Psychiatric Morbidity Among Male Students

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Abstract

An epidemiological study was conducted to assess the mental health problems of first year male students studying in two educational institutions. Based on the findings of general health questionnaire and hospital anxiety and depression scale, the estimated prevalence of psychological disturbance was found to be 33% for the whole sample. Present findings are discussed in terms of early identification and provision of better health facilities for the student population (JPMA 44: 85, 1994).

Introduction

High level of psychological distress has been recorded among students and much published data confirms the view that students are excessively prone to mental health problems1-3. Despite diverse student populations and wide range of methodology, the results describe a considerable amount of distress and psychopathology among the students ranging between 10-40%.4. The present paper reports the psychiatric morbidity in male student population of two different colleges in Lahore using standardized scale in this field.

Subjects and Methods

One hundred male students starting their first year in a local Degree College and 100 from Engineering University were included in this study. The investigation was undertaken within 6-8 months after the enrollment at their respective institutions. Following questionnaires were given to the students in a class setting:

1. Thirty item version of general health questionnaire (GHQ)5. This questionnaire used successfully in previous studies showed good reliability and validity in determining psychiatric morbidity.
2. Hospital anxiety and depression scale (HADS)6. Fourteen items self rating scale measures level of anxiety and depression both qualitatively and quantitatively.

Results

Two hundred students participated in this study. A description of the demographic information is given in Table I.
The distribution of GHQ score is shown in Table II.

Using Goldberg’s suggested cut off score on the GHQ cf 5 or over to indicate probable caseness, 45% of Engineering students and 35% of B.A. students were found to be cases. With cut off score of 10 or above, the number decreased to 35% and 25% respectively. The comparison of scores on hospital anxiety and depression scale is shown in Table III,
Table III. Presence of symptoms of anxiety and depression among students as per HAD scale

<table>
<thead>
<tr>
<th>Scores</th>
<th>Engineering students n = 100</th>
<th>B.A. students n = 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety score</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-7</td>
<td>60</td>
<td>70</td>
</tr>
<tr>
<td>8-14</td>
<td>22</td>
<td>20</td>
</tr>
<tr>
<td>15-21</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>Depressive score</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-7</td>
<td>65</td>
<td>75</td>
</tr>
<tr>
<td>8-14</td>
<td>25</td>
<td>15</td>
</tr>
<tr>
<td>15-21</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

40% of Engineering students and 30% of B.A. students showed symptoms of anxiety whereas 35% of Engineering students and 25% of B.A. students reported presence of depressive symptoms.

Discussion

The results of the present study support earlier findings that high levels of stress are experienced by students1-3. The estimated prevalence of psychological disturbance with a score more than 10 on GHQ in this study came as 33.3% for the whole sample. Similarly the distribution of symptoms of anxiety and depression as per HAD scale revealed more problems among these students. These results can be compared to an another Pakistani study which showed increased psychological problems among medical students7. Although the overall frequency of mental health problems in this study is nearly same as reported in literature2,8,9, the comparison between present findings and most of the earlier studies may be limited because of methodological differences and inclusion of only male students in this study. However, the increased rate of distress among students is of considerable interest to professionals as well as to all those who are concerned with education and welfare of the students. Based on the findings of this report, it can be concluded that students show a trend towards a relative greater frequency of psychological symptoms. With the awareness of the extent of the problem and the factors that are the hallmark of predisposition to psychological distress, it is possible that such illnesses could be anticipated and offset by active preventive vigilance10-12.

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References