

**A SOCIAL WORK STUDY ON FACTORS
CONTRIBUTING TO A HIGH RATE OF DEPRESSION
AMONGST UNIVERSITY STUDENTS FROM THE AGE OF 19
- 23 YEARS**

by

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DECLARATION

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I hereby declare that this dissertation is my original work. In cases where secondary material is used, this has been carefully acknowledged and referenced in accordance with the university's requirements.

I understand what plagiarism is and I am aware of the university's policy and implications concerning this matter.

A handwritten signature in cursive script that reads "Matthew".

Signature

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SUMMARY

Over the past few decades, the increase in depression amongst university students has become a global concern. In attempting to understand the increase in the prevalence of depression amongst university students, it is therefore important to look at the key contributory factors resulting in this phenomenon. The high rate of depression and other mental health conditions among university students also indicates the need for preventative social work intervention, with the development of adequate and appropriate social support services for students. This study suggests a need to address a variety of factors affecting the mental health state of students. The purpose of this research highlights factors that explain the recent increase in depression among this generation. The findings, conclusion and recommendations of this study are hoped to help explain the factors behind the increasing rate of depression among university students. The aim of this study was to explore and describe the factors contributing to an increase in the rate of depression amongst university students in the age group of 19-23 years.

A qualitative research approach was utilised to gain an understanding of the factors contributing to the high rate in depression amongst university students from the age of 19-23 years. A case study, specifically collective case study research design, was employed. The sample was selected using purposive sampling. Data was acquired from students by means of in-depth interviews, through the virtual platform. Data was analysed according to thematic analysis and Lincoln and Guba's model (1999) was employed to ensure the trustworthiness of the study. Throughout the study, the ethical considerations observed were informed consent, privacy, confidentiality, anonymity, the right not to be harmed, preparation of participants and management of information. Becks' Cognitive Theory of Depression was used as a theoretical framework to guide this study.

It was revealed that there are a number of factors that contribute to the development of depression amongst university students. The study revealed that participants' background and early life, high school experiences, participants' personal circumstances and living arrangements and personal factors were contributory factors to depression among university students in the age group of 19-23 years. The study

also revealed that support systems like family support, support provided on campus and strong faith, played a significant role in assisting students to manage depression more effectively.

OPSOMMING

Oor die afgelope paar dekades is die toename in depressie onder universiteitstudente 'n wêreldwye bekommernis. In 'n poging om die toename in die voorkoms van depressie onder universiteitstudente te verstaan, is dit dus belangrik om te kyk na die belangrikste bydraende faktore wat tot hierdie verskynsel lei. Die hoë koers van depressie en ander geestesgesondheidstoestande onder universiteitstudente dui ook op die behoefte aan voorkomende maatskaplikewerk-intervensie, met die ontwikkeling van voldoende en toepaslike maatskaplike ondersteuningsdienste vir studente. Hierdie studie dui op 'n behoefte om 'n verskeidenheid faktore aan te spreek wat die geestesgesondheidstoestand van studente beïnvloed. Die doel van hierdie navorsing beklemtoon faktore wat die onlangse toename in depressie onder hierdie generasie verklaar. Die bevindinge, gevolgtrekking en aanbevelings van hierdie studie word gehoop om 'n begrip te gee van die faktore agter die toenemende koers van depressie onder universiteitstudente. Die doel van hierdie studie was om die faktore wat bydra tot 'n toename in die koers van depressie onder universiteitstudente in die ouderdomsgroep van 19-23 jaar te verken en te beskryf.

'n Kwalitatiewe navorsingsbenadering is gebruik om 'n begrip te verkry van die faktore wat bydra tot hoë koers in depressie onder universiteitstudente vanaf die ouderdom van 19-23 jaar. 'n Gevallestudie, spesifiek kollektiewe gevallestudie-navorsingsontwerp, is gebruik. Die monster is geselekteer met behulp van doelgerigte steekproefneming. Data is van studente ingesamel deur middel van in-diepte onderhoude, deur die virtuele platform. Data is volgens tematiese analise,

ontleed en Lincoln en Guba se model (1999) is aangewend om die betroubaarheid van die studie te verseker. Dwaarsdeur die studie is die volgende etiese oorwegings waargeneem: ingeligte toestemming, privaatheid, vertroulikheid, anonimiteit, die reg om nie benadeel te word nie, voorbereiding van deelnemers en bestuur van inligting. Becks se kognitiewe teorie van depressie is as 'n teoretiese raamwerk gebruik om hierdie studie te rig.

Dit is aan die lig gebring dat daar 'n aantal faktore bydra tot die ontwikkeling van depressie onder universiteitstudente. Die studie het aan die lig gebring dat deelnemers se agtergrond en vroeë lewe, hoërskoolervarings, deelnemers se persoonlike omstandighede en lewensreëlins en persoonlike faktore bydraende faktore was tot depressie onder universiteitstudente in die ouderdomsgroep van 19-23 jaar. Die studeer het ook aan die lig gebring dat ondersteuningstelsels soos gesinsondersteuning, ondersteuning op kampus en sterk geloof 'n beduidende rol gespeel het om studente te help om depressie meer effektief te oorkom.

TABLE OF CONTENTS

DECLARATION.....	I
ACKNOWLEDGEMENTS.....	II
SUMMARY.....	III
OPSOMMING.....	V
LIST OF TABLES	X
ACRONYMS AND ABBREVIATIONS.....	XI
LIST OF ADDENDA	XI
CHAPTER 1: INTRODUCTION.....	1
1.1 PROBLEM FORMULATION AND PROBLEM STATEMENT	8
1.2 RATIONALE FOR THE STUDY.....	10
1.3 THEORETICAL FRAMEWORK.....	11
1.4 RESEARCH QUESTION	12
1.5 GOAL(S) OF THE STUDY	13
1.6 RESEARCH OBJECTIVES.....	13
1.7 ETHICAL CONSIDERATIONS	14
1.7.1 <i>Informed Consent</i>	14
1.7.2 <i>Anonymity</i>	15
1.7.3 <i>Confidentiality</i>	15
1.7.4 <i>Privacy</i>	16
1.7.5 <i>The right not to be harmed in any manner</i>	16
1.8 DEBRIEFING OF PARTICIPANTS	17
1.9 MANAGEMENT OF INFORMATION	18
1.10 LIMITATIONS OF STUDY	18
1.11 CLARIFICATION OF KEY CONCEPTS.....	19
1.12 STRUCTURE AND FORMAT OF STUDY	20
CHAPTER 2: DEPRESSION AMONG UNIVERSITY STUDENTS	22

2.1	INTRODUCTION.....	22
2.2	DEPRESSION AS A MENTAL HEALTH CONDITION	22
2.2.1	<i>The Prevalence of depression</i>	23
2.2.2	<i>Overview of depression as a condition</i>	26
2.2.3	<i>Symptoms of depression</i>	26
2.2.4	<i>Consequences of Depression</i>	27
2.3	FACTORS CONTRIBUTING TO DEPRESSION.....	30
2.3.1	<i>Psychological factors</i>	30
2.3.2	<i>Biological factors</i>	36
2.3.3	<i>Lifestyle factors</i>	41
2.3.4	<i>The impact of COVID-19 pandemic as a factor contributing to depression</i>	45
2.3.5	<i>Academic stress as a factor contributing to depression</i>	49
2.3.6	<i>Finances as a contributing factor to depression</i>	50
2.4	SUMMARY OF THE CHAPTER	51
CHAPTER 3: RESEARCH METHODOLOGY		
3.1	INTRODUCTION.....	52
3.2	RESEARCH METHODOLOGY	52
	<i>Research approach</i>	52
	<i>Research Design</i>	54
	<i>Case Study</i>	55
3.3	RESEARCH METHODS	56
	3.3.1 <i>Study population</i>	57
	3.3.2. <i>Sampling</i>	57
3.4	DATA COLLECTION	59
	3.4.1 <i>Preparation of participants for data collection</i>	60
	3.4.2 <i>Data collection methods and procedure</i>	60
	3.4.3 <i>Pilot Testing</i>	63
3.5	DATA ANALYSIS	65

3.6 ENSURING TRUSTWORTHINESS.....	66
<i>Credibility</i>	67
<i>Confirmability</i>	67
<i>Transferability</i>	68
<i>Dependability</i>	68
3.6 SUMMARY	68
CHAPTER 4: RESEARCH FINDINGS AND DISCUSSION.....	69
4.1 INTRODUCTION	69
4.2 BIOGRAPHICAL PROFILE OF PARTICIPANTS.....	70
4.3 DISCUSSION OF THEMES AND SUB THEMES.....	72
4.3.1 <i>THEME 1: PARTICIPANTS' BACKGROUND AND EARLY LIFE</i>	73
4.3.2 <i>THEME 2: HIGH SCHOOL EXPERIENCES</i>	80
4.3.3 <i>THEME 3: PARTICIPANTS' PERSONAL CIRCUMSTANCES AND LIVING ARRANGEMENTS</i>	83
4.3.4 <i>THEME 4: PERSONAL FACTORS</i>	85
4.3.5 <i>THEME 5: THE ROLE PLAYED BY SUPPORT SYSTEMS FOR STUDENTS WITH DEPRESSION</i>	97
4.3.6 <i>THEME 6: SUGGESTED INTERVENTIONS FOR THOSE LIVING WITH DEPRESSION</i>	101
4.4 SUMMARY OF CHAPTER.....	104
CHAPTER 5 SUMMARY OF THE STUDY, CONCLUSIONS AND RECOMMENDATIONS	105
5.1 INTRODUCTION	105
5.2 SUMMARY OF THE STUDY	105
5.3 THE RESEARCH QUESTION.....	107
5.4 THE GOAL AND OBJECTIVES OF THE STUDY	107
5.5 CONCLUSIONS.....	107
<i>Conclusion on participants' background and early life</i>	108
<i>Conclusion on high school experiences</i>	108
<i>Conclusion on participants' circumstances and living arrangements</i>	108

<i>Conclusion on personal factors</i>	<i>108</i>
<i>Conclusion on support systems for students with depression</i>	<i>109</i>
<i>Conclusion on the suggested support for those living with depression.....</i>	<i>109</i>
5.6 RECOMMENDATIONS	110
<i>Recommendations for improving practice</i>	<i>110</i>
<i>Recommendations for improving policy.....</i>	<i>111</i>
<i>Recommendations for future studies.....</i>	<i>111</i>
5.7 SUMMARY OF CHAPTER.....	111
REFERENCES	112

LIST OF TABLES

Table 4.1: Biographical Profile of Participants.....	70
Table 4.2: Themes and Sub Themes	72

LIST OF ADDENDA

ADDENDUM A PARTICIPANT INFORMATION SHEET	134
ADDENDUM B: RESEARCHER ACKNOWLEDGMENT FORM	138
ADDENDUM C CONSENT FORM	139
ADDENDUM D INTERVIEW SCHEDULE/ QUESTIONNAIRE	141
ADDENDUM E RISK ASSESSMENT TOOL	143
ADDENDUM F CONFIDENTIALITY AGREEMENT	147

ADDENDUM G REQUEST LETTER FOR DEBRIEFING SERVICES	148
ADDENDUM H PERMISSION LETTER TO CONDUCT RESEARCH	149
ADDENDUM I ACCEPTANCE LETTER AND CV FROM DEBRIEFER	151
ADDENDUM J LETTER FROM THE LANGUAGE EDITOR	160
ADDENDUM K ETHICAL CLEARANCE LETTER FROM UNISA	161
ADDENDUM L APPROVAL LETTER AND ETHICAL CLEARANCE TO CONDUCT THE STUDY FROM THE IIE	163
ADDENDUM M LETTER FROM INDEPENDENT CODER	166
ADDENDUM N TURNITIN REPORT	168

ACRONYMS AND ABBREVIATIONS

ADHD - Attention Deficit / Hyperactivity Disorder

COVID-19 - Coronavirus disease of 2019

IIE- Independent Institute of Education

PAIA- Promotion of Access to Information Act

POPIA- Protection of Personal Information Act

PTSD- Post traumatic stress disorder

SADAG- South African Depression and Anxiety Group

WHO- World Health Organisation

HIV- Human Immunodeficiency Virus

LGBTQ- Lesbian, gay, bisexual, and transgender, queer or questioning persons or the community.

US- United States

SA- South Africa

CV- Curriculum Vitae

CHAPTER 1: INTRODUCTION

The World Health Organisation (WHO) reported that depression is the most prominent cause of mental health and disability worldwide (Godlewska & Harmer 2020:1; Kessler & Bromet 2013:120; Bettmann, Prince, Hardy, Dwumah 2019:119). Depression has been increasing by almost 20% every decade (Newhart, Mullen & Gutierrez 2019:260) and affects 350 million people worldwide (Godlewska & Harmer 2020:1). It is estimated that almost 800 000 people commit suicide annually, due to depression. Suicide is one of the leading causes of death amongst university students (Newhart et al 2019:260). In the past, depression was commonly associated with older people, however, over the past few decades, it has become more common among young adults (Wiraszka et al 2019:140). This study illuminates the contributory factors to an increase in the rate of depression among university students. The researcher is of the stance that it is imperative for social workers, counsellors and psychologists to understand depression as a phenomenon, as well as the various contributory factors to depression to facilitate effective intervention strategies.

According to Edwards, McCabe, Wood, Feliu, Hill and O'Garro (2014:196), the term "depression" is used to describe a mood or state of feeling unhappy, they also find it difficult to enjoy their usual enjoyable hobbies and feel low on energy. According to Huang and Fang (2016:758), depression is characterised by mental, emotional and physical symptoms, that could persist for up to 14 days, resulting in psychological and social disablement. Furthermore, Strosahl and Robinson (2017:2) see depression as the product of your behaviour that makes you emotionally numb and unable to act in ways that are consistent with your value system. According to Durbin (2014:2), depression can be described as fleeting unpleasant responses to specific stressful situations or disappointments, or as brief periods of melancholy that are swiftly followed by a return to a more positive attitude. In essence, depression is primarily distinguished by mood swings, low energy levels, depressive feelings and a lack of motivation. Depression can impact the overall functioning of individuals in a holistic manner, including academic performance, social relationships, physical and emotional wellness, as well as cognitive functioning.

Abblett and Willard (2016:26) point out that major depression, dysthymia and bipolar disorder are the most prevalent depression-related illnesses that affect young people.

Individuals suffering from major depression experience one or more major depressive episodes for at least two weeks (Barlow 2014:333). For those with major depression, a low mood accompanied by anxiety can impair the ability to concentrate, impact self-esteem and cause withdrawal from relationships and activities. Individuals with major depression experience at least one distinct and distressing depressive episode, that can cause a clear change from the prior emotional state and functioning of the individual, all of which occur within the same 2-week period (Durbin 2014:7). Various scholars argue that individuals with major depression usually have deficits of affective and cognitive functions (Liu, Zhang, Wang, Jing, Chang, Ristaniemi & Cong 2020:2414; Kube, Schwarting, Rozenkrantz, Glombiewski & Rief 2020:389). According to clinical social workers, major depression is the most prevalent mental illness, affecting more than 10% of people in Western countries (Anisman 2014:231; Liu et al 2020:2413). Flint and Kendler (2014:484) confirm that depression is the most prevalent mental illness and is cited as one of the primary causes of morbidity, worldwide. In other words, those who experience serious depression have cognitive deficiencies that result in anxiety and depressive episodes. This can be debilitating and can last for a few weeks.

Dysthymia is a less severe but longer-lasting variation of serious major depression (Abblett & Willard 2016:27; Anisman 2014:233). In other words, dysthymia is a form of depression that is long-term and on-going. On the other hand, people who have bipolar disorder have severe mood swings between symptoms of depression and dangerously high mood swings (Abblett & Willard 2016:27; Barlow 2014:462). Bipolar disorder is characteristic of depressive episodes as well as manic episodes (Durbin 2014:95). It can therefore be deduced that bipolar disorder is a combination of depressive moods as well as manic depressive mood swings. An individual experiences periods of extremely high and extremely low mood swings.

Newhart et al (2019:260) are of the view that depression is one of the most common concern among university students. Mental illness is more common frequently among students than it was ten years ago, with most students seeking treatment for depression and anxiety (Kumaraswamy 2013:140). Research indicates that depression generally occurs during adolescence, with the various changes occurring

during this transitional phase, placing them under immense pressure, which may have adverse psychological consequences (Bettmann et al 2019:119). In a report from the Center for Collegiate Mental Health, data from 147 college and university counselling centres was combined from 2016 to 2017 to determine the top five presenting student concerns. These were anxiety (62.2%), depression (49.7%), stress (45.5%), family issues (30.1%) and academic achievement (26.2%) (Newhart et al 2019:260). In their study of 81 Finnish students, Issakainen and Hänninen (2016:241) identified loneliness, relationship difficulties, financial difficulties and low self-esteem as some of the causes of depression amongst university students. More recent studies conducted by Wang, Xie, Wang, Leid, Hue and Jiang (2019:55) have indicated depression among college students is associated with cyberbullying behaviour and social media usage.

It has been also found that the rate of depression amongst university students has recently proven to be much higher than that of the overall population (Saleem, Mahmood & Naz 2013:128; Bantjes, Saal, Lochner, Roos, Auerbach, Mortier, Bruffaerts, Kessler & Stein 2019:2; Ashraful Islam, Low, Tong, Yuen & Abdullah 2018:416). Current studies indicate that a large proportion of students report depression or anxiety diagnoses and are on psychotropic medication (Kirsch, Doerfler & Truong 2015:50). Several findings suggest that depression and psychological problems are more prevalent among college students worldwide (Saleem et al 2013:124; Piechaczek, Pehl, Feldmann, Haberstroh, Allgaier, Freisleder, Schulte-Körne & Greimel 2020:3; Hermann, Ladner & Tavoracci 2019:589). In a survey conducted with first year students in Canada, Villatte, Marcotte and Potvin (2017:114) confirm that depression is the most prevalent diagnosis made by social workers and health professionals who provide mental health services to students. This finding is further confirmed by Ahmed, Negash, Kerebih, Alemu and Tesfaye (2020:2). Given that the rate of depression amongst university students is higher than that of the general population, both locally and internationally, it becomes imperative to understand the factors contributing to this phenomenon. These statistics confirm that depression among university students has been on the increase and that there is a need for university student support employees to understand the factors contributing to a high rate of depression in order to provide the right type of intervention to students.

According to Othman, Ahmad, Morr and Ritvo (2019:3), depression affects millions of people globally. Research studies on depression amongst university students globally have confirmed the increase in depression amongst students between the age of 19 years to 23 years. A study conducted with students in Ghana has confirmed a depression rate of 39.2% among college students (Bettmann et al 2019:119). Another study, conducted with university students in Turkey, reported that 27% of the sample were found to have high levels of depression (Asif, Mudassar, Shahzad, Raouf & Pervaiz 2020:975). Similar studies conducted at the Walter Sisulu University found that 53% of students experience depression at some point (Naushad, Farooqui Sharma, Rani, Singh & Verma 2014:158). A study conducted in Jordan in 2019 reported that 60.2% of students experienced depression (Saleem et al 2013:124). A similar study done in India has also established that 51.3% of students were depressed, 66.9% were anxious and 53% experienced symptoms of stress (Asif et al 2020: 975). Asif et al (2020:971) further report on recent research conducted in Karachi, Pakistan, that 53.43% of university students suffer from depression. These findings were consistent with another study in Sialkot, Pakistan where it was established that over 50% of students experience mental health issues (Asif et al 2020: 971). A previous study conducted with 308 students from three colleges in Mangalore City of Karnataka, South India, has indicated a 79.2% rate of depression amongst students (Naushad et al 2014:158). A study conducted with university students in Egypt confirms the current findings, reporting increased levels of stress at 62.4%, anxiety at 64.3% and depression at 60.8% (Asif et al 2020: 971). These global statistics, on the increase in the prevalence of depression among university students, suggests that it is crucial to address the multiple factors affecting student wellbeing.

In a Toronto study conducted on the factors leading to depression among students, 23.8% of the students experienced anxiety and 80% of the students experienced stress (House & Walton 2018:42). A study conducted in Pakistan has indicated that academic stress is a contributory factor, causing increased levels of depression and anxiety (Asif et al 2020:971). The study conducted by Hetolang and Amone (2018:256) in Botswana, on key contributory factors to depression, include stressful life events like poverty, morbidity, loss of family members, academic stress, family problems and financial problems. In their study on stressors contributing to depression, Piechazek, Feldmann, Haberstroh, Allgaier, Freisleider, Schulte-Körne and Greimel (2020:3) echo

similar sentiments that stressful life events like violence, sexual or physical abuse play an important role in leading to depression amongst young people in the age group of 18-23 years. The university years for most students are emotionally and intellectually very demanding (Saleem et al 2013:124; Amir Hamzah, Nik Farid, Yahya, Chin, Su, Rampal & Dahlui 2019:3545). Piechaczek et al (2020:3) argue that this is a critical period in their lives where students are exposed to many stressful events. Studies confirm that during this critical developmental life stage, students are predisposed to a heightened risk of conditions like depression, anxiety and other mental health conditions (Saleem et al 2003:124; Asif et al 2020:971). The stress of attaining successful employment and financial difficulties is also a contributory factor to the rising rate of depression in this age group of 18-23 years (Villatte et al 2017: 114). These findings regarding stress in terms of securing employment and financial constraints are confirmed by studies conducted with university students in France (Herrmann, Déchelotte, Ladner, Tavoracci 2019:589). According to Newhart et al (2019:261), factors leading to depression among university students, are poor self-image, lack of social skills, insecurity, as well as demographic factors like female gender and financial issues. Consistent with the above statistics, the World Health Organisation (WHO) has indicated that an average of 20.3% of college students across the globe experience mental health problems (Bantjes et al 2019:2).

Within the South African context, a recent study conducted across different universities in South Africa has indicated that depression amongst medical students stands at 27.2% (Naidoo & Chilisa 2018:34). A previous study conducted in 2017, at the University of Cape Town, also confirmed a high rate of depression and anxiety amongst medical students (Merriam & Grenier 2020:69). In a survey conducted with students from the Universities of Cape Town and Stellenbosch, 11,2% of students were found to experience depression and 15.8% were found to have experienced some form of anxiety (Bantjes et al 2019:2). These statistics are higher than the 9.1% rate of depression among the general South African population and higher than the 6.3% reported amongst students in the United States (U.S.) and 11.4% reported amongst students in Turkey (Resource Mental Health, Pharma Dynamics, 2020). According to the South African Depression and Anxiety Group (SADAG), a high percentage of students develop suicidal thoughts due to relationship issues, trauma, family problems, violence, abuse, learning difficulties, financial issues and chronic illness

(Background of the South African Depression and Anxiety Group, 2016). In their findings, SADAG also concluded that 80% of students feel extremely stressed due to their responsibilities, 50% of students are so anxious that they cannot cope with academics and 40% are reluctant to seek assistance (South African Depression Group ([sa]). A recent study conducted by Van der Walt, Mabaso and Davids (2020:69), with students from the University of Cape Town, confirms that 36.4% of students experienced major depressive disorder and 45.9% experienced anxiety disorders.

The preceding statistics confirm that depression amongst university students has been increasing globally and this is a major cause for concern. In attempting to understand the increase in the prevalence of depression amongst university students, it is therefore important to look at the key contributory factors resulting in this phenomenon. Research conducted by social workers indicate that post-traumatic stress disorder is particularly common among South Africans, who are exposed to many different types of crime and violence (Williams & Erlank 2019:1). Post-traumatic stress is also a risk factor for the onset of depression. Scholars like Flisher, Dawes, Kafaar, Lund, Sorsdahl, Myers, Thom and Seedat (2015:150); Ntuli, Mokgatle and Madiba (2020:17) argue that many South African youth are impacted by the HIV epidemic. This is due to the fact that living in an AIDS or HIV affected household may be stressful and is a known risk factor for depression. South African students who attend school in rural provinces must contend with family dissolution, the absence of biological parents, the effects of AIDS and high rates of poverty (Nduna, Jewkes, Dunkle, Jama, Shai & Colman 2013: 43).

It is therefore important for social work practitioners to develop policies and prevention interventions against factors like violence, poverty, HIV and Aids to mitigate against the impact of these factors, with the hope of counteracting depression. Understanding the factors contributing to a high rate of depression amongst students can equip social work practitioners to design family interventions to prevent depression amongst university students. Therefore, the findings of this study point to the need to implement responsive psychosocial support to mitigate stressors that contribute to depression amongst university students. These social work interventions can strengthen individuals, families and communities by enhancing social functioning, educational performance, as well as the social and economic development of the country. According to recent social work research conducted by Bila (2019:344), the challenge

facing South African social workers is the lack of understanding regarding interventions and programmes that can assist people in recovering from mental health issues like depression. Bila (2019:348) further argues that historically and currently, social workers play a significant role in providing mental health care services, providing half of the professional services provided to individuals with conditions like depression. Taking into consideration that major depression is one of the most common types of depression, it is imperative for South African social workers and health professionals to gain an understanding of this phenomenon so that it can be adequately addressed.

Multiple studies conducted locally and internationally confirm the increasing rate of depression among students in the age group of 19-23 years. Informed by the aforementioned statistics, it is crucial that social workers and health practitioners understand the increase in the rate of depression amongst South African students. The unique factors are reasons for the increase in depression amongst South African students and these factors could be different for university students in other countries. Although it has been reported that there is an overall increase in the rate of depression amongst university students globally, not enough local research has been done in this field to fully explain this phenomenon. Several studies have been conducted on the high rate of depression amongst medical students. According to Van Zyl, Joubert, Bowen, du Plooy, Francis, Jadhunandan, Fredericks and Metz (2017:67), there is a high rate of depression amongst medical students. Apart from the research studies on depression amongst medical students, there is limited data on the mental health and wellbeing of students in South Africa and other African countries (Mall, Mortier, Taljaard, Roos, Stein & Lochner 2018:1). Furthermore, the literature review on depression amongst university students indicates that there are limited studies on the factors contributing to depression amongst the general South African university student population. There is a need to carry out further studies in this area, as recommended in chapter 5 of this dissertation. This knowledge gap has prompted the researcher to conduct this study.

The high rate of depression and other mental health conditions among university students, also indicates the need for preventative social work intervention, with the development of adequate and appropriate social support services for students. This study suggests a need to address a variety of factors affecting the mental health state

of students. The purpose of this research highlights factors that explain the recent increase in depression among this generation. The findings, conclusion and recommendations emanating this study are hoped to provide an insight into the factors behind the increasing rate of depression among university students.

1.1 PROBLEM FORMULATION AND PROBLEM STATEMENT

A problem statement guides and focuses the planning of research (Brynard, Hannekom & Brynard 2014:18). According to Bless, Higson-Smith and Sithole (2013:33), a problem statement refers to the understanding of the research question and the importance of the study. The problem statement should state the problem that the researcher's study is going to address, as well as relevant information on the importance of the problem (Godwill 2015:119). Hence, a problem statement is a description of a topic or issue of concern that needs to be addressed. The research problem and formulation of the research question emerges from the problem statement. A research problem should be concise and succinct (Brynard et al 2014:19). Therefore, the research problem must be supported by a strong problem statement (Bezuidenhout, Davis & Du Plooy-Cilliers 2014:288). In other words, the problem statement must state the key issues that need to be explored through the study and clarify the purpose of the study. An understanding of the research problem, leads the researcher to ask the "What?", Why? Who? questions.

Depression is a mental condition caused by hereditary, social, psychological and environmental factors (Newhart et al 2020:1). In 2013, the World Health Organisation (WHO) predicted that by 2020, depression will rank as the second most common cause of disability worldwide, rising from its current position of fourth. (Kessler & Bromet 2013:120). However, most recent studies conducted by the World Health Organisation (WHO) confirm that depression is currently the leading cause of disability worldwide, outpacing the rates of cardiovascular disease and other disabling illnesses (Godlewska & Harmer 2020:10). The rate and severity of psychological problems and their symptoms have increased in the last decade (Astutik, Sebayang, Puspikawati, Tama & Dewi 2020:270; House & Walton 2018:42).

A growing body of research has indicated that social workers, counsellors and health practitioners dealing with university students report a high rate of depression amongst students (Villatte et al 2017:114, Bettmann et al 2019:120; Othman et al 2019:2;

Newhart et al 2019:262). The prevalence of depression tends to be higher amongst university students, mental health disorders are prevalent in more than 50% of the U.S. student population as opposed to only 20% of the U.S. adult population (Othman et al 2019)). The factors related to the causes of depression among students are pertinent to understanding depression (Newhart et al 2019:261). It is therefore imperative to identify the risk factors that lead to depression (Villatte et al 2017:115). Scholars like Asif et al (2020:974) emphasise the importance and relevance of researchers and mental health practitioners exploring and understanding the risk factors contributing to a high rate of depression amongst students.

Although depression among university students has been extensively studied in Europe and America, limited studies have been conducted locally (Hetolang & Amone 2018:256). Ample international evidence exists on factors relating to depression within an international context, whilst there is insufficient knowledge on the South African context regarding factors contributing to depression amongst university students. The increased incidence of depression among university students is an area of concern. Recent research by Van der Walt et al (2020:69) with students from the University of Cape Town confirmed that 36.4% of students experienced major depressive disorder and 45.9% experienced anxiety disorders. In her work with students at a private university in South Africa, the researcher has observed a 25% increase in the rate of depression amongst students in the age group of 19-23 in the past seven years. The researcher has noted, from the monthly and yearly statistics, that the most prevalent issue among students in this age group is depression. The problem statement formulated for this study is therefore:

There is lack of information on the factors contributing to an increase in depression among university students. This research study addresses the prevalence of a high rate of depression amongst university students. It aimed at determining the contributory factors leading to the increase in the rate of depression amongst university students in the mentioned age group. There is a need for a deeper insight into the factors contributing to a rise in the rate of depression amongst this age group, to enable the development of appropriate social work intervention strategies.

1.2 RATIONALE FOR THE STUDY

The rationale for a study provides the general aims of the study and the reasons why this specific phenomenon is being studied (Mouton 2014:48). According to Bezuidenhout et al (2014:93), a rationale justifies why research is being conducted and why it is worth investing time in such a study to find solutions to the problem you have identified. Furthermore, Bezuidenhout et al (2014:93) see a rationale as a statement of interest in terms of how and why a researcher has acquired an interest in the topic and the value of conducting such a study.

As a counsellor within a tertiary institution in Johannesburg, the researcher works with students in the age group of 19–23 years. In her recent observations, there has been a significant rise in depression amongst this age group. Another observation made by the researcher is that the most common reason students are utilising the student wellness programme has been due to depression and other mental health related matters. Based on her work observations and experience with students, the researcher has developed a keen interest in the area of depression amongst students. As a social worker and wellness practitioner, the researcher would like to broaden her understanding of this phenomenon, in order to provide appropriate social work interventions in addressing depression. The findings of this research could be useful to social workers, counsellors and mental health practitioners to develop appropriate intervention strategies to address the factors contributing to a high rate of depression amongst university students. Understanding this significant rise in depression among South African university students could help to improve treatment and therapeutic interventions. Exploring the factors contributing to a high rate of depression amongst students, will enable social workers, counsellors and health care practitioners to develop intervention strategies that will assist in detecting depression earlier, leading to early intervention and prevention. When depression is detected early and with consistent follow-up, the financial burden of depression can be reduced. The researcher's observations within her work environment have led her to believe that there is a need to address the contributory factors that result in a rise in depression amongst university students. Hence, the purpose of this qualitative study was to determine the factors contributing to a high rate of depression amongst university students.

1.3 THEORETICAL FRAMEWORK

Pope and Mays (2020:22) assert that a theory is a collection of ideas or concepts to provide understanding and explanation for findings. A theoretical framework is a cohesive justification for an event, for an example, Piaget's theory of child development (Vithal & Jansen 2019:16). A theory explains relationships among a set of concepts (Swanson 2013:190). Theories are developed to help understand and make sense of experiences and events. According to the researcher, theories play a crucial role in social work research, to provide an understanding of various social phenomena in order to develop appropriate social work interventions to assist clients.

The most critical task in understanding depression is to unpack the causes of depression (Durbin 2014:131). Beck's cognitive theory of depression was therefore used as a framework for this study, in order to understand the factors contributing to a high rate of depression amongst university students. Beck's cognitive theory of depression asserts that negative schemata, under stressful circumstances, cause cognitive misinterpretations, a negative cognitive triad, thereby leading to depression (Pössel 2017:2). According to Beck's cognitive theory, when an individual is experiencing a stressful situation, the depressogenic schemata can produce cognitive inaccuracy, distorting the individual's perception of experiences and surroundings. These negative distortions can cause negative cognitive processes which result in depression (Black & Pössel 2015:196). The basic premise of cognitive theory is that irrational thinking and beliefs are key to developing negative thought patterns that lead to depression (Jewell, Larson & Pemberton 2016:138). Kircanski, Joormann and Gotlib (2012:309) argue that depression changes the way in which individuals perceive themselves and their world and that the cognitive biases and deficits influence negative emotional patterns. According to social work scholars (Thyer & Myers 2014:38; Granvold 2014:188), the cognitive theory is one of the most frequently used theories in social work practice, from clinical social work with individuals, couples, families, groups and communities, as it has proven to be highly effective in formulating treatment programmes for clients.

The researcher asserts that the cognitive theory of depression is based on the way an individual perceives, interprets and internalises an event, resulting in cognitive distortions that eventually lead to depression. It was therefore important to examine

the cognitive aspects of depression in order to understand the factors contributing to depression, from the perspective of the participants. The cognitive theory has also facilitated an explanation of the factors that lead to depression. In her work with students, the researcher has observed that negative events can foster a negative view of the world, thereby shaping an individual's emotions. The cognitive theory of depression has enabled the researcher to understand the participants' emotions, the manner in which they perceive things and the meaning they attributed to their specific circumstances. An understanding of how people think, process and interpret various life circumstances and events, has given the researcher insight into the factors contributing to a high rate of depression amongst university students. The researcher is of the view that the cognitive theory of depression has facilitated a comprehensive understanding of the elements that contribute to a high rate of depression amongst university students from the age of 19-23 years. These specific factors that have been identified, can be used by social workers and counsellors to develop effective intervention strategies to address the problem of depression amongst university students.

1.4 RESEARCH QUESTION

The research question is very important in providing guidance and direction for the literature search, the design of the research, the collection of data, the analysis of data and findings of the research study (Bryman, Bell, Hirschsohn, Dos Santos, Dutoit 2014:8). The research question guides and directs the study, every aspect of the design should be aimed at answering the research question (Creswell, Ebersohn, Eloff, Ferreira, Ivankova, Jansen, Niewenhuis, Pieterse & Clark 2020:81). The role of the research question is to frame the research in terms of the data collection questions as well as the design and analysis of the research (Punch 2014:5). A good research question indicates what data will be needed to adequately answer it (Punch 2014:74). Qualitative research questions focus on answering the "Why" and "How" of social interactions, perceptions and thoughts. A good research question facilitates the understanding of "how" and "what" happens and how individuals involved understand and give meaning to their experiences. Every research question must be relevant and researchable in achieving the data needed to answer the research question.

Considering the aforementioned pointers, the research question for the study was:

What are the factors contributing to a high rate of depression amongst university students from the age group of 19-23 years?

1.5 GOAL(S) OF THE STUDY

According to Grinnell and Unrau (2018:551), the goal of a research study is to understand the personal realities of research participants, including experiences that may be specific to them. For Creswell et al (2020:81) the research goal is the aim of the study, the research question should inform the goal (aim) of the study. The goal is a statement which describes what the researcher wants to do and the purpose of the study (Godwill 2015:112). Overall, the goal of a study should aim at gaining an in-depth understanding of participants' experiences within a particular context in order to achieve the purpose of the study.

The goal of this study was to gain an in-depth understanding of the factors contributing to a high rate of depression amongst university students in the age group of 19-23 years.

1.6 RESEARCH OBJECTIVES

Objectives describe the specific ways in which the researcher would like to address the research question in a stepwise manner (Godwill 2015:112). In other words, research objectives describe specifically what the researcher is attempting to accomplish. Researchers use objectives to answer the research question and solve the research problem (Bezuidenhout et al 2014:288). According to the researcher's understanding, goals essentially refer to the overall aims or results and objectives are the specific steps taken to achieve a goal. In other words, goals and objectives are inter-linked, goals will not be achieved if objectives have not been met. Research objectives are important as they help the researcher to work towards achieving the goal of the study.

The goal of this study was to gain an in-depth understanding of the factors contributing to a high rate of depression amongst university students in the age group of 19-23 years. In order to attain this goal, through a qualitative study, it was imperative that objectives were explorative and descriptive. Hence, the research objectives for the study were constructed as follows:

- To explore the factors contributing to a high rate of depression amongst university students from the age of 19-23 years.
- To describe the factors contributing to a high rate of depression among university students between the ages of 19-23 years.
- To draw conclusions and make recommendations to address the factors contributing to a high rate of depression amongst university students between the ages of 19-23 years.

1.7 ETHICAL CONSIDERATIONS

According to Mouton (2012:238), ethics refers to good conduct towards others, within the context of research. Creswell et al (2020:47) see ethics as about doing the right thing. Research ethics means that ethical principles must be taken into account during research (Hammersley, Martyn & Traianou 2012:17). In social work research, the aforementioned is very important in maintaining the ethics of practice. A brief description of each of these ethical principles are presented, as well as how they were applied in this study.

1.7.1 Informed Consent

Informed consent means that participants are fully aware of all aspects of the study and issues that can impact on their decision to participate in the study (Hardwick & Worsley 2011:31). Participants have the right to know the details of the research, how it will impact them, the risks, benefits and that they can terminate their participation in the study at any given time (Bless et al 2013:32). Participation is voluntary, no participant should be coerced to participate in a study (Strydom 2011:116). Informed consent therefore means giving the participants full information about the research, the purpose of the research, the manner in which results will be used and how the findings will impact on them (Vithal & Jansen 2019:37). Informed consent was obtained at the very outset of this study. Once permission from the institution had been granted, the researcher began with the recruitment process. The researcher recruited participants from the Cape Town, Durban and Pretoria campuses as the researcher is employed at the Johannesburg campus. This was meant to eliminate a situation of undue influence by the researcher on the participants. The Microsoft Teams online interviews were conducted during office hours to allow students to use the free Wi Fi

on campus and arrangements were made with the campus management for this service. Microsoft Teams is also a free software available to all students with the Microsoft suit. All interviews had to be done online due to the Covid 19 pandemic and all the attendant restrictions. The researcher informed the participants about all aspects of the study, including the aims and objectives of the study and the research process. Each participant signed a consent form, in this way informed consent for participation in the study was confirmed. Prospective participants signed an agreement acknowledging their voluntary participation in the study as well as their rights to privacy, permission to have interviews recorded and that they could withdraw at any time, should they find it difficult to continue. These documents have been safely kept on record, a copy of the consent form is attached to this dissertation as Addendum C.

1.7.2 Anonymity

Anonymity means that the identity of every participant is confidential (Mouton 2012:244, Hardwick & Worsley 2011:36). Anonymity is linked with confidentiality (Bless et al 2013:33). In order to maintain anonymity, names of participants should not be recorded, so that the identity of participants cannot be matched to their research responses (Bezuidenhout et al 2014: 267). Anonymity, therefore, means that participants will be assured that their identity will not be made known (Vithal & Jansen 2019:37). The researcher used anonymisation techniques to remove information from data that could have made participants identifiable. Every Participant was assured that their identities would be treated with utmost confidentiality. They were also assured that their identity would under no circumstances be made known to any persons, parties or organisations and that their real names would not be used at any stage. Instead, pseudonyms were used.

1.7.3 Confidentiality

Data gathered from participants should be protected and not shared with anyone other than the researchers (Bless et al 2013:32). Confidentiality is a form of secrecy, it involves controlling rather than publicising the data acquired from participants (Hammersley, Martyn & Traianou 2012:121). Brinkman and Kvale (2017:263) are of the view that confidentiality implies that confidential data identifying the participants will not be reported. In other words, all data acquired will be kept private (Pope & Mays

2020:32). Confidentiality, except when a vulnerable participant is in danger or a life-threatening situation, is regarded as a core principle in social work research. According to Hardwick and Worseley (2011:37), it is crucial to ensure that the data gathered from participants is not revealed in a way that can be traced back to individuals. This means that no personal information about the participant can be made available (Vithal & Jansen 2018:37). The participants were assured of confidentiality regarding the information that they were to share with the researcher during the recruitment process. The researcher made certain that confidentiality was always safeguarded by not sharing data collected from participants with anyone other than the research supervisor and the independent coder. All data files have been saved on one drive and protected by strong passwords. Raw data has been stored in a locked cupboard with a dual locking system ensuring that nobody can have access to online or offline data.

1.7.4 Privacy

Privacy refers to the participant's right to control the disclosure of confidential information (Punch 2014:47). The participants' right to privacy must always be respected (Mouton 2012:243). Privacy is the main principle that links to other ethical principles like respect, the right not to be harmed, informed consent, confidentiality, anonymity, management and protection of data, ensuring privacy of those taking part in the study (Saunders et al 2015:244).

Data from all participants have been anonymised. All data has been kept in a locked filing cabinet and will be destroyed five years after the completion of the study, according to the Unisa regulations. Participants have been advised of their rights to privacy. The researcher ensured that data acquired from participants was not shared with anyone except the research supervisor and the independent coder. As mentioned earlier, the researcher has made sure that all data has been saved in files and protected by strong passwords.

1.7.5 The right not to be harmed in any manner

The researcher must firstly consider the risk of physical, psychological, economic harm to participants. Participants should not be exposed to the risks of these harms (McGinn 2015:154; Yin 2016:48). The trustworthiness of a research relies on its risk/ benefit. The term "risk" means that there is a possibility harm may occur (Godwill 2015:181).

There are numerous types of harm that must be considered. Risks of emotional harm, physical harm, legal harm, societal harm and economic harm are a few examples. During the process of research, participants must be protected from the risk of personal harm (Mouton 2012:245). According to Bryman et al (2014:121) research that is likely to cause harm in the form of physical harm, self-esteem, stress, harm to career prospects is unacceptable. The researcher ensured that risks were prevented through full disclosure of potential risks and benefits so that participants could consent as to whether to engage in the study or not. Some participants could have manifested emotions and behaviours that would have required counselling intervention during the course of this study. As a trained social worker, the researcher would have been able to identify and recognise these occurrences. According to Strydom (2011:122), it is important to do a debriefing session immediately after the study to give participants an outlet to work through their experience, rectify misconceptions and minimise possible harm. The researcher provided immediate debriefing after the data collection session had ended, in order to restore participants' emotional state to that of before they engaged in the study. It was planned that those participants who would show emotional disturbance be referred for further counselling and prior arrangements for counselling were made with fellow colleague, Mrs Cindy Peterson, who is a qualified counsellor, her agreement letter and curriculum vitae (CV) are attached as Addendum I at the end of this dissertation. However, there was no need for referral for further counselling as no participant showed any need for such a service after the debriefing session was conducted by the researcher.

1.8 DEBRIEFING OF PARTICIPANTS

The debriefing process entails advising participants about the nature of the research, its outcome and to establish whether there were any negative consequences from participating in the study and to arrange for assistance, as required (Saunders et al 2015:257). Debriefing participants after the study gives participants an opportunity to work through their feelings, negative emotions and misconceptions. The debriefing process ensures that harm to a participant is minimised. After the data collection session, participants were guided through a reflective process and given the chance to express their feelings. Counselling and therapy had been arranged with counsellor, Mrs Cindy Petersen, who had consented and agreed to provide counselling services to participants who required counselling. (See Addendum I for letter of acceptance

and CV of debriefer), however none of the participants showed a need for counselling intervention.

1.9 MANAGEMENT OF INFORMATION

The privacy of participants was maintained by effective information management, such as by preventing data breaches (Cox & Verbaan 2018:174). Research involves the gathering of confidential information, many countries have created laws to control the management of personal data, security and data sharing. (Saunders et al 2015:245). The data protection legislation in South Africa (SA) is the Protection of Personal Information Act, No. 4 of 2013 (POPIA). In accordance with Section 14 of the Constitution of the Republic of South Africa 1996, privacy is a recognised constitutional right (Act 108 of 1996). The Criminal Procedures Act, 51 of 1977, also protects the right to privacy. Promotion of Access to Information Act 2 of 2000 (PAIA) deals with the right to access data (Daversin & Musoni 2020).

Data management followed the aforementioned laws. Data used in this study has been stored in files that have been labelled and securely kept. Notes, copies of interviews and consent forms and all confidential information have been kept in a secure cupboard with a dual locking system. This raw data has also been scanned and saved on One Drive together with all other files. All files saved on One Drive have been protected with strong passwords. Therefore, as stipulated by Unisa regulations, the raw data and files are kept safe and will only be destroyed five years after the completion of study.

1.10 LIMITATIONS OF STUDY

- The researcher acknowledges that one of the study limitations is that the study included three provinces out of the 11 provinces in South Africa. These provinces include Western Cape Province, Gauteng and KwaZulu Natal.
- The study was also limited to a private tertiary institution and did not include the public sector.
- The data gathered could have been richer and more in-depth had it included other provinces, as well as public universities. This could have provided a more

comprehensive study of the factors contributing to a higher rate of depression among South African university students.

1.11 CLARIFICATION OF KEY CONCEPTS

Depression

Depression is a psychiatric condition marked by severe and on-going mood disruption in the patient (Addis 2017:432). Depression produces symptoms of melancholy, loss of interest, feelings of guilt, low self-esteem, interrupted sleeping or eating habits, fatigue and poor concentration (Naushad et al 2014:158). Depression is a negative affective state ranging from extreme feelings of sadness and negativity, that interferes with everyday life (APA Dictionary of Psychology 2020, sv “depression”).

In this study, depression is described as an illness affecting the university student’s mood, focus levels, eating and sleeping patterns impacting on their academic, social, emotional, physical and overall wellbeing.

Student

A person formally engaged in learning and enrolled in a school or tertiary institution. (Dictionary.com 2020, sv “student”). According to Seidman (2012:212), a student is an individual who is being educated and the education is the process of teaching a student. A student is a learner who is registered at an educational institution (Definitions 2020, sv “student.”). A student within the context of the current study is a registered student attending a private tertiary institution at one of the campuses within the borders of South Africa.

Factors

Factors refer to components contributing to a specific result (Dictionary.com 2020, sv factors). A factor is something that contributes to a result (Definitions 2020, sv “factors”). Yourdictionary also defines factors as components that contribute to a result (Yourdictionary 2020, sv “factors”). In the context of this study, the researcher explored the factors contributing to a high rate of depression amongst university students that are 19-23 years old.

University

A university is a high-level school offering classes towards a bachelor's degree, master and doctoral degrees at the graduate level (Yourdictionary 2020, sv "university"). A university is an institution of learning of the highest level, with a programme of graduate studies as well as several professional schools (Dictionary.com 2020, sv "university"). A university is a large institution of higher learning providing education for life and to grant qualifications (Definitions 2020, sv "university"). A university, within the context of the current study, alludes to a private university within the borders of South Africa.

Mental health

Mental health is defined as psychological well-being and adequate adaptation to culture and to life's ordinary demands (Dictionary.com 2020, sv "mental health". The APA Dictionary of Psychology defines mental health as mental stability, strong behavioural adaptation, the capacity to uphold healthy relationships and the capacity to manage the demands and stressors of daily life (APA Dictionary of Psychology 2020, sv "mental health"). Mental wellbeing is an integral component of overall positive health and is closely associated with the human body's physical and physiological dynamics (Tawar, Bhatia, & Ilankumaran 2014:43). In the context of this study, mental health refers to the emotional wellbeing of students.

1.12 STRUCTURE AND FORMAT OF STUDY

The dissertation comprises five chapters. The focus of each chapter is as follows:

In chapter one, the introduction and background of the study, problem statement and rationale for the study are presented. In addition, the research question, goal and objectives of the study are contained in this chapter. The ethical considerations that were applied are also highlighted, including the limitations of the study.

Chapter two focuses on a literature review on depression as a phenomenon, with special reference to university students.

In Chapter 3, the research methodology that was used in the process of executing this study is outlined.

The research findings are the focus of chapter four. The themes that emanated from the data are introduced, supported by storylines from the transcripts of the interviews and subjected to a literature control process.

Chapter five of this report presents a synopsis of the whole study, the conclusions that were arrived at and the recommendations based on the empirical and literature findings of the study.

The following chapter presents the literature review.

CHAPTER 2: DEPRESSION AMONG UNIVERSITY STUDENTS

2.1 INTRODUCTION

This chapter presents a discussion on the factors contributing to the high rate of depression amongst university students. Liu, Zhang, Wang, Jing, Chang, Ristaniemi and Cong (2020:134) are of the view that depression is one of the most prevalent mental health issues among students. Depression is associated with dysfunction in various areas of life, these include academic success, social relationships with peers, family relationships, romantic relationships, self-esteem and life satisfaction (Weeland et al 2017:40; Lisznyai et al 2014:55). The findings of a study conducted by Liu et al (2020:134) indicate that the prevalence of depression amongst the general population across 195 countries, increased from 172 million in 1990 to 25,8 trillion in 2017, indicating an increase of 49.86% in just over two decades. According to the study conducted by Bantjes et al (2019:1), 24.7% of South African university students experience depression. In a more recent study conducted at another South African university, Visser and Law-van Wyk (2021:229) reported that 45.6% of students experienced anxiety and 35% experienced depression. Makhubela (2019:54) is of the view that the mental health of university students is one of the most important public health issues in South Africa; he speculates that the country could be experiencing a mental illness epidemic. The abovementioned statistics on the increase in depression among university students is a major concern for counsellors and this has prompted the researcher to conduct the current study.

Included in this chapter are the following aspects: depression as a mental health condition, historical trends of depression, symptoms of depression, consequences of depression, factors contributing to depression and a summary of the chapter.

2.2 DEPRESSION AS A MENTAL HEALTH CONDITION

This section presents a literature review on depression as a mental health condition and the different aspects are discussed as follows:

2.2.1 The Prevalence of depression

It becomes important at this stage to provide insight into the historical patterns of depression as a mental health condition. This is aimed at facilitating an understanding of how depression has been evolving over the years. It was established by Vulić-Prtorić (2021:63) that there has been a significant increase in depression since the 1990s. According to Vulić-Prtorić (2021: 63), only 1% of people born before 1905 suffered from depression by the age of 75. It was further established that 6% of those born since 1955 suffered from depression by the age of 24. According to Baxter, Scott, Ferrari, Norman and Vos (2014:506), the global prevalence of depression amongst the general population, from 1990 to 2010 was estimated at 3.8% in 1990 and 4% in 2010. These findings differ from that of the study done by Ochnik, Rogowska, Kuśnierz, Jakubiak, Schütz, Held, Arzenšek, Benatov, Berger, Korchagina, Pavlova, Blažková, Konečná, Aslan, Çınar, Cuero-Acosta and Wierzbik-Strońska (2021:2) during the same period between 1990 and 2010. Based on data from 30 countries, the latter study has indicated that the rate of depression among students from 1990 to 2010 was about 30.6% on average and about 12.9% globally. Similarly, research conducted in the US during the 1990s showed that 20 to 25 percent of adult population had suffered from depression (Vulić-Prtorić 2021:63). In the past, depression was commonly associated with older people, however, over the last few decades, it has become more common among young adults (Wiraszka et al 2019:140). The current study illuminates the contributory factors to an increase in the rate of depression among university students. Research conducted by Thomas (2019:87) confirms that between 2009 and 2015, the number of students seeking assistance from college counselling centres increased by 30%. There has been a 26% increase in the prevalence of depression in Germany between 2009 and 2017, particularly among young adults (Steffen, Thom, Jacobi, Holstiege, Bätzing, 2020:242). A recent US survey further confirmed that university students diagnosed or treated for mental disorders had increased from 2009 to 2015 (Knapstad, Sivertsen, Knudsen, Smith, Aarø, Lønning, & Skogen 2021:471). Liese et al (2019:361) also confirm that between 2006 and 2016, the global rise of mental health related illnesses increased by 14.9%.

Research amongst the Franciscan University Counselling Centre, over a 4-year period from 2011 to 2014, has reported a 231% rise in annual consultations, as well as a

173% rise in total annual clients. In their study, Twenge, Cooper, Joiner, Duffy and Binau (2019:188) found that there was a huge increase in depression among 18-24 year-olds, this was 71% more in 2017 compared to 7.7% in 2008. Beiter et al (2015:90) and Mofatteh (2021:60) also concur with the finding that the rate of depression among university students in the age group of 19 to 23 years has been on the rise over the past few decades. As poor mental health is prevalent among many college students, this trend has been noticed at various colleges and universities (Beiter, Nash, McCrady, Rhoades, Linscomb, Clarahan & Sammut 2015:90). Counselling centres report an increased demand for counselling services (Thomas 2019:87; Alsubaie et al 2019:485). To date, research on the prevalence of depression amongst students indicate that depression among students is higher than that of the general population (January et al 2018:1; Ochnik et al 2021:2; Najafipour, Shahrokhbadi, Banivaheb, Sabahi Shadkam & Mirzazadeh 2021:1; Kumarswami 2013:136; Van Agteren, Woodyatt, Lasiello, Rayner & Kyrios, 2019:9). Considering the negative consequences of depression, it is concerning that during the past few decades, an increase in depression has been observed globally among university students between the age of 18-24 year. (Knapstad et al 2021:471). It is evident that depression is prevalent all over the world; it is therefore important to educate people about the factors contributing to an increase in depression among university students so that practitioners can address this global insurgence.

According to the American National Institute of Mental Health (2016), major depression affects about 10.9% of young people aged 18–25 years (Wiraszka et al 2019:140). More recent research conducted by Song et al (2020:2450) has established that 15.6% of American undergraduates showed signs of depression or anxiety. The same study confirmed a 23.8% prevalence of depression amongst Chinese students (Song et al 2020:2453). Several scholars concur on the finding that the incidence of depression is higher among students than that of the general population (January et al 2018: 1; Ochnik et al 2021:2; Najafipour et al 2021:1; Kumarswami 2013:136; Van Agteren, Woodyatt, Lasiello, Rayner & Kyrios, 2019:9). It is concerning that an increase in depression has been observed globally among students in the age group of 18-24 years during the past few decades (Knapstad et al 2021:471). It is therefore important to identify factors contributing to an increase in depression among university students.

At the local level, in the study conducted at Stellenbosch University in South Africa, Mall et al (2018:5) found that 16.1% of students suffered from depression over a 12-month period. Considering the risks and consequences of depression among university students and the rise in the number of university students in South Africa, as well as in Sub-Saharan Africa over the last 30 years, there is a need to understand the prevalence and factors that contribute to depression among university students (January et al 2018). The Caring University Project has gathered data on mental health from 18 universities in eight countries across the African continent. It emerges that 24.68% of students reported at least one episode of major depressive disorder in their lifetime and 20.8% experienced Generalised Anxiety Disorder (Rousseau & Thompson 2019:6; Schreiber 2019:22). Although depression among young people in sub-Saharan Africa has attracted the attention of researchers, studies on the factors contributing to depression are scarce (Nduna et al 2013:43). In order to prevent and reduce psychological morbidity, university mental health interventions are becoming crucial; it is important to develop a supportive environment for students who may be experiencing mental health issues (January et al 2018). Song et al (2020:2450) argue that understanding the factors that contribute to depression should become a critical public health goal.

Various scholars confirm that depression has become a global mental health crisis (Rousseau & Thompson 2019: 6; Penninx, Milaneschi, Lamers & Vogelzangs 2013:1). Several scholars have identified depression as the main cause of disability worldwide (Liu et al 2020:134; Alsubaie et al 2019:484; Liese 2019:361; Teo et al 2013: e62396). Liese et al (2019:361) report that over the past ten years, mental health has gained recognition globally, this is demonstrated by the establishment of the Movement for Global Mental Health, the launch of the Mental Health Gap Action Programme by the World Health Organisation (WHO) as well as the inclusion of mental health and well-being in the Sustainable Development Goals. As mentioned earlier, the rate of depression has increased over the past few decades, so much so that it has now been included on the global agenda and has also been included as one of the top three sustainable development goals for 2030. It has been predicted that by 2030, depression will become a leading cause of disability worldwide (Teo et al 2013:e62396; Penninx et al 2013:1; Jafri 2020:1442). The 20th century can be considered the period of anxiety and terror, whereas the 21st century is the era of

depression (Vulić-Prtorić 2021:63). The rate of depression among university students has been increasing progressively; it becomes imperative for social workers, psychologists and health care practitioners to understand why depression has been predicted to become one of the largest contributory factors to global disability.

2.2.2 Overview of depression as a condition

Depression affects one's mood, emotions, thoughts and physical well-being on a systemic level (Wiraszka, Głuszek-Osuch, Ptak & Stępień 2019:141). The aforementioned source further explains that depression is a mood illness marked by chronic melancholy, lack of enthusiasm in activities or hobbies individuals once enjoyed. This affects thoughts processes and physical health. In other words, depression is a medical condition that can impact on the overall holistic functioning of an individual, resulting in physical, emotional and social impairment. Durbin (2014:2) asserts that depression can refer to negative reactions that are tightly bound to stressors like disappointments or setbacks that one can experience. When these setbacks or disappointments occur, they are interpreted by the individual in a negative manner, resulting in a depressed mood.

2.2.3 Symptoms of depression

Depression can be identified by specific symptoms that patients present with and these are discussed below. The symptoms of depression have been classified in the DSM-V Diagnostic Manual. Some of the symptoms stated in DSM-V Diagnostic Manual include a frequently depressed mood, lack of interest in activities, weight gain, or weight loss, lack of concentration, indecisiveness and suicidal thoughts. Girz, Driver-Linn, Miller and Deldin (2016:661) are of the view that low mood swings that last longer than expected, given the individual's life circumstances, is one of the major symptoms of depression. The researcher has observed that the symptoms of depression, for example, mood swings, fatigue, loss of motivation, can compromise the academic aspirations of many high achieving students, whilst Ramón-Arbués et al (2020:2) see the symptoms of depression as having the potential to impact academic performance. Therefore, it becomes apparent that the symptoms of depression are linked to physical and emotional problems which impact an individual's motivation levels, quality of sleep and interpersonal relationships (Mofatteh 2021:57). As mentioned earlier, depression is linked to

dysfunction in various areas of life, including academic success, social relationships, family relationships, romantic relationships, self-esteem and life satisfaction (Weeland et al 2017:40; Lisznyai et al 2014:55). The symptoms of depression and the manifestation thereof, result in several consequences which are discussed below.

2.2.4 Consequences of Depression

Mental health conditions like depression and anxiety can have adverse consequences. Kugbey (2020:2581) has found that some people suffering from depression become irritable, nervous and unable to concentrate, others find that they have lost interest in hobbies. Depression can have a negative effect on students in terms of learning, academic performance, physical health, relationships and general quality of life (Lesser 2021). According to Mall et al (2018:1), numerous studies have demonstrated that depressive symptoms impact the student's academic success. Poor academic performance may be caused by depression and its accompanying issues, like temporary loss of memory and poor concentration. Hence, depression can lead to poor performance in their examinations (Mofatteh 2021:54). The researcher has also observed that depression impairs one's ability to reason, it impacts on thought processes and the individual's ability to focus and make constructive decisions. Depression can have a negative impact on learning, academic success and general quality of life, resulting in poor academic results and sometimes, even failure of a module or a semester. This scenario can further exacerbate depression due to added workload for modules that would have to be repeated, as well as the financial implications of repeating modules. It is stated by Hendrick (2016:6) that, apart from the impact of depression on academics, the two very common consequences of depression include suicide, as well as self-harm, which is discussed below:

Suicide

According to Bantjes (2020), international studies confirm that 31% of students have reported having a mental disorder in the previous 12 months, with depression being the most common. According to the South African data from Bantje's study, 20.8% of first-year students had anxiety in the previous year, 13.6% had depression and almost one third of students had reported signs of mental health issues. Studies confirm that if depression is left untreated, it can become a primary risk factor for suicide (Wahab

et al 2013:83). Hendrick et al (2020:6) report that suicide is the third leading cause of death among adolescents in the United States. A South African study by Naidoo (2019:1) has also confirmed that the leading cause of death among students in China, India and South Africa is suicide. According to the observations made by the researcher during her years in counselling university students, at least 50% of students who present with symptoms of depression end up attempting suicide.

Several researchers concur that the past five years has seen unprecedented incidents of suicide among university students in South Africa (Makhubela, 2021:3; September 2018, Rousseau & Thompson 2019:8). According to the South African Depression and Anxiety Group (SADAG), suicide is the second leading cause of death among university students, after accidents (September 2018). A recent study by Pillay, Thwala and Pillay (2020:582) confirmed that 7% of students admitted to having thoughts of suicide.

Taking the abovementioned into consideration, suicide can be seen as a consequence of depression amongst university students. Therefore, in addressing this pertinent issue faced by students, it is imperative to understand the factors contributing to a high rate of depression amongst students and how this could eventually lead to suicide. Self-harm is frequently linked to suicidal thoughts and suicide attempts (Hendrick et al 2020:6). Having discussed suicide as a consequence of depression, it is also important to discuss self-harm as the other identified consequence due to the fact that individuals who are suicidal often engage in self-harm, as established by Hendrick (2016:9).

Self-Harm

It has been established by Hetrick, Subasinghe, Anglin, Hart, Morgan and Robinson (2020:2) that self-harm is another major consequence of depression. Self-harm refers to the act of physically injuring oneself with no suicidal intent, for example cutting oneself, burning or injuring oneself and tearing out one's hair. Self-harm has been associated with underlying mental health issues like depression and anxiety (Campillo-Ageitos, Fabregat, Araujo & Martinez-Romo: 2021:1; Naidoo, 2019:1). Research has established that self-harm affects up to 25% of young people in Australia and 48.7% of young people in New Zealand (Hetrick et al 2020:2). According to Barrocas, Hankin,

Young and Abela (2012:40), 38% of American college students engage in self-harm. These global statistics indicate that self-harm is a common consequence of depression as this observation is evident in similar studies conducted in other parts of the world.

South African studies have also recorded above average prevalence rates indicating that self-harm may be a serious problem within the South African context. A study conducted by Naidoo (2019:6) found that the majority of the sample who self-harmed reported mild to severe depressive symptoms. Another study conducted by de Wet (2017:1132) confirms that 17% of all deaths in South Africa are due to self-harm. In South Africa, research has indicated that 46% of young people engage in self-harm (Lippi 2014:76). The South African statistics on self-harm is much higher than that of countries in other parts of the world. Researchers have discovered a link between depression and self-harming tendencies among students (Hendrick 2016:2; Campillo-Ageitos et al 2021:1). Students engage in self-harm as a coping mechanism, for the regulation of feelings, as a means of self-punishment and attention seeking (Hendrick 2016:2). Naidoo (2019:2) established that students engage in self-harm in order to relieve anxiety and it serves as a distraction from painful emotions. According to Hetrick et al (2020:7) distressing emotions, a sense of isolation and academic pressure are major triggers for self-harm.

University students experience many stressors, including academic stress, relationship issues as well as the loss of a loved one (Mall et al 2018:7). Stressful situations can lead to negative thought processes which in turn, may lead to depression, resulting in self-harm as a consequence of depression. Self-harm has been seen as a way of releasing tension or to express and communicate inner pain. The act of self-harm should send strong warning signals to social workers and significant others, as this is a cry for assistance. As mentioned earlier, throughout the years of practicing as a social worker and counsellor within tertiary institutions, the researcher has noted that students who harm themselves eventually attempt suicide. It is important that emotional triggers are identified and attended to through the counselling process in order to prevent self-harm as a consequence of depression. Looking at the increasing statistics presented and the gradual increase in depression from the 1900s to date, the researcher is of the view that depression should become

a global health priority, especially depression among university students as they are the future leaders and trend setters. To prevent a global epidemic of depression, it is important for professionals in the industry to understand the factors contributing to depression and how to interpret the warning signals of self-harm and suicide as consequences of depression.

2.3 FACTORS CONTRIBUTING TO DEPRESSION

There are many factors, both locally and globally, that contribute to depression in this age group (Chen et al 2021:345). Kokou-Kpolou et al (2020:444) found that environmental factors, such as academic requirements, acclimating to university academic environments and financial demands were factors contributing to depression. These are regarded as major stressors and risk factors for elevated levels of anxiety and depression. University students may be more susceptible to diagnoses of depression due to high levels of academic, interpersonal and financial stress. This can be attributed to the lack of resources, such as social support and access to effective coping strategies to manage these challenges (Rousseau & Thompson 2019:6). Other risk factors that have been identified to contribute to the deterioration of the mental health of students, include a strong desire for perfectionism, individualism, focus on appearance, educational expectations, negative impact of social media and the use of drugs and alcohol (Knapstad 2021:471). It is therefore evident that adjustment to university life, academic pressure, interpersonal stress, financial stress, negative impact of social media and focus on appearance can be seen as contributory factors to depression among university students.

This section focuses on psychological factors, biological factors, as well as the lifestyle factors contributing to depression. In order to understand the factors contributing to a high rate of depression among university students, it is imperative to understand these factors and they are discussed as follows:

2.3.1 Psychological factors

Included under psychological factors is the impact of low self-esteem, violence, stressful life events, moving away from home and the transition from school to university, as discussed below.

Impact of Low Self esteem

Low self-esteem represents a component of the self-image signifying that an individual thinks and feels negative about themselves (Zhou, Li, Tian & Huebner 2020:56). Based on the cognitive theories of depression, Zhou et al (2020:56) assert that low self-esteem is a contributory factor to depression. Various researchers support and concur with the aforementioned findings that low self-esteem among students increases the risk of depressive symptoms (Mofatteh 2021:53; Vulić-Prtorić 2012:72; Makhubela 2019:54). Wiraszka et al (2019:145) echo similar sentiments that a higher rate of depression was found in students who were shy or less popular. Many students see academic performance as a reflection of their self-worth and self-concept. When a student obtains a poor mark or fails an examination, this can represent a threat to their self-esteem and increase the likelihood of depressive symptoms (Vulić-Prtorić 2012:12). According to recent research, which also aligns with previous studies, students who lack confidence are significantly at a greater risk of depression (Farrer, Gulliver, Bennett, Fassnacht, & Griffiths 2016:6; Kossigan et al 2020:452). This finding confirms Makhubela (2019:57) who asserts that low self-esteem plays a significant role in the development of depression among university students. Farrer et al (2016:2) see self-esteem as one of the main areas of concern for students and postulate that self-esteem problems are significantly linked to moderate to severe stress, resulting in depression. The researcher has observed that students with low self-esteem often have a negative perception of self, these negative perceptions can lead to feelings of worthlessness and rejection, resulting in depression. This observation is supported Beck's theory of depression, negative thoughts result in negative perceptions of oneself and can lead to depression (Zhou et al 2020:55).

Furthermore, low self-esteem increases the likelihood of maladaptive adjustment in a stressful situation, resulting in poor coping mechanisms (Makhubela 2019:57). Another important observation made by the researcher is that students who have a high self-esteem have effective and constructive coping mechanisms and are able to manage the symptoms of depression better than those with low self-esteem.

Loneliness

Loneliness is common amongst university students and has been linked to negative moods and depression (Kılınç, Aylaz, Güneş, & Harmancı 2020:431). Research

conducted with students in Hungary confirm that social loneliness is the most significant type of crisis among university students (Lisznyai, Sándor Vida, Katalin Németh, Marietta Benczúr, & Zsolt 2014: 61). Scholars argue that leaving home and starting an independent life can be stressful for students until they adjust to university life and expand their social circles (Mofatteh 2021:53; Alsubaie et al 2019:484). During university years, friendships play an important role in providing students with a support system as many students move away from home for the first time when they go to university, which exposes them to a new environment and new systems of learning (Alsubaie et al 2019:485). Students experience loneliness due to a predominantly modern lifestyle, social isolation and psychological stress (Wiraszka et al 2019:2). Depression amongst students can also be a negative response to loneliness, as mentioned earlier. The findings of the study conducted by Farrer et al (2016:7) suggest that social support could be a significant preventative barrier to depression among university students. It is theorised that depressed individuals elicit negative reactions and experience difficulties in their social relationships with others, this makes it difficult for them to foster strong meaningful relationships (Ren, Qin, Zhang & Zhang 2018:2). Hence, those who experience intense loneliness seek various strategies to avoid these situations. Loneliness can sometimes lead individuals into unpleasant situations, such as developing undesirable habits like an addiction to the internet (Kundu, Bakchi, Al Banna, Sayeed, Hasan, Abid, Ghosh, Sarker & Khan 2021:6). The researcher concurs that these type of solutions to loneliness, like internet addiction, can lead to complete isolation, lack of social interaction with people which further compounds the symptoms of depression.

Violence

Due to the country's high rate of violent crime compared to the rest of the world, it has been predicted that South Africans will go through at least one traumatic encounter during their lifetime. (Rousseau & Thompson 2019:6). Murder, attempted murder, sexual offenses and assault are just a few of the crimes that have grown in frequency as compared to the same period in the prior fiscal year (Business Tech, 2021). Gerber (2020) confirms that violent crime in South Africa has continued to increase between 1 April 2019 and 31 March 2020. South African university students are also more prone to traumatic events that lead to depression, due to socio-economic inequality

and violent crime (Rousseau & Thompson 2019:6). The researcher is of the stance that the increasing rate of unemployment and economic situation in South Africa increases the likelihood of university students being exposed to violence. In South Africa, HIV infection, the abuse of drugs and exposure to violence increase the vulnerability of students to mental illnesses (Flisher et al 2012:149). Nduna et al (2013:43) assert that exposure to violence increases the risk of depressive symptoms among university students. Taking into consideration the high rate of violence in South Africa, it can be deduced that the rate of depression can also be high.

A comparative study conducted by Stansfield, Rethon, Das-Munshi, Mathews, Adams, Clark and Lund (2017:262) indicates that 84% of North American students are exposed to violence, whereas in South Africa, 94% girls and 90% boys are exposed to community violence. Nduna et al (2013:46) assert that other forms of violence like sexual violence and physical violence can contribute to depression. According to Ramafoko (2020), the Mail and Guardian statistics indicate that in South Africa, between 20% and 30% of young women experience gender-based violence within a given year. During the level 5 lockdown restrictions in March 2020, the rate of violence against women in South Africa increased tremendously, due to the COVID-19 pandemic (Ramafoko 2021). Organisations that work with women in Johannesburg reported that they could not cope with the number of cases where women needed to be evacuated to a place of safety. Due to lockdown restrictions, social isolation and financial difficulties during the pandemic, many South African young women were vulnerable to domestic violence. The researcher is of the view that the high unemployment rate, the poverty and high crime rate, contribute to violence that causes emotional trauma, fear and anxiety. These are triggering factors that can result in depression amongst university students. This argument is further strengthened by the fact that South Africans are exposed to different types of violence and that South Africa is currently rated as one of the world's most violent countries (Gerber 2020).

Stressful Life Events

Stressful life events are defined as experiences that are likely to bring about readjustment and changes in an individual's usual activities (Kulkarni & Patwardhan 2015:6508). Depression is linked to increased stress levels and the inability to cope.

Stress is the body's response to any type of demand or threat (Ahmed & Cerkez 2020:3). According to Durbin (2014:191) and Wiraszka et al (2019:145), chronic stress is associated with depression. In addition to being a sign of the behavioural processes that precede and predict the onset of depressive disorders, stress can also be a result of depression (Durbin 2014:196). The researcher has observed that it is important to look at specific stressors, the coping mechanisms of the student and the student's perception of stressors when providing counselling for a student who presents with depression. It is also important to identify these emotional triggers with a view to establishing effective coping mechanisms to deal with the symptoms of depression. From the perspective of the cognitive stress theory, the manner in which stress is perceived determines health-related outcomes, like anxiety and depression (Kossigan et al 2020:445). A pessimistic view of life events has been found to be linked with depression and has also been found to predict depression in the future (Girz, Driver-Linn, Miller & Deldin 2016:661). A substantial number of studies have demonstrated the connection between stressful life events and individual cognitive styles with the onset of depression (Song et al 2020:2454). The cognitive processing of stressful situations is, to some extent, the result of factors such as self-esteem, problem-solving ability and resilience (Kossigan et al 2020:445). Durbin (2014:186) argues that people at risk of depression are more likely to be exposed to more stressors. Wiraszka et al (2019:145) assert that the risk of depressive illnesses is increased by stress.

The researcher has noted that students with a history of mental health issues, such as post-traumatic stress disorder, anxiety or bipolar disorder are more likely to develop anxiety and depression compared to students who do not have a history of mental health issues. Furthermore, students who have been exposed to violence, during childhood are prone to depression later in life (Mofatteh 2021:53). In their studies, Islam et al (2018:423) established that post-traumatic stress disorder (PTSD) was also a significant contributory factor for depression. Therefore, it can be deduced that students who have experienced stressful life events are more prone to depression than those who did not experience major stressful circumstances.

Moving away from home

For many students who are beginning their studies at university, this often means moving away from home for the first time. This transition comes with increased independence, pressure and new responsibilities (Farrer et al 2016:6; Çelika, Ceylanb, Ünsalc & Çağan 2019:1; Alim et al 2017:1). University students are in a crucial transition from the teenage stage to young adulthood and this is one of the most stressful stages in a student's life (Islam et al 2018:416). This phase, which is linked to maturation, decision-making and independence, can have a detrimental psychological effect and pose a risk to their mental health (Wiraszka et al 2019:140). Therefore, several academics argue that the adjustment to university can be a major source of stress for students (Farrer et al 2016:2; Alsubaie et al 2019:484; Makhubela 2021:3). Furthermore, those who take longer to adjust to these new daily routines are more likely to experience depression and anxiety (Islam et al 2020). Students who have relocated from home are more likely to develop depression than those staying with their parents (Islam et al 2018:422; Çelika et al 2019:1; Mofatteh 2021:53; Alsubaie et al 2019:484). The aforementioned findings concur with previous research that has confirmed an increased incidence of mental health issues in those students who reside off campus (Beiter et al 2015:93; Farrer et al 2016:5). A study by Farrer et al (2016:5) also emphasises that students who live away from home were 95% more at risk to develop depression. The significance of being a newcomer to university life and the onset of anxiety and depression features in a number of studies, both locally and internationally (Pretorius & Blaauw 2020: 50; Abdallah & Gabr, 2014; Beiter et al 2015). Within the South African context, students are often studying far away from their homes (Pretorius & Blaauw 2020: 50). Students who moved away from home to attend university were shown to have a higher risk of depression than students who stayed at home (Farrer et al 2016:5). Based on the aforementioned information, it is apparent that students living away from home are more likely to develop depression than those who do not have to move away from home during their university studies. This can be attributed to the lack of social support from parents and significant others as well as the different life stage adjustments that take place during this period in their lives. Students are faced with many different challenges that arise because of adjusting to a new environment, new friends, new living arrangements and managing their own budgets. Hence, the likelihood of students experiencing depression during this critical stage is higher than during any other stage of their lives.

The transition from school to university

University students face a major transitional stage where they are transitioning from the teenage phase into young adulthood, this phase can be one of the most stressful phase in a student's life (Lisznyai et al 2014:54). In addition, studies show that undergraduate students typically fall within the 19 to 24 age range, which is considered a vulnerable period for the onset of depression (Rousseau & Thompson 2019:8; Lisznyai et al 2014:54). Procrastination, social anxiety, binge drinking and eating disorders have all been identified as potential mental health problems for this age group (Lisznyai et al 2014:54). This phase from the late teens through to the early twenties is when students experience more transitions and life changing decisions than at any other time in their lives. The majority of students have an improvement in their psychological health at this time, but for many students, the difficulties they face during this stage can lead to depression or anxiety (Lisznyai et al 2014:54). Furthermore, multiple studies have illustrated that the stressors associated with this transition increase the risk of depression (Rousseau & Thompson 2019:8; Ahmed & Cerkez 2020:1). Therefore, the researcher is of the view that the completion of matriculation is a major milestone for students, it is a stressful time for students, accompanied by the academic pressure to excel, choice of career path, choice of university and many other decisions that need to be made. Based on what literature is confirming and observations made by the researcher, the transition from school to university is definitely one of the major psychological factors contributing to depression among university students.

The combination of various psychological factors like the impact of low self-esteem, violence, stressful life events, moving away from home and the transition from school to university all contribute to an increase in depression among university students. The researcher has noted that the way in which students cope with these factors can contribute to the symptoms of depression. Students with effective coping mechanisms cope better than those with poor coping mechanisms. It is therefore important for students to have effective coping mechanisms to deal with psychological factors.

2.3.2 Biological factors

Various biological factors can contribute to depression. According to Mofatteh (2021:52), the most common biological factors contributing to depression among

university students include age, gender, poor sleep quality and the presence of underlying illnesses and these are discussed below.

Age

Age is another factor that contributes to depression, younger students report a higher level of depression than older students do (Farrer et al 2016:6; Mofatteh 2021:55). According to Twenge et al (2019:194), trends in the last 10 years indicate that a higher proportion of younger students in the age group of 19-23 years are impacted by mental health issues, like depression, compared to older students. Najafipour et al (2021:6), in their study with Iranian students, also conclude that the chances of developing depression in the 15–24 age group was much greater than other age groups. This trend that younger students may be more at risk to depression is also evident in a study conducted by researchers in other parts of the world (Kokou-Kpolou, Jumageldinov, Park, Nieuviarts, Noorishad & Cénat, 2020:444). Previous research findings also confirm that students experience higher levels of anxiety during their first year of study (Ramón-Arбуés, Gea-Caballero, Granada-López, Juárez-Vela, Pellicer-García & Antón-Solanas 2020:10). This could be due to the transition of adapting to their new academic environment (Farrer et al 2016:6; Kutikuppala, Vadugu, Salaam & Raju 2020:160). This finding can also be attributed to the fact that younger students have poorer coping mechanisms to deal with crises than older students (Visser & Law–van Wyk 2021:240).

Other scholars argue that early adolescence is a crucial developmental stage for the emergence of depressive symptoms because of the physical, cognitive, emotional and social changes that occur during this time (Zhou, Li, Tian, & Huebner: 2020:55). Wiraszka et al (2019:144) found that depression often occurs in young adulthood; at least 20% of young people have at least one depressive episode in their lifetime. The researcher is of the view that many first-year students experience difficulty adjusting to a new lifestyle and they feel overwhelmed by the many new responsibilities. University is a crucial step for many students, who move away from home for the very first time. The first year at university is accompanied by many new responsibilities, academic, social and environmental challenges and changes which younger students find extremely stressful. It can therefore be deduced that age is one of the major factors contributing to depression among university students, with younger students

finding it more difficult to adapt to the various transitions that they face during this life stage which makes them more prone to depression.

Gender

Studies conducted among university students indicate that depression is more prevalent among females than males. These findings were consistent with several studies that reported that females were more vulnerable to anxiety, stress and depression (Penninx, et al 2013:1; Mofatteh 2021:55; Clabaugh, Duque & Fields 2021:5). International studies on depression among adult populations has reported that women suffer from depression twice as frequently as men (Wiraszka et al 2019: 144; Abdel Wahed & Hassan 2017:82). The Global Burden of Disease Study also confirmed gender differences and this pattern holds true across all age groups and geographical areas (Wiraszka et al 2019:145). These studies corroborate with some of the findings from earlier studies that claim that females who experience financial hardship are more likely to experience depression (Farrer et al 2016:2). The general consensus among researchers is that there are no major variations in the prevalence of depression between the sexes, but rather in the patterns of symptom expression (Rousseau & Thompson 2019:7). This outcome might be clarified by the way that females experience feelings with more intensity than males do (Najafipour et al 2021:4). This could also be due to differences between males and females in the way they cope and express their feelings of distress (Ochnik et al 2021:16). Men are more likely to express their emotional and psychological distress through anger or self-destructive behaviour like gambling, substance abuse than expressing emotional vulnerability, as it is seen as socially unacceptable (Martin 2013:1100). Alsubaie et al (2019:493) assert that females are sociable and tend to effectively utilise social and emotional support resources to manage such stressors more than males. Therefore, it is evident that although depression is more prevalent among female students than their male counterpart, the expression of depression symptoms in males and females is very different.

In explaining the higher rate of depression among South African women, Nduna et al (2013:46) assert that young women in South Africa may experience increased trauma due to gender inequality and gender-based violence. Nduna et al (2013:46) further argue that a higher prevalence of depressive symptoms is found among female (21%),

compared to the males (14%) which conforms to the pattern found by other studies in sub-Saharan Africa and abroad. They offer the possible explanations for this as follows:

- Gender discrimination and violence in South Africa affect young women and may cause greater degree of trauma, especially in a traditional and patriarchal country like South Africa.
- Lack of control over one's circumstances can be disempowering for women and may also contribute to increased depression symptoms.
- They are able to express themselves because they have been socialised to do so and talk about their feelings (Nduna et al 2013:47).

Kossigan et al (2020:452) identified academic pressure and personal factors such as body image and self-image to be major causes of stress for young women. The above findings differ from the finding of Kundu et al (2021:5) who conducted research with students from Bangladesh, India, Pakistan, Malaysia, Turkey, Egypt, Australia and the US. They conclude that there was no difference in the prevalence of depression between the two sexes. The researcher is of the opinion that females are more prone to depression than their male counterparts; this opinion can be supported by the fact that over many years in counselling, the monthly statistics indicate that more than 80% females who utilise the counselling programme suffer from depression, compared to males.

Poor Sleep Quality

It was discovered that students who had poor sleep quality were more likely to experience depressive symptoms and as the students' sleep quality declined, their levels of depression and likelihood of experiencing depressive symptoms increased (Çelik, Ceylan, Ünsal & Çağan 2019:5; Moffatteh 2021:56). The findings by Islam et al (2018:422) earlier confirmed that poor sleep quality was a significant factor for students' depression. Çelik et al (2019:625) also assert that sleeplessness is a symptom of anxiety. According to a survey conducted by the Anxiety and Depression Association of America, stressing about falling asleep at night, contributes to higher levels of anxiety (Lun, Chan, Ma, Tsai, Wong, Wong, Wong & Yan 2018: 471; Wiraszka et al 2019:145). A recent review of studies found that 18.5% of university

students struggled with insomnia compared to 7.4% of the general public (Twenge et al 2019:197). According to Celik et al (2019:629), the findings of their study indicate that as the quality of sleep deteriorates, the depression symptoms increase. Overall, poor sleeping habits can also be linked to poor learning capacity and a high rate of anxiety and stress, thereby leading to depression. The researcher has noted that many students have poor sleep patterns, due to heavy academic workloads, poor time management, interpersonal problems and stress. Based on the observations made by the researcher, many students have part time jobs to supplement payment of tuition fees and it is often a juggling act to manage work and studies. Students end up doing submissions under time constraints and this causes anxiety, stress and poor academic performance which has a ripple effect, eventually resulting in depression. Poor sleep impacts on concentration levels, comprehension and the ability to focus. Compromised sleep is therefore a risk factor that can contribute to depression.

Underlying Illnesses

Depression is more common among students who have chronic or an underlying illness (Celik et al 2019:4). Physical health can have an impact on mental health. The presence of an underlying disease prior to enrolment at university can be a predictor for depression throughout university years (Fukase 2021:5). This finding is consistent with studies that have shown that conditions like diabetes, cancer, heart disease and stroke can increase the likelihood of developing depression (Razzak, Harbi & Ahli 2019:280). Students with physical and mental disabilities can be at a disadvantaged position due to their limited participation in university life and this can lead to anxiety and depression (Mofatteh 2021:55). In their study of depression among Turkish students, Celik et al (2019:628) earlier underlined the above findings, by asserting that students who had chronic health conditions or a mental illness are predisposed to depression. They also found that the presence of an illness makes it difficult for students to engage in regular day-to-day activities and may predispose students to anxiety and depression (Celik et al 2019:628). A South African study conducted by Bantjes et al (2019:3) further confirm that university students with physical health conditions and pre-existing mental health conditions are predisposed to symptoms of depression. Therefore, it can be deduced that students who have underlying health

conditions prior to their first year of university or during their university years are more prone to depression. The biological factors discussed above, namely, age of the students, gender, poor sleep and the presence of an underlying illness, were found to be contributory factors to depression among university students.

2.3.3 Lifestyle factors

Kim (2022:5) asserts that lifestyle risk factors are strongly associated with depression. It can therefore be deduced that specific lifestyle factors can either reduce or increase the symptoms of depression. Included under lifestyle factors are the following factors, that are subsequently discussed hereafter: social support, the role of social media, the lack of support from friends and family, as well as cyberbullying.

Social Support

A strong support system can influence students' social and emotional wellbeing and decrease the risk of anxiety and depression during university years (Mofatteh 2021:56). A study conducted by Alsubaie et al (2019:485) confirmed that students who had greater social support were less stressed and adjusted better to campus life (Alsubaie et al 2019:485). Studies have shown that those students who are in stable relationships with their families are more likely to be satisfied with their overall quality of life (Beiter et al 2015: 91). However other scholars assert that social support from peers is vital for students and is a strong predictor of depression compared to social support from family (Alsubaie et al 2019:492). This can be attributed to the intimate bonds, close proximity and sharing of common experiences with peers within this age group. The researcher has observed that during this period, peer relationships become more important, the need for approval and fitting into the right social circles is also a priority. This life stage when students leave the parental home, is a time when they become independent young adults and there is a change in terms of them having more interaction with their peers due to proximity, socials at university and the desire to create new friendships and relationships.

Other scholars assert that a lack of social communication and interaction can contribute to depression amongst students (Ramón-Arбуés et al 2020:10; Ngin et al 2018:9). Social support makes people feel valued and connected and has a positive impact on their mental well-being. This sense of support serves as a protective factor

against depression. In contrast, the lack of good social support can have a negative impact which can result in isolation, loneliness and depression (Alsubaie et al 2019:492). Social support may decrease depression by enhancing self-worth and reducing negative thoughts (Ren et al 2018:1).

The researcher has noted that students feel a sense of belonging and acceptance within social circles and this can have a positive impact on their sense of confidence in terms of how they perceive themselves. Social support serves as a buffer against stressful life events and has been known to improve mental health (Alsubai et al 2019:485). Based on the researcher's observations, having strong, close relationships with peers could be a protective factor against depression, however, the symptoms of depression can also hamper the formation of social relationships. The abovementioned points highlight the significant role of social factors in preventing depression among university students.

Importance of social support from friends

Several studies confirm that the lack of good relationships is a contributing factor leading to depression amongst students (Teo et al 2013:6; Mall et al 2018:11; Alsubaie et al 2019:485; Farrer et al 2016:7). A South African study conducted by Mall et al (2018:11) indicates that stressors like breaking up with a romantic partner, discovering that a partner was unfaithful, betrayal by someone close to you, breakups with friends or family members, were all significant factors contributing to depression among students. For many students in this age group, being in a committed relationship has proven to be a protective barrier against depression. Farrer et al (2016:7) assert that being in a romantic relationship was found to be linked to a lower incidence of depression. However, during this developmental stage of adolescence, peers become significantly more important as a source of social support compared to family (Ebert, Mortier, Kaehlke, Bruffaerts, Baumeister, Auerbach, Alonso, Vilagut, Martínez, Lochner, Cuijpers, Kuechler, Green, Hasking, Lapsley, Sampson & Kessler 2019:3). It is evident that during this stage, the emphasis changes from parents to peers, as the student seeks independence from family. Having positive interpersonal connections with peers may act as a buffer against anxiety and depression (Lun et al 2018:471; Mall et al 2018:11). This view is confirmed by Alsubaie et al (2019:485) who assert

that social support from peers is a significant determinant for depression among university students. In other words, students who have social support from their friends cope better with depression than those who do not have support from friends. This is also evident in the researcher's observation of first year students and how they effectively cope with depression. In her work with students, the researcher has developed workshops, social programmes and support programmes, for first year students in order to facilitate support from the Student Liaison Body for first year students, as a way of assisting students to establish support networks on campus. These workshops, social and support programmes have been beneficial in promoting social relationships and support networks among students and has proven to assist students in coping with depression. Social peer support has been shown to improve mental health and serves as a buffer against depression.

The role of social media

The internet and social media can be excellent ways to foster relationships, but they can also be detrimental to the mental health of students (Haand & Shuwang 2020:781). Thapa and Subedi (2016:2) are of the view that the excessive use of social media and the internet can be a predictor for depression. Haand and Shuwang (2020:784) echo similar sentiments that the excessive use of social media is positively correlated with depression among students in Afghanistan. The aforementioned study has identified that the level of a student's addiction will determine the rate of a student's depression, in other words, the greater the level of addiction, the higher the level of depression.

Mofatteh (2021:57) is of the view that students who rely more on social media express a greater sense of loneliness which can result in anxiety and depression. Kundu et al (2021:6) further argue that social media is a key component in explaining depression, especially among university students. The study reports that students who experience loneliness sometimes seek solutions like spending time on social media instead of interacting with people in person. However, this method of using social media as a means of coping with loneliness can lead to social media addiction. Typically, first-year students who struggle with social media addiction are still getting used to university life and may not have developed strong social networks (Mofatteh 2021:57).

Thapa and Subedi (2016:2) are of the opinion that relationships that are formed through social media are less emotionally satisfying, resulting in social isolation and loneliness. Several studies have confirmed a link between social media use and depression, however some scholars, like Primack (2016:4), argue that the link between depression and the use of social media is controversial. According to Primack, a few studies found no relationship between the use of social media and depression and others confirm a positive impact on the wellbeing of students as it provides social support to users. It has been noted by the researcher that students who are less confident, find it easier to use social media than interacting face-to-face in a social context. More students are turning to social media sites like Facebook, Twitter, Instagram and TikTok as a source of social interaction (Mofatteh 2021:60). It is evident from literature that the use of social media does not encourage a sense of belonging and real engagement in relationships. Students may appear to be popular on social media and have many friends and followers but live very lonely lives. The researcher has also observed, through the counselling programme, that some students portray a very well-established social media following and a strong and influential profile which is very different from their real-life image and personality. Sometimes the social media image can be a fake image of themselves, but the reality is that the student is lonely and going through depression.

Cyberbullying

Bullying is the behaviour that occurs repeatedly, over a long period of time, where the bully attacks the victim with the intention of inflicting harm in the form of physical, verbal, or relational abuse (Moran, Chen & Tryon 2018:871). Cyberbullying can take place via electronic media on various online platforms like Facebook, Instagram, email and WhatsApp. It involves spreading negative rumours, receiving negative messages and threats, circulating pictures of an individual being bullied with the intention of bringing disrepute to the individual's online presence. It is well documented that being a victim of bullying dramatically increases one's risk of depression (Lisznyai et al 2014:55; Mall et al 2018:7). A South African study conducted over a 12-month period found that victims of bullying were around three times more likely to report current depression (Mall et al 2018:7). Another study confirmed that past experience of being

a victim of bullying is also linked to adult depression (Lisznyai et al 2014:55). Mall et al (2018:7) assert that emotional abuse and the experience of being bullied prior to the age of 17 were significantly associated with depression. Cyberbullying has a negative impact on psychosocial development, self-esteem, academic success and mental health issues, like depression and social anxiety (Cilliers, 2021:2). A recent South African study conducted with tertiary students in Eastern Cape has confirmed that the prevalence of cyberbullying at the university level was 36%, while 17.3% of students acknowledged that they have bullied other students online (Cilliers 2021:4). In South Africa, over the past few years, there has been various incidents where young people have committed suicide due to being bullied. A teenager from Pretoria, South Africa, committed suicide when a bully threatened to circulate a video of her nude pictures on WhatsApp (Pillay & Sacks 2020:373). Khutso Mabiletsa, a young lady from Limpopo, ended her life after a bullying incident (Motsoari 2021). The aforementioned statistics in terms of the cyberbullying among university students, as well as the students who admitted to engaging in bullying is alarming. It is evident from literature that cyberbullying is definitely another factor contributing to depression among university students.

In terms of lifestyle factors, social support, importance of social support from friends, the role of social media and cyberbullying are all contributory factors to depression among university students.

2.3.4 The impact of COVID-19 pandemic as a factor contributing to depression

In March 2020, universities, colleges, schools and businesses all over the world had to shut their doors, due to lockdown restrictions imposed in order to stop the spread of the COVID-19 pandemic. Depression and anxiety seem to be common for university students due to academic pressure, however the outbreak of the COVID-19 pandemic further increased the depression rate among university students (Chowdhury, Suvro, Farhan & Uddin 2022:2). A global cross-sectional survey across 63 countries that examined the impact of COVID-19 pandemic, has shown that young people are at greater risk to stress, anxiety and depression (Oh, Marinovich, Rajkumar, Besecker, Zhou, Jacob, Koyanagi & Smith 2021:271). The study further confirmed that 39% of

students reported depression and anxiety, 70% reported moderate depressive symptoms, 59% reported above average stress levels. Similar findings were made by Clabaugh et al (2021:6), who found that many students had difficulty dealing with interruptions and stress levels brought on by COVID-19. Another study conducted at an American university found that 48.14% of students experienced a moderate-to-severe level of depression and 38.48% experienced a moderate-to-severe level of anxiety (Wang et al 2020:191). In their study conducted with students at a university in Bangladesh, Chowdhury et al (2022:7) found that 76.4% of students suffered from depression and 77.3% suffered from stress.

The researcher is of the view that there has been a drastic increase in depression among students during the pandemic, confirmed by the counselling statistics that showed more than a 25% rate of increase in depression and anxiety among students. The researcher noted that fear and uncertainty of the future, disruption of academic goals, resulted in an increase in depression among students. The unexpected and uncertain nature of the pandemic further compounded stress and anxiety, resulting in depression. Students who had moved from other provinces in South Africa, to be closer to universities faced similar challenges as international students.

According to Islam et al (2020:6), the COVID-19 pandemic made it extremely difficult for graduates to achieve their future academic and professional aspirations. The pandemic resulted in a great deal of uncertainty and distress, particularly in the area of their academic work related to their ability to succeed in a different environment (Clabaugh et al 2021:2). Furthermore, the initial life goals and career plans were disrupted by the COVID-19 pandemic, which may have further elevated the stress and anxiety levels of most students (Wang et al 2020:189). The COVID-19 pandemic caused stress and depressive symptoms among those who had just graduated and planning to start their careers. The fear of catching COVID-19 also resulted in job insecurity which increased depression (Chowdhury et al 2022:2).

Due to the prolonged closure of universities, about two-thirds of the students were becoming despondent and worried that they were falling behind academically (Islam, et al 2020:6). Many students who reported greater anxiety about their academic future also reported increased stress levels and poor coping skills (Clabaugh et al 2021:5; Ochnik et al 2021:2). Millions of students were compelled to switch to online learning,

resulting in major disruptions in their studies (Clabaugh et al 2021:2; Wang; Yang; Yang; Liu; Li & Zhang 2020:189). Online courses could not satisfy the requirements of many students and a huge percentage of the students were unable to access online classes as they were not familiar with online learning (Islam et al 2020:6). The researcher noted that in South Africa, many students had to relocate to homes in rural areas where they had no access to online learning, furthermore the cost of data was also a financial constraint. According to Clabaugh et al (2021:2), students found it difficult to adapt to a new learning environment due to inexperience as well as poor access to academic resources. The study further established that roughly one-third of students felt that their academic future was in jeopardy due to the COVID-19 pandemic and about 30% of students indicated that they were likely to discontinue classes, should these classes be conducted online. The researcher can confirm that during the lockdown period, many students deregistered with the academic institution where the researcher is employed. A large percentage of students were not attending online classes and lecturers had to develop innovative ways of teaching and learning as well as booster sessions in order to increase attendance and pass rate.

Apart from academic issues, the COVID-19 pandemic has brought tremendous financial strain on families (Islam et al 2020:6; Ochnik et al 2021:2). Financial difficulties have been linked to poor mental health in young adults. Studies around the world demonstrate a noticeable rise in depression, with the age group of 18 to 24 showing the greatest increase (Wang et al 2020). It has been noted that students were more vulnerable to mental health issues during this pandemic. Although they had a lower probability of COVID-19 related death in comparison to older people, they endured significant disruptions, during a major life stage (Clabaugh et al 2021:1).

The COVID-19 pandemic has contributed to the greatest global economic downturn in the past eight decades (Ochnik et al 2021:2). Considering the elevated levels of anxiety and depression during previous economic crises, the economic instability brought on by the pandemic is a substantial risk factor for depression. According to Statistics South Africa (2022), the rate of unemployment in South Africa increased to 34.9% in the first quarter of 2022. In their study, Visser and Law-van Wyk (2021:230) identified a link between a decline in mental health and the COVID-19 pandemic. Some of the reasons cited include financial struggles due to the loss of employment.

The researcher has observed that the pandemic has impacted many corporate companies and businesses resulting in loss of employment which has had a ripple effect on many sectors. Some students were unable to complete the academic year due to financial constraints. The financial impact of the pandemic has caused increased stress and anxiety levels. Students were uncertain about their future career prospects, resulting in elevated stress and anxiety levels. Due to financial instability, retrenchments, loss of income, many students have had to drop out of university. The researcher has also noted this trend in South Africa where many students who were working part time to supplement their income were not able to earn an income anymore due to the lockdown. Many students were also not able to complete their studies due to financial constraints, others who had completed their degrees in 2019 were not able to find employment or internship opportunities. Students who secured overseas employment were unable to travel out of the country, resulting in unemployment. International students could not travel back home due to financial constraints as well as the travel restrictions imposed.

Another factor associated with depression amongst students during the COVID-19 pandemic was that many students had confirmed COVID-19 cases in their family units (Wang et al 2020: 191). This study found that students with COVID-19 positive family members and relatives were three times more likely to experience depressive symptoms than students without confirmed COVID-19 cases. Therefore, students who had family members who were positive, were at a higher risk of depression.

Students were required to stay at home and isolate in order to stop the pandemic from spreading. The isolation period lasted for a longer time than anticipated, this prolonged isolation period increased the likelihood for depression (Wang et al 2020:189). Stress was increased by prolonged quarantine (Visser & Law–van Wyk 2021:230). Chowdhury et al (2022:2) confirmed a definite link between the length of quarantine time and depression among students. The uncertainty around the pandemic in terms of the development of the COVID-19 vaccine, the death rate of COVID-19 positive individuals and the many fears and misconceptions of the pandemic were very unsettling for students (Yu, Tian, Cui & Wu 2021:7). Due to the uncertainty of the pandemic, it was very difficult for students to plan ahead in terms of future careers.

The prolonged isolation period, confirmed positive cases among family members, fear and anxiety around the pandemic, contributed to an increase in depression among students.

According to a South African study, academic isolation, a lack of control, feeling like life was on hold, being isolated from loved ones and having limited freedom were the most stressful factors contributing to depression (Visser & Law–van Wyk 2021: 230). The social, economic, physical impact of the COVID-19 pandemic affected academic goals, future employment and internship opportunities, have all contributed to an increase in stress and anxiety levels resulting in depression among university students. Looking at the abovementioned studies across the globe, as well as locally, the COVID-19 pandemic has been a significant factor contributing to depression among students. The findings presented above demonstrate the stressful impact of the COVID-19 pandemic which has resulted in an increase of depression among university students.

2.3.5 Academic stress as a factor contributing to depression

According to a South African study conducted over a period of 12 months, 78.6% of the students reported academic stress as a contributory factor to depression (Mall et al 2018:6). For many first-year students, the academic expectations, academic workload, adjustment to different academic system compared to high school can be stressful. The rate and severity of depression increase during examination time indicating a direct causal relationship between academic pressure and students' mental health (Mofatteh 2021:54). Hence, the pressure of the academic workload can result in depression and vice versa, if there's a history of depression, this can result in poor academic performance. An increase in academic difficulty creates greater stress and anxiety for students, resulting in poor academic results, which may create a vicious cycle (Lun 2018: 471). In the researcher's view, academic success is important in securing internships, job opportunities and career success. Therefore, achieving poor grades can have a negative impact on students' mental health and lead to depression. Mofatteh (2021:54) emphasises that undergraduate academic achievement could affect chances for the future, such as employment success or admission to postgraduate programmes. Some students experience depression towards the end of their studies, fearing the end of student life and transitioning into

the “grown-up world” which is full of new challenges, such as securing employment or getting married (Vulić-Prtorić 2021:63). Farrer et al (2016:2) are of the view that pressure to succeed, post-graduation plans, body image and self-esteem were among the top ten sources of concern for students. These issues are linked to moderate to intense stress. Academic stress can be detrimental to the mental wellbeing of university students and if not managed properly, prolonged academic stress and anxiety can result in depression.

2.3.6 Finances as a contributing factor to depression

A similar finding, both in local and international research, is that financial stress is a substantial factor contributing to depression in young adulthood (Farrer et al 2016:6; Lisznyai et al 2014: 61; Pretorius & Blaauw 2020:60). Scholars indicate that financial stress increases the likelihood of experiencing depression and suicide (Kossigan et al 2020:452; Pretorius & Blaauw 2020: 60). According to Lisznyai et al (2014:61) almost all international studies indicate that financial challenges are associated with depressive symptoms during young adulthood (Lisznyai et al 2014: 61). Financial pressure is a serious challenge facing many South African students, resulting in the “fees must fall” campaign in 2015 (Bantjes 2019:9). The cost of university fees was not affordable and many students found it difficult to complete their qualifications and secure proper employment. Students all over the country were experiencing financial pressure and drew the attention of academic institutions to review the cost of tertiary education. The financial situation or economic issues can be detrimental to a young person's mental health (Celik et al 2019:4; Bantjes 2019:2). This argument is further strengthened by Farrer et al (2016:7) who contend that students must balance the rigours of their studies with increased financial independence, high living expenses and limited employment opportunities. Throughout her years of experience in managing student wellness, the researcher has observed that students who struggle financially find it very difficult to excel academically due to the stress of not meeting financial obligations. This implies that students' financial difficulties can influence their mental health. The findings of Farrer et al (2016:7) indicate that financial problems increase as students progress through their academic careers and many worry about accruing debt after they complete their studies. It is a reality for many students that their study loans can only be paid once they have started earning a stable salary, in the meantime the interest on the debt continues to increase. Students often take up

part time work to subsidise tuition fees, accommodation fees and other expenses and it can be very stressful to study and hold a part time job. Students who work must maintain a healthy work-life balance, the amount of time they spend working might have an impact on their education (Mofatteh 2021:60).

Many students move away from home for the first time when they leave for university, they are now responsible for the costs of daily living expenses including food, clothing, rent and other expenses (Farrer et al 2016:7). This could lead to mismanagement of finances as they were never exposed to financial responsibility of this magnitude. The great stress that financial concerns place on students indicates a need for finance workshops that teach students about managing a budget, saving and investing (Beiter et al 2015:93). These workshops may assist to reduce the stress of students. It is evident from the preceding discussion that financial difficulties are also contributing to depression among university students.

2.4 SUMMARY OF THE CHAPTER

The literature reviewed has drawn attention to the general increase in the prevalence of depression with specific reference to the factors contributing to a high rate of depression among university students. The researcher linked previous studies with the most recent studies to gather rich information about this topic. In this chapter, depression as a mental health condition, symptoms of depression, consequences of depression, prevalence of depression, psychological factors, biological factors, lifestyle factors, the impact of COVID-19 pandemic, academic stress and finances as a contributing factor to depression were explained. In the chapter that follows, the researcher presents the methodology used in this study for data collection and analysis.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter provides a comprehensive account of the research methodology that was used during the execution of this study. The discussion covers the implementation of the qualitative research approach, guided by a case study design that was applied within the exploratory-descriptive framework of qualitative studies. The chapter further outlines the research methods which include the study population, sampling, how the data collection procedures unfolded, pilot testing of the data collection tool and the data analysis procedures. The chapter concludes with a comprehensive description of how the trustworthiness of the study was ensured.

3.2 RESEARCH METHODOLOGY

Research methodology includes the methodology and processes that are used in the study (Godwill 2015:112). Taylor, Devault and Bogdan (2016:3) define the term 'methodology' as the way we approach problems and look for solutions. Creswell et al (2020:24) describe methodology as a directional system for resolving problems. In other words, research methodology includes research methods that are most relevant for collecting and analysing data to produce a body of knowledge and solutions about a phenomenon. Creswell et al (2020:56) further argue that methods are the tools that researchers use to collect data. Hence, research methodology includes the approach of research, the design of research, the collection of data, the analysis of data and the verification of data, as a means of describing and explaining phenomena. Qualitative researchers focus on in-depth perceptions, descriptions and experiences of participants (Bezuidenhout et al 2014:34). This brings us to the concept of the research approach which is discussed below.

Research approach

According to Willig and Rodgers (2017:10), qualitative research is a type of research that focuses on human understanding, to find out how people think and feel. The researcher sought to understand how participants thought and felt and these feelings, thoughts and perceptions assisted in understanding factors that contribute to a high

rate of depression amongst university students. The researcher is of the stance that with qualitative studies, most data are collected using interviews which enables the researcher to comprehend the phenomenon from the viewpoint of the participants. It was therefore decided that the study should be conducted using in-depth interviews. Qualitative research focuses on the circumstances and outcomes from the viewpoint of participants (Teherani et al 2015:669). According to Roller and Lavrakas (2015:9), the researcher captures data on the perceptions of individuals by paying close attention and exercising empathy. In-depth interviews allowed the researcher to capture perceptions of participants through deep attentiveness and empathic understanding. According to Bezuidenhout et al (2014:34), qualitative research focuses on perceptions and behaviours. Simply put, qualitative research is used to achieve detailed knowledge of behavioural patterns to establish participants' perceptions and emotions. Fundamentally, qualitative researchers focus on how individuals perceive and comprehend their world at a given time.

Characteristics of Qualitative Research

The principles of qualitative research approach are explained to emphasise the suitability of this research approach to this study. Qualitative research is more exploratory and descriptive, providing insight into how one understands aspects of their world (Willig & Rodgers 2017:9). In this study, the qualitative research approach ensured that the researcher could examine the factors contributing to a high rate of depression amongst university students, by understanding the views and perspectives of participants. During the data collection process, participants were given the opportunity to describe the factors contributing to their depression. Open-ended questions were used to extract rich details of the factors contributing to depression, detailed perceptions of participants' circumstances were also explored. These characteristics of qualitative research have been applicable in this study and they tie in with the research objectives of exploring and describing the factors contributing to a high rate of depression among university students between the ages of 19-23 years.

According to Yin (2016:9), qualitative research focuses on studying the significance of human lives in the context of the real world set up, in order to represent views and perspectives of people. Interpretation is a prominent element of qualitative research

because qualitative research is about ascribing meaning to experiences and events (Willig & Rodgers 2017:274; Merriam & Grenier 2019:3; Pope & Mays 2020:20). In other words, qualitative researchers focus on meaning and interpretation of various events and circumstances, according to what and how the participants share. The use of a collective case study, using in-depth interviewing, provided the researcher with an in-depth perspective on the meaning and interpretation of the factors contributing to a high rate of depression amongst students in the age group of 19 -23 years. This was enabled by the interpretative element of the qualitative research approach.

Overall, qualitative studies seek to provide answers to the "what," "how," or "why" of a phenomenon rather than the "how many" or "how much." Scholars like Merriam and Grenier (2019:13) and Yin (2016:13) argue that a qualitative approach is appropriate if you want to understand a phenomenon or uncover the meaning of a situation. Qualitative research approach was most appropriate in this study as it has assisted in providing new insight and uncovering meaning in terms of understanding the factors contributing to depression, from the perspective of the participants. Qualitative research focuses on explaining behaviour and cognition (Yin 2016:10). Using a qualitative research approach enabled the researcher to understand behaviour and thought processes leading to the factors contributing to a high rate of depression amongst students in the age group of 19 to 23 years. The qualitative research approach also enabled the researcher to explore the factors contributing to a high rate of depression by conducting in-depth interviews with participants.

Having discussed the research approach, it becomes also important to provide a detailed account of the research design that was used for this study.

Research Design

The research design is the full plan for a study, it includes the research strategy, conceptual framework, who or what will be studied, the mechanisms as well as the strategies for analysing data (Punch 2014:114). Merriam and Grenier (2019:12) confirm that the design of a study includes shaping a problem from literature, forming a research question, choosing a sample, gathering data, analysing data and presenting the findings. In explaining research design, Mligo (2016:78) states that the research design answers the following questions: what approach will be used and why, the theoretical framework that will be used, data collection strategy, as well as the

ethical principles that will be applied. This implies that all aspects of the research design must be planned specifically towards answering the research question (Bless et al 2013:130). Therefore, Punch (2014:223) asserts that the research design should link the research questions and data, showing what tools and procedures were utilised in answering the research question. Simply put, the research design is a comprehensive plan of action for the whole study (Bezuidenhout et al 2014:93). Hence, the research design serves as a road map for everything that was done from the beginning of the study to the completion of the study. It means that the research design sets what begins, then what follows and how the research process ends. According to Creswell et al (2020:83), there are five approaches to qualitative research design, namely, case study, grounded theory, ethnography, historical and phenomenology. Case study design, specifically, collective case study, was employed in this study to gain insight into the factors contributing to an increase in the rate of depression amongst university students from the age group of 19-23 years. This design was used within the notion of qualitative studies being exploratory and descriptive in nature. Due to the COVID-19 restrictions, the contextual element could not be applied in this study, the participants were interviewed virtually. A brief discussion of the case study strategy follows, in an effort to illustrate how it was applied in this study.

Case Study

Case study is a methodical and in-depth study of a specific case within its context. (Bertram & Christiansen 2014:42; Creswell et al 2020:89). According to Grima-Farrell (2017:72), case study is an explorative study of a single case or collective cases through meticulous data collection, providing information rich in context. Case studies are explorative and descriptive, aiming to describe a phenomenon within a specific context. In defining a case study research, Patten and Newhart (2018:174) argue that this design describes a phenomenon holistically, justifying as many factors as possible and emphasising precise, descriptive details of a phenomenon.

In the researcher's opinion, a case study is an explorative and descriptive study of a specific phenomenon. Given the importance of case studies being explorative and descriptive by nature, in-depth interviews were conducted to understand the participants' situation. In this way, the researcher was able to gain more precise data,

as well as an extensive, holistic understanding of the factors contributing to a high rate of depression amongst university students within the age group of 19 to 23 years. Scholars such as Bertram and Christiansen (2014:42); Grima-Farrell (2017:74) are of the view that multiple cases can be studied to gain a detailed understanding of a phenomenon in a real-life setting. Using this idea as a basis, the researcher adopted a collective case study design to understand the factors contributing to a high rate of depression amongst students. The relevance of a collective case study design in this study was emphasised, based on the following important points:

- Data gathered from collective cases is stronger and more convincing than that of a single case (Grima-Farrell 2017:74). Hence, a collective case study generated detailed description and common themes from different participants, of the contributory factors leading to a high rate of depression amongst university students.
- Collective cases allow for complex and numerous factors to be addressed in terms of their links and interactions within various contexts (Gummesson 2017:8). In this instance, the researcher was able to gain insight of how the factors contributing to depression are linked to each other, taking into consideration the responses from different participants and their unique circumstances.

Taking into consideration that this study encompassed an explorative and descriptive element, a collective case study design was deemed most suitable.

3.3 RESEARCH METHODS

This subsection is aimed at clarifying the research methods that enabled the researcher to answer the research question. According to Creswell et al (2020:57), methods are the mechanisms that researchers use to gather data. Patten and Newhart (2018:3) state that research methods are the processes used in data collection for analysis in order to create better understanding of a topic. The following sections are presented to highlight the methods that were used in this study, namely, the study population, the sampling process, preparation of participants for data collection, data

collection methods and procedures, pilot testing, data analysis and how the trustworthiness of the study was ensured.

3.3.1 Study population

In describing a population, Brynard et al (2014:57) state that a population refers to a group which possesses specific characteristics. According to Allen (2017:284), a population comprises objects of a particular type possessing the knowledge or data that is required by the researcher. In this study, the population comprised university students from the ages of 19-23 years who were diagnosed with depression at some stage in their life. In line with ethical procedures, permission to conduct the study and for the use of student participants was obtained from the Independent Institute of Education (IIE), which has campuses in Johannesburg, Durban, Cape Town and Pretoria. Roller and Lavrakas (2015:5) argue that one of the characteristics of qualitative research is that the researcher is also the data gathering instrument and the closeness of the researcher and participants raises concerns regarding the researcher's ability to collect data in an unbiased manner. Based on this notion, the researcher focused on the campuses where she is not stationed, namely, Cape Town, Pretoria and Durban campuses and excluded the Johannesburg campus. The researcher has personal relationships with the students at the Johannesburg campus, it was therefore more appropriate to conduct the study with participants of other campuses whom the researcher has never met before. The Johannesburg campus, where the researcher is employed, was only used for pilot testing the data collection tool.

3.3.2. Sampling

Sampling is a selection process where a portion of a population is chosen to represent the entire population (Allen 2017:284). Sampling enables researchers to study a subset of the population using analytical techniques to draw conclusions about the population as a whole (Patten & Newhart 2018:3). Taking into consideration time, financial and geographical constraints, the researcher was not able to access all individuals in the population. Therefore, a sample was selected from the population described above.

Sampling Methods

For qualitative researchers, non-probability sampling techniques are more useful to assess the social reality in which they are interested (Alston & Bowles 2018:93). In qualitative research, non-probability sampling is used for descriptive studies (Punch 2014:160). Convenience sampling, quota sampling, purposive sampling and snowball sampling are customarily used in qualitative research (Alston & Bowles 2018:123). In this study the researcher utilised a purposive sampling technique.

Purposive sampling involves carefully selecting participants to ensure that the sample is pertinent to the research questions (Bryman et al 2014:186). In purposive sampling, participants are chosen purposefully, based on specific criteria of selection (Bezuidenhout et al 2014:142; Allen 2017:1255). This type of sampling is used in situations where sampling is done with a particular purpose in mind (Creswell et al 2020:220). According to Punch (2014:164), purposive sampling is deliberate, samples are selected according to some criteria drawn from the overall logic and strategy of the study. Purposive sampling is also called intentional sampling, the sample is chosen “on purpose” because the sample meets specific criteria (Terrell 2016:74). In other words, the participants chosen possess specific knowledge or information for a particular study. In this study, the researcher used the purposive sampling technique, by means of stipulating the inclusion criteria of participants in the invitation. The participants for this research study were from the Durban, Cape Town and Pretoria campuses, as already indicated earlier. Participants were selected by means of an online invitation to participate in the research study. An invitation to voluntary participation, was sent via email, to all students based at the campuses in Durban, Cape Town and Pretoria. This invitation was also sent via the student portal as a notification informing participants about the study and the criteria for selection (See Addendum L). In this manner, the researcher ensured that the provisions of the POPI Act were observed and the counsellor/therapist-client relationship was not compromised.

The criteria for inclusion in the sample were as follows:

- A student registered with the Independent Institute of Education (IIE), who is studying at the Cape Town, Durban, or Pretoria Campuses.
- An undergraduate student who is between 19 and 23 years of age.
- Students who were at some time, diagnosed with depression.

- Students of all races.
- A student of any gender.
- Students who were keen to take part in the study.

The criteria for exclusion in the sample were as follows:

- Unwillingness to participate.
- Registered students of the Independent Institute of Education (IIE) based at the Johannesburg Campus.
- Students outside the age category of 19-23 years.
- Students presenting with any other condition except depression.

Purposive sampling was the most suitable sampling technique in gathering data that assisted the researcher to answer the research question.

Sample Size

It is crucial to keep in mind that size of a sample in qualitative studies is not predetermined, therefore the researcher used the point of saturation for that purpose. There are two criteria that can be used as a guideline for sample size, that is sufficiency of participants and data saturation (Seidman 2013:58). Data saturation is achieved when themes and categories are saturated, meaning that no new data are generated (Creswell et al 2020:92; Roller & Lavrakas 2015:362). With data saturation, subjects are interviewed on the topic until no new information is forthcoming (Ary, Jacobs, Sorensen & Walker 2019:401). The researcher conducted in-depth interviews with participants until such time that there was no new information coming forth and this was used to determine the size of the sample for this study. The point of saturation was reached at the 13th interview, where there was no new data coming forth, therefore the researcher decided not to continue further with interviews. The sample consisted of 13 participants who met the criteria of selection.

3.4 DATA COLLECTION

The subsection that follows outlines the process of data collection that was used in this study which includes preparation of participants, data collection method and pilot testing of the data collection tool.

3.4.1 Preparation of participants for data collection

The researcher applied for ethics approval from the UNISA Research Ethics Committee and permission from the institution where the study was conducted. Once ethics approval and permission had been obtained, the researcher engaged in the process of recruitment of participants. An invitation to voluntary participation was sent, via email, to all students based at the campuses in Durban, Cape Town and Pretoria. After the prospective participants consented to participate in the study, the researcher contacted each participant telephonically. Participants were briefed on the goals and objectives of the study. The researcher shared all information pertaining to the study with the prospective participants, including the frequency of interviews, time and dates for the interviews. The researcher explained that interviews would be recorded, depending on the consent by the participants and then transcribed and thereafter analysed. The ethical code of conduct was also discussed and explained to prospective participants. Those who decided to participate, after all the information on the study had been shared with them, were requested to confirm their decision through completing and signing the consent forms.

The study was conducted during the global COVID-19 pandemic, the researcher had to therefore modify her data collection methods, as advised by Moises and Torrentira (2020:78) and Lobe, Morgan and Hoffman (2020:1). Due to the global COVID-19 pandemic, the researcher had to take into consideration the ethical principle of the right not to be harmed. The institutions from where the researcher recruited participants have moved from face-to-face lectures to an online platform. The researcher had to therefore create a Google consent form that was emailed to prospective participants. These forms were completed by participants and returned to the researcher. In this way, there was no social contact with participants. The consent form is attached as Addendum A of this dissertation.

3.4.2 Data collection methods and procedure

In-depth interviews were employed to gather comprehensive data about the factors contributing to a high rate of depression among university students. Qualitative data collection aims at collecting and generating grammatical or visible data for analysing and comprehending phenomena and making meaning of processes (Flick 2018:15). Richness and depth of information are provided by qualitative data collection methods

(Bezuidenhout et al 2014:173). Qualitative research provides a comprehensive or detailed understanding of the personal experiences of the participants of the study (Bezuidenhout et al 2014:193). A study's data collection is crucial because it gives the researcher information that can be meaningfully analysed (Godwill 2015:79).

The data collection methods used in qualitative data collection include interviews, focus group, observation and participant observation (Patten & Newhart 2018:165). Interviews are the most commonly used method of data collection in qualitative research (Patten & Newhart 2018:161). The researcher used in-depth interviews as a form of data collection for this study. A brief account of in-depth interviewing is provided below to emphasise the choice and suitability thereof in this study.

In-depth Interviews

In-depth interviews are aimed at learning more about participants' views, opinions and beliefs about a specific phenomenon (Bezuidenhout et al 2014:188). During the interview, the researcher focuses on the lived experiences of participants (Merriam & Grenier 2019:88; Bezuidenhout et al 2014:188). According to Butler-Kisber (2018:63), interviewing is customarily used to get the 'what' and 'how' of lived experiences of people. In-depth interviews are conducted with participants in a one-on-one context. In-depth interviews can be very helpful to understand the context, providing important background information for the study (Saunders, Lewis & Thornhill 2015:392). In other words, in-depth interviews enable the researcher to acquire detailed, descriptive data to answer the research question.

Taking the aforementioned discussion into consideration, in-depth interviewing was the most appropriate data collection method for this study. The researcher chose in-depth interviewing because it allows for the extraction of information from participants during guided dialogues, which is crucial for data gathering in case studies. Most information in qualitative research is gathered through interviews, this enabled the researcher to understand the phenomenon from the participants' perspective. The researcher plays a significant role in conducting the interview session, ensuring that the interviewees understand the questions while also gathering the data required to answer the research questions (Gani, Rathakrishnan & Krishnasamy 2020:140). Open-ended questions were used to draw out experiences of students as well as their

detailed descriptions of the relevant factors that they found to have led to their suffering from depression. These interviews were conducted using exploratory and descriptive questions aimed at addressing the research question. In-depth interviews enabled the researcher to formulate specific descriptions of participants' experiences about the factors leading to depression. Open-ended questions were used to gather data about the participants' feelings, perceptions and understanding of the phenomenon.

The researcher used an interview guide which is seen by Seidman (2013:94) as a pre-planned list of questions that enable the researcher to acquire specific information. According to Roller and Lavrakas (2015:355); Nurul et al (2020:141), an interview guide is an outline of primary and secondary questions that a researcher can use to direct the course of an interview. Dempsey, Dowling, Larkin and Murphy (2016:483) recommend that an interview schedule be used as a flexible reference to incorporate suggestions for the best ways of phrasing questions, as well as transitioning from general to sensitive topics.

The interview guide consisted of seventeen open-ended questions on factors contributing to depression. Basically, the researcher focused on ensuring the interview questions were designed to address the study question. In essence, the quality of the findings of a study is dependent on how well an interview schedule is formulated. According to the researcher, the interview schedule is a guideline that the researcher uses during the interview, however probing techniques, asking open-ended questions is also important in acquiring more detailed data from participants, as well as for clarification purposes. In other words, an interview guide is a pre-planned set of questions that are posed during the interview. The researcher used an interview guide with pertinent key words, each key word was followed by probes and follow-up questions, which were determined by the participants' responses. In this way, the researcher was able to ensure that all questions relevant to the study were covered with each participant.

As mentioned above, one of the keys to successful interviewing is knowing when and how to probe. There are specific probing strategies that can be used to gain maximum data to justify feedback from participants (Creswell et al 2020:109). These strategies are discussed to emphasise their relevance to in-depth interviews:

- ✓ Detailed orientated probes are aimed at ensuring that you clearly understand the participant's responses. The researcher asked Who? Where? and What? questions, as she was interested in understanding everything that pertained to the factors leading to a high rate of depression amongst university students in the age group of 19-23 years.
- ✓ Elaboration probes provide the full picture of an event or situation and commonly involve asking the participant to elaborate on a particular event. (Seidman 2013:86). Participants were given an opportunity to elaborate on the factors contributing to depression, based on the open-ended nature of the questions posed.
- ✓ Clarification probes are used to check if your understanding of what has been said is accurate (Seidman 2013:86). The researcher used paraphrasing skills to clarify data provided, this was done to confirm what had been said.
- ✓ Open-ended questions, exploratory, descriptive and probing questions were used in the interviews to gain an understanding of the factors leading to a high rate of depression amongst those who present with symptoms of depression.

The use of in-depth interviews provided valuable data and facilitated the researcher's understanding of the factors contributing to a high rate of depression amongst students

3.4.3 Pilot Testing

In order to improve the effectiveness of the data collection tool, the researcher subjected it to the pilot testing process. A pilot test aids in the testing and improvement of research components (Yin 2016:39). In qualitative research, a few participants who fit the criteria of selection can be included in the pilot test, to ascertain whether relevant data can be obtained from participants (Strydom & Delport 2011:394). A pilot test is a mini study that is carried out with a limited sample of participants, before the main study (Allen 2017:1254). A pilot test refers to the pretesting of a specific research instrument, such as a questionnaire or interview schedule (Fraser, Fahlman, Arscott & Guillot 2018:262). It can be used to try out the questions and address any potential practical problems with research processes (Majid et al 2017:1074; Dikko 2016:522). It is crucial to run a pilot test for interviews because it might assist with improvising the actual interview (Mohan Rathakrishnan, Hariharan & Krishnasamy 2020:140; Majid et al 2017; Lim & Yusof 2017: 1073). According to Allen (2017:1254), pilot testing of an

interview is often used to prevent misunderstandings and difficulty in understanding questions. According to Roller and Lavrakas (2015:80), pilot testing of the interview guide is a crucial step of the in-depth interviewing, to ensure that appropriate questions are posed and that research objectives are met.

According to Dikko (2016: 522), pilot testing is important for the following reasons:

- Pilot interviews can highlight difficult and unnecessary questions.
- Keep track of the time it took to complete the interview to see if it was reasonable.
- Check to see if each question produces an adequate response.
- Check to see if the researcher has included every question required to measure all concepts.

The researcher found the pilot testing of the data collection tool to be crucial because it assisted in ensuring that relevant questions were posed to participants in order to acquire rich data. It also gave the researcher with a chance to test the questions and make necessary adaptations to ensure that the questions were understandable to the participants when the actual data was collected. The researcher was able to identify ambiguity in questions, wording of questions, grammatical errors and addressed them before conducting the main interviews.

Two students who matched the selection criteria were recruited to take part in the pilot testing process. In keeping with ethical principles, the pilot test was conducted at the Johannesburg campus where the researcher is employed. Consent forms were completed. In- depth Interviews were conducted with participants to establish whether the questions would be appropriate for the participants to understand and respond effectively.

The interviews were conducted online using Microsoft Teams. Each participant received a letter of informed consent and consent was obtained from them. The interviews were recorded on Microsoft Teams after the permission was granted by participants. The interviews ranged between 30 and 45 minutes. During the interviews, the same set of questions were posed to all participants. The interviews took place in English, as English is language medium for all IIE students. All identifying information like date of birth, student number and telephone number and email address were removed, in order that the participants' information remained anonymous.

As the goal of the pilot test was to evaluate the suitability of the questionnaire and to give the researcher an indication of what to expect during the actual data collection process, this was achieved. The interview guide was amended by including additional questions that were relevant and deleting some questions that were not relevant to the study. As a result, the pilot interviews enabled the researcher to modify the interview guide. This was a valuable part of the piloting process whereby issues relating to the effectiveness of the interview guide were identified and modified.

3.5 DATA ANALYSIS

According to Steinberg (2015:110), data analysis means making meaning of your results, both descriptively and interpretively. The analysis of data is a way of making sense of the feedback received as a result of using different methods of data generation (Dcruz & Jones 2014:134). Qualitative data analysis, interpretation of grammatical or visual data, is useful to provide meaning to data acquired (Flick, Scott, & Metzler 2014:5). One of the most crucial aspects in the research process is data analysis since without it, there can be no meaningful interpretation of the data (Godwill 2015:90). Hence, analysis of data is also a very important step in answering the research question. This critical stage was done meticulously in order to yield the answers the researcher had been looking for.

Grinnell and Unrau (2018:550) are of the view that an important method of data analysis for most social work research is thematic analysis. Terry, Hayfield, Clarke and Braun (2017:19) explain that thematic analysis is a process of identifying themes in qualitative data. The researcher utilised thematic analysis as a method of data analysis for this study. Thematic analysis highlights the main themes so that critical elements of the research phenomenon can be communicated and understood (King & Brooks 2018:220). The following points are key in thematic analysis, according to Grinnell and Unrau (2018:550) and Terry et al (2017:23):

- Knowing and understanding your data.
- Formation of codes for data analysis.
- Theming, which involves generating themes from your data.
- Reviewing potential themes and selecting the themes.

Once data had been collected, thematic analysis was used to analyse the data in the following manner:

- The researcher transcribed data word for word.
- The researcher then scrutinised the transcripts to get to know the data and understand common themes. The researcher read through the transcriptions several times to gain a proper understanding of the data.
- Once the researcher had transcribed and reviewed the data, she prepared the data for coding. The data were then coded by the researcher. Additionally, the data was forwarded to an independent coder for coding.
- The researcher then compared the report provided by the independent coder and her report.
- The researcher looked at similarities and differences between the data.
- The researcher also looked for patterns. Data with similar characteristics were allocated the same code. From the data codes, themes and sub-themes were identified and labelled.
- Thereafter, common themes were identified, the researcher then tied common themes and phrases together.
- The themes were selected and finally, they were interpreted for the presentation of the research findings.

3.6 ENSURING TRUSTWORTHINESS

According to Bezuidenhout et al (2014:252), in order for a qualitative research study to be valid and reliable, it is very important to establish trustworthiness. Creswell et al (2020:143) assert that trustworthiness is a crucial part of data analysis, findings and conclusions. Bezuidenhout et al (2014:258) propose four important criteria that should be used to achieve trustworthiness, i.e., credibility, transferability, dependability and confirmability. In order to build trustworthiness, qualitative researchers must ensure that transferability, credibility, dependability and confirmability are evident in their

research. These criteria were used to determine trustworthiness in this study and the details of how they were applied are presented as follows:

Credibility

Credibility, in the opinion of Mertens and Donna (2018:36), is belief in the authenticity of the findings. Amankwaa (2016:121) asserts that credibility is having assurance in the accuracy of the results. In order to maintain credibility, the researcher used the concept of member checking, which is regarded by De Chesnay and Roller (2014:15) and Lavrakas (2015:30) as the process of getting feedback from participants on data they shared with the researcher or the interpretations of the researcher regarding the feedback received. In this way, the researcher was able to ensure that the data shared by participants was truthful and consistent with the interpretation thereof. The concept of member checking gave the researcher an opportunity to verify findings. D'Cruz and Jones (2014:75) are of the view that the researcher must be able to demonstrate that the data accurately depicts the phenomenon under study. The researcher ensured that transcripts were checked and corrected by participants. After the conclusion of the interview process, participants were presented an opportunity to verify all data gathered.

Confirmability

Bezuidenhout et al (2014:259) and Amankwaa (2016:121) describe confirmability as the degree to which the results of a study are influenced by the participants and not by researcher bias. One of the major strategies for establishing confirmability is keeping an audit trail of interactions with participants (De Chesnay 2014:16). The researcher has kept records of all raw data and process notes. All audio, video and written records of interviews and transcripts are kept safe and protected by passwords. This audit trail is in place so that other researchers are able to scrutinise the process of conducting the study and the methods used in the study. As mentioned above, the researcher used the concept of member checking to get collect participant input to confirm the data they shared with the researcher. Additionally, the researcher analysed the data and compared her own analysis with that of the independent coder to further strengthen confirmability of the study.

Transferability

Transferability exists when the research design or results of the research are relevant to other research contexts that allow for transfer of knowledge (D’Cruz & Jones 2014:75; Roller & Lavrakas 2015:363). Amankwaa (2016:121) argues that transferability means that the findings of the study are applicable in different contexts. According to Adkins and Chauvin (2020:141), the researcher provides detailed contextual information such that readers can establish whether the findings can be applicable to their contexts. In this study, the researcher made sure that transferability is possible by the use of the thick description technique. The thick description technique entailed providing detailed information on the experience of data collection to provide rich, relevant data about the research setting, so the data is meaningful to a reader.

Dependability

Amankwaa (2016:121) is of the opinion that dependability means that the results are reliable and could be replicated. According to Creswell et al (2020:145), dependability is determined through implementation of the research design as well as the detailed data gathering and appraisal of the study. Bezuidenhout et al (2014:259) emphasise the connection between credibility and dependability, arguing that evidence of credibility can also guarantee dependability. The one strategy that is strongly advocated to achieve dependability in qualitative studies is the audit trail (De Chesnay 2014:16). The researcher kept an audit trail whereby the processes of the study have been documented to allow for verification, should there be a need for this.

3.6 SUMMARY

This chapter presented a detailed research methodology which included research approach, research design, population and sampling. A detailed explanation of the research methodology and techniques applied was presented. The chapter additionally presented details about the data collection which included preparation for data collection, method of data collection and pilot testing. The chapter concluded with the data analysis, which included how trustworthiness of the study was determined.

CHAPTER 4: RESEARCH FINDINGS AND DISCUSSION

4.1 INTRODUCTION

This chapter focuses on the presentation and discussion of the research findings derived from the collected data. The chapter gives an overview of the research participants' demographical information as well as themes and sub-themes identified from the data. The findings are contrasted with the existing literature. The sample consisted of 13 participants from the Durban, Cape Town and Pretoria campuses of the Independent Institute of Education (IIE).

In order to understand the factors contributing to a high rate of depression amongst university students, Beck's cognitive theory of depression was employed as the theoretical framework for this study. This conceptual framework was critical in analysing, interpreting and guiding the findings of the study.

4.2 BIOGRAPHICAL PROFILE OF PARTICIPANTS

Table 0.1: Biographical Profile of Participants

Participant	Age	Gender	Siblings	Qualification	Year of study	Diagnosis	Participants' condition	Parents' Marital Status
1	23	M	Older stepsister	Game Design	2	Diagnosed at 17	Able to manage symptoms with coping mechanisms	Divorced
2	23	M	Older sister	BCom	3	Depression 2017 Irlen syndrome	Taking medication, effective coping mechanisms	Married
3	20	M	Younger brother	BCom	2	Diagnosed at 16	No symptoms after high school	Married
4	19	F	Two older brothers	B Com	2	Polycystic ovary syndrome, depression at 14.	Happy but lack confidence	Married
5	19	F	Sister	Digital Marketing	2	Depression 2017	Managing symptoms with coping mechanisms	Divorced
6	22	F	Older brother & younger sister	Copywriting	3	Depression at 17 or 18	Managing symptoms with coping mechanisms	Divorced

7	19	Nonbinary	Older sister, brothers older and younger	Copywriting	3	Depression – self-diagnosed		Married
8	19	F	Two brothers	BA in Interior Design	1	Depression at the age of 14	No symptoms	Married
9	21	M	Sister and two step siblings	Graphic Design	3	Depression at 20	Currently on medication and in therapy	Divorced
10	22	F	Older brother	Graphic Design	3	Depression at the age of 14	Managing symptoms with coping mechanisms	Married
11	21	M		BCom in Digital Marketing	2	Depression at 21	Not depressed	Married
12	22	M	Sister	Game Design	2	ADHD	Not depressed	Married
13	23	M	Sister	BCom	Honours	Depression at 21	No symptoms currently	Married

There were five female participants, one non-binary, two homosexual and five male participants. The age group of participants were 19 -23 years as per the stipulated inclusion criteria of the study.

4.3 DISCUSSION OF THEMES AND SUB THEMES

This section outlines the various themes and sub-themes that emerged from the data analysis process. An interview guide was used for the interview, consisting of 17 broad questions. The factors that contribute to a high rate of depression among university students are discussed in the identified themes and sub-themes. These themes and sub-themes are summarised in Table 4.2 below.

Table 0.2: Themes and Sub Themes

Themes	Sub-themes
Theme 1: Participants' background and early life	1.1: The impact of divorce 1.2: An unstable home environment 1.3: Relocation during early life 1.4: Low self esteem 1.5: Violence in the home
Theme 2: High school experiences	2.1: Difficulty fitting in
Theme 3: Participants personal circumstances and living arrangements	3.1: Moving away from home 3.2: Loneliness
Theme 4: Personal factors	4.1: Body weight 4.2: Anxiety 4.3: Academic pressure 4.4: History of depression in the family 4.5: Lack of support structure 4.6: Underlying illnesses 4.7: Sexual orientation 4.8: Additional findings
Theme 5: The role played by support systems for students with depression	5.1: Family support 5.2: Additional support systems
Theme 6: Suggested interventions for those living with depression	6.1: The importance creating an awareness of the condition 6.2: The value of professional counselling

	6.3: Mental health services should become more accessible
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There are a variety of factors that contribute to depression among university students. As noted in Table 4.2, the next sections present a detailed discussion of the six themes and twenty-two sub-themes which are supported by verbatim excerpts from the interview transcriptions. The findings were compared to existing literature. The themes and sub-themes are addressed sequentially as shown in Table 4.2 above.

4.3.1 THEME 1: PARTICIPANTS’ BACKGROUND AND EARLY LIFE

It was revealed from the data that participants’ background and early life was one of the contributory factors to their developing depression. The participants revealed that they experienced much adversity during their early life because of divorce, growing up in an unstable home environment, relocation during early life, self-esteem and violence in the home. This finding concurs with that of Chen et al (2021:351) and Mall (2018:8), who argue that there is a robust link between early life circumstances and depressive symptoms. Participants revealed the following in response to their background and early life:

The impact of divorce

The feedback from participants indicate that their home circumstances were stable until their parents went through a divorce. The responses below reflect the views of participants:

“So, it was a pretty stable, very happy home up until about, say about seven or eight years old, my parents got a divorce, quite a messy one”.

“It was as good as it could have been, my parents got divorced when I was quite young, uhm so I’ve grown up being in a split household, so weekends going to my dad, during the week I’d be with my mom, every other weekend, I would go ahead to other parent’s house and that kind of stuff, so that’s been going on since I was about three years old.”

“I’m a child of divorce, so it’s all I’ve ever known. I was kind of like used to like being at my mother’s place for about a week and then the weekends I would go to my father, so I never had that like settled, like stable family.”

The views expressed above concur with the study conducted by D'Onofrio and Emery (2019:100), who assert that divorce is associated with a higher risk for depression in young people. Shafer, Jensen and Holmes (2017:859) earlier mentioned this finding that divorce stress is positively linked with depression in young adults. The changes related to divorce, for example, changes in parenting, finances, living arrangements, can have long term negative effects on young children. Shafer et al (2017:852) are of the view that the events both prior to the divorce as well as after the divorce can become a very stressful transition for children. The researcher is of the view that the conflict and fighting between spouses prior to the divorce is a very stressful experience for children and this can be a contributing factor to the development of depression. This becomes the situation because during this process, each parent is looking out for his/her interest and in most cases, forget about the wellbeing of the children. The researcher believes that the impact of divorce can be very difficult for young children to process and can lead to overwhelming feelings of anxiety, insecurity and rejection resulting in depression.

Unstable home environment

An unstable home environment during childhood period was found to be another factor that was shared by the participants. Divorce is a recurring theme that ties in with an unstable home environment. Participants shared their early childhood memories of spending alternate weekends with one parent and an absent father figure as having unsettled them. The participants also confirmed that there was constant conflict between their parents, this was very unsettling and contributed to an unhealthy home environment. One of the participants also reported that home was not a safe place when their mother's partner was drunk, they were not comfortable at home and felt unsafe. Another participant shared that they grew up in a single parent home where their dad was not present. This implies that the participant experienced parental attachment issues. In substantiation of this sub-theme, the participants stated the following:

"I remember being at home, back in Cape Town and, like it's very vivid, but my dad wasn't very present. He still isn't present."

"Yes I would definitely say so, so there's constant conflict between my father and my mother, essentially your parents are essentially your heroes when you're younger, right, so from a young age having to see your father as a villain, well and your mother as a victim is definitely not healthy in any regard."

“It was to do with my mother's partner at the time, her boyfriend. He, he just made things very unpleasant. You know, like always, deriding us, making us not feel comfortable. I guess just making the house a very unwelcoming place whenever he got drunk I felt unsafe to be around him because he was very inappropriate and loud.”

The above findings illustrate that an unstable home environment during early childhood is a contributory factor to depression. This sub-theme corroborates a study conducted by Sharma and Sharma (2022:79), who argue that an unstable home environment is associated with depression. The researcher has noted that students who have been exposed to an unstable home environment during early life and find it difficult to adapt to various transitions to campus life are prone to depression. According to Fredrick, Luebbe, Mancini, Burns, Epstein, Garner, Jarrett and Becker (2019:225), exposure to parental conflict in the home and constant negative emotional expressiveness is known to increase the symptoms of depression in young adults. Fredrick et al (2019:222) further argue that young adults brought up in these types of environments are likely to display negative social interaction behaviour patterns, such as social isolation and withdrawal, which have been linked to depression. This is in support of Beck's cognitive theory of depression, which emphasises that negative thought patterns and other cognitive biases lead to depression.

It is evident from the findings of this study that an unstable home environment is a contributing factor to depression among university students. The researcher is of the view that a home environment dominated by conflict between parents, including emotional abuse, absence of a father figure and the lack of stability in the home has a negative effect on the the psychological development of young children, resulting in them being predisposed to depression later in life.

Relocation during early life

Participants indicated that their family relocated to either a different province in South Africa or emigrated to another country during their early childhood, something that unsettled them. One participant explained that they struggled to adjust to the multicultural country like Qatar, compared to South Africa. Another participant indicated he had relocated from boarding school to the care of his grandmother and found this adjustment stressful. The feedback from participants is provided below:

“Ok, so where do I start, I was born in South Africa, it's actually very interesting, when I was six, my parents decided to actually, immigrate to Qatar, it's one thing going to Qatar and two cultures are so different. Qatar is multicultural, I grew up with 62 cultures in my school, so I struggled to find myself there”.

“My parents are both from Zimbabwe... I was born in England. Then when I was two, my parents came down to Johannesburg to plant a church with some other members and friends of those and we lived there for about 8 years until I was ten and then moved down to Cape Town”.

“Uhm so my dad is German. I've got one older brother, he is 26, my mom is a South African, yeah so. Born and raised here, we lived in Hong Kong when I was about 12 years old for about 8 months.”

“I was in Grade 7, so I think about 14. Uhm, I moved out of the boarding school at Grade 8, to move in with my grandmother, this was a very stressful time.”

“Early childhood, if I can start from when I was six, I was quite furious and unhappy when we did move from South Africa 'cause I was very attached to the family, I'm a big family man, I was attached to the grandpas and grandmas and family here.”

The above findings confirm that relocation during childhood is another contributory factor to depression. These findings concur with a study conducted by Morris, Manley, Northstone and Sable (2017:257), that affirm that children who are exposed to relocation report poorer mental health than those who are not exposed to relocation. According to Shafer et al (2017:859), relocation can be very stressful and traumatic for young children. The researcher's view is that relocation is a transition that results in homesickness, adjustment difficulties, loss of friendships, anxiety and fear of the unknown. This transition, along with the many adjustments, can become overwhelming and precipitate symptoms of depression. These findings highlight the negative impact of relocation during early childhood and the likelihood of developing depressive symptoms.

It was interesting to note that one participant indicated that during early childhood, they were not given the opportunity to express their negative emotions. As a result, this created a

pattern whereby they struggle to express their emotions as young adults, leading to them to suppress their feelings which led to the development of depressive symptoms. The following statement confirms the view of the participant:

“You know, like when we would cry as kids, we were told like you know, uhm stop crying, you know we're just told to stop crying, kind of thing, so it became this thing where I feel like I can't really express emotions that well.”

The above findings imply that poor emotional regulation can also be a contributory factor to depression. According to Compare, Zarbo, Shonin, Van Gordon and Marconi (2014:1), having the ability to regulate one's emotions is crucial when dealing with stress. Exposure to stress causes emotional dysregulation, which can have detrimental psychological effects, including depression. Zarbo et al (2014:14) further argue that ineffective emotion regulation is a factor contributing to development and maintenance of depression. It is therefore crucial to express emotions so that perceptions of stressful situations and behaviour can be changed. Sharma and Sharma (2022:81) see freedom of emotional expression as important for children so that they can be assertive about their thoughts and feelings. The results of their study reflect that the lack of emotional expression is a contributory factor to depression. This suggests that children who were not permitted the expression of negative emotions during their childhood, struggle to express their emotions later in life. This inability to express negative emotions causes a build up of unresolved negative emotions which could lead to depression.

Low Self-esteem

The data revealed that some of the participants had a low self-esteem in that they were shy and introverted during their childhood years. According to Ahmed and Çerkez (2020:3), individuals with an introverted personality usually have a low self-esteem and are socially isolated. This sense of a low self-esteem can lead to insecurity and depression. Participants shared the following:

“My early childhood, I've been shy since then, I've always been the quiet child.”

“As a young child, I was very shy and preferred to play with animals and the imaginary games.”

“In terms of emotional well-being as a child, I was very insecure about my general appearance for my entire existence.”

“My self-image is not very good at all, I'm not very happy with it, sometimes I'm not very confident, I am my worst critique, I still bother myself over small things.”

The participants' responses imply that they were shy, introverted, insecure and self-critical due to a low self-esteem. In her work with students, the researcher has observed that students with a low self-esteem are prone to depression, compared to those with a normal self-esteem. The above findings align with the findings of the study by Song et al (2020: 2454) and Makhubela (2019:57), that revealed that low self-esteem is one of the important contributory factors to depression. Markowitz (2016:300) echoes similar sentiments by asserting that youth at risk for depression have a low self-esteem. Beck's cognitive theory of depression provided a useful and relevant conceptual framework in understanding how negative thought patterns and perceptions lead to depression. The cognitive theory of depression is based on the way that an individual perceives, interprets and internalises an event, resulting in cognitive distortions that eventually lead to depression. The researcher is of the view that negative perceptions of oneself or a negative view of the world can lead to low self-esteem which can produce depressive symptoms. Zhou et al (2020:63) argue that low self-esteem is directly linked to depression and negative self-evaluations are a major factor in the development of depression. Therefore, a negative social-cognitive style is a consistent risk factor for depression (Zhou et al 2020:64). According to the researcher, negative perceptions about oneself or a low self-esteem can trigger negative perceptions related to social interactions which can influence the onset of depression. The lack of social interaction can result in feelings of isolation and loneliness which is associated with depression. Based on the cognitive theory of depression, this argument is further strengthened by Zhou et al (2020:55) who state that low self-esteem is a contributory factor of depression. According to recent research, which also aligns with previous studies, students who lack confidence are significantly at a greater risk of depression (Farrer et al 2016:6; Kossigan et al 2020:452). The findings of the study by Makhubela (2019:57) indicate that low self-esteem is linked to stressful life events like trauma experienced during childhood that can contribute to depression. In her work with students, the researcher has observed that students who have experienced trauma, an unstable home environment and rejection during their early childhood present with low self-esteem which affects adjustment to university, academic performance, social relationships and many other areas, thereby leading to depression.

In contrast to those who had a traumatic early childhood, there was also one participant who had positive early childhood experiences that were very good and stable. This is confirmed by what the participant shared:

“Yeah, but it was really, it was good, very stable, like my parents took good care of us, the home, we had a very stable home”.

Apart from his early childhood, this participant’s depression could be attributed to various other factors like academic performance, difficulty fitting in and loneliness, that is discussed later in this chapter.

Violence in the home

Violence in the home was identified as another contributory factor to depression. In terms of the information provided by the participants, violence in the home due to alcohol abuse, can be a trigger for depression. The statements below confirm what the participants shared:

Uhm, for me it's definitely any situation where a man is violent when drunk. My stepdad used to get violent when drunk. It's very triggering. So, it like reminds me of past experiences that I don't want to repeat.”

“We lived in a very unpleasant home situation for about 7 years and so, my mom's, husband after my dad, things happened and it ended with him divorcing and us getting a restraining order against him.”

The above statements illustrate the impact of violence as a trigger for depression. The participant explained that violence in the home was a trigger for depression as it brought about negative unresolved emotions attached to previous incidents of violence. Another participant explained that a restraining order had to be put in place in order to protect the family. These statements indicate that domestic violence has a traumatic impact on young children, creating fear, negative perceptions and anxiety which leads to depression. These findings are in line with Beck’s cognitive theory of depression which highlight the impact of negative thought processes as a contributory factor to depression. The current finding is supported by studies conducted by Flisher et al (2012:149) and Nduna et al (2013:43) who assert that exposure to domestic violence increases the risk of depression among university students. Mofatteh (2021:53) echoes similar sentiments by stating that exposure to violence

in childhood has a correlation with depression later in life. This can be attributed to the trauma and anxiety of witnessing domestic violence in the home.

The findings of this study affirm that adverse early life circumstances contribute to depression later in life. The findings indicate that there was an association between the participant's background during early life and depression. The researcher is convinced that it is difficult for young children to process the trauma of adversity that is experienced during childhood as they do not have the mental capacity to work through trauma on their own. In cases where children did not receive counselling for trauma experienced during childhood, the researcher has noted through the student counselling programme that these children develop depression by the time they start university. The theme that follows below is high school experiences.

4.3.2 THEME 2: HIGH SCHOOL EXPERIENCES

It was revealed from the data that the high school experience was another contributory factor to depression. The sub-theme that emerged from the data was difficulty fitting in, which is discussed below.

Difficulty fitting in

The participants were asked about specific things that contributed to them developing depression. In response to this question, the participants reported to have experienced difficulty fitting into the system and felt a sense of rejection which could have contributed to them developing depressive symptoms. One participant stated that they were demotivated and felt a sense of hopelessness and did not look forward to going to school. Another participant reported that they had to seek counselling due to fear and panic attacks associated with school. In essence, school was reported to have been an unpleasant experience for some participants, as shown below by what they had to share:

"I'm saying then it was, I was sort of feeling very demotivated and a feeling of hopelessness you know, I would wake up in the mornings and I would not look forward to going to school. I felt like it would always be an uphill battle. I don't think I enjoyed school especially during grade 10 and 11, I don't think I really looked forward to going to school."

"Obviously, going to the school that I went to and the environment in that school wasn't good."

“So yeah, but my mom started taking it seriously in 2019 in my last year there, when I actually went to a psychologist and I remember crying in front of her and having a whole panic attack. Being like I don't wanna go to school 'cause it was really scary for me. I absolutely hated it.”

“I suppose so yes, that's yeah, but fitting in often comes up with like the connotation of friends and while I didn't have very close friends, I wasn't like alone, it was very much fitting into the system that I battled with”.

The above responses make it clear that the participants were not happy at school due to the environment and culture of the school. They felt that the school they attended was not in their best interests as it was not the right fit and as a result of this, they did not experience a sense of belonging. Children spend more than a third of their time in school, it can be beneficial for them to have a sense of belonging and develop healthy relationships with their peers (Markowitz 2016:298). One protective factor in the relationship between adversity and depression is school connection. Markowitz (2016:299) is of the view that students who are engaged in school feel close to peers and teachers and feel protected. The researcher believes that this facilitates a sense of belonging and is associated with a good self-esteem and well-being. The researcher is of the view that students who fit in well into the school system develop more confidence and resilience that could assist them in dealing with challenges and managing symptoms of depression more effectively than those who do not fit in.

In response to the question of fitting in, the researcher probed further to establish whether the participant had to change the way they looked. The participant stated that the environment was toxic and was not the correct fit for them as they were more creative and artistic rather than the sporty type. The statement below confirms the view of the participant:

“I think so, yeah, yeah I went to quite an, quite an old traditional high school in KZN, it's the oldest in KZN, full of tradition and full of all that stuff, you know, very old boy and that kind of thing you know, it can be very nice you know like getting pumped up for rugby and all that kind of stuff but yeah, it's uh, it can be a very toxic environment at times you know where I felt like because I was more on the artistic side you know, with my art, photography like kind of stuff you know I found it quite hard to fit in.”

The above response confirms that difficulty fitting into high school can be a contributory factor to depression due to not feeling a sense of belonging and common value. The lack of

a sense of belonging, as described by the participant, meant that they were not given the opportunity to express themselves in terms of their talents and abilities because the school did not place value on art and creativity but rather on sport. The underlying significance of Beck's cognitive theory of depression is that negative thought patterns and perceptions result in depression. The researcher is of the stance that a lack of a sense of belonging created a negative perception of self which led to symptoms of depression.

One participant revealed that they experienced difficulties at high school in terms of fitting in due to gender identity issues. It is evident from the information shared by the participant that they felt excluded from the school system and did not feel a sense of security and belonging. The participant found it difficult to fit into their school environment because they were different. This argument is supported by the following statements:

"I went to an all-boy's school and I realised I had several gender identity issues and crises, so, that introduced a lot of depression with matric and the stress of being non-binary at a boys school."

"I think it was being different from the system and knowing that the school would always be like "the boys" and being at an all-boys school, it just was constantly nabbing that I wasn't meant to be there".

"Definitely, definitely and realising that I was non-binary in the very binary world but also being at a school that was gendered and I wasn't, I felt very uncomfortable."

It is evident from the above responses provided by one of the participants that the stress related to gender identity issues was a contributory factor to depression. The participant did not feel accepted as a non-binary individual in an all-boys school. The results of this study concur with that of a study by Bantjes et al (2019:8) who confirm that students with atypical sexual orientations are at a greater risk for mental illnesses like depression. Hetrick et al (2020:7) also add that students with atypical orientation experience a sense of isolation as they see themselves as being different from others. This could be attributed to the fact that students with atypical sexual orientations are in the minority and it is also difficult to find acceptance and establish friendships. The researcher is of the view that when students feel a sense of belonging at school, it serves as a barrier against depression. This gives students a perception of being accepted and respected by fellow students at school. A sense of belonging to school promotes better achievement, it minimises risky behaviours and reduces emotional distress (Hatchel et al 2019: 2468). It can be concluded from the findings of this

study that it is important for students to feel accepted and have a sense of belonging at school. It becomes evident from these findings that a sense of acceptance and belonging is a buffer against depression.

4.3.3 THEME 3: PARTICIPANTS' PERSONAL CIRCUMSTANCES AND LIVING ARRANGEMENTS

It was revealed from the data that participants' circumstances and living arrangements played a role in the onset of depression. Participants who moved away from home to be closer to campus found that living alone for the first time created a sense of loneliness and isolation. This suggests that moving away from home can contribute towards the development of depression among university students. This theme is supported by two sub-themes, namely, moving away from home and loneliness. The discussion of these sub-themes follows below.

Moving away from home

Data collected from participants revealed that the transition of moving away from home created a sense of isolation and loneliness. One participant stated that spending special occasions like Mother's Day and Father's Day without a loved one can be a triggering factor for depression. The responses shared by the participants are as follows:

"I'm in Umhlanga, that's where I stay at the moment, a lot of my friends are at campus, I made quite a few friends from last year, it is quite nice, but I will say it, it can be a bit isolating sometimes you know when you live on your own".

"I'm living alone in an apartment, like I also mentioned, it does get hard sometimes because especially on Father's Day, Mother's Day, birthdays that's when it really hits and that's when I would say the depression starts because I would like to be with my mom, my dad however, I can't do that because they're not here."

Uhm, well I've moved out of home to be closer to my campus. So, I'm staying with a classmate of mine in Menlyn closer to school"

"I have moved out of my parent's house into a flat with, with my best mate and that's been about it for this year, it hasn't been too glamorous at the moment."

The study revealed that the participants felt isolated after they had to move out of their parental home to be closer to university campus. The findings of this study align with the findings of the studies conducted by Farrer et al (2016:6) and Çelika et al (2019:1) who argue that starting university is equated with leaving home for the first time and that this

phase comes with increased independence, pressure and new responsibilities. This argument is further cemented by Browne, Munro and Cass (2017:53), who argue that the stress of university life, can be exacerbated by moving away from family, friendships and social support networks. Farrer et al (2016:5) further state that university students who lived away from their parents were 95% more at risk of developing depression than those students who did not have to move away from home. According to the researcher's observation, university students experience multiple life transitions when moving away from home, for example, adjusting to a new environment, managing their own budgets, cooking their own meals, cleaning and maintaining their place of residence, all of which can be very stressful. It becomes evident that moving away from home can be a contributory factor to depression amongst university students. This can be attributed to the various transitions they experience which could trigger stress and a sense of not being in control of their lives. In terms of Beck's cognitive theory of depression, the sense of students not being in control of their lives can precipitate negative feelings of doubt, anxiety and fear which can result in depressive symptoms.

The sub-theme below focuses on loneliness as a result of moving away from home.

Loneliness

The findings highlight that the participants felt a sense of loneliness and isolation which was a contributory factor to depression. The participants felt that they could not speak to anyone about what they were going through and experienced a sense of helplessness in that they were not in control of their situations. This is confirmed by what they shared:

"It was a bit of isolation. I had a very good friend called X. But she wasn't very talkative, so we didn't ever really talk about our feelings. So, I think I might have felt a bit alone. I didn't have anybody to unpack my feelings with."

"So, like there wasn't anyone to talk to you, like I couldn't talk to my mother because I wasn't really close to her and although I love and very much trusted my younger sister, I didn't want to put her through that stress."

"Oh yeah, I'd say loneliness. Situations where I feel out of control of myself or my life, or things that are important to me."

The findings of this study overlap with that of Kılınç et al (2020:431) who concur that the prevalence of loneliness is higher among university students and is said to be associated with low moods and depression. This finding also concurs with Lisznyi et al (2014:61) who conducted a study with university students in Hungary. They explain that social loneliness is the most important type of crisis among university students. The researcher believes that social loneliness can be attributed to many life stage changes that students experience during their university years, for example, moving away from home, the loss of close-knit support structures and the challenges of adjusting to an independent life at university. Ren et al (2018:2) argue that depressed individuals induce negative reactions and create interpersonal difficulties in their communication, which causes people around them to avoid or reject them. This argument is further strengthened by Zhou et al (2020:65) who argue that depression impacts social relationships in a negative manner and assert that loneliness and the symptoms of depression could have a reciprocal impact, meaning that loneliness can be a factor contributing to depression and on the other hand, depression could be a factor contributing to loneliness. From these findings, it is evident that loneliness is a contributory factor to depression and vice versa. The researcher is of the view that loneliness and self-esteem go hand in hand, students with low self-esteem are self-conscious, they are anxious to socialise and lack the confidence to maintain social relationships. As a result, they end up feeling socially isolated and lonely which in turn, leads to depressive symptoms.

The information disclosed by the participants makes it quite evident that personal circumstances and living arrangements play a significant part in contributing to depression amongst university students. Moving away from home is accompanied by many adjustments that students are required to make, often resulting in loneliness and stress which leads to depression.

The theme that follows below discusses personal factors contributing to depression.

4.3.4 THEME 4: PERSONAL FACTORS

There are several personal factors that contribute to depression amongst university students. Personal factors were identified as another theme from the data provided by participants. The sub-themes that emanated from this theme are body weight, anxiety, academic pressure, history of depression in the family, lack of support structure, underlying illnesses, the impact of the COVID-19 pandemic and sexual orientation and they are discussed below.

Body Weight

It was established from the data that body weight resulted in insecurity and depressive symptoms for some participants as shown by the statements below:

“Also, I guess being a bigger girl also contributed a lot to my depression as well. I guess in a way, when you look in the mirror, body weight is also another source of depression”

“During my school years, definitely insecurity because I felt as if I was overweight, yeah 100% the main reason for the depression”.

“In terms of emotional well-being as a child, I was very insecure about my general appearance for my entire existence. Especially, I was quite overweight. I used to sit up late playing video games with my father and unfortunately, I don't have the same metabolism as him, so I picked up a lot of weight as we would keep on grabbing some snacks.”

The above responses show that increased weight gain was a contributory factor to depression in some participants. The participants felt insecure about their body image which induced depressive symptoms. This finding is supported by Najafipour et al (2021:7) who assert that obesity is a predictor of depression. The researcher has observed that a poor diet can lead to weight gain and individuals who are depressed tend to engage in emotional eating and binge eating, resulting in weight gain. This means that in the process of enhancing their mood and finding comfort in food, depressed individuals are oblivious to their weight gain. This behaviour can be seen as a vicious cycle that can perpetuate depression instead of controlling and preventing depression. This argument therefore implies that increase in weight and nutritional deficiencies can be linked to depression.

Anxiety

In response to the question about specific things that contributed to depression, the participants reported to have experienced anxiety. Participants reported having anxiety due to public speaking, family meetings and being alone. According to the participants, it was anxiety that made the depression worse. The participants shared the following statements in support of the preceding view:

“I have very bad anxiety. And I have a huge fear of speaking in public”.

“Oh yes, it's definitely the anxiety that does make depression worse, like I mentioned.”

“Whenever I had to meet my father's family I would be overwhelmed with anxiety and depression because I did not fit in with my father's family, so that was a trigger for depression”

“Anxiety and uneasiness were also other main things that led to depression, I constantly felt uncomfortable being the person I was.”

“So, I think that loneliness triggered anxiety in me because I thought I was going to have this friend coming to new school with me, but then she didn't, I was alone and depressed”.

The study indicated that anxiety is a contributory factor to depression. The participants described having overwhelming anxiety about family meetings. The overwhelming anxiety would be followed by depressive symptoms. The other participant explained that loneliness triggered anxiety which later resulted in depression. It becomes apparent from these findings that there is often more than one factor that contributes to depression. It could be multiple factors present that could precipitate depression. The current study concurs with the study conducted by Dalle and Mabandla (2018:2), who found that anxiety precedes depression in most individuals. Chronic anxiety may lead to the increase of cortisol levels and cause cognitive distortions in behaviour patterns and social interactions that lead to a higher risk for depression. Beck's cognitive theory of depression has a strong focus on negative thought patterns and cognitive distortions that lead to depression, the researcher has noted that students who experience consistent anxiety eventually end up having depression. This is because they are unable to manage emotional triggers of anxiety and lack proper coping skills. This view is confirmed by Song et al (2020:2454), who found that high levels of chronic anxiety symptoms was a prognostic factor for students with depression. This finding suggests that anxiety is a factor contributing to depression and it is therefore important for students to be equipped with proper coping skills that can be used to manage anxiety before it progresses into depression.

Academic Pressure

Academic pressure was another sub-theme which was identified to be a contributory factor to depression amongst university students. This can be attributed to the academic workload and pressure to obtain good grades. In terms of the information from the participants, expectations set by tertiary institutions as well as expectations set by family members are high. Their workloads are heavy, the participants felt obligated to produce distinctions and feared that they would be disappointing their family if their results were not good, as confirmed by the following sentiments:

“I had always been able to pass, with little effort, now as things are getting more intense, I started failing, but pressure from my family, I just knew that if I failed, I would be like incredibly disappointing them.”

“Things are heating up a little bit, more and more projects and assignments are due.”

“I think just a heavy workload definitely doesn't help the situation because any sort of pressure or more pressure, doesn't help in terms of schoolwork and that sort of thing.”

“Stressful situations, yes, I would say at varsity for instance, we have entire weeks just packed, full of assignments and tests and that can be very heavy on your mind”.

“Stressful situations or stressful experiences, definitely I, I don't wanna bring it to tests and deadlines because I know that's like a necessary part, but when I'm unprepared for an assignment or test, I have a weekend to do it, I will give into depression.”

The above responses reveal that academic pressure is a contributory factor to depression among university students and is supported by the findings of a South African study conducted by Mall et al (2018:6) over a 12-month period, where they found that 78.6% of the students reported academic stress as a contributory factor to their state of depression. According to Versteeg and Kappe (2021:2), students experience emotional issues resulting from the heavy academic workload, pressure to succeed and competitiveness among peers. Versteeg and Kappe further argue that academic stress, combined with greater levels of loneliness within the academic environment, foster the onset of depression. Ramón-Arbués et al (2020:2) share similar sentiments by arguing that academic stress about examinations and workload, time management, competition, stress about parental expectations and factors, such as age and gender, also play a role in the onset of depression. The researcher's view is that when a student fails an examination, they can experience depressive symptoms due to their negative mindset and the negative manner in which they perceive the situation. This is in line with Beck's cognitive theory of depression. It is clear from the preceding information that the pressure to succeed, the academic workload, expectations from parents, as well as tertiary institutions, can become overwhelming for students, combined with other identified stressors that university students face, have a bearing on them developing depression or relapsing, as it has been revealed that the onset of depression is earlier than the university age.

History of depression in the family

According to the participants, there was a traceable history of depression in their families. Markowitz and Ryan (2016:1301) argue that depressive symptoms are heritable. This

finding could indicate the possibility of depression being hereditary, as shown by the following statements:

“My dad has depression as well and so does my sister.”

“It's also a genetic component with me. My psychiatrist also concluded that it was a genetic component passed on through my father's side, because in my father's family side, there's quite a bit of mental illness.”

“I do remember that there a chat with my older brother, because he has dealt with depression more professionally having been to psychiatrists.”

It can be deduced from the above information that the history of depression in the family can be a contributory factor to depression. Two participants stated that two other family members suffered from depression. The other participant mentioned that an older sibling had suffered from depression. This finding corroborate with Maughan et al (2013:37) who assert that a family history of depression is the most robust risk factor for depression. However, more recent research conducted by Cancro (2022:59) asserts that it does not mean that if you have the gene for depression, you must definitely have the consequence of that gene. Although this is usually true for traits such as hair colour, it is not true for traits such as mental conditions. The researcher is of the view that the genes represent a strong potential for the specific consequence of the gene, but it does not necessarily mean that if you have the gene for depression, you will develop depression. In this study however, data indicates that some participants had a family history of depression. It is evident from the aforementioned study by Cancro (2022:59), that the combination of having the genes for depression and exposure to a stressful environment increases the risk for depression.

The next sub-theme presents the lack of support structure as a contributory factor to depression.

Lack of Support structure

Participants identified a lack of support structure as another contributory factor to depression. This sub-theme highlighted the importance of being able to speak about what they were going through in order to process issues they were facing, as confirmed by the following statements:

“Not having a good support structure. I think that’s just a killing blow. You need to be with people, you need to have people to help you deal with your challenges. If you’re not talking about it, you’re making your problem a million times worse”.

“So, there wasn’t anyone I could talk to, I couldn’t talk to my mother because I wasn’t really close to her.”

“Uh, I think it was probably the lack of support from my parents which just led to uh, kind of not being able to speak to anyone, I bottled up my feelings which is not a good thing”.

This finding is supported by several studies that confirm that the lack of a good support structure is a contributing factor leading to depression amongst students (Teo et al 2013:6; Mall et al 2018:11; Alsubaie et al 2019:485; Farrer et al 2016:7). Ramón-Arbués et al (2020:10 and Ngim et al (2018:9) are of the view that the lack of social communication and interaction can contribute to depression amongst students. Therefore, having a strong social network can influence students’ social and emotional wellbeing and lower the risk of anxiety and depression during university years (Mofatteh 2021:56). Studies have shown that those students who have stable relationships with family are more likely to be satisfied with their overall quality of life (Beiter et al 2015: 91). Social support serves as a buffer against stressful life events and has been shown to enhance mental health (Alsubai et al 2019:485). The researcher is of the view that social support has a positive impact on mental health by helping individuals feel appreciated and connected.

The sub-theme that follows below is the physical symptoms of depression.

Underlying illnesses

The findings revealed that some participants had underlying illnesses that contributed to the development of depression. One participant was diagnosed with Irlen Syndrome which is a learning and information processing condition, another participant had a skin condition and stated that there was a probability that she had polycystic ovarian syndrome. Other participants reported that they had ADHD. Their statements below confirm what participants shared:

“And I do have Irlen syndrome, which is a, it’s a learning and information processing syndrome. It makes learning difficult for me, I think I felt bad about it because I had assumed that I was just a bad student.”

"I went with my mother to go to a skin doctor and a dermatologist and he looked at my skin and said that it's highly likely that I have polycystic ovarian syndrome and that has side effects of depression as well, so I don't know if, that might have been it but it's definitely something to consider."

"I've been on Concerta, for the whole of high school and am still on it, I was also on medication for my skin. And yes, my mom thinks that might have been the cause of the depression."

"I did mention I have ADHD, so I do get sometimes distracted and if I do feel I need to concentrate I would take Ritalin or Concerta and then yeah I would be able to concentrate better."

"I was put on contraception, they said that the side effects are depression and anxiety disorders."

The participants' responses indicate that they had underlying medical issues like ADHD, a learning and processing disorder, a skin condition and a gynaecological condition. The findings of this study align with that of the study by Celik et al (2019:4) who report that students who have underlying illnesses have a higher incidence of depressive symptoms. The researcher has noted, through the student counselling programme, that students with underlying medical conditions are prone to depression and can confirm these findings. The researcher is of the view that mental health can be influenced by ones' physical wellbeing. When a student is unwell, it impacts on their motivation levels and their productivity, resulting in poor academic performance or even failure which can precipitate depressive symptoms. Based on Beck's cognitive theory of depression, the researcher is of the view that in the event that a student is unwell, the physical symptoms of the illness can have a negative impact on emotions, thought processes and academic performance, leading to depressive symptoms. Therefore, the negative impact of a physical illness can have a ripple effect on academic performance which can in turn, result in depression. The presence of a pre-existing health issue or chronic illness before entering university can be a predictor of having depression during university years (Fukase 2021:5). This finding is also consistent with studies indicating that conditions including heart disease, stroke, cancer and diabetes can increase the risk of depression (Razzak, Harbi & Ahli 2019:280). This implies that students with underlying illnesses are at a higher risk of developing depression.

The data also revealed that some participants were taking Concerta and Ritalin which is the medication for the treatment of ADHD. One participant mentioned that she had been on

medication for a skin condition. Another participant stated that she was on contraception, this could have caused depression. The responses provided by these participants indicate that these medications could have contributed to depression. The findings of the study concur with that of Gautam (2017:35), who argue that medications like Ritalin and birth control have been known to induce depression. Methylphenidate (MPH) is the same active ingredient in both Concerta and Ritalin. Methylphenidate (MPH) is used for the treatment of attention deficit hyperactivity disorder (ADHD) (Madjar, Madjar, Shlosberg, Leventer-Roberts, Akriv, Ghilai, Hoshen, Krivoy, Zalsman & Shoval 2019:1365). In their study, Madjar et al (2019:1369) found that children with high MPH adherence had a 50% higher likelihood to develop depression during adolescence. These findings support the notion that the use of MPH is a strong predictor for depressive symptoms in students. The findings of this study concur with the findings of Madjar et al (2019:1369) and Gautam (2017:35) that the use MPH is a contributory factor to depression. The researcher is of the stance that students with ADHD find it difficult to focus on their studies. The lack of focus creates frustration and anxiety which can negatively impact one's emotions, resulting in depression. However, it has also been noted that there is an overlap between some of the symptoms of depression and ADHD. Symptoms like restlessness, fatigue, difficulty in concentration, are common in both conditions. So, in essence, the symptoms of ADHD can lead to depression and vice versa. Data also revealed that some participants did not have any underlying medical conditions. The following statements confirm what they shared:

"I've never been diagnosed with anything that can contribute to depression. I don't think so".

"I don't think there were any medical conditions that contributed to my depression".

The above information confirms the fact that, even if there is a high risk of developing depression due to some underlying conditions and the treatment thereof, there are also students who develop depression whilst they do not have any underlying medical conditions for which they receive treatment. This makes one believe strongly that depression amongst university students can be caused by multiple factors, as it has been established through this study. The sub-theme below, outlines the impact of the COVID-19 pandemic as a contributory factor to depression.

Impact of COVID-19 pandemic

The findings revealed that the onset of depression occurred during the COVID-19 pandemic due to the restrictions of not being able to go out and socialise. This caused social anxiety and depressive symptoms, as shown by the participants' responses below:

"It was last year, with the COVID-19 pandemic as well, half way through last year you know, I started getting suicidal thoughts, you know, not being able to go out and socialise, I feel that took a big toll on me and it kind of gave me a lot of social anxiety as well, you know it's taken me quite a while to slowly get used to being out, socialising with people again and just being comfortable with people outside of my family and stuff because of Covid."

"There are times that the pressure of things gets you down and then Covid regulations brings you down."

"It was very difficult especially in Covid time, one of my grandpa's passed way, I wasn't able to attend the funeral and come to say goodbye to him, that was very hard for me, that was very difficult."

The above statements reflect that the restrictions of the COVID-19 pandemic resulted in depressive symptoms as people could not move as they wished. One participant spoke about feelings of isolation and depression to the extent that they developed suicidal thoughts. The participant explained that they also experienced social anxiety and had to readjust to socialising outside of their family circle, after the restrictions were lifted. Another participant stated that their grandfather passed way during the COVID-19 pandemic and it was very difficult for him as he could not attend the funeral to pay his last respects to his grandfather. Based on the feedback provided by the participant, the lockdown restrictions made it very difficult for him to find closure on the death of his grandfather. The emotional distress, isolation and anxiety precipitated depressive symptoms. The findings of this study concur with what was revealed by a South African study, which confirmed that academic isolation, not feeling in control, being isolated from loved ones and having restricted freedom were the most stressful factors leading to depression among university students (Visser & Law–van Wyk 2021: 230). The World Health Organisation (WHO) reports that since the onset of the COVID-19 pandemic, the prevalence of anxiety and depression has grown globally by about 25% (Majola 2022). The researcher can confirm from the statistics of the counselling programme, during the pandemic, that there was a rise in the number of students reporting depression due to social isolation and anxiety. The lockdown restrictions, the uncertainty surrounding the duration of the pandemic and the move from face-to-face to online learning resulted in much anxiety and social isolation for many students who reported

depressive symptoms. During the pandemic, students experienced increased levels of anxiety and depression which can be attributed to the negative thought patterns about online learning, social isolation, as well as the uncertainty surrounding the duration of the pandemic. This can be linked directly to what is stated by Beck's cognitive theory of depression, that emphasises that cognitive biases like negative thoughts patterns cause depression.

It was interesting to find that the lockdown restrictions gave participants time to reflect and become emotionally aware of their feelings, as well as the triggers of depression. The following statements capture the sentiments of the participants:

"I think when I got diagnosed in 2017, I still didn't take it very seriously. It was always just like an afterthought, like I've got depression, right, but last year with lockdown and just the way that things were going, I kind of really like delved really deep into it, just to like kind of understand the things that come with having depression. And yeah, I think after last year I've definitely become more emotional. Uhm, after having thought about the things that come with depression and that I actually have it, I'm definitely more sensitive now. I'm emotional, I'm more emotionally aware of what I'm going through."

"Uhm, I think with the lockdown and being able to sort of feel all my emotions and think about them, I've definitely stopped looking for validation from other people. I'm more aware of my feelings and I definitely feel more aware about myself academically, emotionally, mentally and physically."

The above views of the participants show that lockdown regulations of isolation provided an opportunity for introspection which assisted them in becoming more aware of the symptoms of depression. The above findings validate the views of Melvin (2021:1), who argues that social solitude provides time for reflection and self-awareness. The COVID-19 pandemic caused significant anxiety and stress; however, it was important for people to engage in solitude to focus on self-care for their mental wellness. This involves a process of reflection on personal challenges, emotional triggers to depression, as well as identifying coping strategies to manage symptoms of depression. Social solitude promotes self-regulation which is critical in managing challenging life circumstances. Hajifathali, Ghorbani and Rostami (2021:3) see self-regulation as a key factor that promotes mental wellness and refers to an individual's capacity to control their mood, behaviour cognition and emotions in different situations. In the researcher's view, this indicates that one has self-awareness and

is able to contain their emotions, monitor their progress and facilitate the process of developing good coping mechanisms to deal with symptoms of depression.

The researcher is of the view that the impact of the COVID-19 pandemic resulted in immense economic, medical, mental health issues amongst people of all walks of life and has prompted medical health practitioners to give mental health the same attention as cancer and HIV. The researcher has noted that mental health state of students was greatly impacted as students reported a greater level of anxiety and depression during the COVID-19 pandemic due to several factors that impacted their academic life, like financial pressure, the adjustment to online learning, lack of interaction with their peers, adjustment to the COVID-19 pandemic lockdown regulations, the infection rate of COVID-19 pandemic amongst their family and friends, as well as the loss of family members and significant others, due to the COVID-19 pandemic. The numerous stressful factors brought about by the COVID-19 pandemic were contributing factors to the increase of depression amongst university students. The sub-theme on sexual orientation as a contributory factor to depression follows below.

Sexual Orientation

The participants confirmed that there was an association between their sexual identity and depression. They found it difficult to reveal their sexual orientation to family members, the whole process of opening up to family and friends about their sexual orientation was a stressful process and contributed to depression, as confirmed below:

“There is a big link between depression and my identity and realising it.”

“Being uncertain if my parents would accept my sexuality. That was a large stress inducer, yeah, I have spoken to parents, so the stress has been somewhat alleviated, I know that to an extent, they don’t understand but we’ve both like come to an acceptance that’s how it is and like I know they love me and I love them.”

“Uhm, for me it was recently after I came out as gay, that was very stressful.”

“I think what would have contributed to the depression was me coming out to my family and telling them I’m gay. Because not knowing what they would think of me, trying to tell someone you are gay is really hard.”

The responses from participants revealed that there is an association between their sexual orientation and depression. Participants expressed much fear and anxiety in terms of how parents and significant others would respond to the news of their sexual orientation. Other

participants indicated that the disclosure of their sexual orientation to family was a contributory factor to depression. They experienced uncertainty and fear of how the news of their sexual orientation would be received and impact family members. These findings corroborate with a study conducted by Pellicane (2022:247), who asserts that having gender identity issues can be stressful and unsettling for young people and it can lead to feelings of loneliness and isolation. This could be a factor contributing to the increased levels of anxiety, despair and negative self-esteem (Thornea, Witcombb, Niederc, Nixon, Yipd & Arcelus 2020:246). A search for gender identity has been known to be associated with mental health issues. Peer relationships are a major source of stress for LGBTQ students. It was found by Hatchel, Valido, De Pedro, Huang and Espelage (2019:2467), that students who identify as LGBTQ experience high rates of physical and verbal victimisation from their peers at school. This finding suggests that this form of victimisation due to sexual orientation may have a greater influence on the mental health state of a person, than other types of victimisations that are not linked to sexual orientation. This can be attributed to the rejection, humiliation and shame to which the LGBTQ community are exposed. The rejection from friends and family members could contribute to poor mental health and depression. This implies that students who are gay, non-binary, or struggling with their identity are prone to depression due to feelings of insecurity, rejection and the fear of revealing their sexual orientation to family and friends. In the researcher's view, every human being has an innate desire to feel loved and accepted, when students have difficulty fitting in, this can result in them feeling rejected and worthless, which can contribute to depression.

It was further noted from the data that one participant feared being attacked and victimised because of his/her sexual orientation.

“Yes, yes, I do I bring up my identity again, being in situations that's gendered me or made me prone to people that are homophobic and being attacked, that's pretty stressful.”

It is evident from the above response that the participant felt a sense of discrimination due to their sexual orientation and feared being victimised and attacked. The fear, anxiety surrounding sexual orientation can be a triggering factor for depression among students.

Additional findings

It was evident from the data that financial stress plays a key role in the development of depression amongst university students, as expressed by participants:

“Well, my family life had taken a turn because we were in, my parents were in a bad financial situation. I had recently started varsity, so I had to stop attending some classes and it was very overwhelming for me.”

“My parents do support me financially wherever they can, my father is having a difficult time, he got laid off due to COVID.”

The above responses reflect that the financial stress in the home is a factor that can contribute to depression among university students. One participant indicated that the financial stress had a negative impact on his family life and the other participant stated that their parents could not provide full financial support due to being retrenched during the COVID-19 pandemic. Financial stress of this nature during university years can be very unsettling as it places the student in a position of not knowing whether they will be able to fulfil all financial obligations and complete the academic year. The finding of this study is a consistent finding, both locally and internationally and has been confirmed by scholars like Farrer et al (2016:6); Lisznyai et al (2014: 61); Pretorius and Blaauw (2020:60), who assert that financial stress is a considerable risk factor for depression in young adulthood. Financial pressure is a huge challenge facing many South African students, resulting in the “fees must fall” campaign in 2015 (Bantjes 2019:9). Celik et al (2019:4) and Bantjes (2019:2) see the level of income or economic problems as having a negative impact on a student’s mental health. This argument is further strengthened by Farrer et al (2016:7) who argue that while at university, students become more financially independent and struggle with high living costs and a constrained opportunity to work in addition to juggling the responsibilities of their studies. The researcher contends that tertiary education in South Africa is expensive and therefore not accessible to all students; due to the cost factor, many students hold part time jobs while completing their studies. This places added pressure on students who have to manage both their work and study schedules. Other students who are financially supported by parents and relatives end up making many sacrifices in order for tertiary fees to be paid, there are also some students who do not have certainty whether fees will be paid or not. All of these different scenarios that students face are triggering factors that can predispose them to depression. The following theme is the role played by support systems for students with depression.

4.3.5 THEME 5: THE ROLE PLAYED BY SUPPORT SYSTEMS FOR STUDENTS WITH DEPRESSION

Having a strong support system is crucial in managing the symptoms of depression. Emanating from this theme were two sub-themes, including support from family and

additional systems like support from the campus wellness department. An additional finding that came up was the role of faith, as a useful resource in coping with depression. These sub-themes are discussed below.

Family support

Data revealed that family members play an important role in providing support for the students with depression. The statements that follow support the participants' views:

“I think it, yeah my parents are always there for me, they phone every day and I have a good support system there.”

“At home, at home, it's usually my mom and my dad that I can chat to.”

“Yeah, my sister was definitely my biggest support structure in terms of coping with depression.”

“It was mainly just family and friends; it wasn't really a lot of people, just my parents and my sister who helped me cope with depression.”

“I have an amazing family. I've got no issues in communicating with my mother. Maybe not so much she's a bit hard-headed like I am, but my family is absolutely fantastic when it came to making that decision to step away, they were phenomenal in just being present and offering advice.”

“I started opening up more to my parents talking to them and my sister and stuff and yeah I've been able to Zoom and WhatsApp call my parents talking about and really reaching out to them and they've given me awesome advice and just been there for me, through everything.”

The above responses reflect the importance of family in supporting students through depression. A number of participants found that opening up and speaking to their parents and siblings was an effective way of coping with depression. It was also evident that staying in constant communication with family members was helpful in terms of coping with depression. One participant shared that it is much easier and convenient to communicate with family members through social media platforms like Zoom and WhatsApp, these platforms facilitate communication which helped in terms of coping with depression. These findings resonate with the assertions of Mofatteh (2021:56), who argues that having a supportive social network can affect students' social and emotional wellbeing and reduce

their risk of experiencing anxiety and depression while at university. Various scholars are of the view that social support works as a buffer against stressful life situations and have been demonstrated to boost mental health (Alsubai et al 2019:485; Tyler, Schmitz & Ray 2018:199).

It was revealed, from the data, that some participants found friendships to be another effective form of support during depressive episodes. Other participants indicated that they could not open up to parents due to trust issues whilst some felt that parents could not understand or empathise with them as compared to their friends. This is confirmed by the responses below:

“I’ve got a much larger group of friends now but I’m still only really close to my one friend, I’ll tell them, I’m not feeling good and that kind of stuff. I think it’s also the fact that I’m more surrounded by people, that kind of helped me cope, it helps me cope with my depression.”

“I didn’t trust my mom, there wasn’t that trust at that time. So, my friends were my support structure, I depended very much on the teachers and my friend group. I did depend on them, they were there, they generally, saved my life. They’re amazing people”.

“I just don’t feel like I can share how I’m feeling with my parents, I don’t think they could empathise or understand what I’m going through so I more look to my friends”.

“I’ve got a select handful of friends that I truly believe kind of kick started me into being able to open up about what my concerns were.”

It is evident from the above responses that friends can also provide a strong and effective support structure. This finding concurs with the findings of Alsubaie et al (2019:492), who assert that social support from friends is of greater importance for some students compared to social support from family and significant others. This finding can also be attributed to the fact that these students have left home and are now leading a more independent life and are in closer proximity with friends than with family. It also signifies a sense of independence on the part of the student who is now a young adult.

Other support systems

Data shared by participants showed that wellness navigators provided effective support and that the campus climate is always encouraging in terms of support available for students. They are encouraged to talk to a wellness navigator if a need arises. The following statements confirm the support provided by the campus:

"I think also the climate at campus is quite nice, they always encourage us that if you aren't feeling mentally well, that you can always see one of the wellness navigators, one of the counsellors on campus."

"I speak to the wellness navigator at my university when times are tough for me and I need some support. So, it's mainly my wellness navigator".

The responses from participants confirm the supportive role of wellness navigators in that the campus environment is pleasant and students are encouraged to make use of the student support facilities. Students are encouraged to speak to the wellness counsellor when they are going through a difficult time. The above findings are confirmed by Strepparava, Bani, Zorzi, Corrias, Dolce and Rezzonico (2016:430), who argue that campus counselling intervention is helpful to students, not only when there are academic concerns but also when they are going through various challenges that one faces during this time at university. The researcher is of the opinion that early intervention and support provided through campus wellness programmes can play a significant role in managing and preventing symptoms of depression. These counselling services are marketed to all students, it is important for students to reach out to the wellness counsellors for confidential assistance. This service provided on campus is usually free of charge to all students and is convenient as it is campus based.

As an additional finding, data also revealed that having a strong faith in God served as an effective form of support in coping with depression for some participants. One participant reported strong faith and time spent in worship was instrumental in helping manage low moods. Another participant stated that during prayer, an audible voice of God affirmed them and that gave them a purpose to live. The following statements confirm the sentiments of the participants:

..." I also mentioned this is my religion which is Christianity, I believe that I really coped with that, I'm not sure, there's a lot of, I think people that would disagree but I have a very strong faith in Jesus and stuff so that's extremely helped me a lot, at night I would really, I would literally weep on my, or cry on my bed and stuff just listening to some worship songs and stuff instantly just gets my mood up"...

"I was praying one night. Saying God, I just want to be with you. I don't want to be here if you are not and I can't feel anything and like, I just feel so empty here. But I believe I heard

his voice saying quite clearly that I'm here on earth. And that gave me reason to stay. And he has a purpose for my life."

The responses from the participants indicate that prayer is an effective means of alleviating the symptoms of depression and can be used as an effective coping mechanism to manage the symptoms of depression. The above findings align with a study conducted by Bryant et al (2014:798) who argue that African Americans are more likely to make use of different forms of treatment, such as prayer, rather than antidepressant medication or therapy. This finding suggests that spiritual ways of coping with depression can be an effective way of managing depression. In terms of other effective support systems, the findings indicate that support provided by wellness navigators, as well as having strong faith in God were effective in helping students cope and manage depression.

The final theme suggested support for those living with depression and is presented below.

4.3.6 THEME 6: SUGGESTED INTERVENTIONS FOR THOSE LIVING WITH DEPRESSION

The final theme, suggested support for those living with depression, include the importance of creating an awareness of depression as a medical condition, the value of professional counselling and the notion that mental health services should become more accessible. The sub-themes that emerged from this theme are presented below.

The importance of creating an awareness of the condition

It was evident from the data that individuals suffering from depression are reluctant to look for support due to denial and a lack of awareness of the condition. The participants also cited that the reasons for individuals not seeking help is due to the lack of awareness that they are struggling with depression and the stigma attached to depression. The statements below confirm what participants shared:

"I think a lot of people don't go forward looking for support because they don't know that they are struggling with depression or they don't want to admit it, they think they can help themselves or they think they can just manage it and the fourth one I think is because of shame, because I know for a fact that I've never gone for it because I know that my family would disapprove and they would tell me I'm being dramatic or I'm overreacting and that I must just suck it up..."

"I think the thing is, is that often people who are depressed, know they should be helped, but they don't ask for it. And there are people who don't know that they're depressed either."

“I'll just say that you shouldn't underestimate how bad it is or how good it is, if you are feeling depressed even if you're feeling a little bit like once a week, you have a little thought where you not doing too good and you just don't want to be here, you know that still it's a warning sign because what happens, it gets a lot more current and a lot more repetitive”

These statements reflect that most individuals suffering from depression are not aware of their state of depression, they are in denial or that they are ashamed to seek help due to the fear of stigmatisation. This implies that students suffering from depression have impaired cognitive processing in that they are unable to objectively evaluate their condition due to the inability to think rationally during depressive episodes. Others are afraid of the impact of the diagnosis of depression and how they would be seen by society. The findings of the study align with the views expressed by Bryant et al (2014: 797) who report that denial is linked to the fear of being stigmatised. Kubo et al (2018:6) state that lack of knowledge about mental health issues and the stigma attached to mental health issues are the biggest factors that prevent individuals from seeking professional help. The researcher is of the stance that young people feel ashamed to disclose the mental health status, hence they remain in denial which prolongs diagnosis and treatment of depression. These findings also reflect the importance of providing education and awareness of depression as a form of destigmatisation of the condition.

The value of professional counselling

Data revealed that another suggestion for support to those living with depression would be for them to seek professional counselling rather than speaking to friends. According to the participants, professional counselling would be beneficial and would provide an opportunity to work through their feelings and emotions attached to depression. Another participant stated that therapy was beneficial to them and would recommend it to others who are suffering from depression. The statement below reflects the view of the participants:

“I know there are so many people that are worse off than me but I just really feel like it's helpful being able to filter this information and the feelings that I have with like a professional rather than just going to my friends”

“I've got no doubt in the ability of therapy and I've seen it for myself now.”

The above view of the participant is supported by Oei, Strodl, Pang and Cui (2013:378), who confirm that counselling interventions like cognitive behavioural therapy, help to reduce the symptoms of anxiety and depression. The researcher, being involved in counselling for

many years, can attest to the value and importance of counselling intervention for individuals who are struggling with depression. During her years of practice, she has effectively provided counselling to students suffering from depression and seen a reduction in the symptoms of depression through counselling intervention. It would be beneficial to raise awareness amongst the students for them to utilise this professional service rather than relying on friends.

As a general suggestion for support for those living with depression, one of the participants recommended better support systems in high schools as some students do not have strong support systems at home. The statement below confirms the view of the participant:

I think we definitely need better support systems in high school because a lot of the times people that are especially young adults don't have good support systems at home, so I think it's very, very important to, to have like these support structures in schools."

This implies that there is a much bigger need for effective support service for students, both at schools and universities.

Mental health services should become more accessible

As another suggestion for support to those living with depression, data also revealed that access to support in terms of mental health is not affordable although this is a crucial need. The participants provided the following suggestions:

"I would like to see help being more accessible because mental health services are just so expensive, you know."

"... the main reason why I haven't gone for counselling is also because it's expensive, because it is something quite specialised it's understandable that it is expensive but at the same time people need it."

Looking at the suggestions provided by participants, mental health services should be more accessible, however it is very expensive. One participant stated that they did not engage in professional counselling because it was too expensive although it is a service that is crucial. The argument put forward by participants that mental health treatment is expensive concurs both with international, as well as local studies. According to an American study conducted by Cadigan and Skinner (2015:304), it was established that counselling intervention was too expensive. A global study examined the cost of mental health services in fifty countries, South Africa was ranked the 24th most expensive country in terms of mental health services. The United States was most expensive and Bangladesh the cheapest (Gifford 2022).

According to Kgosana (The Citizen, 24 March 2022), 25 percent of South Africans struggle with mental conditions, however, counselling services are expensive and not accessible or affordable to the average person, most people stop treatment when medical aid runs out. These statistics indicated that mental health should become a key priority and that treatment should be accessible to all South Africans, especially university students and not only those who have medical aid or those who can afford treatment.

4.4 SUMMARY OF CHAPTER

This chapter provided a discussion of the empirical findings of the study. A brief background of the biographical profile was presented. The biographical data of participants was presented followed by the themes and sub-themes. The themes that are presented in this chapter include the participants' background and early life, high school experiences, the participants' personal circumstances and living arrangements, personal contributing factors to depression, support systems for depressed individuals and suggested support for those living with depression. The chapter that follows presents a summary of the report, conclusions and recommendations.

CHAPTER 5

SUMMARY OF THE STUDY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The purpose of this study was to understand the factors contributing to the high rate of depression amongst university students in the age group of 19 to 23 years. This final chapter serves as a completion of the research process by providing the conclusions and recommendation, based on the findings. The discussion begins with a summary of each chapter, then moves on to show how the research question was answered. The chapter includes an explanation of how the goals and objectives of the study were achieved and concludes with recommendations arising from the study.

5.2 SUMMARY OF THE STUDY

A synopsis of the whole study is presented in chapters. This provides insight as to how the research question was answered and how the objectives of the study were achieved.

Chapter 1: In chapter one, the introduction and background of the study, problem statement and rationale for the study are presented. In addition, the research question, goal and objectives of the study are presented. The ethical considerations that were observed during the process of executing this study are also presented, as well as the limitations and challenges experienced during the process of conducting this study.

Chapter two focuses on a literature review of depression as a phenomenon, with special reference to university students. The current study illuminates the contributory factors to an increase in the rate of depression among university students. It is evident that depression is prevalent all over the world; it is therefore important to educate people about the factors contributing to an increase in depression among university students so that practitioners can address this global insurgence.

In Chapter three, the research methodology that was used in the process of executing this study is outlined. A qualitative research approach was utilised in the study which was guided by the case study design which was applied within the exploratory-descriptive framework of

qualitative studies. The researcher sought to understand how participants thought and felt and how these feelings, thoughts and perceptions assisted in understanding factors that contributed to a high rate of depression amongst university students. Case study design, specifically a collective case study, was employed in this study to gain insight into the factors contributing to an increase in the rate of depression amongst university students from the age of 19-23 years. This design was used within the notion of qualitative studies being exploratory and descriptive in nature. The chapter further outlines the research methods which include the study population, sampling, how the data collection procedures unfolded, pilot testing of the data collection tool and the data analysis procedures. The chapter is concluded by a comprehensive description of how the trustworthiness of the study was ensured.

Chapter four - the research findings are the focus of this chapter. The themes derived from the data are introduced, discussed, supported by storylines from the transcribed interviews and all these have been subjected to a literature control process.

The first theme identified was the participants' background and early life experiences; under this theme, the impact of divorce, an unstable home environment, relocation during early life, low self-esteem and violence in the home are discussed. The second theme identified was that of high school experiences, the difficulty in fitting in is discussed under this theme. The third theme identified was participants' personal circumstance and living arrangements; the two sub-themes moving away from home and loneliness are discussed under this theme. The theme that follows is personal factors and the sub-themes discussed under this theme include body weight, anxiety, academic pressure, history of depression in the family, lack of support structure, underlying illnesses, finances and sexual orientation. The fifth theme identified was support systems for students with depression in mitigating the impact of depression. Included under this theme were the sub-themes family support, support provided at campus and faith. The final theme identified was suggested support for those living with depression. The three sub-themes identified under this theme were the importance of creating an awareness of the condition, professional counselling and that mental health services should become more accessible.

Chapter five of this report provides a summary of the whole study, the conclusions that were arrived at and the recommendations, based on the empirical and literature findings of the study.

5.3 THE RESEARCH QUESTION

The research question for this study was:

What are the factors contributing to a high rate of depression amongst university students from the age group of 19-23 years?

The research question was answered through the data collection process that explored and described the factors contributing to a high rate of depression among university students between the ages of 19-23 years. This information is presented in chapter 4 of this dissertation. The study's goals and objectives are described in the paragraph that follows.

5.4 THE GOAL AND OBJECTIVES OF THE STUDY

The goal of the study was the following:

The goal of this study was to develop an in-depth understanding of the factors contributing to a high rate of depression amongst university students in the age group of 19-23 years.

The above-mentioned goal was achieved through gathering detailed information on the factors contributing to a high rate of depression amongst university students in the age group of 19-23 years.

The research's findings on the above goal are shown in chapter four as proof that the goal was attained. The objectives below assisted the researcher accomplish the study's goal:

- To explore the factors contributing to a high rate of depression amongst university students from the age of 19-23 years. This objective was achieved in chapter 4.
- To describe the factors contributing to a high rate of depression among university students between the ages of 19-23 years. This objective was achieved through the analysis of data which is presented in chapter 4.
- To draw conclusions and make recommendations to address the factors contributing to a high rate of depression amongst university students between the ages of 19-23 years. This last objective was achieved by providing conclusions and recommendations in this chapter.

5.5 CONCLUSIONS

The conclusions are based on the key findings on each of the themes covered

Conclusion on participants' background and early life

The study indicated that the impact of divorce, an unstable home environment, relocation during early life, a low self-esteem and violence in the home were crucial factors in the development of the symptoms of depression.

The study demonstrates that the participants' early background plays an important role in contributing to depression.

Conclusion on high school experiences

It has been revealed in this study that the difficulty fitting into the school system was a contributory factor to depression, later in life. Participants did not experience a sense of belonging which created a sense of rejection, this resulted in depressive symptoms.

It can be concluded that high school experience is a contributory factor to depression among university students.

Conclusion on participants' circumstances and living arrangements

The data indicated that participants' circumstances and living arrangements played a role in the onset of depression. Those who moved away from home to be closer to campus found that living alone for the first time created a sense of loneliness and isolation. The study revealed that those who were living away from their parents were more at risk of developing depression than those students who did not have to move away from home.

It was evident from the study that participants' circumstances and living arrangements is a contributory factor to depression.

Conclusion on personal factors

It has been revealed in this study that the increase in weight was a contributory factor to depression. The participants experienced feelings of insecurity about their body image which induced depressive symptoms. Anxiety was another indicator as a factor contributing to depression. Academic workload was also highlighted as a contributory factor to depression amongst students due to the academic workload and pressure to obtain good grades. The study further revealed that a traceable history of depression in families is a contributory factor to depression. The study also indicated that the lack of a strong support structure was a contributory factor to depression. The study revealed that underlying illness like Irlen syndrome, skin conditions and polycystic ovarian syndrome were medical challenges that contributed to the onset of depression. The study has demonstrated that medications like

Concerta and Ritalin, which are medications for treatment of ADHD, medication for acne, as well as the use of contraceptives, induced depression. The study revealed that the impact of the COVID-19 pandemic was another contributory factor to depression among university students. The impact of the COVID-19 lockdown restrictions resulted in feelings of isolation and loneliness, including academic isolation, which resulted in depression. The study also confirmed that sexual orientation was linked to depression, participants were fearful and anxious in terms of how parents and significant others would respond to the news of their sexual orientation. It was also evident from the study that the disclosure of sexual orientation to family was a contributory factor to depression. An additional finding from the study is that financial stress in the home is also a factor that can contribute to depression among university students.

In terms of personal factors contributing to depression, it can be concluded that the increase in weight, anxiety, a heavy academic workload, a family history of depression, the lack of a strong support structure, the presence of an underlying illness, the impact of the COVID-19 pandemic and sexual orientation were contributory factors of depression among university students between the age of 19 to 23 years. Financial stress in the home is also an additional factor that can contribute to depression among university students.

Conclusion on support systems for students with depression

Having a strong support system is crucial in managing the symptoms of depression. Support from parents, siblings, friends, support from the campus wellness department, as well as having a strong faith in God came up as useful resources aiding in coping with depression.

It can therefore be concluded that support from parents, family members, friends, support provided at university, as well as having strong faith in God, are effective support systems for students who struggle with depression.

Conclusion on the suggested support for those living with depression

The study highlighted the importance of creating an awareness of depression as a condition. Based on the suggestion put forth, it becomes important to provide education and awareness of depression as a form of destigmatisation of the condition. There is a need for effective support services for students both at schools and universities. Another suggestion for support for those living with depression is the need to seek professional counselling rather than talking to friends. A further suggestion from participants is that mental health services should become more accessible. Access to support in terms of mental health

services is not affordable, although this is a crucial need. Statistics indicate that mental health should become a key priority and that treatment should be accessible to all South Africans, not only those who are on medical aid or those who can afford treatment.

5.6 RECOMMENDATIONS

In this section, recommendations are presented in terms of improving practice, recommendations for future research and recommendations for improving policy.

Recommendations for improving practice

These findings inform student support staff at universities and student wellness practitioners of the significance of students' mental and emotional health. These findings specifically provide insight in terms of the factors contributing to a high rate of depression among students, as well as the need to offer counselling services that are more pertinent and useful support to students. The current study can be used to create intervention programmes to reduce depression and improve the mental health of university students by focusing on the prevention strategies. Knowledge about the factors that contribute to a high rate of depression among university students between the ages of 19-23 years provides an opportunity to develop specific interventions that offer strategies to address issues, such as the transition of moving away from home, coping with loneliness, coping with a relationship breakup, managing a heavy academic workload, financial challenges and adjustment to university life. The mental health of university students is considered among the most crucial public health concerns in South Africa and it appears that the country could be experiencing a mental illness epidemic. It is therefore recommended that students wellness programmes should be structured with a strong focus on the promotion of mental health and wellbeing amongst university students. It is crucial to implement psycho-educational workshops that educate students on a variety of subjects, such as stress management, coping with depression, coping with anxiety, time management and self-care. These workshops can also serve the purpose of equipping and empowering students with resilience skills that will help lower daily and academic stress, which could help prevent depressive symptoms from developing. The finding that younger students are more vulnerable to depression suggests that there is a critical need for preventative programmes that raise awareness and support. In terms of preventive measures, it is necessary to screen the mental health of first year students, perhaps during the orientation week before they engage in formal academic work. Early detection is important in order to identify depressive symptoms and provide effective

support. At the same time, it is important to provide continuous education to raise the awareness of depression as a condition as well as encourage the destigmatisation of the condition.

Recommendations for improving policy

Taking into consideration the increasing rate of depression among university students, it is recommended that government should review the existing policies pertaining to the wellbeing of all South African youth. Additionally, policies should be put in place for the early detection, treatment and prevention of depression at schools and universities. The government should allocate a larger proportion of the health budget towards mental health services. Mental health services are currently unaffordable, they should be made accessible to all South Africans at a rate that is affordable, not only for people who are members of medical aid schemes.

Recommendations for future studies

Future research is necessary to examine the long-term impact of depression on students. Depression during university years can impact employability and mental wellness at work in the future. Further studies should be done on the impact of depression after students graduate from university.

The researcher recommends that further studies should be on the factors contributing to depression amongst the general population.

It is also important to have a national study on depression amongst university students, with the focus on both public and private institutions. The focus on the differences between public and private institutions would also be beneficial in informing policy.

5.7 SUMMARY OF CHAPTER

In this chapter, the researcher provided a summary of the full research study. The researcher also presented a summary of the findings of the study as well as the research question, goals and objectives and provided an explanation of how they were achieved. The chapter is concluded by recommendations for improving practice, recommendations for improving policy and recommendations for future studies.

REFERENCES

- Abblett, M & Willard, C. 2016. *Mindfulness for Teen Depression: A Workbook for Improving Your Mood*. Oakland, CA: Instant Help (An Instant Help Book for Teens)
- Addis, M. Depression and Gender, in Nadal, K (ed.). 2017. *The Sage Encyclopedia of Psychology and Gender*, Thousand Oaks, CA. : SAGE Publications, Inc., pp. 432-435.
- Ahmed, G, Negash, A, Kerebih, H, Alemu, D & Tesfaye, Y. 2020. Prevalence and associated factors of depression among Jimma University students. A cross-sectional study. *International Journal of Mental Health Systems* 14(1):10.
- Ahmed, S & Cerkez, Y. 2020. The Impact of Anxiety, Depression and Stress on Emotional Stability among the University Students from the view of educational aspects. *Propósitos y Representaciones* 8(3):1-8.
- Allen, M. 2017. *The Sage Encyclopedia of Communication Research Methods*. Thousand Oaks, CA: SAGE Publications
- Alston, M & Bowles, W. 2018. *Research for Social Workers: An Introduction to Methods*. Sydney: Routledge.
- Alsubaie, MM, Stain, HJ, Webster, LAD & Wadman, R. 2019. The role of sources of social support on depression and quality of life for university students. *International Journal of Adolescence and Youth* 24(4):484-496.
- Amankwaa, L. 2016. Creating Protocols for Trustworthiness in Qualitative Research. *Journal of Cultural Diversity* 23(3):121-127.
- Amir Hamzah, NS, Nik Farid, ND, Yahya, A, Chin, C, Su, TT, Rampal, SRL & Dahlui, M. 2019. The Prevalence and Associated Factors of Depression, Anxiety and Stress of First Year Undergraduate Students in a Public Higher Learning Institution in Malaysia. *Journal of Child & Family Studies* 28 (2):3545.
- APA Dictionary of Psychology*.2020. Sv "depression" (Accessed on 2 October 2020).

Ary, D, Jacobs, LC, Sorensen, CK, Walker, DA. 2019. *Introduction to Research in Education*. Tenth Edition. Boston, USA: Cengage.

Ashraful Islam, M, Yun Low, W, Ting Tong, W, Wan Yuen, CC & Abdullah, A. 2018. Factors Associated with Depression among University Students in Malaysia: A Cross-sectional Study. *KnE Life Sciences* 4(4):416.

Asif, S, Mudassar, A, Shahzad, TZ, Raouf, M & Pervaiz, T. 2020. Frequency of depression, anxiety and stress among university students. *Pakistan Journal of Medical Sciences* 36(5):971–976.

Astutik, E, Sebayang, SK, Puspikawati, SI, Tama, TD & Dewi, DMSK. 2020. Depression, Anxiety and Stress among Students in Newly Established Remote University Campus in Indonesia. *Malaysian Journal of Medicine & Health Sciences* 16(1): 270.

Babajide, A, Ortin, A, Wei, C, Mufson L, Duarte CS. Transition Cliffs for Young Adults with Anxiety and Depression: Is Integrated Mental Health Care a Solution? *Journal of Behavioral Health Services and Research* 47(2):275-292.

Background of South African Depression Group (2016).

http://www.sadag.org/index.php?option=com_content&view=article&id=2789:background-of-the-south-african-depression-and-anxiety-group&catid=2:uncategorised&Itemid=
(Accessed on 27 March 2020).

Bai, Y, Wang, Y, Li, Y & Liu, D. 2020. Influence of exercises of different intensities on adolescent depression. *Revista Argentina de Clinica Psicologica* 29(1):417- 422.

Bantjes, J, Lochner, Saal, W, Roos, J, Taljaard, L, Page, D, Auerbach, RP, Mortier, P, Bruffaerts, R & Kessler, RC. 2019. Prevalence and sociodemographic correlates of common mental disorders among first-year university students in post-apartheid South Africa: implications for a public mental health approach to student wellness. *BCM Public Health*, 19(922):3.

Bantjes, J, Saal, W, Lochner, C, Roos, J, Auerbach, RP, Mortier, P, Bruffaerts, R, Kessler, RC, & Stein, DJ. 2020. Inequality and mental healthcare utilisation among first-year university students in South Africa. *International Journal of mental health systems* 14(1):2.

Barlow, DH. 2014. *Clinical Handbook of Psychological Disorders: A Step-by-Step Treatment Manual*. Fifth Edition. New York: The Guilford Press.

- Barrocas, AL, Hankin, BL, Young, JF & Abela JR. 2021. Rates of nonsuicidal self-injury in youth: age, sex and behavioural methods in a community sample. *Pediatrics* 130(1):39-45.
- Beck, BD, Hansen, ÅM, Gold C. 2015. Coping with Work-Related Stress through Guided Imagery and Music (GIM): Randomized Controlled Trial. *Journal of Music Therapy* 52(3): 323–352.
- Beiter, R, Nash, R, McCrady, M, Rhoades, D, Linscomb, M, Clarahan, M & Sammut, S. 2015. The prevalence and correlates of depression, anxiety and stress in a sample of college students. *Journal of Affect Disorders*. 2015 1(173):90-6.
- Bertram, C & Christiansen, I. 2014. *Understanding Research: An Introduction to Reading Research*. Hatfield, Pretoria: Van Schaik Publishers.
- Bettmann, JE, Prince, KC, Hardy, CJ & Dwumah, P. 2019. Measuring Anxiety and Depression in Ghanaian and U.S. College Students. *Journal of Multicultural Counseling & Development* 47 (2):119–120.
- Bezuidenhout, RM, Davis, C & Du Plooy-Cilliers, F. 2014. *Research Matters*. Claremont: Juta and Company.
- Biasi, V, Mallia, L, Russo, PM & Menozzi, F. 2018. Homesickness Experience, Distress and Sleep Quality of First-Year University Students Dealing with Academic Environment. *Journal of Educational and Social Research* 8(1):9-15.
- Bila, NJ. 2019. Social workers' perspectives on the recovery oriented mental health practice in Tshwane, South Africa. *Social Work in Mental Health* 17(3):344-363.
- Black, SW & Pössel, P. 2015. Integrating Beck's Cognitive Model and the Response Style Theory in an Adolescent Sample. *Journal of Youth & Adolescence* 44(1):196.
- Blomdahl, C, Gunnarsson, B, Guregård, S. & Björklund, A. 2013. A realist review of art therapy for clients with depression. *Arts in Psychotherapy* 40(3): 322-330.
- Brenner, L, 2019. Creative Hyper-Activation in Depression. *Creativity Research Journal* 31(4):359–370.
- Brinkmann, S & Kvale, S. 2017. *Ethics in Qualitative Psychological Research, in The Sage Handbook of Qualitative Research in Psychology*. London: SAGE Publications Ltd.
- Browne, V, Munro, J & Cass, J, 2017. The Mental Health of Australian University Students. *Journal of the Australian and New Zealand Student Services Association* (50):51-59.

- Bryant, K, Haynes, T, Greer-Williams, N & Hartwig, MS. 2014. Too Blessed to be Stressed": A Rural Faith Community's Views of African-American Males and Depression. *Journal of Religion and Health* 53(3):796-808.
- Bryman, A, Bell, E, Hirschsohn, P, Dos Santos, J & Du Toit, A. 2014. *Research Methodology, business and Management contexts*. Cape Town, South Africa: Oxford University Press.
- Brynard, DJ, Hanekom, SX & Brynard, P. 2014. *Introduction to Research*. Pretoria: Van Schaik Publishers.
- Butler-Kisber, L. 2018. *Phenomenological Inquiry in Qualitative Inquiry: Thematic, Narrative and Arts-based Perspectives*, Second Edition. London: SAGE Publications Ltd.
- Cadigana, RJ & Skinner, D. 2015. Symptoms of depression and their management among low-income African American and White Mothers in the rural South. *Ethnicity & Health* 20(3):293-308.
- Campillo-Ageitos, E, Fabregat, H, Araujo, L & Martinez-Romo, J. 2021. NLP-UNED at eRisk 2021: self-harm early risk detection with TF-IDF and linguistic features. *Working Notes of {CLEF} 2020 - Conference and Labs of the Evaluation Forum*, September 22-25. [Digital]. Thessaloniki, Greece: Semantic Scholar.
- Cancro, R. 2022. PTSD Series Part 2, US Military, Depression. *Exceptional Parent Magazine* 59-62.
- Çelik, N, Ceylan, B, Ünsal, A & Çağan, Ö. 2019. Depression in health college students: relationship factors and sleep quality. *Psychology, Health and Medicine* 24(5):625-630.
- Chen, Y, Guo, M, Xu H, Liu Z, Barry LC & Wu, C. 2021. Association between early life circumstances and depressive symptoms among Chinese older adults: Results from China health and retirement longitudinal study: Early life circumstances and depression. *Journal of Affective Disorders* 292:345-351.
- Chowdhury, U, Suvro, AH, Farhan, SMD & Uddin, J. 2022. Depression and stress regarding future career among university students during COVID-19 pandemic. *PLOS ONE* 17(4): e0266686.

- Cilliers, L. 2021. Perceptions and experiences of cyberbullying amongst university students in the Eastern Cape province, South Africa. *Journal of transdisciplinary research in Southern Africa* 17(1):4
- Clabaugh, A, Duque, JF, Fields, LJ. 2021. Academic Stress and Emotional Well-Being in United States College Students Following Onset of the COVID-19 Pandemic. *Frontiers in Psychology* 17(12):628787.
- Clark, D, 2018. *The Anxious Thoughts Workbook: Skills to Overcome the Unwanted Intrusive Thoughts That Drive Anxiety, Obsessions and Depression*. Oakland: New Harbinger Publications.
- Cox, A & Verbaan, E. 2018. *Exploring Research Data Management*. London: Facet Publishing.
- Compare, A, Zarbo, C, Shonin, E, Van Gordon, W & Marconi, C. 2014. Emotional Regulation and Depression: A Potential Mediator between Heart and Mind. *Cardiovascular Psychiatry and Neurology* 2014:324374.
- Creswell, JW, Ebersohn, L, Eloff, I, Ferreira, R, Ivankova, NV, Jansen, JD, Niewenhuis, J, Pieterse, J & Plano Clark, VL. 2020. *First Steps in Research*, edited by K Maree. Third Edition. Pretoria: Van Schaik.
- Cuarenta, A, Kigar, SL, Henion, IC, Chang, L, Bakshi, VP & Auger, AP. 2021. Early life stress during the neonatal period alters social play and Line1 during the juvenile stage of development. *Scientific Reports* 11(3549):1.
- Dalle, E. & Mabandla, MV.2018. Early Life Stress, Depression And Parkinson's Disease: A New Approach. *Molecular Brain* 11(18):1-13.
- Danchev, D & Alistair, R. 2014. *The Social and Political Contexts of Research and the Ethics of Dissemination." Research Ethics for Counsellors, Nurses and Social Workers*. London: SAGE Publications Ltd.
- Daversin, D & Musoni, M. 2020. *South Africa: Data Protection laws regulating 2020*. <https://iclg.com/firms/phukubje-pierce-masithela-attorneys/delphine-daversin> (Accessed on the 7 August 2020).
- Definitions.Com*. 2020. Sv "student".

<https://www.definitions.net/definition/student> (Accessed on 2 October 2020).

Definitions.Com. 2020. Sv “factors”.

<https://www.definitions.net/definition/student> (Accessed on 2 October 2020).

Definitions.Com. 2020. Sv “experience”.

<https://www.definitions.net/definition/experience> (Accessed on 4 December 2020).

Definitions.Com. 2020. Sv “university”.

<https://www.definitions.net/definition/university> (Accessed on 4 December 2020).

Deolalikar, AB. 2015. Mobilizing and Disseminating Research Findings through Informal Mechanisms. *The SAGE Handbook of Research Management*. edited by R Dingwall & MB McDonnell. London: SAGE Publications Ltd.

Dikko, M. 2016. Establishing Construct Validity and Reliability: Pilot Testing of a Qualitative Interview for Research in Takaful. *Qualitative Report* 21(3) 521- 528.

De Carlo, M. (Sa) Disseminating Your Findings.

<https://scientificinquiryinsocialwork.pressbooks.com/chapter/16-2-> accessed on 14 May 2020.

De Chesnay, M. 2014. *Nursing Research Using Phenomenology: Qualitative Designs and Methods in Nursing*. New York: Springer Publishing Company.

Dempsey, L, Dowling, M, Larkin, P & Murphy, K. 2016. Sensitive Interviewing in Qualitative Research. *Research in Nursing and Health* 39(6):480-490.

De Vos, A, Strydom, H, Fouche, CB, Delport, CSL. 2011. *Research at Grassroots*. Fourth Edition. Van Schaik Publishers: Pretoria.

De Wet, N, 2017. Gendered risk factors associated with self-harm mortality among youth in South Africa, 2006 - 2014. *South African Medical Journal* 107(12):1132-1136.

D’Cruz, H & Jones, M. 2014. *Reporting and Disseminating Research. Social Work Research in Practice: Ethical and Political Contexts*. Second Edition London: SAGE Publications Ltd.

D’Onofrio, B & Emery, R. 2019. Parental divorce or separation and children's mental health. *World Psychiatry* 18(1):100.

Dictionary.Com. 2020. Sv “factors”.

<https://www.definitions.net/definition/student> (Accessed on 2 October 2020).

Dictionary.Com. 2020. Sv “university”.

<https://www.definitions.net/definition/university> (Accessed on 7 December 2020).

Dictionary.Com. 2020. Sv “experience”.

<https://www.definitions.net/definition/experience> (Accessed on 7 December 2020).

Dictionary .Com. 2020. Sv “students”.

<https://www.definitions.net/definition/students> (Accessed on 2 October 2020).

Donald, A, Jacobs, LC, Irvine, CKS, Walker, D. 2018. *Introduction to Research in Education Cengage. Introduction to Research Methods and Report Writing: A Practical Guide for Students and Researchers in Social Sciences and the Humanities*. Boston: Cengage.

Durbin, CE. 2014. *Depression 101*. New York, NY: Springer Publishing Company Psychology 101 Series.

Ebert, DD, Mortier, P, Kaehlke, F, Bruffaerts, R, Baumeister, H, Auerbach, RP, Alonso, J, Vilagut, G, Martínez, KI, Lochner, C, Cuijpers, P, Kuechler, AM, Green, J, Hasking, P, Lapsley, C, Sampson, NA & Kessler, RC. 2019. Barriers of mental health treatment utilization among first-year college students: First cross-national results from the WHO World Mental Health International College Student Initiative. *International Journal of Methods in Psychiatric Research* 28(2):3.

Edwards, C, McCabe, M, Wood, M, Feliu, M, Hill, L & O'Garro, K. 2014. *Cultural Sociology of Mental Illness: An A-to-Z Guide*. Thousand Oaks, CA: SAGE Publications, Inc.

Evans, S. 2021. It is okay not to be okay' – *Mental health issues and coping skills among the youth amidst the Covid-19 pandemic – Webinar. 21 August*, Johannesburg: Mail and Guardian.

Farrer, LM, Gulliver A, Bennett, K, Fassnacht, DB & Griffiths, KM. 2016. Demographic and psychosocial predictors of major depression and generalised anxiety disorder in Australian university students. *BMC Psychiatry* 2016(16):241.

Fang, XY, Albarqouni, L, von Eisenhart Rothe, AF, Hoschar, S, Ronel, J & Ladwig, KH. 2016. Is denial a maladaptive coping mechanism which prolongs pre-hospital delay in patients with ST-segment elevation myocardial infarction?. *Journal of Psychosomatic Research* (91):68-74.

Flick, U. 2018. *Doing Qualitative Data Collection – Charting the Routes: The Sage Handbook of Qualitative Data Collection*. Los Angeles: SAGE Publications.

Flick, U, Scott, W & Metzler, K. 2014. *The SAGE Handbook of Qualitative Data Analysis*. London: SAGE Publications Ltd.

Flint, J & Kendler, KS. 2014. The Genetics of Major Depression. *Neuron* (5):484.

Flisher, AJ, Dawes, A, Kafaar, Z, Lund, C, Sorsdahl, K, Myers, B, Thom, R & Seedat, S. 2012. Child and adolescent mental health in South Africa. *Journal of Child and Adolescent Mental Health*, 24(2):149

Fredrick, JW, Luebbe, AM, Mancini KJ, Burns, GL, Epstein, JN, Garner, AA, Jarrett, MA, Becker, SP. 2019. Family environment moderates the relation of sluggish cognitive tempo to attention-deficit/hyperactivity disorder inattention and depression. *Journal of Clinical Psychology* (75):221- 237.

Fukase, Y, Ichikura, K, Murase, H & Tagaya, H. 2021. Depression, risk factors and coping strategies in the context of social dislocations resulting from the second wave of COVID-19 in Japan. *BMC Psychiatry* 21(1):33.

Gaebel, C, Rittnera, S, Stoffel, M, Jarczok, MN, Aguilar-Raab, C, Ditzen, B & Warth, M. 2021. Study protocol of the MUSED study: A randomized controlled trial to evaluate the psychobiological effects of group music therapy in women with depression. *Journal of Music Therapy* 30(2):131-156.

Gani, NI, Rathakrishnana, HN, Krishnasamy, HN. 2020. A pilot test for establishing validity and reliability of qualitative interview in the blended learning English proficiency course. *Journal of critical reviews* (7)5:140.

Gautam, SJ, Jain, A, Gautam, M, Vahia, VN & Grover, S. 2017. Clinical Practice Guidelines for the management of depression. *Indian Journal of Psychiatry* (59):34-50.

Gerber, J. 2020. *News 24*. [Online]

Available at: <https://www.news24.com/news24/southafrica/news/crime-stats-alcohol-involved-in-84-of-violent-crime-cases-20200801>

[Accessed 1 August 2020].

Gifford, G. 2022. *Times Live*. [Online]

Available at: <https://www.timeslive.co.za/news/south-africa/2022-03-24-sas-mental-healthcare-costs-rate-average-on-the-global-scale/>

[Accessed 11 July 2022].

Girz, L, Driver-Linn, E, Miller, GA & Deldin, PJ. 2017. Evaluation of Life Events in Major Depression: Assessing Negative Emotional Bias. *Clinical Psychology and Psychotherapy* 24(3):661-669.

Godlewska, BR, Harmer, CJ. 2020. Cognitive neuropsychological theory of antidepressant action: A modern-day approach to depression and its treatment. *Psychopharmacology*:1.

Godwill, E. A. 2015. *Fundamentals of Research Methodology: A Holistic Guide for Research Completion, Management, Validation and Ethics*. New York: Nova Science Publishers Inc.

Gorjizadeh, N, Irian, S, Karimian, A & Saadat, P. 2021. Trigger factors associated with migraine headache among Northern Iranian population. *Romanian Journal of Neurology* 20(2):169-175.

Granvold, D. 2014. Cognitive-Behavioral Therapy With Adults In: *Essentials of Clinical Social Work*. 55 City Road, London: SAGE Publications, Ltd.

Grima-Farrell, C. 2017. The Collective Case Study Design: Comparing Six Research to Practice Case Studies. In: *What Matters in a Research to Practice Cycle?* Singapore: Springer.

Grinnell, RM & Unrau, YA. 2018. *Social Work Research and Evaluation: Foundations of Evidence-Based Practice*. New York, NY: Oxford University Press.

Gummesson, E. 2017. *From Case Study Research to Case Theory. Case Theory in Business and Management: Reinventing Case Study Research*. London: SAGE Publications Ltd.

Haan, R & Shuwang, Z. 2020. The relationship between social media addiction and depression: a quantitative study among university students in Khost, Afghanistan. *International Journal of Adolescence and Youth* 25(1):780-786.

Hammersley, M & Traianou, A. 2012. *Ethics in Qualitative Research: Controversies and Contexts*. London: SAGE Publications Ltd.

- Hajifathali, F, Ghorbani, N & Rostami, R. 2021. The Relationship Between Integrative Self-Knowledge, Mindfulness, Self-Control and Mental Health Parameters. *Journal of Educational Psychology* 9(3): e1277.
- Hatchel, T, Delgado, AV, De Pedro, KM & Huand, Y. 2019. Minority Stress Among Transgender Adolescents: The Role of Peer Victimization, School Belonging and Ethnicity. *Journal of Child and Family Studies* (28):2467- 2476.
- Hendrick, MT. 2016. *Depression's Connection to Self-Harming Behavior in Adolescents*. MA (Education), St John Fischer College, New York.
- Herrmann, K, Déchelotte, P, Ladner & Tavoracci, MP. 2019. Depression, Anxiety, Stress and Associated Factors Among University Students in France. *European Journal of Public Health* 29 (4):589.
- Hetolang, LT & Amone-P'Olak, K. 2018. The associations between stressful life events and depression among students in a university in Botswana. *South African Journal of Psychology* 48(2):256.
- Hetrick, SE, Subasinghe, A, Anglin, K, Hart, L, Morgan, A & Robinson, J. 2020. Understanding the Needs of Young People Who Engage in Self-Harm: A Qualitative Investigation. *Frontiers in Psychology* 10(10):2916.
- House, L. A & Walton, B. 2018. The Effectiveness of Light Therapy for College Student Depression. *Journal of College Student Psychotherapy* 32(1):42.
- Huang, YT & Fang, L. 2016. Understanding Depression from Different Paradigms: Toward an Eclectic Social Work Approach. *British Journal of Social Work* 46(3): 758.
- Iliopoulos, P, Damigos, D, Kerezoudi, E, Limpitaki, G, Xifaras, M, Skiada, D, Tsagkovits, A, & Skapinakis, P. 2015. Trigger factors in primary headaches subtypes: A cross-sectional study from a tertiary centre in Greece Neurology. *BMC Research Notes* 8(1):1-10.
- Issakainen, M & Hänninen, V. 2016. Young people's narratives of depression. *Journal of Youth Studies* 19(2): 241.
- Jewell, J, Larson, R & Pemberton, H. 2016. *Cognitive Behavioral Theories of Psychopathology* in Miller, H (ed.), *The Sage Encyclopedia of theory in Psychology*, Thousand Oaks: SAGE Publications, Inc.

- Johnson, JL, Adkins, D & Chauvin, S. 2020. A Review of the Quality Indicators of Rigor in Qualitative Research. *American Journal of Pharmaceutical Education* 84(1):138-146
- Kessler, RC & Bromet, EJ. 2013. The Epidemiology of Depression Across Cultures. *Annual Review of Public Health* 34: 119–138.
- Kgosana, R. 2022. *The Citizen*. [Online]
Available at: <https://www.citizen.co.za/lifestyle/health/3056156/sas-poor-mental-health-pandemic-made-worse-by-high-costs-and-scarcity-of-treatment/>
[Accessed 11 July 2022].
- Khanna, P & Aeri, BT. 2020. Association of Depression and Anxiety Symptoms with Body Mass Index (for age cut offs) in non-clinical sample of adolescents studying in public schools of Delhi; a cross sectional study. *Indian Journal of community Health* 32(2):386-390.
- Kılınc, G, Aylaz, R, Güneş, G & Harmanlı, P. 2020. The relationship between depression and loneliness levels of the students at the faculty of health sciences and the factors affecting them. *Perspectives in Psychiatric Care* 56(2):431-438.
- Kircanski, K., Joormann, J & Gotlib, IH. 2012. Cognitive aspects of Depression. *WIREs: Cognitive Science* 3(3):309.
- Kirsch, DJ, Doerfler, LA & Truong, D. 2015. Mental Health Issues Among College Students: Who Gets Referred for Psychopharmacology Evaluation?. *Journal of American College Health* 63(1):50.
- Kokou-Kpolou, CK, Jumageldinov, A, Park, S, Nieuviarts, N, Noorishad, PG & Cénat, JM. 2021. Prevalence of Depressive Symptoms and Associated Psychosocial Risk Factors among French University Students: the Moderating and Mediating Effects of Resilience. *Psychiatric Quarterly* 92(2):443-457.
- Knapstad, M, Sivertsen, B, Knudsen, AK, Smith, ORF, Aarø, LE, Lønning, KJ & Skogen, JC. 2021. Trends in self-reported psychological distress among college and university students from 2010 to 2018. *Psychological Medicine* 51(3):470-478.
- Krinzinger, H, Hall, CL, Groom, MJ, Ansari, MT, Banaschewski, T, Buitelaar, JK, Carucci, S, Coghill, D, Danckaerts, M, Dittmann, RW, Falissard, B, Garas, P, Inglis, SK, Kovshof, H, Kochhar, P, McCarthy, S, Nagy, P, Neubert, A, Roberts, S, Sayal, K, Sonuga-Barke, E, Wong, ICK, Xia, J, Zuddas, A, Hollis, C, Konrad, K & Liddle, EB. 2019. Neurological and

psychiatric adverse effects of long-term methylphenidate treatment in ADHD: A map of the current evidence. *Neuroscience and Biobehavioral Reviews* (107):945-968.

Kube, T, Schwarting, R, Rozenkrantz, L, Glombiewski, JA & Rief, W. 2020. *Biological Psychiatry*. 87 (5):389.

Kubo H, Urata, H, Katsuki, R, Hirashima, M, Ueno, S, Suzuki, Y, Fujisawa, D, Hashimoto, N, Kobara, K, Cho, T, Mitsui, T, Kanba, S, Otsuka, K & Kato, TA. 2018. Development of MHFA-based 2-hour educational program for early intervention in depression among office workers: A single-arm pilot trial. *PLoS ONE* 13(12): e0208114.

Kulkarni, PN & Patwardhan, V. 2015. Stressful Life Events and Irrational Beliefs as Predictors of Psychological Wellbeing among Early Adolescent Girls in Pune, India Pradnya. *Gender & Behaviour* 13(1):6507-6514.

Kutikuppala, LVS, Vadugu, S, Salaam, MA, Venugopaul, SV. 2020. A cross-sectional study on the preponderance of stress and depression among medical students and their association with various recent factors. *Chrismed Journal of Health and Research* 7(3):219-222.

Kumaraswamy, N. 2013. Academic Stress, Anxiety and Depression among College Students- A Brief Review. *International Review of Social Sciences and Humanities* 5(1): 140.

Kundu, S, Bakchi, J, Banna, HA, Sayeed, A, Hasan, MT, Abid, MT, Ghosh, S, Sarker, N & Khan, SI. 2021. Depressive symptoms associated with loneliness and physical activities among graduate university students in Bangladesh: Findings from a cross-sectional pilot study. *Heliyon* 7(3):5-6.

Lippi, C. 2014. *An Exploratory study of the relationship between deliberate self harm and symptoms of depression and anxiety among a South African university population*, MA (Clinical Psychology) dissertation, University of Pretoria, Pretoria.

Lim, GY, Tam, WW, Yanxia, L, Ho, CS, Zhang, MW & Ho, RC. 2018. Prevalence of Depression in the Community from 30 Countries between 1994 and 2014. *Scientific Reports* 8, 2861:1.

- Liu, W, Zhang, C, Wang, X, Jing, X, Chang, Y, Ristaniemi, T, & Cong, F. 2020. Functional connectivity of major depression disorder using ongoing EEG during music perception. *Clinical Neurophysiology* 131(10):2413.
- Lisznyai, S, Vida, K, Németh, M & Zsolt, B. 2014. Risk Factors for Depression in the Emerging Adulthood. *The European Journal of Counselling Psychology* 3(1):54-68.
- Lobe, B, Morgan, D, Hoffman, KA. Qualitative Data Collection in an Era of Social Distancing. 2020. *International Journal of Qualitative Methods* (19):1-8.
- Loughhead, M, Guy, S, Furber, G & Segal, L. 2018. Consumer views on youth-friendly mental health services. *Advances in Mental Health* 16(1):33-47.
- Lun, KW, Chan, CK, Ip, PK, Ma, SY, Tsai, WW, Wong, CS, Wong, CH, Wong, TW & Yan, D. 2018. Depression and anxiety among university students in Hong Kong. *Hong Kong Medical Journal* 24(5):466-472.
- Madjar, N, Shlosberg, D, Leventer-Roberts, M, Akriv, A, Ghilai, A, Hoshen, M, Krivoy, A, Zalsman, G, & Shoval, G. 2019. Childhood methylphenidate adherence as a predictor of antidepressants use during adolescence. *European Child & Adolescent Psychiatry* (28):1365- 1373.
- Magnusson, E, & Marecek, J. 2015. *Doing Interview Based Qualitative Research: A Learner's Guide*, United Kingdom, Cambridge University Press.
- Majola, D. 2022. Mental health should get same attention as cancer & HIV. *Eye Witness News*. August 19.
- Majid, MAA, Othman, M, Mohamad, SF, Lim, SAH & Yusof, A. 2017. Piloting for Interviews in Qualitative Research: Operationalization and Lessons Learnt. *International Journal of Academic in Business and Social Science* 17(4):1074.
- Makhubela, M, 2019. The relation between low self-esteem and depressive mood in a non-clinical sample: The role of gender and negative life events. *Journal of Psychology in Africa* 29(1):54-59.
- Mall, S, Mortier, P, Taljaard, L, Roos, J, Stein, DJ & Lochner, C. 2018. The relationship between childhood adversity, recent stressors and depression in college students attending a South African university. *BMC Psychiatry* 18 (1):1.

- Markowitz, AJ. 2016. Associations Between School Connection and Depressive Symptoms From Adolescence Through Early Adulthood: Moderation by Early Adversity. *Journal Of Research On Adolescence* 27(2):298-311.
- Markowitz, AJ & Ryan, RM. 2016. Father Absence and Adolescent Depression and Delinquency: A Comparison of Siblings Approach. *Journal of Family and Marriage* 78(5):1300-1314.
- Martin, LA, Neighbors, HW & Griffith, DM. 2013. The experience of symptoms of depression in men vs women: Analysis of the national comorbidity survey replication. *JAMA Psychiatry* 70(10):1100.
- Maruster, L. 2013. *Qualitative research methods University of Groningen Faculty of Economics and Business*. London: SAGE Publishing Ltd.
- Mashaba, BL, Moodley, SV & Ledibane, NRT. 2021. Screening for depression at the primary care level. *South African Family Practice* 1(63):1-7.
- Maughan, B, Collishaw, S & Stringaris, A. 2013. Depression in Childhood and Adolescence. *Journal of Child and Adolescent Psychiatry* 22(1):35-39.
- McElroy, S L. 2015. The Epidemic of Depression With Obesity. *Journal of Clinical Psychiatry* 76(10):e1340-1342.
- Melaku, L, Bulcha, G & Worku, D. 2021. Stress, Anxiety and Depression among Medical Undergraduate Students and Their Coping Strategies. *Hindawi Education Research International* (2021):1-13.
- Melvin, T. 2021. Solitude can be important part of mental health. *Phi Kappa Phi Forum* 101(1):1-2.
- Merriam, SB & Grenier, RS. 2020. Qualitative Research in Practice: Examples for Discussion and Analysis. *South African Medical Journal* 110(1):69.
- Mertens, DM. 2018. *Ethics of Qualitative Data Collection. The SAGE Handbook of Qualitative Data Collection*. Uwe Flick. London: SAGE Publications Ltd.
- Mligo, ES. 2016. *Introduction to Research Methods and Report Writing: A Practical Guide for Students and Researchers in Social Sciences and the Humanities*. Eugene, Oregon: Resource Publications.

- Moises, C & Torrentira, J. 2020. online data collection as adaptation in conducting quantitative and qualitative research during the covid-19 pandemic. *European Journal of Education Studies* 7(11):78.
- Moran, TE, Chen, CYC & Tryon, GS. 2018. bully victimization, depression and the role of protective factors among college LGBTQ students. *Journal of Community Psychology* 46(7):871.
- Morris, T, Manley, D, Northstone, K & Sabel, CE. 2017. How do moving and other major life events impact mental health? A longitudinal analysis of UK children. *Health & Place* (46):257-266.
- Motsoari, C. 2021. *Suicide crisis soars in South Africa*. <https://mg.co.za/opinion/2021-10-05-suicide-crisis-soars-in-south-africa/> (Accessed on 5 October 2021).
- Moustafa, AA, Crouse, JJ, Herzallah, MM, Salama, M, Mohamed, W, Misiak, B, Frydecka, D, Al-Dosari, NF, Megreya, AM & Mattock, K. (2020). Depression Following Major Life Transitions in Women: A Review and Theory. *Psychological Reports* 123(5):1501–1517.
- Mouton, J. 2012. *How to succeed in your Master's & Doctoral Studies. A South African Guide and Resource book*. Seventeenth Impression. Pretoria: Van Schaik Publishers.
- Naidoo, S. 2019. The prevalence, nature and functions of non-suicidal self-injury (NSSI) in a South African student sample. *South African Journal of Education* 39(3):1-6.
- Naidoo, T & Chilisa, B. 2018. Depression in Medical students: Breaking the silence. *Mental Health Matters* (5)3:34 – 37.
- Najafipour, H, Shahrokhadi, MS, Banivaheb, G, Sabahi, A, Shadkam, M & Mirzazadeh, A. 2021. Trends in the prevalence and incidence of anxiety and depressive symptoms in Iran: Findings from KERCADRS. *Family Medicine and Community Health* (93):1-8.
- Naushad, S, Farooqui, W, Sharma, S, Rani, M, Singh, R & Verma, S. 2014. Study of proportion and determinants of depression among college students in Mangalore City. *Nigerian Medical Journal* 55(2):158.
- Nduna, M, Jewkes, RK, Dunkle, KL, Jama Shai, NP & Colman, I. 2013. Prevalence and factors associated with depressive symptoms among young women and men in the Eastern Cape Province, South Africa. *Journal of Child and Adolescent Mental Health* 25(1):43.

- Newhart, S, Mullen, PR & Gutierrez, D. 2019. Expanding Perspectives: Systemic Approaches to College Students Experiencing Depression. *Journal of Counseling & Development* 97(3):260.
- Ngin, C, Pal, K, Tuot, S, Chhoun, P, Yi, R, Yi, S. 2018. Social and behavioural factors associated with depressive symptoms among university students in Cambodia: a cross-sectional study. *BMJ Open* 8(9):e019918.
- Ntuli, B, Mokgatle, M & Madiba, S. 2020. The Psychosocial Wellbeing of Orphans: The case of early school leavers in socially depressed environment in Mpumalanga Province, South Africa. *PloS one* 15(2):17.
- Ochnik, D, Rogowska, AM, Kuśnierz, C, Jakubiak, M, Schütz, A, Held, MJ, Arzenšek, A, Benatov, J, Berger, R, Korchagina, EV, Pavlova, I, Blažková, I, Konečná, Z, Aslan, I, Çınar, O, Cuero-Acosta, YA & Wierzbik-Strońska, MA. 2021. A Comparison of Depression and Anxiety among University Students in Nine Countries during the COVID-19 Pandemic. *Journal of Clinical Medicine* 10(13):2882.
- Oei, TPS, Strodl, E, Pang, J & Cui, L. 2013. Denial Predicts Outcome in Anxiety Following Group Cognitive Behavioral Therapy. *Journal of International Psychotherapy* 27(4):370-381.
- Oh, H, Marinovich, C, Rajkumar, R, Besecker, M, Zhou, S, Jacob, L, Koyanagi, A & Smith, L. 2021. COVID-19 dimensions are related to depression and anxiety among US college students: Findings from the Healthy Minds Survey 2020. *Journal of Affective Disorders* (292):270-275.
- Ola, G. 2018. Mood and Creativity over Time in a Bipolar Participant. *Journal of Creative Behavior* 52(1):66-79.
- Orzechowska, A, Zajączkowska, M, Talarowska, M & Gałęcki, P. 2013. Depression and ways of coping with stress: a preliminary study. *Medical Science Monitor* (19):1050-1056.
- Othman, N, Ahmad, F, El Morr, C & Ritvo, P. 2019. Perceived impact of contextual determinants on depression, anxiety and stress: A survey with university students. *International Journal of Mental Health Systems* 13(1):3.
- Pascoe, MC & Parker, AG. 2019. Physical activity and exercise as a universal depression. *Early Intervention in Psychiatry* 13(4):733-739.
- Patten, ML & Newhart, M. 2018. *Understanding Research Methods: An Overview of the Essentials*. New York: Routledge.

- Pellicane, MJ, Ciesla, JA. 2022. Temporal Trends in Rates of Depression, Anxiety and Suicidality Among Cisgender Sexual Minority and Heterosexual College Students. *Psychology of Sexual Orientation and Gender* :1-11.
- Penninx, BW, Milanesch, Y, Lamers, F, Vogelzangs, N. 2013. Understanding the somatic consequences of depression: biological mechanisms and the role of depression symptom profile. *BMC Medicine* 11:129.
- Piechaczek, CE, Pehl, V, Feldmann, L, Haberstroh, S, Allgaier, AK, Freisleder, FJ, Schulte-Körne, G & Greimel, E. 2020. Psychosocial stressors and protective factors for major depression in youth: evidence from a case–control study. *Child & Adolescent Psychiatry & Mental Health* 14 (6):3.
- Pillay, AL, Thwala, JD, Pillay, I. 2020. Depressive symptoms in first year students at a rural South African University. *Journal of Affective Disorders* (265):579-582.
- Pillay, R & Sacks, G. 2020. Cyberbullying—A Shrouded Crime: Experiences of South African Undergraduate Students. *The Oriental Anthropologist: A Bi-annual International Journal of the Science of Man* 20(2):373.
- Pope, C & Mays, N. 2020. *Qualitative Research in Health Care*. Hoboken: Wiley-Blackwell.
- Pössel, P. 2017. Comparing Different Sequential Mediation Interpretations of Beck's Cognitive Model of Depression in Adolescents. *Journal of Youth & Adolescence* 46(4):2.
- Pretorius, M & Blaauw, D. 2020. Financial challenges and subjective wellbeing of first year students at a comprehensive South African university. *Journal of Student Affairs in Africa* 8(1):47-63.
- Primack, B, 2016. Social media and depression. *Psychiatric Times* 33(5):1-4.
- Punch, KF. 2014. *Introduction to Social Research: Quantitative and Qualitative Approaches*. Third Edition. Los Angeles, California: Sage.
- Qureshi, MS, Khattak, AZ & Ahmad, A, 2021. The Effect of Father's Absence on Depression Levels in Male Children. *Journal of Behavioural Sciences*, 31(1):214-138.
- Ramafoko, L. 2020. *Gender Based Violence*. <https://mg.co.za/special-reports/2020-12-04-gender-based-violence/> (Accessed 4 December 2020).
- Ramón-Arbués, E, Gea-Caballero, V, Granada-López, JM, Juárez-Vela, R, Pellicer-García, B & Antón-Solanas, I. 2020. The prevalence of depression, anxiety and stress and their

associated factors in college students. *International Journal of Environmental Research and Public Health* 17(19):1-15.

Razzak, HA, Harbi, A, Ahli, S. 2019. Depression, prevalence and associated risk factors in the United, Arab, Emirates. *Oman Medical Journal* 34(4):274-283.

Ren, P, Qin, X, Zhang, Y & Zhang, R. 2018. Is social support a cause or consequence of depression? A longitudinal study of adolescents. *Frontiers in Psychology* 9:1634.

Roller, M.R. & Lavrakas, P.J. 2015. *Applied Qualitative Research Design: A Total Quality Framework Approach*. New York: The Guilford Press.

Roulston, K. & Choi, M. 2018. Qualitative interviews. In Flick, U. *The Sage handbook of qualitative data collection*. London: SAGE Publications.

Rousseau, K & Thompson, S. 2019. *Trends in Depression Among Undergraduate Students at a South African University, 2016–2019*. MA (Psychology) dissertation, University of Cape Town, Cape Town.

Ruel, E, Wagner, III, W & Gillespie, B. 2016. *Pretesting and Pilot testing', in The Practice of Survey Research: Theory and Applications*. Thousand Oaks SAGE Publications, Inc.

SA Students more at risk for depression than elsewhere (Sa)

<https://pharmadynamics.co.za/student-depression/> (Accessed on 29 June 2020).

Saleem, S, Mahmood, Z & Naz, M. 2013. Mental Health Problems in University Students: A Prevalence Study. *FWU Journal of Social Sciences* 7(2):124-128.

Saunders, MNK, Lewis, P & Thornhill, A. 2015. *Research Methods for Business Students*. New York: Pearson.

Schreiber, B. 2018. Mental Health at Universities: Universities are Not In Loco Parentis – Students are Active Partners in Mental Health. *Journal of Student Affairs in Africa* 6(2):22

Seidman, A. 2012. *College Student Retention: Formula for Student Success*. Lanham: Rowman & Littlefield Publishers.

Seidman, I. 2013. *Interviewing As Qualitative Research: A Guide for Researchers in Education and the Social Sciences*. New York: Teachers College Press. epression Across Cultures.

- September, J. 2018. Campus Suicide. [Online]
Available at: <https://www.wits.ac.za/news/latest-news/in-their-own-words/2018/2018-10/campus-suicide.html>
[Accessed 24 September 2021].
- Shafer, K, Jensen, TM & Holmes, EK. 2017. Divorce Stress, Stepfamily Stress and Depression among emerging adult step children. *Journal of Child and Family Studies* (26):851–862.
- Sharma, S & Sharma, V. 2022. Role of Family Environment in Predicting Depression. *Indian Journal of Health and Well-being* 13(1):79-82.
- Shim, EJ, Noh, H, Yoon, J, Mun, H & Hahm, BJ. 2019. A longitudinal analysis of the relationships among daytime dysfunction, fatigue and depression in college students. *Journal Of American College Health* 67(1): 51-58.
- Song, Y, Liu, Z, Chen, H & Huang, Y. 2020:16. Incidence and Risk Factors of Depressive Symptoms in Chinese College Students. *Neuropsychiatric Disease and Treatment* (16):2449–2457.
- Staff Writer, 2021. South Africa's latest crime stats – everything you need to know. <https://businesstech.co.za/news/government/514708/south-africas-latest-crime-stats-everything-you-need-to-know-3/> (Accessed on 20 August 2021).
- Steinberg, DM. 2015. *The Social Work Student's Research Handbook*. London: Routledge.
- Strepparava, MG, Bani, M, Zorzi, F, Corrias, D, Dolce, R & Rezzonico, R. 2016. Cognitive counselling intervention: treatment effectiveness in an Italian university centre. *British Journal of Guidance and Counselling* 44(4):423-433.
- Strosahl, KD & Robinson, PJ. 2017. *The Mindfulness and Acceptance Workbook for Depression: Using Acceptance and Commitment Therapy to Move Through Depression and Create a Life Worth Living*. Oakland, CA: New Harbinger Publications.
- Tawar, S, Bhatia, SS & Ilankumaran, M. 2014. Mental Health are we at risk? *Indian Journal of Community Medicine* 39(1):43
- Taylor, SJ, Devault, TML & Bogdan, R. 2016. *Introduction to Qualitative Research Methods: A Guidebook and Resource*. Fourth Edition. Hoboken, New Jersey: Wiley.
- Teherani A, Martimianakis T, Stenfors-Hayes, T, Wadhwa, A & Varpio, L. 2015. Choosing a Qualitative Research Approach. *Journal of Graduate Medical Education* 7(4):669-70

- Teo, AR, Choi, H & Valenstein, M. 2013. Social relationships and depression: ten-year follow-up from a nationally representative study. *PLoS One* 8(4):e62396.
- Terrell, SR. 2016. *Writing a Proposal for Your Dissertation: Guidelines and Examples*. New York: The Guilford Press.
- Terry, G, Hayfield, VC, & Braun, V. 2017. Thematic Analysis. IN: *The SAGE Handbook of Qualitative Research in Psychology*. London: SAGE Publications Ltd.
- Thapa, R. & Subedi, S. 2016. Social Media and Depression. *Psychiatric Association of Nepal* 33(5):1-4.
- Thomas, S. 2019. Addressing the Increase in Depression in College Students. *Issues in Mental Health Nursing* 40(2):87.
- Thorne N, Witcomb, GL, Nieder, T, Nixon, E, Yip, A & Arcelus, J. 2019. A comparison of mental health symptomatology and levels of social support in young treatment seeking transgender individuals who identify as binary and non-binary. *International Journal of Transgenderism* 20(2-3):241- 250.
- Thyer, B & Myers, L. 2014. *Behavioral and Cognitive Theories: Essentials of Clinical Social Work*. London: SAGE Publications, Ltd.
- Top Five Mental Health Problems Facing Students*.
http://www.sadag.org/index.php?option=com_content&view=article&id=2362:top-5-mental-health-problems-facing-students&catid=19&Itemid=144 (accessed on 10 July 2020).
- Tyler, K, Schmitz, RM & Ray, CM. 2018. Role of Social Environmental Protective Factors on Anxiety and Depressive Symptoms Among Midwestern Homeless Youth. *Journal Of Research On Adolescence* 28(1):199–210.
- Van der Walt, S, Mabaso, WS, Davids, EL. 2020. The burden of depression and anxiety among medical students in South Africa: A cross-sectional survey at the University of Cape Town. *South African Medical Journal* 110(1): 69.
- Van Zyl, PM, G Joubert, Bowen, E, du Plooy, F, Francis, C, Jadhunandan, S, Fredericks, F & Metz, L. 2017. Depression, anxiety, stress and substance use in medical students in a 5-year curriculum – research. *African Journal of Health Professions Education* 9(2):67.

- Versteeg, M & Kappe, R. 2021. Resilience and Higher Education Support as Protective Factors for Student Academic Stress and Depression During Covid-19 in the Netherlands. *Frontiers in Public Health* 9(737223):1-14.
- Villatte, A, Marcotte, D & Potvin, A. 2017. Correlates of Depression in First-Year College Students. *Canadian Journal of Higher Education* 47(1):114-115.
- Visser, M & Law-van Wyk, E. 2021. University students' mental health and emotional wellbeing during the COVID-19 pandemic and ensuing lockdown. *South African Journal of Psychology* 51(2):229-243.
- Vithal, R. & Jansen, JD. 2019. *Designing Your First Research Proposal: A Manual for Beginning Researchers*. Cape Town: Juta and Company [Pty] Ltd.
- Vulić-Prtorić, A. 2012. *TEMPUS EduQuality (Education for Equal Opportunities at Croatian Universities)*. MA (Psychology) dissertation, University of Zadar, Croatia.
- Wanga, W, Xieb, X, Wang, X, Leid, L, Hue, Q & Jiang, S. 2019. Cyberbullying and depression among Chinese college students: A moderated mediation model of social anxiety and neuroticism. *Journal of Affective Disorders* 256: 55.
- Weeland, MM, Nijhof, KS, Otten R, Vermaes, IPR & Buitelaar, JK. 2017. Beck's cognitive theory and the response style theory of depression in adolescents with and without mild to borderline intellectual disability. *Research in Developmental Disabilities* (69):39-48.
- Williams, HM & Erlank, EC. 2019, Traumatic incident reduction: A Suitable Technique for South African Social Work Practice Settings. *Health SA Gesondheid* 24(0):1.
- Willig, C & Rogers, WS. 2017. "Introduction." *The SAGE Handbook of Qualitative Research in Psychology*. London: SAGE Publications Ltd.
- Wiraszka, G, Głuszek-Osuch, M, Ptak, W & Stepien, RB. 2019. Preliminary evaluation of depression symptoms in adult high school students and the associated socio-demographic and environmental factors. *Medical Studies* 35(2):139-146.
- Yin RK. 2016. *Qualitative Research from Start to Finish*. Second Edition. New York: The Guilford Press.
- Yu, M, Tian, F, Cui, Q & Wu, H. 2021. Prevalence and its associated factors of depressive symptoms among Chinese college students during the COVID-19 pandemic. *BMC Psychiatry* 21(66):7.

Zhou, J, Li, X, Tian, L & Scott Huebner, E. 2020. Longitudinal association between low self-esteem and depression in early adolescents: The role of rejection sensitivity and loneliness. *Psychology and Psychotherapy: Theory, Research and Practice* (93):54-71.

ADDENDA

ADDENDUM A PARTICIPANT INFORMATION SHEET



PARTICIPANT INFORMATION SHEET

Ethics clearance reference number: 2021 – CHS - 32452012

Research permission reference number (if applicable):

20 April 2021

Title: A Social Work study on factors contributing to a high rate of depression amongst university students from the age of 19-23 years.

Dear Prospective Participant

My name is Shaina Matthew and I am doing research with Johannah Sekudu, associate professor, in the Department of Social Work towards a MA Social Work degree at the University of South Africa. We are inviting you to participate in a study entitled “An explorative study of the factors contributing to a high rate of depression amongst university students from the age of 19-23 years”.

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of research to find out the factors contributing to a high rate of depression amongst university students from the age of 19-23 years.



WHY AM I BEING INVITED TO PARTICIPATE?

You have been chosen to participate in this proposed study as you fit the criteria for this study.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

This study involves one to one in-depth interviews on Microsoft Teams online platform. Open ended question will be used to gather data. The duration of these interviews will be 45 minutes to an hour.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Participation in this study is completely voluntary, there is no penalty or loss of benefit should you choose not to participate. Participating in this study is voluntary and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason. The identity of every participant and personal data will be anonymised to maintain privacy and confidentiality.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

The benefit of your participation will add to the body of knowledge in the area of depression amongst university students which will be used to create an awareness of the factors leading to depression amongst student and how counsellors and wellness practitioners can improve supportive interventions.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

Some participants could manifest emotions and behaviours that will require counselling intervention during the course of this study. As a trained social worker, the researcher will be able to identify and recognise these

occurrences. The researcher will provide immediate debriefing after the data collection session has ended, to restore participants' emotional state before referring them for follow up counselling. To safeguard the wellbeing of participants, the researcher has made arrangements for counselling to be provided by a fellow colleague Mrs Cindy Peterson, who is a qualified counsellor.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

The researcher will ensure that confidentiality is maintained at all times, data collected from participants will not be shared with anyone other than the research supervisor and the independent coder. All data files will be saved on one drive and protected by strong passwords. Raw data will be stored in a locked cupboard with a dual locking system ensuring that nobody will have access to online or offline data. Data from all participants will be anonymised. All data will be kept in a locked filing cabinet and will be destroyed 5 years after the completion of the study, according to the Unisa regulations. Participants will be advised of their rights to privacy. The researcher will ensure that data acquired from participants will not be shared with anyone except the study supervisor and the independent coder. The researcher will also assure the participants that all data will be saved in files and protected by passwords and that nobody will have access to these files.

Please note that confidentiality agreements should be submitted to the Research Ethics Review Committee for consideration. Your answers may be reviewed by people responsible for making sure that research is done properly, including the external coder, study supervisor and members of the Research Ethics Review Committee.

Otherwise, records that identify you will be available only to people working on the study, unless you give permission for other people to see the records. The anonymous data gathered from participants may be used for other purposes, such as a research report, journal articles and/or conference proceedings. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

Hard copies of your answers will be stored by the researcher for a minimum period of five years in a locked cupboard in the researchers' office for future research or academic purposes; electronic information will be stored on a password protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. Data will be destroyed if necessary hard copies will be shredded and electronic copies will be permanently deleted from the hard drive of the computer.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

Participation in this study is voluntary, there are no incentives or benefits.

HAS THE STUDY RECEIVED ETHICS APPROVAL

This study has received written approval from the Research Ethics Review Committee of the Unisa. A copy of the approval letter can be obtained from the researcher if you so wish.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings, please contact Shaina Matthew on 0824589335 or smatthew@vegaschool.com. Should you require any further information or want to contact the researcher about any aspect of this study, please contact Professor Johannah Sekudu, sekudj@unisa.ac.za, (012) 429 8883.

Should you have concerns about the way in which the research has been conducted, you may contact Professor Johannah Sekudu, sekudj@unisa.ac.za, (012) 429 8883.

Thank you for taking time to read this information sheet and for participating in this study.

Thank you.

Shaina Matthew

ADDENDUM B: RESEARCHER ACKNOWLEDGMENT FORM



ADDENDUM B RESEARCHER ACKNOWLEDGEMENT FORM

RESEARCHER ACKNOWLEDGEMENT

Research title: An explorative study of the factors contributing to a high rate of depression amongst university students between the age of 19-23 years.

Researcher:

Student number: 32452012

Hereby, I, Shaina Matthew ID number, 7107100198080 in my personal capacity as a researcher, acknowledge that I am aware of and familiar with the stipulations and contents of the

- Unisa Research Policy
- Unisa Ethics Policy
- Unisa IP Policy

and that I shall conform to and abide by these policy requirements

Signature:

Shaina Matthew

Date:

20/11/2020

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

ADDENDUM C: CONSENT FORM

CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.



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I agree to the recording of the <insert specific data collection method>.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname..... (please print)

Participant Signature.....Date.....

Researcher's Name & Surname: Shaina Matthew

Researcher's signature.....Date.....

ADDENDUM D: INTERVIEW SCHEDULE/ QUESTIONNAIRE

A social work study on factors contributing to a high rate of depression amongst university students from the age of 19-23 years.

What year of study are you in?

Age:

Gender:

Race:

Tell me about yourself

Tell me a little about your early childhood family background.

Tell about what's happening in your life currently.

Topical questions

What is your support structure, who do you speak to?

Tell me, how has it been living with depression.

If you had to describe depression, what would it look like? (Adjectives)

What are some of the factors that lead you to believe that you are experiencing depression?

Did you experience any physical symptoms during the depression period?

How did you manage these symptoms?

How has depression influenced the way you perceive yourself?

In your opinion are there experiences or stressful situations that make the depression worse?

What would you like to see being done to support people with depression?

Is there anything else that you would like to add?

ADDENDUM E RISK ASSESSMENT TOOL

ADDENDUM E

RISK ASSESSMENT TOOL

Complete the Research Ethics Risk Assessment by answering each question below. If you answer “**YES**” to any of the items, the outcome of the risk assessment is considered to vary from a low to high risk level. The UNISA research ethics review system is based on the UNISA Standard Operating Procedure (SOP) for Research Ethics Risk Assessment. If you are an external applicant, a copy of this document can be requested from urerc@unisa.ac.za; internal applicants can click on this [link](#) to obtain the document.

1	Does your research include the direct involvement of any of the following groups of participants (<i>Refer to Section 4 in the SOP</i>)	YES	NO
<i>Place an 'x' in box [if yes, provide details in the space allocated for comments]</i>			
	a) Children or young people under the age of 18		X
	b) Persons living with disabilities (<i>physical, mental and/or sensory</i>) ¹		X
	c) Persons that might be considered vulnerable, thus finding it difficult to make independent and/or informed decisions for socio, economic, cultural, political and/or medical reasons (<i>such as the elderly, the dying, unconscious patients, prisoners, those in dependant relationships, women considered to be vulnerable due to pregnancy, victimisation, etc.</i>)		X
	d) Communities that might be considered vulnerable, thus finding it difficult to make independent and informed decisions for socio, economic, cultural, political and/or medical reasons		X
	e) UNISA employees, students or alumni		X

¹ Describe whether and how proxy or gatekeeper consent will be obtained in section 6.1 relevant to items 2.1. a – e

f) Persons whose native language differs from the language used for the research		X
g) There is a likelihood that a person or definable group will be identified during the research process and it is likely to be of concern.		X
h) Other ² . Please describe.		
Comments:		

2	Does your research involve any of the following types of activity that could potentially place the participants at risk of harm?	YES	NO
<i>Place an 'x' in the box provided [if yes, provide details in the space allocated for comments]</i>			
	a) Collection, use or disclosure of personal, identifiable information <u>without</u> the consent of the individual or institution that is in possession of the required information (with the exception of aggregated data or data from official databases in the public domain)		X
	b) Collection, use or disclosure of personal, identifiable information directly from participants <u>with</u> consent		X
	c) Personal, identifiable information to be collected about individuals from available records (e.g. employee records, student records, medical records, etc.) and/or archives		X
	b) Participants being exposed to questions which may be experienced as stressful or upsetting, or to procedures which may have unpleasant or harmful side effects	X	
	e) Participants being required to commit an act which might diminish self-respect or cause them to experience shame, embarrassment, or regret		X
	f) Any form of deception of participants, concealment or covert observation		X
	d) Examining potentially sensitive or contentious issues that could cause harm to the participants		X
	g) Research which may be prejudicial to participants		X

² Form 1 does not apply to plant, molecular or cell research, animal and environmentally related research.

f) Research which may intrude on the rights of third parties or people not directly involved		
f) Audio-visual recordings of participants which may be of a sensitive or compromising nature (with or without consent)		X
g) Disclosure of the findings of the research could place participants at risk of criminal or civil liability or be damaging to their financial standing, employability, professional or personal relationships		X
h) Any form of physically invasive diagnostic, therapeutic or medical procedure such as blood collection, an exercise regime, body measurements or physical examination		X
k)*Psychological inventories / scales / tests		X
q) Other. Please describe		
Comments:		

**Please add details on copyright issues related to standardised psychometric tests and registration at the HPSCA of test administrator if test administration is in South Africa or of an equivalent board if administration is non South African.*

3	Does your research involve any activity that could potentially place the researcher(s) at risk of harm?	YES	NO
	a) There is a possible risk of physical threat, abuse or psychological trauma as a result of actual or threatened violence or the nature of what is disclosed during the interaction		X
	b) There is a possible risk of being in a compromising situation, in which there might be accusations of improper behavior		X
	c) There is an increased exposure to risks in everyday life and social interactions, such as working with hazardous materials or sensitive information		X
Comments:	<i>If you selected any option above, please describe it in detail here.</i>		

4	Does any of the following apply to your research project?	YES	NO
<i>Place an 'x' in the box provided [if yes, provide details in the space allocated for comments]</i>			
	a) Participants will be offered inducements or incentives to encourage their involvement in the research		X
	b) Participants will incur financial obligations as a result of their participation in the research		X
	c) The researcher(s) can anticipate financial gains from involvement in the research (i.e. contract research)		X

d) Any other potential conflict of interests, real or perceived, that could be seen as compromising the researcher(s) professional judgement in carrying out or reporting on the research		X
e) Research will make use of Unisa laboratories		X
f) Research will be funded by UNISA or by an external funding body that could compromise the integrity of the research project		X
Comments: If you selected any option above, please describe it in detail here.		

5 Guided by the information above, classify your research project based on the anticipated degree of risk. *[The researcher completes this section. The ERC critically evaluates this benefit-risk analysis to protect participants' rights]*

Place an 'x' in the box provided

Category 1 Negligible	Category 2 Low risk	Category 3 Medium risk	Category 4 High risk
No to indirect human participant involvement. <i>If you choose this option, stop completing this form and contact URERC@unisa.ac.za</i>	Direct human participant involvement. The only foreseeable risk of harm is the potential for minor discomfort or inconvenience, thus research that would not pose a risk above the everyday norm. X	Direct human participant involvement. Research that poses a risk above the everyday norm, including physical, psychological and social risks. Steps can be taken to minimise the likelihood of the event occurring.	Direct human participant involvement. A real or foreseeable risk of harm including physical, psychological and social risk which may lead to a serious adverse event if not managed responsibly.

(a) Briefly justify your choice/classification
There are no major risks involved in this study.

(b) In medium and high risk research, indicate the potential benefits of the study for the research participants and/or other entities.

(c) In medium and high risk research, indicate how the potential risks of harm will be mitigated by explaining the steps that will be taken to minimise the likelihood of the event occurring (e.g. referral for counselling, debriefing, etc.).

ADDENDUM F: CONFIDENTIALITY AGREEMENT

I, Shaina Anoeki Matthew, identity number 7107100198080, hereby declare that all information gathered for the purposes of this study will be kept private in adherence to the ethical principles of Confidentiality as stated in the research proposal.

Shaina A. Matthew

ADDENDUM G: REQUEST LETTER FOR DEBRIEFING SERVICES

6 November 2020

Cindy Peterson

Vega Cape Town office

130 Strand Street

De Waterkant

8001

Dear Cindy

Request for Debriefing Services

My telephonic discussion regarding my research entitled “An explorative study of the factors contributing to a high rate of depression amongst university students between the age of 19-23 years” bears reference. I would like to request your services as a counsellor for debriefing of students in the duration of this proposed study.

Should you have any queries, please do not hesitate to contact me.

Regards

Shaina Matthew

ADDENDUM H: PERMISSION LETTER TO CONDUCT RESEARCH

Request for permission to conduct research

A Social Work study on the factors contributing to a high rate of depression amongst university students from the age of 19-23 years.

20 November 2020

Rose Mathafena

ADvTECH House: Inanda Greens

54 Wierda Road West

Wierda Valley

Sandton.

Research Department

676 8000 (011), rmathafena@vegaschool.com

Dear Rose Mathafena

I, Shaina Matthew am doing research with Professor Johannah Sekudu, associate professor, in the Department of Social Work towards a master's degree in Social Work at the University of South Africa. We are inviting you to participate in a study entitled:

A Social Work study on the factors contributing to a high rate of depression amongst university students from the age of 19-23 years.

The aim of the study is to develop an in-depth understanding of the factors contributing to a high rate of depression amongst university students from the age of 19-23 years. Your company has been selected because you are an educational institution that has the specific age group which is the focus of this proposed study. The study will entail a qualitative research study of the factors contributing to a high rate of depression amongst university students from the age of 19-23 years. We would like to recruit participants by sending an invite to all students based at the campuses in Durban, Cape Town and Pretoria.

We would like to propose that this invite be sent on the student portal as a notification informing participants about the study and the criteria of selection. Participation in this study will be voluntary, participants may withdraw at any time. The study is completely anonymous, therefore it will not require participants to provide their names or any other identifying information, responses to the questions will be kept confidential. Each interview will be assigned a number code to help ensure that personal identifiers are not revealed during the analysis and write up of findings.

The benefits of this study are that the results of this study can be used to provide a more effective student wellness and support programme for university students. It will also provide a valuable addition to research and findings that could lead to greater public understanding of depression amongst students.

Potential risks are that some participants could manifest emotions and behaviours that will require counselling intervention during the course of this study. As a trained social worker, the researcher will be able to identify and recognise these occurrences. The researcher will provide immediate debriefing after the data collection session has ended, to restore participants emotional state before referring them for follow up counselling. To safeguard the wellbeing of participants, the researcher has made arrangements for counselling to be provided by a fellow colleague Mrs Cindy Peterson, who is a qualified counsellor.

Feedback procedure will entail:

- the dissemination in the form of a dissertation for the purposes of obtaining a master's degree.
- A published article.
- Presenting research findings to fellow students or work colleagues as well as the research team of your institution.

I trust that my request receives your favourable attention.

Yours sincerely



Shaina Matthew

ADDENDUM I: ACCEPTANCE LETTER AND CV FROM DEBRIEFER

Good day Shaina

Trust you are well; I confirm I will assist with any counselling of students as required.

Regards,

Cindy Petersen

Wellness Navigator

Vega School Cape Town

130 Strand Street, De Waterkant, 8001

T: +27 21 461 8089 |

www.vegaschool.com



Cindy Petersen

Curriculum Vitae

Cell: 0741193329

Email: cindynewday09@gmail.com

Address: 62 Lancaster Gardens

Lancaster Road

Kenilworth

7708

Personal Information

Identity Number: 8508030070084
Nationality: South African
Home Language: English and Afrikaans
Drivers License: Code B
Own Transport: Yes

Educational Background

Tertiary Education

Institution: University of Western Cape

Period: 2004 - 2008
Degree: B. Psych Degree

Secondary Education

Institution: Matriculated – Rhodes High School, Cape Town
Period: 2003
Subjects: English; Afrikaans; Mathematics; Physical Science, Biology and business economics

Additional Courses

- 2008 – Rape wise course
- 2010 – Formal Debriefing course (SAPS)
- 2013 Introduction to narrative therapy
- HIV Basic counseling
- HIV treatment
- MTCT (Mother to child transmission)
- 2018 – Impact Therapy
- 2018 – Intermediate Excel Training
- 2018- Level one First Aid Training
- 2018 – Impact Therapy and Anxiety

Professional Experience

Company: The IIE's Varsity College Cape Town
Period: 01 November 2017 – current
Position: Student Relations Manager (SRM)

Responsibilities:

Counselling Students

Provides individual primary counselling to students

Provides students with skills to deal with challenges

Guides students through referral options.

Establishes trustworthy relationships with students

Develops initiatives that add to the student's experience.

Facilitates group counselling for students with similar problems.

Establishes a referral network for secondary counselling.

Presents Life Skills workshops addressing relevant issues.

Creates awareness campaigns

Facilitates guest speakers to address students on relevant topics

Community Engagement and Awareness Campaigns

Designs campaigns that raise awareness

Includes and involves Varsity College Cares students' team

Facilitates engagements between Varsity College students and staff and Non-Government Organisation (NGO).

Involves students in sustainable community engagement outreach programmes.

Establishes and maintains relationships with stakeholders in the community

Presents Life Skills workshops on community related issues, e.g. Reach for a dream

Sources sponsors

Company:

Medscheme (Aid for Aids)

Period:

01 May 2015 – 31 May 2016

Position:

Telephone Counsellor

Responsibilities:

: Telephone counselling

Provide Managed care

Provide patients with support and information concerning living healthy lives.

Encourage adherence

Offer supportive counselling

Company:

Medscheme (ADRM: Active Disease Risk Management)

Period: 01 June 2016 – 31 October 2017
Position: Care Manager
Responsibilities: : Telephone counselling
Provide Managed care
Provide patients with support and information concerning living healthy lives as well as managing their chronic conditions
Encourage adherence and yearly testing of High Blood Pressure and cholesterol
Refer patients for additional assistance from nurses and or social worker as required.

Reason for leaving: I wanted to return to face to face counselling where I am able to conduct individual and group intervention.

Company: **Medscheme (Aid for Aids)**
Period: 01 May 2015 – 31 May 2016
Position: Telephone Counsellor
Responsibilities: : Telephone counselling
Provide Managed care
Provide patients with support and information concerning living healthy lives.
Encourage adherence
Offer supportive counselling

Company: Western Cape Department of Labour
Period: 1 November 2014 – 30 April 2015
Position: Graduate intern
Responsibilities: Register work seekers and placement opportunities and provide referral services to clients.

- Recruit candidates from database through appropriate matching.
- Network with stakeholders to acquire placement opportunities.
- Process requests for labour migration and advise on availability of skills.
- Monitor and process registration of private and temporary employment agencies applications. Assist with conducting advocacy campaigns and dissemination of information to stakeholders.
- Compile and provide statistical reports
- Render administrative services including records management as per audit requirements

Name of company : HDI

Period : 01 February 2013 – 31 August 2014 (Contract)

Position held : Lecturer

Responsibilities : Educate grade six female learners about puberty and menstruation

Name of company : Private Practice

Period : September 2012 to date

Position held : Registered counsellor

Responsibilities : Trauma debriefing
Workshops
Counselling

Name of company : Incon Health

Service period : 21 May 2012 – 17 September 2012 (Maternity relief contract)

Position held : Telephone counsellor

Key responsibilities :

- Telephonic counselling
- Arrange trauma debriefing for staff
- Face to face counselling for TFG staff

Name of company : South African police services

Position held : Warrant Officer (registered counsellor – permanent position)

Service period : 01 November 2009 – 31 May 2012

Key responsibilities :

- one on one counseling of police officials
- Family counseling of police officials
- General counseling of police officials (drugs, marriage, job dissatisfaction etc.)
- Psychometric assessments and scoring
- Standby duties (7days once a month)
- Facilitation of workshops
- Crisis management
- Trauma counseling

Name of company : Medical Research Council

Type of company : Research

Position held : Senior Researcher (full time)

Service period : **01 September 2008- 31 October 2009** (contract)

- Key responsibilities** :
- Conduct workshops with clients (nutrition and drugs)
 - Fetching and dropping off clients
 - Recruiting clients from the cape flats (outreach)
 - Tracking of clients
 - Report writing
 - Conducting HIV testing and drug testing
 - Counsel distressed clients
 - Conduct intake interviews

NAME OF COMPANY : Dance for life

SERVICE PERIOD : 01 February 2008 – 31 October 2008 (Contract – Full time)

POSITION HELD : Facilitator

- KEY RESPONSIBILITIES** :
- Facilitate discussions with teenagers during the workshop at high schools
 - Educated the teenagers around the topics addressed within the workshop e.g.: HIV, STI'S etc.

NAME OF COMPANY : Saartjie Baartman Woman's Centre

SERVICE PERIOD : June 2007 – December 2007 (In service training)

POSITION HELD : Counsellor

KEY RESPONSIBILITIES :

- Facilitate workshops with the woman at the shelter
- One on one counselling
- Telephone counselling
- Referring clients for additional assistance
- Developing and presenting workshops to the woman
- Intake assessment
- Group debriefing session

Name of company : **UWC (Brawam Siswam Programme)**

Period : 2005 - 2006

POSITION HELD : Mentor **(part time)**

KEY RESPONSIBILITIES : Mentor Grade nine learners at Beaconhill High School
Conduct workshops with pupils once a week.

NAME OF COMPANY : **Trauma Centre**

TYPE OF COMPANY : NGO

POSITION HELD : Facilitator (ad hoc basis)

Current employment : January 2006 – December 2006

KEY RESPONSIBILITIES : Facilitate group discussions within the workshop

Skills

Computer Skills: MS Word, Excel

Skills: Communication, interpersonal, writing skills

References

Name: Dr Bronwyn Myers

Position: Director

Company: Medical Research Council

Contact: 0219380911

Name: Khanyiswa Mzimkulu

Position: Psychological service head SAPS

Company: South African Police Services

Contact: 0732103921

Name: Thobile Mchunu

Position: Manager

Company: HDI

Contact: 0715297226

Name: Athalia Marumo

Position: Assistant Director

Company: Department of Labour (PES)

Contact: 0214418007

0720299474

Name: Petronella (Patty) Anthony

Position: Team Leader

Company: Aid for Aids Medscheme

Contact: 0214662792/1792

0835323649

ADDENDUM J: LETTER FROM THE LANGUAGE EDITOR

CONFIRMATION OF PROOFREADING

This serves to confirm that I have proofread this research report and have made the necessary corrections, suggestions and recommendations:

A SOCIAL WORK STUDY ON FACTORS CONTRIBUTING TO A HIGH RATE OF DEPRESSION AMONGST UNIVERSITY STUDENTS FROM THE AGE OF 19 - 23 YEARS

by

S.A. MATTHEW

I have been proofreading articles, Honours, Masters and Doctoral dissertations, research reports and theses for the past 16+ years for, *inter alia*, the following institutions: University of the Witwatersrand; GIBS; University of Cape Town; Milpark; Mancosa; University of KwaZuluNatal; University of Johannesburg; Unisa; Tshwane University of Technology; Stellenbosch; Henley Business School, Regenesys, University of Pretoria, University of Zululand, Vaal University of Technology, Nelson Mandela University, the Da Vinci Institute and, more recently, the Stadio Group.

I have also undertaken proofreading for publishers, such as Oxford University Press, Knowledge Resources and Juta & Company, companies, institutions and non-governmental organisations.

I have a major in English and excellent knowledge of Afrikaans.



Jennifer Croll

BA(Wits); H.Dip.Lib. (UCT); B.Tech.(LIS), B.Inf.Sc.(Hons)(Unisa); MM(Research), MM(Strategic Marketing)(Wits).

Email: crolljennifer@gmail.com

Mobile: 072-351-7997

Date: 2nd December, 2022

ADDENDUM K: ETHICAL CLEARANCE LETTER FROM UNISA



COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

19 January 2021

Dear Ms SA Matthew

**Decision:
Ethics Approval from 19 January
2021 to 18 January 2024**

NHREC Registration # :
Rec-240816-052
CREC Reference # : 2021-
CHS - 32452012

Researcher(s): Ms SA Matthew

email: [32452012 @mylife.unisa.ac.za](mailto:32452012@mylife.unisa.ac.za)

Supervisor: Prof J. Sekudu

Title: A social work study on factors contributing to a high rate of depression amongst university students from the age of 19-23 years.

Degree Purpose: Masters

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for three years.

The **low risk application** was **reviewed** by College of Human Sciences Research Ethics Committee, on **19 January 2021** in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the

confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.

5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No fieldwork activities may continue after the expiry date **(18 January 2024)**. Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Yours sincerely,

AHM Malesa



Signature : _____
Dr. K.J. Malesa
CHS Ethics Chairperson
Email: maleskj@unisa.ac.za
Tel: (012) 429 4780

Signature : PP
Prof K. Masemola
Executive Dean : CHS
E-mail: masemk@unisa.ac.za
Tel: (012) 429 2298



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ADDENDUM L: APPROVAL LETTER AND ETHICAL CLEARANCE TO CONDUCT THE STUDY FROM THE IIE



Initials and surname:	S. Matthew
Student number (external):	32452012
Institution:	University of South Africa (Unisa)
Qualification:	Master's Degree in Social Work
Research to be conducted in:	2021
Title of study:	A social work study on factors contributing to a high rate of depression amongst university students from the age of 19-23 years



Reference: R.15498
Enquiries: bvanwyk@iie.ac.za
research@iie.ac.za

11 March 2021



Permission to conduct research on IIE staff, students, sites or artefacts with standard and additional conditions



Dear Mrs Matthew,



The committee considered your request and have granted permission to conduct research on IIE staff, students, sites or artefacts in accordance with your request – on condition that you strictly adhere to the conditions stipulated below. This approval is based on the assumptions that (1) the information you have provided is true and factually correct and that (2) the study will be conducted in an ethical manner.

Permission is granted to proceed with the above study subject to meeting the conditions listed below. Permission may be withdrawn should any of these conditions not be met.

Please note: The panel has not considered the merits, accuracy or ethical soundness of the research. The only merits examined are the use of The IIE as a sample.

Standard conditions to be met

1. A copy of the final paper must be submitted electronically to The IIE's Dean for Research and Postgraduate Studies at research@iie.ac.za no later than 30 days post finalisation. The
2. researcher(s) is neither permitted to refer to The IIE or any of its educational brands nor to name, logo, brand or any other identifiers of The IIE or any of its educational brands in any way, including, but not limited to, in questionnaires, surveys, interviews, proposal or research reports. The IIE or educational brand in question must be referred to in a generic manner, for example 'A private provider'.
3. The researcher(s) will need to obtain informed consent in writing from all of the participants in his/her sample if the study is not anonymous.
4. If the Learning Management System (LMS) of The IIE is used, the researcher(s) is not permitted to refer to it by name. It needs to be referred to in a generic manner, for example "the Learning Management System of a Higher Education provider."
5. A copy of this letter must be forwarded to the relevant person(s) at the brand or The IIE that would be involved in the study.
6. Research must be conducted in such a way that the normal programme and operations of the site/offices is not interrupted.

ADVTECH HOUSE

Inanda Greens
54 Wierda Rd West
Wierda Valley 2196
P.O. Box 2369
Randburg 2125



Directors: RJ Douglas (UK), JDR Oesch, MD Aitken, FJ Coughlan

Group Company Secretary: CB



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7. The principal/ manager of a site must be consulted about an appropriate time when the researcher(s) may carry out the research at the site.
8. The researcher(s) may only use this data for these research purposes and in no other way.
9. Should the researcher(s) wish to publish this research or in any way make the results public, for example by publishing the results on a social media platform, this committee will need to approve a request to this end first.
10. No names or identifying information of participants may be used within the research and the research must be voluntary.
11. Photographs of human subjects may only be taken if relevant to the research and informed consent from the participants or respondents was obtained and, even with informed consent, the photographs may not be published.

12. The researcher is responsible for supplying and utilising his/ her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions or the offices visited for supplying such resources.
13. If any of The IIE reports or policies are used as part of the research, all identifying information needs to be removed.
14. Please make it clear that the information will not be used punitively in any way and participants may in no way be counselled or advised based on this.
15. The reference number for this letter must appear, in one format or another, on all research documentation distributed amongst IIE staff or students.

Additional conditions to be met

16. Please inform, in coordination with Dr Rose Mathafena, the relevant Campus Heads or Managers who have not yet been informed of your study before you commence data collection on the campuses they head.

Yours sincerely,



Dr B. van Wyk

Dean: Research and Postgraduate Studies

The Independent Institute of Education



ADDENDUM M: LETTER FROM INDEPENDENT CODER

P. O. Box 1327

Wingate Park

0152

24 August 2022

Ms Shaina Mathew (MSW Candidate)

Unisa

Pretoria

0003

To whom it may concern

This is confirmation that I have independently coded 13 interview transcripts based on a study entitled *“A social work study on factors contributing to a high rate of depression amongst university students from the age of 19-23 years.”*

The following documents are attached:

- A table of participants' profiles.
- A table on themes, sub-themes and categories; and
- A report on themes, sub-themes and categories verified by relevant excerpts.

The rich data will enable the candidate to compile a chapter on the findings.

Regards

A handwritten signature in black ink, appearing to read 'MDM Makofane', written in a cursive style.

Prof MDM Makofane

ADDENDUM N: TURNITIN REPORT

Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

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Shaina Matthew Revision 1

Shaina Matthew Dissertation revision 1 Dissertation_Turnitin_2.docx

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**A SOCIAL WORK STUDY ON FACTORS
CONTRIBUTING TO A HIGH RATE OF DEPRESSION
AMONGST UNIVERSITY STUDENTS FROM THE AGE OF 19
- 23 YEARS**

by

S.A. MATTHEW

Submitted in accordance with the requirements

for the degree

Master of Social Work

at the

UNIVERSITY OF SOUTH AFRICA

Supervisor: Prof J. Sekudu

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