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Chapter

Perspective Chapter: Perspectives toward Overcoming Depression and Anxiety to Enhance Educational Success among Students in a Rural University Context

Angelina Maphula, Lufuno Makhado and Petunia Tsheole

Abstract

Depression and anxiety among the youth are serious mental health problems leading to suicide and causing unmeasurable negative long-term impacts, not only for the individual but also for family and friends. This chapter aims to unpack current perspectives on overcoming depression and anxiety to enhance educational success among the youth. A literature review was conducted to thoroughly address relevant content to bring forth short and long-term practical steps that might enhance educational success among youth who are continuously dealing with depression and anxiety. Given the magnitude of depression and anxiety among youth, the current trends of depression among the youth, and factors leading to anxiety and depression were unpacked. In addition, the perspectives on how family members, friends, and community members can identify signs and symptoms of anxiety and depression, guidelines about overcoming anxiety and depression, tailor-made practical guidelines to enhance educational success, and recommendations were explained. In conclusion, it is clear that in rural areas, there is a knowledge gap about mental illness in general. It is, therefore, recommended that the government focus must be on educating the community to provide knowledge and understanding. Consequently, families and friends will better identify depression and anxiety and consequently provide the necessary support.

Keywords: depression, anxiety, students, educational success, rural, context, South Africa

1. Introduction

Depression is a common mental illness marked by low mood, lack of interest or pleasure, diminished energy, feelings of guilt or low self-esteem, interrupted sleep or food,

poor attention, and anxiety, leading to suicide in severe cases [1]. It is also the peak age for depression [2]. on the other hand, Anxiety is a psychological and physiological condition that includes cognitive, physical, emotional, and behavioral elements. When these elements come together, they produce an unpleasant sensation associated with anxiety, dread, or concern. Many signs of depression include persistent sadness, anxious, or "empty" sensations, thoughts of despair, guilt, worthlessness and helplessness, irritability, restlessness, and a lack of interest in activities or hobbies that were formerly joyful [3].

2. The magnitude of the problem

In order to inform health policies and programs, tailor-made strategies designed to overcome depression and anxiety among students are critical and must be explored. In emerging nations, rapid urbanization is occurring, with both negative and positive implications on health and quality of life evident. A lot of research is being done that focuses on mental health and mental illness. Still, there is a scarcity of research on the psychosocial well-being of students since this aspect of health is inextricably tied to overall health and well-being [4]. The chapter will explore perspectives on overcoming depression and anxiety to enhance educational success in a rural context.

3. Current trend of depression and anxiety among the youth

The two most prevalent mental illnesses among the youth are depression and generalized anxiety [5]. Collective estimates from a meta-analysis study revealed that during the first year of the pandemic (COVID-19), one in four youth universally experienced high levels of depression while one in five youth experienced high levels of anxiety. These estimates are evidently double compared with estimates published before the pandemic [6] and show that more than 300 million people worldwide are living with depression, and about 18 million youth worldwide above the age of 17 have been found to demonstrate symptoms of depressive disorder, and 20% of these students have made one or more suicide attempts. Globally, over 79% of suicide deaths in low and middle-income countries are among young adults aged between 15 and 29 years who suffer from major depression [7].

Research at the Medical Fayoum University, Egypt, indicated that 60.8% of students suffer from depression and found that there are few studies of mental health illnesses among South African university students; 12% of South African students experience moderate to severe symptoms of depression and 24% report suicidal ideation [3, 8]. A study of first-year students at the University of Cape Town and Stellenbosch University found that 38.5% of students reported at least one-lifetime disorder, the most common of which was a major depressive disorder of those with lifetime disorders, 81.2% met the diagnostic criteria for a disorder, which had started more than a year ago [9]. The University of Free State found 26.5% of moderate to extremely severe depression [10].

4. The literature review methodology

A systematic search approach was used for the literature review. Similarly, recruiting specialists base their information sourcing on Boolean search. The Boolean search

strategy was used to do the literature search. These tools frequently include a collection of Boolean expressions that combine keywords, operators, and ontology concepts to produce a multi-line artifact known as a search strategy. Keyword searches were done using several academic search engines, such as Pubmed, Google Scholar, Ebsco-Host, and Science Direct.

The Boolean search approach narrows the search and enhances the accuracy and effectiveness of the information by using keywords search. Boolean search approach as a search technique that enables users to add or utilize keywords such as "students and anxiety" and "students" and "depression" in a rural university. The researcher set out to look at studies that were specifically concerned with how students at a remote university overcame anxiety and depression. Key symptoms, factors leading to depression and anxiety among the youth, perspectives on how family members, friends, and community members can identify signs and symptoms of anxiety and depression, and the tailor-made practical approaches to enhance educational success among students will be discussed.

5. Symptoms of depression and anxiety

5.1 Depression

In recent years, depression has appeared as an issue of concern for students globally as it impacts the quality of their life and ability to complete their academic studies successfully [7]. Depression is a state of a psychiatric disorder characterized by symptoms of persistent depressed mood almost every day for a 2-week period. It is characterized by a feeling of sadness, emptiness, hopelessness, and loss of interest and pleasure. DSM-5, 2013:160 explains significant characteristics of depression where a person must present with five or more of the following symptoms and represents a change from previous functioning–including significant weight loss when not dieting or weight gain, insomnia or hypersomnia nearly every day, fatigue, psychomotor agitation or retardation, feelings of worthlessness, diminished ability to think or concentrate, and suicidal thoughts. The DSM-5 outlines the criteria for diagnosis and common features: a sad, empty, or irritable mood accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function [1].

5.2 Anxiety

Anxiety also coexists with depression, and it comprises constant worry that can be extremely incapacitating. People who suffer from generalized anxiety worry excessively about the outcome of events, find it hard to concentrate on the here and now, often lose focus on what they are doing quickly and are restless, become less productive, and are characterized by indecisiveness that extends to situations with varied options and daily tasks as well, experience fatigue, irritability, and headaches. Mental tension may also aggravate muscle tension and consequently lead to recurrent body aches and pains. In addition, some come common symptoms include sweating profusely, palpitations, lightheadedness, shortness of breath, occasional loss of consciousness, struggling to breathe, recurrent insomnia where one battles to fall asleep and experiences specific fears that become too overwhelming, cramping, constipation as well as feeling bloated [1].

Given the above symptoms of depression and anxiety, a student may find it difficult to fulfill their role when experiencing depression and anxiety. Therefore, it is critical to deepen our understanding of mental illnesses to alleviate their negative outcomes on students' education success.

6. Factors leading to depression and anxiety among the youth

A known fact is that rural areas are mostly disadvantaged with limited health programs, facilities, restricted assistance from experts, and fully qualified professionals [11] experience different stressors and psychological discomfort, which is usually caused by differences in family background and their family history, including monthly household income, parental vocations and education, and their interaction with families [12]. Financial stress and family background were found to be substantial negative predictors of students' physical and psychological well-being during their academic years [13]. It is worth noting that various elements contribute to student depression: increased scholastic responsibilities, acclimation to a new environment, family structure, and social life shifts. When compared with students from urban backgrounds, university students from rural regions scored higher on depression, anxiety, and stress scales. This can be explained by the fact that students from rural areas reported having the weaker family economic conditions; in addition, students who lived in leased housing or homes of poor quality were more likely to be affected psychologically [14]. Socioeconomic variables directly influence the incidence of depression among students; for example, research shows that students from lower socioeconomic classes have a greater rate of depression due to financial hardship [15].

Other key determinants of depressed behavior include family conflicts such as divorce and parent separation, rural origins, and a lack of amenities [15]. Biological, environmental, and psychological vulnerabilities all have a role in developing depression, which, when left untreated, can have serious consequences that can affect a person's capacity to function and fulfill duties on a day-to-day basis and may even lead to suicide [16]. Similarly, studying certain courses has been linked to depression and stress. The complexity of life has risen as a result of Westernization and modernization. Students who do poorly in school cannot match their parents' or instructors' expectations, resulting in increased stress, worry, and low self-esteem, leading to depression and anxiety.

On the other hand, students with psychological illnesses, such as depression, are more likely to struggle academically. In a study by Magnúsdóttir et al. [17], rumination may be divided into brooding and pondering. Brooding refers to a passive way of comparing the present situation with more desirable and unattainable standards and is associated with more depressive symptoms. Pondering refers to more purposeful cognitive problem-solving strategies and is associated with fewer depressive symptoms over time. There was an alarmingly high degree of persistence for students who have suffered from depressive disorders and anxiety problems. This may be due to a lack of perceived need for help or a lack of services use. The further deterioration of male students' depression problems may be partly attributed to their negative attitude toward emotional openness, which means they might be reluctant to utilize mental services. Therefore, this is indicative that wellness programs in institutions of higher learning must be reviewed to pay special attention to male students' mental states and encourage them to express their emotions and seek professional help if and when needed [18].

Studies suggest varied findings regarding the association of age and gender to mental illness, especially depression. In another study, depression level was significantly related to gender and increasing age. Students over 25 years and undergraduate male students presented higher scores than others [3]. In this study, gender was associated with an increased risk of depression; female students were reported to be more prone to symptoms of depression than male students. It can be concluded that South African females are vulnerable due to risk factors such as interpersonal violence, sexual assault, trauma, social stressors such as relationship problems and insufficient social support [9, 19]. On the contrary, male students were more depressed after a stressful event than females at the University of Pretoria and Limpopo university. The reason could be that males are less likely to seek professional help when experiencing psychological problems. Culturally there is a stigma against the masculine norm of being strong and independent as opposed to being perceived as weak that males always strive to uphold [20]. This practice is to the detriment of their mental health.

7. Perspectives on how family members, friends, and community members can identify signs and symptoms of anxiety and depression

Family members, friends, and community members might encounter numerous barriers to identifying signs and symptoms of depression and anxiety if they have limited knowledge of the mental illness. In addition to people's misattributions, there are other factors to consider, such as financial issues, inadequate resources, etc.

Studies looking into the stigma associated with mental illness and its treatment in Arab culture found several ways in which various commonly held negative views might limit access to mental health care. Concerns over medicine use and unfavorable attitudes toward persons with mental illnesses and mental health practitioners were among the issues raised [21].

Individuals with mental illness are more likely to express shame or humiliation and the themes "weak," "social rejection," "difficulty talking to specialists," and "confidential/anonymous services." The former might reflect the reality that shame is present in many diseases. At the same time, the latter could imply that need is overriding worries, care is altering attitudes, or individuals who are stigmatized are better able to receive assistance. These findings are consistent with individual research on how sociodemographic factors combine with stigma to limit help-seeking behavior [22]. Students who experience stressful life events of a more severe nature and burnout are ultimately affected negatively academically [23, 24].

The lack of knowledge about depression and anxiety results in ineffective social support necessary because people lack the understanding of the magnitude of depression and anxiety. The adoption of the STAR-Caregivers program, a behavioral intervention to reduce depression and anxiety in individuals with mental illness and their family caregivers, can be beneficial if rolled out on a large scale to educate families, friends, and community members [25]. This program can be adapted to fit the need of rural communities with the sole purpose of educating people about depression, anxiety, and mental illnesses.

Recently, institutions of higher learning have parents' sessions, especially at the beginning of the year, and research found that attendance of parent education sessions was linked to a decrease in depression symptoms over time. The findings emphasize the relevance of social–emotional support and depression prevention programs, emphasizing family and community protective factors [26].

The research found that students with characteristics that set them apart from most of their peers, such as minority race or ethnicity, international status, or low socioeconomic status, are more likely to be socially isolated. Furthermore, as measured by the Multidimensional Scale of Perceived Social Support, the students with lower-quality social support were six times more likely to experience mental health problems than students with higher-quality social support, including a sixfold risk of depressive symptoms [13]. Therefore, it is imperative to have programs covering the ground regarding knowledge, which set a stage to offer effective, insightful support from family and community members. Mental illness is typically perceived as a curse or retribution, and religion has been demonstrated to substantially impact views [21].

Another mechanism recognized is social media's support and impact on mental health outcomes, which forms a massive part of students' lives [27]. In order to minimize mental health symptoms, the positive advantage can be access to services through social networks in addition to parent, friends, and community behavioral interventions.

8. Tailor-made practical approaches to enhance educational success among students

Students must effectively move from late youth to maturity during their university years. The frequency and incidence of mental illnesses are linked to long-term negative effects in later adulthood and worse academic achievement and later drop-out [23]. It is critical to investigate the disparities further in order to allow proper screening and intervention programs, particularly during orientation, to prevent mental health problems among university students; ongoing monitoring should be conducted. Not just in the first year of study, but even among senior students who may be concerned about their future transition after graduation, it is critical to identify and diagnose susceptible individuals early, give treatment, and provide intervention such as individual counseling [14]. Goals can be driven by self-control, according to [28]. Goal setting may be a useful technique for internal commitment, allowing students who lack self-control to put in more effort. Low life satisfaction was linked to poor cognitive engagement in the classroom [29]. Several researchers have discovered a substantial link between socioemotional aspects such as academic accomplishment, emotional control, behavioral regulation, academic concept, self-concept, etc.

Relaxation methods and breathing exercises can be utilized to improve academic performance by lowering study anxiety, boosting resilience, and encouraging positive coping skills. They said that good academic performance/services and educational intervention could help students establish and maintain a positive self-image, lowering the likelihood of developing emotional disorders [30]. Life crafting techniques for students in universities between the ages of 18 and 26 to help them cope with stressors are important, and it ensures successful completion of their studies. Bio-feedback is known to be superior to relaxation techniques because it focuses on psychophysiological arousal [31], which might be beneficial to enhancing a stimulated mind.

8.1 Life crafting therapy

Schippers and Ziegler [32] advocate utilizing a "life-crafting" intervention to improve students' academic achievement and overall well-being. The online life-crafting intervention is made up of numerous parts that work together. These elements are

based on scientifically validated processes that help people think about their current and future lives, establish goals, create plans, and behave in ways consistent with their values [32].

8.1.1 Discovering a self-concordant passion or purpose phase

The intervention's initial stage walks participants through the process of discovering a self-concordant passion or purpose. This phase is about discovering what one values as significant and meaningful, rather than simply recognizing what one loves or enjoys (hedonic well-being). "Ikigai" is a Japanese notion that is similar to this self-awareness. When an aim is both internally and externally concordant, it is said to be self-concordant and the belief that it is worthwhile to pursue. The exercises encourage participants to set objectives that they honestly think are important to them. This increases the likelihood that one's (goal-oriented) activities are consistent with one's values leading to awareness of oneself. A goal is considered self-concordant when internally and externally concordant [32].

8.1.2 Goal ranking and mental comparison phase

Second, the planning stage involves goal ranking and mental comparison. This stage assists students in determining how their intended future differs from their existing situation. Participants compare and contrast the idealized best-case scenario for achieving the goal with an internal roadblock. Competencies, habits, social life, profession, and health are all areas where this strategy is used. Students are asked to define what competencies and habits they already have and what competencies and habits they wish and need. Simply dreaming about an ideal future can have a beneficial effect, but it reduces the likelihood that a person would make an effort to achieve the desired outcome.

On the one hand, they contrast the perfect future with the existing condition. The activities inspire people to develop goals that they truly believe are important to them. This makes it more likely that one's (goal-oriented) actions align with one's values [32].

8.1.3 Prioritizing and goal-setting process phase

Third, participants develop and prioritize their most essential goals using the goal-setting process. They are urged to balance social, career, and health-related objectives. Therefore, they are encouraged to build a harmonious passion rather than an obsessive job passion, which is linked to conflicts between different aspects of life [33]. They are advised to write ambitious yet clear and realistic goals while establishing their goals. Setting goals helps people focus their energy on goal-related activities and enhances self-control and motivation. Prior study has linked writing about one's hobbies and ambitions to improved academic achievement [32].

8.1.4 Implementation phase

Finally, participants construct the implementation intents they'll need to carry out their plans as part of the life-crafting process. Implementation intents are "if-then" strategies that help a person make goal-related decisions in a pinch. These are especially useful when individuals are confronted with difficulties or

diversions, and they significantly impact goal achievement. Allowing oneself to be diverted from studying (procrastination) is a major risk factor for students and a predictor of depression, poor personal health, and poor academic performance. Self-efficacy and self-esteem are also predicted by prior performance. The self-image and esteem are therefore reinforced by a poor or strong start. When given at the study's outset, the life-crafting intervention can jumpstart self-regulated learning promptly [32].

8.2 Internet-based mental health intervention

Compared with online treatment, treating mental health issues with traditional face-to-face methods is costly. Internet-based or digital forms of mental health care can be scalable and, therefore, cost-effective [31].

Evidence shows that OEDIS (Online Educational Information Support) lowers SAD (Stress, Anxiety, and Depression), and OEMIS (Online Emotional Information Support) lowers stress and anxiety. Negative emotions can be decreased, and educational outcomes can be enhanced by offering online information. This research implies that online information support might play a new role in assisting students with emotional changes and psychiatric disorders. The research indicates that OEDIS lowers SAD and OEMIS (lowers stress and anxiety) [34]. Given that students are most on their electronic gadgets, this is beneficial for even those who will be embarrassed or opposed to face-to-face counseling as such a platform offers chat, sms, and audio calls.

8.3 Emotional freedom technique

EFT is a gentle psychological intervention that may be readily taught and given by oneself. Subjects gently touch acupressure sites on the head, body, and hands with their fingertips, relating this to speaking certain sentences. According to recent systematic evaluations, EFT is useful for several psychiatric illnesses, including lowering presentation and test-taking anxiety and improving sports performance. According to new research, EFT is a viable therapy for students' presentation and exam anxiety. For example, EFT was demonstrated to dramatically reduce presentation anxiety in university students and looked into the effects of EFT and Progressive Muscular Relaxation (PMR) on exam anxiety among Turkish university students [35]. This can be beneficial in institutions of higher learning where presentations are highly regarded as a mode of learning.

8.4 Logo therapeutic technique

The basic observation of human beings as a three-dimensional entity underpins logotherapy. The biological/physiological, psychological/mental, emotional, and social aspects are the four dimensions or areas of noetic/spiritual significance [36]. The first two dimensions are considered easily accessible as the therapy is interdisciplinary, and additional professionals' approaches will be looked at. However, there are particular human characteristics in the noetic/spiritual realm, such as self-discovery, self-detachment, and attaining our potential. A lack or low level of meaning is related to a series of negative behaviors and mental health problems, such as alcohol and drug use, boredom proneness, depression, suicide ideation, disengagement, and risky behaviors [37].

Students can find their own identities. This may be accomplished by employing the Logotherapeutic approach of Socratic Dialog [38]. The approach was named after the Greek philosopher Socrates, who utilized narrative inquiry to help his students learn about themselves via dialog. When the students' self-detachment permits them to perceive themselves objectively from the outside, they are able to find various potentials and obstacles. This helps them realize that they have the ability to make their own decisions and that they are responsible for themselves. Individuals can eventually transcend their egocentric existence and become self-transcendent. The logotherapeutic method improves four treatment goals.

1. Self-distancing from the symptoms;

2. Modification of attitudes;

3. Reduction of symptoms;

4. Orientation toward meaningful activities and experiences.

The first step assists and allows the student to disengage from the situation. Feelings of self-doubt, worthlessness, poor self-esteem, inferiority, and hopelessness are all signs of depression. The second step involves assisting the student in seeing themselves objectively, similar to looking in the mirror (where this does not occur). The Socratic Dialog can be supplemented with the use of meaning-oriented questions, such as the use of humor or metaphors be used. The lessening of symptoms is the third phase. Further Socratic Dialog can be used to help the person see themselves from a different perspective—the more an individual views themselves through the eyes of others, the better. The more patients see themselves objectively, the fewer symptoms they may experience. The fourth stage is to direct the student's attention to relevant activities and experiences that will help the person maintain a positive outlook.

8.5 Acceptance and commitment therapy

ACT is a transdiagnostic psychotherapy intervention based on the Relational Frame Theory theoretical paradigm. It is a "third wave" cognitive behavioral treatment (CBT) that encourages people to participate in values-based behaviors regardless of the presence or absence of symptoms. The basic goal of ACT is to enhance psychological flexibility, which is the ability to be attentive to current events in a nonjudgmental and accepting manner while acting according to one's ideals [39].

Even when one's thoughts and feelings resist taking the desired action, one must behave in accordance with one's values. Acceptance (i.e., willingness to open fully to unwanted experiences such as difficult thoughts, memories, or emotions), contact with the present moment (i.e., being mindful and aware of one's experiences), self as context (i.e., maintaining perspective about oneself within one's experiences), and cognitive defusion (i.e., being able to step back from unwanted experiences such as difficult thoughts, memories, or emotions) are six interrelated and overlapping processes that ACT uses to foster psychological flexibility [40] .

Many post-secondary institutions are already offering ACT-based group therapies to increase student well-being and avoid mental health disorders. Student's psychological troubles, according to ACT, are partially caused by the following mechanisms:

a) they engage in experiential avoidance behaviors aimed at changing, controlling, or avoiding certain thoughts, emotions, or painful feelings, which perpetuates their problems (e.g., anxiety); b) they are unable to separate themselves from their thoughts, believing them to be a reflection of reality, or even an extension of who they are; c) they are prisoners of the past (e.g., ruminations) or the future (e.g., preoccupations) and have difficulty being mindful [40]. ACT tries to counteract these tendencies by assisting individuals in developing more psychological flexibility, which is described as the ability to be present at the moment and take actions consistent with one's values [41].

9. Conclusion

Depression and anxiety are commonly reported among university students globally, and it is rife with suicide rates escalating daily, especially in developing countries. Students' environment is a stressful one that often bears mental health issues. Students' quality of life and psychosocial well-being upon adjusting and adapting well to the lifestyle, academic challenges, and stressors lead to depression and anxiety. Therefore, programs targeting families, friends, community members, and students are essential. Given the gap in knowledge about what depression and anxiety are among rural communities, it is recommended that programs focus on educating people and equipping them to understand, which will allow them to identify and sufficiently support those suffering from mental health illnesses. In addition, existing wellness programs in higher education institutions that target students must be continuous, and social media platforms must also be maximized for their capacity to reach students at ease. The potential for students to achieve their goals will increase when their mental health is at its optimal functioning, consequently reducing the health burden caused by depression and anxiety.

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