

Depression-Risk Mental Pattern

Subjects: Psychology

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Depression was reportedly one of the most common mental disorders among college students in China, with an incidence rate between 15% and 35%. Several explanations have been posited: undergraduates were confronted with numerous stressful life events inherent to adolescence and emerging adulthood, such as establishing their identity, emotional turmoil, achieving independence, entering unfamiliar environments, striving for academic performance, and selecting an occupation.

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1. Factors Associated with Depression

A series of studies have revealed that an increased risk of depression in university students is correlated with several identifiable factors, such as age, gender, family socioeconomic status, living alone, family relationships, and academic worries with post-graduation life ^[1]. In a systematic meta-analysis investigated the risk factors of depression in medical students, the determinants of depression included individual factors, social and economic factors, and environmental factors ^[2]. In the Chinese context, existing literature showed a dominance of studies on depression among medical students and a scarcity of research among general college students. Furthermore, so far most work focused on sociodemographic risk factors for depression, with very few exploring other factors such as emotion regulation ^[3], coping style ^[4], and subjective well-being.

It has been proposed that depression was linked to difficulties in using emotion regulation strategies that actively serve to increase or maintain positive emotion. The susceptibility to depression was related with more frequent use of emotion suppression and less frequent use of reappraisal, which leads to the maintenance of negative emotions triggered by negative life events or cognitions ^[5]. Coping is a process in which individuals apply strategies (positive or negative) to help change the pressure circumstances or reduce the psychological stress associated with challenging situations, and one's coping style to difficult experiences has significant implications for mental health ^[6]. A meta-analysis of studies on the association of coping styles with mental health found that a negative association between negative coping and psychological health. Specifically, a negative coping style has regularly been shown to be associated with increased depression among adolescents and young adults. In addition, negative coping appears to interfere with spontaneous improvement in minor depression ^[7]. Subjective well-being is a general term for people's different assessments of life, events, and living circumstances, which relates to feeling good about one's life, and included life satisfaction, positive affect (PA), and negative affect (NA) ^[8]. University students showed a significantly negative relationship between depressive levels and physical, social, functional, and affective well-being, and the measured levels of well-being were found to be significantly lower for depression participants ^[9].

In conclusion, many factors might increase college students' susceptibility to depression. In addition, the prevalence of depression is very high, and the subsequent impact on this population is worrying, which may place them at risk for a variety of later more serious difficulties, including academic failure and dropout. The depressive symptoms of college students also have a profound impact on future careers, such as more absenteeism, reduced job performance, and even unemployment. It is urgent to develop strategies for early screening and management of depression in universities.

2. The Emergency of Depression Risk Screening

In the past decades, depression was a severe public health problem in youth and is associated with maladaptive outcomes, including impaired peer relationships ^[10], poor academic performance ^[11], and suicidal behaviors ^[12]. The economic and personal burden of depression was overwhelming, contributing to pervasive and chronic disability in occupational and interpersonal functioning ^{[13][14]}. The underdiagnosis of depression was a long-standing problem. A recent survey in a large urban area found that nearly half (45%) of major depression cases are not diagnosed ^[15]. Inadequate diagnosis of this disease has a considerable cost to quality of life and health care. In the quest to reduce this

burden, measurable description characteristics of the risk of depression in individuals may prove helpful in targeting high-risk groups for prevention; it would also assist interventionists in better predicting depression risk and facilitating diagnosis to then focus on those at greater risk.

Increasingly, researchers and educators were encouraged to explore computational methods for the early screening and diagnosis of depression among university students, but detailed recommendations for how to accomplish this aim were largely missing. The typical way to offer mental health screening services on campuses was through appointments with counseling or health centers. Undergraduates seeking school counseling for their depression face significant limitations. Currently, many people in society retained negative attitudes toward people with depression and maintain increased social distance from them ^[16]. Moreover, students with depression can subjectively experience self-abasement, shame, and social withdrawal caused by stigmatizing attitudes. Their fear of others knowing about their depression and their embarrassment hold them back from asking for counseling help. In many places around the world, the public's mental health literacy was still poor. However, objectively, it is not surprising that counseling center staff frequently report a strain on their available resources, with an average staff-to-student ratio of 1:2081, and larger campuses tend to report an even more significant burden, which contributes to longer waiting lists and shorter session limits ^[17]. Furthermore, many undergraduates experiencing minor depression symptoms that do not meet the diagnostic criteria for clinical depression would not receive medical treatment at a hospital ^{[18][19]}. Even though some depressive students asked for school counseling from their university, the university has no appropriate services for students suffering from depression; furthermore, it often takes a long time to see results.

3. Conclusions

The present findings have substantial research and clinical implications. Indirect depression screening should be included in college students' physical examinations, students' mental health records should be established, and students with evaluation results showing risk should be given more attention. Moreover, further studies should consider these populations and focus on assessing and identifying healthy persons with some depressed emotions and unhealthy persons with depression risk. Also, in future research, more depression-related factors should be included.

There is a scarcity of studies on the screening of depression and its predictors in Chinese university students; moreover, associated factors were reported in major depressive disordered patients or medical students, and limited works were addressed in general college students in the previous studies. Therefore, screening the individuals susceptible to depression in college students is vital to investigate the problem thoroughly. Moreover, the results will provide a basis for university administrators and other stakeholders to screen and provide campus mental health services, and further help researchers interested in this field to conduct additional screening research on different factors associated with depression.

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