

The Correlation Between Self-Consciousness and Depression in Adolescents

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Abstract

The purpose of this research proposal is to study the relationship between high levels of self-consciousness and depression among adolescents. In the context of this study, a positive relationship between the study variables is expected to reflect that adolescents are more at risk for the development or continuation of depression or depression symptoms when they experience or maintain high levels of self-consciousness. To assess adolescents' levels of self-consciousness and severity of depression, participants in this study will be expected to complete a survey questionnaire. The use of these instruments incorporates quantitative data as numerically ranked measurements of personal reflection within a reliable screening. The Revised Self-Consciousness Scale (SCS-R) and the Patient Health Questionnaire (PHQ-9) will be in a combined survey distributed to 100 adolescents aged 9-12 years old. Data will remain anonymous and be collected through a classroom setting. The results of this study are expected to help health professionals, parents, educators, and individuals consider self-consciousness as a more emphasized and prevalent element in adolescent depression and mental health.

Keywords: Self-Consciousness, Depression, Adolescents

The Correlation Between Self-Consciousness and Depression in Adolescents

Introduction

There is an increasing number of children who are highly self-conscious. Self-consciousness is a pivotal milestone in an adolescent's development, but an often-overlooked aspect of self-consciousness is when there is too much of it. In a community sample of adolescents, participants experienced higher levels of negative affects when they engaged in self-focused thoughts, and the relationship between negative effects and self-consciousness was stronger in adolescents who were recently diagnosed with depression, compared with adolescents who were recently diagnosed with an anxiety disorder, comorbid anxiety and depression, or no diagnosis (Takashima-Lacasa et al., 2014). Higher levels of self-consciousness are being seen more and more in school aged children ages 6-17. The Centers for Disease Control and Prevention (CDC) expressed that mental health disorders such as depression, attention deficit hyperactivity disorder (ADHD), and different anxiety disorders have drastically increased. Last year in 2020, they reported that children ages 6-17 who have ever been diagnosed with either anxiety or depression increased from 5.4% in 2003 to 8% in 2007 and up to 8.4% in 2011–2012. The numbers of diagnosed mental illnesses or disabilities have increased even more since the COVID-19 pandemic (CDC, 2020).

In response to this increasing issue, the purpose of this research is to expand and contribute to the knowledge of how adolescents are affected by self-consciousness as a contributing factor to depression or depression symptoms. Understanding self-consciousness as a factor in the development of depression in adolescents is a unique approach to research since it is not commonly considered as a focusing factor. Studies are done on the effects of adverse childhood experiences such as abuse, trauma, hunger, or poverty. However, studies of how those

factors can create or cause negative amounts of self-consciousness for adolescents, are not as openly discussed. This research proposal will contribute to the literature because this area of focus does not receive a lot of attention. It will help fill the gap between adolescent depression and understanding what factors can be influential below the surface. In addition, understanding the correlation between self-consciousness and adolescent depression is relevant to social work because social workers are always making an effort to better the lives of others. Helping adolescents recognize and overcome the issue of being overly self-conscious at an early age will give them a better chance of having improved mental health as they go through life's phases.

Literature Review

Defining self-consciousness can be complex due to the fact that it can have different meanings in different contexts, both positive or negative. In the context of this study, self-consciousness is defined as having an undue awareness of oneself, appearance and actions (Smith, 2020). In other words, self-consciousness refers to the perception of how you come off to other people, as well as how you perceive yourself. Depression or depressive symptoms can be defined as a prolonged sadness (lasting more than two weeks) that decreases one's ability to function (American Psychiatric Association, 2020). This study focused on how too much of such debilitating recognition can correlate to the development of depression.

Self-Consciousness and Depression

For the purpose of this study, the concepts of *self-consciousness* and *self-awareness* can be used interchangeably as many ideas and theories may be appropriately considered for both. According to the objective self-awareness theory, being in a state of self-awareness refers to when one starts comparing themselves to their own personal standards. This "self-to-standard" comparison typically leads to negative outcomes (Selimbegović, 2012). These negative outcomes

are referring to impairments such as depression, ADHD, social anxiety, or other mental disorders. Such mental impairments can lead to an early onset of the desire to avoid failure and respond defensively in certain circumstances, or in other words, increase the negative effects of self-consciousness (Selimbegović, 2012). Even though self-consciousness is essential in more ways than one, it still has a downside. This downside being the fact that too much of it has been known to accompany psychological disorders, specifically depression (Selimbegović, 2012).

Previous studies have lacked a way to develop an appropriate measure of the negative outcomes of self-consciousness, yet studies that examine the importance of self-awareness are becoming more prevalent (Sutton, 2016). Self-consciousness can be tracked and monitored when children start to develop a sense of self around ages 3-5, yet often do not receive diagnoses of a mental disorder until they are around 14 years old. While it may be known that mental illnesses or depression are correlated to self-consciousness in adults, a similar relationship amongst adolescents is not as commonly examined (Higa, 2008). A study reports that the result of cognitive behavioral treatment for adults with social anxiety disorder correlates to a significant decrease in self-focused attention and self-focused thoughts (Kley, 2011). These changes are related to lower social anxiety at post-treatment, yet in contrast to the literature concentrating on adults, only few studies have investigated this relation in youth or adolescent populations (Kley, 2011).

Research Questions & Hypothesis

The purpose of this study is to expand the limited knowledge of the relationship that self-consciousness has on the development of depression. To be more specific, this research looks to answer the following questions: What effect does self-consciousness have on the mental health of adolescents? What aspects of self-consciousness play a role in adolescent depression? By

answering the above research questions, this study intends to test that there is a positive correlation between self-consciousness and the development of adolescent depression.

Adolescents are more at risk for the development or continuation of depression when they experience or maintain high levels of self-consciousness. Self-consciousness can evoke negative effects on mental health by allowing individuals to set self-to-standard comparisons and be influenced by societal expectations. The results of this study could offer a new perspective on how to treat mental disorders in adolescents, such as depression, by knowing the source of a main symptom.

Research Methods

Research Design

This cross-sectional study will utilize a quantitative method. Self-consciousness, as our independent variable, will be analyzed as a contributing factor to our dependent variable, depression, through the use of reliable self-consciousness scale and depression scale given to a test group of adolescents. Results from the survey questionnaire will be used to determine the correlation between the study variables.

Participants

The group of adolescents to be used in this study will include 100 students aged 9-12 years old. This age range of adolescents is chosen based on the conclusions made in Piaget's Theory and Stages of Cognitive Development (McLeod, 2018). Individuals at the ages of 9-12 are in a transitional phase between the Concrete Operation Stage, where they have started to understand mature concepts, and the Formal Operational Stage, where they are beginning to develop more abstract ideas about the world around them (McLeod, 2018). Therefore, choosing this age range will provide an effective examination of our study variables. Study participants

will be selected out of Elementary Schools in Manhattan, Kansas and will also remain anonymous. This study upholds the ethical guidelines and will obtain documented parental consent as well as assent forms from youth.

Measurements

To understand the relationship between levels of self-consciousness and depression, this study will use two instruments to measure the study variables based on participant responses. To measure self-consciousness, the independent variable, the Revised Self-Consciousness Scale (SCS-R) will be used (Scheier, 2013). The SCS-R is an instrument consisting of 22 statements in which participants are asked to provide a rating of how much each statement relates to them as an individual. Participants may provide answers to these statements on a 3 to 0 scale of “3” being a lot like them, “2” being somewhat like them, “1” being a little like them, and “0” being not at all like them (Scheier, 2013). This scale is self-administered, and it should take less than 20 minutes. It will be scored by the use of three subscales for private self-consciousness, public self-consciousness, and social anxiety (Scheier, 2013). Three separate scores are to be produced by calculating the summation of corresponding statements for each subscale. Statements corresponding to the different subscales are presented to participants in an interchanging order intended to prevent answers from one statement from influencing the answers of the next. A higher score in any of the subscales reflects higher levels of self-consciousness relative to the individual’s personal understanding. The SCS-R has shown to be very reliable for measuring the existence of self-consciousness in individuals. Each subscale has its own score on Cronbach’s Alpha Scale: .75 for Private Self-Consciousness, .84 for Public Self-Consciousness, and .79 for Social Anxiety. The test-retest correlation for these three subscales were found to be within a range of .74-.77, expressing stability as time passes (Martin, 1999).

The Patient Health Questionnaire (PHQ-9) (Kroenke, 2001) will be used to measure the severity of depression, the dependent variable. The PHQ-9 scale consists of 9 questions in which participants are asked how often they are bothered by the listed experiences/feelings that express symptoms of depression. These questions are answered on a 0 to 3 scale of “0” being not at all, “1” being several days, “2” being more than half the days, and “3” being nearly every day. Following these 9 questions is a final question for participants that chose a 1 or above on any of the questions above. Its purpose is to determine how difficult these problems (or depressive symptoms) made it for the participant to do their work, take care of things at home, or interact with other people (Kroenke, 2001). This self-administered questionnaire should take less than 10 minutes and is scored as a whole by a points-based system as explained in the attached document. A higher score, reflecting higher occurrences of depression symptoms, represents more severe levels of depression. The PHQ-9 Depression Questionnaire has presented very reliable for measuring the severity of depression with the Cronbach’s Alpha score of .89 (Kroenke, 2001).

In addition, this study will ask 4 demographic questions in the survey questionnaire including gender, age, who the participant lives with, and if they have any diagnosed health conditions. This will give us access to other considerable factors relevant to survey responses, while still allowing participants to remain anonymous.

Data Collection Procedure

Upon obtaining approval through the campus IRB, the researchers will contact and select study participants through communications with the school Principals, and the appropriate classroom teachers. Prior to research participation, a consent form explaining the purpose of our study, children’s assent form, and the content of our questionnaires will be sent home to each

parent/guardian of students ages 9-12. Once parental consent has been received, questionnaires and assessments for this study will be handed out (as a survey packet) to 100 student participants through teacher distribution in classroom settings. Upon approval, teachers will designate time in the classroom for students to accurately complete the questionnaires and turn them back in. Teachers will be prompted to keep student questionnaire responses anonymous and confidential, until passed on to the researchers.

Expected Results

Expected findings of this study will reflect the study hypothesis that there will be a positive relationship between self-consciousness and depression among adolescents ages 9-12. In other words, it is predicted that the higher one's level of self-consciousness is, the greater the risk of depression or depression symptoms will be, just as the self-awareness theory suggests (Selimbegović, 2012). The limited amount of existing research has suggested a similar conclusion by saying that even though self-consciousness can have beneficial factors, it has also been known to have an influence on a variety of psychological disorders, depression being one example (Selimbegović, 2012).

Discussion

A potential limitation of this study could be that adolescents can potentially be subject to peer pressure and social desirability. This refers to the idea that some participants may respond to certain questions in ways they feel they are expected to by peers or parents, rather than ways they personally desire or feel. Another possible limitation might be that participants may be at different levels of personal development and be subject to a misunderstanding of different parts of the questionnaires. This would be an issue if questionnaire results were not able to be appropriately compared or analyzed. To reduce the possibility of this being an issue, we will

have prior communication with teachers or qualified staff that would be able to give us an insight to the students' level of personal development. Aside from the limitations, this study will provide a thorough analysis of a correlational relationship between self-consciousness and depression. By completing this study and expanding the prior literature, adolescents that experience high levels of self-consciousness are expected to benefit by identifying a possible cause of depression at a young age. The results of this study will help health professionals, parents, educators, and individuals consider self-consciousness as a more emphasized and prevalent element in the mental health of adolescents. This study could aid in an expansion of mental health resources and programs. Successful findings of this study could also promote the development of similar studies on populations of different ages, ethnicities, or sexual orientation.

Conclusion

Depression is a mental disorder that has shown to be very prevalent in the United States but is more commonly diagnosed among adults. That said, this study has great significance in terms of working to recognize depression at a younger age by acknowledging a relevant cause that is not often considered. Prior consideration of self-consciousness as an influential factor of depression is very limited, making this study both significant and unique. The purpose of this study is to provide a greater understanding of the relationship between a high level of self-consciousness and how that may put one at a greater risk for depression among adolescents. In other words, the hypothesis being studied, and the expected result of the research is that adolescents are more at risk for the development or continuation of depression or depressive symptoms when they experience or maintain high levels of self-consciousness. This cross-sectional study will consist of the Revised Self-Consciousness Scale (SCS-R) and the Patient Health Questionnaire (PHQ-9) that is to be distributed to and completed by 100 adolescents aged

9-12 years old. These methods incorporate quantitative data as numerically ranked measurements of personal reflection within a reliable screening. An expansion of this study could consist of a repeated analysis of participants to examine how results may change over time. With the completion of this study, mental health professionals will be more educated on newly considered factors of the causation of depression and be more capable of diagnosing mental disorders, like depression, at a younger age.

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Appendix A**INFORMED CONSENT FORM**

PROJECT TITLE: A Study of the Correlation Between Self-Consciousness and Depression in Adolescents

**PROJECT APPROVAL
DATE:**

**PROJECT EXPIRATION
DATE:**

**LENGTH OF
STUDY:** 6 Months

PRINCIPAL INVESTIGATOR: Morgan Poole

CO-INVESTIGATOR(S): Kimberly Cazella, Miranda Urban

CONTRACT DETAILS FOR PROBLEMS/QUESTIONS:

Morgan Poole, 785-210-4683, mspoole@ksu.edu

IRB CHAIR CONTACT INFORMATION: Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224; Cheryl Doerr, Associate Vice President for Research Compliance, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224.

PROJECT SPONSOR: N/A

PURPOSE OF THE RESEARCH:

The purpose of this research is to expand and contribute to the knowledge of the correlation between self-consciousness and depression in adolescents.

PROCEDURES OR METHODS TO BE USED:

Participants will complete two self-administered questionnaires. The first being a self-consciousness scale to measure the personal acknowledgment of self-conscious qualities. It consists of 22 statements in which participants are asked to provide a rating of how much each statement relates to them as an individual. Answers provided to these statements will be on a 3 to 0 scale of 3 being a lot like them, 2 being somewhat like them, 1 being a little like them, and 0 being not at all like them. The second survey to be completed is a PHQ-9 screening used to determine the severity of depression. These questions are answered on a 0 to 3 scale of 0 being not at all, 1 being several days, 2 being more than half the days, and 3 being nearly every day.

RISKS OR DISCOMFORTS ANTICIPATED:

The researchers of this study do not anticipate any physical or mental risks by participating in the study. Topics reflected in these questionnaires pertain to personal information but are not expected to cause participants to experience emotional discomfort. This study is to remain

confidential and anonymous, and questionnaire results will only be viewed by research executives.

BENEFITS ANTICIPATED:

Research executives predict that the findings of this study will help to expand the limited knowledge of how high levels of self-consciousness can be a contributing factor to depression in adolescents. Participating in this study could confirm the positive relationship between self-consciousness and depression, therefore making it easier to develop new ways to prevent and lessen depression symptoms in adolescents. Additionally, this study could help participants more easily identify and understand how self-consciousness has been an influence on their lives.

EXTENT OF CONFIDENTIALITY:

This study will allow participants to remain anonymous by not including any personal identifiers such as name, birthdate, or address. Personal identification is not necessary for the purpose of this study. Even so, any specified participant answers collected with our research will not be shared with anyone outside of the research team. Parental consent is required, but parents will also remain confidential, and names will only be viewed by the research team while ensuring proper consent is obtained prior to study participation.

PARTICIPATION IN THIS STUDY IS NOT COMPENSATED.

COMPENSATION FOR PARTICIPATION OR MEDICAL COMPENSATION IS NOT AVAILABLE FOR THIS STUDY.

SIGNATURES REQUIRED ON NEXT PAGE.

INFORMED CONSENT

PARENTAL APPROVAL FOR MINORS:

PARENT/GUARDIAN APPROVAL SIGNATURE:

_____ **DATE:** _____

Terms of participation: I understand this project is research, and that my participation is voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled.

I verify that my signature below indicates that I have read and understand this consent form, and willingly agree to participate in this study under the terms described, and that my signature acknowledges that I have received a signed and dated copy of this consent form.

(Remember that it is a requirement for the P.I. to maintain a signed and dated copy of the same consent form signed and kept by the participant).

PARTICIPANT NAME (PRINTED): _____

PARTICIPANT SIGNATURE: _____ **DATE:** _____

WITNESS TO SIGNATURE

(PROJECT STAFF): _____ **DATE:** _____

Appendix B

Survey Questionnaire

Demographic Questions:

1. Gender: Male / Female / Other

2. Age: _____

3. Who do you live with? _____

4. Do you have any diagnosed health conditions? Yes / No ...if Yes, list conditions:

In this study, self-consciousness is defined as *an awareness of oneself*. It is the personal ability to notice specific details about your own self or life experiences, and how you believe those details are viewed by others. Please answer the following questions about yourself. Please be as honest as you can throughout, there are no right or wrong answers. For each of the statements, indicate how much each statement is like you.

The following questions are regarding your personal experience with self-consciousness.

1. I'm always trying to figure myself out.

- a lot like me (3)
 somewhat like me (2)
 a little like me (1)
 not like me at all (0)

2. I'm concerned about my style of doing things.

- a lot like me (3)
 somewhat like me (2)
 a little like me (1)
 not like me at all (0)

3. It takes me time to get over my shyness in new situations.

- a lot like me (3)
 somewhat like me (2)
 a little like me (1)
 not like me at all (0)

4. I think about myself a lot.

- a lot like me (3)
 somewhat like me (2)
 a little like me (1)
 not like me at all (0)

5. I care a lot about how I present myself to others.

- a lot like me (3)
 somewhat like me (2)
 a little like me (1)
 not like me at all (0)

6. I often daydream about myself.

- a lot like me (3)
 somewhat like me (2)
 a little like me (1)
 not like me at all (0)

7. It's hard for me to work when someone is watching me.

- a lot like me (3)
- somewhat like me (2)
- a little like me (1)
- not like me at all (0)

8. I never take a hard look at myself.

- a lot like me (3)
- somewhat like me (2)
- a little like me (1)
- not like me at all (0)

9. I get embarrassed very easily.

- a lot like me (3)
- somewhat like me (2)
- a little like me (1)
- not like me at all (0)

10. I'm self-conscious about the way I look.

- a lot like me (3)
- somewhat like me (2)
- a little like me (1)
- not like me at all (0)

11. It's easy for me to talk to strangers.

- a lot like me (3)
- somewhat like me (2)
- a little like me (1)
- not like me at all (0)

12. I generally pay attention to my inner feelings.

- a lot like me (3)
- somewhat like me (2)
- a little like me (1)
- not like me at all (0)

13. I usually worry about making a good impression.

- a lot like me (3)
- somewhat like me (2)
- a little like me (1)
- not like me at all (0)

14. I'm constantly thinking about my reasons for doing things.

- a lot like me (3)
- somewhat like me (2)
- a little like me (1)
- not like me at all (0)

15. I feel nervous when I speak in front of a group.

- a lot like me (3)
- somewhat like me (2)
- a little like me (1)
- not like me at all (0)

16. Before I leave my house, I check how I look.

- a lot like me (3)
- somewhat like me (2)
- a little like me (1)
- not like me at all (0)

17. I sometimes step back (in my mind) in order to examine myself from a distance.

- a lot like me (3)
- somewhat like me (2)
- a little like me (1)
- not like me at all (0)

18. I'm concerned about what other people think of me.

- a lot like me (3)
- somewhat like me (2)
- a little like me (1)
- not like me at all (0)

19. I'm quick to notice changes in my mood.

- a lot like me (3)
- somewhat like me (2)
- a little like me (1)
- not like me at all (0)

20. I'm usually aware of my appearance.

- a lot like me (3)
- somewhat like me (2)
- a little like me (1)
- not like me at all (0)

21. I know the way my mind works when I work through a problem.

- a lot like me (3)
- somewhat like me (2)
- a little like me (1)
- not like me at all (0)

22. Large groups make me nervous.

- a lot like me (3)
- somewhat like me (2)
- a little like me (1)
- not like me at all (0)

The following questions are regarding your personal experience with depression.

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

For office coding: Total Score _____ = _____ + _____ + _____

Total Score _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
 Somewhat difficult
 Very difficult
 Extremely difficult

END OF SURVEY.

Thank you for participating in our study!

Appendix C**Scales and Scoring Guide****FOR OFFICE USE ONLY:****How to Score The SCS-R**

Computing subscales:

- a. For Private Self-Consciousness subscale: Sum items 1, 4, 6, 8, 12, 14, 17, 19, and 21.
- b. For Public Self-Consciousness subscale: Sum items 2, 5, 10, 13, 16, 18, and 20.
- c. For Social Anxiety subscale: Sum items 3, 7, 9, 11, 15, and 22.

After obtaining a total score of each subscale, it can be determined that the higher the score, the more one is experiencing self-consciousness.

Reference: Scheier, M. F., & Carver, C. S.. (2013). Self-Consciousness Scale--(SCS-R). Measurement Instrument Database for the Social Science. Retrieved from www.midss.ie

FOR OFFICE USE ONLY:**How to Score the PHQ-9****Major depressive disorder (MDD) is suggested if:**

- Of the 9 items, 5 or more are checked as at least 'more than half the days'
- Either item 1 or 2 is checked as at least 'more than half the days'

Other depressive syndrome is suggested if:

- Of the 9 items, between 2 to 4 are checked as at least 'more than half the days'
- Either item 1 or 2 is checked as at least 'more than half the days'

PHQ-9 scores can be used to plan and monitor treatment. To score the instrument, tally the numbers of all the checked responses under each heading (not at all=0, several days=1, more than half the days=2, and nearly every day=3). Add the numbers together to total the score on the bottom of the questionnaire. Interpret the score by using the guide listed below.

Guide for Interpreting PHQ-9 Scores		
Score	Depression Severity	Action
0 - 4	None-minimal	Patient may not need depression treatment.
5 - 9	Mild	Use clinical judgment about treatment, based on patient's duration of symptoms and functional impairment.
10 - 14	Moderate	Use clinical judgment about treatment, based on patient's duration of symptoms and functional impairment.
15 - 19	Moderately severe	Treat using antidepressants, psychotherapy or a combination of treatment.
20 - 27	Severe	Treat using antidepressants with or without psychotherapy.

Functional Health Assessment

The instrument also includes a functional health assessment. This asks the patient how emotional difficulties or problems impact work, life at home, or relationships with other people. Patient response of 'very difficult' or 'extremely difficult' suggest that the patient's functionality is impaired. After treatment begins, functional status and number score can be measured to assess patient improvement.

Note: Depression should not be diagnosed or excluded solely on the basis of a PHQ-9 score. A PHQ-9 score ≥ 10 has a sensitivity of 88% and a specificity of 88% for major depression.¹ Since the questionnaire relies on patient self-report, the practitioner should verify all responses. A definitive diagnosis is made taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Spitzer, Williams, Kroenke and colleagues, with an educational grant from Pfizer Inc. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at www.pfizer.com. Copyright © 1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

Reference: Kroenke K, Spitzer RL, Williams JB. The PHQ-9: Validity of a brief depression severity measure. *J Gen Intern Med.* 2001;16(9):606-613.

PHQ-9 Assessment retrieved from: https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/bc-guidelines/depression_patient_health_questionnaire.pdf