Introduction

Depression in adolescents is a significant problem that impairs everyday functioning and increases the risk of severe mental health problems in adulthood. It is a highly prevalent and serious mental health problem in adolescence. Depression is associated with a range of problems such as problematic peer and family relationships, school difficulties and dropout, health problems, increased substance abuse and suicide. In the year 2014, World Health Organization revealed that depression is one of the predominant causes of illness and disability for both boys and girls aged 10 to 19 years. Globally, depression is the number one cause of illness and disability in this age group. A study has shown that half of all people who develop mental disorders have their first depressive symptoms by the age of 14. An estimated 2.8 million adolescents aged 12 to 17 in the United States had at least one major depressive episode in the past year. This number represented 11.4% of the U.S. population aged 12 to 17. By 2030, depression will rank first in high-income countries among disorders contributing to global disease burden. The prevalence of depression

Objective: To identify depression level and examine the influence of psychosocial factors on depression in Bhutanese high school students.

Methods: Data were collected from 316 students in grades 9 - 12 at a higher secondary school, Sarpang District in Bhutan selected through multi-stage random sampling. Self-administered questionnaires including 1) demographic information, 2) Center for Epidemiologic Studies Depression Scale, 3) Rumination Response Scale, 4) Type D Personality Scale, 5) Education Stress Scale, 6) Social Peer Rejection Measure, and 7) Family Dynamic Environment Scale were used. Scales 2 to 7 had acceptable to high reliability with Cronbach’s alpha coefficients of 0.89, 0.91, 0.87, 0.89 and 0.91, respectively. Data were analyzed using descriptive statistics and multiple regression.

Results: The sample’s mean depression score was 19.12 (SD = 8.20) where 33% had depression (N = 104). Rumination, Type D personality, academic stress, peer rejection, and family environment significantly explained 46% of the variance of depression (R² = 0.46, F(5,310) = 53.46, P < 0.001). Type D personality served as a stronger predictor (β = 0.32, P < 0.001), followed by rumination (β = 0.31, P < 0.001), academic stress (β = 0.10, P < 0.05), and peer rejection (β = 0.10, P < 0.05). However, family environment was not a significant predictor.

Conclusion: Depression was positively associated with type D personality, rumination, academic stress, and peer rejection, but not family environment. School based mental health program for prevention and management of depression for high school students could be developed.

Keywords: high school students, depression, psychosocial factors, Bhutan

Abstract

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Original Article

The Influence of Psychosocial Factors on Bhutanese High School Students

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