Anxiety and depression in psychology students: A study of the Bajío region of Mexico

Ansiedad y depresión en estudiantes de Psicología: un estudio de la región Bajío de México

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SUMMARY

Introduction: *The mental health of university students is important because they are those who in the future will represent a professional population and in this case those who will take care of the mental health of the population. For this reason, it is relevant to know the symptoms and prevalence that they have throughout the academic training process.*
Objective: *To know the prevalence of depressive and anxious symptoms that generate psychological discomfort in psychology students, to make a diagnosis through the identification of the prevalence in the different degrees of study and the most common age in terms of the condition.*

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Method: *The participants of this study were 199 psychology students from different universities in the municipality of Irapuato, Guanajuato. For the collection of the data obtained, the implementation of the Beck Depression Scale ($\alpha = 0.95$) and Hamilton Anxiety Scale ($\alpha = 0.90$) instruments were used, which are intended to be used in the SPSS 25 program. The study used a non-experimental, cross-sectional, and correlational design. Kruskal Wallis analysis and Spearman correlations were used.*
Results: *It was found that there is a relationship between the most representative group of women and that they correspond to (77.4 %) of the total population studied, it is observed that the majority age ranges between 18-23 years, whose average is 21.5 years old. There is a significant difference in anxiety (p= 0.49) and depression (p= 0.247). Therefore, women have a higher prevalence of anxiety symptoms.*
Conclusions: *It is suggested that there is a collection of information on the results of the students to identify the degree and symptoms with higher prevalence. New research is proposed with more sociodemographic data that delves into the social and psychological factors.*

Keywords: *Anxiety, depression, psychology undergraduates Mexico.*

RESUMEN

Introducción: *La salud mental de los estudiantes universitarios, es importante debido a que son aquellos que en un futuro representara a una población profesional y en este caso aquellos que atenderán la salud mental de la población. Por esa razón es relevante conocer los síntomas y prevalencia que estos tienen a lo largo del proceso de formación académica.*

Objetivo: *Conocer la prevalencia de síntomas depresivos y ansiosos que generan malestar psicológico en estudiantes de psicología, con el fin de realizar un diagnóstico a través de la identificación de la prevalencia en las diferentes carreras de estudio y la edad más frecuente en función del padecimiento.*
Método: *Los participantes de este estudio fueron 199 estudiantes de psicología de diferentes universidades del municipio de Irapuato, Guanajuato. Para la recolección de los datos obtenidos se utilizó la implementación de los instrumentos Escala de Depresión de Beck (α = 0,95) y Escala de Ansiedad de Hamilton (α = 0,90), los cuales están destinados a ser utilizados en el programa SPSS 25. El estudio utilizó un diseño no experimental, transversal y correlacional. Se utilizaron el análisis de Kruskal Wallis y las correlaciones de Spearman.*
Resultados: *Se encontró que existe una relación entre el grupo más representativo que son las mujeres y que corresponden al (77,4 %) del total de la población estudiada, se observa que la edad mayoritaria oscila entre los 18-23 años, cuyo promedio es de 21,5 años. viejo. Hay una diferencia significativa en Ansiedad (p= 0,49) y Depresión (p= 0,247). Por lo tanto, las mujeres tienen una mayor prevalencia de síntomas de ansiedad.*
Conclusiones: *Se sugiere que exista una recopilación de información sobre los resultados de los estudiantes a finde identificar el grado y el síntoma con mayor prevalencia. Se propone una nueva investigación con más datos sociodemográficos que ahonden en los factores sociales y psicológicos.*

Palabras clave: *Ansiedad, depresión, universitarios de psicología, México.*

INTRODUCTION

According to the World Health Organization (WHO), it is estimated that 1 in 5 people are affected by depression and anxiety, affecting 260 million people worldwide (1). Depression in 2020 was the second leading cause of premature mortality and disability in the world, becoming the first cause in developing countries such as Mexico (2). In Mexico, depression and anxiety are also the leading psychiatric conditions, with a ratio of about one man for every two women (3). Mexicans between the ages of 18-65 years suffer from some mental disorders, with men presenting more than one disorder compared to women, but the latter have a higher prevalence (4). In 2019, 39 thousand 479 cases of people facing mental health problems were detected in the state of Guanajuato and are attended by the Ministry of Health (SSG), the previous figure may increase to 40 thousand (5). In addition to this, there are studies where different instruments are applied to measure depression and anxiety with ascending results towards the prevalence of symptoms in women (6).

The mental health of university students is diminished throughout their stay as students. Therefore, it is common for them to suffer from some psychological condition, since they go through different situations that affect them in the following ways: emotional, cognitive, and behavioral (7). Starting to study for a professional career can be a source of stress that threatens psychological well-being, which can be compromised academic performance, physical health, or mental health (8). Because they are at an age when depressive symptoms are more prominent, they may increase the development of suicidal ideation due to the severity of the symptoms (9). According to the General Council of Official Colleges of Psychologists, not all universities have a space for psychological support and consultation, in addition to the stigma that this can generate if students make use of it (10). As well as the lack of staff training. Due to the culture, it takes up to 10 years to react and admit that psychological care is needed, and in the meantime, other remedies are chosen as a solution to the condition, and as a consequence, the symptoms end up worsening, where the main disorders to be treated are anxiety and depression (11).

In the first quarter of the confinement due to the pandemic, the suspension of classroom activity had a generalized impact on the physical, psychological and emotional levels of the Mexican student sector (12). In this sense, the consumption of tobacco, alcohol, drugs, and casual sex are considered coping strategies, which are usually used to reduce the negative emotions experienced under stressful situations, therefore avoidance or escape strategies are negatively related (13). The municipality of Irapuato does not yet have a study that works on the identification of symptoms that can generate psychological distress in students at different universities. The university institution must honor its fundamental purpose: to train competent professionals who possess, at the same time, authentic human quality,

full emotional stability, and an integral vision of their future (14); therefore, the objective of this work was to know the factors of psychological distress and prevalence based on the results of the Beck Depression and Hamilton Anxiety scales, to establish a diagnosis of the students and to create tools for the timely identification of the distress. Specific objectives: To identify the school grade in which there is a higher prevalence of psychological distress, to explore the risk factors, and which symptom is the most prevalent and present in the population.

METHOD

Participants

The participants in this study were 199 young adult psychology students from various universities in the municipality of Irapuato, Guanajuato. It was a probabilistic sample, with a total population of 175 683 university students. The study had a confidence level of 85 % and a margin of error of 15 % (15).

Inclusion Criteria. Both men and women, from the different groups that make up the Psychology degree program, participated voluntarily in the study, ranging in age from 18 to 45 years old.

Instruments

Before the application of the instruments, a content validity by experts was made, and for ethical and professional reasons, the authorization of the authorities of the institution was requested, making known the purposes of the research, as well as the importance of the research for the researcher in his undergraduate professional training.

Two evaluation instruments were used for data collection: The Beck Depression Inventory, whose objective is to evaluate depressive symptoms in adolescents and adults during the last two weeks before application and with a Cronbach's Alpha reliability of 0.87, having a total of 21 Likert-type items (16).

The second instrument is the Hamilton Anxiety Scale, which aims to evaluate the intensity with which the symptom is presented, consisting of 14 items with a Cronbach's Alpha reliability of 0.82 (17). The two instruments were applied at a single time to young adults from different universities.

Procedure

For the application of the instrument, the Question Pro platform will be used, since, due to the situation caused by the pandemic, it is safer to do it online. Then a link corresponding to the tests (Beck's Depression and Hamilton's Anxiety) will be provided, where participants can choose the academic degree in which they are currently studying so that they can have control over the completion, completion, and results. Facilitating the creation of a database on school grade, gender, age, and most prevalent symptom. The data obtained will be integrated into the SSPS program in version 25.

A Kruskal Wallis analysis, Spearman correlations, and the test were nonparametric. The purpose is to find the significant correlation factors between the data of the respondents from the different universities.

Once the tests were carried out, we proceeded to the statistical analysis of the data to identify the significance between the study variables and thus indicate the conclusions, evaluating the viability of the hypotheses. Without forgetting to thank all the collaborators and participants for their contribution to the development of the research.

Analysis

The study was disseminated to the various universities in the municipality of Irapuato, first contacting the career coordinators and then the directors for their approval. The study had three ways of reaching the population:

1. It was disseminated with the creation of a poster in Canva and the corresponding tests to be performed this same poster contained information about the conditions to be studied (Anxiety and Depression) so that the population was aware of the importance of the same and was encouraged to participate. The poster contained the links and QR codes of the tests to be applied (Hamilton Anxiety Scale and Beck Depression Inventory) so that students could enter in a simpler way, and it

was adapted to the conditions issued by the schools in terms of health.

2. Once the knowledge and objective of the research were made known to the career coordinators, they made it known to the students to obtain the appropriate response, so they were provided with the corresponding links, due to the limitations to entering and providing the corresponding information.

3. Support was provided to students and alumni of the institutions for the dissemination of the poster with the elements that integrate it so that it could reach a larger population, without forgetting that it is exclusively for psychology students.

Ethical considerations

Four main aspects were considered: confidentiality of the data, the students were informed that their participation is voluntary, anonymous and that the results will not be exposed in allusive posters; on the contrary, the objective of the same is to identify the discomfort so that due attention can be given. The protocol of this study was signed by the Ethics and Steering Committee of the university.

1. The objective of the study is to know the symptoms present in the university population that produce psychological distress, for which the university agrees to carry out such a study with the application of two instruments formed by the Beck Depression Inventory and the Hamilton Anxiety Inventory.

2. Given the current conditions, it could not be carried out in person except for those that have small groups and that allows to carry out the personal instruction, in the other cases the participants were present online and were given the corresponding links to the tests, the person assigned to the group must maintain a safe and reliable environment for the participants, where their confidentiality and anonymity is not violated concerning personal data such as sex, age, telephone, academic grade and assigned group.

3. The times assigned by the university were respected in terms of application of the same, to avoid altering the results of the exams.

4. All results were treated confidentially through the directors.

I have read the information provided, I have had the opportunity to ask about it and the questions I have asked to have been answered, I agree to the conditions and everything mentioned above.

World Medical Association Declaration of Helsinki

We based ourselves on the Helsinki code because research implies that it must be carried out with respect by qualified health care professionals and be under the supervision of a clinically competent physician. The right of the participants to anonymity was respected and the greatest possible measures should be taken to preserve their privacy, thus reducing the impact on the physical and mental integrity of the participants. The publication of the results obliges to present and preserve the accuracy of the results and those that are not in accordance with the principles outlined in the Declaration should not be accepted for publication (18).

RESULTS

It is shown that the most representative group of the study corresponds to women (77.4 %), it is observed that the age is heterogeneous ranging from 18-23 years, whose mean is 21.5 years. This was identified as the majority age group (92 %).

Table 1

Sociodemographic data of the participants

Data			Mean	sd
Mean age			21.58	4.21
Age range		n	%	
	18-23	167	83.9	3.45
	24-29	20	10.1	0.42
	30-35	9	4.5	0.19
	35-40	1	0.5	0.02
	41-47	2	1.0	0.04
Gender				4.19
	Female	154	77.4	3.30
	Male	45	22.6	0.42

The test to be used is Nonparametric. The result with a bilateral sig. value or p-value is

< 0.05, which means that the null hypothesis is rejected, and the research hypothesis is accepted.

Table 2

Normality Test of Hamilton Anxiety Scale and Beck Depression Scale

Hamilton	Kolmogorov-Smirnov	p	Gl
		0.0001***	0.199
Beck	Kolmogorov-Smirnov		0.199
		0.0001***	

***P≤ 0.001

There is a significant difference in anxiety with (p=0.49). Therefore, there is a difference between the levels of depression and anxiety according to gender because the total number of females is 154, therefore, in chi-square, they are more representative in terms of anxiety symptoms (Table 3).

According to the correlation results, there is a relationship between anxiety and depression symptoms, only when they are correlated and not when they are compared, therefore, the greater the depression, the greater the anxiety.

Table 3

Mann-Whitney U test. Gender and psychological distress as anxiety and depression

	Anxiety		Depression	
Psychological distress	Mann-Whitney U test	p	Mann-Whitney U test	P
			3 093.500	
	2 797.500	0.49		0.247
Gender	59.704		Psychological Distress Hamilton Anxiety Scale 110.116	Psychological Distress Beck Depression Scale 92.905
p	0.0001***		0.0001***	0.0001***

***P≤ 0.001

Table 4

Correlations Hamilton and Beck

Rho Spearman		Correlation coefficient	p
	Hamilton	770**	0.0001
	Beck	700**	0.0001

* P ≤ 0.05 **P≤ 0.01***P≤ 0.001

DISCUSSION AND CONCLUSIONS

Upon entering university, students face new challenges that they must meet according to their self-efficacy, and they begin to acquire jobs that even exceed the needs that they can cover in a given time. Stress, anxiety, and depression come to originate in the student in a kind of cycle, since they become predictive symptoms of the same

(19). There are psychological consequences produced by emotional demands, which produce anxiety, fear, excitement, fear, anger, and depression (20). These can increase depending on the curricular development, affecting mainly academic, psychosocial, and economic aspects (21).

According to the results obtained, it was possible to identify and analyze using Spearman's correlation. That the female gender is related to item number 3 of Beck's depression (correlational coefficient 259** and p=0.0001). Therefore, fear of the dark is related and significantly associated with fear of the unknown and crowds. Consequently, the greater the number of women, the greater the fear of being alone.

Similarly, it can be seen that there is a significant relationship between general somatic symptoms (correlational coefficient 291**, p=0.0001), breathing difficulties (correlational coefficient 224**, p=0.0001) and loss of interest in sex (correlational coefficient 211**, p=0.0001), in the majority female population.

According to the results, the university with the highest prevalence is the Irapuato Institute University (UII), because they answered more than one group, presenting significant values in self-criticism, suicidal thoughts and ideation, and self-devaluation. And in the relationship with the school grade, it is evidenced that those students who belong to the first university grade are those who present greater symptoms of insomnia (correlation coefficient 243**, p=0.0001) as well as somatic symptoms (correlation coefficient 273**, p=0.0001), proving the relationship between school and the school grade that presents greater incidences. In an epistemological study of anxiety and depression, it stands out that the symptoms are related to different organs such as the nervous, cardiovascular, and digestive systems (22).

The above highlights the possible habits and symptoms of psychology students from the beginning of their university stay, being able to reach a possible diagnosis regarding their behavior, in which it is revealed that women are the most vulnerable population in terms of depressive and anxious symptoms. The above has the purpose of knowing the ailments that occur before starting a university stage and

how these worsen and prevail. This is because they enter without having resolved the conflicts that originated in previous stages, being more avoidant, having difficulty in decision making, and creating a conflict in their social, emotional, and psychological development. Due to the lack of detection and attention in the first contact (23).

An example of this is shown in the study Association and impact between moral development by depression and anxiety in university students in Mexico, where the majority population is female and ranges between 18-21 years. The study shows that while the students have greater professional development, they also do so in conceiving a constrained morality and worried about punishment, however, this also leads to increased symptoms of anxiety and depression, for which it can be deduced that when they enter the university, these symptoms are present and there is a prevalence, which affects the personal and school spheres and is the cause of school dropout (24).

In relation to the study entitled "Depression, anxiety and suicidal behavior in medical training at a university in Mexico. The results show that women present higher prevalence for anxiety and depression in 61.5 %, but lower for suicidal behavior (25). The data from this study detonate the relevance of providing personal resources to university students, the results are similar to the study conducted with psychology students, where the female gender represents 77.4 % of the population with anxiety symptoms. Advancing in the university career implies greater exposure to the different symptoms of various disorders.

Therefore, it has been documented that the prevalence of mental disorders in Mexican students is 20.3 %, but 16 % have presented a mental disorder in the 12 months before the initiation of treatment. In most cases, the prevalence was present before starting university (26). It is important to know the prevalence and the symptoms presented in students in general, because of the emotional affectation and the importance of early detection. In another study, it was found that young people in semesters from the third semester onwards show more moderate symptoms and according to the K-10 83 % present discomfort 30 days before requesting psychological attention (27). Students between 17 and 24 years old, out of every 100

presented a symptom of suicidal ideation at least one day of the week, as for depressive symptoms 28 out of every 100 students report having these symptoms once a week or more, highlighting again women, who have more frequently: feeling sad, crying at times, and feeling lonely (28). In a study entitled "Influence of sociodemographic variables on anxiety and adolescent academic performance". In terms of anxiety, a comparative analysis by age reveals that the highest levels of anxiety are recorded precisely in students aged 14 to 18 years, followed by those aged 25 to 39 and 18 to 25 years (29). According to Pulido and Herrera, it was found that higher averages between mild and moderate stress, anxiety, and depression were found in university students between 23 and 32 years of age (30).

These studies are consistent with the average age of the prevalence of distress in psychology students, as well as the predominant gender with symptoms, the prevalence of distress in the different grades, and the time that must pass for the request of psychological care. However, with respect to the grades, the increase in symptoms differs according to the grade, because the first grade is the one that shows the greatest presence in the study.

On the other hand, in the study "Prevalence of the binomial anxiety and depression in male and female psychology students", it is found that the majority population was female, where the levels of anxiety and depression in men located severe level of depression 51.2 %. While anxiety in both genders presented similar percentages of 28.7 % (31). These results show that there is an exponential growth in the symptoms and the risks that this implies in the comparisons that can be made with other grades. In our study, the results differ since the first grade represents 96.42 % of the population with symptoms. However, it is difficult to make a real comparison because the results in the participants of the last grades, participation decrease considerably or there is no interest. This may be directly related to the symptoms of psychological distress, as they present a devaluation and self-criticism, which are part of the severity of the prevalence of the same since they lose interest in activities. It may be believed that this is the population with the highest symptomatological risks, but it could not be identified in this study. Similarly, it is

highlighted that psychological well-being, with the variables sex and academic semester, does not show any significant influence between them (32).

The type of career to be studied should also be considered; Health Sciences students present more mental alterations than other careers, which affects the emotional well-being of professionals because the career demands more study time and ethics (33). Since studies reveal that medical residents show depression (11.7 %) and high rates of anxiety (39.2 %) and stress (22.5 %) in comparison with Mexico which shows a higher prevalence of depression (30.8 %) (34). This means that the Mexican population has a greater predisposition to the exposed symptoms together with race. As shown in a comparative study of different careers where nursing students showed a high incidence of signs of anxiety/depression representing 33.7 % of them, reached a medium degree and 1 % reached a high degree compared to the other careers that participated (law, languages, sustainable development, forestry engineering, and tourism), where women show the highest incidence of symptoms (35).

The above compares with the results of the study in university students, specifically in the symptoms presented by the female population: fear of the dark, respiratory difficulties, somatic symptoms, loss of interest in sex, and anxiety. The pressures of social, work, economic, and family life should be considered as an incident part of the affectation. Even the context of the area of residence or the facts of violence that are lived in the vicinity of their schools or homes. This could be a factor that makes them more prone to the condition, making it difficult for them to acquire the tools to face those thoughts about the situation due to the lack of attention and knowledge of it.

The strengths that were present in the study on psychological distress were that there is no similar study or at least a beginning that talked about depression and anxiety in psychology students in the municipality because this sector of the population has not had enough prominence in the municipality. When it should be the opposite since they are those who are linked to the mental health of the population where they live, and they are the ones who will provide in the future the required attention to the different ailments. However, this study gives the preamble for a

continuity where more young people, teachers, and mental health specialists can be involved and that this research can serve as a reference for continuous studies of psychological distress.

The research has a wide field to continue with the deepening of the study, from expanding the sociodemographic data such as marital status, if they have children, if they are working people, the type of working day if they have a family if they live with their parents. It is also possible to consider that the levels of anxiety and depression will increase due to the long period of confinement (36). The important thing would be to inquire about the psychological care they have received or if they have ignored it.

This is because as mental health professionals we must be in a continuous process with the objective of not bringing problems to the consultation and that the patients' problems do not fall into our own. This also refers to the inquiry of the same professional ethics, since when trying to give a consultation with an identification of the symptoms with the patient speaks of the little preparation that the teachers have provided, it can even be said that it is a replica of the actions that are instilled in them as something correct towards the omission of supervision and consultation.

Another point of opportunity is to know more about the availability of the different universities in terms of knowing: Does the university have a psychology department, how does the psychology department work, what type of attention is provided to the students, what is the dynamics of inclusion with the students, what type of accompaniment or practice process is provided, and what is the result of the most frequent suffering in the psychological exams before entering the university? What type of accompaniment or practice process do they provide? What is the result of the most frequent psychological exams before entering the university, has there been an attempt to address it, and have there been constant awareness programs regarding the conditions? In this way, it is possible to verify the previous results of the investigation as well as in the future and to be able to know the evolution of a prevalence. In the same way, it is necessary to involve people even more in having an ethical and professional profile for the consultation and that this can be a reference of the profession in the university. Finally, to be able to have the participation of

more schools so that the study can have a greater depth with an expanded percentage of psychology students, involving those branches that are not directly related to mental health, in this way and in the long term to be able to generate a study in a general way with the students and teachers of the career.

On the other hand, the study also had certain weaknesses regarding the recruitment of the population, because some universities refused to participate, arguing that they were not interested in the research and its results. In addition, some did not trust that joint work could be carried out, and others needed more proof that the studies were coming from a reliable institution. Some institutions were left out of the study because the institution was not yet consolidated with sufficient credentials to hold the degree in psychology validly before educational organizations, in others the dissemination was not carried out because there was no communication between their coordinators, teachers, and directors, so it was decided not to count them.

Another weakness that was found in the implementation and application of the tests separately in different links and QR codes, was that part of the population did not understand the instructions or they were not clear and it was believed that answering a single test was enough to conclude the participation. Consequently, the number of the original target population was reduced to the current number of study participants. Regarding this same point, the schools that allowed the instruction to be given in person were able to have decent recruitment, but on some occasions, the interest, attention, and even the purpose of the research did not generate an impact or interest in some students, teachers, and directors, so that the involvement was forced.

The proposal and suggestions in the field of psychology with respect to the above research are developed as follows.

It is proposed to create a database with the information and results of the students already enrolled and those who are about to enter. In this way, it would be possible to monitor the results and changes in the psychological aspect of the students. In this same base, relevant data would be added to help the understanding and identification of those external and internal factors that promote

psychological discomfort. This with the purpose that the person or persons in charge of the analysis and interpretation of the results can have a greater panorama of the situation and be able to explain it to the academic authorities, for this task it is propitious that it is carried out by people internal to the institution, in this way it will be possible to understand in a real way the problems that the students go through, the profile of this person should be merely clinical psychologist with some specialty in the most recurrent disorder obtained in the study, the reason for which the attention and interpretation are of greater depth and validity avoiding an Iatrogenic. A fundamental aspect of this proposal for the creation of a database is that a periodic comparison between grades, months, and years is made to identify variables so they can be properly addressed.

It is important that after obtaining the results at the end of the period, workshops or talks are developed regarding the relevant symptom so that the students can acquire the necessary tools to identify them so that they can be involved in mental health activities. In case the institution meets the standards to be able to provide psychological care to its students, this should be in an ethical manner where teachers or staff of the institution are not involved. Therefore, it will be necessary to have trained external personnel with special emphasis on the fact that their teaching staff cannot get involved in the treatment and/or consultations of the enrolled students and neither in a private way because they would fall into the error of making believe that because they are their teachers, they can be their therapists of choice.

It is important that the institution makes agreements with public health institutions to be able to channel those students who need more specialized care and at the same time the educational institutions can have a greater approach to the institutional programs of mental health and generate spaces where students can have reliable psychological support and adapted to the new needs that may arise from the research, in which they can contemplate telepsychology for those people who have more activities apart from the study. This point must have relevance in the formation of the database because all those involved in mental health should be in consultation and constant supervision mandatory.

In this way, it is intended that the research can be a starting point for those interested in the subject of mental health in future psychologists and psychologists, since most universities in the municipality offer the career, some without the requirements or equipment necessary for its good execution, others that are starting in their generations, but have not had an approach to the research results and that the needs of psychologists can be known, making this nourishing for the branch.

Not having a real interest in the mental health of psychology students can represent a risk, if they suffer from depression, anxiety, and suicidal ideation, the ideal is that we all get involved for generations in the realization of periodic measurements as discussed above. However, it can be shocking if the task is left only to one person or group because of the complications of time and population to study, so this must be carried out by mental health professionals who can recognize the risk of symptoms without falling into malpractice in both directions, taking into account that leaving the prevalence of symptoms not only represents a risk to the student but for all those with whom this will be involved.

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