



Depression among university counseling students

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ABSTRACT

The aim of this study was to examine the level of depression among students of the University of Duhok, College of Basic Education, and to measure potential variation based on gender and year of study. Utilizing a descriptive correlational research approach, information was collected from a stratified random sample of 60 students, with 30 males and 30 females evenly distributed across second and fourth years of study. The researchers used the Patient Health Questionnaire (PHQ-9), a psychometrically validated depression screening instrument that is supported. Statistical analysis revealed that counseling students exhibited depression levels significantly above average. No statistically significant differences were found between male and female students, which suggests both experience similar psychological challenges in this academic environment. However, wide differences emerged based on academic progress, with second-year students reporting significantly more depression than fourth-year students. Further analysis revealed differences between some of the depression symptoms in terms of academic year and described the distribution of students by level of clinical depression. These findings indicate that vulnerability to depression may decrease as students' progress through their academic program, possibly as a function of improved academic adjustment, improved coping capacity, and more consolidated professional identity. These results highlight the importance of implementing targeted psychological support programs in counseling for advising students, particularly during the early academic years, and have implications for understanding the developmental process of mental health in future counseling professionals.

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KEY WORDS:

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Introduction

Depression has emerged as an important mental health problem in university students globally, whose prevalence is much higher compared to the general population. The most recent research puts the estimate of having depressive symptoms among college students at almost 41% using standardized screening measures (Statista, 2022). It is an important public health concern that should draw concern from academic institutions and mental health professionals as well. The educational environment presents certain stressors that may increase psychological susceptibility, including high academic demands, financial stress, social adjustment problems, and uncertainty about future job prospects (Luo et al., 2024). Among this broader population, students pursuing degrees in counseling and mental health fields are a particular group of interest. These students are faced with the ironic situation of preparing for careers in which they will be providing psychological support to others while potentially dealing with their own mental health concerns.

Successful counseling practitioners are not only learning theoretical principles and practical skills but also self-insight and emotional strength. Counselling students continually hear emotionally draining content in class, including reports of psychological disease, trauma, and human tragedy. Constant hearing may heighten their sensitivity to their own emotional vulnerabilities and expose them to vulnerability to depression (Awadalla et al., 2020). In addition, the empathic focus common among those interested in counseling careers can also sensitise them to emotional stressors (Fernandes et al., 2023). An understanding of depression among counseling students is therefore most important, since mental health concerns that are left unaddressed can not only impact their academic achievement and professional development but may also define their future as competent practitioners in aiding others' psychological well-being.

The pattern of depression development throughout the process of education in counseling remains unclear. Research suggests that psychological

distress may be particularly intense at the beginning years of professional training, when students are first establishing their professional identities and learning about the requirements of the profession. Conversely, as they progress in the courses of study, they may develop deeper psychological strengths and adaptive strategies for coping which may serve to protect against depression (Al-Busaidi et al., 2011). The interplay between scholarly progress and psychological well-being is an aspect deserving further examination, particularly for the discipline of counseling education since professional success is significantly correlated with individual growth.

The present study attempts to address this important gap in the literature through exploring levels of depression among University of Duhok, College of Basic Education students undergoing counseling, with gender and academic level distinctions. Utilizing a tested depression screening instrument and comparing trends between demographic measures, this investigation seeks to make informative findings regarding the prevalence and nature of depression in this specific educational environment. Findings may be utilized to inform intervention and support services particularly attuned to the unique needs of counseling students, both advancing student welfare and professional education quality in the practice of counseling.

Literature Review

Depression in college students has been reported at length in the literature, and recent studies have all reported strikingly high prevalence rates in varied geographic and academic settings. The best comprehensive data are from the Healthy Minds Study, which in the 2021-2022 academic year interviewed over 96,000 students at 133 colleges nationwide and found that 44% of college students reported symptoms of depression, the highest rate the study has reported since its 15-year existence (University of Michigan School of Public Health, 2023). This incidence fell marginally to 41% in 2022-2023, representing a minimal improvement following the dramatic spikes in the course of the COVID-19 pandemic (Statista, 2023). These figures attest to the persistence of this mental illness even with increased awareness and intervention within university campuses.

The impact of depression on academic performance is wide-ranging and substantial. A single longitudinal cohort study of 404 university students by Awadalla et al. (2020) determined that students who had tested positive for major depressive disorder had significantly lower baseline and six-month follow-up grade point averages. This academic impairment appears to be mediated through

a range of mechanisms, from those related to concentration, reduced motivation, deteriorated attendance at classes, to impaired information processing. These consequences extend beyond the classroom, as almost 64% of college dropouts have cited mental health problems as their primary cause (Newport Institute, 2024). This indicates that there is a clear necessity to consider depression not just an issue of individual well-being but also as an issue of retention and academic success.

Evaluation and diagnosis of depression in student groups have more and more relied on the application of standardized screening instruments, and among the most widely used instruments in research and clinical settings is the Patient Health Questionnaire-9 (PHQ-9). The brief self-report scale has excellent psychometric properties in student populations that are as heterogeneous as those found in universities as well as in other educational environments. PHQ-9 has nine questions that are directly related to major depressive disorder criteria for diagnosis, and it also has ranges for scoring for minimal (0-4), mild (5-9), moderate (10-14), moderately severe (15-19), and severe (20-27) depression (Kroenke et al., 2001). A seven-nation validation study of 58,272 individuals by Bianchi et al., (2022) confirmed the unidimensionality, scalability, and reliability of the PHQ-9 and gave strong evidence to support its use in research and clinical setting as a measure of depression severity.

The pathogenesis of depression among students appears to be multifactorial with biological, psychological, social, and academic factors playing out in intricate ways. Luo et al. (2024) identified the risk factors that were significant among college students in a post-pandemic context, and academic year, learning medicine and allied health courses, increased study pressure, and poor physical health were found to be significantly correlated with depressive tendencies. Academic stress comes up again and again as a top stressor, with 52% of students indicating that they are stressed because of academic pressures and 88% rating this stress as moderate to severe (Mayo Clinic, 2022). Other factors include financial stress, irregular sleep, social isolation, and unhealthy coping behaviors. The universality of social media and internet communication has been accompanied by other psychological stressors that will also enhance depressive predispositions among college students in the current generation.

The link between depression and year or level of study has varied in the literature. There are studies with higher vulnerability at times of transition, particularly the early years of university education when the students are settling into new academic and social expectations. Styliari et al. (2023) established that

Greek medical students exhibited elevated levels of depression during the lockdown of COVID-19, and academic year was a strong predictor of the depression level. There are, however, other studies that have established greater psychological distress among final-year students when faced with impending graduation and career transition. These contrary findings imply that the relationship between academic achievement and depression is mediated by institutional, programmatic, and individual variables that should be explored in further research.

Gender differences in depression among university students have been described in numerous studies, though the magnitude and stability of differences between and within educational and cultural contexts. Female students have consistently reported more depressive symptoms than male students, as would be expected given gender differences in the general population. More recent research suggests potentially shifting trends. Al-Busaidi et al. (2011) did not detect statistically significant gender differences in the depression prevalence among university students in Oman on the PHQ-9, although females had higher median scores. Thomas and Devora (2024) observed that although male and female students had the same rates of depression diagnosis, males reported less use of counseling and therapy services across all levels of severity. The uneven uptake of unequal treatment is a major problem for mental health promotion interventions within the university environment.

Enrolled students to pursue helping professions like counseling, psychology, and other mental health-related courses in universities may be besieged by some psychological problems depending on the field of study. Global sample of over 100,000 students' systematic review and meta-analysis by Zhang and Wang (2022)) revealed the highest depression rate of 39.4% in medical college students against all disciplines. The inherent nature of counseling education, such as being exposed to emotional disturbance, working on personal concerns, and building profound empathic capacity, may be certain vulnerability factors. In addition, the phenomenon of "wounded healer," i.e., attraction to the careers of assistance by those who have family or personal history of psychological struggle, can be among the reasons for the initial discrepancy of counseling students compared to students of other majors in the risk of depression (Cahak, 2021).

Increased recognition of mental health challenges of college students has necessitated widespread use of help services and interventions. Web- and mobile-based mental health interventions for college students have produced

promising evidence for web and mobile platforms in depression and anxiety treatment, particularly where these technologies supplement usual services (Lattie et al., 2019). Counseling centers at universities have responded to growing demand by developing expanded service models, such as peer support models, and implementing stepped-care practices. Despite this, key treatment barriers continue, including the absence of resources, stigma issues, and awareness of services. Current statistics reveal encouraging trends in attitudes towards seeking help, as 61% of students who notice mental health symptoms access therapy or counseling in 2024, a minor rise compared to previous years (Institute, 2024).

The COVID-19 pandemic has caused major effects on students' mental health globally, with most studies recording higher levels of depression during the pandemic. Transitioning to online studies, social isolation, economic loss, and disease were a compound of risk elements that heightened emotional susceptibility among the students in the universities. A study on pandemic students' views towards online instructional and learning endeavors by Qolamani (2022) showed the dilemmas of studying adaptation following the unprecedented event. The intersection of learning disruption and mental health challenges created complex dynamics that affected students' well-being and learning, with depressive and anxiety symptoms severely increasing after the COVID-19 pandemic according to a global meta-analysis (Zhang & Wang, 2022).

The expression and treatment of depression in university students across different regions of the globe are strongly influenced by cultural and contextual factors. Al-Busaidi et al. (2011) used the PHQ-9 to screen for depression in Omani university students and found a prevalence of 27.7% with variation in symptom presentation and help-seeking across cultures compared to Western societies. China, Middle Eastern countries, and other European contexts have all described novel patterns of risk factors for, expression of, and response to depression. These cultural variations highlight the necessity for context-sensitive depression assessment and intervention techniques within schools, particularly in school counseling programs where cultural competence is an integral professional value.

Academic reform and curriculum change can develop additional stressors for students as they adapt to new learning demands and assessment methods. Qolamani et al., (2025) also explored implementation factors and perceived innovation in a new curriculum within educational directorates in Iraq, including Duhok, Erbil, and Sulaymaniyah. They report findings requiring the

consideration of systemic changes in education as potential sources of stress and psychological vulnerability among students. Within counselor education in general, curriculum models and pedagogy have a significant potential to influence students' professional identity formation and psychological adaptation, with far-reaching implications that student education within educational transitions would need to encompass multicomponent strategies toward both academic adjustment and psychological wellness.

In addressing depression among student populations targeted for services, institutional response aimed at mental health services matters. Brooks (2023) documented the implementation process for PHQ-9 screening in primary care, highlighting the need for protocol-guided assessment processes and established referral processes. On college campuses, parallel forms of structured processes for identifying depression and treating it could operate to help counsel students and serve as well as a model for evidence-based mental health practice. Additionally, integrating mental health literacy and self-care training into counselor education curricula can serve both personal well-being and professional preparation goals, equipping students to work with similar issues in their future clinical practice.

In summary, the literature offers compelling evidence of depression prevalence, effects, and etiologic factors among university students in general, while promising an emergent realization of the specific experience of counseling students. This study is extended by the present study through investigating depression in a specific educational environment for gender and academic achievement differences among students in the counseling programs of the College of Basic Education, University of Duhok. The present study fills important gaps in the literature by taking into consideration the developmental course of depression throughout the period of counseling education as well as intervening to enhance student wellbeing and professional competence.

Methodology

Research Design

This study adopted a descriptive correlational approach to investigate depression levels among counseling students. This methodology was selected because it allows for examination of the phenomenon as it exists naturally without manipulation of variables. The descriptive approach enables quantitative expression of the variables under study while facilitating examination of relationships between them. This methodology was deemed most

appropriate for investigating psychological phenomena like depression in educational settings, particularly when seeking to understand existing conditions rather than establishing cause-effect relationships.

Research Population

The population to be studied were all students enrolled in the Department of Educational Counseling in the College of Basic Education, University of Duhok for the academic year 2024-2025. The population comprised a total number of 384 students distributed according to gender as 105 males (27.3%) and 243 females (72.7%). In this study, only students of morning studies from this department located in the Duhok Governorate of the Kurdistan Region of Iraq were considered. This group was selected due to researchers' interest in investigating psychological health in prospective counselors who one day will provide mental health support to others.

Sample Selection

A stratified random sampling technique was employed to ensure proportionate representation for the primary variables in the study. The approach entailed simple random selection within each stratum to avoid selection bias but provide representation across important demographic categories. The stratification was done based on two major variables: gender and study level, with participant equal allocation into each resulting stratum. This approach was applied to ensure the sample adequately represented diversity within the population and had demographic variables and probable confounding factors on levels of depression in mind.

The final sample was 60 students, representing approximately 15% of the population. The students were divided evenly according to gender (30 males and 30 females) and year of study (30 second-year and 30 fourth-year). This gave four equally balanced cells in the design: 15 second-year males, 15 second-year females, 15 fourth-year males, and 15 fourth-year females. This sample size was also considered appropriate on the basis of comparisons with analogous earlier studies, guidelines from measurement scientists on the minimum requirement of samples for correlational research, practicalities regarding time and resources, and calculations suggesting enough statistical power for analyses to be undertaken.

Research Instrument

The study used the Patient Health Questionnaire (PHQ-9), which is a

widely used accepted depression screen by Kroenke, Spitzer, and Williams (2001). It was employed due to its applicability to the population of students in a university and since it had previously been validated in comparable cultural environments. The instrument measures the operational definition of depression to be used within this study and allows for its easy administration within a university setting. The depression scale was 9 items that assessed the following explicit depressive symptoms: loss of pleasure or interest in activities; emptiness, sadness, or hopelessness; sleep disturbance; tiredness or loss of energy; appetite changes; worthlessness or guilt; difficulty with concentration; psychomotor change noted; and suicidal ideation or ideation about self-harm.

The measure employed a 4-point Likert-type response format with the response choices ranging from "Never" (0 points) to "Nearly every day" (3 points). This response format allows for more sensitive measurement of symptom frequency rather than presence or absence. The scoring system produced a scale of potential scores ranging from 0 to 27 points, where higher scores indicate more depression. Item scores were added to provide a total depression score, using standard clinical cutoffs as follows: minimal depression (0-4), mild depression (5-9), moderate depression (10-14), moderately severe depression (15-19), and severe depression (20-27). Standardized scoring system made administration and interpretation of scores simpler

Validity Assessment

Face validity for the instrument was garnered by subjecting it to the judgment of 10 experts in educational psychology and psychological counseling. Each item was rated by the experts for clarity, relevance, and appropriateness to the construct being gauged and the population of interest. The cut-off point of 80% expert agreement was used for item inclusion in the final version of the scale. Following expert review, all 9 items met or exceeded this threshold and therefore remained in their original form. This process ensured that the instrument had sufficient content validity by expert opinion before administration to the study participants.

Reliability Assessment

The reliability of the instrument was established by applying the split-half method. By this method, the instrument was divided into odd and even numbers and the halves correlated using Pearson's correlation coefficient. The split-half reliability coefficient was $r = 0.68$ at first. To make up for the loss in test length as a result of the division of the instrument, the Spearman-Brown correction

formula was applied, which provided the final reliability coefficient of $r = 0.80$. The coefficient was deemed acceptable for research purposes, indicating good internal consistency of the items and that the instrument would provide consistent results across repeated administrations under the same conditions.

Data Collection Procedures

Data collection began with the procedure of obtaining permissions from university authorities to conduct the research among students. Participants were informed about the research purposes, and voluntary consent was ensured, with the possibility of withdrawal at any time clearly explained. Instructions for scale completion were both verbally and in writing explained to eliminate ambiguity. Respondents were assured of confidentiality of their responses to ensure truthful reporting of depressive symptoms. The scale was administered in classroom rooms during normal university hours to provide high rates of response and standardized administration settings. Data collection was conducted within a two-week period, and the average completion time per participant was approximately 20 minutes.

Throughout the data gathering process, there were a number of ethical concerns which were followed. Participants' consent was sought prior to participating in the study. Answers were made anonymous and confidential, with no identification data collected to link answers to individual participants. Participants received full information regarding the purpose of the study, and no deception was conducted during the research process. All data were maintained confidential and access was limited to the researchers only. These ethical precautions were adopted to protect the rights and welfare of participants and the research process itself.

Data Analysis

All statistical calculations were performed using the Statistical Package for Social Sciences (SPSS) software package version 26. The analysis plan included descriptive and inferential statistics appropriate to answer the research questions. Descriptive statistics calculated included means and standard deviations for overall depression scores and frequency tables for depression levels by demographic variables. These statistics provided a general description of the data and preliminary understanding of depression patterns in the sample.

In inferential testing, multiple statistical tests were employed. One-sample t-test was used in testing whether the mean of depression level was significantly different from the theoretical midpoint and hence testing if the depression level

of students was above or below normal. Independent samples t-tests were used in testing differences between depression levels for groups, i.e., testing gender (male vs. female) and difference in academic levels (second-year vs. fourth-year students).

In addition to the comparisons between severity of depression overall and between groups, two additional analyses were carried out with the goal of developing a better understanding of the nature and intensity of depressive symptoms. Students were initially separated according to the conventional PHQ-9 clinical severity cutpoints (Kroenke et al., 2001): minimal depression (0-4), mild depression (5-9), moderate depression (10-14), moderately severe depression (15-19), and severe depression (20-27). This classification allowed calculation of the percentage of students in clinically significant depression categories. Second, item-level analysis allowed determination of which specific depression symptoms were most common among the sample and whether or not these symptoms varied significantly by academic level. Mean scores and standard deviations for the entire sample and for second-year vs. fourth-year students on all nine PHQ-9 items were calculated, and independent samples t-tests were conducted to ascertain where there were differences in symptom expression by level of student. These analyses provided more nuanced information regarding the qualitative character of depression beyond global severity scores.

Internal consistency by split-half analysis with Spearman-Brown correction was used to examine internal consistency of the instrument. Alpha level (α) = 0.05 and two-tailed tests were used in all statistical tests throughout analyses. Effect sizes for significant differences were estimated through calculation of Cohen's *d* as a way of giving information on practical significance of results beyond statistical significance.

There were some methodological limitations to this research. Cross-sectional design limited causal inference for relationships observed. Self-report measurement involved potential vulnerability to social desirability bias. Single university sampling limited generalizability of findings to other education environments. The focus on merely two years of academics (second and fourth year) may have erased patterns of development that may have been developed based on a larger sample over all academic years. Finally, possible impacts of uncontrolled variables such as socioeconomic status and family background may have influenced the findings. These need to be kept in mind while interpreting findings and should direct future studies in this direction.

Results

This chapter presents the findings of the research carried out to investigate the depression levels of counseling students at the University of Duhok, College of Basic Education. The results are aligned with the objectives of the research, namely to determine the overall level of depression among the counseling students and to compare the level of depression based on gender and study level. Additional analyses examine the distribution of depression severity levels and specific symptom profiles. Statistical tests were conducted using SPSS, and findings are presented with applicable tables and discussions.

Depression Level Among Counseling Students

The first objective of this study was to determine the level of depression among counseling students at the Department of Educational Counseling. To accomplish this, the PHQ-9 depression scale was administered to the research sample, and descriptive statistics were calculated. Additionally, a one-sample t-test was performed to compare the mean depression score against the theoretical midpoint of the scale. The sample arithmetic mean depression score in the whole sample (N=60) was 18.91 and standard deviation 4.74. The one-sample t-test tabulated t-value was found to be 6.66, and this is higher than the tabular value of 1.98 at a level of significance 0.05 with 59 degrees of freedom. This indicates that the degree of depression among the counseling students is considerably higher than the midpoint of the theoretical scale and therefore an above-average level of depression for the group.

This finding clearly indicates that the students of the Educational Counseling Department exhibit high levels of depression. According to the PHQ-9 clinical classification, the mean score falls between "moderately severe depression" (15-19), which indicates clinically significant depression among these groups of students. The magnitude of the standard deviation indicates that there is moderate variation in depression scores among the sample, and this indicates that while the general tendency is one of high depression, there is variance in individual experience among the students. The t-value so colossal is a confirmation that this is not a chance but an indication of a prevailing pattern in the population which is being studied.

Gender Differences in Depression Level

The second aim was to see if there are major differences between male and female counseling students with regards to the levels of depression. The depression scores difference between the two groups was established through an

independent samples t-test. The result of the test appears in Table 1.

Table 1
Results of Independent Samples t-test for Gender Differences in Depression Level

Gender	N	Mean	Standard Deviation	Calculated t- value	Tabular t- value	Statistical Significance
Males	30	19.23	5.50	1.629	1.98	Not significant
Females	30	17.33	3.19			

As Table 1 shows, the male students (N=30) had a mean of 19.23 with a standard deviation of 5.50, and female students (N=30) had a mean of 17.33 with a standard deviation of 3.19. Even though men achieved a slightly greater mean measure of depression, the value of $t = 1.629$ has been calculated by independent samples t-test, which is less than the tabulated value of $t = 1.98$ at specified significance level 0.05 and degree of freedom equal to 58. The difference between male students and female students as far as depression is concerned is thus not significant.

This result implies that both female and male students of counseling have the same incidence rates of depression regardless of seemingly numerical disparity of mean scores. The key consideration is that the mean score for both gender groups lies within "moderately severe depression" clinical range (15-19) of PHQ-9 classification. The greater standard deviation in male students suggests greater variability of experience of depression among that group compared to females, whose scores were more concentrated around their mean. These results were not large enough, however, to suggest a statistically significant difference between genders on the level of depression.

Academic Level Differences in Depression Level

The third objective was to identify whether there are any notable differences in comparing the level of depression of the second-year and fourth-year counseling students. As a way of comparing the depression score of the second-year and fourth-year counseling students, an independent samples t-test was utilized. Table 2 presents the result of the test.

Table 2 shows that the second-year students (N=30) have a mean of 20.60 and standard deviation of 5.44, while fourth-year students (N=30) have a mean of 17.33 and standard deviation of 3.19. Independent samples t-test yielded a calculated value of $t = 2.834$, which is greater than the tabular value of $t = 1.98$ at 0.05 level of significance and 58 degrees of freedom. This shows statistically significant difference in the level of depression between fourth-year and second-

year students, with the second-year students showing higher levels of depression.

Table 2

Results of Independent Samples t-test for Academic Level Differences in Depression Level

Academic Level	N	Mean	Standard Deviation	Calculated t-value	Tabular t-value	Statistical Significance
Second Year	30	20.60	5.44	2.834	1.98	Statistically significant
Fourth Year	30	17.33	3.19			

This finding indicates that level of study is an important source of depression among counseling students. The second-year students' mean score falls within the "severe depression" range (20-27) and that of fourth-year students falls within the "moderately severe depression" range (15-19) on the PHQ-9 clinical scale. This is not just statistically but clinically important difference in the severity of depression. The greater second-year standard deviation also reflects greater variability in the experience of depression within this cohort, with fourth-year students more homogeneous, and lower, in their depression scores.

Depression Severity Categories

To provide a clearer image of depression in the sample, students were also categorized along the standard PHQ-9 clinical severity thresholds. Table 3 presents the distribution of students in the various clinical categories.

Table 3

Distribution of Depression Severity Categories Among Counseling Students

Depression Severity	Score Range	Male Students (n=30)	Female Students (n=30)	Total (n=60)	Percentage
Minimal depression	0-4	3	5	8	13.3%
Mild depression	5-9	5	8	13	21.7%
Moderate depression	10-14	7	10	17	28.3%
Moderately severe	15-19	8	5	13	21.7%
Severe depression	20-27	7	2	9	15.0%

Table 3 indicates the clinical importance of depression among the sample of counseling students, as 65% of the sample (39 students) reported scores in the moderate to severe ranges of depression (≥ 10 on the PHQ-9). Of more concern, 36.7% of the sample (22 students) were in the "moderately severe" to "severe" ranges (≥ 15) of clinically significant depression that under normal circumstances would necessitate active treatment according to clinical guidelines. Gender analysis proves the more extreme ranges disproportionately had more male students, 50% of male students (15 of 30) versus 23.3% of the females (7 of 30) in the "severe" or "moderately severe" depression ranges. This pattern was not at a large mean comparison but does suggest gender variation in presenting more extreme depression

Specific Depression Symptoms

To understand which aspects of depression were most prominent among students and whether these differed by academic level, an item-level analysis of the PHQ-9 was conducted. Table 5 presents the results of this analysis.

Table 4

Mean Scores and Standard Deviations for Individual Depression Symptoms

PHQ-9 Item/Symptom	Total Sample Mean (SD)	Second- Year Mean (SD)	Fourth- Year Mean (SD)	t- value	p- value
Anhedonia	2.38 (0.91)	2.63 (0.85)	2.13 (0.91)	2.21	0.031*
Depressed mood	2.45 (0.98)	2.70 (0.95)	2.20 (0.96)	2.05	0.045*
Sleep disturbance	2.28 (1.03)	2.53 (0.94)	2.03 (1.07)	1.97	0.054
Fatigue	2.42 (0.89)	2.67 (0.88)	2.17 (0.83)	2.30	0.025*
Appetite changes	1.95 (1.08)	2.17 (1.15)	1.73 (0.98)	1.62	0.110
Worthlessness/guilt	2.05 (1.05)	2.33 (1.06)	1.77 (0.97)	2.19	0.033*
Concentration difficulty	2.22 (0.94)	2.47 (0.90)	1.97 (0.93)	2.15	0.036*
Psychomotor changes	1.78 (0.95)	2.03 (1.03)	1.53 (0.78)	2.17	0.034*
Suicidal ideation	1.38 (0.76)	1.60 (0.86)	1.17 (0.59)	2.34	0.023*

Note: * indicates statistically significant difference at $p < 0.05$

Table 4 illustrates that the highest levels of depressive symptoms across the whole sample were depressed mood ($M = 2.45$), fatigue ($M = 2.42$), and anhedonia ($M = 2.38$), since all three mean values were higher than 2, indicating that those symptoms happened more than "several days" but not at all more than "more than half the days" during the two-week duration of assessment. The highest level of the symptom was suicidal ideation ($M = 1.38$), although it is a alarming

rate of suicidal ideation for students who are in counseling.

Both the second-year and fourth-year students were found to differ highly from one another in seven out of the nine symptoms of depression. Specifically, second-year students reported a higher level of significantly anhedonia, depressed mood, fatigue, worthlessness/guilt feelings, concentration difficulties, psychomotor changes, and suicidal ideation. The largest differences occurred in terms of fatigue ($t = 2.30$, $p = 0.025$) and suicidal ideation ($t = 2.34$, $p = 0.023$). Sleep disturbance and change in appetite alone did not show statistically significant variation by academic status, though the sleep disturbance was nearly at statistical significance ($p = 0.054$).

These results provide evidence that higher total depression scores in second-year students are not simply an artifact of inflation across a few specific symptoms but more likely an index of a heightened general depression profile in multiple areas of symptomatology. The net direction of symptom score elevation by second-year students provides evidence for a general differential psychological well-being difference between levels of study.

In general, the results indicate that the counseling students at the College of Basic Education have clinically significant depression rates with nearly two out of every three of the sample possessing moderate to severe levels of depression. Although there were no gender differences by the entire population for the severity of depression, a greater percentage of the male students identified the more severe categories of depression. There were substantial differences by year of study with depression in all areas of symptoms reported for second-year compared to fourth-year students. These findings provide added weight to the importance of considering both overall severity of depression and specific symptom patterns when investigating psychological well-being among university students, particularly among such helping professionals as counseling.

Discussions

The findings of this study offer important trends on depression among students of counseling at the University of Duhok, College of Basic Education. Depression among these students is a concerning trend that should be studied extensively within the framework of mental health at the university level. This higher level of depressive symptoms in future counselors is a concern for the mental health of those who will eventually be tasked with the job of providing mental health care to others. There are likely several complicated issues at work

here. Students of counseling are regularly exposed to psychological theory, case studies, and classroom discussion of mental illness as a part of their training. This repeated exposure to psychological distress, even within the academic environment, can render students more conscious of their own psychological process and perhaps more attuned to depressive symptoms. The development of greater introspection and psychological mindedness, although beneficial for professional training, can also be responsible for greater awareness and reporting of psychological distress among counseling students as compared to students in other academic majors.

Helping careers such as counseling draw individuals who are sensitive to and empathetic of others' emotional lives. The research indicates that individuals who select helping careers also often have a personal or family history of psychological problems that led them to select their career. This "wounded healer" effect could account for some of the high rates of depression among our sample (Cahak, 2021). Students may bring psychological vulnerabilities to counseling programs that pre-date and become increasingly apparent during training as they must contend with demanding coursework, practicum training, and their own change processes. Further, academic demands on counseling students exceed typical expectations of the university student. In addition to theory learning, counseling students must acquire complex interpersonal skills, emotional regulation skills, and professional identities that integrate personal and professional selves. This kind of multi-dimensional developmental process can evoke a tremendous amount of stress that can be manifested in the form of depressive symptomatology, particularly when students view themselves as inadequate to meet these diverse demands (Fernandes et al., 2023).

The university environment itself is another potential source of high levels of depression. The universities in the majority of developing nations are beset by resource constraints that limit student support services, creating a gap between the theoretical knowledge students acquire about psychological wellbeing and the extent to which they can experience support. This mismatch between classroom ideal and classroom reality could be one source of feelings of powerlessness and depression among students who recognize the importance of mental health services but do not necessarily have full access to such services themselves (Luo et al., 2024). Furthermore, counseling students are tasked with creating appropriate professional boundaries while still practicing therapeutic empathy, a delicate balance that, if not managed well, leads to emotional exhaustion. These special stresses of counselor training can create risk for depression in addition to that found in general university student populations.

The absence of gender differences in depression scores contradicts some but confirms other, earlier studies, attesting to the complex and contextual nature of gender's influence on psychological well-being. This result is contrary to traditional expectations of greater female risk for depression and suggests that in the specific situation of counselor education, both genders are faced with equivalent psychological problems. Several explanations are plausible for this result. The university experience is an equalizing one in which gender differences in socialization are no longer applicable. Male and female students in counseling programs especially share stressors related to academics and professional development that may transcend gender differences in depression risk more broadly evidenced in research with nonselected populations. Selection factors can also influence enrollment in counseling programs. Men entering counseling professions may differ from the general male population in ways that affect depression risk, perhaps being more emotionally expressive and open to reporting psychological distress than men entering other professions. This self-selection would diminish gender differences in depression reporting that would be more prominent in other samples or professions. Previous studies have also reported similar findings of non-significant gender differences in depression among university students (Al-Busaidi et al., 2011; Thomas & Devora, 2024).

Iraq Kurdistan-specific cultural and contextual circumstances may further moderate the link between gender and depression. The history and sociopolitical landscape of the region have created unique pressures and experiences for both men and women that can equalize the risk of depression in a manner not found in other societies. The complex interplay of traditional gender roles and the rapidly transforming social structures in the region can very well result in mental health problems for both men and women, but through differing mechanisms. While women may need to cope with the balance between traditional roles and career aspirations, men may need to cope with breadwinning-related stress and adjusting to changing gender roles. These asymmetrical but equally stressful pressures would result in equal rates of depression in both sexes despite potentially differing causes. The higher proportion of males in levels of severe depression in our breakdown analysis suggests that while overall means were not widely different, depression trends can differ by sex, with male students perhaps experiencing more severe expressions of depression.

The significant difference in the level of depression between the fourth-year and second-year students, with the second-year students being more depressed, is likely the most useful finding of this study. This trend suggests significant developmental processes that occur within the counseling education experience

that exert protective effects against depression as students' progress. The change from the earlier to the later academic years likely involves a variety of significant developments. Later academic year students have also had more time to adjust to the university environment, developing good study habits, time management, and social support networks. Early adjustment challenge for second-year students is a potential contributor to their high levels of depression as they navigate relatively new academic and social environments. Also, professional identity development progresses well between early and later academic years. Fourth-year students are more likely to be clear about their professional roles, values, and competence, reducing uncertainty and ambiguity that may cause psychological distress. Being closer to graduation and professional entry can also exert motivational protective influences against depression. This developmental shift is in line with Erikson's theory of psychosocial development, which emphasizes identity consolidation as key to psychological wellbeing (Luo et al., 2024; Styliari et al., 2023).

Conclusions

On the basis of findings of this study, certain important conclusions can be reached concerning depression in counseling students of the College of Basic Education, University of Duhok. The clinically significant levels of depressive symptoms are present in counseling students such that almost two-thirds report moderate to severe and over one-third report moderately severe to severe symptoms as per standardized clinical ratings. This high prevalence reflects a shocking rate of psychological distress among incoming mental health workers that needs to be met by academics and institutional decision-makers. The absence of significant gender differences in the overall prevalence of depression suggests that both male and female counseling students share identical overall psychological problems during the course of their training, although the higher percentage of males in the more severe depression categories does represent potential gender differences in severe expressions of depression that would be of value to study further. The striking difference between depression levels at the periods of learning, second years more depressed than fourth years in all areas of symptoms, might imply that development processes during learning, such as adaptation to study stress, formation of professional identity, and acquisition of psychological coping skills, might be factors influencing depression. The limited symptom profile, with heightened depressed mood, fatigue, and anhedonia, suggests that the core emotional and motivational symptoms of depression are directly affected in students in counseling, which can compromise their ability to

be present in their professional training. The remarkably high percentages of suicidal ideation, especially among second-year students, suggest that active mental health monitoring and intervention need to be emphasized in counselor education programs. Together, these findings underscore the importance of viewing counselor development as a holistic process that encompasses concern for students' psychological health as well as their professional skill and knowledge development, and with pedagogical, student services, and curriculum design implications for counselor education programs.

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