A study of depression in university students

In this paper, a test created and conducted in order to understand depression level among university students. Depression is a mood disorder that causes a tenacious feeling of sadness and loss of interest. It is also named as major depression, major depressive disorder or clinical depression, which can prompt to a variety of physical and emotional problems and influences how you feel, think and act. Moreover, depression may make you feel like life isn't worth living and people with depression may experience difficulty doing typical everyday activities (Mayo Clinic staff, 2014).

Generally, symptoms of depression consist of 5 different areas that are emotional, motivational, behavioral, physical and cognitive. First of all, emotional symptoms of depression are labelled as ' sad, hopeless, miserable, dejected and discouraged.' Depressed person has generally some crying episodes and they lost sense of humor and some positive face expressions. Moreover, anxiety also one of the emotional symptom of depression (Davey, G., 2008). Secondly, motivational symptoms are also important symptoms of depression. This symptoms includes difficulty doing typical everyday activities that people previously enjoyed. Moreover, person that has motivational symptoms of depression generally wants to stay at where they are and be alone. In addition, these people has some decrement in appetite and sexual desire. (Davey, G., 2008). The next one is behavioral symptoms which generally includes slowness of speech and behavior. Moreover, in these people's behaviors decreased energy tiredness and fatigue are joint (Davey, G., 2008). Physical symptoms are also common symptoms of depression. Crary (1973) states that these people generally has some change in their sleep pattern, for instance, early morning awakening is one

these changes. Moreover, weight loss is also a physical symptom which caused by loss of appetite. Also decreased drive and psychomotor retardation are some common physical symptoms of depression. Davey (2008) states that cognitive symptoms is the last one which depressed people has a tendency of developing extremely negative views of themselves, their future and the world around them. This results pessimistic thinking that causes weakened ability to think, concentrate or make decisions. Moreover, also these inability results to these people to think as they are worthless, disgraced and guilty.

Having different types of depression measurement can introduce the separate explanations that why correlations between them (Beck Depression Inventory vs. Hamilton Depression Scales) display huge differences. Firstly about the Beck depression inventory, it is composed of 21 items and there is a four-point scale for each item ranging from 0 to 3. On two items (16 and 18) there are seven options to specify either a rise or fall of sleep and appetite. 0 to 13 is low, 14 to 19 is mild, 20 to 28 is moderate, and 29 to 63 is severe when the total score is considered. In addition, BDI has been stated to be extremely reliable notwithstanding of the population and it is used for 35 years. Its coefficient alpha is . 80 and its construct validity has been well-known, and it is capable to separate non-depressed from depressed people. Test-retest reliability was examined using the replies of 26 people who were tested at first and got therapy sessions secondly. There was a correlation of . 93 and the mean scores of the first and second total scores were comparable with a paired t (25) = 1. 08 (Beck, A. T. et al, 2012). Another depression test is Hamilton depression scale. The Hamilton depression scale has been a

general scale for the measurement of depression nearly 40 years. New solutions debate for the replacement of the Hamilton depression scale with existing with superior test or the development of a new instrument. The internal, inter-rater, and retest reliability for the Hamilton depression scale are mostly good. Likewise, even though the latter does suffer somewhat due to multidimensionality, the recognized criteria are encountered for convergent, discriminant, and predictive validity (Bagby, R. M. et al, 2004).

This study, with the help of previous literature, aims to measure of university students' depression levels. This test was conducted among 20 sample university students which consist of 10 male and 10 female outpatient.

In this study, in order to measure depression among people, a self-report that contains of 20 items was constructed and each item had reversed code. I rated each depression item on a 5 point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) and scores of 20 to 40 represents low, 41 to 60 represents mild, 61 to 80 represents moderate and 81 to 100 represents severe depression.

When someone prepared a test for any psychological approach, test must be worthy which means that requires some properties such as validity, reliability, practicality and cross-cultural fairness. About my test that is prepared for measuring the level of depression, reliability is generally measure your test is stable and consistent or not and has 4 different type of it. First one is test-retest reliability that must have close result when test is conducted to same group of individuals at different times such as over a week or two week period (Phelan, C. Et al, 2014). In my test, there is test-

retest reliability since although the test is not conducted over a period, this test contains test-retest reliability due to common question that is not complicated to giving different answer for same group of individuals. Second one is parallel forms reliability that is conducting different test that consists of different questions with same type, same skill and same knowledge based must have similar results with pre-prepared test (Phelan, C. Et al, 2014). In my test, there is test-parallel forms reliability since although the test is not conducted with different version of test, questions of the test are quite general question that measure the level of depression so that different type of a test has to give similar results with previous one. Next one is split half reliability that is dividing the test into two parts which each part ask same type of questions and conducting the test to the individuals like a one test, after that split half reliability is obtained by determining the correlation between two total test scores (Phelan, C. Et al, 2014). In this test, we already have 20 questions and do not have a chance to divide it in to two different part. Thus, this test does not contains split half reliability. Moreover, inter-rater reliability is that different judges and raters are rating the test (Phelan, C. Et al, 2014). Even though only one person rate the test, this test has inter-rater reliability since this test is not depending on the evaluator due to score between 1 to 5.

The last one is Cronbach's alpha which required to be at least . 80 to have a reliable test. In this test, it is . 887 in our test and it is a good result of Cronbach's alpha for good reliability. Moreover, the most reliable question is question 11 since its Cronbach's alpha is . 902 and less reliable one is question 17 with a Cronbach's alpha of . 87. Validity refers to how well a test

measure what it is required to measure and have 5 different type of it. As a start, face validity is looking a test is valid or not by just on the face of it (Phelan, C. Et al, 2014). Our test is valid in terms of face validity since when one look the test, he/she can say that this test measures depression. Second on is concurrent validity which requires to have measures differentiate individuals' current state with respects to the criterion. This test had concurrent validity since it is already made for individuals' current state analyses (Phelan, C. Et al, 2014). Moreover, this test has not predictive validity. The next one is content validity that considers the sampling adequacy or representativeness of the content of a measuring tool (Key, J. P., 1997). Our test's content validity is not strong since test consists of 5 different symptoms but the number of questions of different symptoms are not equal. Convergent validity is another one. Evidence that the same conception measured in altered ways produces parallel results in convergent validity (Key, J. P., 1997). This test contains convergent validity because it is made by observing some Beck depression inventory and Hamilton depression scales and our questions are similar. Since these tests has convergent validity also my test contains convergent validity. In addition, my test is practical since I only asked 20 questions which is easy to answer that each answers has score between 1 to 5 and it is much more 10 minutes to take the test. Moreover, in order to increase the cross cultural fairness, this items are prepared by using English language. Some tests such as attitudes towards homosexuality may be contain some questions that differs from culture to culture, to illustrate, asking these questions to a people from Turkey is different than asking same questions to a people from Holland. However, my test mostly does not contain this kind of question since

depression does not change culture to culture so much. There is only one question that may not so proper for cross cultural fairness which is the 12 [th] question.

This test has 20 questions with Likert scale and as a norm group, university students are used. However, this test is not limited for only university using. It can also be used in hospitals, primary and secondary schools, and other places that depression test is required.