



A Study of Mental Health of Professional & Non-Professional Students

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ABSTRACT: The aim of this study was to examine the mental health among professional and non-professional students. A total of 200 respondents were recruited from Aligarh Muslim University. Mental health was measured by 56 items in mental health inventory designed by Srivastava and Jagdish (1983). Independent t-test was used for analyzing the data. The result shows that independent t-test found significant difference at the mean scores of mental health among students (professional and non-professional) with consideration of course. The independent t-test found no significant difference at the mean scores of mental health among professional students with consideration of residence and gender whereas significant difference was found among non-professional students' mental health with consideration of residence but no significant difference in terms of gender. Early detection for indications of mental health problems and understanding factors contributing to stress among students would promote better understanding of mental health in future and findings suggest that should do more researches about students' mental health.

KEYWORDS: mental health, professional, non-professional, students, difference, gender

I. INTRODUCTION

In the present competitive age it is reported that students of professional course like Medical, Engineering, Management etc. are found to be more in stress. Selye (1956) defines stress as "any external event or any internal drive which threaten to upset the organism equilibrium is stress". We do get lot of information every day about the suicide, attempted suicide depression, dropout and many more psychological symptoms among the students. Now parental expectations are very high, but in practice it is become difficult for professionally qualified persons to be placed in suitable job. Therefore it has become a major anxiety-provoking situation. Ross et al. (1999) inferred that daily hassles were more often than major life events with inter personal source of stress being the most frequently reported source of stress. The top five sources of stress are change in sleeping habits, and change in eating habits, increase workload and new responsibility.[1,2,3]

Adjustment is also a very important aspect for the students of professional courses. Adjustment to the environment requires a workable relationship between the persons need and expectations those of his society. Professional Social adjustment problems was found common among students (Dohrenwend 1998). Stress discourse has been concerned with external events that are taxing to individual and exceed their capacity to induce with results in having potential to induce mental or somatic illness.

Taking all these factors into account an effort in made to understand the stress and emotional adjustments of students of professional courses. The inference of this study may lead to better adjustment and academic performance of the students.

Results conclude that professional student, have more stress and poor emotional adjustment shapiro SL, Shaping D.E. (2007) also have documented high ratio of substance abuse interpersonal relationship problems depression and anxiety and suicide among medical students.

College of professional courses exphasie upon the prevention of stress rather than the stigmatization of those who experienced it. Student support system may helpful for the reducing stress and to improve their academic performance. The future studies should examine the role of professor, administration, psychologist, mental services, student support system and other buffer of stress variable with the context of student's population.[4,5,6]

II. DISCUSSION

Mental health is the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people and providing the ability to adapt to change and cope with adversity. A comparative



study of mental health was done on 100 respondents, both professional and non-professional in the city of Dehradun, to study their level of mental health, to compare their level of mental health and to observe the gender differences on the above dimension. The total sample was equally divided into two group professional and non-professional and further into two sub groups male and female. Stratified random sampling was used and all the subjects were matched on socio-economic status and age group. Mental Health Inventory developed by Jagdish and A.K. Srivastava (2008) was used to assess the mental health of the subjects. Mean, S.D. and ANOVAs' were used to infer findings and prove the proposed hypothesis.

Mental health is the level of psychological well-being or an absence of a mental disorder. Stress, anxiety and depression are prominent features which are related to coping strategy used by an individual. Student of professional courses faces different situations like difficult academic demands, high expectation of family and the coping with the new environment. All these factors may be stressful to the students and may lead to anxiety, depressive episodes and burn out. Some students may have poor coping strategy which may lead to substance abuse, behavioral disturbances and even suicidal attempt. In this context aim of the present study is to find out mental health status, stress and coping among students in different professional courses. Methodology: 100 students (25 each of MBBS, BTECH, MBA and BA LLB) were selected from Jaipur and divided into four groups. They were assessed on the General Health questionnaire- 12 (GHQ), Depression Anxiety and Stress scale (DASS), and Coping strategy Inventory. Findings suggested that depression level was higher in MBA students and stress level was higher in BALLB students. MBA student were higher on Emotion Focused Engagement and Disengagement Coping Strategy.

According to the World Health Organization (WHO), the definition of mental health is "A state of well-being in which every individual realizes his/her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his/her community." [1] Mental health is an integral and essential part of health as defined by the WHO: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." [7,8,9]

The National Mental Health Survey 2015–2016 reveals that nearly 15% of Indian adults need active intervention for one or more mental health issues and one in 20 Indians suffers from depression. It is estimated that in 2012, India had over 258,000 suicides, with the age group of 15–49 years being most affected. [2] There are effective measures and treatments, but due to extreme shortage of mental health workers such as psychologists, psychiatrists, and doctors, adequate care and interventions are not available. As reported in 2014, our doctor patient ratio for mental diseases can be as low as "one in 100,000 people." The average suicide rate in India is 10.9 for every 1 lakh population, and the majority of them are below 44 years of age. In India, mental health concerns are considered as a social taboo. People opt not to pursue mental health services at all due to existing social stigma and to avoid the label of mental illness on them. [3]

India is currently home to over one billion population. It has >50% of its population below the age of 25 and >65% below the age of 35. Youth is the most valuable, dynamic, and productive segment of the population. India is a young nation as the youth population in India in 2011 stands at 34.8%. [4] A country's ability and potential for growth undoubtedly are determined by the size and ability of its youth. College years are the preparatory years for the youth to learn the necessary skills to face real challenges. A sound mind is crucial for teamwork, creative thinking, and problem-solving and to possess positive attitude toward life. Many students might be struggling with mental health concerns such as anxiety, depression, and substance abuse. However, only a small percentage of these students seek services at their counseling centers. Untreated mental health issues can result in academic underachievement, acting out behaviors in the classroom, self-destructive or aggressive behavior, etc.

Students pursuing professional education are the population segment that is very crucial for determining the future growth and success of any country. Good health that includes both physical and mental attributes is crucial to learn new skills, communication ability, living skills, employability, and social ability as well as to enhance the overall quality of life. College years are peak time for onset of mental disorders such as mood disorders, anxiety, depression, and substance abuse, and if not intervened at correct time, then it might lead to suicides. [5] It is estimated that around 90% of suicides have a history of mental illness. [6][10,11]

III. RESULTS

Young adults in the age group of 18–24 years who are studying in the various professional colleges were randomly enrolled for the study. Assuming the psychological distress as 59%, [7] 95% confidence level, allowable error of 5%, and design effect of 1.3, the sample size required was 499 using the appropriate formula. [8] Adding 10% extra for



nonresponse or incomplete response, 550 students were contacted. Students were enrolled from different professional courses by stratified random sampling with proportional allocation.

Students were asked to participate after taking informed consent. Young adults of both genders aged between 18 and 24 years of age who were not having any serious illness and studying in a professional college were included in the study. Students having psychiatric conditions requiring medication at present or any previous history of diagnosed mental illness were excluded. Students having any other serious chronic or acute illness were also not included in the study.

Data collection tools and technique

A pretested, validated, and structured Kessler's Scale (K_{10}) having a good validity (ending kappa and weighted kappa scores ranged from 0.42 to 0.74) and strong reliability (Cronbach's $\alpha = 0.88$) was used for assessment.[9] It has 10-item questionnaire widely used in epidemiological studies to measure psychological distress. For each question, there were 5 possible responses; these were collected from students and then scored. This score was used as basis for intervention.[10] The numbers attached to the participant's responses were added up, and the total score obtained was the final score on the Kessler's Psychological Distress Scale (K_{10}). Scores ranged from 10 to 50. Subjects having score < 20 were likely to be well. Participants scoring 20–24 were likely to have a mild mental disorder, 25–29 were likely to have moderate mental disorder, and > 30 score are likely to have a severe mental disorder.

Questionnaires were distributed among 550 young adults aged between 18 and 25 years pursuing professional studies in the selected institutions as per sampling procedure. The questionnaire was distributed among students, instructing rules to be followed while filling up along with a consent form. They were explained that participation was voluntary. The interested subjects participated. Anyone who did not want to participate was allowed to do so without any questions asked. The filled questionnaire along with consent forms was collected. Privacy and anonymity were ensured after distribution as well as during collection. Out of 550 students, 502 completed the questionnaire along with consent form. The total score was obtained by collating all the responses.

Ethical consideration

The study was conducted in accordance with "Guidelines for Biomedical and Health Research involving Human Participants, 2017" by the ICMR and approved by the institutional ethics committee.

Microsoft Office Excel was used for data storage, tabulation, and the generation of descriptive statistics. Mean, standard deviation, Chi-square test, Mann–Whitney U-test, and Kruskal–Wallis test were used to find the association difference between various parameters using software IBM SPSS statistics for Windows, version 22 (IBM Corp., Armonk, N.Y., USA) confidence interval of 95% and $P < 0.05$ were considered statistically significant.[12,13,14]

Karmakar and Behera[11] did not find any gender-related bias on the college students of West Bengal. Other researchers such as Kaur[12] and Prabha et al.[13] also did not find any significant gender-related variation though boys were found to have higher prevalence of depression and anxiety than the female students. On the contrary, studies done by Wani et al. and Singh showed that females are more depressed than males.[14,15] The study by Basnet et al.[16] also found female students to have marginally higher prevalence of depression than in men.

The day-scholars in this study were found to be have significant depression [Table 3, Figure 5] than hostellers. However, researchers such as Kabra and Tokuta[17] found no significant difference between the mental health status of day-scholars and hostellers and Khan et al.[18] found boarders to be emotionally more stable, whereas nonboarders were academically better but emotionally unstable. They also found that hostellers have less emotional support, but they are more self-confident and independent than day-scholars. Emotional maturity, self-conceptualization, and intelligence of day-scholar might be better than hostellers. However, autonomy, overall adjustments, and friendship are found to be more in hostellers. In our case, hostellers perhaps have more opportunity to study and share together and reduce each other's burden of stress. Study conducted by Nayar[19] found the hostellers having more anxiety and depression compared to students staying in their own homes.

However, Behera et al.[22] found medical and engineering students to have higher level of stress than nursing students. Chenganakkattil et al.[23] concluded medical students have more stress, anxiety, and depression when compared to engineering students. Several stressors other than severity or extensivity of the professional courses such as financial problems, substance abuse, and family history of mental illness may have an adverse effect on the mental health of students too. Moreover, in India, engineering, dental, and medical students are from affluent families as compared to



nursing students. Financial stress and absence of role models in family also may add to the stress among nursing students.

The Kessler's Psychological Distress Scale (K_{10}) is widely used, simple self-reporting measure of psychological distress which can also be used to screen those who might be in need of further assessment for anxiety and depression. Kessler's Psychological Distress Scale (K_{10}) is validated as a good screening tool for nonspecific psychological distress, particularly depression, which is used in assessing mental health [15,16,17]

IV. CONCLUSION

This study concludes that out of 502 students, males have higher prevalence of mental abnormalities than females, but gender-related variation is not statistically significant. Significant higher prevalence of depression is seen in day-scholars compared to hostellers. Nursing students are having significantly higher prevalence of depression and nonpsychotic mental illness as compared to dental, engineering, and medical students. Medical students are having the lowest rate of depression than other nonmedical professional subjects. [18,19]

To develop a healthy professional and social environment for the present youth, it is important that regular mental health assessment, early detection, cure, and prevention should be done proactively. Emphasis should be given on regular counseling which might help students with emotional problems in the long run. Preventive measures have to be taken by colleges in the form of setting up student counseling centers, creating awareness among college students, and seeking help with counseling centers. It is also suggested to have mentor-mentee program compulsorily in all colleges. A student health committee should be formed in each college with mental health professionals as its members. There should be regular seminars and workshop for teachers and college students on various issues of psychological problems and its coping mechanisms. Awareness and acknowledgment are the first step toward treating and dealing with mental health issues. [20]

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