

MENTAL HEALTH STATUS OF JAGANNATH UNIVERSITY STUDENTS

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Abstract

The present study was undertaken to see the mental health status of the students of Jagannath University. The specific objectives were to investigate the different levels of anxiety, depression and stress of Jagannath University students. The data were collected from 620 students using purposive sampling technique. In this study to measure students' mental health three measures namely anxiety scale, depression scale, and stress scale were used. The collected data were analyzed by SPSS-20. In descriptive analysis the mean score indicates that the students of Jagannath university have moderate level of anxiety ($M=62.50$), moderate level of depression ($M=116$) and higher level of stress ($M=45$). It was also found that 7.3% student participants were suffering from clinical level of depression and 78.1% students were suffering from clinical level of anxiety. The correlation coefficient also indicates significant positive correlation among anxiety, depression and stress. Therefore, the results explain students were suffering from anxiety, depression and stresses. In fine, to conclude by suggestion that students who are suffering from clinical level of depression, anxiety and stress need to clinical attention and need to refer for counselling or refer to psychiatrist. Establishing a counselling centre in university can help to minimize the mental health problems of Jagannath University students.

Key words: *Mental Health, Anxiety, Depression, Stress*

Introduction

Joining and then graduating from university is a long process. Graduating from university is one of the important journeys most people experience in their life time. It can be a gateway of persons' future success and happiness. Students of University have been experiencing different mental health issues due to nature and curriculum of study as well as overall social and academic environment of the university. WHO (2003) defined Mental health as a state of well-being where individual can cope with stressor and can work with productively. Students are the future leader of a society or a country. To contribute in the society students needed healthy mental state. But many students are posing vulnerable when enrolling in the new university environment. They have face different stress related anxiety in university (Bayram & Bilgel, 2008) which ultimately affect their health and academic performance (Hamaideh, 2011). The estimated prevalence of any depressive or anxiety disorder was found 15.6% for undergraduates and 13.0% for graduate students among 56.6% student (Eisenberg *et al*, 2007). Another study conducted by Bayram and

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Bilgel (2008) which results revealed that about 47% university student has been suffering from depression and about 27% were in anxiety and felt stress and the level was moderately severe to high. Therefore, the mental health of university students has become a worth of worldwide concern.

In a study conducted by American College Health Association (2013), reported that in the previous 12 months 21.9% university students were suffering from anxiety, 13.8% were suffering from depression and 30% were suffering from stress to their academic performance. Association for University and College Counselling Centre Directors survey of counselling centre found 95% of college counselling centre directors reported that, a significant number of students have severe mental health issues which is emergent on their campus context (Reetz, Barr, & Krylowicz, 2014). They also reported that about 80% of college students feel anxious and more than half of those felt things were hopeless. In a similar study it was also found that 36.4% university students suffer from depression and it was the number one reasons of drop out (Mistler, Reetz, Krylowicz, & Barr, 2012). Depression and anxiety are highly prevalent in the universities across the countries (Tartakovsky). Another survey study revealed that 50% of students had experienced overall levels of stress in above average level over the previous 12 months (Dolbier & Rush, 2012). It was found that high level of depression; anxiety and stress among university students have major psychological morbidity that will have negative effects on students' health, cognitive development, educational attainment, and quality of life. So, Mental Health has become a critical issue in the academic atmosphere of university campuses. Moreover, it is expected that students' mental health requires more attention and suggested to be a global issue. A rising awareness is a key to early intervention and providing support with adequate and appropriate services (Bayram & Bilgel, 2008).

In present, Jagannath University is only one exception public university among other approximately 42 public universities regarding of its population density. It is only 7.5 Acres on land has around 23 thousand students and around one thousand employees working together makes the university (Jagannath) one of the highest population density ever known. Jagannath University is one of the leading promising public universities in Bangladesh. It is full of merits, however, has been facing high scarcity of required resources and facilities such as absence of residential facilities for students, sufficient funding for study materials and research labs and so on. Thus, it is quite rationale to assume that the students of this university can be suffering some mental health problems and the study will be a very initial attempt to address the problem. Moreover, highly dense work-place can be a real cause of degrading mental health (Islam & Saifuddin, 2018). Therefore, with such concerns the purpose of this study was determined to carry out study on the mental health status of the students of Jagannath University. Thus, it is quite rationale to assume that the students of Jagannath University have been suffering some

mental health problems and thus the study would be a very inaugurating attempt to address the problem.

Finally, mental health status among university students represents an important and growing public health concern for where epidemiological data are needed. But, to date, there are few studies were conducted on the extent of mental health problems related with Jagannath University students as results of high-density for academic work place. In this University, students have very little living and academic facilities provided by authority relating to their accommodation to academic for infrastructural reasons. For these, students are facing different problems in their daily life comparing with other universities. So, the purpose of this study was to determine the current status of mental health problems of Jagannath university students. Three components of mental health are selected as anxiety, depression and stress to measure for the students of Jagannath University.

The main objective of the present study was to see the mental health status of the students of Jagannath University. To accomplish this study the following specific objectives were to investigate the extent of anxiety among the students of Jagannath University, to investigate the extent of depression among the students of Jagannath University, to measure stress among the students of Jagannath University, to see the relationships among anxiety, depression and stress of the students of Jagannath University.

Material and Methods

The study followed survey design for collecting data. In this technique, questionnaires were applied on the participants as sample as well organized psychometric scales.

Sample & Sampling technique

The data of the present study were collected from Jagannath University campus. The population of the study was the whole students of Jagannath University which is presently enrolling more than twenty-two thousands (University official source). Sample size was estimated by using the following mathematical equation (1).

$$n = \frac{Z_{\alpha}^2 pq}{d^2} \quad (1)$$

n = desire sample size,

p = anticipated population proportion. We consider it as 50%,

q = 1-p

Z_{α} = standard normal variate set at 1.96 which corresponds to the 95% confidence level.

d = Relative precision considered as 0.05

$$\begin{aligned}
 n &= \frac{Z_{\alpha}^2 pq}{d^2} \\
 &= [\{ (1.96)^2 \times (0.5) (0.5) \} / (0.05)^2] \\
 &= 384.16 \text{ i.e. } 384
 \end{aligned}$$

Estimated sample size was 384. There may be some loss during Interview or other unpredicted reasons. For this we took more 5% samples. So, estimated sample size is $384 + 20 = 404$. In this study data were collected from 620 university students among them 313 were male and 307 were female of different academic years and different departments by purposive sampling technique. It is more than the estimated sample size.

Measuring Instrument

In this study following instruments were used on the participants for collecting data. This included the consent form, demographic information sheet, anxiety scale, depression scale, and stress scale.

Consent Form A conventional consent form was attached with questionnaire. The detail of the study background was indicated within this form. Participants have given their consents by signature on the consent form after knowing all the aspects of the study.

Demographic Information Form Demographic information form containing some personal information was attached with questionnaire. It included information about participant age, sex, economic status, educational qualification and residence.

Anxiety Scale The anxiety scale was developed (Deeba & Begum, 2004) in the cultural context of Bangladesh for measuring level of anxiety of Bangladeshi population. The scale consist of 36 positive items on a 5 point Likert scale ranging from 0 (Never applicable), 1 (Very little applicable), 2 (Mildly applicable), 3 (Moderately applicable), 4 (Profoundly applicable). The reliability and validity was found high enough. The scoring is 54 and less = Mild; 55 to 66 = Moderate; 67 to 77 = Severe; 78 to 135 and above = Profound, cut of point is 47.5. The split half and test-retest reliability of the scale is 0.947 and 0.699 (significance at $\alpha=0.01$). In addition the range of concurrent validity of the scale is 0.317 to .591 at $\alpha=0.01$ level.

Depression Scale Depression scale (Uddin & Rahman 2005) was developed in the cultural context of Bangladesh for measuring the level of depression of Bangladeshi population. It is a self-report rating scale of 30 item on a 5 point Likert scale ranging from 1 (Not at all applicable), 2 (Not applicable), 3 (Moderately applicable), 4 (Somewhat applicable), 5 (Fully applicable). The reliability and validity of this scale was found high enough. The scoring is 94+ = Depressed; 30-100 = Minimal; 101-114 = Mild; 115-123 = Moderate; 124-150 = Severe; and cut of point is 94. The split half and test-retest reliability of the scale is 0.7608 and 0.599, at $\alpha=0.01$ level. In

addition the range of concurrent validity of the scale is 0.377 to 0.558 and construct validity is 0.716, at $\alpha=0.01$ level.

Translated Bangla Version of Stress Scale The translated Bangla version of stress scale (Deeba, Tajnin and Sahid, 2005) originally developed by Cohen et al. (1982). There were 14 items, participants responded on a 5 point scale ranging from 1 (Never applicable), 2 (Very little applicable), 3 (Mildly applicable), 4 (Moderately applicable), and 5 (Profoundly applicable). In this scale, seven out of the fourteen items of PSS-14 are considered negative (1, 2, 3, 8, 11, 12, 14) items and the remaining seven are as positive (4, 5, 6, 7, 9, 10, 13) items which represent the perceived helplessness and self-efficacy, respectively of the participants. The average inter-item correlations for the negative subscale were 0.79 for both PSS-14. For the positive subscales were 0.77. Higher scores indicate higher stress and lower score indicate lower stress of the participants.

Procedure

The questionnaire was administered to each of the 620 respondents individually; rapport was established through conversation with each of them. Then provide a combination of 3 questionnaire of anxiety scale, depression scale and stress scale. The participants were requested to reflect their actual feelings and experiences regarding to the characteristics of each questions. The respondent who did not realize questionnaire researcher tried to clarify their questions. Participants were assured that their information will be kept completely confidential and will be used only for research purpose. Data was collected following standard procedure. After collecting the data the researcher gave thanks to the participants.

Results and Discussion

The specific objectives of the present study were to measure anxiety, depression, and stress of the students of Jagannath University. To measure anxiety, depression, and stress of Jagannath university students, data were analyzed by descriptive and co-relational methods were used. The findings are presented in the following Tables.

Table 1. Descriptive statistics of Anxiety (AS), Depression (DS) and Perceived Stress (PSS) among students of Jagannath University.

Variable	Mean	SD
AS	62.50	17.50
DS	116.00	21.27
PSS	45.00	5.40

Table 1 Shows that anxiety scale's mean score is 62.50, which indicates students were suffering from profound level of anxiety. Similarly, depression scale means score is found 116 that indicate students have moderate level of depression. In addition, perceived stress scale mean score is 45, indicated higher level of stress among students.

Table 2. Frequency and percentage of students' clinical and non-clinical Anxiety level.

Anxiety level	frequency	Percentage
Clinical	484	78.1
Non-clinical	136	21.9
total	620	100

Table 2. Shows that 78.1% students of Jagannath University were suffering from clinical level of anxiety.

Table 3. Frequency and percentage of students' in clinical and non-clinical depression level

Depression level	frequency	Percentage
Clinical	45	7.3
Non-clinical	575	92.7
Total	620	100

Table 3 shows that from total sample of 620, 7.3% participants were suffering from clinical level of depression.

Table 4. Correlation co-efficient among anxiety, depression and stress of students of Jagannath University.

Variable	AS	DS	PSS
AS	-	-	-
DS	.223**	-	-
PSS	.076*	.068*	-

**Correlation is significant at 0.01 levels. *Correlation is significant at 0.05 levels

Table 4 shown that there is significant positive correlation between anxiety and depression is 0.223, at 0.01 level. There is also positive correlation was found between anxiety and stress, the correlation coefficient is 0.076 and between depression and stress correlation coefficient is 0.068.

Previous study which is describe above, it was seen that for the challenging nature of everyday life of university students were suffering from anxiety, depression, or stress related anxiety disorder. American College Health Association (2013) reported that nearly one in six college students (15.8 percent) had been diagnosed with, or treated for, anxiety and in case of depression it was about 23 percent. Anxiety disorders are at the top of the list of mental health challenges on campuses. Many statistics conducted on mental health of the student are worrisome. Considered that 80% of the students were sometimes or frequently experience daily stress. In context of Jagannath University many factors relating to university life may be contribute to risk factors of mental health problem. It may be the graduation years which represent a developmentally challenging transition to adulthood and students are unprepared for university life. They were

worry about grades, financing their education, and living up to the expectations of their parents and family. As, earlier research has demonstrated that the transition from high school to college to university can be stressful for students (Cleary, Walter, & Jackson, 2011). They have exposed to a variety of stressors that may trigger or exacerbate mental health problems, including not only academic burden but also those deriving from the change of environment, such as leaving the parental home, affective isolation, financial hardship, adaptation to methods of instruction very different from the high school or worries about the future have fewer job prospects after graduation than previous generations can lead to depressive episodes among students (Tosevski, Milovancevic, & Gajic, 2010; Verger *et al.*, 2009). Researcher reported transitioning to the role of a student, adjusting to heightened academic demands increase higher academic stress and anxiety (Misra & McKean, 2000). Besides, living independently and engaging in a social network are potential stressors to university students (Dolbier & Rush, 2012). Another empirical study on British students' confirm that financial and other difficulties can increase levels of anxiety and depression and that financial difficulties, pressure to get a good job, and failed in relationships can affect their academic performance (Andrews & Wilding, 2004). Beck and Young (1978) found, 25% of student population reported, university life stresses coming from the increased difficulty of college work, isolation and loneliness, problems with studying and grades, break up of intimate relationship which trigger depression. So, stress create psychological distress among university students and can manifest in anxiety and depressive symptoms (Dolbier & Rush, 2012). These stressful experiences are related to an increased risk of psychopathology, which can have a negative impact for many aspects of well-being, including academic success (Kessler, Foster, Saunders, & Stang, 1995) and future relationships. To cope with the stressor students engage with emotion focused coping style rather than problem focused (Dolbier and Rush, 2012). So, it creates adverse negative effects on them. They are involved in maladaptive behaviour such as: binge drinking, and other drug use. This maladaptive behaviour pattern can reciprocally influence stress, creating a vicious cycle of stress and poor health behaviour. Following this, the mental health problems and overall well-being of students has been the subject of increasing research.

Conclusions

Current existing data is inadequate to draw firm conclusions on the causes and consequences of student distress. Large, prospective, multicenter studies are needed to identify personal and institution related features that influence anxiety, depression, and stress among students and explore relationships between distress and competency. But, these findings highlight the need to address mental health for university students. The university should create a warm learning environment for students by providing support and mentor for them. It can facilitate them to acquire knowledge and skills, so that students can maintain the principles of professional conduct. So, campus communities should be addressed the mental health issues and provide opportunities

to treat this issue in this important group. Health education programs, mentorship and counselling can be important strategies to enable undergraduates cope better with the demands of tertiary education. In this respect, campus counselling (Kitzrow, 2003) service is nearly meeting this demand in Jagannath University students. Counselling helps the students to perceive and understand the actual situation accurately and accept the situation in proper order. It also helps them to maintain and enhance their personal and social functioning levels with academic goals.

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