

## Level of Depression among Adolescents with Special Needs

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### ABSTRACT

*The study was conducted to explore the level of depression among adolescents with special needs. A sample of 150 adolescents with special needs was randomly selected from the three tehsils of district Toba Tek Singh (Tehsil Toba Tek Singh, Tehsil Gojra and Tehsil Kamalia). 50 adolescents with special needs were selected from each tehsil. It was hypothesized that adolescents with special needs exhibit high and low level of depression psychologically, behaviourally and physically. To find out the level of depression among adolescents with special needs, Beck Depression Inventory (BDI-II) was used. BDI is a 21-item self-report measure of the cognitive, affective, and somatic dimensions of depression. Each item contains four statements, ranging from no indication of depression (I am not feeling sad) to extreme feeling of depression (I am so sad or unhappy that I can't stand it). Items sum to a total score that can range from 0 to 63. The symptoms in the inventory are divided into mood, thought, motivational and physical sets. The mean BDI scores for the minimal, mild, moderate and severe classifications are 10.9 (SD= 8.1), 18.7 (SD= 10.2), 25.4 (SD= 9.6), and 30.0 (SD= 10.4), respectively. The findings of the study depicted that adolescents with special needs had low level of depression psychologically (M=5.59, SD 6.7), behaviorally (4.59, SD 4.55), and physically (4.20 with SD 4.37). Almost half of the respondents (49%) had minimal level of depression, 34% had mild, 13% had moderate, and 4% respondents had severe level of depression.*

**Keywords:** Depression, Adolescents, Special Needs

### INTRODUCTION

The disability leads to cause numerous problems for the child and his/her guardians as well. Such issues usually begin with the shock among the parents. The feelings of helplessness, sorrow and guilt also exist among the parents. The diagnosis of a child with developmental delay may cause to develop psychological strain among the parents akin to the individuals experience the suicidal attempts (Ellis & Hirsch, 2000). Similar feelings may also be experienced by the child with disability after facing such conditions.

It has been noted that disability or chronic illness brings depression among the individuals with numerous disabilities at a greater rate as compared to normal people. The symptoms of depression are reported to be diminished over time when the disabled persons make adaptations to face such situations. Some of the individual feel depressed due to their personal individual attributes and disability. However, others may not experience depression on account of their disability or face stress later in life. The depressed persons are given close attention especially persons expressing the suicidal thoughts are given special consideration by the counselors (Marini, Glover-Graf & Millington, 2012).

According to National Health Interview Survey conducted in 2001, it has been reported that thirty five percent (4-17 years) adolescents and children with special needs feel depressed, sad and unhappy. All the societies as well as teenagers are influenced by the depression (Greenberg, 2003). There are multiple factors such as school dropout, school failure, suicide, teen pregnancy, alcohol/drug abuse among the adolescents which are highly prone to depression (Mufson & Sills, 2006).

Teenagers are influenced by adolescent depression. The daily activities of interest, loss of self-esteem, discouragement and sadness are caused by adolescent depression (Zieve, 2012). Nine percent 16-24 years adolescents face psychological depression from high to extremely high level. The condition of mental disorder has been found in one out of four adolescents (Australian Institute of Health and Welfare, 2007). Mental disorder is highly prevalent among the 18-24 years old youngsters as compared to others. The basic reason of the death among 15-24 years young age people is the suicide (Australian Bureau of Statistics, 2012). It has been persistently reported for years that some children have moderate level of depression (Twenge & Nolen-Hoeksema, 2002), and depressive symptom's subclinical level is most leading cause of consequent depressive disorders (Pine, Cohen, Cohen & Brook, 1999). The depression may subside the interest of a person in almost all the things he/she commonly used to enjoy. As a matter of fact, around 3.5 million teenagers and children

10-15% of all adolescents become the victim of depression (Roy, 2005).

Nowadays, people are increasingly aware of the emotional issues. The depressed youngsters are mostly identified with an intermittent reaction to strain, oppositional-defiant disorder, attention deficit hyperactivity disorder or numerous other issues. Many children may have such disorders however depression can also coexist with these disorders. Such depressive disorders are often misdiagnosed (Ralph, 2004). A research determined the association between depression and self-efficacy among physically handicapped (13-17 years old) adolescents of twin cities of Islamabad and Rawalpindi. The Beck Depression Inventory and Generalized Self Efficacy Scale (Urdu translation) was used to collect the study data. An inverse correlation between the depression and generalized self-efficacy was found among physically handicapped adolescents. The study findings indicated that low level of self-efficacy may cause depression among the adolescents, whereas high level of self-efficacy may help to control the depression (Rehman & Tabbasum, 2005).

A study was conducted on 1249 adolescents (11-18 years old) to investigate the influence of vision impairment on life quality. The results of the study exhibited that general life quality of the adolescents with and without vision impairment was at the similar level. However, it was noted that level of school and psychosocial functionality of the normal adolescents was higher as compared to adolescents with

vision impairment (Wong *et al.*, 2009). People with hearing loss experience more social and practical issues as compared to their counterparts without disabilities. Such social and practical problems can enhance the mental health issues. The psychosocial well-being of the people with hearing loss is increasingly affected on account of their loss of interest in routine activities (Kvam, Loeb & Tambs, 2007).

### **Problem Statement**

Psychological well-being and the healthy environment is the pivotal point for a healthy and purposeful life. The tense and depressed environment ruins the peace of life. The scarce resources, poor economy, poor relationships and substandard environment are the major source of depression and anxiety among the normal population. Everyone struggles hard to lead a comfortable life but the poor circumstances are pushing them in the state of frustration. Such environmental problems are not only affecting the normal population but also make the special people feel depressed and hopeless despite the problems of their disability. The present research will find out these prevailing conditions and depression based problems in the adolescents with special needs. The study is titled as “level of depression among the adolescents with special needs”.

### **Objectives of the Study**

The study intended to explore following key objectives:

- To find out the extent to which adolescents with special needs feel depressed psychologically.
- To determine the level of depression among adolescents with special needs, exhibit behaviorally.
- To examine the level of depression among adolescents with special needs being exhibited physically.

### **Research Questions**

The current study investigated the following research questions:

- What is the psychological level of depression among adolescents with special needs?
- What is behavioral level of depression among adolescents with special needs?
- What is physical level of depression among adolescents with special needs?

### **Delimitations**

The study was delimited to the adolescents with special needs of three major disabilities i.e. adolescents with hearing impairment, adolescents with visual impairment and adolescents with orthopedic impairment. Adolescents with intellectual disability were excluded from the study.

### **Literature Review**

The review of literature of the study has elaborated the influence of depression on the persons with special needs. Roy (2005) explained that depression is a disease that affects a person's moods. Moods are the way a person feels and how he or she expresses those feelings. Someone who suffers from depression may feel sad, angry, irritable, tired, confused, guilty, or worthless. A person who is depressed may lose interest in almost everything he or she used to enjoy. Danesi (1994) described that

adolescence refers to psychosocial behaviours that are characteristic of all primates at puberty. As the etymology of the word implies (from Latin *adolescere*, 'to grow up'), it designates the behaviours set in motion by the onset of the reproductive capacity. A synonym for adolescent is young adult. Roy (2005) stated that all people feel down or unhappy in the dumps at times, however usually these sad feelings are ended. Conversely, sometimes such feelings of sadness sustain for a longer time. The depression may occur among the people who suffer from long time sadness. Depression works as a disease which influences the mood of a person (Nuseir et al., 2020; Asada et al., 2020). The moods are the ways a person shows his/her feelings and how he/she experiences the feelings. A depressed person can feel worthless, guilty, confused, tired, irritable, angry or sad.

According to Ralph (2004), it is a difficult topic to understand and contemplate the depression among the youngsters for many of us. Most of the time, children are reported to host the mental disorders. However, many children are accused of being disobedient, stubborn, lazy and shy on account of their undiagnosed depression. U. S. Department of Health and Human Services (2000) described that mood disorders and depression were considered to be emerge among the adults only. It has been noted that mood disorders are found very common among the adolescents and children in last three decades. The population studies indicated that 10-15% adolescents and children show some depression symptoms. In a study conducted on 86 children and adolescents with partial or complete vision loss, Jan, Freeman and Scott (1977) described that 57% of adolescents and children with vision loss face psychological problems incorporating diagnoses of personality disorder, conduct disorder and adjustment disorder. The findings of the study exhibited that one third of the subjects of the study with vision loss also had the pervasive developmental disorder and intellectual disability.

Chou and Chi (2004) explained that a person who acquired hearing loss later in life can feel unhappy about the hearing loss and such sadness influences his/her well-being and mental health. A survey conducted by Ishine, Okumiya and Matsubayashi (2007) found that individuals with loss of hearing (6 out of 10) showed few of the symptoms having association with depression. Individuals with loss of hearing encounter ensuing depression related symptoms: 1) one out of seven isolated from friends and close family members; 2) one out of seven were feeling miserable, down, unhappy most often; 3) one out of five encounter restlessness or trouble in sleeping; 4) about 20 percent exhibited poor inclination or interest in most routine assignments; and 5) one out of two exhibited high frustration and irritability (Basheer et al., 2021; Yan et al., 2020).

The disability influences the people in numerous ways such as emotional stress, psychological distress and physical discomfort. Piquart and Shen (2011) stated that condition of handicap and disability of any level i.e. mild or profound influences disabled individual physically, psychologically as well as emotionally. An individual having disability or chronic illness exhibits increased anxiety and depression level. On average, adolescents and children having chronic illness show increased depression related symptoms as compared to their normal counterparts. There are strong variations of depressive symptoms among the persons having epilepsy, head ache, migraine, cleft palate, cleft lip, fibromyalgia and chronic fatigue syndrome. The studies published before 1990 in developing countries, showed larger effect size with control group of healthy peers and increased girl's proportion. These studies used the clinician and parents ratings instead of child rating. The professionals associated with

the rehabilitation process of chronic illness must do screening of symptoms related to psychological strain and they do adequate referrals for the provision of services of mental health.

Vision-related stress is distinctive and important predictor of depression related symptoms, with age, physical health and facing negative events in life. There is a significant association between the vision impairment and the depression. Rees *et al.* (2010) conducted a research to determine the role of vision-related stress in identifying depression related symptoms among the individuals with visual impairment getting remedy from tertiary level eye care clinic (Raouf *et al.*, 2021; Abdulmuhsin *et al.*, 2021). Vision related stress was very effective predictor of depression related symptoms. Age, physical health and negative life experience had also greatly contributed in the depression related symptoms. The study findings exhibited that vision related stress arbitrates the influence of involvement restriction on account of vision loss on depression related symptoms. The evaluation of vision related stress can be an effective instrument which can help to explore the people having potential depression or the people who require early intervention services in the rehabilitation or eye care settings.

## **Methodology**

### **Participants and Sampling**

Population of this descriptive study consisted of all the adolescents with special needs between the ages (13-19 years) of district Toba Tek Singh i.e. (1565). All the school going and non-school going adolescents were included in the study. The sample of the study consisted of 150 adolescents with special needs that included 50 adolescents with special from tehsil Toba Tek Singh, 50 adolescents with special needs from tehsil Kamalia and 50 adolescents with special needs from tehsil Gojra between the ages 13 to 19 years. The sample of 150 adolescents with special needs was selected through simple random sampling technique.

### **Instrument of the Study**

In order to find out the level of depression among adolescents with special needs, Beck Depression Inventory (Beck, Robert, Steer & Gregory, 1996) was used. BDI-II (Beck Depression Inventory) is a 21- item self-report measure of the psychological, behavioral, and physical dimensions of depression. Each item contains four statements, ranging from no indication of depression (I am not feeling sad) to extreme feeling of depression (I am so sad or unhappy that I can't stand it). Items sum to a total score that can range from 0 to 63. The symptoms in the inventory are divided into mood, thought, motivational and physical sets. According to Beck the mean BDI scores for the minimal, mild, moderate and severe classifications are 10.9 (SD= 8.1), 18.7 (SD= 10.2), 25.4 (SD= 9.6), and 30.0 (SD= 10.4), respectively. The concurrent validity of BDI-II was ( $r=0.71$ ) which showed a positive correlation with the Hamilton Depression Rating Scale. The one-week test-retest reliability of BDI-II was ( $r=0.93$ ) (Beck, Robert, Steer & Gregory, 1996). The BDI includes following aspects:

<b>Psychological Aspects of Depression</b>	<b>Behavioural Aspects of Depression</b>	<b>Physical Aspects of Depression</b>
1. Sadness 2. Pessimism 3. Past failure 4. Loss of pleasure 5. Guilty feelings 6. Punishment feelings 7. Self-disliking 8. Self-criticism 9. Suicidal thoughts or wishes	1. Crying 2. Agitation 3. Loss of interest 4. Indecisiveness 5. Worthlessness 6. Loss of energy	1. Changes in sleeping pattern 2. Loss of energy 3. Changes in appetite 4. Concentration difficulty 5. Tiredness and fatigue 6. Loss of interest in sex

### **Administering the Instrument**

Beck Depression Inventory was administered to examine the level of depression among the adolescents with special needs. Researcher visited all the three tehsils of district Toba Tek Singh (Tehsil Gojra, Tehsil Kamalia & Tehsil Toba Tek Singh) and approached the adolescents with special needs personally for the data collection. A door to door visit was made to approach the adolescents with special needs. All the adolescents with special needs were briefed about the purpose and nature of the research. The help of parents and family members of adolescents with special needs was also taken in noting down the necessary information regarding the data. All the items of depression inventory were elaborated / explained to the adolescents with special needs. All kind of ambiguities were answered/removed at the spot. All the respondents were requested not to left any item unanswered. The completed copies of the inventory were collected back at the spot and the respondents were thanked for the participation.

### **Analysis**

The data was organized, tabulated and analyzed using SPSS. The percentage, mean and standard deviation of the data was measured. There were 4 to 6 multiple choice possible answers to each item and all the answers were numbered from 0 to 3. Items sum to a total score was ranging from 0 to 63. The symptoms in the inventory were divided into psychological, behavioral and physical sets. After the data collection, the score for each of the 21 items was added up and classified into three sub-sets (psychological, behavioral and physical) and the total score was obtained. According to Beck, relationship between the mean score and level of depression was noted by using the classification as follows; 1) minimal level score 0-13 (Mean=10.9, S.D=8.1), mild level score 14-19 (Mean=18.7, S.D=10.2), moderate level score 20-28 (Mean=25.4, S.D=9.6) and severe level of depression score 29-63 (Mean=30.0, S.D=10.4) (Beck, Robert, Steer & Gregory, 1996).

Table 1: Psychological level of depression among adolescents with special needs

Item No.	Item	Mean	S.D
1	Sadness	0.70	±0.86
2	Pessimism	0.61	±0.74
3	Past Failure	0.33	±0.65
4	Loss of Pleasure	0.52	±0.76
5	Guilty Feelings	0.75	±0.69
6	Punishment Feelings	0.79	±0.87
7	Self-Dislike	0.47	±0.83
8	Self-Criticalness	0.93	±0.59
9	Suicidal Thoughts or Wishes	0.49	±0.71
	<b>Total</b>	<b>5.59</b>	<b>±6.7</b>

Table 1 exhibited the analysis of items 1 to 9 of Beck Depression Inventory indicating the psychological aspects of depression. Most of the respondents were self-critical with mean score (M=0.93, S.D=±0.59), however, item of past failure got the lowest mean score (M=0.33, S.D=±0.65). The overall mean score of items 1-9 was 5.59 with S.D 6.7 which was slightly greater than cut off score of 4.8. The above data values showed that adolescents with special needs had mild level of depression *psychologically*.

Figure 1: Item 1-9 (Psychological aspect of depression)

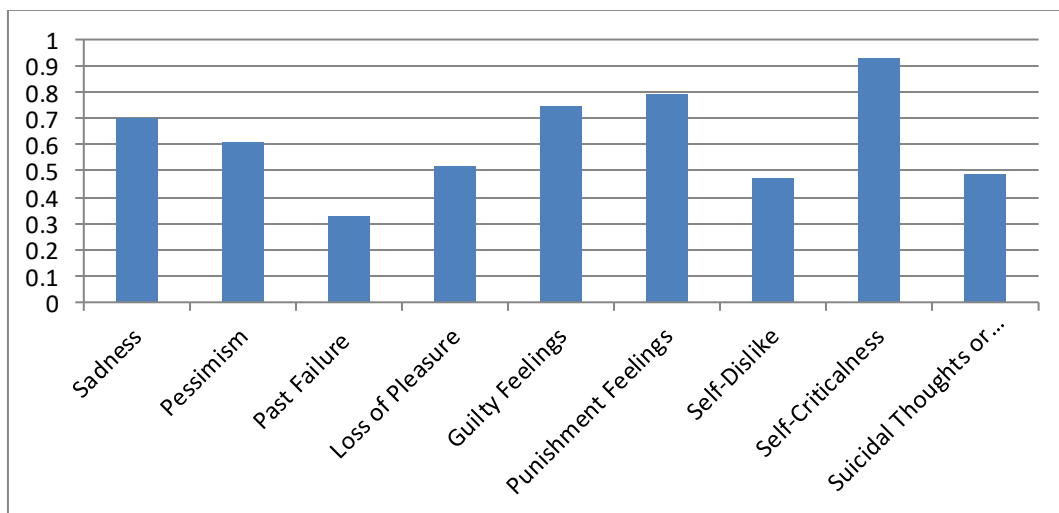


Table 2: Behavioral level of depression among adolescents with special needs

Item No.	Item	Mean	S.D
10	Crying	0.99	±0.74
11	Agitation	1.14	±0.90
12	Loss of Interest	0.61	±0.83
13	Indecisiveness	0.92	±0.73
14	Worthlessness	0.43	±0.66
15	Loss of Energy	0.50	±0.69
	<b>Total</b>	<b>4.59</b>	<b>±4.55</b>

Table 2 showed the analysis of items 10 to 15 of Beck Depression Inventory demonstrating the behavioral aspects of depression. Most of the respondents had agitation in their moods with mean score (M=1.14, S.D=±0.90), however, item of worthlessness got the lowest mean score (M=0.43, S.D=±0.66). The overall mean score of items 10-15 was 4.59 with S.D 4.55 which was slightly greater than cut off score of 3.9. The above data values exhibited that adolescents with special needs had mild level of depression *behaviorally*.

Figure 2: Item 10-15 (Behavioral aspect of depression)

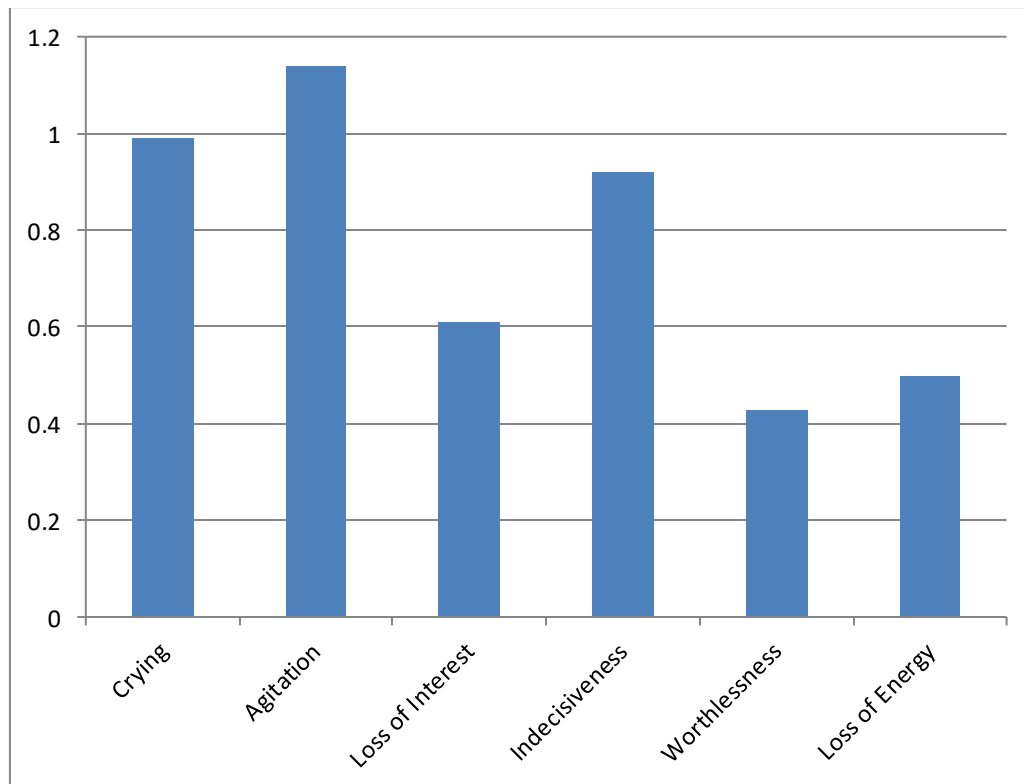




Table 3: Physical level of depression among adolescents with special needs

Item No.	Item	Mean	S.D
16	Changes in Sleeping Pattern	0.53	$\pm 0.76$
17	Irritability	0.95	$\pm 0.76$
18	Changes in Appetite	0.56	$\pm 0.66$
19	Concentration Difficulty	0.93	$\pm 0.70$
20	Tiredness or Fatigue	0.86	$\pm 0.84$
21	Loss of Interest in Sex	0.37	$\pm 0.65$
	Total	4.20	$\pm 4.37$

Table 3 displayed the analysis of items 16 to 21 of Beck Depression Inventory indicating the physical aspects of depression. Most of the respondents had irritating behavior with mean score ( $M=0.95$ ,  $S.D.=\pm 0.76$ ), however, item of loss of interest in sex got the lowest mean score ( $M=0.37$ ,  $S.D.=\pm 0.65$ ). The overall mean score of items 16-21 was 4.20 with S.D 4.37 which was slightly less than cut off score of 4.3. The above data values revealed that adolescents with special needs had minimal level of depression *physically*.

Figure 3: Item 16-21 (Physical aspect of depression)

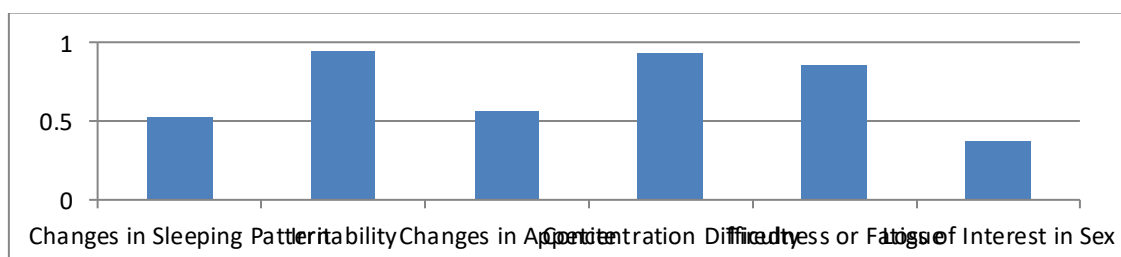
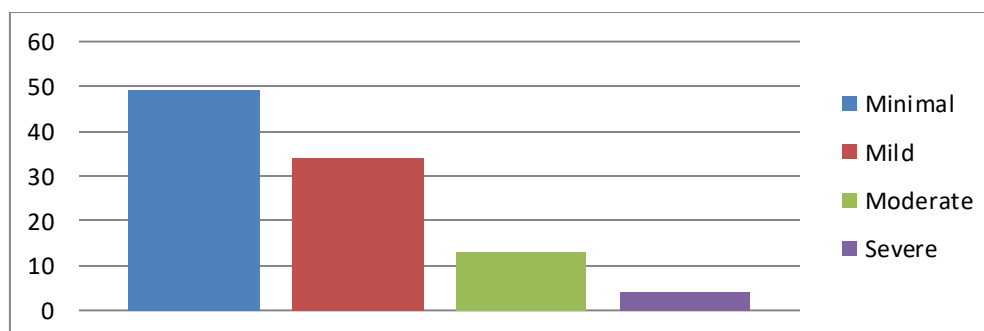


Table 4: Classification of different levels of depression

Level of Depression	No. of Respondents	Percentage
Minimal (0-13)	73	49
Mild (14-19)	51	34
Moderate (20-28)	19	13
Severe (29-63)	7	4
Total	150	100

Table 4 reflected that almost half of the respondents (49%) had minimal level of depression, 34% had mild level of depression, 13% had moderate level of depression, and 4% had severe level of depression. It depicted that most of the adolescents with special needs had minimal or low level of depression.

Figure 4: Classification of level of depression



## Conclusions

The study was carried out to examine the level of depression among adolescents with special needs. The current study measured three aspects of depression including the psychological, behavioral and physical feelings. The study revealed that adolescents with special needs had mild level of psychological depression mostly in the form of self-criticalness, punishment feeling, guilty feeling and sadness respectively. The data analysis exhibited that adolescents with special needs had mild level of depression behaviorally in the form of agitation, crying and indecisiveness. A minimal level of physical aspect of depression was reported among the adolescents with special needs mostly in terms of their irritability, concentration difficulty and feeling of fatigue. The analysis of cumulative score of the depression scale indicated that almost half of the respondents had minimal level of depression, one third adolescents with special needs had mild level of depression, one fifth of adolescents had moderate and severe level of depression. It was revealed that most of the adolescents with special needs had minimal or low level of depression.

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