Assessing Knowledge, Perception and Coping Mechanisms of Students towards Depression: Input for Establishing Intervention Program for Depressed Students in Selected Schools in Partido

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ABSTRACT

This study is entitled Assessing Knowledge, Perception and Coping Mechanisms of Students Towards Depression: Input for Establishing Intervention Program for Depressed Students in Selected Schools in Partido. Generally, it aimed to assess the knowledge, perception, and coping mechanisms of students towards depression as input for establishing intervention program for depressed students in selected schools in Partido. Specifically, it aimed to 1. Find out students' knowledge and perception of depression, a. Causes b. Symptoms; 2. Examine the self-assessed degree of depression of students across sex, age, year level and family socio-economic status; 3. Assess the coping mechanisms for depression; and 4. Design an intervention program for depressed students in selected schools in Partido. This study was conducted in the selected schools in Partido district specifically in Lagonoy, San Jose, Goa and Tigaon, Camarines Sur since there were cases of depression among the students which have not been properly identified or diagnosed but needs to be addressed. The participants in this study were high school students in the selected schools in Partido who were identified by the key informants who were the Class Advisers and the Guidance Counselors. The sources of the data were gathered through survey (both online-using google form and onsite-in person-using printed copies of the survey questionnaire) and Becks Depression Inventory II (BDI II)/Centre for Epidemiological Studies Depression Scale (CES-DS) were also utilized. This study employed the Descriptive research design that aimed to systematically obtain information to describe a phenomenon, situation, or population. This study was conducted in the selected high schools in Partido District. It was during the height of the pandemic that this study was conducted where health and safety protocols were strictly observed, restrictions were set as per IATF Guidelines as well as the observance of the community quarantine status or alert levels. There were no in person classes in all the schools. The researchers visited the selected high schools to distribute the letters seeking permission of the school heads to be able to conduct the study. The subjects of the study were identified by the School Guidance Counselor who is more familiar with the cases of the students he/she usually handled in counseling. The authors resorted to the online platform using Google Forms since the respondents are just staying at their homes. The identified respondents were asked to answer the survey questionnaire through the links provided and was given to their School Guidance Counselor.

Based on the findings, it is concluded that the respondents knowledge and perception as to the causes of depression are Other Personal Problems, Death or Loss of a loved one, Major Life events, Age-related depression and Abuse (verbal or physical) It was also found out that the symptoms of depression include Loss of interest in sex, Sadness, Self-Dislike, Loss of interest, Changes in appetite, Tiredness or Fatigue, Suicidal Thoughts or Wishes, Agitation, Loss of Pleasure, Irritability, Pessimism, Past Failure, Loss of Energy, Punishment feelings, and Changes in sleeping pattern.

It could noted that the average score of the participants in the self-assessed degree of depression is 22 which is interpreted as Moderate Depressive Symptomatology or Possible major depressive episode in the instrument used (Anhedonia or dysphoria nearly every day for the past two weeks, and symptoms in an

additional 2 other DSM symptom groups reported as occurring either nearly every day for the past two weeks, or 5-7 days in the past week) It is concluded that sex, age, grade/year level and family socio-economic status have no significant relationship or bearing to the respondents' self-assessed degree of depression. Whatever are their present statuses, they have common responses. Based on the data presented, it is concluded that the coping mechanisms of depression include 1) when they feel down, they like going out with friends; 2) when something's bothering them, they like to go out and connect with nature; 3) eating makes them feel good and makes them forget about their problems; 4) having a goal or a plan keeps them motivated to keep going; 5) like talking about their emotions to someone they are close with; 6) find it comforting when they spend time with their family; 7.5) disconnecting with the online world helps them focus more on themselves; 7.5) like to treat or pamper themselves whenever they feel down; 9) they tend to declutter or organize their things when there's a lot going on in their head and 10) keeping journal and writing down what they're feeling help them cope with sadness.

It is therefore recommended that 1) A follow-up study regarding "Depression Among Students" be conducted to further determine the status or state of the students' mental health condition specifically among high school students; 2) Conduct Mental Health Awareness and Assessment in the Secondary Schools to educate the High School Students about Mental Health and its related illnesses and assess the level of depression among the students; 3) An intervention program for depressed students be utilized or facilitated to further improve the conditions of the students' undergoing depression; and 4) Send High School Guidance Counselors to seminars, trainings and workshops to further enhance their skills, knowledge and competencies in handling depressed students and other mental health related problems or conditions.

INTRODUCTION

Depression is a significant contributor to the global burden of disease and affects people in all communities across the world. Today, depression is estimated to affect 350 million people. The World Mental Health Survey conducted in 17 countries found that on average about 1 in 20 people reported having an episode of depression in the previous year. Depressive disorders often start at a young age; they reduce people's functioning and often are recurring. For these reasons, depression is the leading cause of disability worldwide in terms of total years lost due to disability. The demand for curbing depression and other mental health conditions is on the rise globally. A recent World Health Assembly called on the World Health Organization and its member states to take action in this direction (WHO, 2012).

Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. Moreover, depression often comes with symptoms of anxiety. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. At its worst, depression can lead to suicide. Almost 1 million lives are lost yearly due to suicide, which translates to 3000 suicide deaths every day. For every person who completes a suicide, 20 or more may attempt to end his or her life (WHO, 2012).

The Philippines has one of the highest cases of depression in Southeast Asia, affecting more than three million Filipinos, according to Rep. Rida Robes of San Jose del Monte, Bulacan (The Philippine Star, August 29, 2019) She also mentioned that the Department of Health (DOH) recognized this as a serious health condition, and the weight of haplessness, hopelessness and helplessness—the three dreaded 'H' symptoms of depression—gravitate towards what now are the new high-risk group: the young population. Citing a 2017 World Health Organization report, Robes added that eight in every 100,000 Filipinos commit suicide. Of this figure, six are males, while two are females, aged 15 to 29 years old. (The Philippine Star, August 29, 2019).

School-based counseling and other intervention programs can be effective in helping children and youth

with depression navigate the social, behavioral, and academic demands of the school setting and other intervening factors. Trust offers planning for maintaining academic engagement and success and answers the questions the students commonly ask, such as: Why am I different? Do people know why do I do things that I don't mean to do? Is school a place where I am safe or not?

RESEARCH OBJECTIVES

This study aimed to assess the knowledge, perception, and coping mechanisms of students towards depression as input for establishing intervention program for depressed students in selected schools in Partido. Specifically, it aimed to:

1. Find out students' knowledge and perception of depression.
   a. Causes
   b. Symptoms
2. Examine the self-assessed degree of depression of students across sex, age, year level and family socio-economic status.
3. Assess the coping mechanisms for depression.
4. Design an intervention program for depressed students in selected schools in Partido.

RESEARCH METHODS

Study Area

This study was conducted in the selected schools in Partido district specifically Lagonoy, San Jose, Goa and Tigaon, Camarines Sur since there were cases of depression among the students which have not been properly identified or diagnosed but needs to be addressed

Participants of the study

The participants in this study were high school students in the selected schools in Partido who were identified by the key informants who were the Class Advisers and the Guidance Counselors.

Sources of Data

The sources of the data were gathered through survey (both online-using google form and onsite-in person-using printed copies of the survey questionnaire) and Becks Depression Inventory II (BDI II) and Centre for Epidemiological Studies Depression Scale (CES-DS) were also utilized.

Research Design

This study employed the Descriptive research design that aimed to systematically obtain information to describe a phenomenon, situation, or population.

Data Gathering Procedure

This study was conducted in the selected high schools in Partido District. It was during the height of the pandemic that this study was conducted where health and safety protocols were strictly observed, restrictions were set as per IATF Guidelines as well as the observance of the community quarantine status or alert levels. There were no in person classes in all the schools. The authors of this study visited the selected high schools to distribute the letter seeking permission of the school heads to be able to conduct the study. The subjects of the study were identified by the school's Guidance Counselor who is more familiar with the cases of the students he/she usually handled in counseling. The authors resorted to the online platform using

Google Forms since most of the respondents are on modular modality. The identified respondents were asked to answer the survey questionnaire through the links provided which was given to their School Guidance Counselor.

There were 74 respondents who answered in the survey via Google Forms. They were coming from the selected high schools in Lagonoy, San Jose, Goa and Tigaon respectively. The survey questionnaire is composed of self-devised questionnaire on depression combined with Beck Depression Inventory. The Beck Depression Inventory (BDI) is a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression (Beck, et al., 1961). The BDI has been developed in different forms, including several computerized forms, a card form (May, Urquhart, Tarran, 1969, cited in Groth-Marnat, 1990), the 13-item short form and the more recent BDI-II by Beck, Steer & Brown, 1996. I.) The BDI takes approximately 10 minutes to complete, although clients require a fifth – sixth grade reading level to adequately understand the questions (Groth-Marnat, 1990). The other test used was the Center for Epidemiological Studies-Depression Scale (CES-D), originally published by Radloff in 1977, is a 20-item measure that asks respondents to rate how often over the past week they experienced symptoms associated with depression, such as restless sleep, poor appetite, and feeling lonely. Response options range from 0 to 3 for each item (0 = Rarely or None of the Time, 1 = Some or Little of the Time, 2 = Moderately or Much of the time, 3 = Most or Almost All the Time). Scores range from 0 to 60, with high scores indicating greater depressive symptoms.

RESULTS AND ANALYSIS

Students' Knowledge and Perception of Depression

 a. Causes

Table 1

RANK	CAUSES OF DEPRESSION	NUMBER AND PERCENTAGE
1	Other personal problems	40 (54.1%)
2	Death or loss of a loved one	22 (29.7%)
3	Major life events	18 (24.3%)
4	Age-related depression	16 (21.6%)
5	Abuse (verbal or physical)	12 (16.2%)

As stated in Table 1, it was found out that the causes of depression according to the students' knowledge and perception are: 1) 40 or 54.1% of the respondents considered other personal problems as number 1 cause of depression such as social isolation due to other mental illnesses or being cast out of a family or social group which can contribute to the risk of developing clinical depression; 2) 22 or 29.7% identified death or loss of a loved one; 3) 18 or 24.3% answered major life events as one of the causes of depression; 4) 16 or 21.6% of the respondents said it is age-related depression; while 5) 12 or 16.2% attributed it to abuse either verbal or physical.

b. Symptoms

Table 2

RANK	SYMPTOMS OF DEPRESSION	NUMBER AND PERCENTAGE
1	Loss of interest in sex	52 (70.3%)
2	Sadness	43 (58.1%)
3	Self-Dislike	41 (55.4%)

4	Loss of interest	39 (52.7%)
5	Changes in appetite, Tiredness or Fatigue	37 (50%)
6	Suicidal Thoughts or Wishes	36 (48.6%)
7	Agitation	35 (47.3%)
8	Loss of Pleasure, Irritability	33 (44.6%)
9	Pessimism, Past Failure, Loss of Energy	32 (43.2%)
10	Punishment feelings	31 (41.9%)
11	Changes in sleeping pattern	30 (40.5%)

Table 2 revealed the symptoms of depression identified by the respondents which include 1) 52 or 70.3% answered Loss of interest in sex as the number 1 symptom of depression for the respondents; 2) 43 or 58.1% considered Sadness as a symptom of depression; 3) 41 or 55.4% answered Self-dislike; 4) Loss of interest according to 39 or 52.7% of the respondents; 5) Changes in appetite, Tiredness or Fatigue are other symptoms of depression for the 37 or 50% of the participants; 6) 36 or 48.6% of the participants considered Suicidal thoughts or wishes as signs of depression; 7) 35 or 47.3% answered Agitation as one of the signs of depression; 8) Loss of pleasure and Irritability with 33 or 44.6% who considered it as signs of depression; 9) 32 or 43.2% identified Pessimism, Past failure and Loss of energy as symptoms of depression; 10) For the 31 or 41.9% of the respondents Punishment feelings is another symptom of depression while 30 or 40.5% of them considered Changes in sleeping patterns.

Self-assessed Degree of Depression of Students

Table 3.

SEX		AGE		YEAR/GRADE LEVEL		FAMILY SOCIO-ECONOMIC STATUS	
MALE	46 (62.2%)	13-15	5 (6.8%)	JUNIOR HS	5 (6.8%)	POOR (less than 12K)	41 (58.6%)
FEMALE	28 (37.8%)	16-18	67 (90.5%)	SENIOR HS	69 (93.2%)	LOW INCOME CLASS (12-24K)	20 (28.6%)
		19-21	2 (2.7%)			LOWER-MIDDLE CLASS (25-48K)	9 (12.9%)
						MIDDLE CLASS (49-84K)	6 (8.6%)

Indicated in Table 3 is the demographic profile of the respondents which include Sex, Age, Year/Grade Level and Family Socio-economic status. As shown in table 3, in terms of sex, 46 or 62.2% of the respondents are Male which is greater than the Female participants composed of 28 or 37.8%. The age of the respondents ranges from 13-15 with 5 or 6.8%; while majority of the participants' ages are between 16-18 years old. There are only 2 or 2.7% of the participants belonged to 19-21 age bracket. In terms of Grade/year level, majority of the participants are Senior High School students with 67 or 90.5%, while 5 or 6.8% are Junior High School students. As to the Family Socio-economic status, 41 (58.6%) are classified under Poor with less than Php 12,000 monthly income, 20 or 28.6% belong to Low Income Class with Php12,000-24,000 average monthly family income; 9 or 12.9% of the respondents are identified with the Lower-Middle Class and only 6 or 8.6% said they belong to Middle Class having an average monthly family income of Php 49,000-84-000.

Based on the result of the Center for Epidemiological Studies-Depression Scale (CES-DS) used to assess the

participants self-assessed degree of depression, it was revealed that the average score of the participants is 22 which is interpreted as Moderate Depressive Symptomatology or Possible major depressive episode: Anhedonia or dysphoria nearly every day for the past two weeks, and symptoms in an additional 2 other DSM symptom groups reported as occurring either nearly every day for the past two weeks, or 5-7 days in the past week regardless of the respondents sex, age, grade/year level and family socio-economic status.

Coping Mechanisms for Depression.

Table 4.

RANK	COPING MECHANISMS	NUMBER AND PERCENTAGE
1	When I feel down, I like going out with friends.	39 (52.7%)
2	When something's bothering me, I Iike to go out and connect with nature.	34 (45.9%)
3	Eating makes me feel good and makes me forget about my problems.	33 (44.6%)
4	Having a goal or a plan keeps me motivated to keep going.	31 (41.9%)
5	I like talking about my emotions to someone I'm close with.	30 (40.5%)
6	I find it comforting when I spend time with my family.	23 (31.1%)
7.5	Disconnecting with the online world helps me focus more on myself	20 (27%)
7.5.	I like to treat or pamper myself whenever I feel down	20 (27%)
9	I tend to declutter or organize my things when there's a lot going on in my head	19 (25.7%)
10	Keeping a journal and writing down what I'm feeling helps me cope with sadness	10 (13.5%)

As illustrated in Table 3 the coping mechanisms of depression include 1) 39 or 57.7% responded that, when they feel down, they like going out with friends; 2) 34 or 45.9% mentioned that, when something's bothering them, they like to go out and connect with nature; 3) 33 or 44.6% said eating makes them feel good and makes them forget about their problems; 4) 31 or 41.9% considered having a goal or a plan keeps them motivated to keep going; 5) 30 or 40.5% preferred talking about their emotions to someone they are close with; 6) 23 or 31.1% find it comforting when they spend time with their family; 7.5) 20 or 27% considered disconnecting with the online world helps them focus more on themselves; 7.5) 20 or 27% said they like to treat or pamper themselves whenever they feel down; 9) 19 or 25.7% responded that they tend to declutter or organize their things when there's a lot going on in their head and 10) 10 or 13.5% mentioned keeping journal and writing down what they're feeling help them cope with sadness.

CONCLUSIONS

Find out students' knowledge and perception of depression

a. Causes

Based on the findings, it is concluded that the causes of depression are Other Personal Problems, Death or Loss of a loved one, Major Life events, Age-related depression and Abuse (verbal or physical)

b. Symptoms

It is also concluded that the symptoms of depression include Loss of interest in sex, Sadness, Self-Dislike,

Loss of interest, Changes in appetite, Tiredness or Fatigue, Suicidal Thoughts or Wishes, Agitation, Loss of Pleasure, Irritability, Pessimism, Past Failure, Loss of Energy, Punishment feelings, Changes in sleeping pattern based on the tabulated data.

Examine the self-assessed degree of depression of students across sex, age, year level and family socio-economic status.

It could be noted that the average score of the participants in the self-assessed degree of depression is 22 which is interpreted as Moderate Depressive Symptomatology or Possible major depressive episode in the instrument used (Anhedonia or dysphoria nearly every day for the past two weeks, and symptoms in an additional 2 other DSM symptom groups reported as occurring either nearly every day for the past two weeks, or 5-7 days in the past week)

It is concluded that sex, age, grade/year level and family socio-economic status have no significant relationship or bearing to the respondents' self-assessed degree of depression. Whatever are their present statuses, they have common responses.

Assess the coping mechanisms for depression.

Based on the data presented, it is concluded that the coping mechanisms of depression include 1) when they feel down, they like going out with friends; 2) when something's bothering them, they like to go out and connect with nature; 3) eating makes them feel good and makes them forget about their problems; 4) having a goal or a plan keeps them motivated to keep going; 5) like talking about their emotions to someone they are close with; 6) find it comforting when they spend time with their family; 7.5) disconnecting with the online world helps them focus more on themselves; 7.5) like to treat or pamper themselves whenever they feel down; 9) they tend to declutter or organize their things when there's a lot going on in their head and 10) keeping journal and writing down what they're feeling help them cope with sadness.

RECOMMENDATIONS

1. A follow-up study regarding "Depression Among Students" be conducted to further determine the status or state of the students' mental health condition specifically among high school students.
2. Conduct Mental Health Awareness and Assessment in the Secondary Schools to educate the High School Students about Mental Health and its related illnesses and assess the level of depression among the students.
3. An intervention program for depressed students be utilized or facilitated to further improve the conditions of the students' undergoing depression.
4. Send High School Guidance Counselors to seminars, trainings and workshops to further enhance their skills, knowledge and competencies in handling depressed students and other mental health related problems or conditions.

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