow researchers to describe human behavior or mental processes by just asking people

questions. Likewise, surveys are most widely used by psychologists who want to describe people's opinions and even moods.

**Participants.** The participants in this study were 68 SAS first year students from the three (3) SAS programs: Bachelor of Arts, BS Nursing and BS Biology.

**Data Gathering Techniques.** A standardized depression test questionnaire was used to determine the manifestation of depression among the participants. Likewise, an indigenous technique such as *pakikipag-usap* (informal conversation) and *pagtatanung-tanong* (asking spontaneous questions during interview) were also applied in gathering additional and qualitative information.

**Data Gathering Procedure.** Permission to conduct the study was sought first from the SAS Dean's office. Individual consent was asked from the participants ensuring them the confidential treatment of their identities with only the general information gathered to be communicated. The Beck's Depression Inventory Questionnaires were then distributed to the participants by the researchers themselves during the participants' vacant time, and the gathering of the answered questionnaires were done right after the participants have finished answering it. For the "*pakikipag-usap*" and "*pagtatanung-tanong*," the schedule was based on the availability of the chosen participants.

**Data Analysis Procedure.** Descriptive and inferential statistical tools were used to analyze the data such as frequency, percentages, means, Mann-Whitney U Test, and Kruskal Wallis Test. Computations and analysis were performed using the Statistical Package for Social Science (SPSS) and the level of significance was set at 0.05 level. For the qualitative data, the commonalities of responses were summarized to come up with an extensive verification of the quantitative information.

#### Scale for Interpreting Mean Ratings

| Scale          | Descriptive Interpretation     |
|----------------|--------------------------------|
| 0 - 10.49      | Normal                         |
| 10.5 - 16.49   | Mild Mood Disturbance          |
| 16.5 - 20.49   | Borderline Clinical Depression |
| 20.5 – 30.49   | Moderate Depression            |
| 30.5 – 40.49   | Severe Depression              |
| 40.5 and above | Extreme Depression             |

### III. RESULTS AND DISCUSSION

#### Level of Manifestation of Depression

**Gender.** As shown in Table 1, male students have a Borderline Clinical Depression and female students have a Mild Mood Disturbance level of manifestation of depression as reflected in their mean of 16.50 and 13.23 respectively.

The table also shows that there is 1 female who has Extreme Depression and 2 males and 2 females with Severe Depression.

**Course.** The BS Biology and Bachelor of Arts students have a Mild Mood Disturbance as shown by their mean of 12.58 and 12.83 respectively while the BS Nursing students have a Borderline Clinical Depression (mean = 18.93).

Among the BS Nursing students 1 has Extreme Depression and 2 have Severe Depression while 2 students from BS Biology also have Severe Depression.

**As a Whole.** The first year students of the School of Arts and Sciences have Mild Mood Disturbance (mean = 14.00) level of manifestation of depression and there is 1 student who has Extreme Depression and 4 students with Severe Depression.

During the “*pakikipag-usap*”, and “*pagtatanung-tanong*,” majority of the respondents answered that the pressure on the submission of projects and requirements, grades, the incoming final examinations, the worries on financial responsibilities in paying tuition fees to be able to take the final exam., and adjustments to new school were the reasons for their very depressed feeling. These were supported by Quinonez (2014) and Kerr (2012) who posited that bad grades or pressure to get good grades and other academic stress, such as from tests or homework, may contribute to depression. Peterson (2002) and Guthman (in Grohol, 2012) on the other hand may disagree with these as they believed that students who are depressed have pre-existing mental difficulties and that the causes of depression are complex, often including a combination of genetic, psychological and environmental factors. It simply shows that the university is not the sole reason for students to be depressed.

Table 1. The Level of Manifestation of Depression among SAS Students

| Profile             | Level of Manifestation of Depression |      |      |            |          |          |        | Mean | Interpretation |  |
|---------------------|--------------------------------------|------|------|------------|----------|----------|--------|------|----------------|--|
|                     | Normal                               | Mild | Mood | Borderline | Clinical | Moderate | Severe |      |                | Extreme  |
| <b>Gender</b>       |                                      |      |      |            |          |          |        |      |                |  |
| Male                | 5                                    | 5    |      | 1          | 3        | 2        | 0      | 16   | 16.50          | Borderline Clinical<br>Depression Mild<br>Mood Disturbance |
| Female              | 22                                   | 15   |      | 5          | 7        | 2        | 1      | 52   | 13.23          |  |
| <b>Course</b>       |                                      |      |      |            |          |          |        |      |                |  |
| BS Biology          | 14                                   | 3    |      | 1          | 4        | 2        | 0      | 24   | 12.58          | Mild Mood<br>Disturbance                                   |
| Bachelor of<br>Arts | 10                                   | 12   |      | 4          | 4        | 0        | 0      | 30   | 12.83          | Mild Mood<br>Disturbance                                   |
| BS Nursing          | 3                                    | 5    |      | 1          | 2        | 2        | 1      | 14   | 18.93          | Borderline Clinical<br>Depression                          |
| As a Whole          | 27                                   | 20   |      | 6          | 10       | 4        | 1      | 68   | 14.00          | Mild Mood<br>Disturbance                                   |

### Difference in the Level of Manifestation of Depression

**Gender.** Table 2 shows that male students have a higher level of manifestation of depression than female SAS students. However, the difference in their level of manifestation of depression is not significantly different at 5% level as shown by the p-value of 0.230. The result opposed from what was reported by the Medline Plus (2014), that depression usually starts



between the ages of 15 and 30, and is much more common in women (Medline Plus, 2014). When female respondents who joined in the “*pakikipag-usap*” were asked about this, all of them answered that when they were down or stress, they just shared their feelings with their friends or texted those people close to them and they became all right. A male respondent answered, “*owa, gahipus lang*” (nothing, just kept quiet).

**Course.** As revealed in Table 2, there is no significant difference in the level of manifestation of depression of SAS students when grouped according to course although BS Nursing students have the highest level of manifestation of depression as compared to BS Biology and Bachelor of Arts students. When student-respondents were asked about this, they said they were not sure with the reason, but maybe because of the expectations of other people entailed by their course.

**Table 2. Difference in the Level of Manifestation of Depression among SAS Students**

| Variable         | Mean  | Statistical Tools | Value | P-Value | Interpretation  |
|------------------|-------|-------------------|-------|---------|-----------------|
| Gender           |       |                   |       |         |                 |
| Male             | 16.50 | Mann-Whitney U    | 1.202 | 0.230   | Not Significant |
| Female           | 13.23 |                   |       |         |                 |
| Course           |       |                   |       |         |                 |
| BS Biology       | 12.58 | Kruskal-Wallis    | 3.979 | 0.137   | Not Significant |
| Bachelor of Arts | 12.83 |                   |       |         |                 |
| BS Nursing       | 18.93 |                   |       |         |                 |

### Basis for Prevention and Intervention Program

Table 3 reveals the possible basis of prevention and intervention program for students with high level of depression based on the frequency of responses on indicators that manifest high level of depression.

**Psychological in Nature.** As shown in Table 3, there were 22 students who responded on item number 8 which indicates high level of depression about Self-criticalness. 18 students showed high level of depression on item number 11 which was about Agitation while 15 students manifested a high level of depression on item number 3 indicating their Past failure.

Most importantly, there were 8 students who had Suicidal Thoughts or Wishes (item number 8) which requires an urgent intervention.

**Physical in Nature.** There were 18 students who responded on item number 17 which indicates high level of depression in terms of their Durability. 15 students manifested Loss of energy and Loss of interest in opposite sex and 14 students show Tiredness and Fatigue.

**Table 3. Basis for Prevention and Intervention Program**

| Item No.  | Indicators  | f  | %    |
|---|---|----|------|
| <b>Items 1-13 - Depression that are Psychological in Nature</b> |   |    |      |
| 1   |   | 45 | 66.1 |
| (Sadness)   | I do not feel sad   |    | 8    |
|   | I feel sad  | 20 | 29.4 |
|   | I am sad all the time and I can't snap out of it                  | 2  | 2.94 |
|   | I am so sad or unhappy that I can't stand it                      | 1  | 1.47 |
| 2   |   | 55 | 80.8 |
| (Pessimism)   | I am not particularly discouraged about the future                |    | 8    |
|   | I feel discouraged about the future                               | 6  | 8.82 |
|   | I feel have nothing to look forward                               | 6  | 8.82 |
|   | I feel that the future is hopeless and that things cannot improve | 1  | 1.47 |

|                       |   |    |      |
|-----------------------|---|----|------|
| 3                     |   | 40 | 58.8 |
| (Past Failure)        | I do not feel like a failure                                  |    | 2    |
|                       |   | 13 | 19.1 |
|                       | I feel I have failed more than the average person             |    | 2    |
|                       |   | 12 | 17.6 |
|                       | as I look back in my life, all I can see is a lot of failures |    | 5    |
|                       | I feel I am complete failure as a person                      | 3  | 4.41 |
| 4                     |   | 49 | 72.0 |
| (Loss of Pleasure)    | I get as much satisfaction out of things as I used to         |    | 6    |
|                       |   | 12 | 17.6 |
|                       | I don't enjoy things the way I used to                        |    | 5    |
|                       | I don't get real satisfaction out of anything anymore         | 5  | 7.35 |
|                       | I am dissatisfied or bored with everything                    | 2  | 2.94 |
| 5                     |   | 38 | 55.8 |
| (Guilty Feelings)     | I don't feel I am being punished                              |    | 8    |
|                       |   | 22 | 32.3 |
|                       | I feel guilty a good part of the time                         |    | 5    |
|                       | I feel quite guilty most of the time                          | 6  | 8.82 |
|                       | I feel guilty all the time                                    | 2  | 2.94 |
| 6                     |   | 42 | 61.7 |
| (Punishment Feelings) | I don't feel I am being punished                              |    | 6    |
|                       |   | 12 | 17.6 |
|                       | I feel I may be punished                                      |    | 5    |
|                       |   | 7  | 10.2 |
|                       | I expect to be punished                                       |    | 9    |
|                       |   | 7  | 10.2 |
|                       | I feel I am being punished                                    |    | 9    |

|                               |  |    |      |
|-------------------------------|--|----|------|
| 7                             |  | 44 | 64.7 |
| (Self Dislike)                | I don't feel disappointed in myself                                |    | 1    |
|                               | I am disappointed in myself  | 17 | 25.0 |
|                               | I am disgusted in myself   |    | 0    |
|                               | I hate myself  | 3  | 4.41 |
|                               |  | 4  | 5.88 |
| 8                             |  | 38 | 55.8 |
| (Self-Criticalness)           | I don't feel I am any worse than anybody else                      |    | 8    |
|                               | i am critical of myself all the time for my faults                 | 8  | 11.7 |
|                               |  | 17 | 25.0 |
|                               | I blame myself all the time for my faults                          |    | 0    |
|                               | I blame myself for everything bad that happens                     | 5  | 7.35 |
| 9                             |  | 51 | 75.0 |
| (Suicidal Thoughts or Wishes) | I don't have any thoughts of killing myself                        |    | 0    |
|                               | I have thoughts of killing myself, but I would not carry them out  | 9  | 13.2 |
|                               | I would like to kill myself  |    | 4    |
|                               | I would kill myself if I had the chance                            | 3  | 4.41 |
|                               |  | 5  | 7.35 |
| 10                            |  | 38 | 55.8 |
| (Crying)                      | I don't cry anymore than usual                                     |    | 8    |
|                               |  | 16 | 23.5 |
|                               | I cry more now than I used to                                      |    | 3    |
|                               | I cry all the time now   | 1  | 1.47 |
|                               |  | 13 | 19.1 |
|                               | I used to be able to cry, but now I cant cry even though I want to |    | 2    |

|   |   |    |      |
|---|---|----|------|
| 11  |   | 32 | 47.0 |
| (Agitation)   | I am no more irritated now than I ever am   |    | 6    |
| n)  |   | 18 | 26.4 |
|   | I get annoyed or irritated more easily than I used to                                   |    | 7    |
|   | I feel irritated all the time now   | 3  | 4.41 |
|   |   | 15 | 22.0 |
|   | I don't get irritated at all by the things that used to irritate me                     |    | 6    |
| 12  |   | 34 | 50.0 |
| Loss of interest)   | I have not lost interest in other people  |    | 0    |
|   |   | 26 | 38.2 |
|   | I am less interested in other people than I used to be                                  |    | 4    |
|   | I have lost most of my interest in other people   | 5  | 7.35 |
|   | I have lost all of my interest in other people  | 3  | 4.41 |
| 13  |   | 49 | 72.0 |
| (Indecisiveness)  | I make decisions about as well as I ever could  |    | 6    |
|   |   | 9  | 13.2 |
|   | I put off making decisions more than I used to  |    | 4    |
|   |   | 7  | 10.2 |
|   | I have greater difficulty in making decisions than before                               |    | 9    |
|   | I can't make decisions at all anymore   | 3  | 4.41 |
| <b>Items 14-21 – Depression that are Physical in Nature</b> |   |    |      |
| 14  |   | 47 | 69.1 |
| (Worthlessness)   | I don't feel I look any worse than I used to  |    | 2    |
|   |   | 11 | 16.1 |
|   | I am worried that I am looking old or unattractive                                      |    | 8    |
|   | I feel that there are permanent changes in my appearance that make me look unattractive | 8  | 11.7 |
|   |   |    | 6    |
|   | I believe that I look ugly  | 2  | 2.94 |

|                               |  |    |      |
|-------------------------------|--|----|------|
| 15                            |  | 30 | 44.1 |
| (Loss of Energy)              | I can work about as well as before   |    | 2    |
|                               | it takes an extra effort to get started at doing something                   | 23 | 33.8 |
|                               | I have to push myself very hard to do anything                               | 12 | 17.6 |
|                               | I cant do any work at all  | 3  | 4.41 |
| 16                            |  | 42 | 61.7 |
| (Changes in Sleeping Pattern) | I cant sleep as well as usual  |    | 6    |
|                               | I don't sleep as I used to   | 11 | 16.1 |
|                               | I wake up 1-2 hours earlier than usual and find it hard to get back to sleep | 5  | 7.35 |
|                               | I wake up several hours earlier than I used and cannot get back to sleep     | 10 | 14.7 |
| 17                            |  | 24 | 35.2 |
| (Irritability)                | I don't get more tired than usual  |    | 9    |
|                               | I get tired more easily than I used to                                       | 26 | 38.2 |
|                               | I get tired from doing almost anything                                       | 12 | 17.6 |
|                               | I am too tired to do anything  | 6  | 8.82 |
| 18                            |  | 36 | 52.9 |
| (Change in Appetite)          | my appetite is no worse than usual   |    | 4    |
|                               | my appetite is not as good as it used to be                                  | 26 | 38.2 |
|                               | my appetite is much worse now  | 4  | 5.88 |

|                |  |    |      |
|----------------|--|----|------|
|                | I have no appetite at all anymore  | 2  | 2.94 |
| 19             |  | 44 | 64.7 |
| (Concentration | I haven't lost much weight, if any, lately   |    | 1    |
|                |  | 14 | 20.5 |
| Difficulty     | I have lost more than 5 pounds   |    | 9    |
| )              | I have lost more than 10 pounds  | 6  | 8.82 |
|                | I have lost more than 15 pounds  | 4  | 5.88 |
| 20             |  | 33 | 48.5 |
| (Tiredness or  | I am no more worried about my health than usual  |    | 3    |
| Fatigue)       | I am worried about physical problems such as aches and pains; or<br>upset stomach; or constipation | 21 | 30.8 |
|                | I am very worried about physical problems and its hard to think of<br>much else                    | 9  | 13.2 |
|                | I am so worried about my physical problems, that I cannot think<br>about anything else             | 5  | 7.35 |
| 21             |  | 44 | 64.7 |
| (Loss of       | I have not noticed any recent changes in my interest in sex  |    | 1    |
| Interest in    |  | 9  | 13.2 |
| Sex)           | I am less interested in sex than I used to be  |    | 4    |
|                |  | 7  | 10.2 |
|                | I am much less interested in sex now   |    | 9    |
|                |  | 8  | 11.7 |
|                | I have lost interest in sex completely   |    | 6    |

#### IV. CONCLUSIONS

Based on the findings of this study, the following conclusions are drawn:

The School of Arts and Sciences first year students had a Mild Mood Disturbance level of manifestation of depression.

Male students had a higher level of manifestation of depression than female students.

BS Nursing students exhibited highest depression as compared to the other courses however the variance in their level of manifestation of depression was not significant.

The first year students had the same level of manifestation of depression regardless of their gender and course taken.

Intervention and prevention program for students with some level of manifestation of depression should be based on dealing with self-criticalness, agitation, and past failure for depression that are psychological in nature while intervention and prevention program for depression that are physical in nature should be based on activities dealing with durability, loss of energy, loss of interest in opposite sex, changes in sleeping pattern, and tiredness or fatigue.

#### V. RECOMMENDATIONS

Based on the findings and conclusions of this study, the following are hereby recommended:

1. SAS first year students should be informed about their level of manifestation of depression and the results of this study.
2. Students with high level of depression especially the males should be referred to the university guidance counselor for an appropriate intervention.
3. Instructors and professors should be made aware of the students with high level of manifestation of depression especially in BS Nursing. Likewise they may integrate in their subject activities about how to deal with depression.
4. A seminar should be conducted to the students about depression and how to overcome it.
5. The SAS should come up with the guidance and intervention program to deal with students with depression focusing on dealing with self-criticalness, agitation, past



- failure, durability, loss of energy, loss of interest in opposite sex, changes in sleeping pattern, and tiredness or fatigue.
6. Parents should be aware of the results of the study for them to monitor and give guidance to their college children.
  7. Students with a suicidal tendency should be given an immediate guidance.
  8. Another study should be conducted to a specific course/program where the researchers are handling any of its subjects, in order to have an in-depth study of the manifestation of depression through a follow-up observation and monitoring.

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