

Kurt Gökçeli, F. & Birinci, E. (2023). Examining depression levels of vocational school of health services students according to some variables. *Turkish Journal of Applied Social Work*, 6 (1), 71-85 [doi:10.54467/trjasw.1287458](https://doi.org/10.54467/trjasw.1287458)

RESEARCH ARTICLE

Submission: 25/04/2023
Accepted: 23/05/2023

EXAMINING DEPRESSION LEVELS OF VOCATIONAL SCHOOL OF HEALTH SERVICES STUDENTS ACCORDING TO SOME VARIABLES

Untersuchung des Depressionsniveaus von Berufsschülern des Gesundheitswesens in Abhängigkeit von einigen Variablen

Sağlık Hizmetleri Meslek Yüksekokulu Öğrencilerinin Depresyon Düzeylerinin Bazı Değişkenlere Göre İncelenmesi

Fusun KURT GÖKÇELİ*

Emre BİRİNCİ**

* Asst. Prof., Anadolu University, Yunus Emre Vocational School of Health Services, Child Development Program, [✉ fusunkurt@anadolu.edu.tr](mailto:fusunkurt@anadolu.edu.tr) [iD 0000-0002-9075-3860](https://orcid.org/0000-0002-9075-3860)

** Assoc. Prof., Anadolu University, Yunus Emre Vocational School of Health Services, Elder Care Program, [✉ ebirinci@anadolu.edu.tr](mailto:ebirinci@anadolu.edu.tr) [iD 0000-0002-8716-2090](https://orcid.org/0000-0002-8716-2090)

ABSTRACT

This study aimed to examine the depression levels of associate degree students attending a vocational school of health services according to some variables. The sample consisted of 507 students studying different programs (Pharmacy Services, Child Development, Elderly Care, Hair Care and Beauty Services, and Medical Laboratory) at Yunus Emre Vocational School of Health Services of Anadolu University in the academic year 2021-2022. The data were collected using the Beck Depression Inventory developed by Beck, Ward, and Mendelson (1961) and adapted to Turkish by Hisli (1989), and a personal information form developed by the researchers. The data were analyzed using SPSS software version 22.0. The sociodemographic characteristics were shown in percentages and frequencies. T-test and analysis of variance were used in the data analysis. According to the analysis results, students' depression levels did not significantly differ by gender and the year of study. However, first-year students had more depression symptoms. A significant relationship was found between students' depression levels and socioeconomic status. Accordingly, students with middle-income status had more depression symptoms.

Keywords: Depression, depression levels, associate degree students.

ZUSAMMENFASSUNG

Ziel dieser Studie war die Untersuchung des Depressionsniveaus von Studenten, die einen Assoziierter Abschluss an einer Berufsfachschule für Gesundheitsdienste erwerben, in Abhängigkeit von einigen Variablen. Die Stichprobe bestand aus 507 Studenten, die im akademischen Jahr 2021-2022 an der Yunus Emre Berufsfachschule für Gesundheitsdienste der Anadolu Universität verschiedene Studiengänge (Pharmazie, Kinderentwicklung, Altenpflege, Haarpflege und Schönheitspflege sowie Medizinisches Labor) besuchten. Die Daten wurden mit dem von Beck, Ward und Mendelson (1961) entwickelten und von Hisli (1989) an die türkische Sprache angepassten Beck Depressions Inventar und einem von den Forschern entwickelten Formular für persönliche Angaben erhoben. Die Daten wurden mit der SPSS-Software Version

22.0 ausgewertet. Die soziodemografischen Merkmale wurden in Prozenten und Häufigkeiten angegeben. Für die Datenanalyse wurden ein T-Test und eine Varianzanalyse durchgeführt. Die Analyse ergab, dass sich die Depressionswerte der Studierenden je nach Geschlecht und Studienjahr nicht signifikant unterschieden. Allerdings wiesen Studierende im ersten Studienjahr mehr Depressionssymptome auf. Es wurde ein signifikanter Zusammenhang zwischen den Depressionswerten der Studierenden und dem sozioökonomischen Status festgestellt. Demnach wiesen Studierende mit mittlerem Einkommen mehr Depressionssymptome auf.

Schlüsselwörter: Depression, depressionsniveau, studenten mit hochschulabschlussn.

ÖZET

Bu arařtırmada sađlık hizmetleri meslek yüksekokulu ön lisans öğrencilerinin depresyon düzeylerinin bazı deđişkenlere göre incelenmesi amaçlanmıştır. Arařtırmanın çalışma grubunu 2021-2022 eğitim-öđretim yılında Anadolu Üniversitesi Yunus Emre Sađlık Hizmetleri Meslek Yüksek Okulunda farklı programlarda (Eczane Hizmetleri, Çocuk Gelişimi, Yaşlı Bakımı, Saç Bakımı ve Güzellik Hizmetleri, Tıbbi Laboratuvar) öğrenim gören 507 öğrenci oluşturmaktadır. Verilerin toplanmasında Beck, Ward, ve Mendelson (1961) tarafından geliştirilmiş olan Türkçe geçerlik ve güvenilirliđi Hisli (1989) tarafından yapılan Beck Depresyon Envanteri ve arařtırmaclar tarafından hazırlanan kişisel bilgi formu kullanılmıştır. Veriler SPSS 22.0 istatistik paket programı kullanılarak deđerlendirilmiştir. Sosyo-demografik özellikler için yüzde ve frekanslar belirlenmiştir. Verilerin analizinde t testi ve varyans analizi kullanılmıştır. Arařtırmanın sonuçlarına göre öğrencilerin depresyon düzeyleri ile cinsiyetleri ve sınıfları arasında anlamlı bir ilişkinin olmadığı tespit edilmiştir. Ancak depresyon düzeylerine bakıldığında 1. sınıf öğrencilerinde depresyon belirtilerinin daha yüksek olduđu bulgusuna ulařılmıştır. Ayrıca öğrencilerin depresyon düzeyleri ile sosyo-ekonomik durumları arasında anlamlı bir ilişki bulunduđu, orta düzeyde bir gelire sahip olan öğrencilerin depresyon belirtilerinin daha yüksek olduđu ortaya çıkmıştır.

Anahtar Kelimeler: Depresyon, depresyon düzeyleri, ön lisans öğrencileri.

INTRODUCTION

Depression is one of the most important problems that threaten public health today. Depression is a mood disorder. An individual's being cheerful, sad, distressed, manic or depressed for a while is called mood (Yıldırım et al., 2012). Depression is a common illness worldwide that affects an average of 3.8% of the world's population. There are approximately 280 million depression patients worldwide (WHO, 2021). The number of people with depression in Turkey is more than 3.3 million (WHO, 2017). According to the data from the Turkish Health Survey in 2019, depression is observed in 9% of the total population (TÜİK [Turkish Statistical Institute], 2019). According to the World Health Organization (WHO), depression ranks fourth among the illnesses that cause physical, social, economic, and emotional problems (Cryan et al. 2002; Göktaş & Özkan 2006). The prevalence of depression is higher in women than in men. The lifetime prevalence rate of depression is reported to be 8-10% in men and approximately twice as high as 17-25% in women (Salk et al., 2017).

Depression is a mood disorder. The mood refers to the dominant and continuous affective tone that is experienced internally and changes a person's behaviour and perception of the world (Karamustafaloğlu & Yumrukçal, 2011). Depression is a disease characterised by intense regret and guilt about the past, negative and pessimistic thoughts about the future, occasional thoughts of death and suicide attempts, and physiological problems such as sleep, eating, and sexual desire disorders (Alper, 1999). Depression is a common health problem that impairs the quality of life and productivity and indirectly leads to the worsening of other existing chronic diseases and economic loss (Dişçigil et al., 2005). The risk factors of depression include genetic predisposition, low educational level, adverse environmental conditions, female gender, the lack of social relationships, migration, and physical, acute, and chronic diseases. Additionally, individuals between the ages of 18 and 44 are reported to be a high-risk group (Üzel, 2021).

Because depression causes disability, shows high prevalence rates, increases the rate of suicidal behaviour, entails the risk of becoming chronic, and leads to economic consequences, research on depression is of growing importance (Başoğlu & Buldukoğlu, 2015). Depression is a disease that considerably affects an individual's daily social activities, social functioning and thus the quality of life (McKenna et al., 2005). Depression is considered an illness that causes a certain differentiation in an individual's mood and thoughts together with physical and behavioural symptoms. Depression, which leads to a decrease in self-esteem, is expressed as a reaction to past experiences and emotions, and individuals may show different symptoms depending on their age (Köroğlu, 2012). Common symptoms include lack of concentration, decreased self-confidence, feelings of guilt, pessimism, thoughts of self-harm or suicide, disturbed sleep patterns, changes in appetite, and decreased libido. The number, type, and intensity of symptoms determine the severity of depression.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) divides the severity of depression into three groups as mild, moderate, and severe (American Psychiatric Association, 2000).

At the root of depression lie an inability to enjoy life and an unwillingness to engage in daily activities that once used to be done willingly and fondly. The mood is gloomy and sad with a pessimistic mindset. People do not enjoy life, and the idea that living is meaningless prevails. These negative thoughts affect people's success in school life or the workplace (Taycan et al. 2006). Depression is a syndrome with important symptoms and consequences such as sadness, anxiety, worthlessness, helplessness, decreased self-esteem, pessimism, hopelessness, guilt, thoughts of death and suicide, attention and concentration disorders, fatigue, exhaustion, loss of motivation, sleep and appetite disorders, and decreased sexual desire (Hisli, 1989; Tezcan, 2000).

It has been reported that the clinical prevalence of depression in society is approximately 10%, and the point prevalence of depressive symptoms in society varies between 13 and 20% (Öztürk, 1997). Depression is a psychological disorder with the highest risk of suicide. The number of people who suffer from depression and attempt suicide is much higher than the number of people who manage to commit suicide (Beaumont, 1992). Depression is an important public health problem due to its high prevalence, chronicity, and increased frequency of suicides (Küey, 1998). The high and widespread prevalence of depression and serious consequences that may lead to suicide with the increasing degree of depression show how important and necessary it is to treat depression.

According to Mowbray et al. (2006), depression and other mental disorders are among the critical health problems on university campuses. Leka et al. (2003) state that depression and stress are becoming increasingly important in public health discussions. Causes of depression include young people's distance from their families, reduced social support, responsibility and stress due to loneliness, exposure to violence, sexual harassment, smoking, and substance use (Dyson & Renk, 2006). Depression also leads to long-term failure (Heiligenstein et al., 1996). Social, cultural, and economic changes during this period may have an adverse impact on young people's mental health. The incidence of adjustment disorders, depression, and other psychiatric disorders is high during university education due to the emotional and social characteristics specific to this period (Özkürkçügil, 1999; Özdel et al., 2002).

University years coincide with the last stage of adolescence, which is considered a transition period with both social and biological changes and marks the beginning of adulthood. Besides, several factors put young people at a greater risk of depression, such as leaving home and family, choosing friends, communication problems with peers, acquiring a social milieu, adapting to a new environment, getting used to the place of stay (dormitory, etc.), economic problems, transportation problems, uncertainties about the future, and worries about finding a job. Studies on university students have reported that depression is one of the most important problems that negatively affect the health of young people (Özdel et al., 2002). A proper understanding of biopsychosocial processes experienced by university students is important in coping with depression (Yıldırım & Hacıhasanoğlu, 2011).

Being a university student and university life are the probable sources of anxiety and stress. With the beginning of university life, students may face problems such as the inability to find what they have expected, to realise what they have planned, and to adapt to the program that they are studying (İnanç et al, 2004). Many young people are faced with problems such as making new friends, leaving their families, adapting to dormitory life, economic difficulties, and anxiety about their future profession and working life. These social, cultural, and economic changes may have a negative impact on young people's mental health. The incidence of adjustment disorders, depression, and other psychiatric disorders is high during university education due to the emotional and social characteristics specific to this period (Özkürkçügil, 1999; Özdel et al., 2002; Aylaz et al., 2007).

Studies conducted with university students have stated that depression is the most important mental disorder seen in university students (Özdel et al., 2002; Deveci, 2013). Making new friends, separation from the family, decreased social support, aloneness-related responsibility and violence, and economic difficulties that students experience in the process of adaptation to university life cause mental health disorders (Dyson et al., 2006). Depression, which is defined as a syndrome that includes symptoms such as sorrow, sadness, reluctance, pessimism, worthlessness, inadequacy, powerlessness, decreased activity, inactivity, and a slowdown in physiological functions, is one of the most discussed problems in the field of mental health in recent years (Hisli, 1989; Köknel, 1989). Especially those who have the chance to study at university both experience the joy of entering a university and face many problems such as separation from the family, making new friends, fear of being alone, economic difficulties, getting used to dormitory life, and anxiety about their future profession and working life. These social, cultural, and economic changes may have a negative impact on young people's mental health (Özdel et al., 2002).

As can be understood from all the discussions above, it is important to identify university students who show depressive symptoms. Because depressive symptoms, even at mild levels, can lead to inactivity, inadequacy, and unhappiness, it is also important to reach out to those with these symptoms in terms of preventive mental health. Against this background, this study aimed to examine the depression levels of students studying at Anadolu University according to some variables. To this end, answers were sought to the following questions:

- Is there a significant relationship between students' depression levels and age groups?
- Is there a significant relationship between students' depression levels and gender? Is there a significant relationship between students' depression levels and year of study?
- Is there a significant relationship between students' depression levels and socioeconomic levels?

MATERIALS AND METHODS

The study used a survey design, which is a type of quantitative research design. Survey research is aimed at reaching a general judgement about a population containing a large number of elements by either including the entire population or taking a sample from the population (Karasar, 2014, p. 79).

Sample

The sample consisted of 507 students studying different programs (Pharmacy Services, Child Development, Elderly Care, Hair Care and Beauty Services, and Medical Laboratory) at Yunus Emre Vocational School of Health Services of Anadolu University in the academic year 2021-2022. Before participating in the study, students were asked to read and sign voluntary participation forms. Attention was paid to ethical principles, and student identities were kept confidential.

Data Collection Tools

The research data were collected using a survey form consisting of two parts. The first part involves questions about students' personal characteristics and their families. The second part involves the Beck Depression Inventory (BDI).

Personal Information Form: It was prepared by the researchers to collect information about the students. This form asks for information about students' age, gender, socioeconomic levels, families, year of study, and the program that they are enrolled in.

Beck Depression Inventory: The BDI is a 21-item scale developed by Beck, Ward, and Mendelson (1961) to determine the degree of emotional, somatic, cognitive, and motivational symptoms observed in individuals. The validity and reliability of its Turkish version were tested by Hisli (1989) with a sample of university students. The split-half reliability coefficient of the Turkish version was 0.74, and the criterion-related validity ranged between 0.47 and 0.63.

Data Analysis

The data were analyzed using SPSS software version 22.0. The sociodemographic characteristics were shown in percentages and frequencies. T-test and analysis of variance were used in the data analysis. The level of significance was taken as $p < 0.05$.

FINDINGS

This research aims to examine the symptoms of depression in Anadolu University students according to some variables. For this purpose, the findings related to the research questions are presented be-

low. First, Table 1 shows participating students' personal information, and Table 2 shows information about their families.

As shown in Table 1, 82.2% (n = 417) of the participating students were female, and 17.7% (n = 90) were male. 86.4% of the students (n = 438) were within the age range of 17-21, and 0.82% (n = 4) were within the age range of 32 and above. 54.0% of the students (n= 274) have three or more siblings, and 4.3% (n = 22) were an only child. 43.6% of the students (n = 221) were firstborns, and 13.4% (n = 68) were middle-borns. 21.9% (n = 111) of the students study in the Department of Medical Laboratory, 20.1% (n = 102) in the Department of Pharmacy Services, 19.7% (n = 100) in the Department of Elderly Care, 19.5% (n = 99) in the Department of Child Development, and 18.7% (n = 95) in the Department of Hair Care and Beauty Services. 53.6% of the students (n = 272) were in the first year of study, and 46.4% (n = 235) were in the second year of study. Table 2 presents the findings related to students' families.

Table 1. Findings Related to Students' Personal Information

Group	Personal information					
	Female	%	Male	%	Total	%
Age						
17-21	370	73.0	68	13.4	438	86.4
22-26	44	8.7	19	3.7	63	12.4
27-31	1	0.2	1	0.2	2	0.4
32 and above	2	0.4	2	0.4	4	0.8
Number of Siblings						
Only child	15	3.0	7	1.4	22	4.3
Two siblings	171	33.7	40	7.9	211	41.6
Three and more siblings	231	45.6	43	8.5	274	54.0
Firstborn	185	36.5	36	7.1	221	43.6
Secondborn	97	19.1	22	4.3	119	23.5
Middle-born	56	11.0	12	2.4	68	13.4
Last-born	79	15.6	20	3.9	99	19.5
Department						
Child Development	94	18.5	5	1.0	99	19.5
Elderly Care	77	15.2	23	4.5	100	19.7
Hair Care	87	17.2	8	1.6	95	18.7
Medical Laboratory	84	16.6	27	5.3	111	21.9
Pharmacy Services	75	14.8	27	5.3	102	20.1
Year of Study						
First year	222	43.8	50	9.9	272	53.6
Second year	195	38.5	40	7.9	235	46.4

As shown in Table 2, 39.4% of the mothers of the students (n= 200) were primary school graduates, and 2.2% (n = 11) were university graduates. 32.7% of fathers (n = 166) were primary school graduates, and 2.4% (n=12) were illiterate. 73.8% of mothers (n= 374) were not working, and 42.8% of fathers (n = 217) were workers. 80.7% of the families (n =12) had a middle-income status.

Table 2. Findings Related to the Students’ Families

		N	%	N	%	N	%
Mother	Illiterate	39	7.7	13	2.6	52	10.3
	Primary school graduate	169	33.3	31	6.1	200	39.4
	Middle school graduate	99	19.5	26	5.1	125	24.7
	High school graduate	99	19.5	20	3.9	119	23.5
	University graduate	11	2.2	0	0.0	11	2.2
Father	Illiterate	10	2.0	2	0.4	12	2.4
	Primary school graduate	136	26.8	30	5.9	166	32.7
	Middle school graduate	116	22.9	27	5.3	143	28.2
	High school graduate	124	24.5	26	5.1	150	29.6
	University graduate	31	6.1	5	1.0	36	7.1
Mother	Not working	297	58.6	77	15.2	374	73.8
	Self-employed	29	5.7	3	0.6	32	6.3
	Civil servant	16	3.2	0	0.0	16	3.2
	Worker	63	12.4	10	2.0	73	14.4
	Retired	12	2.4	0	0.0	12	2.4
Father	Not working	0	0.0	3	0.6	3	0.6
	Self-employed	177	34.9	33	6.5	210	41.4
	Civil servant	63	12.4	14	2.8	77	15.2
	Worker	177	34.9	40	7.9	217	42.8
Income Level	Low	62	12.2	20	3.9	82	16.2
	Middle	347	68.4	62	12.2	409	80.7
	High	8	1.6	8	1.6	16	3.2

Chi-Square Analysis Results Related to Students’ Depression Levels and Age Groups

Table 3 shows the findings regarding the relationship between students’ depression levels and age groups.

Table 3. Chi-Square Analysis Results Related to Students' Depression Levels and Age Groups

Age	Beck Categories				Total	p
	Minimal depression	Mild depression	Moderate depression	Severe depression		
17-21	78	117	175	68	438	.009*
22-26	10	27	12	14	63	
27-31	1	0	1	0	2	
32 and above	1	2	1	0	4	
Total	90	146	189	82	507	

($p < 0.05$)

Looking at the data in Table 3, it is apparent that there is a significant relationship between students' depression levels and age ($p < 0.05$). This rate was quite high in individuals aged 17-21 years (minimal depression 78, mild depression 117, moderate depression 175, and severe depression 68).

Chi-Square Analysis Results Related to Students' Depression Levels and Gender

Table 4 shows the findings regarding the relationship between students' depression levels and gender.

Table 4. Chi-Square Analysis Results Related to Students' Depression Levels and Gender

Gender	Beck Categories				Total	p
	Minimal depression	Mild depression	Moderate depression	Severe depression		
Female	72	112	163	70	417	.113
Male	18	34	26	12	90	
Total	90	146	189	82	507	

As seen in Table 4, there is no significant relationship between students' depression levels and gender ($p > 0.05$). However, depression levels were higher in female students.

Chi-Square Analysis Results Related to Students' Depression Levels and Year of Study

Table 5 shows the findings regarding the relationship between students' depression levels and year of study.

Table 5. Chi-Square Analysis Results Related to Students' Depression Levels and Year of Study

Year of Study	Beck Categories				Total	p
	Minimal depression	Mild depression	Moderate depression	Severe depression		
First Year	49	80	101	42	272	.113
Second Year	41	66	88	40	235	
Total	90	146	189	82	507	

Looking at Table 5, there is no significant relationship between students' depression levels and year of study ($p > 0.05$). However, first-year students had more depression symptoms.

Chi-Square Analysis Results Related to Students' Depression Levels and Socioeconomic Status

Table 6. Chi-Square Analysis Results Related to Students' Depression Levels and Socioeconomic Status

Income Level	Beck Categories				Total	p
	Minimal depression	Mild depression	Moderate depression	Severe depression		
Low	6	15	44	17	82	.001*
Middle	78	127	143	61	409	
High	6	4	2	4	16	
Total	90	146	189	82	507	

($p < 0.01$)

Table 6 shows the findings regarding the relationship between students' depression levels and socioeconomic status.

Looking at the data in Table 6, it is apparent that there is a significant relationship between students' depression levels and socioeconomic status ($p < 0.05$). Students who have a middle-income status had more depression symptoms.

DISCUSSION

This study set out to examine the depression levels of Anadolu University students according to some variables. It found a significant relationship between students' depression levels and age ($p < 0.05$). Likewise, Sincar et al. (2020) found a statistically significant relationship between students' mean scores' on BDI and age, income level, and family type ($p < 0.005$). Erözkan (2005) also found a significant relationship between students' depressive symptoms and age.

A reason for the emergence of a significant relationship between students' depression levels and age can be their transition to a new developmental stage and their efforts to adapt to a new environment. According to the results of the study, students between the ages of 17-21 showed more depressive symptoms compared to other age groups. Considering the characteristics of this age range, it can be said that it is a period that requires balance and harmony and during which sudden physical and cognitive changes are experienced. It can thus be assumed that students' depression levels were higher.

This study found no significant relationship between students' depression levels and gender ($p > 0.05$). Although there was no significant relationship between depression levels and gender, female students had higher scores than male students. Similarly, Şahiner-Önal and Hisar (2018) found no significant difference between depressive symptoms and gender; however, they found that female students showed more depressive symptoms compared to male students. Likewise, other studies found no difference between depression levels and gender (Ulaş et al., 2015; Deveci et al., 2013; Kutlu et al., 2009). A study conducted at a Canadian University also found a significantly high prevalence of depressive symptoms in female students, while a study conducted with university students in Japan found that female students are more likely to have depression when faced with difficult situations (Aylaz et al., 2007). It is emphasised that biological composition, psychological characteristics, personality traits, coping styles, social and cultural status, and gender roles make women more prone to depression (Bakır et al., 1997). It is a pleasing finding that there was no significant relationship between students' depression levels and gender in our country. Because it seems that gender does not have such an effect on students' depression levels. However, female students had higher mean scores on the BDI. This may be due to the natural characteristics of female students, such as being more sensitive and more fastidious in certain situations.

This study found no significant relationship between students' depression levels and year of study ($p > 0.05$). However, first-year students had higher depression levels. In accordance with the present results, İskender et al. (2018) reported no significant relationship between students' depression levels and year of study; however, first-year students had higher mean scores compared to others. In a study on nursing students, Derya (2004) found that first-year students had higher mean scores of mental symptoms. Thus, the results reported here and in earlier studies are consistent. A probable reason for this might be that first-year students have difficulty adapting to a new school, a new environment, and maybe a new city.

According to the results of this study, there was a significant relationship between students' depression levels and family income levels ($p < 0.05$). In parallel with this result, earlier studies also reported a significant relationship between students' depression levels and family income status (Sincar et al., 2020; Ulaş et al., 2015). Low- and high-income levels increase depression levels. A similar study conducted at Ankara University found a significant relationship between depression and income status. Doğan et al. (1998) observed the highest level of depression in the low-income level. The results of the present study and earlier studies showed that the level of depression is significantly related to income status. This situation may be explained by multiple reasons such as financial hardship, limited living conditions, and the effects of these difficulties on their academic achievement. Thus, individuals can exhibit depressive symptoms due to both financial impossibilities and concurrent mental difficulties.

CONCLUSION

This study examined the depression levels of university students according to some variables and found that students' depression levels are significantly related to age and family income status; however, no significant relationship was between depression levels and other variables (year of study, gender, and parents' educational level). Although the year of study, gender, and parents' educational level did not lead to significant differences in depression levels, these variables seem to have a more or less negative impact on students' depression levels. In this study, mean depression levels were higher in the 17-21 age group which coincides with adolescence, first-year students who were trying to adjust to their new situation and environment, and female students.

The results of the study reveal the importance of factors in university students' depression levels, such as age, year of study, gender, and family socioeconomic levels. Developing supportive approaches for students who are new to the university and who do not have a good economic status, increasing students' social life opportunities, and expanding psychological counselling services in universities can be useful to prevent and cope with depression which ranks first among mental health problems.

REFERENCES

- Akiskal, H.S. (2005). Mood disorders: historical introduction and conceptual overview. In: Sadock BJ, Sadock VA (Eds). *Kaplan and Sadock's Comprehensive Textbook of Psychiatry*. (pp. 1559-1575). Philadelphia: Lippincott Williams & Wilkins,
- Alper, Y. (1999). *Bütün yönleriyle depresyon*, İstanbul: Gendaş Yayınları.
- American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders*. (pp. 429-85). Washington DC: American Psychiatric Press.
- Aylaz, R., Kaya, B., Dere, N., Karaca, Z. & Bal., Y. (2007). Sağlık yüksekokulu öğrencileri arasındaki depresyon sıklığı ve ilişkili etkenler, *Anadolu Psikiyatri Dergisi*, 8, 46-51.
- Bakır, B., Yılmaz, R., Yavaş, İ., Toraman, R. & Güleç, N. (1997). Tıp Fakültesi öğrencilerinde sorun alanları ve sosyo-demografik özelliklerle depresif belirtilerin karşılaştırılması. *Düşünen Adam*, 10, 5-12.
- Beaumont, G. & Hetzel, W. (1992) *Psychopharmacology*, 106, 5123-5126
- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry*, 4, 561-571.
- Cryan, JF., Markou, A., & Lucki, I. (2002). Assessing antidepressant activity in rodents: recent developments and future needs. *Trends in Pharmacological Sci*, 23, 238-245
- Derya, G. (2004). "Hemşirelik Öğrencilerinin Ruhsal Sorunlarına Sahip Olma Durumları ve Problem Alanlarının Saptanması" Atatürk Üniversitesi Sağlık Bilimleri Enstitüsü. Psikiyatri Hemşireliği Anabilim Dalı, Uzmanlık Tezi. Erzurum.
- Deveci, S.E., Ulutaşdemir, N., & Açık, Y. (2013). Bir sağlık yüksekokulu Öğrencilerinde depresyon belirtilerinin görülme sıklığı ve etkileyen faktörler. *Fırat Tıp Dergisi*, 18(2), 98-102.
- Dişçigil, G., Gemalmaz, A., Başak, O., Gürel, F.S. & Tekin, N. (2005). Birinci basamakta geriatrik yaş grubunda depresyon. *Turkish Journal of Geriatrics*, 8(3), 129-33.
- Doğan, T. (1998). "Başkent Üniversitesi Öğrencilerinin Stresle Başa Çıkma Stratejilerinin Bazı Değişkenlere Göre İncelenmesi" Uzmanlık Tezi, Hacettepe Üniversitesi Sosyal Bilimler Enstitüsü, Ankara
- Dyson, R., & Renk, K. (2006). Freshman adaptation to university life: depressive symptoms stress and coping. *Journal Of Clinical Psychology*, 62,1231-1244.
- Erözkan, A. (2005). Üniversite öğrencilerinin kişilerarası duyarlılık ve depresyon düzeylerinin bazı değişkenlere göre incelenmesi. *Muğla Üniversitesi Sağlık Bilimleri Enstitüsü Dergisi*,14, 129-155.
- Göktaş, K. & Özkan, İ. (2006)."Yaşlılarda depresyon" *Psychiatry in Türkiye*.8. 30-37
- Hisli, N. (1989). Beck depresyon envanterinin üniversite öğrencileri için geçerliği, güvenirliği. *Psikoloji Dergisi*, 6 (22), 118-126.

- Heiligenstein, E., Guenther, G., Hsu, K. & Herman, K. (1996). Depression and academic impairment in college students. *Journal of American College Health*, 45, 59-64.
- İnanç, N., Savaş, H.A., Tutkun, H., Herken, H. & Savaş, E. (2004). Gaziantep Üniversitesi Mediko-Sosyal Merkezi'nde psikiyatrik açıdan incelenen öğrencilerin klinik ve sosyodemografik özellikleri. *Anadolu Psikiyatri Dergisi*, 5, 222-230.
- İskender, H., Dokumacıoğlu, E., Kanbay, Y. & Kılıç, N. (2018). Üniversite öğrencilerinde sağlıklı yaşam ve depresyon puan düzeyleri ile ilgili faktörlerin belirlenmesi. *ACU Sağlık Bilimleri Dergisi*, 9(4), 414-423.
- Karamustafalıoğlu, O. & Yumrukçal, H. (2011). Depresyon ve anksiyete bozuklukları, *Şişli Etfal Hastanesi Tıp Bülteni*, 45(2), 65-74.
- Köknel, Ö. (1989). Türkiye'de depresyon epidemiyolojisi. *Nöropsikiyatri Arşivi Özel Sayısı*, 1-5.
- Koroğlu, E. (2012). *Kaygılarımız korkularımız*. 6. Baskı. Ankara: HYB Yayınları.
- Kutlu, R., Çivi, S. ve Şahinli, A.S. (2009). The frequency of depression and smoking habit among the medical students. *TAF Prev Med Bull*, 8(6), 489-496.
- Küey, L. (1998). Birinci basamakta depresyon: tanıma, ele alma, yönlendirme. *Psikiyatri Dünyası*, 1, 5-12.
- Leka, S., Griffiths, A. & Cox, T. (2003). *Work organization and stress: systematic problem approach for employers, managers and trade union representatives. Protecting Workers' Health Series*, 3. Geneva, Switzerland: World Health Organization
- McKenna, M.T., Michaud, C.M, Murray, C.J.L. & Marks, J.S. (2005). Assessing the burden of disease in the United States using disability-adjusted life years. *Am J Prev Med*, 28, (5), 415-23.
- Mowbray, C.T., Megivern, D., Mandiberg, J.M., Strauss, S., Stein, C.H., Collins, K. & Lett, R. (2006). Campus mental health services recommendations for change. *American Journal Of Orthopsychiatry*, 76, 226-237.
- Özdel, L., Bostancı, M., Özdel, O. & Oğuzhanoğlu, N.K. (2002). Üniversite öğrencilerinde depresif belirtiler ve sosyodemografik özelliklerle ilişkisi. *Anadolu Psikiyatri Dergisi*, 3, 155-161.
- Özkan, S. & Yılmaz, E. (2010). Üniversite öğrencilerinin üniversite yaşamına uyum durumları (Bandırma Örneği). *Fırat Sağlık Hizmetleri Dergisi*, 5, (13), 153-71.
- Özkürkçügil, A.Ç. (1999). Bir medikososyal merkezine genel sağlık sorunları ile başvuran öğrencilerden psikiyatrik tanı alanlarda bazı sosyodemografik özellikler, *Türk Psikiyatri Dergisi*, 10, 115-122.
- Öztürk, O. (1997). *Ruh sağlığı ve bozuklukları*. 6. baskı, Ankara: Hekimler Yayın Birliği.
- Taycan, O., L. Kutlu, S. Çimen ve N. Aydın (2006), Bir üniversite hastanesinde çalışan hemşirelerde depresyon ve tükenmişlik düzeyinin sosyodemografik özelliklerle ilişkisi, *Anatolian Journal of Psychiatry*, 7,100-108.

- Tezcan, E. (2000). Depresyonun ayırıcı tanısı. *Duygudurum Dizisi*, 77-98.
- Türkiye İstatistik Kurumu. (2019). *Türkiye Sağlık Araştırması*. <https://data.tuik.gov.tr/Bulten/Index?p=Turkiye-Saglik-Arastirmasi-2019-33661>. Erişim tarihi 23 Ekim 2022.
- Üzel, T. (2020). *Depresyon hastalarında çocukluk çağı travmaları, başa çıkma tutumları, intihar düşüncesinin düzeyi ve aralarındaki ilişkinin incelenmesi*. Yüksek Lisans Tezi, Nevşehir Hacı Bektaş Veli Üniversitesi. Fen Bilimleri Enstitüsü, Hemşirelik Anabilim Dalı. Nevşehir.
- Salk, R.H, Hydei J.S. & Abramson, L.Y. (2017). Gender differences in depression in representative national samples: Meta-analyses of diagnoses and symptoms. *Psychol Bull*, 143(8), 783-822.
- Sincar, S., Sohbet, R., Bırımoğlu-Okuyan, C. & Karasu, F. (2020). Üniversite öğrencilerinde yaşam doyumu ve depresyon: kesitsel bir çalışma. *Balıkesir Sağlık Bilimleri Dergisi*. 9(2), 93-100.
- Spinney, L. (2009). European brain policy forum 2009: depression and the european society. *Eur Psychiatry*, 24, 550-551.
- Şahiner, Ö. & Hisar, K.M. (2018). Bir üniversitedeki öğrencilerde uykusuzluğun sıklığı ve depresyon semptomları ile ilişkili faktörler. *Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi*, 7 (1), 125-130.
- Ulaş, B., Tatlıbadem, B., Nazik, F., Sönmez, M. & Uncu, F. (2015). Üniversite öğrencilerinde depresyon sıklığı ve ilişkili etmenler. *Celal Bayar Üniversitesi Sağlık Bilimleri Enstitüsü Dergisi*, 2 (3), 71-75.
- Yıldırım, A. & Hacıhasanoğlu, R. (2011). Sağlık çalışanlarında yaşam kalitesi ve etkileyen değişkenler. *Journal of Psychiatric Nursing*, 2(2), 61-8.
- Yıldırım, İ., Özşevik, K., Özer, S., Canyurt, E. & Tortop, Y. (2015). Üniversite öğrencilerinde fiziksel aktivite ile depresyon ilişkisi. *Niğde Üniversitesi Beden Eğitimi ve Spor Bilimleri Dergisi*, 9(Special Issue), 32-29.
- World Health Organization (2017). Depression and Other Common Mental Disorders: Global Health Estimates. *WHO/MSD/MER*, 2, 1-21.
- World Health Organization (2021). Depression. <https://www.who.int/news-room/fact-sheets/detail/depression>. Son erişim tarihi 20 Eylül 2022.

TURKISH JOURNAL OF

APPLIED SOCIAL WORK

ISSN: 2651-4923 • e-ISSN 2667-6915

