Anxiety and Depression among adolescents: A Correlational study.

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Abstract

Anxiety and depression are the two common mental health issues faced by the adolescents living in the present day competitive world. The present study was aimed to find the correlation between anxiety and depression among adolescents. The sample of the present study consists of 100 students studying in various degree colleges of Srinagar district. The age range of the sample was 19-22 years. Sinha's comprehensive anxiety scale developed by A.K. Sinha and S.K Sinha was used to measure anxiety. Depression was measured using the Depression scale developed by Dr. Shamim karim and Dr. Rama Tiwari. The findings of the present study revealed that significant positive correlation was found between anxiety and depression among adolescents.

***Key words**: Anxiety, Depression, Adolescents.*

Introduction

Depression is the most prevalent mental health disorder. The lifetime risk for depression is 6 to 25%. According to the National Institute of Mental Health (NIMH), 9.5% or 20.9 million American adults suffer from a depressive illness in any given year. Depression has been recognized as one of the 10 leading diseases worldwide (Lopez et al., 2006).

The economic costs of depression are substantial. Greenberg et al. (2003), using a human capital approach, estimated the economic costs of depression to be 83.1 billion dollars in 2000 with $26.1 billion (31%) of direct medical costs, $5.4 billion (7%) of suicide-related mortality costs, and $51.5 billion (62%) of workplace costs (CDC, 2010).

Depression is an emotional state typically marked by great sadness, feeling of worthlessness and guilt, withdrawal from others and loss of sleep, appetite, sexual desire and interest and pleasure in usual activities. Depression appears to be co morbid with suicidal ideation or considerably increase the risk of suicidal ideation. There are over one million people suffering from depression in Kashmir and more than a lakh of them think of ending their lives. (Margoob, 2012)

Common symptoms of depression, reoccurring almost every day:

- Depressed mood (e.g. feeling sad or empty)

- Lack of interest in previously enjoyable activities
- Significant weight loss or gain, or decrease or increase in appetite
- Insomnia or hypersomnia
- Agitation, restlessness, irritability
- Fatigue or loss of energy
- Feelings of worthlessness, hopelessness, guilt
- Inability to think or concentrate, or indecisiveness
- Recurrent thoughts of death, recurrent suicidal ideation, suicide attempt or plan for completing suicide.

There are three recognized forms of depression: major depression, dysthymia, and bipolar disorder. Major depression is characterized by presenting at least five of the following symptoms every day for at least two weeks: depressed or irritable mood most of the day; lowered interest or pleasure in activities that used to be enjoyable; changes in sleep, eating, and energy; feelings of worthlessness or guilt; decreased ability to think and concentrate; recurrent thoughts of death; and physical agitation or slowing (DSM-IV-TR, Diagnostic and Statistical Manual). Major depressive disorder can consist of either a single episode, or it can be recurrent if it consists of two or more episodes. Dysthymia is diagnosed as a depressed mood for most of the day, more days than not, for at least 2 years. Although it spans a longer time period, dysthymia represents fewer symptoms that are less severe than a major depressive disorder. Along with depressed mood, individuals must also present two of the following symptoms: changes in appetite, sleeping, and energy; low self-esteem; trouble with thinking; and feelings of hopelessness (DSM-IV-TR). The last form of depression, bi-polar disorder, has cycling mood changes of extreme highs (i.e. mania) and extreme lows (i.e. depression) (DSM-IV). In addition, all of these disorders cause impairment in functioning in daily life to varying degrees.

Major depression is the psychiatric diagnosis most commonly associated with suicide. Lifetime risk of suicide among patients with untreated depressive disorder is nearly 20% (Gotlib & Hammen, 2002). The suicide risk among treated patients is 141/100,000 (Isacsson, 2000).

Anxiety is a normal human emotion. It becomes a disorder when it is of greater intensity or duration than would be normally expected and if it leads to impairment or disability. Anxiety may range from mild and transient, with no effect on daily function, to severe and persistent with significant impact on function and quality of life(Baldwin, D. S., Anderson, I. M., Nutt, D. J., et al, 2005).

Anxiety disorders are the most frequently seen mental disorders in primary care, followed by depression. Anxiety disorders are usually more common in women,(Baldwin, D. S., Anderson, I. M., Nutt, D. J., et al,2005). Older adults are less likely to be affected by anxiety disorders because they often can adapt more quickly to cope with stressful tasks.4 People with anxiety disorders are often frequent users of medical services and are at increased risk of developing substance dependence and attempting suicide(New Zealand Guidelines Group (NZGG), 2008); Bandelow, B., Zohar, J., Hollander, E., et al, 2008).

Anxiety is a term used to describe a normal feeling people experience when faced with threat, danger, or when stressed. When people become anxious, they typically feel upset, uncomfortable, and tense. Feelings of anxiety can be a result of life experiences, such as job loss, relationship breakdown, serious illness, major accident, or the death of someone close. Feeling anxious in these situations is appropriate and usually we feel anxious for only a limited time. Because feelings of anxiety are so common, it is important to understand the difference between feeling anxious appropriate to a situation and the symptoms of an anxiety disorder. Anxiety disorders are not just one illness but a group of illnesses characterised by persistent feelings of high anxiety, and extreme discomfort and tension. People are likely to be diagnosed with an anxiety disorder when their level of anxiety becomes so extreme that it significantly interferes with their daily life and stops them doing what they want to do. Anxiety disorders are the most common form of mental illness, and affect one in 20 people at any given time. They often begin in early adulthood, but can start in childhood or later in life. Anxiety disorders often come out of the blue, with no apparent reason. They are generally accompanied by intense physical sensations, such as breathlessness and palpitations. Other symptoms can include sweating, trembling, feelings of choking, nausea, abdominal distress, dizziness, pins and needles, feelings of losing control and/ or feelings of impending doom. Anxiety disorders affect the way a person thinks, feels, and behaves and, if not treated, can cause considerable distress and disruption to the person's life. Fortunately, treatment of anxiety is usually very effective.

Literature Review

Jenning J, etal (2009) explains the high link between anxiety and depression s a kind of reinforcing loop. They explained that anxiety causes stress inflamations in the body, both of which causes changes in the brain that may contribute to depression. Then when someone is depressed, the higher circuit of the brain that calm the fear circuit become inactive and that can reinforce the development of anxiety.

According to Thomas and Kelly (2008), anxiety is a high energy state while as depression is a low energy state. A person with depression often experience a lot of anxiety, possibly even to the extent of having panic attack.

According to Silthy and Connelly (1998) anxiety and depression are co-occuring.It is a cycle. When a person gets anxious and tend to have the pervasive thinking about some problems, leading to negative emotions, anxiety and depression.

Need of the study

For decades now, Kashmir has been bearing the brunt of a long standing armed political conflict. Kashmiri youth are at the forefront of violet conflict, often fighting without choice. The political conflict has affected every strand of society and has become a road block in the holistic development of Kashmiri youth. The security concerns are amongst the dominant themes in the minds of young people living in Kashmir.

Researchers have asserted that Kashmiri youth exhibit frustration because of the armed conflict which have choked their voice, whereas suicide rates are increasing at an alarming rate among young men and women. Terror activities in a Particular region over a period of time present as emotional disorders in youngsters and with those with direct exposure to traumatic events. Results of the survey conducted by MSF in 2015 revealed that in Kashmir division , 1.8 million adults (45% of the adult population) are experiencing symptoms of mental distress with 41% exhibiting symptoms of probable depression, 26% probable anxiety and 19% probable PTSD.

Objectives

The primary objectives of study are as follows:

- To assess anxiety and depression among youth.
- To assess correlation between anxiety and depression among youth.

Hypothesis

On the basis of above mentioned objectives the following hypotheses were formulated for the verification.

H_1 There will be significant be correlation between anxiety and depression.

Methodology

Sample

For the present study the target population was college going youth of district Srinagar. 100 participants were purposively selected for the present study and selection is on the basis of the following criteria.

- Must be enrolled in a Degree College,
- Must fall within the age range of 18-21

Research Instrument

In the present study, data is collected using following research instruements:

Sinhas comprehensive anxiety scale (SCAT): SCAT is developed by A. K.P Sinha and L. N. K Sinha. It has 90 items. There are two response categories, Yes and No. For each yes response, a score of 1 is given and for no response, a score of 0 is given.

Depression scale by Shamim Karim and Rama Tiwari. There are 96 items in the scale. There are five response categories- Not at all, little bit, moderately, quite a bit and extremely. The scores assigned are 4, 3, 2, 1, 0 respectively.

Results and Interpretation

SECTION I: Descriptive Statistics

Table 1.1 Frequency distribution of the sample group with respect to Anxiety

Level	*f*	*%*
LOW	18	18.0
MILD	27	27.0
MODERATE	40	40.0
HIGH	15	15.0
Total	100	100.0

The above table reveals that on anxiety 18% of the respondents fall in low, 27% fall in mild,40% fall in moderate & 15% fall in high level of anxiety.

Table 1.1 Frequency distribution of the sample group with respect to Depression

Level	*f*	*%*
LOW	21	21.0
MILD	28	28.0
MODERATE	39	39.0
HIGH	12	12.0
Total	100	100.0

It is evident from the above table that 21% of the respondents fall in low, 28% fall in mild,39% fall in moderate & 12% fall in high level of depression.

SECTION II: Correlation Coefficient

Table 1.3Relationship of anxiety with depression(N=100)

Construct	*Depression*	***Pearson's Correlation Coefficient(r)***
Anxiety		.727**

**. Correlation is significant at the 0.01 level

The above table reveals that there is significant and positive correlation between anxiety and depression as r = .727. Hence H_1 There will be significant be correlation between anxiety and depression stands accepted.

Conclusion

The sample group for the present study comprised of college students of Srinagar district. On anxiety 18% of the respondents fall in low, 27% fall in mild, 40% fall in moderate & 15% fall in high level of anxiety,

while in case of depression 21% of the respondents fall in low, 28% fall in mild,39% fall in moderate & 12% fall in high level of depression. The findings of the present study are alarming and can be very useful to the administrators and policy makers to capitalize as the same and devise strategies that can help in minimization of the present scenario of anxiety and depression among adolescents.

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