

MENTAL HEALTH STATUS OF CHITTAGONG UNIVERSITY STUDENTS

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ABSTRACT

The aim of the present research was to explore the mental health status of the students of Chittagong University. The study was designed to find out the various level of Hopelessness and Mental Health condition of the students. About 100 students from 10 different departments of Chittagong University were selected purposively from which 50 were males and 50 were females. To collect data two questionnaires were used. One of the questionnaires was used to know some personal information of the respondents and another one to measure Mental Health condition. To measure mental health condition, Bengali version of “GHQ-28” (Basu and Dasgupta 1996) and “Beck Hopelessness Scale”(Beck *et al.* 1974) were used. From the obtained results, it was found that about 24% students had high level hopelessness symptoms, 1% student faced severe level of somatic problem, 4% students had high level of anxiety, 8% students had severe level of social functioning problem, 3% students had high level of depression and finally overall 8% students were suffering from Psychiatric problems.

Keywords: Mental Health, Hopelessness, Student.

INTRODUCTION

The term mental health refers to behaviors, attitudes and feelings that represent an individual's level of personal effectiveness, success and satisfaction (Banks *et al.* 1980). According to Karl Mellinger (2008), “mental health is the adjustment of human being to the world and to each other with a maximum of effectiveness and happiness”. It may be said elaborately that mental health is how a person thinks, feels, and acts when faced with life's situations. It is how people look at themselves, their lives, and the other people in their lives, evaluate their challenges and problems, and explore choices. This also includes handling stress, relating to other people, and making decisions. It is a state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society and meet the ordinary demands of everyday life. Individuals who have good mental health are well-adjusted to

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society, are able to relate well to others and basically fell satisfied with themselves and their role in society. Finally, we can say mental health is a balance in all aspect of our life such as social, physical, spiritual, economic and mental (Bellenir 2010).

Mental health problems can be developed from both environmental and biological cause. People in university or college have high rates of mental health problems and beginnings of mental health disorders (Kinetics 2010). University experience brings new responsibilities and increased independence. Stressful transitions include shifting roles within the immediate family, developing new friendships and relationships, maintaining a course load of university level classes, and taking on adult responsibilities such as paying rent and other bills. Without good mental health and coping skills, managing all these new responsibilities can become overwhelming and lead to destructive coping behaviors. However, students sometimes fail to overcome these problems and interrupted their daily living activities. Sometimes these can lead them to think that life is useless which result in suicidal attempt. Students are more vulnerable than others in these cases. According to American Psychological Association, one out of four young adults experience a depressive episode by age 24 and if it is left untreated, these can lead to suicide, which is the second leading cause of death among college/university students (Kinetics 2010). A study in 2004 by the American College Health Association (ACHA) indicated that the students who reported being diagnosed with depression, 25% were in mental health therapy and 38% were taking medication for depression. From this study it was seen that more than 60% reported feeling of hopelessness one or more times, and 40% of the men and 50% women reported that they had difficulty in functioning because of depression. The study also added, 10% of students seriously considered suicide at least once (Benton *et al.* 2003). State University published a survey report out of 2800 students and reported a prevalence of any depressive or anxiety disorder of 15.6% for undergraduates and 13% for graduate students (Eisenberg *et al.* 2007).

In Bangladesh, the situation is not so good. Every year, more than 10,000 people committed suicide (Unb 2012) and it is also seen that suicide and suicidal attempts have increased in different universities now-a-days (Anik 2012). There is no assessment program for the students to measure whether they are better adjusted in campus life or suffering from frustration, depression or other psychological problems. But it is known to all that psychological problems can ruin their lives as well as their families. There are lots of examples in our country

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even in our universities that students committed suicide due to mental health problems (Haque 2012). Student violence in several universities is a very common phenomenon in our country. Researcher found that high level of violence exposure is associated with negative outcomes regarding students mental health (McGovern 2009).

However, it is very regretful that mental health issue is ignored in our society, family and in educational institutions. That is why, suicidal attempts are regularly found in the Bangladeshi newspapers. But no prevention strategies have been taken by the authority or by the government. The people of our country is not enough aware about the term 'mental health' even there is no statistics to the government about mental health status of the university students. Only few national or international organizations are working in this area. This is the appropriate time to protect the highly potential and talent students who are going to lead the nation. Mental disorders even if it is relatively brief or mild ones, can disrupt and disable, seriously limiting or even blocking a young person's potential (McGorry 2010). For this reason, it is very important to screen out the students who have such problems and take appropriate action to save their lives.

Some of the most common mental health problems are seen among students in Bangladesh. Hopelessness is one of them. It is a state in which an individual sees limited or no alternatives or personal choice available and is unable to mobilize energy on his or her own behalf. On the other hand hopelessness is conceptualized as an individual's negative expectation regarding the future, and that is differentiated by negative emotions, pessimistic expectations, and loss of pleasure in life (Heilemann *et al.* 2004). It is the expectation that negative outcomes are inevitable or that positive outcomes will not develop. These expectations are balancing with the feeling that one cannot do anything to change the future (Abela *et al.* 2007). Individuals who are pessimistic about the causes and consequences of events and who tend to blame on negative self-characteristics after negative events have been found to be more at risk for hopelessness (Brozina and Abela 2006).

Another young mental health problem is anxiety. It is defined as apprehension of danger, and dread accompanied by restlessness, tension, tachycardia, and dyspnea unattached to a clearly identifiable stimulus (Ben and Diane 2007). It is also a psychological state characterized by somatic, emotional, cognitive & behavioral components (Garbar *et al.* 2008). It can create feelings of

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fear, worry, uneasiness, and dread. Anxiety is deemed to be a normal reaction to a stressor. It may help someone to deal with a complex situation by prompting them to cope with it. When it becomes excessive, it may fall under the classification of an anxiety disorder (K.R. 2012). Struggling with major stress can lead to more serious problems such as eating disorders, hurting yourself, alcohol and drug abuse, and even suicide (Bellenir 2010).

Insomnia is also seen in young adult people. It is a complaint of difficulty in initializing or maintaining sleep or of non-restorative sleep that lasts for at least one month and causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (Stolerman 2010). It is most often defined by an individual's report of sleeping difficulties (Roth 2007). People who are affected by this problem, sometimes continue thinking about getting insufficient sleep. The more they try to sleep, the more frustration and distress they get, and finally insomnia maintains. A lack of restful sleep can affect people's ability to do their daily activities because they become tired or have difficulty in concentration (David *et al.* 2011). These sleeping difficulties are cause and in some cases linked to psychiatric problems at late adolescence (Hiram *et al.* 2011).

Depression is another very common mental health problem in young-adult specially student. It is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for weeks or longer (David *et al.* 2011). Usually each person occasionally feels blue or sad, but these feelings usually go by within a couple of days. When a person is affected by depression, it hampers his or her daily life and routine, such as going to work or college and relationships with family and friends. Loss of a loved one, relationship difficulties, job or money worries, stress, hormonal changes, physical illness, or traumatic events may trigger depression at any age. People with severe depression may plan or attempt suicide. Research showed that up to 15% of those who are clinically depressed die by suicide (Caliyurt 2008)

Somatization is also a common mental health problem. It is a process in which psychological distress is expressed in multiple physical symptoms that have no discernible medical cause (Smith 1990). This problem starts before the age of 30 years (APA 2000) and stay for several years. Patients with this disorder frequently visit many doctors for effective treatment (Wikipedia 2012).

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Lack of social functioning is other type of mental health problem which is also seen in young adult people. It conceptualizes social skills as adaptive behaviors, whereas the failure to use social skill has been commonly described as social skill deficits (Matson 2009) and this behavioral extremes can have a negative effect on social skills (Matson 2009). To overcome this type of problem, one needs social skill training.

Bangladesh is a country with an approximate area of 144 thousand square km. Its population is 142.319 million (BBS 2011) and a low income group country. The proportion of health budget to GDP is 4.9 % (WHO 2000). There is no mental health policy available in this country. But a National mental health program is present and was formulated in 1984. There are some budget allocations for mental health. The country spends only 0.5% of the total health budget on mental health (WHO 2005). The primary sources of mental health financing in descending order are tax based, out of pocket expenditure by the patient or family and grants (WHO 2005). But in our country, about 16.05% adults are facing different types of mental disorders (WHO and MHFWB 2007). Through a small survey the World Health Organization (WHO) estimates, 8.4 million, or 7% of 130 million Bangladeshis are mentally ill (Begum 2006). While another count up also by the WHO showed that in 1998, 1.2 million Bangladeshis faced a severe mental disorder and 12.0 million had a mild illness (Begum 2006). These problems are increasing day by day. According to the Bangladesh Association of Psychiatrists, 10-11% of the urban population has schizophrenia or a major mood disorder (Rahman 2003). It's about 1.3 million or 1% of the Bangladeshi population experiences from schizophrenia (Begum 2006) which is the single largest reason for admission to hospitals and private clinics in Bangladesh.

Ovuga, Boardman and Wasserman (2006) conducted a research on their undergraduate students' mental health at Makerere University. They found that there is a high prevalence of mental health problems among the general population of new students entering Makerere University and this is significantly higher than for new students in the Faculty of Medicine. Andrews and Wilding (2004) found in their research that student anxiety and depression increases after college entry, the extent to which adverse life experiences contribute to any increases, and the impact of adversity, anxiety and depression create negative impact on exam performance. Cooke and Barkham (2004) found in their research that students become more concerned about their finances as they progress through university, that there was no relationship between anticipated debt and

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mental health. Thus attitudes toward debt were related to mental health levels. Students who were identified as having high financial concerns possessed significantly worse CORE-GP scores than students with low financial concern in all three years of university. Dunne and Somerset (2004) in their qualitative research investigated students' health needs and their views on health promotion in a University. Inductive analysis revealed two central themes: student health concerns and health promotion in a University setting. The former included issues associated with adjustment to life at University, health-related lifestyle behaviours and provision of support services. Sun and his associate (2011) conducted a research on Australian university students and found that the prevalence of tobacco use was 24.9 % among male students, 16.6% among female students and 18.8% for overall. Low to medium level stress was a strong predictor of smoking in male students. Age and income were significantly related to smoking in female students. For both male and female students, disengagement coping strategies to deal with stressors, feeling not bothered by exposure to smoking, and knowledge of the effect of smoking on health were found to be independently related to smoking. Richards *et al.* (2010) have shown in their research that emotional abilities are associated with prosaically behaviors such as stress management and physical health.

Students are the future of a nation. So student life is the time to prepare themselves for the future. As a social being no one can avoid either social problems or psychological problems. More or less we all are always facing lots of problems which can create psychological problems but we can overcome this problem by defense mechanisms. But sometimes we fail to overcome these problems and our life become hazardous. Sometimes these lead to think life is worthless even they might have suicidal ideation. Students are more sensitive than others in these matters for their young age. So these psychological problems easily affect their life. There are lots of examples in our country even in our universities that students attempted for suicide to escape from stressful situation. Whenever any stress comes upon him or her that makes him/her psychologically vulnerable then takes the decision to death. That is very unfortunate for our society, for our family and for the nation. But it is a matter of surprise that this issue is ignored in our society, families and in our educational institutions. That is why several times we have seen in the newspapers the incidence of suicidal attempt of our innocent talents. We need to provide them proper treatment to overcome their psychological problems. This research will help us to estimate the number of vulnerable students. If we find out the statistics of the mental health

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status of the students of Chittagong University, the authority will be able to take appropriate intervention program to improve their mental health. A good mental health program improves the quality of life as well as reduces medical costs. Many research studies have shown that when people receive appropriate mental health care, their use of medical services declines. So at first we need to identify those disturbed students. For this purpose this study was framed and following objectives were taken:

- To determine percentage of psychiatric disturbance among Chittagong University students.
- To assess the levels of anxiety, sleep, somatic, social dysfunction, depressive and hopelessness problem.

MATERIALS AND METHODS

Sample of the Study

The respondents of this study were the students of various department of Chittagong University. Total 100 students were used as sample and selected purposively from 10 different departments. From each department 5 male and 5 female students were taken. They all were the students of Honors and Masters Level. Age range of them was between 20 to 25 years. Resident and nonresident students and from different socioeconomic background were considered.

Instruments

A questionnaires and an Information blank form were used in the present study. The information blank revealed the demographic information of the respondents as well as some other variables.

General Health Questionnaire (GHQ- 28)

The Bengali version of GHQ-28 was used in this study. GHQ-28 originally developed by Goldberg and Hillier (1979) and translated by Basu and Dasgupta (1996). The item total correlation ranged between 0.68 and 0.88 and its split – half reliability was 0.97. It contains 28 items that, through factor analysis, have been divided into four sub-scales- Somatic symptoms, Anxiety and insomnia, Social dysfunction, and depression. Each of the sub-scales contains seven items.

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Beck Hopelessness scale (BHS)

The Bengali version of Beck Hopelessness scale was also used in this study. BHS originally developed by Beak (1974) and translated by Uddin et al. (2011). The item-total correlation coefficients ranged from 0.39 to 0.76 and concurrent validity is 0.74. It is a 20-item self-report scale and designed for adults, age 17-80.

Scoring

In GHQ-28 scale, all items have a 4 point scoring system. Each item consists of a question asking whether the respondent has recently experienced a particular symptom or item of behavior on a scale ranging from “less than usual” to “much more than usual” on a scale ranging from “0” to “3”. For Likert scoring, the higher the score, the more severe the condition. The highest possible score of GHQ-28 is 84 whereas score below 39 is considered as not having significant level of psychiatric disturbance. And score 39 and above is considered as having significant level of psychiatric disturbance. The highest score of each sub-scale is 21. Score 0 to 6 considered as having low stress, 7 to 13 as moderate stress and 14 to 21 as severe stress.

In Beck Hopelessness Scale the statement describes respondent attitude *for the past week, including today*, if the statement is true has to write ‘T’ or ‘true’. If the statement is false for him then has to write ‘F’ or ‘false’. One point is given for each correct response. Correct answers are as follows-1.F, 2.T, 3.F, 4.T, 5.F, 6.F, 7.T, 8.F, 9.T, 10.F, 11.T, 12.T, 13.F, 14.T, 15.F, 16.T, 17.T, 18.T, 19.F, 20.T.

Procedure

A simple survey design was used in order to collect data from the students of Chittagong University (CU). Permission was taken from the authorities of each department of CU from where we collected the data. After securing permission, the respondents were instructed clearly about the purpose of the study. The scales were administered individually. The respondents were assured that the information gathered from them would be kept confidential and will be used only research purpose. The questionnaires were distributed to the students and they were asked to read carefully the instructions printed on the cover page of the questionnaires. The students were encouraged to answer all questions and all clarifications were given to difficulty in understanding the instruction. There was

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no time limit; most students took about 20 minutes to answer the questions in this study. The participants were requested to reflect their actual feelings and thoughts regarding each question. After completion of the task the questionnaires were collected from the respondents and they were given thanks for their sincere co-operation.

The data obtained through the information blank and the questionnaires were plotted in tabulation sheets as well as input and analyzed the data by SPSS 15.

RESULTS AND DISCUSSION

The results of the present study on mental health status of Chittagong University students are described and discussed herein.

Table 1 showed the Hopelessness levels of respondents. About 8 respondents were found in moderate level of which 3 (37.5%) were male and 5 (62.5%) were female. Again, 24 respondents found in Mild level of which 14 (58.3%) were male and 10 (41.07%) were female. Rest 68 respondents were found no problem in Hopelessness Scale. Finally, it was seen that total 32 students have hopelessness problem.

TABLE 1: HOPELESSNESS STATUS OF MALE AND FEMALE STUDENTS OF CHITTAGONG UNIVERSITY (N=100).

Hopelessness Status	Sex				Total	
	Male		Female		N	%
	N	%	N	%		
Moderate	3	37.5	5	62.5	8	100.0
Mild	14	58.3	10	41.7	24	100.0
None	33	48.5	35	51.5	68	100.0
Total	50	50.0	50	50.0	100	100.0

Table 2 showed somatic problem of respondents at different levels. Total 62 respondents were found in low stress of which 30 (48.4%) were male and 32 (51.6%) were female. About 37 respondents were found in Moderate Stress level of which 19 (51.4%) were male and 18 (48.6%) were female. There was only 1 male respondent found in severe stress level.

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TABLE 2: SOMATIC PROBLEM OF MALE AND FEMALE STUDENTS OF CHITTAGONG UNIVERSITY (N=100).

Somatic Problem Status	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Low Stress	30	48.4	32	51.6	62	100.0
Moderate Stress	19	51.4	18	48.6	37	100.0
Severe Stress	1	100	0	0	1	100.0
Total	50	50.0	50	50.0	100	100.0

Table 3 showed the Anxiety and sleep problem status of the respondents at three levels. Total 78 respondents were found in low stress level of which 38 (48.7%) were male and 40 (51.3%) were female. On the other hand, total 18 respondents were found in moderate stress level of which 10 (55.6%) were male and 8 (44.4%) were female. Finally, 4 respondents were found in severe stress level.

TABLE 3 : ANXIETY & SLEEP PROBLEM OF MALE AND FEMALE STUDENTS OF CHITTAGONG UNIVERSITY (N=100).

Anxiety & Sleep Problem Status	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Low Stress	38	48.7	40	51.3	78	100.0
Moderate Stress	10	55.6	8	44.4	18	100.0
Severe Stress	2	50	2	50	4	100.0
Total	50	50.0	50	50.0	100	100.0

Table 4 showed Social Dysfunction status of the respondents at three levels. Total 43 respondents were found in low stress of which 24 (55.8%) were male and 19 (44.2%) were female. On the other hand, total 49 respondents were found in moderate stress level of which 23 (46.9%) were male and 26 (53.1%) were female. Finally, 8 respondents were found in severe stress level. Out of 8 respondents, 3 (37.5%) were male and 5 (62.5%) were female.

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TABLE 4: SOCIAL DYSFUNCTION AFFECTED MALE AND FEMALE STUDENTS OF CHITTAGONG UNIVERSITY (N=100).

Social Functioning status	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Low Stress	24	55.8	19	44.2	43	100.0
Moderate Stress	23	46.9	26	53.1	49	100.0
Severe Stress	3	37.5	5	62.5	8	100.0
Total	50	50.0	50	50.0	100	100.0

Table 5 showed the depression status of the respondents at three levels. Total 86 respondents were found in low stress of which 44 (51.2%) were male and 42 (48.8%) were female. On the other hand, total 11 respondents were found in moderate stress level of which 5 (45.5%) were male and 6 (54.5%) were female. Finally, 3 respondents were found in severe stress level.

TABLE 5: DEPRESSION STATUS OF MALE AND FEMALE STUDENTS OF CHITTAGONG UNIVERSITY (N=100).

Depression Status	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Low Stress	44	51.2	42	48.8	86	100.0
Moderate Stress	5	45.5	6	54.5	11	100.0
Severe Stress	1	33.3	2	66.7	3	100.0
Total	50	50.0	50	50.0	100	100.0

Table 6 showed overall health status of the respondents. Total 92 respondents were found no psychiatric problems, of which 51.1% were male and 48.9% were female. On the other hand, total 8 respondents were found in Psychiatric Disorder of which 37.5% were male and 62.5% were female.

TABLE 6: GENERAL HEALTH STATUS OF MALE AND FEMALE STUDENTS OF CHITTAGONG UNIVERSITY (N=100).

	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
No Problem	47	51.1	45	48.9	92	100.0
Psychiatric Disorder	3	37.5	5	62.5	8	100.0
Total	50	50.0	50	50.0	100	100.0

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Our study showed the Hopelessness status of respondents at three levels (Table-1). At moderate level, total 8 respondents were found out of which 37.5% were male and 62.5% were female. It was also found that 24 respondents are in mild level of which 58.3% were male and 41.07% were female. From table1 we found that 8% students were moderately and 24% students were mildly affected in hopelessness problem. It clearly indicates that 24% students of this university are at increased risk of engaging in fatal suicidal behavior. Thus, these students should be evaluated for their suicidal potential and watched very carefully and they should take under treatment immediately. This result is consistent with study of Beck *et al.* (1990).

In this study results reported in the table 2 revealed the somatic problem of male and female students at different level. Total 62 respondents were found in low somatic problem. Total 37 respondents were found in Moderate somatic problem of which 51.4% were male and 48.6% were female. There was 1 male respondent found in severe somatic problem. It clearly indicate that 37% students of this university, any time may fall under psychological distress where they could express multiple physical symptoms that have no visible medical cause. On the other hand, 1% of the students were in vulnerable situation. Continuation of this type of disorder may increase the risk of neuroticism. So they immediately need proper psychological treatment. This findings is in inline with the study of Carson *et al.* (2007).

Table 3 showed Anxiety & Sleep Problem of male and female students of Chittagong University. Total 18 students were found in moderate anxiety & sleep problem of which 55.6% were male and 44.4% were female. At the same time 4% students were found severe anxiety and sleep problem. These students may affect eating disorder, hurting themselves or any time take alcohol or will decide committing suicide. This result is in line with the study of Bellenir (2010).

Table 4 showed social functioning problem status of male and female students of Chittagong University. About 49% students were found moderate and 8% students were found severe social functioning problem. These students cannot socially interact with others properly. This situation is the cause of their maladaptive behavior. This maladjusted behavior creates stress and finally that lead them to different Psychological problems.

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Table 5 showed Depression level of the male and female students of Chittagong University. About 11% students were found in moderate depression and severe depression was found among 3% students. These 3% students are at suicidal risk. This finding is relevant to the findings of Caliyurt (2008).

Finally, table 6 showed that 8% of the respondents have Psychiatric problems of which 3 (37.5%) were male and 5 (62.5%) were female. This clearly indicates that 8% students of Chittagong University are currently affected Psychiatric problems. Immediately they need proper treatment to overcome this problem otherwise any time they can take decision to destruct their lives through different threatening activities which ultimately lead them to commit suicide.

CONCLUSION

The objective of this study was to explore the mental health status of Chittagong University students. Specifically, the study was an attempt to assess the percentages at different levels by measure psychiatric disturbances among students and to investigate the different levels of anxiety and sleep, somatic dysfunction, depressive and hopelessness problem. From this study, we found that some of the students have high level of Psychiatric Problems like somatic problem, anxiety and sleep problem, social functioning problem and depression. It was also found that a great number of student are facing severe hopelessness problem. All these problems directly or indirectly are related to suicidal risk for those students. So it is necessary to take immediate remedial action of those affected students of Chittagong University.

To ensure mental health services for the affected students of Chittagong University is so much needed. Immediately, they need to refer any psychologist or counselor for the remedy of their psychological problem. The authority can establish or add a mental health service center under the Medical Center of the University. The authority also can arrange awareness program about mental health in many ways like seminar, symposium, workshops etc. with the participating teacher, students and their guardians. Authority also can issue mental health card for all the students to checkup mental health with physical health. All these actions can ensure mental health wellbeing for the students of this university. If the authority of Chittagong University can ensure these facilities to promote well mental health for the students then it would be a model to follow by all the public universities in the country.

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