Evaluation of Depression and Academic Performance of Students in Selected Senior Secondary Schools in Rivers State

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ABSTRACT
The purpose of this study was to evaluate the impact of depression on academic performance of students in selected senior secondary schools in Rivers State. The exploratory research design was adopted for the study. The population of the study was 400 senior secondary school students and 30% of the population (120) was selected as the sample size for the study. The judgmental sampling technique was adopted for the study. The stated research questions were answered using the descriptive statistic of mean, while inferential statistic of Spearman Ranking was used in testing the formulated hypotheses at 0.05 alpha level. It was found that bipolar disorder, seasonal affective disorder and psychotic depression affects academic performance of students that. In the light of the statistical analysis and study’s findings, the following major conclusion was drawn: there is a negative effect of depression (bipolar disorder, seasonal affective disorder, and psychotic depression) on student’s academic performance Given the above, it was therefore recommended that awareness programs on depression should be conducted because of its importance to teachers in order to improve their interactions with students and to understand students’ problems, and that teachers should be watchful for the overtly depressed students in the school because of the need to judge students behaviour in the classroom and recognize that their academic performance is suffering by depression.

Keywords: Depression, Academic Performance, Senior Secondary School, Students, Rivers State.

INTRODUCTION
Depression is an emotional problem rooted and caused by helplessness and deviant hope. It is a common problem among students all over the world, and its effect on students’ ability to perform effectively cannot be over-emphasized (Linsey, Fabiano & Stark, 2009). Depression is depicted by sad feelings among students which can be said to be a common mental deficiency. According to National Institute of Mental Health (2012) during the school life, many students undergo the first symptoms of depression. Depressed students regularly feel sad and deprived in their academics. Depression if not treated usually interferes in day-to-day activities and lasts for a long time. Depressed students always ignore their own successes and good traits, while exaggerating their faults and failures. Student’s academic performance which every individual have to perform in all cultures has become an important goal of the educational process. Student’s personality, education, motivation, mental health and training also effect academic performance excessively. School life can be called a significant transition period, where students experience many things first time, in, for example new lifestyle, exposure to new cultures, friends, roommates, different ways of thinking and also deal with a unique amount of stress (Ashworth, 2007). Two first years in school can be very stressful time for many students. When students cannot manage these new first experiences, they become depressed. The negative effect of depression on student academic performance is numerous. In the view of (Fiel, 2001),
student’s achievement is negatively related with depression, and depressed students exposed lower average point and spend minimum time on homework. However, various clinical descriptive reports assumed that depression may be a contributing factor to poor academic performance (Fine & Carlson, 1994). Given the above, various approaches have been conducted to investigate the impact of depression on academic performance. Stark and Brookman (1994) obtained teachers’ and parents’ global ratings of students’ academic performance and ratings of severity of students’ depressive symptoms. The former was an instrument used to measure student’s academic performance and study habit, while ratings of severity of students’ depressive symptoms were used to measure the depression level of the students. The result of the studies showed that there was an inverse relationship between academic achievement and depression. This notion was then supported by Zaid, Chan, and Ho (2007).

Another study on the emotional disorders among medical students also found that students who experienced depression had a lower academic performance. Another study by Sherina, Lekraj, and Nadarajan (2003) yielded that 41.9% students in one of the public institutions were found to have depression. Many reported that their academic performance was affected by depression. This shows that depression affects the performance of the students i.e. the higher the depression, the lower is the academic achievement of the students. Based on the above findings, it can be said that depression does affect academic performance of students. This means the higher the depression level of the students, the lower is their academic performance.

Given the above, this study was designed to evaluate the impact of depression on academic performance of students in selected senior secondary schools in Rivers State.

Research Questions
The study sought to answer the following research questions:
(1) Does bipolar disorder affect academic performance of students in selected senior secondary schools in Rivers State?
(2) Does seasonal affective disorder affect academic performance of students in selected senior secondary schools in Rivers State?
(3) Does psychotic depression affect academic performance of students in selected senior secondary schools in Rivers State?

Hypotheses
The following hypotheses (null) were formulated to guide the study and were tested at 0.05 alpha level.
HO₁: Bipolar disorder does not affect academic performance of students in selected senior secondary schools in Rivers State.
HO₂: Seasonal affective disorder does not affect academic performance of students in selected senior secondary schools in Rivers State.
HO₃: Psychotic depression does not affect academic performance of students in selected senior secondary schools in Rivers State.

Literature Review
Depression is referred to as psychiatric disorder and the common mental illness of present the century which is known as psychiatric cold. The negative effects of depression on our behaviours cannot be undermined, such as productivity, loss of interest, and social contact. Through positive mood we feel good, which this has positive consequences and motivate us to do what he needs. When an infant is separated from a primary attachment figure, as in the Harlow studies of rhesus monkeys, the result is not commonly despair and positive, immune system is also get harm, which lead toward depressive illness (Hennessy, Schiml, & Deak, 2009).

In many cases depressed students ask to remember happier times, while those not depressed feel good. Joomann, Siemer, and Gotlib (2007) opined that depressed students feel even worse as if the happy memory makes them feel that they will never be happy again people. Sometimes students become more friendly, our thought processes open up, when they feel happy, they want to approach others, and helpful to others (DeDreu, Baas, & Nistad, 2008). When students are tired they often get depressed and such
suffer symptoms of depression, which affects their academic performance. Depressed mood also affects behaviour copiously. McCarthy, Downes, & Sherman (2008) depressed mood is a leading cause of suicide among adolescents. Kuehner (2003) in his study asserted that women are more depressed than men, and social and environmental conditions can be the main cause of this. Various signs of depression in more than 8,000 people found in a community survey, which comprised on identical symptoms of mental disorder including a terrible financial investment, job failure and loss of social status and important relationship in one’s society (Wakefield, Schitz, First, & Horwitz, 2007). They stated further that when a person’s mood swings from depression to mania it may associated with bipolar disorder, in which person filled up with lots of energy and they find themselves on top of the world, and can do everything which they want to do. In young children and adolescents Bipolar disorder is now being widely diagnosed, but symptoms can be different from adults, and the diagnosis remains controversial in children. Though major depressive disorder is more common than bipolar disorder, as many lost workdays yearly it is more claiming and dysfunctional. The most frequently diagnosed psychological disorder is Major depressive disorder. Although reported prevalence rates vary widely, typical estimates suggest that as many as 13% women and 5% men experience depression during their lifetimes (Hasin, Goowin, Stinson, & Grant, 2005). Various studies have proven that women experience depression more frequently than men do. According to Strickland (1992) the discrepancy between rates of depression in men and women has been noted to be independent of race, ethnicity, social class, and country of residence. Also, it is pertinent that female hormones may participate in mood through some currently unknown mechanism. Mood disturbances can be associated with hormonal changes in women, including postpartum depression and mood changes accompanying menopause. There can be different level of depression range from mild, moderate to severe, depend on the extent and the level of functional impairment and/or disability impact of symptoms and this will determine what level of treatment to initiate (NICE Clinical Guideline, 2009). The impact of depression on academic performance has been investigated by many researchers. Depression can also affect student's academic performance in schools. There are negative effects of depression on student success. Student success is negatively related with depression. Depressed students usually spend less time on homework and achieve lower grade point averages. They do not have distinct dimensions because negative and positive impacts are interrelated. A nationwide survey conducted by American College Health Association on college students in 2011 at two and four year institutions and it concluded that almost 30 percent college students found to be depressed even if it is difficult to perform function (American College Health Association, 2012). According to Heiligenstein and Guenther (1996), increased risk for academic harm can be displayed by school students having moderate levels of depression.

**Signs of Depression**

Being unhappy is not the same as being depressed. Determining if persistent, unshakable dark feelings are a result of depression can be the first step toward healing and recovery.

1. **Hopeless outlook**

Major depression is a mood disorder that affects the way you feel about life in general. Having a hopeless or helpless outlook on your life is the most common symptom of depression. Other feelings may be worthlessness, self-hate, or inappropriate guilt. Common, recurring thoughts of depression may be vocalized as, “It is all my fault,” or “What is the point?”

2. **Lost interest**

Depression can take the pleasure or enjoyment out of the things you love. A loss of interest or withdrawal from activities that you once looked forward to sports, hobbies, or going out with friends is yet another telltale sign of major depression. Another area where you may lose interest is sex. Symptoms of major depression include a decreased sex drive and even impotence.

3. **Increased fatigue and sleep problems**

Part of the reason you might stop doing things you enjoy is because you feel very tired. Depression often comes with a lack of energy and an overwhelming feeling of fatigue, which can be among the most
debilitating symptoms of depression. This could lead to excessive sleeping. Depression is also linked with insomnia, as one might lead to the other and vice versa. They can also make each other worse. The lack of quality, restful sleep can also lead to anxiety.

4. Anxiety
While depression has not been shown to cause anxiety, the two conditions often occur together. Symptoms of anxiety can include: nervousness, restlessness, or feeling tense feelings of danger, panic, or dread rapid heart rate rapid breathing increased or heavy sweating trembling or muscle twitching trouble focusing or thinking clearly about anything other than the thing you are worried about.

5. Irritability in men
Depression can affect the sexes differently. Research shows that men with depression may have symptoms such as irritability, escapist or risky behavior, substance abuse, or misplaced anger. Men are also less likely than women to recognize depression or seek treatment for it.

6. Changes in appetite and weight
Weight and appetite can fluctuate for people with depression. This experience may be different for each person. Some people will have an increased appetite and gain weight, while others won’t be hungry and will lose weight. One indication of whether dietary changes are related to depression is if they are intentional or not. If they are not, it may mean that they are caused by depression.

7. Uncontrollable emotions
One minute it is an outburst of anger. The next you are crying uncontrollably. Nothing outside of you prompted the change, but your emotions are up and down at a moment’s notice. Depression can cause mood swings.

8. Looking at death
Depression is sometimes connected with suicide. In 2013, more than 42,000 people died from suicide in the United States, according to the Centers for Disease Control and Prevention. People who die by suicide usually show symptoms first. Often people will talk about it or make a first attempt before succeeding in ending their life. If you think someone is at immediate risk of self-harm or hurting another person: Call 911 or your local emergency number. Stay with the person until help arrives. Remove any guns, knives, medications, or other things that may cause harm. Listen, but do not judge, argue, threaten, or yell.

Types of Depression
There are different types of depressive disorders. Symptoms can range from relatively minor (but still disabling) through to very severe, so it is helpful to be aware of the range of conditions and their specific symptoms.

Melancholia: This is the term used to describe a severe form of depression where many of the physical symptoms of depression are present. One of the major changes is that the person starts to move more slowly. They are also more likely to have a depressed mood that is characterized by complete loss of pleasure in everything, or almost everything.

Psychotic Depression: Sometimes people with a depressive disorder can lose touch with reality and experience psychosis. This can involve hallucinations (seeing or hearing things that are not there) or delusions (false beliefs that are not shared by others), such as believing they are bad or evil, or that they're being watched or followed. They can also be paranoid, feeling as though everyone is against them or that they are the cause of illness or bad events occurring around them.

Antenatal and Postnatal Depression: Women are at an increased risk of depression during pregnancy (known as the antenatal or prenatal period) and in the year following childbirth (known as the postnatal period). You may also come across the term 'perinatal', which describes the period covered by pregnancy and the first year after the baby's birth. The causes of depression at this time can be complex and are often the result of a combination of factors. In the days immediately following birth, many women experience the 'baby blues' which is a common condition related to hormonal changes and affects up to 80 per cent of women. The 'baby blues', or general stress adjusting to pregnancy and/or a new baby, are common experiences, but are different from depression. Depression is longer lasting and can affect not only the mother, but her relationship with her baby, the child's development, the mother's relationship with her
partner and with other members of the family. Almost 10 per cent of women will experience depression during pregnancy. This increases to 16 per cent in the first three months after having a baby.

**Bipolar Disorder:** Bipolar disorder used to be known as 'manic depression' because the person experiences periods of depression and periods of mania, with periods of normal mood in between. Mania is like the opposite of depression and can vary in intensity. Symptoms include feeling great, having lots of energy, having racing thoughts and little need for sleep, talking quickly, having difficulty focusing on tasks, and feeling frustrated and irritable. This is not just a fleeting experience. Sometimes the person loses touch with reality and has episodes of psychosis. Experiencing psychosis involves hallucinations (seeing or hearing something that is not there) or having delusions (example: the person believing he or she has superpowers). Bipolar disorder seems to be most closely linked to family history. Stress and conflict can trigger episodes for people with this condition and it's not uncommon for bipolar disorder to be misdiagnosed as depression, alcohol or drug abuse, attention deficit hyperactivity disorder (ADHD) or schizophrenia. Diagnosis depends on the person having had an episode of mania and, unless observed, this can be hard to pick. It is not uncommon for people to go for years before receiving an accurate diagnosis of bipolar disorder. If you're experiencing highs and lows, it's helpful to make this clear to your doctor or treating health professional. Bipolar disorder affects approximately 2 per cent of the population.

**Cyclothymic Disorder:** Cyclothymic disorder is often described as a milder form of bipolar disorder. The person experiences chronic fluctuating moods over at least two years, involving periods of hypomania (a mild to moderate level of mania) and periods of depressive symptoms, with very short periods (no more than two months) of normality between. The duration of the symptoms are shorter, less severe and not as regular, and therefore don't fit the criteria of bipolar disorder or major depression.

**Dysthymic Disorder:** The symptoms of dysthymia are similar to those of major depression but are less severe. However, in the case of dysthymia, symptoms last longer. A person has to have this milder depression for more than two years to be diagnosed with dysthymia.

**Seasonal Affective Disorder (SAD):** SAD is a mood disorder that has a seasonal pattern. The cause of the disorder is unclear, but it's thought to be related to the variation in light exposure in different seasons. It's characterized by mood disturbances (either periods of depression or mania) that begin and end in a particular season. Depression which starts in winter and subsides when the season ends is the most common. It is usually diagnosed after the person has had the same symptoms during winter for a couple of years. People with SAD depression are more likely to experience a lack of energy, sleep too much, overeat, gain weight and crave for carbohydrates. SAD is very rare in Australia and more likely to be found in countries with shorter days and longer periods of darkness, such as in the cold climate areas of the Northern Hemisphere.

**Symptoms of Depression**
There are many signs and symptoms of depression, but everyone’s experience will vary. This page covers:

**Psychotic Symptoms**
If you experience an episode of severe depression, you might also experience some psychotic symptoms. These can include: delusions, such as paranoia, hallucinations, such as hearing voices.

If you experience psychotic symptoms as part of depression, they are likely to be linked to your depressed thoughts and feelings. For example, you might become convinced that you've committed an unspeakable crime. These kinds of experiences can feel very real to you at the time, which may make it hard to understand that these experiences are also symptoms of your depression. They can also be quite frightening or upsetting, so it's important to seek help and support. You might feel worried that experiencing psychotic symptoms could mean you get a new diagnosis, but psychosis can be a symptom of depression. Discussing your symptoms with your doctor can help you get the right support and treatment.

**Self-harm and Suicide**
If you are feeling low, you might use self-harming behaviours to cope with difficult feelings. Although this might make you feel better in the short term, self-harm can be very dangerous and can make you feel
a lot worse in the long term. See our pages on self-harm for more information. When you are feeling really low and hopeless, you might find yourself thinking about suicide. Whether you are only thinking about the idea, or actually considering a plan to end your life, these thoughts can feel difficult to control and very frightening. If you are worried about acting on thoughts of suicide, you can call an ambulance.

**Anxiety**
It is very common to experience depression and anxiety together. Some symptoms of depression can also be symptoms of anxiety, for example:
- feeling restless
- being agitated
- struggling to sleep and eat

**Treatment of Depression**
Depression, even the most severe cases, is a highly treatable disorder. As with many illnesses, the earlier that treatment can begin, the more effective it is and the greater the likelihood that recurrence can be prevented. Appropriate treatment for depression starts with a physical examination by a physician. Certain medications, as well as some medical conditions such as viral infections or a thyroid disorder, can cause the same symptoms as depression and should be ruled out. The doctor should ask about alcohol and drug use, and whether the patient has thoughts about death or suicide. Once diagnosed, a person with depression can be treated for a number of ways. The most common treatments are medication and psychotherapy. Many studies show that cognitive behavioral psychotherapy is highly effective, alone or in combination with drug therapy. Psychotherapy addresses the thinking patterns that precipitate depression, and studies show that it prevents recurrence. Drug therapy is often helpful in relieving symptoms, such as severe anxiety, so that people can engage in meaningful psychotherapy. In addition, physical exercise is important way to combat depression. Because depression demotivates people, it could be very helpful for a family member or friend to regularly take their depressed loved one out for walks. Social contact is also valuable as a way to combat the feelings of isolation that afflict the depressed.

**METHODOLOGY**
The researcher adopted exploratory research design. The population of this study was 400 students which consisted of 130 senior secondary school students in Government Girls Secondary School Rumueme Obio- Akpor L.G.A, 130 students in Government Secondary School Emohua L.G.A, and 140 in Comprehensive Secondary School Ahoada L.G.A in Rivers State. 30% of the given population (120) was used as the sample size while the judgmental sampling technique was adopted proportionately for the study. A structured questionnaire titled Depression and Academic Performance (DAAP) with a four point rating scale was used for data collection. The instrument was validated by two experts in the field of Measurement and Evaluation. Mean was used to answer the research questions and the formulated hypotheses tested at 0.05 level of significance using Pearson’s Product Moment Correlation Analysis. The response options were very often 4, often 3, moderately often 2, and not at all 1.
RESULTS

Research Question 1: Does bipolar disorder affect academic performance of students in selected senior secondary schools in Rivers State?

Table 1: Presents mean analysis of how bipolar disorder affects academic performance of students in selected senior secondary schools in Rivers State.

<table>
<thead>
<tr>
<th>S/N</th>
<th>Questionnaire Items</th>
<th>VO (4)</th>
<th>O (3)</th>
<th>MO (2)</th>
<th>NAA (1)</th>
<th>Total Response</th>
<th>X</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bipolar disorder is common in your school.</td>
<td>55 (220)</td>
<td>40 (130)</td>
<td>19 (38)</td>
<td>6 (6)</td>
<td>394</td>
<td>3.28</td>
<td>Accepted</td>
</tr>
<tr>
<td>2</td>
<td>You felt free with those having bipolar disorder.</td>
<td>60 (240)</td>
<td>35 (105)</td>
<td>20 (40)</td>
<td>5 (5)</td>
<td>390</td>
<td>3.25</td>
<td>Accepted</td>
</tr>
<tr>
<td>3</td>
<td>Bipolar affects students very well in your school.</td>
<td>65 (260)</td>
<td>30 (90)</td>
<td>15 (30)</td>
<td>10 (10)</td>
<td>390</td>
<td>3.25</td>
<td>Accepted</td>
</tr>
<tr>
<td>4</td>
<td>Students with bipolar disorder do not perform well academically.</td>
<td>63 (252)</td>
<td>32 (96)</td>
<td>20 (40)</td>
<td>5 (5)</td>
<td>393</td>
<td>3.27</td>
<td>Accepted</td>
</tr>
<tr>
<td></td>
<td><strong>Grand Mean</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>3.26</strong></td>
<td></td>
<td>Accepted</td>
</tr>
</tbody>
</table>

The mean score of 3.28 implies that bipolar disorder is common in your school. The mean score of 3.25 means that students felt free with those having bipolar disorder, while the mean score of 3.25 entails that bipolar affects students very well in your school, the mean score 3.27 implies that students with bipolar disorder do not perform well academically, finally the grand mean of 3.26 depicts that bipolar disorder affects academic performance of students.

Research Question 2: Does seasonal affective disorder affect academic performance of students in selected senior secondary schools in Rivers State?

Table 2: Presents mean analysis of how seasonal affective disorder affects academic performance of students in selected senior secondary schools in Rivers State.

<table>
<thead>
<tr>
<th>S/N</th>
<th>Questionnaire Items</th>
<th>VO (4)</th>
<th>O (3)</th>
<th>MO (2)</th>
<th>NAA (1)</th>
<th>Total Response</th>
<th>X</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Seasonal affective disorder affects you.</td>
<td>60 (240)</td>
<td>35 (105)</td>
<td>15 (30)</td>
<td>10 (10)</td>
<td>385</td>
<td>3.20</td>
<td>Accepted</td>
</tr>
<tr>
<td>2</td>
<td>Seasonal affective disorder affects your interaction with others.</td>
<td>63 (252)</td>
<td>32 (96)</td>
<td>20 (40)</td>
<td>5 (5)</td>
<td>393</td>
<td>3.27</td>
<td>Accepted</td>
</tr>
<tr>
<td>3</td>
<td>Students’ academic performance is hampered by seasonal affective disorder.</td>
<td>50 (200)</td>
<td>45 (135)</td>
<td>20 (40)</td>
<td>5 (5)</td>
<td>880</td>
<td>3.16</td>
<td>Accepted</td>
</tr>
<tr>
<td>4</td>
<td>Students’ failure can be traced to seasonal affective disorder.</td>
<td>55 (220)</td>
<td>30 (90)</td>
<td>25 (50)</td>
<td>10 (10)</td>
<td>370</td>
<td>3.08</td>
<td>Accepted</td>
</tr>
<tr>
<td></td>
<td><strong>Grand Mean</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>3.17</strong></td>
<td></td>
<td>Accepted</td>
</tr>
</tbody>
</table>

The mean score of 3.20 entails that seasonal affective disorder affects you. The mean score of 3.27 implies that seasonal affective disorder affects students’ interaction with others, while the mean score of 3.16 means that students’ academic performance is hampered by seasonal affective disorder, the mean score of 3.08 implies that students’ failure can be traced to seasonal affective disorder, finally the grand mean of 3.17 implies that seasonal affective disorder affects academic performance of students.
Research Question 3: Does psychotic depression affect academic performance of students in selected senior secondary schools in Rivers State?

Table 3: Presents mean analysis of how psychotic depression affects academic performance of students in selected senior secondary schools in Rivers State.

<table>
<thead>
<tr>
<th>S/N</th>
<th>Questionnaire Items</th>
<th>VO (4)</th>
<th>O (3)</th>
<th>MO (2)</th>
<th>NAA (1)</th>
<th>Total Response</th>
<th>̅X</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Students undergo psychotic depression in school.</td>
<td>60</td>
<td>30</td>
<td>25</td>
<td>5</td>
<td>385</td>
<td>3.20</td>
<td>Accepted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(240)</td>
<td>(90)</td>
<td>(50)</td>
<td>(5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Psychotic depression influences students’ academics.</td>
<td>60</td>
<td>40</td>
<td>10</td>
<td>10</td>
<td>370</td>
<td>3.08</td>
<td>Accepted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(220)</td>
<td>(120)</td>
<td>(20)</td>
<td>(10)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The problem of psychotic depression does not affect your school.</td>
<td>55</td>
<td>40</td>
<td>19</td>
<td>6</td>
<td>384</td>
<td>3.2</td>
<td>Accepted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(220)</td>
<td>(120)</td>
<td>(38)</td>
<td>(6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Students’ difficulty reading and writing is caused by psychotic depression.</td>
<td>60</td>
<td>35</td>
<td>15</td>
<td>10</td>
<td>385</td>
<td>3.20</td>
<td>Accepted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(240)</td>
<td>(105)</td>
<td>(30)</td>
<td>(10)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Grand Mean</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.17</td>
<td>Accepted</td>
</tr>
</tbody>
</table>

The mean score of 3.20 implies that students undergo psychotic depression in school. The mean score of 3.08 agrees that psychotic depression influences students’ academics, while the mean score of 3.2 means that the problem of psychotic depression does not affect your school, the mean score of 3.20 entails that students’ difficulty reading and writing is caused by psychotic depression, finally the grand mean of 3.17 implies that psychotic depression is affects academic performance of students.

Test of Hypotheses

**H₀1**: Bipolar disorder does not affect academic performance of students in selected senior secondary schools in Rivers State.

Table 4: Pearson’s Product Moment Correlation on how bipolar disorder affects academic performance of students in selected senior secondary schools in Rivers State

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>ΣX²</th>
<th>ΣY²</th>
<th>df</th>
<th>SD</th>
<th>Sig</th>
<th>r-cal</th>
<th>r-crit</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bipolar Disorder &amp; Academic Achievement</td>
<td>120</td>
<td>1,352</td>
<td>1,023</td>
<td>118</td>
<td>2.13</td>
<td>0.05</td>
<td>1.950</td>
<td>1.645</td>
<td>Reject H₀</td>
</tr>
</tbody>
</table>

The calculated r value of 1.950 is greater than the critical r value of 1.645 for one tailed test with 118 degree of freedom and at 0.05 alpha level. Given the above, it is pertinent to state here that the null hypothesis is rejected. This implies that bipolar disorder affects academic performance of students in selected senior secondary schools in Rivers State.

**H₀2**: Seasonal affective disorder does not affect academic performance of students in selected senior secondary schools in Rivers State.

Table 5: Pearson’s Product Moment Correlation on how seasonal affective disorder affects academic performance of students in selected senior secondary schools in Rivers State

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>ΣX²</th>
<th>ΣY²</th>
<th>df</th>
<th>SD</th>
<th>Sig</th>
<th>r-cal</th>
<th>r-crit</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seasonal Affective Disorder &amp; Academic Performance</td>
<td>120</td>
<td>1,512</td>
<td>1,523</td>
<td>118</td>
<td>3.91</td>
<td>0.05</td>
<td>2.101</td>
<td>1.645</td>
<td>Reject H₀</td>
</tr>
</tbody>
</table>
The calculated $r$ value of 2.101 is greater than the critical $r$ value of 1.645 for one tailed test with 118 degree of freedom and at 0.05 alpha level. Given the above, it is pertinent to state here that the null hypothesis is rejected. This implies that seasonal affective disorder affects academic performance of students in selected senior secondary schools in Rivers State.

**H0:** Psychotic depression disorder does not affect academic performance of students in selected senior secondary schools in Rivers State.

**Table 6: Pearson’s Product Moment Correlation on how psychotic depression affects academic performance of students in selected senior secondary schools in Rivers State.**

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>$\Sigma X^2$</th>
<th>$\Sigma Y^2$</th>
<th>df</th>
<th>SD</th>
<th>Sig Level</th>
<th>$r$-cal</th>
<th>$r$-crit</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seasonal Affective Disorder &amp; Academic Performance</td>
<td>120</td>
<td>1,302</td>
<td>1,241</td>
<td>118</td>
<td>2.99</td>
<td>0.05</td>
<td>1.719</td>
<td>1.645</td>
<td>Reject H₀</td>
</tr>
</tbody>
</table>

The calculated $r$ value of 1.719 is greater than the critical $r$ value of 1.645 for one tailed test with 118 degree of freedom and at 0.05 alpha level. Therefore, the null hypothesis is rejected. This implies that psychotic depression affects academic performance of students in selected senior secondary schools in Rivers State.

**DISCUSSION OF FINDINGS**

One of the major findings of this study was that bipolar disorder affects academic performance of students in selected senior secondary schools in Rivers State. This implies that bipolar disorder significantly influences academic performance of students. This finding is supported by Wakefield, schitz, First, and Horwitz (2007) who asserted that when a person’s mood swings from depression to mania it may be associated with bipolar disorder, in which a person may be filled up with lots of energy and they find themselves on top of the world, and can do everything which they want to do. In young children and adolescents Bipolar disorder is now being widely diagnosed, but symptoms can be different from adults, and the diagnosis remains controversial in children. Though major depressive disorder is more common than bipolar disorder, as many lost workdays yearly it is more claiming and dysfunctional. The most frequently diagnosed psychological disorder is Major depressive disorder. Although reported prevalence rates vary widely, typical estimates suggest that as many as 13% women and 5% men experience depression during their lifetimes (Hasin, Goowin, Stinson, & Grant, 2005).

Also, seasonal affective disorder affects academic performance of students in selected senior secondary schools in Rivers State. This implies that, seasonal affective disorder affects student academic performance. The cause of the disorder is unclear, but it is thought to be related to the variation in light exposure in different seasons. It's characterized by mood disturbances (either periods of depression or mania) that begin and end in a particular season. Depression which starts in winter and subsides when the season ends is the most common. It is usually diagnosed after the person has had the same symptoms during winter for a couple of years. People with SAD depression are more likely to experience a lack of energy, sleep too much, overeat, gain weight and crave for carbohydrates.

A study on mood disorders, especially anxiety, depression and academic achievement conducted by Al-Qaisy (2011) showed that females are found to be more anxious and less depressed than male and males are more depressed and less anxious than female. Positive relationship between achievement and anxiety and negative relation with depression were found.

Finally psychotic depression significantly affects academic performance of students in selected senior secondary schools in Rivers State. McCarthy, Downes, and Sherman (2008) supported these findings by stating that psychotic depressed mood is a leading cause of suicide among adolescents. If you experience psychotic symptoms as part of depression, they are likely to be linked to your depressed thoughts and feelings. For example, you might become convinced that you have committed an unspeakable crime.
These kinds of experiences can feel very real to you at the time, which may make it hard to understand that these experiences are also symptoms of your depression. They can also be quite frightening or upsetting, so it’s important to seek help and support. You might feel worried that experiencing psychotic symptoms could mean you get a new diagnosis, but psychosis can be a symptom of depression. Discussing your symptoms with your doctor can help you get the right support and treatment.

CONCLUSION/RECOMMENDATIONS
In the light of the statistical analysis and study’s findings, the following major conclusions were drawn: The result showed that there is negative effect of depression (bipolar disorder, seasonal affective disorder, and psychotic depression) on student’s academic performance. So the null hypothesis no 1, 2 and 3 are therefore rejected. The result indicated that there is significance impact of depression on academic performance of students in selected senior secondary schools in Rivers State. In the light of the above conclusions and discussion the following recommendations are made:

Awareness programs on depression should be conducted because of its importance to teachers in order to improve their interactions with students and to understand students’ problems. The teachers are required to be watchful for the overly depressed students. Because of the need to judge students behaviour in the classroom and recognize that their academic performance is suffering by depression.

Finally the provision of health service should be paramount in the school in other to educate the students that even mild symptoms of depression may be associated with lower grades and how they affect the overall performance of students. The staff of the student health service should be made fully aware to the harmful effects of depression for planning different activities about health-education related to students’ problem.

REFERENCES