

# THE DEVELOPMENT OF A HEALTH PROMOTION PROGRAM TO ALLEVIATE DEPRESSION LEVELS AMONG UNIVERSITY STUDENTS

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## OVERVIEW

Depression can affect everyone's quality of life in a complex aspect of physical wellbeing, mental state, personal beliefs, including social interactions (Peres et al., 2018). College life is one of the most challenging stage of human development where people are experiencing process of expanding autonomies and opportunities in advancing people's well-being (Becker et al., 2017). College students taking up medicine, nursing, pharmacy and laboratory science are highly vulnerable to depression given the fact of a heavy workload in completing course requirements, examinations and clinical training demands of the curriculum especially in medicine and nursing (Fauzi et al., 2021). The negative effect of depression affects their academic performance as well as their health. Regular evaluation of students and early identification of the signs of depression will prevent the negative effects and will facilitate early management for those who are affected (Freyhofer et al., 2021).

During the college life most of the students encounters a lot of first encounter in their lives such as exposure to a new learning environment, new teaching strategies used in higher education, new friends, peers with different cultures, and modern lifestyle (Doyle, 2018). These experiences and exposure to a more diverse environment will become a struggle for the students if they cannot manage and cope. These experiences will make them susceptible to stressor that leads to anxiety and depression if it will not be detected and addressed. This condition will affect the student's ability to study, interact with other students and inability perform self-care (Haltom & Halverson, 2022).

If this condition will continue students may feel loss of appetite, self-isolation, extreme feeling of sadness, low self confidence in performing activities in the college, difficulty focusing to study, difficulty sleeping and worst this can take the lead to suicide thoughts (Birmingham et al., 2021). In this situation, it appears to be fair for institutions to enable learners create plans and use resources to help lessen these adverse implications (Millett-Thompson, 2017).

Universities must require students to take an orienting course that combines psycho-educational instruction with practical instruction that teaches them how to identify, anticipate, and reduce the pressures that trigger fear and sadness (Padmanabhan, 2022). This suggestion calls for the introduction of a module to all educational programmes that could be difficult to implement. Nevertheless, such a pedagogical change may be required to establish the groundwork for improved student performance and retention. Elearning, classes given throughout pre-registration for new students, and brief afternoon or weekends sessions are some innovative ways to incorporate this program (Morales-Rodríguez, 2021).

The present paper provides a proposed outline for a health promotion program that aims to alleviate the levels of depression among undergraduates in Saudi Arabia.

## STATEMENT AND ASSESSMENT OF PROBLEM

Depression is a significant disease problem, including many cases in adulthood, due to the multiplicity of societal and health problems in this stage, such as the misuse of substances with psychological effects, eating disorders and anorexia nervosa, serious accidents, and others that may be considered symptoms of adulthood depression or accompany it. Among college students, many medical students appear to struggle with depression Al-Faris (2019). A meta-analysis study was conducted involving nearly 200 smaller studies from 47 countries suggests that future medical staff appear to suffer depression or depressive symptoms at higher rates than the general population. The results illustrate that about 27% of medical students appear to suffer from depression in medical school (Puthran et al., 2016).

Several factors might be thought of when evaluating the levels of depression among medical students. One could be the high study load that puts the student under pressure all the time, in addition to that several medical students are studying and working at the same time, which makes them exposed to a high level of tension and pressure. In contrast, Scholars and scientists were concerned in two things related to depression in medical students. The first is the reported high prevalence that is somewhat high, a bit higher than the general population. And the second concern was that medical students do not seek medical health care like it might suppose they would. Theoretically, they have better access to mental healthcare than other people might, but they do not make use of it. The two together caused scientists to wonder about stigma, what kinds of barriers that might be to keeping students from seeking appropriate health care (Wimsatt et al., 2015).

Different studies in Saudi Arabia have reported an increasing prevalence of depression and depressive symptoms among Saudi undergraduates. For example, a cross-sectional study was conducted that aimed to assess the level of depression among undergraduate Saudi medical students. A study sample consisted of 2,562 medical students was selected conveniently from twenty higher education institutions. The study findings revealed that there is a highly reported prevalence rate of depression among Saudi medically specialized students (83.4%). In addition, it was reported that symptoms of depression were significantly associated with academic level, living area, and being a smoker (Alharbi et al., 2018).

In one of the studies to estimate the level of depression among Saudi medical students enrolled in Taibah University. The researchers performed a cross-sectional study that included the recruitment of 555 medical students. A self-filled questionnaire was distributed electronically over the study Respondents. The results of the study revealed that depression is prevalent in a rate of 28.3% among Saudi medical students. The study reported that gender and marital status were significantly correlated to the prevalence of depression among Saudi medical students (Al-Raddadi et al., 2016).

Based on the findings of the previous studies, it is obvious that there is a need to design and implement tailored health promotion programs in order to control and alleviate depression levels among Saudi university students.

## PROGRAM DESIGN

**Description:** The program is consisting of six (6) therapeutic and guidance sessions; each session will last for 60 minutes. The program will be performed over a period of three weeks (two sessions weekly). The content of the program is described below.

**Objective:** The goal of the program is to minimize the depression experiences of the students in any level by reactivating life by eliminating signs of depression; changing negative thinking habits into positive thoughts; returning their focus on studying to improve their academic performance; and solving problems abilities.

**Instructions:** The sessions must compose of 8 – 10 students per session and it must be conducted in a quiet and well-ventilated classroom with audiovisual technology. The sessions must be facilitated by a trained individual in conducting psychological debriefing.

Session	Time	Content	Method	Materials
1	60 min	<b>Understanding Depression</b> a. Defining Depression b. Identifying Causes of Depression c. Recognizing Signs of Depression	Interactive Lectures Group Discussion	PowerPoint Presentations Video Presentation
2	60 min	<b>Acknowledging Presence of Depression</b> a. Group Sharing of Experiences b. Creating Support Group	Group Sharing Role Playing	Audiovisual Technology
3	60 min	<b>Alternative Therapy</b> c. Music Therapy and Meditation	Demonstration	Audiovisual Technology
4	60 min	<b>Alternative Therapy</b> a. Physical activity (indoor exercise) to increase body's production of endorphins to improve the mood.	Demonstration	Audiovisual Technology
5	60 min	<b>Alternative Therapy</b> a. "Guided imagery and relaxation are focused relaxation that helps create harmony between the mind and body that creates calm, peaceful images in your mind" called a "mental escape" for therapeutic purposes.	Group Discussion Demonstration	PowerPoint Presentations Audiovisual Technology
6	60 min	<b>Alternative Therapy</b> a. Yoga is a breathing technique that can help to energize the body and mind. The breath is the link between your mind and your body.	Demonstration	Yoga Room Audio Technology

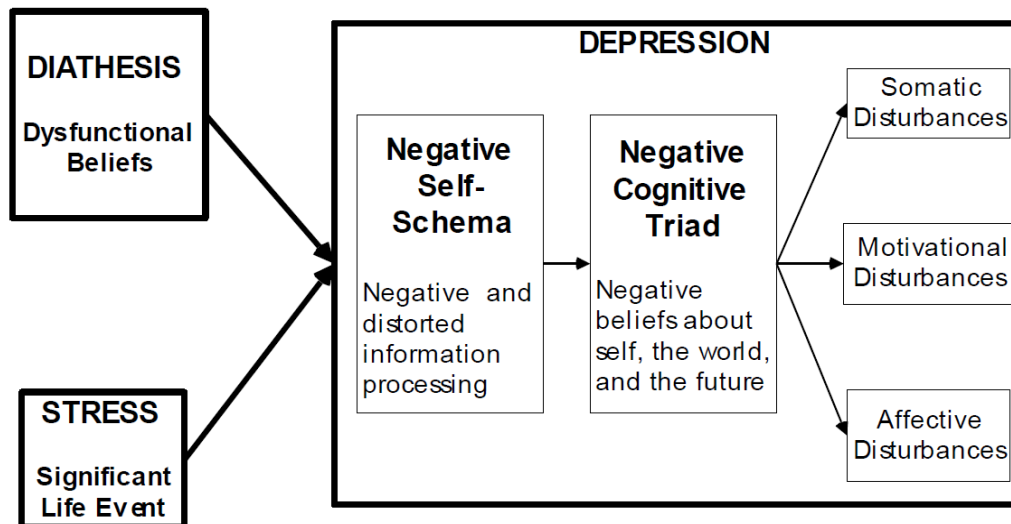
## THEORETICAL FRAMEWORK OF THE PROGRAM

### Beck's cognitive model of depression

One theory holds that a susceptibility component is dysfunctional attitudes (a diathesis). Such faulty thoughts lead an individual predisposed to depressive to perceive sensations negatively and erroneously when they are triggered by relevant external factors (stressed) (Beck, 2002). These unfavorable readings then produce unfavorable opinions about self, the outside environment, and one's prospects. The core manifestation of depression is believed to be the following thoughts, which Beck referred to as the "negative cognitive triad," which also contribute to physical (inability to sleep), motivating (passivity), and emotional (sadness) disorders (Disner et al., 2011). The core tenet of Beck's theory is that depression is primarily a cognitive illness marked by three unfavorable, ego belief systems: (1) a poor self-perception (depressed people tend to think they are flawed, inadequate, and undesirable); (2) a gloomy outlook on the environment (when depressed, individuals are unhappy with

their present circumstances and think that the world is placing unfair demands upon them); and three. A gloomy outlook on the prospective (when depressed, people are pessimistic about their ability to attain desired outcomes) (Beck, 2022).

Beck refers to these beliefs (which encompass feelings of hopelessness and worthlessness) as the negative cognitive triad and assumes that they are the central feature of all types of depression. This means that other aspects of depression, such as somatic disturbances (e.g., trouble sleeping), motivational disturbances (e.g., passivity and withdrawal), and affective disturbances (e.g., intense sadness), arise in response to these beliefs (Beck et al., 1979, p.11).



**Figure 1: Beck's Cognitive Theory of Depression**

Beck therefore thinks that such ideas are instinctive and responsive. They really seemed to emerge "out of nowhere and," without warning or apprehension. They grow more annoying and repetitious as sadness deepens. In severe circumstances, they can broad - reaching control of the mind, making it hard for the depressed person to focus and carry out daily duties. Observing those ideas and keeping track of their occurrences while noticing the situations in which they happen is a significant component of the depression treatment Beck devised. Beck contends that by doing this, one may take charge of these ideas and get rid of them (Beck et al., 1979).

### **A plan for the adoption and implementation of the program in real life context**

A plan to adopt and populate the proposed health promotion program includes the following:

1. Submitting the health promotion program to a number of experts and specialized professors in education psychology in order to review it and suggest any comments that could improve the quality of the health promotion program.
2. Implement the program at different educational contexts and apply measures before and after the implementation of the program in order to assess the effectiveness of the program.
3. After validating the program and ensuring its reliability, it could be distributed as booklets and instructional material that could be implemented at all educational

settings and could be even proposed as a curriculum material to be integrated at the university curriculum

4. Social media platforms could be exploited to familiarize the students and the specialists with the content of the program, its scope and objective, in addition to its proved effectiveness.

### **Measurements plan to evaluate implementation and effect on the proposed interventions**

To evaluate the implementation and the effectiveness of the program, a number of measures could be taken. These include:

1. Statistical data about the number of participants at each session of the program
2. Measures such as Beck Depression Inventory (BDI) could be used as a pre and post assessment tools to measure the levels of depression before and after the implementation of the proposed health education program and this would give a clear indication about the effectiveness of the implemented health education program.
3. The alleviation of the depression levels is a good indicator of the effectiveness of the health promotion program.

### **Strengths of theory for development and highlight points of lack of applicability**

The philosophical framework includes both cognitive - behavioral processes in the person. Almost all of the time, an event of dealing is made up of a series of individual actions that are ordered in a particular order. In this respect, the concurrent emergence of several action sequences and, as a result, an interconnectedness of coping events are traits that frequently define buffering. By concentrating on various aspects of a traumatic situation, buffering mechanisms could be identified from one another. A promoting health approach that seeks to alter the person-environment reality underlying unfavorable feelings or stress is created using the conceptual framework's elements (problem-focused coping). Additionally, it emphasizes internal factors in an effort to lessen distressing feelings or alter perceptions of challenging circumstances (emotion-focused coping).

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