Determining The Level of Depression Stigma of University Students: A Descriptive Study

Eda AÇIKGÖZ ATAY[1], Nermin OLGUN[2], Zehra BOZTEPE[3]

Abstract

Objective: The aim of this study was to determine the level of depression stigmatization among university students.
Method: This descriptive study was conducted with 929 university students studying at a foundation university (N=7427). Descriptive Information Form and Depression Stigma Scale were used in the study. Mean and standard deviation were used for continuous variables; number and percentage were used for categorical data. The study data were evaluated with Independent t test for variables with two groups and One-Way ANOVA test for variables with more than two groups. Statistical evaluation of the data was performed using SPSS 25.0 Newyork package programme.
Results: It was determined that 42.2% of the university students who participated in the study were between 21-22 years of age, 56.6% were female, 21.9% had received psychiatric help at any time in their lives, 6.2% had a psychiatric illness, and 3.8% used a psychiatric drug. The mean total score of the depression stigmatization scale personal stigmatization sub-dimension was 14.52±7.08 and the mean total score of the perceived stigmatization sub-dimension was 20.76±8.88. It was found that female students had lower levels of personal stigmatization and higher levels of perceived stigmatization than male students (p=0.01), fourth grade students had higher levels of perceived stigmatization than other students (p=0.00), and students who received psychiatric help, had psychiatric illness and used psychiatric medication in any period of their lives had lower levels of perceived stigmatization than those who did not (p=0.00).
Conclusions: Examining the stigmatization of depression and its determinants in university students will facilitate the understanding of students' perspectives. In addition, it is thought that the results of this study have an important role in raising awareness about the acceptance of students with depression in society and supporting them to seek professional help.

Keywords: Depression, stigma, university students.

Üniversite Öğrencilerinin Depresyon Damgalama Düzeylerinin Belirlenmesi: Tanımlayıcı Çalışma

Özet

Amaç: Bu çalışmada üniversite öğrencilerinin depresyon damgalama düzeyinin belirlenmesi amaçlandı.
Yöntem: Tanımlayıcı tipteki bu çalışma bir vakıf üniversitesinde öğrenim gören 929 üniversite öğrencisi (N=7427) ile yürütüldü. Çalışmada Tanıtıcı Bilgi Formu ve Depresyon Damgalama Ölçeği kullanıldı. Sürekli değişkenlere ait verilerde ortalama, standart sapma; kesikli verilerin gösteriminde sayı ve yüzde kullanıldı. Çalışma verileri iki gruplu değişkenler Independent t testiyle, ikiden fazla gruplu değişkenler One-Way ANOVA testi ile değerlendirildi. Verilerin istatistiksel değerlendirilmesi SPSS 25.0 Newyork paket programında yapıldı.
Bulgular: Çalışmaya katılan üniversite öğrencilerinin % 42.2'sinin 21-22 yaşları arasında, %56.6'sının kadın, %21.9'unun hayatının herhangi bir döneminde psikiyatrik yardım aldığı, %6.2'sinin bir psikiyatrik hastalığa sahip olduğu ve %3.8'inin psikiyatrik bir ilaç kullandığı belirlenmiştir. Üniversite öğrencilerinin depresyon damgalama ölçeği kişisel damgalama alt boyutu toplam puan ortalaması 14.52±7.08, Algılanan Damgalama Alt Boyutu toplam puan ortalaması 20.76±8.88 bulundu. Kadın öğrencilerin kişisel damgalama düzeyi erkek öğrencilerden daha düşük iken algılanan damgalama düzeyinin daha yüksek olduğu (p=0.00), dördüncü sınıf öğrencilerinin algılanan damgalama düzeyinin diğer öğrencilere göre daha yüksek olduğu (p=0.01), hayatının herhangi bir döneminde psikiyatrik yardım alan, psikiyatrik hastalığa sahip olan ve psikiyatrik ilaç kullanan öğrencilerin algılanan damgalama düzeyinin almayanlara göre daha düşük olduğu saptanmıştır (p=0.00).
Sonuç: Üniversite öğrencilerinde depresyona yönelik damgalama ve bunun belirleyicilerinin incelenmesi, öğrencilerin bakış açılarını anlamayı kolaylaştıracaktır. Ayrıca bu araştırmanın sonuçlarının depresyonu olan öğrencilerin toplum içerisinde kabullenilmesinin ve profesyonel yardım aramasına destek olma konusunda bilinçlendirilmesi konusunda önemli rolünün olduğu düşünülmektedir.

Anahtar kelimeler: Depresyon, damgalama, üniversite öğrencileri

[1] Assist. Prof. Dr., Hasan Kalyoncu University, eda.acikgoz@hku.edu.tr, ORCID: 0000-0003-2592-8254,

[2] Prof. Dr., Hasan Kalyoncu University, nermin.olgun@hku.edu.tr, ORCID: 0000-0002-8704-4588

[3] Nurse, zehrabzt@hotmail.com, ORCID: 0000-0003-4262-0649.

EBSHealth

Doğu Karadeniz Sağlık Bilimleri Dergisi, 2024, Cilt:3, Sayı:2
East Black Sea Journal of Health Sciences, 2024, Year:3, Issue:2

Introduction

Depression is expressed as one of the most common mental health disorders approximately 280 million people worldwide, causing significant disability (WHO, 2022), and seen in 24.4% of university students (Akthtar et al, 2020). The university is a critical period for students to leave their families, develop new social bonds, increase their autonomy and responsibility, and create more self-awareness and control (Duffy et al., 2019). In this process, students are exposed to many psychosocial risk factors that can potentially lead to depressive disorder (Mofatteh, 2020). It also increases the likelihood of self-harm, along with risky behaviors such as academic failure (Abu et al., 2018) and smartphone addiction (Matar & Jaalouk, 2017). Within the process, students who experience depression primarily due to personal stigma cause them to feel ashamed of themselves and ignore their problems, and to think that their university life and post-graduation career will be negatively affected (Musa et al., 2020).

One of the biggest obstacles to the diagnosis and treatment of mental disorders is stigma. However, the more a person fears stigma, the more resistant they are to seeking professional help voluntarily. Resistance to treatment leads to worsening of depression, creating a vicious circle (Demyttenaere & Van Duppen, 2019). Therefore, the fight against stigma is as important as the treatment of the disease (Musa et al, 2020). In recent years, studies have been carried out to determine the stigma of depression in university students (Musa et al., 2020; He et al., 2021; Conceição et al., 2022). He stated that a large portion of university students show a desire to stigmatize and social distance towards people with depression (He et al., 2021), and that there are significant differences between university students in terms of personal and perceived stigma (Musa et al., 2020). Grand et al. (2015) reported that depression stigma of university students can be reduced with more information and education, but it is a remarkable result that it is less than stigmatization studies for other mental illnesses (Busby et al., 2016). For this reason, it is thought that determining the level of stigma is the first step in reducing the behaviors that university students with depression are exposed to stigmatization and discrimination by the society they live in and in forming the basis of intervention studies that will reduce stigma. In this regard, the aim of the research is to determine the stigma towards depression among university students.

Methods

Study design and sample

The population of this descriptive study consists of undergraduate students studying at a foundation university between March 2022 and May 2022 (N= 7427). The sample of the study was calculated by the sampling method with known population and the sample size was found to be 365. In the study, no sample selection was

EBSHealth

Doğu Karadeniz Sağlık Bilimleri Dergisi, 2024, Cilt:3, Sayı:2
East Black Sea Journal of Health Sciences, 2024, Year:3, Issue:2

made and all university students who volunteered to participate in the study and completed the data collection forms completely were included in the sample (n=929).

Data Collection

The students whose sample characteristics were specified in the study were invited to the study and the data were collected by face-to-face application of the questionnaire form. The purpose and objectives of the study were explained to the individuals participating in the study before the questionnaire application and their written informed consent was obtained. The identity information of the participants was not collected during the implementation phase of the study. It took approximately 15-20 minutes for an average participant to complete the data collection forms.

Data Collection Tools

Introductory Information Form: The form created by the researchers in line with the literature (Musa et al, 2020; He et al, 2021; Conceição et al, 2022) consists of a total of 9 questions including age, gender, class level, and psychiatric diagnosis status of the participants.

Depression Stigma Scale: The scale was developed by Griffith et al. (2004). Turkish validity and reliability study was conducted by Goktas et al. (2020). The scale consists of 18 items of the five-point Likert type, and the answers are "0-4" in order of points. The scale has two sub-dimensions including personal stigma and perceived stigma. The score that can be obtained from each sub-dimension varies between 0-36, and as the score increases, the level of stigmatization of depressed people increases. The cronbach a coefficient of the scale is 0.80. In this study, the cronbach a coefficient of the scale was found to be 0.89.

Ethical considerations

This study was approved by Hasan Kalyoncu Üniversitesi Health Sciences Ethics Committee of Non-Interventional Clinical Trials (Date: 28.02.3022, No:2022/17). Permission was obtained from the institution where the study was conducted. The permission to use the measurement tool used in the study was obtained from the author of the validity and reliability study via e-mail. This research was conducted in accordance with the principles of the Declaration of Helsinki.

Data Analysis

Statistical analysis of data was carried out with IBM SPSS 25.0 New York. The Kolmogorov-Smirnov test was used to determine whether the data fit the normal distribution. Mean and standard deviation were used for continuous variables; numbers and percentages were used to represent categorical data. Since the data conformed to normal distribution (p>0.05), variables with two groups were evaluated by independent t test and variables with more than two groups were evaluated by One-Way ANOVA test. The results were graded at 95% confidence interval and analyzed as p<0.05.

EBSHealth

Doğu Karadeniz Sağlık Bilimleri Dergisi, 2024, Cilt:3, Sayı:2
East Black Sea Journal of Health Sciences, 2024, Year:3, Issue:2

FINDINGS

Slightly more than half of the participants (56.6%) were female; 42.2% of the students were 21-22 years old; 31.9% were first-year students; and 70.2% lived with their families. It was observed that 6.2% of the students had a psychiatric illness; 3.8% were taking psychiatric medication; 21.9% had received a psychiatric diagnosis at some point in their lives; and 27.4% had a relative with a diagnosis of depression (Table 1, See appendix).

The mean of the total score of the depression stigma scale personal stigma sub-dimension of university students was found to be 14.52±7.08, and the mean of the total score of the Perceived Stigma Sub-Dimension was found to be 20.76±8.88 (Table 2, See appendix).

When the level of personal stigmatization was analyzed according to the age groups of the students, it was determined that the mean personal stigmatization score of students aged 23 years and over was higher than that of students aged 18-20 years (p=0.00). A significant difference was found between gender and personal stigmatization and perceived stigmatization (p=0.01). While the personal stigmatization level of female students was lower than male students, the perceived stigmatization level was higher than male students (p=0.01). It was found that the mean perceived stigmatization score of fourth grade students was higher than other lower grades (p=0.00).

Considering the status of receiving psychiatric help, it was determined that the mean score of the personal stigmatization sub-dimension of the students who did not receive psychiatric help in any period of their lives was higher than the students who did (p=0.00). Similarly, the mean personal stigmatization score of students who did not have psychiatric illness and did not use psychiatric medication was higher than that of students with psychiatric illness (p=0.00). In addition, no significant difference was found between other variables and depression stigma scale sub-dimensions (Table 3, See appendix).

DISCUSSION

In this study, which was conducted to determine the depression stigma levels of university students, it was found that the perceived stigma level of the students was higher than their personal stigma level. These results are consistent with previous studies (He et al., 2021; Yang et al., 2020). The higher level of perceived stigma is explained by the fact that individuals are generally reluctant to express their own views, exhibit behaviors to give the answers expected by society to maintain social cohesion (Yang et al., 2020), and tend to exaggerate social stigma (Xu et al., 2017; Boerema et al., 2016). In addition, the statement that perceived stigma has a strong relationship with personal stigma, but that these are independent variables, also supports this conclusion (He et al., 2021; Conceição et al., 2020). In this study, the fact that personal stigmatization is at an average level and perceived stigmatization is above average in university students confirms the relationship with each

EBSHealth

Doğu Karadeniz Sağlık Bilimleri Dergisi, 2024, Cilt:3, Sayı:2
East Black Sea Journal of Health Sciences, 2024, Year:3, Issue:2

other, but it can be said that individuals' personal stigmatization towards depression should be examined in depth.

In this study, it was observed that female students had lower levels of personal stigmatization than male students. These results are consistent with the existing literature (Yang et al., 2020; Conceição et al., 2022). This is explained by the fact that women are prone to depression (Labaka et al., 2018) and have higher mental health literacy than men (Wong, 2016). Therefore, women's predisposition to depression may have caused them to develop more empathy and tend to be more sensitive to someone with depression than men. In addition, it was found that the perceived stigma level of female students was higher than male students. Although there are studies supporting that perceived stigma is more common in female students (Conceição et al., 2020; Busby & Bruce, 2016), there are also studies reporting that there is no difference between both genders (Pyne et al., 2021). Therefore, there is not as much consensus in the literature on the interpretation of differences in perceived stigmatization as in personal stigmatization (Conceição et al., 2022). The different meaning of depression for countries and societies may have led to differences in perceived stigmatization. Therefore, it is thought that more studies in different cultures and societies are needed to examine the differences between perceived stigmatization and gender.

It was found that the personal stigmatization of students aged 23 and over was higher than that of younger students. Although the difference between the ages of the students participating in the study is not very large, it is noteworthy that it is compatible with the literature (Boerema et al., 2026; Conceição et al., 2020). According to this result, the increase in the age of the students shows that it has a positive effect on stigmatization by contributing to the change in the individual perspective towards depression and the formation of positive judgments towards the acceptance of depression as a disease.

Students with psychiatric illness have lower personal depression stigma than those without psychiatric illness. There are studies supporting these results in the literature (Wada et al., 2019). Moreira et al. (2021) stated that if an individual has a history of psychiatric illness in himself or his family, individuals are more sensitive to these diseases in line with their life stories and experiences and stigmatization is less common. At the same time, it is stated that the personal stigmatization of individuals who receive psychiatric help and use psychiatric medication is higher than individuals who do not receive psychiatric help and do not use medication (Conceição et al., 2022). In addition to this, the study also supports that personal stigmatization is lower in students who receive psychiatric help and use psychiatric medication.

Limitations

The use of self-administered questionnaires in the data collection process in this study resulted in a significant number of missing data due to incomplete responses. Another problem is that since the depression stigma scale

EBSHealth

Doğu Karadeniz Sağlık Bilimleri Dergisi, 2024, Cilt:3, Sayı:2
East Black Sea Journal of Health Sciences, 2024, Year:3, Issue:2

is based on self-report, students gave socially expected answers, especially about personal stigmatization, and this made it difficult to obtain students' real thoughts.

CONCLUSION

In this study, perceived stigmatization was found to be higher among university students. Female students had lower levels of personal stigmatization and higher levels of perceived stigmatization than male students, and age was found to be associated with personal stigmatization. Having a psychiatric illness and taking psychiatric medication affect the perception of depression stigmatization. It is important to determine the stigmatization of depression in university students, to change perceptions and attitudes towards depression, to increase the individual's approach to seeking treatment and to live in harmony with other individuals in the society in which they live.

Conflict of Interests

The authors report no actual or potential conflicts of interest.

REFERENCES

Abu Ruz M. E., Al-Akash, H. Y., & Jarrah S. (2018). Persistent (Anxiety and depression) affected academic achievement and absenteeism in nursing students. Open Nurs J., 31(12), 171-179.

Akhtar, P., Ma, L., Waqas, A., Naveed, S., Li, Y., Rahman, A., & Wang, Y. (2020). Prevalence of depression among university students in low and middle income countries (LMICs): a systematic review and meta-analysis. Journal of Affective Disorders, 274, 911-919. https://doi.org/10.1016/j.jad.2020.03.183

Boerema, A. M., Zoonen, K. V., Cuijpers, P., Holtmaat, C. J. M., Mokkink, L. B., Griffiths, K. M., & Kleiboer, A. M. (2016). Psychometric properties of the Dutch Depression Stigma Scale (DSS) and associations with personal and perceived stigma in a depressed and community sample. PLoS One, 11(8), e0160740.https://doi.org/10.1371/journal.pone.0160740.

Conceição Vd, Rothes I, Severo M. (2020) Previous experience with depression in others and self: a cross-sectional study of the impact on stigma and help-seeking attitudes, medRxiv, https://doi.org/10.1101/2020.05.02.20086140.

Conceição, V., Rothes, I., & Gusmão, R. (2022). The association between stigmatizing attitudes towards depression and help seeking attitudes in college students. PLoS One, 17(2), e0263622.. https://doi.org/10.1371/journal.pone.0263622.

Conceição, V., Rothes, I., Severo, M., Griffiths, K., Hegerl, U., & Gusmão, R. (2022). Psychometric properties of the Depression Stigma Scale in the Portuguese population and its association with gender and depressive symptomatology. Health and quality of life outcomes, 20(1), 3-8. https://doi.org/10.1186/s12955-022-01945-7

Demyttenaere, K., & Van Duppen, Z. (2019). The impact of (the concept of) treatment-resistant depression: an opinion review. International Journal of Neuropsychopharmacology, 22(2), 85-92. https://doi.org/10.1093/ijnp/pyy052

Duffy, A., Saunders, K. E., Malhi, G. S., Patten, S., Cipriani, A., McNevin, S. H., ... & Geddes, J. (2019). Mental health care for university students: a way forward?. The Lancet Psychiatry, 6(11), 885-887. https://doi.org/10.1016/S2215-0366(19)30275-5

EBSHealth

Doğu Karadeniz Sağlık Bilimleri Dergisi, 2024, Cilt:3, Sayı:2
East Black Sea Journal of Health Sciences, 2024, Year:3, Issue:2

Göktaş, S., Işikli, B., Önsüz, M. F., Yenilmez, Ç., & Metintaş, S. (2020). Evaluation of Turkish Validity and Reliability of The Depression Stigma Scale (DSS). Journal of Cognitive Behavioral Psychotherapies and Research, 9(1), 9-15. https://dx.doi.org/10.5455/JCBPR.17093

Grant, J. B., Bruce, C. P., & Batterham, P. J. (2016). Predictors of personal, perceived and self-stigma towards anxiety and depression. Epidemiology and psychiatric sciences, 25(3), 247-254. https://doi.org/10.1017/S2045796015000220

Grant, J. B., Bruce, C. P., & Batterham, P. J. (2016). Predictors of personal, perceived and self-stigma towards anxiety and depression. Epidemiology and psychiatric sciences, 25(3), 247-254. doi:10.1017/S2045796015000220

Griffiths, K. M., Christensen, H., & Jorm, A. F. (2008). Predictors of depression stigma. BMC psychiatry, 8(1), 1-12. https://doi.org/10.1186/1471-244X-8-25

He, H., Wu, Q., Hao, Y., Chen, S., Liu, T., & Liao, Y. (2021). Stigmatizing attitudes toward depression among male and female, medical and non-medical major college students. Frontiers in Psychology, 12, 648059. https://doi.org/10.3389%2Ffpsyg.2021.648059.

Labaka, A., Goñi-Balentziaga, O., Lebeña, A., & Pérez-Tejada, J. (2018). Biological sex differences in depression: a systematic review. Biological research for nursing, 20(4), 383-392. https://doi.org/10.1177/1099800418776082

Matar Boumosleh, J., & Jaalouk, D. (2017). Depression, anxiety, and smartphone addiction in university students-A cross sectional study. PloS one, 12(8), e0182239. https://doi.org/10.1371/journal.pone.0182239.

Mofatteh, M. (2021). Risk factors associated with stress, anxiety, and depression among university undergraduate students. AIMS public health, 8(1), 36-65. https://doi.org/10.3934%2Fpublichealth.2021004

Moreira, A. R., Oura, M. J., & Santos, P. (2021). Stigma about mental disease in Portuguese medical students: a cross-sectional study. BMC medical education, 21, 1-8. https://doi.org/10.1186/s12909-021-02714-8

Musa, A., Ashraf, J., Tsai, F. J., Abolmagd, S., Liu, C., Hussain, H., ... & Baron, D. (2020). Depression severity and depression stigma among students: A survey of universities in five countries. The Journal of Nervous and Mental Disease, 208(11), 884-889. 10.1097/NMD.0000000000001226

Pyne, J. M., Kuc, E. J., Schroeder, P. J., Fortney, J. C., Edlund, M., & Sullivan, G. (2004). Relationship between perceived stigma and depression severity. The Journal of nervous and mental disease, 192(4), 278-283. 10.1097/01.nmd.0000120886.39886.a3

Ruz, M. E. A., Al-Akash, H. Y., & Jarrah, S. (2018). Persistent (anxiety and depression) affected academic achievement and absenteeism in nursing students. The open nursing journal, 12, 171-179.

Wada, M., Suto, M. J., Lee, M., Sanders, D., Sun, C., Le, T. N., ... & Chauhan, S. (2019). University students' perspectives on mental illness stigma. Mental Health & Prevention, 14, 200159. https://doi.org/10.1016/J.MPH.2019.200159.

Wong, K., (2016) Gender differences in mental health literacy of university students. Western Undergraduate Psychology Journal, 4(1). doi:10.1017/S2045796015000220

Xu, Z., Rüsch, N., Huang, F., & Koesters, M. (2017). Challenging mental health related stigma in China: Systematic review and meta-analysis. I. Interventions among the general public. Psychiatry Research, 255, 449-456. https://doi.org/10.1016/j.psychres.2017.01.008

Yang, F., Yang, B. X., Stone, T. E., Wang, X. Q., Zhou, Y., Zhang, J., & Jiao, S. F. (2020). Stigma towards depression in a community-based sample in China. Comprehensive Psychiatry, 97, 152152. https://doi.org/10.1016/j.comppsych.2019.152152

https://www.who.int/news-room/fact-sheets/detail/depression, WHO, date of access:27.07.2022.

EBSHealth

Doğu Karadeniz Sağlık Bilimleri Dergisi, 2024, Cilt:3, Sayı:2
East Black Sea Journal of Health Sciences, 2024, Year:3, Issue:2

Appendix

Table 1. Descriptive characteristics of students (N=929)

Characteristics	n	%	Characteristics	n	%
Age			**Faculty**		
18-20	282	30.4	Faculty of Health Sciences	153	16.5
21-22	392	42.2	Faculty of Education	135	14.5
23+	255	27.4	Faculty of Law	112	12.1
Gender			Faculty of Engineering	113	12.2
Female	526	56.6	Faculty of Fine Arts and Architecture	103	11.1
Male	403	43.4	Faculty of Economics, Administrative and Social Sciences	114	12.3
Year at university			Faculty of Communication	38	4.1
1st year	296	31.9	Vocational School	105	11.3
2 nd year	197	99.4	School of Foreign Languages	56	6.0
3 nd year	195	21.0	**Psychiatric ıllness status**		
4 th year	161	31.9	Yes	58	6.2
Language Preparation Scholl	80	21.2	No	871	93.8
People living together			**Psychiatric drug use status**		
Family	652	70.2	Yes	35	3.8
Friends	88	9.5	No	894	96.2
Alone	110	11.8	**The state of being around someone with a diagnosis of depression**		
Other (dorm vb)	79	8.5	Yes	255	27.4
Receiving psychiatric help in any period of life			No	674	72.6
Yes	203	21.9			
No	726	78.1			

Table 2. Overall mean scores of depression stigma scale sub-dimensions of students

	X̄± SD	Min.-Max
Personal Stigma	14.52±7.08	0-36
Percevied Stigma	20.76±8.88	0-36

EBSHealth

Doğu Karadeniz Sağlık Bilimleri Dergisi, 2024, Cilt:3, Sayı:2
East Black Sea Journal of Health Sciences, 2024, Year:3, Issue:2

Table 3. Comparison of students' descriptive characteristics and Depression Stigma Scale Subscale Mean Scores

	Personal Stigma X̄± SD	Test and p values	Percevied Stigma X̄± SD	Test and p values
Age				
18-20 [a]	19.68±8.30		14.04±6.42	
21-22 [b]	20.71±9.16	F=4.727	14.75±7.48	F=0.945
23+ [c]	22.03±8.94	p=0.009** c>a	14.69±7.15	p=0.389
Gender				
Female	13.51±6.63	t=4.959	21.41±8.71	t=2.564
Male	15.84±7.43	p=0.01**	19.91±9.04	p=0.011*
Year at university				
1st year	14.51±6.76		20,26±8,68	
2 nd year	15.03±7.61	F=0.653	20,80±9,24	F=3.510
3 nd year	14.29±7.12	p=0.625	20,84±9,04	p=0.007** d>a,b,c,e*
4 th year	14.63±7.41		22,69±8,85	
Language Preparation Scholl	13.60±6.10		18,46±7,80	
Faculty				
Faculty of Health Sciences	15.50±8.04		21.33±9.02	
Faculty of Education	13.47±7.23		22.39±9.20	
Faculty of Law	13.82±6.73		20.64±9.57	
Engineering faculty	15.37±6.53		20.69±8.49	
Faculty of Fine Arts and Architecture	13.96±6.36		19.90±7.85	
Faculty of Economics, Administrative and Social Sciences	14.69±7.00	F=1,373	21.54±8.46	F=1.694
Faculty of Communication	14.54±7.29	p=0.204	20.34±10.97	p=0.960
Vocational School	15.10±7.57		19.50±9.17	
School of Foreign Languages	13.59±5.72		18.32±6.92	
People living together				
Family	20.51±8.87		14.20±6.88	
Friends	22.09±8.79	t=1.411	14.69±8.16	t=2.005
Alone	20.34±9.86	p=0.238	15.19±7.52	p=0.112
Other (dorm vb)	21.97±7.45		16.03±6.67	
Receiving psychiatric help in any period of life				
Yes	12.56±6.62	t=-4.498	21.22±9.60	t=0.827
No	15.06±7.12	p=0.001**	20.64±8.67	p=0.409
Psychiatric ıllness status				
Yes	12.15±6.63	t=-2.639	19.53±10.74	t=0.909
No	14.68±7.09	p=0.008**	20.84±8.75	p=0.367
Psychiatric drug use status				

EBSHealth

Doğu Karadeniz Sağlık Bilimleri Dergisi, 2024, Cilt:3, Sayı:2
East Black Sea Journal of Health Sciences, 2024, Year:3, Issue:2

Yes	11.42±6.54	t=2.648	20.23±10.92	t=0.297
No	14.64±7.08	p=0.008**	20.78±8.80	p=0.768
The state of being around someone with				
a diagnosis of depression				
Yes	13.99±7.10	t=1.406	20.29±9.38	t=0.997
No	14.72±7.07	p=0.16	20.94±8.69	p=0.319

*p < 0.05; **p < 0.01, F: One Way ANOVA Test, t: independent t Test.