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DEPRESSION LEVELS OF UNIVERSITY STUDENTS IN TERMS OF SOME PSYCHIATRIC AND SOCIO-DEMOGRAPHIC VARIABLES IN TURKEY

TÜRKİYE'DE BAZI PSİKİYATRİK VE SOSYO-DEMOGRAFİK DEĞİŞKENLER AÇISINDAN ÜNİVERSİTE ÖĞRENCİLERİNİN DEPRESYON DÜZEYLERİ

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ABSTRACT

This study aims to research the depression levels of university students in terms of some psychiatric and socio-demographic features in Turkey. The study group includes a total of 504 students who recently study at the various faculties of Anadolu University. The data of the study was collected through "Personal Information Form" and "Beck Depression Inventory" (BDI). At the end of the study, the mean Beck Depression Inventory score of the students is 13.6. As a result of this research 41.5% of the university students has a minimal level, 24.2% has a mild level, 28% has a moderate level, and 6.3% has a severe level of depression. Depression scores of the students whose parents are divorced were found to be significantly higher than the scores of those whose parents are together. There is a significant relationship between the depression levels and these variables which are psychiatric disease status, psychiatric support status, self-harm status and self-harm status of family members. The BDI scores of those students who stated having a psychiatric disorder, having been receiving psychiatric support, having a tendency to self-harm, and having a family member with a tendency to self-harm were found to be high. In addition, the depression scores of the students whose parents are divorced were seen to be higher than the scores of those whose parents are together.

Keywords: Depression level, university student, psychiatric variables, socio-demographic variables

ÖZET

Bu çalışma, Türkiye'de üniversite öğrencilerinin depresyon düzeylerini bazı psikiyatrik ve sosyodemografik özellikler açısından araştırmayı amaçlamaktadır. Çalışma grubunu Anadolu Üniversitesi'nin çeşitli fakültelerinde öğrenim gören toplam 504 öğrenci oluşturmaktadır. Araştırmanın verileri "Kişisel Bilgi Formu" ve "Beck Depresyon Envanteri" (BDE) aracılığıyla toplanmıştır. Çalışma sonucuna göre öğrencilerin Beck Depresyon Envanteri puan ortalaması 13.6'dır. Araştırma sonucunda üniversite öğrencilerinin %41,5'i minimal düzeyde, %24,2'si hafif düzeyde, %28'i orta düzeyde ve %6,3'ü ağır düzeyde depresyona sahiptir. Anne-babası boşanmış öğrencilerin depresyon puanları, anne-babası birlikte olanlara göre anlamlı düzeyde yüksek bulunmuştur. Öğrencilerin psikiyatrik hastalık durumu, psikiyatrik destek alma durumu, kendine zarar verme durumu ve aile üyelerinin kendine zarar verme durumu ile depresyon düzeyleri arasında anlamlı bir ilişki vardır. Psikiyatrik bozukluğu olduğunu, psikiyatrik destek aldığını, kendine zarar verme eğilimi olduğunu ve ailesinde kendine zarar verme eğilimi olduğunu belirten öğrencilerin BDÖ puanları yüksek bulunmuştur.

Anahtar kelimeler; Depresyon düzeyi, üniversite öğrencisi, psikiyatrik değişkenler, sosyodemografik değişkenler

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INTRODUCTION

Beck and Alford, who define depression in detail (2009), define it as a disorder which reveals itself as a distinct change in mood (loneliness, sadness, insensitivity), a feeling of self-blame relating negative sense of self, backward and self-punishing desires (desire to escape, hide or die), involuntary changes, changes and regression in activity level. The World Health Organization (2018) defines depression as a loss of interest accompanied by cognitive, behavioural and psychological symptoms that significantly affect the functionality of the individual in addition to depressive mood and considers it as the fourth most common public health problem in the world. In this context, the depressive mood is described as individuals' sadness, distress, reluctance, pessimism, loneliness, hopelessness and so on.

According to the DSM-V which was published by the American Psychiatric Association (APA, 2013), the depression disorders are classified into seven different categories. These disorders are categorised as; persistent depressive disorder (dysthymia), major depressive disorder, premenstrual dysphoric disorder, depressive disorder due to another medical condition, substance/medication-induced depressive disorder, other specified depressive disorder, disruptive mood dysregulation disorder, and unspecified depressive disorder (APA, 2013). According to the DSM-5, the general symptoms of these disorders are sadness, feeling of emptiness and irritation, physical and cognitive changes which significantly affect the activity level of the individual. The duration of these symptoms, the time of the occurrence, and the conditions in which the person has can vary among these disorders (APA, 2013). The most common of these disorders is major depression.

Considering the fact that depression is quite common in Turkey and around the world, depression disorders are ones of the most common mental disorders seen during the life of the general population. The World Health Organization remarks that 20% of the diseases related to mental disorders occur due to depression. In this context, depression is one of the main diseases that threaten public health. Although depression is common worldwide, major depression is the major cause of disability in the United States. The major depression prevalence in the United States is approximately 3-5.8%. One-year prevalence is stated as 2.6-6.2%. On the other hand, it is reported that 20% of the psychiatric disorders in Europe are caused by depression and this ratio reaches up to 26% in some countries. When it is evaluated in terms of sex, the life-long risk is 3-12% for men and 10-26% for women. In society in general, the life-long prevalence is approximately 15% (Yüksel, 2014). The occurrence age of the disease is reported to be between 20 and 50. The recent studies emphasis that depression disorders are becoming more common among the individuals younger than 20s (Sadock, Sadock, & Ruitz, 2014).

In Turkey, depression is considered as a common disorder which causes serious workforce loss and disability, too. When we look at the prevalence in Turkey, the study of the Mental Health Profile of Turkey (1998) shows that the prevalence of 12-month depression attacks is 5.4% in women, 2.3% in men, 4.0% in the whole population. Moreover, almost every type of mental disorders, except alcohol and substance addiction, is stated to be twice as common in women as men and the most common mental disorder is major depression. Depression in women occurs between the ages of 18 and 44 and it is higher after the age of 25 (Yüksel, 2014). The studies on depressive disorders in Turkey after 2000 were conducted on the national-scale common and other depressive disorders with sub-groups as women, generally after giving birth, teenagers, university students, and other groups (Binbay, Direk, Aker, Akvardar, & Alptekin, 2014).

There are different arguments trying to explain depression. The psychoanalytic theories define depression as a situation developed in relation to anger, guilt, despair, and loss of love which occurs due to lack of needs such as love and care during the early period of life and due to the inability of establishing close relationships (Bailey, Sauer, & Herrell, 2002). On the other hand, the analytic approach explains depression as anger and aggression towards the object lost in imagination or reality, as it turns to the individual's own self. According to this approach, major losses in early childhood, especially losing mother, increase the susceptibility to depression. Besides, insufficiency of social support, isolation, living alone and divorce are important risk factors (Yüksel, 2014). Yet, the cognitive approach describes depression as untruthful beliefs in a person's thoughts about himself/herself and the world (Cornwell, 2003). In this context, Beck's studies on depression are prominent in this model. The cognitive model of Beck consists of specific cognitive disorders. Beck argues that despair and hopelessness are of special importance in the development of depression. In Beck's view, affective disorders develop in parallel with the

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cognitive impairments that are activated in the face of stress. These people have cognitive impairments such as negative self-perception, negative interpretations of environment and life events, and negative opinions about the future, and hopelessness and despair evolve on this cognitive structure. In other words, according to Beck, depressive people tend to assess themselves, their environment and their future adversely and they have cognitive distortions in their mindset (Beck, 1976).

It is suggested that some risk factors cause susceptibility to depression. These factors are discussed in six dimensions by Riso, Miyatake and Thase (2002). These factors include developmental factors, personality and personality disorders, psychosocial factors, comorbid disorders such as anxiety and substance addiction, biological factors and cognitive factors. The negative life events of the individual during childhood are among the developmental factors. The personality and personality disorders of the individual are also considered as risk factors for depression. Some personality traits are known to be among the risk factors that predispose to depression. These traits are; low self-esteem, obsessive traits, addiction, neuroticism, the low threshold of frustration, dependence on others for support and approval, and easily changeable emotions (Yüksel, 2014). Psychosocial factors emphasise socio-economic status, loss, trauma, social support, stressful life events, etc. (Riso et al., 2002). Biological risk factors include elements such as genetic factors, biology, sleep physiology. Finally, the individual's mindset, attitudes, schemes and methods of dealing with things are discussed among the cognitive factors (Beck & Alford, 2009).

Many people undergo periods of sadness, hopelessness and despair depending on their personality and the way they deal. These are considered natural. It should be remembered that depressive mood is a universal feeling. However, clinical depression is separated from them in terms of both intensity and duration (Yüksel, 2014).

University education in the early years of adulthood takes place in a very important period for young people. This period is a period in which many changes are experienced by young people. University students face many stress-related situations in which they have to make many important decisions about their lives. Generally, mental diseases also develop during and after adolescence. In this case, the onset of mental disorders corresponds to the university period. Especially depression and anxiety disorders are the most common mental disorders in the youth (Fraser & Blishen, 2007; Kessler et al., 2005; WHO, 2018).

As a result, depression, which is considered as a very common disorder in the youth, is an important situation that should be examined as a disorder that affects the mental health of university students, damages their academic performance, and may even cause suicide. In order to detect and prevent depression in university students, the factors causing depression should be known. In this context, the aim of this study is to define the prevalence of depression among university students and to investigate the relationship between depression and some psychiatric and socio-demographic characteristics in Turkey.

METHOD

Study Design and Participants

The research is a study conducted by relational screening method which is a type of general screening model. In this study, it was aimed to investigate the depression levels of university students according to some socio-demographic variables and psychiatric characteristics; therefore, relational screening method was preferred.

The study group includes a total of 504 students who study at the various faculties of Anadolu University in the academic year of 2017-2018. This study was conducted based on the 1964 Helsinki Declaration. Informed consent was obtained from all individual participants included in the study. The authors declare that they have no conflict of interest.

Data Collection Tools

Personal Information Form and Beck Depression Inventory (BDI) were used at the study.

Personal Information Form: The personal information form which was issued by the researcher includes questions about age, sex, if the parents are living, the education and marital status of the parents, economic status, number of siblings and which child (in order) the participant is, and the information relating romantic relations, as well as whether or not having a diagnosed disorder, if s/he has ever done something self-harming, and if his/her family members have ever done something self-harming.

Beck Depression Inventory (BDI): Beck Depression Inventory was developed by Beck, Ward, Mendelson, & Erbaugh (1961). The inventory is composed of 21 categories which were developed to determine the degree of emotional, somatic, cognitive and motivational symptoms of depression. The Turkish adaptation of the inventory was done by Hisli (1989). Each category consists of 4 self-assessment items and a score of 0-3 can be taken from each item. The lowest score from the inventory is 0 and the highest is 63. A high score from the inventory indicates a high level of depression. The aim of the inventory

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is not to diagnose depression, but to put the degree of the symptoms into numbers objectively. The validity and reliability of the inventory were tested by Beck, Steer, Ball, & Raneri (1996) and the reliability coefficient was found to be .91. The validity and reliability measurement of the Turkish form of the inventory was conducted by Hisli (1989) and it was found that the split-half reliability coefficient of the Turkish form is 0.74 and the criterion-related validity coefficient varies between 0.47 and 0.63. In this study, the Cronbach's alpha internal consistency coefficient of the Beck Depression Inventory was calculated as 0.90.

Data Analysis

The analysis of the data at the study was carried out with the data collected from the 504 students. The data collected from the participants were analyzed by being transferred into SPSS (Statistical Package for Social Sciences) Chicago IL, Version 21.00 Windows package program. At the statistical evaluation of the data, the Kolmogorov Smirnov test and skewness-kurtosis values were checked in order to assess normal distribution. As a result of the statistical analysis, the data of the study were not corresponding to the normal distribution, therefore, non-parametric tests were used. Mann-Whitney U test was preferred for paired comparison, while Kruskal Wallis test was used for comparisons of groups more than two.

FINDINGS

Table 1 shows the socio-demographic characteristics of the university students who participated in the study. Accordingly, 70.8% of the student is female and 29.2% is male. 37.2% of the student is between the age of 18-20, 53.2% is between the age of 21-23, and 9.3% is above the age of 24. The average of the students' age is 21.33± 2.46, the youngest is 18 and the eldest is 41. 89.7% of the parents lives together, 5.5% is divorced, and 4.8% lives separately. 47.0% of the student is the first child, 21.3% is the middle child, and 31.2% is the youngest child in their families. 43.7% of the students' mothers is primary school graduate, 24.4% is high school graduate, 18.3% is secondary school graduate, 9.3% is university graduate, and 4.2% is illiterate. On the other hand, the education status of the fathers are as follows: 30.6% is primary school graduate, 28.6% is high school graduate, 18.6% is secondary school graduate, and 20.8% is university graduate. 3.2% of the students has an income of 1000 TL and below, 27.4% has an income between 1001-2000 TL, 30.2% has an income between 2001-3000 TL, and 39.3% has an income of 3001 TL and above. When the place where the students have spent the majority of their lives were checked, it was seen that 11.7% spent the majority of their lives in villages, 24.2% lived mostly in towns, 29.2% spent it in cities, and 34.9% lived mostly in metropolitans.

Table 1. The Socio-demographic characteristics of the students

Socio-demographic characteristics	*Number*	*(%)*	*Socio-demographic characteristics*	*Number*	*(%)*
*Age**			*Sex*		
18-20	*188*	*37.2*	*Female*	*357*	*70.8*
21-23	*269*	*53.2*	*Male*	*147*	*29.2*
24 and above	*47*	*9.3*			
Marital Status of the Parents			*Number of the Siblings of the Participants*		
Together	*452*	*89.7*	*First Child*	*238*	*47.0*
Separated	*24*	*4.8*	*Middle Child*	*108*	*21.3*
Divorced	*28*	*5.5*	*Youngest Child*	*158*	*31.2*
Education Status of the Mothers			*Education Status of the Fathers*		

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Illiterate	*21*	*4.2*	*Illiterate*	*4*	*.8*
Primary School graduate	*220*	*43.7*	*Primary School graduate*	*155*	*30.6*
Secondary School graduate	*92*	*18.3*	*Secondary School graduate*	*93*	*18.6*
High School graduate	*123*	*24.4*	*High School graduate*	*144*	*28.6*
University graduate	*48*	*9.5*	*University graduate*	*108*	*21.4*
Income Levels of the Participants			*The Place Where the Majority of the Life was Spent*		
1000 TL and below	*16*	*3.2*	*Village*	*59*	*11.7*
Between 1001-2000 TL	*138*	*27.4*	*Towns*	*122*	*24.2*
Between 2001 TL-3000 TL	*152*	*30.2*	*City*	*147*	*29.2*
3001 TL and above	*198*	*39.3*	*Metropolitan*	*176*	*34.9*
Total	*504*	*100*	*Total*	*504*	*100*

* Mean = 21.33; Std. Deviation = 2.46; Youngest - Eldest = 18 - 41

Table 2 shows the distribution of the students' total scores at the Beck Depression Inventory. Accordingly, the depression level of 41.5% of the students is minimal, 24.2% has mild, 28.0% has moderate, and 6.3% has severe depression. The mean BDI of the students is 13.46, the lowest is 0 and the highest is 58.

Table 2. Distribution of the Total BDI Scores of the Students

*Depression Level**	*Frequency*	*Percentage*
Minimal depression (Score Between 0-9)	*209*	*41.5*
Mild depression (Score Between 10-16)	*122*	*24.2*
Moderate depression (Score Between 17-29)	*141*	*28.0*
Severe depression (Score Between 30-63)	*32*	*6.3*
Total	*504*	*100.0*

* Mean = 13.46; Std. Deviation = 9.62; Lowest - Highest = 0 - 58

When the relationship between some socio-demographic characteristics of the students and the mean BDI scores was examined, no significant difference was found in relation to age, sex, sibling order, mother's education status, father's education status, income level and the place where the majority of life passed ($p > 0.05$).

However, a significant difference was discovered between the parents' marital status and the mean BDI scores ($p<0.05$). Table 3 presents the findings of the comparison between the marital status of the students' parents and the BDI.

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Table 3. Kruskall Wallis Test Results for the BDI Scores According to the Marital Status of the Students' Parents

Dependent Variable	*Marital Status of the Parent*	*N*	*Mean*	*Std. D.*	*X2*	*P*
BDI	*Together*	*452*	*12.96*	*9.19*	*9.300*	*.010**
	Separated	*24*	*15.66*	*10.82*		
	Divorced	*28*	*19.71*	*12.77*		

**p<0.01*

When we examine the BDI scores according to the variable as the parents' marital status at the Table 3, it is seen that the mean BDI score of the students whose parents are divorced is 19.71, the mean BDI score of the students whose parents are separated is 15.66, and the mean BDI score of the students whose parents are together is 12.96. Therefore, the BDI scores differ statistically significantly according to the parents' marital status, (χ2=9.300;p=0.010). According to this, the depression scores of the students whose parents are divorced were found to be significantly higher than those of the students whose parents are together.

Table 4 illustrates the data in relation to the comparison between the psychiatric characteristics of the students and the BDI scores. 6.3% of the students (N=32) has an ongoing psychiatric disorder. 21% of the students (N=105) stated having been receiving psychiatric support. 13.9% of the students (N=70) stated having done self-harming things during their lives. The family members (Mother/Father/Siblings) of 7.3% of the students (N=37) did acts of self-harm.

Table 4. Mann whitney u test results in relation to the comparison between the psychiatric characteristics of the students and the bdi scores

Dependent Variable	*Psychiatric Disorder Status*	*N*	*%*	*Mean*	*Df*	*Z*	*P*

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BDI	*Yes*	*32*	*6.3*	*21.06*	*8.95*	*-4.609*	*.000***
	No	*472*	*93.7*	*12.95*	*9.45*		
	If Receiving Psychiatric Support	*N*	*%*	*Mean*	*Df*	*Z*	*P*
	Yes	*105*	*20.8*	*17.13*	*10.66*	*-4.051*	*.000***
	No	*399*	*79.2*	*12.50*	*9.10*		
	Does s/he self-harm?	*N*	*%*	*Mean*	*Df*	*Z*	*P*
	Yes	*70*	*13.9*	*19.08*	*11.97*	*-4.325*	*.000***
	Np	*434*	*86.1*	*12.56*	*8.87*		
	Do the family members self-harm?	*N*	*%*	*Mean*	*Df*	*Z*	*P*
	Yes	*37*	*7.3*	*18.21*	*12.90*	*-2.256*	*.024**
	No	*467*	*92.7*	*13.09*	*9.22*		

*p<0.05 ** p<0.01

When we look at the findings relating the comparison between the psychiatric characteristics of the students and the BDI scores, it is seen that the mean BDI score of those having a psychiatric disorder is 21.06 and the mean BDI score of those who reported not having any psychiatric disorder is 12.95. According to that, the mean BDI score of those who stated having a psychiatric disorder was found to be higher than those of the students who don't have any psychiatric disorder. It is seen that there is a meaningful difference between the students' psychiatric disorder status and the BDI (Z=-4.609;p=0.000) In other words, the depression scores of those who have a psychiatric disorder are higher than the scores of those who don't have any. The mean BDI score of the students who stated having received psychiatric support is 17.13 and the mean BDI score of those who have not received psychiatric support is 12.50. Accordingly, the mean BDI of the students who stated having received psychiatric support was found to be higher than that of the students who haven't received any. The difference between the students' psychiatric support status and the BDI was found to be statistically significant (Z=-4.051; p=0.000). According to that, the depression scores of those who have received psychiatric support is higher than the scores of those who haven't received any.

Among the students, the mean BDI score of those who stated having done acts of self-harm is 19.08 and the mean BDI score of those who haven't done any act of self-harm is 12.56. According to that, the mean BDI of those who reported having done acts of self-harm was found to be higher than the mean BDI of those who haven't done any. An important difference was found between the students' status of having done any act of self-harm and the BDI (Z=-4.325; p=0.000). Accordingly, the depression scores of those who have done acts of self-harm are higher than the scores of those who haven't. done any.

The mean BDI score of the students who stated having a family member who has done acts of self-harm is 18.21 and the mean BDI score of those who don't have a family member having done any act of self-harm is 13.09. According to that, the mean BDI of those having a family member who has done acts of self-harm was found to be higher than the mean BDI of those who don't have a family member having done any act of self-harm. A significant difference was found between the students' status of having done any act of self-harm and the BDI (Z=-2.256; p=0.024). Accordingly, the depression scores of those who have a family member having done acts of self-harm are higher than the scores of those who don't have a family member having done any act of self-harm.

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DISCUSSION

In this study, the relationship between the depression levels and some psychiatric & socio-demographic characteristics of the university students was examined. No significant relationship was found between the depression level and the variables as age, sex, parents' education status, income status, sibling order, and place where the majority of the life was spent.

41.5% of the university students has a minimal level, 24.2% has a mild level, 28% has a moderate level, and 6.3% has a severe level of depression. The mean depression level of the students is 13.46. At some studies, the cutoff score was suggested as "17" (Hisli, 1989). When the cutoff score was taken as 17 according to the Beck Depression Inventory, the depression rate at the clinical level was found to be 34.3%. Within the framework of these findings, it can be said that a significant number of the students has high levels of depression and are therefore susceptible to depression. When we look at the previous studies in the literature, the studies with similar findings are found. In the study of Ceyhan, Ceyhan, & Kurtyılmaz (2005), the mean depression level of the university students is 12.72 and 21% of the students has clinical and severe depression. In another study by Ceyhan and Ceyhan (2011), the mean depression level of the students is 19.81 and 56'18% has clinical and severe depression. In another study conducted by Özdel, Bostancı, Özdel O & Oğuzhanoğlu (2002), the mean BDI score is 12.8. When the cutoff score was taken as 17 according to the Beck Depression Inventory, the depression ratio at the clinical level was found to be 26.2%. In another study conducted with university students in China, the mean BDI score of the university students is 6.31, and the BDI score of 40.1% is between 5-13, that of 8.4% is between 14 and 20, and that of 3.3% is between 21 and 63 (Chen et al., 2013).

No significant relationship was found between sex and depression levels of the university students. This finding shows similarities with some other studies. In previous studies, no significant relationship was found between sex and depression levels, too (Grant et al., 2002; Sümer, Poyrazlı, & Grahame, 2008). However, depression levels of male students were found to be higher than those of female students in some studies (Ceyhan & Ceyhan, 2011; Sağar, 2018).

A significant relationship was found between the marital status of the students' parents and the depression levels. Depression scores of the students whose parents are divorced were found to be significantly higher than the scores of those whose parents are together. This finding is supported by other research findings showing that university students whose parents are divorced have high levels of depression (Sağar, 2018).

No significant relationship was found between the students' grade and the depression levels. This finding is supported by similar studies in the literature, too. However, in some studies, depression scores of senior students are higher than that of first-year students (Bostancı et al., 2005; Chen et al., 2013; Özdel et al., 2002). In other words, as students' grade gets higher, depression scores increase. Yet, in some other studies, depression levels of first-year students are higher than that of senior students (Ceyhan & Ceyhan, 2011; Sağar, 2018).

No meaningful relationship was found between income and depression levels of the students. In the literature, there are studies showing that students from families with low socioeconomic status have higher levels of depression than those from families with high socioeconomic status (Bayram & Bilgel, 2008; Bostancı et al., 2005). Having a low socio-economic status is a risk factor for depression (Binbay et al., 2014). It can be said that socio-economic conditions increase the likelihood of depressive symptoms.

No important relationship was found between the parents' education status and the students' depression levels. Same results were found in similar studies (Özdel et al., 2002). However, in some studies, it was found that parents' education status has an effect on students' depression levels. In the study by Chen et al. (2013), it was observed that the students whose father has a low education status have higher depression. It can be said that the education status of parents has important effects on the mental health of children. In this context, it can be said that parents with a high level of education are more interested in students' psychological problems and have healthier communication with them.

No significant relationship was found between the place where the students lived during the majority of their lives and the depression levels. This finding is similar to the previous studies in the literature (Özdel et al., 2002).

Another characteristic that was examined in relation to depression in the university students is psychiatric characteristics. There is a significant relationship between the depression levels and these variables which are psychiatric disease status, psychiatric support status, self-harm status and self-harm status of family members. According to that, those who stated having a psychiatric disorder, those who say they receive psychiatric support, those who indicate having self-harm behaviours, and those who have a family member having self-harm behaviours have higher levels of depression than those who do not

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have these characteristics. There are similar findings in the previous studies in the literature. There is a significant relationship between getting professional help and depression level. In Bozkurt's study (2004), the depression levels of the students who reported that they received psychological counselling for their "private problems" are higher than the levels of those who received psychological counselling for "professional issues". Similarly, in the study of Ceyhan & Ceyhan (2011), the mean depression of the students who contacted the psychological counselling centre in order to get help is 19.81.

CONCLUSION

As a result of the study, it was concluded that more than one third (34.3%) of the university students has high levels of depression and their depression levels differ according to some psychiatric and socio-demographic variables. The findings from the study show that the depression levels of the students whose parents are divorced, who stated having a psychiatric disorder, who receive psychiatric support, who have a tendency to self-harm, and who have a family member having a tendency to self-harm are high.

It is thought that university students who enter into individualization process due to the university life very quickly after leaving family and home need professional support during this period. The biggest obstacle to receiving psychological help is to have an awareness towards the need for this service. It is considered as an important step in terms of preventive mental health that university students should have a knowledge of positive mental health and an awareness of the symptoms of depression. In addition, there is a need for the development of effective psychological support services for university students in universities and for easy access of students to these services. Early diagnosis of depression among university students and the development of programs including prevention studies are considered to be important both for the mental health of the young people and for the mental health of society. Besides, another important issue to be emphasized about the students is social support. The studies emphasise that students with low social support levels have higher levels of depression (Sümer et al., 2008). The most important source of social support is the family and immediate circle of the individual. For this reason, it is recommended to develop a model at the psycho-social support studies, which will include the family and immediate circle of the students within the framework of the bio-psychosocial model. It is thought that a multidisciplinary and human rights-based approach, which includes all mental health professionals such as psychiatrist, psychologist, social worker, mental health nurse, where the individual is evaluated and supported in a multidimensional manner, will create a significant change in this issue.

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