Chapter II

Review of literature
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2.1 Studies on relationship between depression and academic achievement among college students


- Heiligenstein E., Guenther G., Hsu K., and Herman K. (1996) reported the results of an evaluation of depression and academic impairment in university students, using standardized measures. Sixty-three students completed the Beck Depression Inventory and the work role section from the Social Adjustment Scale-Self Report. Academic impairment, manifested as missed time from class, decreased academic productivity, and significant interpersonal problems at school, was seen in 92% of the students. More severe depression was related to a higher level of impairment. At all levels of depression, affective impairment-inadequacy, distress, and disinterest in school was more prevalent than
was academic impairment. The risk of academic impairment became likely at only moderate-to-severe levels of depression.

- Hysenbegasi, A., Hass, S.L, & Rowland, C.R., (2005) investigated the relationship between depression and its treatments and the academic performance of undergraduate students. Results indicated that diagnosed depression was associated with a 0.49 point, or half a letter grade, decreased in student GPA (Grade Point Average) while treatment was associated with a protective effect of approximately 0.44 points. The self-reported data regarding the impact of depression on the performance of academic tasks was consistent with these findings. Depressed students reported a pattern of increasing interference of depression symptoms with academic performance peaking in the month of diagnosis and decreasing thereafter with the lowest levels reported in months 4 through 6 post-diagnosis, each of which is significantly less than the month of diagnosis.

- Andrews, B., & Wilding, J.M., (2004) studied the relation of depression and anxiety to life-stress and achievement in college students. 351 UK-domiciled undergraduates completed questionnaires one month before university entry and mid-course. Results showed that depression and financial difficulties mid-course predicted a decrease in exam performance from first to second year college students.

- Beer, J., & Beer, J., (1992) linked to depression, self-esteem, suicide ideation, and GPA (grade point average) of high school students at risk. The subjects were 131 high school students completed the Beck Depression Inventory, Coopersmith's Self-esteem Inventory-Short Form, the first 11 questions of the Beck Scale of Suicide Ideation, and gave some background information. Findings showed that students who had been absent more than 15 times scored higher on depression and suicide
ideation and had lower GPA than students who were not absent as often but had similar scores on self-esteem.

- Makaremi (2000) examined relation of depression and anxiety to personal and academic problems among Iranian college students. Analysis confirmed the relation and showed that off-campus students were significantly less depressed and anxious. These college students were worried about jobs and marriage. Feelings of anxiousness and worry were reported; sex differences on depression scores were not significant.

- Fazio, N.M., & Palm, L. J., (1998) linked to Attributional style, depression, and grade point averages of college students. 91 upper-level undergraduates completed the Attributional Style Questionnaire and the Center for Epidemiologic Studies Depression Scale; scores on these inventories were correlated with students' cumulative grade point averages. Students with pessimistic attributional style scores had higher depression scores than students with optimistic attributional style scores and those with higher depression scores had lower grade point averages.

- Betsy & Finger (2006) examined the relationship between depression and academic performance among college students. The study followed a negative correlation between depression and grade point average; it wanted to know that participants who had a higher score on the BDI would be more likely to view their current academic performance as unsatisfactory, regardless of a high or low grade point average (GPA). The first hypothesis regarding participant’s scores on the BDI and their GPA was not supported.

- Rossen (1997) examined the relationship among depression, behavioral problem and academic achievement in adolescents. In the area
of academic achievement, results showed that several academic subjects, proved to be significantly negatively colorations with level of adolescent depression.

- Fosterling and Binser (2002) investigated the link between depression and school performance among high school students. High depression scores were associated with low overall grades. The authors found that pupils with low grades and pupils who are depressed attributed failure to internal, stable and global cause’s more than high achievers and non-depressed pupils did. These findings demonstrated the vicious cycle that exists between depression and low grades, creating a downward spiral towards worsening mental health and failing grades.

- Marmorstein (2001) looked at the association between major depressive disorder and/or conduct disorder and school adjustment. The subjects were twin adolescent girls. The results of this study suggested that both depression and conduct disorder were related to significant difficulties in functioning and school adjustment. Each disorder alone was related to increased number of negative school related events such as suspension and failure of classes. A dual diagnosis of MDD and CD was associated with the highest level of school impairment.

- Barriga & Doran & Newell & Morrison & Barbetti & Robbins (2002) examined relationships between 8 teacher-reported problem behavior syndromes (withdrawal, somatic complaints, anxiety/depression, social problems, thought problems, attention problems, delinquent behavior, aggressive behavior) and standardized measures of academic achievement (overall, reading, spelling, arithmetic, performance) in adolescents. Findings demonstrated the
anxiety/depression did not correlate significantly with the academic achievement measures.

2.1.1 Summary of Studies on relationship between depression and academic achievement among college students

A brief review of related studies about relationship between depression and academic achievement in college students and also students in late adolescents showed that except two studies, all of them have demonstrated depression was negatively related to academic performance, and also one study indicated the vicious cycle that existed between depression and low grades, creating a downward spiral towards worsening mental health and failing grades.

One study found the risk of academic impairment became likely at moderate-to-severe levels of depression, and more severe depression was related to a higher level of academic impairment.

Treatment of depression had a positive effect on students' academic performance. In this regard students reported a pattern of increasing interference of depression symptoms with academic performance peaking in the month of diagnosis and decreasing thereafter with the lowest levels reported in months 4 through 6 post-diagnosis, each of which is significantly less than the month of diagnosis. Absent more than 15 times was another variable relation to higher depression and suicide ideation and lower GPA (Grade point average) Personality factors were significant variables in relation to association between depression and academic achievement. Students with pessimistic attributional style scores had higher depression scores than students with optimistic attributional style
scores and those with higher depression scores had lower grade point averages.

One study suggested that both depression and conduct disorder were related to significant difficulties in functioning and school adjustment. Each disorder alone was related to increased number of negative school related events such as suspension and failure of classes. A dual diagnosis of major depressive disorder and conduct disorder was associated with the highest level of school impairment.

2.2 Prevalence of depression among college students

2.2.1 Abroad studies on

- Furr., S.R., et al. (2001) studied Suicide and depression among college students in 939 college students. They found that 14.9 percent of those students were depressed.

- Furr, S., et al. (2001) investigated the rate of self-assessed depression and Suicide among college students. Results of their study indicated that 53% of the sample stated that they experienced depression since beginning college.

- American College Health Association's National College Health Assessment (ACHA-NCHA) (2000) reported that 10.3% of students had ever been diagnosed with depression, and according to ACHA-NCHA Reference Group Report (2004) 14.9% of students reported that they had ever been diagnosed with depression, out of a sample of 47,202 students at 74 campuses from across the America. Of the 14.9% of students who reported having ever been diagnosed with depression, 25.2% said they
are currently in therapy for depression, and 38% said they are currently taking medication for depression. Almost 40% of men and 50% of women reported feeling so depressed that they had difficulty functioning one or more times during the last school year.

- American College Health Association (2002) in a survey study found that 11.8 percent of college students have received a diagnosis of depression in their lifetimes.

- Arbor, R., (2004) reported that 19 percent of college students 12.8 percent of women and 6.2 percent of men -- had been diagnosed with depression sometime in their lives.

- Josephine G.W.S. et al (2006) examined the prevalence of depression, anxiety and stress in 7915 first-year tertiary education students in Hong Kong. Depression was found in 21 percent in study.

- Arbor, A., (2004) found that 77 percent of the college juniors reported feeling depressed either “frequently” or “occasionally” during the past year, compared to 61 percent who reported those feelings when they first entered college.

- Adewuya A.O., (2006) aimed to estimate the prevalence of major depressive disorder (MDD) among Nigerian college students with alcohol-related problems (ARP) and compare the estimated prevalence with their counterparts without ARP. Study was a cross-sectional survey of a representative sample of students (n=2658) in six colleges in Osun state, Western Nigeria. Results showed that prevalence of MDD in college students with alcohol dependence was 23.8%.
American College Health Association's National Health (2005) in the most recent Assessment reported that 19.6% of college students experienced depression.

Bostanci, M., et al., (2005) determined overall and subgroup prevalence of depressive symptomatology among university students in Denizli, Turkey, and to investigate whether socio-demographic factors were associated with depressive symptoms in university students. Results showed out of all participants, 26.2% had a BDI score 17 or higher. The prevalence of depressive symptoms increased to 32.1% among older students, 34.7% among students with low socioeconomic status, 31.2% among seniors, and 62.9% among students with poor school performance.

Mkize, L.P., et al., (1998) determined the prevalence of depression in a university student population attending the Unitra Health Service and further compare the prevalence rate according to gender, age group and presenting complaint. The results of the study demonstrated a high prevalence of depression among the selected student population. BDI scores showed a total percentage of mild to severe depression to be 53%. BDI scores also showed that depression affects all age groups in this population with females being more affected than males at the ratio 3:1. The percentage of all moderately and severely depressed students was (14%)

2.2.2 India studies

Khan, S. (1998) reported that a survey and counseling among students of a premier south Mumbai College showed that depression has a large prevalence among Indian teenagers. Almost 21 percent of the
students of Mumbai's ST Xavier’s college were found to be depressed. Seven percent of students were identified as being suicidal.

Parikh, R.M., and colleagues (2001) conducted a study in Bangalore. They looked at the prevalence of depression in the college-age population (mean age 18.2 years) This population showed a 20.7% prevalence of depression, which is remarkably similar to the prevalence observed in Chinese-American individuals.

### 2.2.3 Summary of prevalence of depression among college students

Related literature about prevalence of depression among college students showed that it was high among them. These studies indicated that college students in western countries had higher prevalence of depression as compare with eastern countries.

According to in some studies there was an increase of depression among University students from year 2000 to 2005. Statistics indicated that American college students had depression in 2005 two times more as compared to 2000.

In one study students with poor school performance and low socioeconomic status had the highest percentage of depression respectively.
2.3 Gender difference in prevalence of depression among college students

2.3.1 Abroad studies on

- Boggiano, A. K. & Barrettm M. (1991) examined gender differences on the BDI among college students, and found that females reported more depressive symptoms than males.

- Alfeld-Liro C. & Sigelman C.K. (1998) studied a longitudinal investigation of sex differences in symptoms of depression during the transition to College in a sample of 287 college students. Survey data were collected at a summer orientation and one semester into freshman year. Results indicated that females were more depressed than males at both times, although depressive symptom scores increased in both sexes.

- Waelde, L. C. & Silvern , L & Hodges, W. F( 1994) studied the Stressful life events: moderators of the relationships of gender and gender roles to self-reported depression and suicidality among college students. Participants in this study were 537 undergraduates (290 women, 247 men) It was found Females had significantly higher self-reported depression scores than males.

- Blatt, D’Afflitti and Quinlan (1976) investigated Experiences of depression in normal young adults. Results showed that there was no a gender difference in depression among college students.

- Padesky, C. A. & Hammen C. L (1981) linked to sex differences in depressive symptom expression and help-seeking among college students. The subjects were a large sample of young, unmarried college student. They found no sex differences in degree of depression as
measured by the Beck Depression Inventory, and yet significant sex differences emerged in the patterns of symptoms expressed by the most depressed sub-sample. The results confirmed the previous finding that depressed men in a college population are more likely to express social withdrawal, cognitive and motivational deficits, and somatic concerns. Depressed women are characterized by a lack of confidence, a lack of concern for what happens to them, and being hurt by criticism. Men and women did not differ in willingness to report depression. However, there were clear sex differences in both help-seeking attitudes and reported behaviors, with men more reluctant to seek help.

Oliver S. J & Toner B. B (1990) investigated the influence of gender role typing on the expression of depressive symptoms. Undergraduates (99 men, 360 women) were divided into masculine and feminine groups according to the Bem Sex Role Inventory. Depressive symptoms were measured by the Beck Depression Inventory (BDI). Gender role typing differences emerged on the BDI with feminine subjects reporting more emotional symptoms than masculine subjects (p<.05) and masculine subjects reporting more withdrawal and somatic symptoms than feminine subjects (p<.05).

Gladstone, T. R., & Koenig, L. (1994) studied sex differences in depression across the high school to college transition. Results indicated that there was no gender difference in depression.

Lloyd, C. & Miller, P. (1997) studied gender difference in depression among college students. Results showed that medical students at the University of Texas shared similar rates of depression, while medical students at the University of Edinburgh showed higher rates of depression in females.
Hammen, C. L., & Padesky, C. A. (1977) investigated sex differences in the expression of depressive responses on the Beck Depression Inventory, among University sample. Findings showed that there was no gender difference in depression among these students.

2.3.2 Indian Studies

Khan, S (1998) reported that a survey and counseling among students of a premier south Mumbai College showed that depression has a large prevalence among Indian teenagers. Almost 21 percent of the students of Mumbai’s ST Xavier's college were found to be depressed, with more male students (25 per cent) than female students (18 per cent).

2.3.3 Summary of studies on gender difference in depression among college students

Gender differences in depression were not consistently exhibited among samples of university students. A brief review of studies focusing on depressive symptomatology (not on clinical diagnosis of depression) among university samples revealed this inconsistency.

In some studies gender differences were not found (Gladstone & Koenig, 1994; Hammen & Padesky, 1977, Blatt D’Afflitti and Quinlan 1976) whereas in other studies gender differences were found with domination of females in depression (Boggiano & Barrett, 1991, Alfeld-Liro C. & Sigelman C.K., 1998, and Waelde, L. C. & Silvern , L & Hodges, W. F., 1994) and in a third study, gender differences were or were not found depending on different Universities (Lloyd & Miller ,1997) and, finally, in forth study gender difference were found with domination of males in depression (khan,1998).
Furthermore, in a study gender difference in depression revealed fact that depressed men in a college population were more likely to express social withdrawal, cognitive and motivational deficits, and somatic concerns. Depressed women were characterized by a lack of confidence, a lack of concern for what happens to them, and being hurt by criticism. Also there were clear sex differences in both help-seeking attitudes and reported behaviors, with men more reluctant to seek help.

In the other study gender role typing differences emerged on the BDI with feminine subjects reporting more emotional symptoms than masculine subjects and masculine subjects reporting more withdrawal and somatic symptoms than feminine subjects.

2.4 Studies on age difference in prevalence of depression

- Birmaher, B. et al., (1996) studied qualitatively review the literature of the past decade covering the epidemiology, clinical characteristics, natural course, biology, and other correlates of early-onset major depressive disorder (MDD) and dysthymic disorder (DD). It was made a computerized search for articles published during the past 10 years and selected studies were presented. The part of results showed, major depressive disorder (MDD) lifetime prevalence rates begin at 3% at age 13 years, surge to 14.6% by age 15 years, and swell to 21.2% by age 21 years.

- Weissman, M.M, et al., (1997) investigated risk for major depressive disorder (MDD) and impairment in offspring of depressed parents. One hundred eighty-two offspring from 91 families, in which 1 or more parents had MDD (high risk) or in which neither parent was
depressed (low risk) were blindly reassessed in the third follow-up, using a structured diagnostic instrument 10 years after their initial identification. The part of results showed the peak age at onset for MDD in both high- and low-risk offspring ranged from 15 to 20 years.

Maximus (2001) studied Depression and Other Mental Health Barriers among Welfare Recipients. It was conducted with more than 3,400 welfare recipients in the age range of 18-61. Study was based on telephone surveys in three states: New Mexico, North Carolina, and California (San Bernardino County). Results showed that depression varied considerably by age group. Older recipients were more likely than younger recipients to have experienced depression during the past year. Of the respondents aged 40 and older, between 57 and 61 percent reported experiencing problems with depression. In contrast, only 35 to 38 percent of 18-24 year olds reported problems. Across the sites, 43 percent and 50 percent of all recipients had problems with depression. Results also indicated that older recipients were much more likely than younger recipients to report that they were currently being treated for depression. Of the recipients aged 40 and older, between 25 percent and 30 percent were currently in treatment. In contrast, only 2 to 4 percent of 18-24 year olds were currently being treated.

Australian Bureau of Statistics (1998) conducted survey of mental health and wellbeing, Profile of adults. Subjects were 10,600 people aged 18 years or over participated in the survey. Results showed Young adults aged 18 - 24 years had the highest prevalence of mood disorders conclude depression (27%).

Christensen Co H., et al., (1999) assessed the effects of age on depression, and examines whether age has direct effects on self-report of
individual symptoms independent of its effect on the underlying dimensions of depression. The sample of 2622 participants aged between 18 and 79 years from Canberra (Australia) was drawn from the Electoral Roll. Results indicated that age correlated negatively with depression. After controlling for the effects of gender, marital status, education and financial difficulty, direct effects of age were found on items from both instruments, indicating that certain depression items were associated with a differential probability of endorsement in older people, even when the level of depression was equal to that of younger people. Items with direct age effects reflected physical (feeling slowed down; waking early) and psychological (hopeless about the future) components of depression.

Zisook, S., et al., (2004) linked to the relationship between age of first onset of major depression and other demographic and clinical features in the first 1500 patients entering the Sequenced Treatment Alternative to Relieving Depression (STARD) study. Outpatients, 18–75 years of age, with non-psychotic major depressive disorder (MDD) from either primary care or psychiatric practices constitute the population. Age of onset was defined at study intake by asking patients to estimate the age at which they experienced the onset of their first major depressive episode. This report divides the population in terms of pre-adult (before age 18) onset and adult (age 18 or later) onset. The results suggest that MDD that begins before age 18 has a distinct set of demographic (female gender) and clinical correlates (longer duration of illness; longer current episodes; more episodes; more Suicidality; greater symptom severity; and more sadness, irritability, agitation and atypical symptom features) and it appears associated with significant psychosocial consequences (lower educational attainment and marriage rates) Thus, pre-adulthood onset MDD is a particularly severe and chronic condition.
Gollana J, et al., (2005) investigated symptom level and course trajectories of early- and adult-onset of major depression were followed prospectively over 2 years in 62 adult outpatients who recovered from DSM-III-R unipolar major depression after cognitive behavior therapy. Subjects were individuals with depression onset before age 20 (n=31) with those with onset after age 20 (n=310). Results indicated: (a) on average, the early-onset group experienced consistently more depressive symptoms than the adult-onset group, (b) early age of onset was associated with higher rate of depressive relapse.

Department for Women (2001) reported that the rates of depressive disorders are three times higher for young women than for young men and depression among 18-24 year old women (10%) is higher than the overall female rate of 7%.

Buerger JL, et al., (1996) explored the role of self-reported value of health as a moderator between age and scores on the Beck Depression Inventory. 157 undergraduate students completed the Health Value Scale and the Beck inventory. There was no significant main effect for age with scores on the Beck inventory.

Brown DR, et al., (1995) examined demographic, socio-cultural, familial background, and health-related risk factors for major depression in a community sample of African Americans. Data came from a probability sample of 865 urban African American adults, 20 years of age and older, who were given the structured National Institute of Mental Health Diagnostic Interview Schedule. The findings indicated age, residential mobility, health status, and stressful life events were significantly associated with major depression. The strongest predictors
of major depression were poor or fair health and being 20-29 years of age.

2.4.1 Summary of studies on age difference in depression

This section has dealt with prevalence of depression in different range of age. In a study, the part of results showed, in case of major depressive disorder (MDD) lifetime prevalence rates began at 3% at age 13 years, surge to 14.6% by age 15 years, and swell to 21.2% by age 21 years. Other study showed the peak age at onset for MDD in both high- and low-risk off springs ranged from 15 to 20 years. Results in the other study showed that depression varied considerably by age group. Older recipients were more likely than younger recipients to have experienced depression during the past year. Results also indicated that older recipients were much more likely than younger recipients to report that they were under treating for depression. Of the recipients aged 40 and above, between 25 percent and 30 percent were under treatment. In contrast, only 2 to 4 percent of 18-24 year olds were under treatment. A study indicated that age correlated negatively with depression.

Other study found that pre-adulthood onset MDD was particularly severe and developed to chronic condition. These results were similar to other studies that indicated: (a) on average, the early-onset group (before 20) experienced consistently more depressive symptoms than the adult-onset group (after 20) (b) early age of onset was associated with higher rate of depressive relapse. A study reported that the rates of depressive disorders were three times higher for young women than for young men and depression among 18-24 year old women (10%) was higher than the
overall female rate of 7%. One of the strongest predictors of major depression was being 20-29 years of age.

2.5 Studies on marital statues in depression

❖ Allan, V., et al., (1996) examined Becoming Married and Mental Health. They used a sample of 18-, 21-, and 24-year-old men and women who either remained unmarried or got married and remained married over a 7-year period to examine whether, after controlling for premarital rates of disorder, marriage enhances mental health. In addition, they considered whether or not females derive more mental health benefits from marriage than males. The results indicated that, with controls for premarital rates of mental health, young adults who get and stay married did have higher levels of well-being than those who remain single. In addition, although men -but not women- who become married reported less depression, women -but not men- who become married reported fewer alcohol problems. Thus, when both male-prevalent and female-prevalent outcome measures were used, both men and women benefited from marriage.

❖ Ross, C. E. (1995) examined the effect of marital status on well-being. Study Used data from a national probability sample of 2,031 adults aged 18 to 90, four levels on a continuum of social attachment are compared: no partner, partner outside the household, living with partner in the household, living with married partner in the household. Adjusting for age, sex, and race, results indicated the higher the level of social attachment, the lower the level of psychological distress, although living with a partner and being married are not significantly different. Social attachment, emotional support, and economic support significantly reduced distress and explained the positive effect of being married and
the negative effect of being single or divorced on psychological well-being, although recent widows exhibited high levels of distress that were not explained.

Johns Hopkins University School of Public Health (2001) set out to investigate the effects of employment stress on mental health. The psychosocial data collected from 905 men and women employed full-time. The authors found that among the employed men in their study, marital status was "the most important factor" for predicting all three forms of depression analyzed. The likelihood of a "major depressive episode" ran an astounding nine times higher (Odds Ratio of 8.98) among the unmarried men than among the married men in the study. Among women, "not being married also increased the odds ratio for the association with depression," although less dramatically than among men.

2.5.1 Summary of studies on marital status in depression

This section dealt with prevalence of depression through marital status. Allan, V, (1996) showed that young adults both men and women benefited from marriage and they had higher levels of well-being than those who remained single. In addition, although men--but not women--who become married reported less depression, women--but not men--who become married reported fewer alcohol problems. Other study has determined the variables effect on psychological well-being. Social attachment, emotional support, and economic support significantly reduced distress and explained the positive effect of being married and the negative effect of being single or divorced on psychological well-being, and finally, Johns Hopkins University School of Public Health
(2001) found the likelihood of a "major depressive episode" was astounding nine times higher among the unmarried men than among the married men. Among women, "not being married also increased depression," although less dramatically than among men.

### 2.6 Studies on relationship between depression and other mental disorders

- Paykel, E.S., (1994) investigated role of social stress and support in clinical depression. Comparisons of recent life events at depressive onset and in general population controls showed consistently raised event rates. Events were also related to outcome and to relapse. Absence of social support appeared to be associated with onset and relapse of depression, both acting independently and modifying effects of life events. Social stress findings have implications for prevention.

- DeSimone, A., Murray, P., Lester, D., (1994) examined associations of alcohol use, self-esteem, depression, and suicidality in high school (n=140) and college students (n=86) who were both under and over the legal drinking age of 21. For college students, depression was associated with the frequency of alcohol use for students below and above the legal drinking age. For students aged 18-20 depression was positively associated with frequency of alcohol use, and that males used alcohol more frequently than did females; for students 21 years of age and older, none of the variables were associated with frequency of use.

students who had been referred to the school psychologist completed a self-esteem checklist and two measures of depression. The correlations between self-esteem, especially the personal as opposed to the social facet, were significant for both measures of depression.

- Blatt D’Afflitti and Quinlan (1976) investigated Experiences of depression in normal young adults. They viewed that depression in college students mainly involved three psychological variables: (a) dependency, the sense that one is in dire need of help and support from others; (b) self-criticism, the tendency to exaggerate one’s faults and to engage in self-devaluation; and (c) inefficacy, the sense that important events in the world are happening independent of-not contingent on-one’s own actions or efforts. In addition results showed that there was no a gender difference in depression among college students.

- Deykin, E. Y., Levy, J.C., & Wells, V.(1987) ascertained the prevalence of major depressive disorder (MDD) alcohol and substance abuse in a sample of 424 college students aged 16 to 19 years. Results showed that alcohol abuse and substance abuse were associated with MDD.

- Among the college students responding to a survey by Furr, McConnell, Westefeld & Jenkins (2001) who stated they had experienced depression since entering college, the most frequent causes of depression were grade problems (53%) loneliness (51%) money problems (50%) and relationship problems with boyfriend/girlfriend (48%) In addition, students in the survey were asked if they had ever thought about committing suicide since coming to college. Nine percent responded that they had. When asked if they had ever attempted suicide while at college, approximately 1% stated that they had attempted suicide. Hopelessness
was the most frequent contributing factor to suicidal ideation or behavior by students who identified themselves as having suicidal thoughts (49%) followed by loneliness (47%) and helplessness (37%)

- Reifman, A., & Windle, M. (1995) studied adolescent suicidal behaviors as a function of depression, hopelessness, alcohol Abuse, and social support. Findings indicated that alcohol use was a strong predictor of later suicidal ideation and behavior.

- Cornelius, J.R., et al., (1996) investigated Patterns of Suicidality and Alcohol Use in Alcoholics with Major Depression. Findings revealed that there was a significant association between suicidability and diagnosis of major depression and alcoholism. Those with major depression and alcoholism display a high level of suiciality.

- Ehrenberg, Cox, and Koopman (1990) reported that self efficacy correlated the strongest with depression.

- Patterson, G., R., & Stoolmiller, M., (1991) Examined depressed mood in relation to academic and social failures for three samples of boys (n=317) from at-risk families. Findings showed that academic and social failures were two major sources of negative life experiences, which could cause depression.


  a) Negative life events predict the onset of depression.
b) Pessimistic attributional style coupled with negative life events lead to depression.

c) Ruminative response style plus negative life events leads to depressive illness.

d) Self perceived social and academic (in) competence predicts depression.

e) Ehrenberg, Cox, and Koopman's (1990) assessed a relation between coping and depression was certainly a possibility.

2.6.1 Summary of studies on causes of depression and mental disorders combined with depression

This section presented studies related to causes of depression, and also some mental disorders combined with depression.

a) Causes of depression

1) Recent life events, Absence of social support, Pessimistic attributional style coupled with negative life events, Ruminative response style plus negative life events, were related to onset, outcome and to relapse of depression.

2) Self perceived social and academic (in) competence, Dependency, Self-criticism, Inefficacy, and Self-esteem: especially the personal as opposed to the social facet, coping, and self efficacy predicted depression.
3) In one study that was done by Furr, McConnell, Westefeld & Jenkins (2001) the most frequent causes of depression were grade problems, loneliness, money problems, and relationship problems with boyfriend/girlfriend respectively. Hopelessness was the most frequent contributing factor to suicidal ideation or behavior by students who identified themselves as having suicidal thoughts followed by loneliness, and helplessness.

b) Mental disorders combined with depression

The review of literature demonstrated the connection between alcohol abuse, depression, hopelessness, and suicide. Depression was associated with the frequency of alcohol use for students aged 18-20 and that males used alcohol more frequently than did females. In students aged 16 to 19 years alcohol abuse and substance abuse were associated with MDD. Other findings showed that alcohol use was a strong predictor of later suicidal ideation and behavior. Alcohol abuse was shown to be a major contributor to depression, which, in turn, led to feelings of hopelessness. If left undiagnosed, this led to higher risk of suicidal ideation and suicidal behavior in young adults.

c) Underachievement

One study linked to depressive disorders or symptoms due to underachievement.
2.7 Studies on relationship between academic achievement and the two variables, mental disorders and psychological factors

- Bankston & Zhou, (2002); Lockett & Harrell, (2003) Schmidt & Padilla, (2003) studied relationship between self-esteem and academic achievement. All those different studies have reached the conclusion that academic achievement and self-esteem are positively correlated.

- Diaz, et al., (2001) studied cognition, anxiety, and prediction of performance in college students. They found a significant relationship between academic achievement and anxiety.

- Anzi, E., Owayed, F., (2005) investigated academic achievement and its relationship with anxiety, self-esteem, optimism, and pessimism in Kuwaiti students. Results indicated that there was a positive correlation between academic achievement and optimism, and a negative correlation between academic achievement and both pessimism and anxiety.

- Malik, S., & Rehman, G., (2000) explored the relationship of academic achievement with the optimism/pessimism on College Students' vulnerability to physical and psychological stress. Results indicated that optimistically oriented people are less susceptible to stress or stressors and they are academically high achievers.

- Holly, (1987) Compiled a summary of all the studies and indicated that most supported the idea that self-esteem was more likely the result than the cause of academic achievement. However, he acknowledged that a certain level of self-esteem is required in order for a student to achieve...
academic success and that self-esteem and achievement go hand in hand. They feed each other.

- Brookover (1965) investigated association between Self-Concept of Ability and School Achievement among high school students. Findings showed that there was a significant relationship between self-concept and academic achievement.

- Wylie, R.C. (1979) studied influence self-concept on academic achievement. He found that there is considerable empirical evidence that self-concept predicts and influences achievement in school, from the primary grades through undergraduate education.

- Mc Michael, A.J., & Hetzel, B.S. (1975) investigated mental health problems among university students, and their relationship to academic failure and withdrawal. Four factors found to be strongly related to first-year academic failure were mental illness at university a high level of life-stress, poor secondary school academic record, and an extroverted personality. Withdrawal from university during first year was frequently preceded by poor mental health, high life-stress and loneliness. Withdrawal during second year was strongly associated with first-year academic failure and mental illness.

- Wood, P.K, et al. (1997) examined the relation of problematic alcohol use to collegiate academic problems based on a systematic assessment of problematic alcohol use and college transcript data. Results revealed that problematic alcohol use during the freshman year correlated +.32 with collegiate academic problems.

- In a study, Barriga, A. Q. and her colleagues studied the relationships between 8 teacher-reported problem behavior syndromes
(withdrawal, somatic complaints, anxiety/depression, social problems, thought problems, attention problems, delinquent behavior, aggressive behavior) and standardized measures of academic achievement (overall, reading, spelling, arithmetic, performance. They found that aggressive and delinquent behaviors, withdrawal and somatic complaints were associated with academic underachievement.

2.7.1 Summary of studies on relationship between academic achievement and the two variables, mental disorders and psychological factors

This section presents studies related to association between academic achievement and some mental disorders or psychological factors.

a) Academic achievement and mental disorders

All research on academic achievement and mental disorders had shown that mental disorders had a negative influence on academic achievement in college students. Mental disorders which were related to underachievement were anxiety in all students, a high level of life-stress, an extroverted personality, and withdrawal during second year, problematic alcohol use during the freshman year and aggressive, delinquent behaviors, withdrawal and somatic complaints in late adolescents.

b) Academic achievement and psychological factors

Review of studies about association between academic achievement and psychological factors indicated that some psychological factors were related to underachievement.
A summary of all the studies in relation to role of self-esteem in academic achievement indicated that most supported the idea that self-esteem was more likely the result than the cause of academic achievement. However, a certain level of self-esteem was required for a student to achieve academic success and that self-esteem and achievement went hand in hand. They fed each other.

Some studies pointed to a considerable empirical evidence that self-concept predicted and influenced achievement in school, from the primary grades through undergraduate education. Personality factors were other psychological variables related to underachievement. In this regard, some studies showed that optimistically oriented people are less susceptible to stress or stressors and they were academically high achievers. These studies proved that there was a positive correlation between academic achievement and optimism, and a negative correlation between academic achievement and pessimism anxiety and stress in college students.

2.8 Studies on Parents' education and depression

- Goosby, B. (2002) investigated the Effects of Poverty Experiences on the Psychological Well-Being of Young Adolescents among 2855 subjects. Results showed that mothers having more education tend to have children with higher levels of self-worth, which prevent of depression among children.

- Inandia, T., et al. (2002) evaluated women from eastern Turkey in the postnatal one-year period in order to analyze the risk factors for depression. The subjects included 2514 women. Results showed that the
percentage of women with high depression scores was 27.2%. Excess risk of depression was associated with several factors including unemployment, low education, poverty, poor family relations, low marital age, lack of medical services, and mental health problems.

❖ Beardslee, W.R., Versage, E.M., Gladstone, T.R.G. (1998 ) and Essex, M., Klein, M., Miech, R., Smider, N. (2001) found that Children with a depressed parent are four times more likely to develop an affective disorder; they have a 40% chance of experiencing depression by age 20 years, and a 60% chance by age 25 years. Maternal depression is associated with depression in young people after controlling for other factors, including socioeconomic status.

❖ Data bank (2004) investigated parental symptoms of depression among parents with different levels of education. It reported that 2 percent of parents with a bachelor's degree or higher exhibited symptoms of depression, compared with 8 percent of those lacking a high school diploma.

❖ Goodman, S.H., and Ian Gotlib (1999) studied risk for psychopathology in the children of depressed mothers .They found that having a father who is also depressed predicts to worse outcomes for children and adolescents in addition to the effect of maternal depression.

❖ Licitra-Kleckler, D. M., Waas, G. A., (19 93) studied the moderating effects of perceived family and peer social support among a group of adolescents experiencing elevated levels of stress. Subjects were 505 students from the 11th and 12th grade. Findings indicated that adolescents with high perceived family support reported fewer depression and delinquency outcomes.
Wodka, E.L., and Barakat, L. P., (2007) examined the role of family support and coping in the adjustment of adolescents with chronic illness (CI) transitioning into college. Subjects were 101 college freshmen and sophomores. Results showed that family support was negatively associated with depression and passive coping was positively associated with depression.

Connell, Spencer, and Aber (1994) reported that family support and involvement were highly significant predictors of school-related outcomes among African-American students.

2.8.1 Summary of Studies on Parents' education and depression

A brief review of studies regarding parents' education and its relation with depression and academic achievement in child showed that parental especially maternal schooling was a very strong and consistent predictor of reduced children depression, in turn caused increase academic achievement among them. In this regard some studies showed that mothers having more education had children with higher levels of self-worth, which prevent of depression among children. Other studies pointed to low education as risk of depression among mothers. The negative influence of parents depression in child was noted by some studies, in which, children with a depressed parent were four times more likely to develop an affective disorder; they had a 40% chance of experiencing depression by age 20 years, and a 60% chance by age 25 years. Maternal depression was associated with depression in young people after controlling for other factors, including socioeconomic status. Furthermore, other studies showed that having a father who was also
depressed predicted to worse outcomes for children and adolescents in addition to the effect of maternal depression.

In some studies there were some factors in relation to parents that had caused reduction of depression, or increase in academic performance in children. In this regard adolescents with high perceived family support reported fewer depression and delinquency outcomes. In addition, family support was negatively associated with depression among college freshmen and sophomores.

The influence of Family support and parental involvement on academic achievement was also other finding, which was derived from review of literature of present study. In relation to this finding it was concluded that family support and parental involvement were highly significant predictors of school-related outcomes among students.

2.9 The similarities and differences of present study with previous studies

There were a few studies related to our investigation in the review of literature. Researcher could not access a considerable amount of resources for her research; especially she did not find related studies in India. However a few studies confirmed present study's findings. A brief comparison of previous studies' results with our study, and also an analysis about those results presented below:
2.9.1 The similarities of previous studies with present study

a) In both of our study and previous studies were found relationship between depression and academic achievement among college students.

b) The variables of sex and age in relation to depression were two variables that investigated by our study and some researches in college students.

c) Gender difference in depression was found in our study and some other studies among students.

d) The variable of age in college age was not a significant variable in relation to depression in our study and some other studies.

e) The high prevalence of depression and its increasing among college students was other similarity of some studies with our study.

f) In some studies GPA (Grade Point Average) was indicator for academic achievement, similar to our study.

g) Some previous studies stressed the importance of the role of social and educational planning in reduction of depression among college students, similar our study.

h) Some previous studies have emphasized on the importance of protection of mental health among youth, similar our study.
2.9.2 Differences of previous studies with our study

a) There were some different aspects of academic achievement in previous studies that differed from the concept of academic achievement in our study. In our study academic achievement was related to the percentage of marks in first semester's examinations which was classified in to three categories as second class, first class and distinction students. While, other studies have considered academic achievement as academic performance, academic impairment which manifested as missed time from class and failure to academic productivity, the performance of academic tasks, exam performance, academic problems, success in several academic subjects, negative school related events such as suspension and failure of classes and standardized measures of academic achievement (overall, reading, spelling, arithmetic, performance)

However the concept of academic achievement in previous studies were different from present study, but all of them showed a negative relationship with depression. These findings in relation to different aspects of academic achievement not only confirmed our results but also they have given sufficient foundation to our present study.

b) Our study was done in an eastern country, while approximately all other studies were done in western countries.

c) In our study the variables of sex, age, marital status and parents' education in relation to association between depression and academic achievement have investigated.

d) Our study not only dealt with the relationship between depression and academic achievement, but also it had an estimation of prevalence of depression according to variables of sex, age, marital status and parents' education, among college students.
e) Our study not only studied depression among college students but also dealt with levels of depression among them.

f) Regarding to marital status, in present study depression was examined only in single students, but in some previous studies depression was examined in both groups of single and married people.

g) Our study examined the negative influence of depression on academic achievement, while some researches have studied the reciprocal interaction of depression and academic achievement; also one study examined the influence of under achievement on depression.

h) This study specially throws light on the role of parents in diminishing the pressure of depression in their children.

2.10 How previous studies help our study

a) The findings of Previous studies about the high prevalence of depression and its increase among college students around the world, helped present study to highlight its conclusion about the point that in spite of cultural difference between western and eastern societies, college students suffer from same difficulties in terms of physiological problems, environmental problems and psychological problems.

b) By accessing to different results of previous studies about gender difference in depression and comparison of those findings, present study could conclude that gender difference in depression among university students was related to environmental factors such as kinds of colleges, countries, and cultures.

c) The results of previous study in relation to association of depression with other mental disorders and also with other psychological factors emphasized on critical role of depression on students' quality of life.
Present study used all those results for confirmation of its objectives and making a strong foundation for its theoretical frame.

d) The association of academic achievement with other mental disorders and also with other psychological factors mentioned in review of literature helped our study to highlight of the main objective of this study that was to pay attention the mental disorders as one of the most important barriers to academic achievement.

e) The directional and in-directional findings of previous studies about association between depression in children and education in parents, especially in mothers, helped our study in clarifying the effectiveness of variable of parents' education in depression among students.

f) The directional and in-directional results of previous studies about association between depression and academic achievement in children according to parents' education helped present study to describe the role of parents' support on mental health and academic achievement in children.