Capturing Depressive Symptoms in Filipino College Students: A Preliminary Phase to Scale Construction

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The major intent of this study is to identify and describe various symptoms associated with major depressive disorder (MDD) among Filipino college students. Data gathered from semi-structured interviews with experts and student participants who are identified as depressed using the Patient Health Questionnaire-9 (PHQ-9) as a screening tool were transcribed and coded. Surveys with open-ended questions are also employed for student participants to comprehensively capture their experiences. The triangulation process used in this qualitative research is described. Data were examined and clustered according to the similarities, differences, and relationships of categories via a repertory grid. Through a constant comparative approach, the findings of this study revealed that the most common depressive symptoms among Filipino college students are categorized into themes and subthemes, namely: (1) Affective symptoms (emotional vulnerability and flat affect) (2) Mental codes (cognitive issues and thought of death and self-harm), and (3) Behavioral Change (isolation, disguised emotional expression, crying spell, and physical disturbances). Themes may be utilized as factors for developing a depression scale designed for Filipino college students. Policies and interventions are needed to support college students who are at risk of depression.

Keywords: depression, Filipino students, triangulation, repertory grid

The Philippines has one of the highest numbers of cases of depression in Southeast Asia (Puyat, 2021). The upward trend of mental health issues, such as stress, depression, and anxiety has been observed at many universities. Clacevillas (2016) found that 1.27% of the college students experienced severe to extremely severe anxiety, 14.63% suffered from severe to extremely severe depression, and 10.48% had severe to extremely severe stress levels. According to the report of the Department of Health (DOH) and the World Health Organization-Philippines, there are about 3.29 million people in the Philippines suffering from depression and there is a growing number of young Filipinos committing suicide (WHO-PH, 2017). In

addition, the Department of Health reported that there are 2, 413 cases of suicide that were recorded in 2016 (Acuna, 2018). Hence, it is considered important to give immediate attention and care to this population.

Depression is the most common reason why students go to a counseling center (Khawaja & Kelly, 2006). Though many studies investigated varied facets of depression, limited research focused on exploring the symptoms of major depression among Filipino young adults in a qualitative approach. The result of this study may serve as a basis for developing an intervention for this group and/or may be utilized as factors for developing depression scale. The World Health Organization (WHO) defines depression as a common mental disorder that impairs the ability to function with daily life for it is associated with sadness, lack of interest, guilt low self-esteem, sleep and appetite problems, tiredness, and difficulty concentrating (WHO, 2018). Though a large number of cases are known and observed, there is a heterogeneity of the depressive syndrome. Thus, different depression scale instruments may vary depending on clinical focus and purpose. One of the problems for delivering effective care is the inaccuracy of assessment for this mental health condition (Behera et al., 2017). According to Estanislao (2013), there is limited evidence on depressive symptoms among Filipino college students that are published internationally. To address this gap, this qualitative inquiry was explored to identify and describe various symptoms that a college student experiences. Key information from the experts was also gathered to enrich the robustness of the research.

Method

Research Design

This qualitative study was conducted through a data triangulation approach. In the field of social science, triangulation is defined as the mixing of data or methods so that diverse viewpoints may arise. The use of survey data with interviews is a more profound form of triangulation (Olsen, 2004). Multiple methods add rigor and depth to any investigation. In this study, data from varied sources are compared and cross-checked.

Participants and Study Site

The study took place at the College of International Tourism and Hospitality Management of a private university in the Philippines. The purposive criterion sampling technique was applied for the selection of participants. Of 108 college students recruited for the survey, only 75 of them qualified to be student participants according to the set criteria. Qualifications include Filipino college students, 18-24 years old, screened as depressed from mild to severe using the tool Patient Health Questionnaire-9 (PHQ-9) for adults. The prevalence of major depression among this group shows that 1 in 10 Filipino young adults experiences moderate to severe depression, which is significantly associated with suicidal ideation (Puyat, 2001). Experts in the field such as psychologists, school guidance counselors, school guidance director, psychometrician and psychiatrist (n=10), and student participants who are depressed (n=10) were interviewed to achieve additional data for the completeness and holistic view of discovering the depressive symptoms under study. Their profiles are presented in Tables 1 and 2.

Table 1

Expert Participants Background (Interview n=10)

Expert Participant Code	Profession	Length of service (Ave. 11years)	Educational background
EP1	RGC	16 years	Phd cand. (Clinical Psychology)
EP2	RGC/RPm	30 years	PhD ongoing (Clinical Psychology)
EP3	RGC	3 years	MA Guidance and Counseling
EP4	RGC	20 years	PhD cand. (Clinical Psychology)
EP5	RPsy	3 years	PhD cand. (Clinical Psychology)
EP6	MD	35 years	Medicine (Neurology-Psychiatry)
EP7	RGC	1 year	MA Guidance and Counseling
EP8	RGC	1 year	MA Guidance and Counseling
EP9	RPsy	3 years	Phd cand. (Clinical Psychology)
EP10	Rpsy	2 years	PhD ongoing (Clinical Psychology)

Note: (1) EP=expert participant, (2) RGC=registered guidance counselor, (3) RPm = registered psychometrician, (4)MD=medical doctor, (5) RPsy= registered Psychologist, (6) PhD= doctor of Philosophy (7) MA= Master of Arts

Table 2

Student Participants Profile (Interview n=10)

Student participant code	Age	Sex	Year level	Level of depression
SP1	19	F	1st year	mild
SP2	20	M	2nd year	moderate
SP2	18	M	1st year	severe
SP2	18	F	1st year	severe
SP2	21	F	1st year	moderately severe
SP2	19	F	1st year	moderate
SP2	19	F	1st year	moderate
SP2	19	F	1st year	moderate
SP2	18	F	1st year	moderately severe
SP2	18	F	1st year	mild

Procedure

Before conducting the study, the ethics review committee (ERC) of the University of Sto. Tomas evaluated the content and procedures. A letter of request to gather data was approved by the vice president for academic affairs before data gathering. Data were collected through a survey, semi-structured interview and review of related literature and studies including the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) and International Classification of Diseases-11 (ICD-11).

Measure

The Patient Health Questionnaire-9 (PHQ-9) by Kroenke et al. (2001) served as a

depression screener to identify the qualified student participants. It is a brief instrument for screening, monitoring, and measuring the severity of depression. It consists of nine items and is found useful to clinicians and researchers for rapid administration and identification of results. Kroenke, Spitzer, and Williams (2001) found that PHQ-9 is reliable (Cronbach's alpha of 0.89 and .86) and valid through construct validation (0.73) with SF-20 (short form) mental health scale. Another instrument used was a survey questionnaire form that consists of personal data and open-ended questions which were distributed to the qualified participants in their respective classrooms. Information collected includes age, gender, and academic year level. Students who participated were instructed to fill out the survey form and answer the open-ended questions. Though questions were written in English, participants could express their answers either in English or in Filipino. The

central question focuses on identifying the common symptoms of depression that are experienced and observed by the participants in the last two weeks. They were given 20-30 minutes to accomplish the instruments. The semi-structured interview schedule was prepared for the interview. Participants who agreed to participate in the semi-structured interviews were invited to a quiet private area. An average of 45 minutes was spent for each semi-structured interview. In a qualitative study, data were categorized to describe and clarify human experience (Polkinghorne, 2005) using constant comparative analysis (Strauss & Corbin, 1998). A repertory grid was established to observe the process of cool and warm analysis and be able to group the themes according to their relevance and meaningfulness. The themes that surfaced were validated through the member checking procedure and critical friend technique.
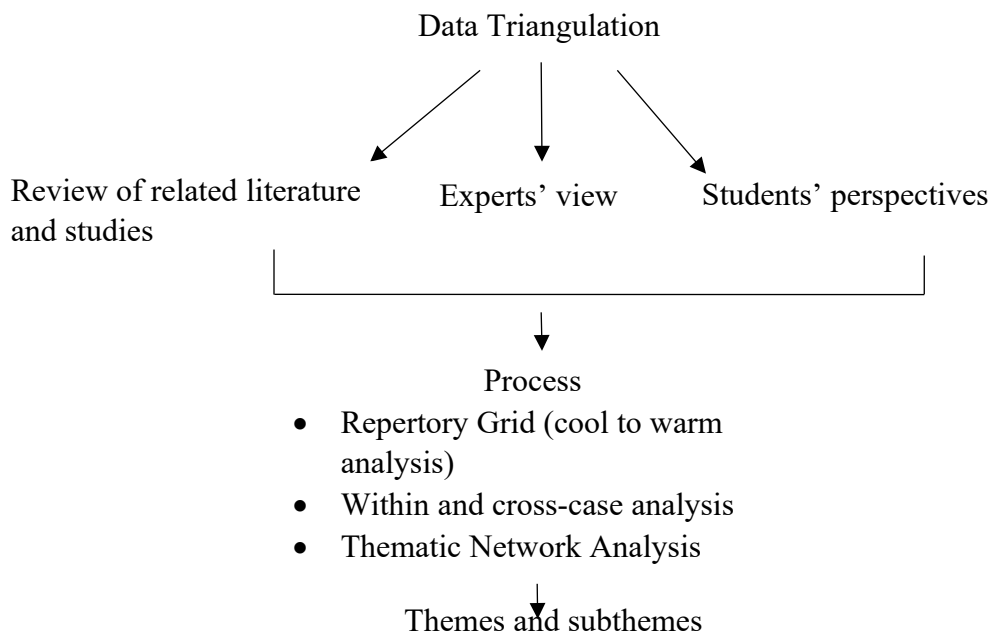
Figure 1 Steps on the identification of depressive symptoms

Results

For the survey, the majority of the participants were females (69%) aged 18-24 (49%). More than 90% belongs to the first-year level. The depressive symptoms were found to be common among freshmen students (Belivicious, et al., 2018). For screening purposes, participants were identified as having mild (40%), moderate (40%), and moderately severe depression (15%). Only 5% reported having severe depression. Most of the respondents experienced somewhat difficult (68%) to function in various areas while being depressed. Analysis of the survey and interviews revealed the three main themes that are relevant to the depressive symptoms experienced and observed in Filipino young adults: (1) Affective symptoms with subthemes: emotional vulnerability and flat affect; (2) Mental Codes with subthemes: cognitive issues and thought of death and self-harm; and lastly (3) Behavioral Change which is supported by corresponding subthemes: isolation, crying spell, physical disturbances, and disguised emotional expression. Coding and definitions of variables were identified.

Theme 1: Affective Symptoms (AS)

Within and cross-case analysis revealed that the mood of the participants varies. The affective symptom is represented by a cluster of emotional symptoms that are felt and observed by an individual which can be characterized by having emotional pain to numbness, extreme and uncontrolled sadness, irritability, and unexplained anxiety. This was extracted in the following subthemes:

Emotional vulnerability (ev). It is a manifestation of extreme sadness with or without apparent reason, emotional breakdown, being irritable even at small things, and with a little threshold to anxiety-provoking events. This is expressed in the statements: "*I suddenly feel sad for no reason*". (P8); "*I became moody, my patience is short*". (P2) Manifestation includes being irritable, feeling sad for no particular reason, and having anxiety at some point. This is consistent with the study of Puyat, et al., (2021) which revealed that loneliness was the most frequently reported symptom of depression among Filipino young adults with moderate to severe depressive symptoms. Irritability which is a common symptom among children (DSM-5, 2013) who are depressed was also distinct among college student participants.

Flat affect (fa). It reflects having no reaction to an intense stimulus, feeling empty or a feeling of emotional numbness, and/or does not experience pleasure nor a feeling of happiness. Other participants stressed having no feelings at all or cannot feel any pleasure: "*Even if it's too painful, even if I am about to be struck by a car, even if there's a dead body in front of me, I could no longer feel anything. I feel neutral*". (P7); "*Feeling dark, I could not find happiness*".(P6)

Theme 2: Mental Codes (MC)

It is a cluster of cognitive symptoms that are experienced by an individual that may manifest through random thoughts, negative thoughts, poor concentration, questioning self-worth, thought of death and self-harm.

Thought of death and self-harm (tds). This is a desire and thought for ending one's life by any form, a desire to disappear, and a

feeling of relief by the thought of harming oneself. Participants revealed that they were thinking of committing suicide or having suicidal ideation. They believed that it's better to disappear by stating, "*I want to end my life. I don't want to live anymore*". (P7); "*I want to be with my dad in heaven*." (P1) There is a significant correlation between suicidal ideation and depression (Mustaffa et al., 2014).

Cognitive issues (ci). It includes overthinking, difficulty concentrating, confused and having full of negative thoughts that are hurting the individual. One participant stated: "*Hard to focus on important things like studies and household. Feel puzzled*." (P7) Another described her experience as: "*Overthinking of negative attributes*." (P14) According to Viera, et al. (2020), adults who are depressed and with excess body weight are found to have a greater cognitive and functional impairment.

Theme 3: Behavioral Change (BC)

This is a cluster of a change in behavior and physical disturbances that may manifest by the participants' experience of isolation, unmotivated, disguised persona, self-harm, tiredness, too much sleep and lack of sleep, increase and loss of appetite. These characteristics were not experienced before episodes of depression.

Isolation (i). The participant's desire to be alone, avoiding others, prefers to be in a quiet place, in a blank stare and going home immediately after class. It can be revealed in their statements: "*I would rather be alone. I do not hang out with my friend. I don't talk to anyone.*" (P3); "*After school, I go home right away and lay on my bed.*" (P6)

Crying Spell (cs). This refers to the experience of crying anytime with or without any reason, the tendency to cry even at the slightest triggering factor. When asked about the reasons for crying, the two participants explained "*Crying alone without knowing the reason why.*" (P4 and 8). Another participant revealed that "*Always crying over small things. I cry over and over again.*" (P19).

Physical Disturbances (pd). This includes sleep problems (insomnia/hypersomnia), changes in appetite (loss of appetite/overeating), sudden weight loss or weight gain even when not dieting, tiredness, lack of energy, loss of interest to move or do activities that they used to do. Depression was found to be significantly associated with excess weight among adults (Viera, et al., 2020) One participant experienced two overlaps of symptoms. As expressed, "*I can't sleep because of overthinking. I lose weight because I don't eat.*" (P17)*; "No longer excited to do things that interest me. I don't have the energy to do what I like to do".* (P21). This is a representation of being unmotivated or lack in interest to do the things that they previously enjoy doing.

Disguised emotional expression (dee). It is shown by emotional suppression, hiding of real feelings, showing fake strength and positive emotions. They pointed out that they seem to be all right but nobody knows what they truly feel except for their trusted friend. "*Not all who smiles are happy. Looks happy outside but struggling inside*." (P13) "*There is a silent killer within me .... but still smiling.*" (P9)

Discussions

The study has vividly described the symptoms of depression among college students from their first-hand experience and observations from experts. Participants reported that they experience the symptoms

for at least two (2) weeks. The duration, as well as their perception of depressive symptomatology, is consistent with the DSM-5 description for major depressive disorder. Studies likewise revealed some points of similarities between the observations of experts and the descriptions of students. These include extreme sadness, tiredness at all times, and preference to be alone. Interestingly, it is revealed that not all who smile are genuinely happy. They try to hide their true feelings. Thus, an assessment may be helpful to evaluate what they truly feel. The use of qualitative inquiry is useful to researchers in the development of scales (Rowan & Wuff, 2007).

The result of this study emphasized the discovery and descriptions of the three themes that emerged namely, (1) Affective Symptoms (AS) with the subthemes of emotional vulnerability (ev) and flat affect (fa); (2) Mental Codes (MC) which covers thought of death and self-harm (tds) and cognitive issues (ci) as subthemes and lastly, (3) Behavioral Change (BC) which involves isolation (i), crying spell (cs) physical disturbances (pd), and disguised emotional expression (dee). Recognition of these symptoms resulted in a total of ninety-five (95) items that were contained in the eight-subscale questionnaire. The items were generated through the utterances and musings of the participants. Information gathered showed the process in collecting qualitative data that is useful in developing a College Student Depression Scale (CSDS).

Many of the participants believe that depression needs to be addressed seriously. The experts noted that it is difficult to determine people who are depressed because most of them are functional yet emotionally and cognitively disturbed. Therefore, it could be imperative that college

administrators continually assess the mental fitness of college students in dealing with life stressors. The main limitations are a single study site and a preponderance of female participants.

Conclusion

While a great number of available tools evaluate depressive symptoms, many are designed for the general population which is developed through the Western norm. This research illustrates how a qualitative study transformed into a local self-report questionnaire. As shown in this qualitative inquiry, the study has described how college students experience depression. Affective symptoms include emotional vulnerability which manifests through extreme sadness without apparent reason, irritability, and anxiety. College students who are depressed could hardly express their real feelings and at times have come to a point of emotional numbness. The Mental codes involve cognitive issues such as difficulty concentrating, overthinking, confused, and having thought of death and self-harm. This could deter the focus of students. Finally, Behavioral changes include the desire to be alone, being quiet, crying spell even at the slightest triggering factor. Physical disturbances such as sudden weight loss or gain, insomnia/hypersomnia, and lack of interest in any activity were also apparent. Generally, depression as described by participants is a state of disturbed mood, activities, thought, and physiologic reaction. The qualitative results can help inform the lived experience of participants and provide information for the succeeding quantitative method. Policies and interventions are needed to support college students who are at risk of depression. The researchers would like to note that the depression scale is currently in the process of pilot testing to

evaluate its reliability. Through this qualitative investigation, distinct factors taken from the themes and subthemes have been identified. This study clearly provides significantly statements from the experts and student participants about the symptoms of depression as experienced by Filipino college students. The identified factors in this preliminary phase of study are imperative since they serve as the fundamental content and guide for item construction in the process of test development particularly, the College Students Depression Scale (CSDS). The initial pool of items is then subject to a series of psychometric measures in the next phases of the study.

Acknowledgment

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