ORIGINAL RESEARCH PAPER

Education

A DESCRIPTIVE SURVEY OF MENTAL HEALTH STATUS OF THE UNIVERSITY LEVEL STUDENTS

KEY WORDS: GHQ-28, Self-Efficacy, Autonomy, Competence, Self-Actualization.

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ABSTRACT

Objective: Mental health indicates a level of psychological well-being. According to World Health Organization mental health is subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential. Sigmund Freud, the father of psychoanalysis, definitions mental health as the capacity to work and to love. So knowing the mental health status of the university level students is essential for the understanding of their performance potentialities and the present status.

Method: This study was carried out through the descriptive survey method. Data were collected by administering GHQ-28 on a random sample of 61 male and 39 female students of the Sidho-Kanho-Birsha University, Purulia, West Bengal, India.

Results: The mean and standard deviation of GHQ-28 scores were 60.66 and 11.94 respectively. Here the mean (60.66) was lower than the ambivalent score (70). Again higher score reflects a poorer mental health.

Conclusions: On an average the mental health of the university students as observed was good. The university level students reside in the higher stratum of the intellectual society. They possess much potentiality to perform excellence in academic activities. Their sound mental health may indicate the quality and efficacy of the higher education.

1. Theoretical Perspective of the Study

Mental health is a public health issue. As no other health condition matches mental illness in the combined extent of prevalence, persistence and breadth of impact, mental illness is the largest single source of burden of disease in the whole world. Again, mental illness is consistently associated with deprivation, low income, unemployment, poor education, poorer physical health and increased health risk behaviour. Mental illness is a deceased condition which is deemed undesirable for both the affected individual and the society because. It affects adversely the normal functioning of the mental, psychological and emotional makeup of the individual and so it makes the capacity for insight, orientation, judgement, thought, mood and perception blurred **(WHO, 2001)**.

Mental health problems are the significant co-morbidities of physical illness and these also affect the financial capacity to address other health problems effectively. Due to the high prevalence of psychiatric disorders, now-a-days mental health problem is of extreme importance **(Parabiaghi et al, 2006).**

Mental-health conditions include behavioural and mental health problems. Some of these problems are depression, anxiety disorders (including post-traumatic stress disorder) and disruptive behavioural disorders (such as attention deficit hyperactivity disorder, mood disturbances, substance use, suicidal behaviour, and aggressive/disruptive behaviour). These are the leading causes of adjustment problems in adolescents, young and old people worldwide. Being inspired by public health and social inclusion considerations, beyond treatment oriented programmes, recently attention has been drawn to global mental health moves **(Horton, 2007).**

1.2 Significance of the Study

In course of investigation to find out the status of mental health in adult population, especially among the university level students, it was hoped that mental health could be managed more effectively in advance. After knowing the status of mental health in the university level students through the investigation a counselling programme may also be framed to take a preventive measure.

1.3 Broad Objective of the Study

The objective of the present study was to discern the mental health status in adult population, especially the students undergoing university courses.

1.3.1 Specific Objective of the Study

The specific objective of the present study was to present the descriptive statistics of the mental health in university level students of both male as well as female.

2. Method

The present study was carried out through the descriptive survey method. The details regarding the sample, research instruments, procedure of data collection and statistical technique are reported herewith.

2.1 Sample

A random sample comprising of 61 male and 39 female students of the Sidho-Kanho-Birsha University, Purulia, West Bengal, India, participated to the study.

2.2 Research Tool

To collect the data following research tool was used in the present study. The tool was selected by applying yardsticks of relevance, appropriateness, reliability, validity and suitability. A brief description of the tool is given herewith.

2.2.1 General Health Questionnaire-28 (GHQ-28) (Goldberg & Hillier, 1979)

The GHQ-28 is a 28item psychological test. In this test a respondent is asked to compare his recent psychological state with his usual state. For each item four answer possibilities are available (1-not at all, 2-no more than usual, 3-rather more than usual, 4-much more than usual). Likert scoring procedure (1, 2, 3 and 4) is applied here.

Through factor analysis, the GHQ-28 has been divided into four subscales. These are – (a) somatic symptoms (items 1–7); (b) anxiety/insomnia (items 8–14); (c) social dysfunction (items 15–21), and (d) severe depression (items 22–28) **(Goldberg & Hillier, 1979).** But the strong correlations among the subscales indicate the inter-relatedness of the subscales **(Goldberg & Williams, 1988).** The high correlations among the subscales and the GHQ-28 total scale indicate the uni-dimensionality of the instrument **(Goldberg & Hillier, 1979).** All of the 28 items are scored and summed up. Hence, the total scale score ranges from 28 to 112. The higher the score the poorer is the psychological well-being of the individual.

2.3 Procedure

To collect the relevant data the test was administered on the

subjects under study in accordance with the directions provided in the manual of the tool.

2.4 Statistical Analysis
A descriptive as well as inferential statistics were calculated with the help of SPSS-19 software.

3. Results
The results are presented in tabular form.

Table-1: Descriptive Statistics of Mental Health of the University Students (Male and Female) as a Whole

Mental Health	N	Range	Minimum	Maximum	Mean	Std. Deviation
Somatic Symptoms	100	24	4	28	14.72	4.39
Anxiety/Insomnia	100	18	7	25	15.54	4.12
Social Dysfunction	100	18	6	24	16.89	3.11
Severe Depression	100	19	7	26	13.51	3.99
Mental Health	100	64	35	99	60.66	11.94

Table-1 exhibits the descriptive statistics of mental health of the university students considering both genders (male and female) as a whole. In case of somatic symptoms the "minimum" of the scores is 4 and the "maximum" of those is 28 and the range is 24; the "mean" and "standard deviation" of the said distribution are 14.72 and 4.39 respectively. Next, in case of anxiety/insomnia the "minimum" of the scores is 7 and the "maximum" of those is 25 and the range is 18; the "mean" and "standard deviation" of the said distribution are 15.54 and 4.12 respectively. Then, in case of social dysfunction the "minimum" of the scores is 6 and the "maximum" of those is 24 and the range is 18; the "mean" and "standard deviation" of the said distribution are 16.89 and 3.11 respectively. Then in case of severe depression the "minimum" of the scores is 7 and the "maximum" of those is 26 and the range is 19; the "mean" and "standard deviation" of the said distribution are 13.51 and 3.99 respectively. Finally, in case of mental health as a whole the "minimum" of the scores is 35 and the "maximum" of those is 99 and the range is 64; the "mean" and "standard deviation" of the said distribution are 60.66 and 11.94 respectively.

Table-2: Group Statistics of Mental Health Scores of Male and Female University Students

Mental Health	Gender	N	Mean	Std. Deviation
Somatic Symptoms	Female	39	15.67	4.77
	Male	61	14.11	4.05
Anxiety/Insomnia	Female	39	16.36	4.02
	Male	61	15.02	4.13
Social Dysfunction	Female	39	17.72	2.78
	Male	61	16.36	3.21
Severe Depression	Female	39	14.87	4.51
	Male	61	12.64	3.38
Mental Health	Female	39	64.62	12.02
	Male	61	58.13	11.27

Table-2 shows statistics of different facets mental health scores of female and male university students. In case of somatic symptoms the mean of female and male students are 15.67 and 14.11 respectively; again the standard deviations are 4.77 and 4.05 respectively. Next, in case of anxiety/insomnia the mean of female and male students are 16.36 and 15.02 respectively; again the standard deviations are 4.02 and 4.13 respectively. Then in question of social dysfunction the mean of female and male students are 17.72 and 16.36 respectively; again the standard deviations are 2.78 and 3.21 respectively. Then in severe depression facet the mean of female and male students are 14.87 and 12.64 respectively; again the standard deviations are 4.51 and

3.38 respectively. Finally, in mental health as a whole the mean of female and male students are 64.62 and 58.13 respectively; again the standard deviations are 12.02 and 11.27 respectively.

Figure-5.2 shows the bar diagram of general mental health scores of female and male university level students.
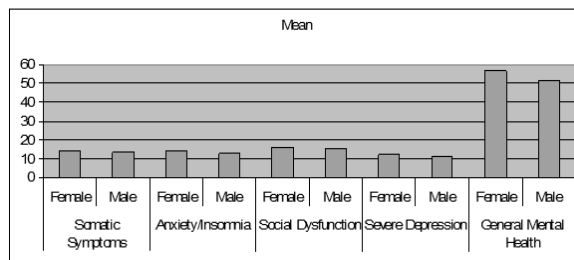

Figure-1: Bar Diagram of Means of Mental Health Scores of Female and Male University Students

Table-3: Results of Independent Samples Test of Gender Wise Comparison of Means of General Mental Health of the University Students

General Mental Health		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
Somatic Symptoms	Equal variances assumed	0.450	0.504	1.743	98	0.085
	Equal variances not assumed			1.681	71.483	0.097
Anxiety/Insomnia	Equal variances assumed	0.029	0.864	1.602	98	0.112
	Equal variances not assumed			1.612	82.830	0.111
Social Dysfunction	Equal variances assumed	0.928	0.338	2.170	98	0.032
	Equal variances not assumed			2.240	89.273	0.028
Severe Depression	Equal variances assumed	2.660	0.106	2.823	98	0.006
	Equal variances not assumed			2.651	64.797	0.010
General Mental Health	Equal variances assumed	0.007	0.932	2.734	98	0.007
	Equal variances not assumed			2.696	77.276	0.009

From table-3 it is transparent that the two groups (female and male) differ (statistically) significantly in two facets of general mental health (i.e. social dysfunction and severe depression) and also in composite scores of mental health. In all facets of the GHQ-28 the means of the female university students are higher than their male counterparts. But in somatic symptoms and anxiety/insomnia the two groups do not differ significantly.

4. Discussion

In GHQ-28 there are 28 items and with each item a 4-point Likert type scale ranging from 1 to 4 is attached. Total scores can range at the lowest from (1×28) = 28 to at the highest (4×28) = 112 and the ambivalent (midpoint) is (28+112)/2 = 70. According to the manual of the test higher scores reflect a poorer mental health.

There are four facets (subscales) in this questionnaire, these are – (a) somatic symptoms (comprising of 7 items), (b) anxiety/insomnia (comprising of 7 items), (c) social dysfunction (comprising of 7 items), and (d) severe depression (comprising of 7 items) **(Goldberg 1978)**. Each of the four subscales contains 7 items each and with each item a 4-point Likert type scale is attached. So in each subscale total scores can range at the lowest from (1×7) = 7 to at the highest (4×7) = 28 and the ambivalent (midpoint) is (7+28)/2 = 17.5.

From the results of table-1 it is observed that in case of somatic symptoms the "minimum" of the scores is 7 and the "maximum" of those is 28 and the range is 21; the "mean" and "standard deviation" of the said distribution are 14.72 and 4.39 respectively. The mean score (14.72) is much lower than ambivalent score (17.50). From this result it may be inferred that in question of somatic symptoms the university students had better mental health.

In case of anxiety/insomnia the "minimum" of the scores is 7 and the "maximum" of those is 25 and the range is 18; the "mean" and "standard deviation" of the said distribution are 15.54 and 4.12 respectively. The mean (15.54) is lower than the ambivalent score (17.50). Here also the mental health of the university students was good on an average.

Again in case of social dysfunction the "minimum" of the scores is 7 and the "maximum" of those is 24 and the range is 17; the "mean" and "standard deviation" of the said distribution are 16.89 and 3.11 respectively. The mean (16.89) is not so lower than the ambivalent score (17.50); so the mental health in this dimension was not so good on an average.

In case of severe depression the "minimum" of the scores is 7 and the "maximum" of those is 26 and the range is 19; the "mean" and "standard deviation" of the said distribution are 13.51 and 3.99 respectively. The mean (13.51) was much lower than the ambivalent score (17.50). On an average the university students did not suffer from severe depression.

Finally, in case of general mental health the "minimum" of the scores is 35 and the "maximum" of those is 99 and the range is 64; the "mean" and "standard deviation" of the said distribution are 60.66 and 11.94 respectively. Here also the mean (60.66) was lower than the ambivalent score (70). So, on an average the mental health of the university students was good.

From the results of table-3 it is clear that the female students differed (statistically) significantly in two facets of general mental health (i.e. social dysfunction and severe depression) and also in composite scores of general mental health from their male counterparts. In all the facets of the means of the female university students were higher than their male counterparts. But in somatic symptoms and anxiety/insomnia the two groups did not differ significantly. Mental health of the female students was poorer than the male students. Actually several studies show that the females suffer from mental health problems more that the males. Here also the same facts were also exhibited.

5. Conclusion

The students undergoing regular post graduate courses in the university are the top intellectuals. They have much potentiality and in turn they are the good human resources of the country. Their good mental health is the fine indication of human resource development in our country.

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