

# Psychological Distress among University Student: An Exploratory Study

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# Psychological Distress Among University Student: An Exploratory Study

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**Background:** Public mental health in university setting still gets little attention among health and mental health professionals. Some universities provide health care for the student, but mental health care in particular still hard to find in universities in Indonesia. The importance of student mental health is obvious because mental health problem could risk and hinder the optimal academic performance of student. This study aimed to explore the risk of potential mental health problem among university student through distress level. **Method:** A number of 495 undergraduate students in Diponegoro University were participated in this study. Distress level was measured using General Health Questionnaire-12 (*Cronbach*  $\alpha = .841$ ), descriptive and crosstab analysis were used to analyze the data. **Results:** The result showed 45.7% of subjects were at risk of having common mental health problems (cut-off score 10/11). Neither gender nor grader were significant in predicting risk category of distress level. (*Chi-square* = 9.918; *df* = 5; *p* = .078 and *chi-square* = 0.029; *df* = 1; *p* = .864 respectively). **Conclusion:** The proportion of undergraduate students having high psychological distress was high. The finding of the study implies the need of higher concern to provide mental health care to university student. The alternatives of mental health care program need to be proposed. 5 On: Wed, 02 May 2018 03:32:43

**Keywords:** Public Mental Health, Distress Level, Undergraduate Student, Mental Health Care.

## 1. INTRODUCTION

Mental health problems in university and college had been shown to be prevalent in many studies.<sup>1-4</sup> The problems were increasing in several country<sup>1,5</sup> and decreasing in another country.<sup>2</sup> These findings made university students as at-risk group of mental health problems.<sup>6</sup> They considered to be at risk because they tend to face many new stressors in academic settings.

In responds to the the findings of the high prevalence of mental health problems among university students, several countries had established the mental health service in university. Some universities included mental health service in the university health care centers.<sup>5,7</sup> Some others developed mental health promotion<sup>8,9</sup> or mental health problems prevention programs.<sup>6,10</sup> Most of them were found at developed countries.

The mental health problems in developing country such as Indonesia was not different, even considerably high, yet the study assessing the prevalence of mental health problems among university students was still lacking. Although the negative impact of students having mental health problems was obvious, such as disruption on student's ability to learn and retain information<sup>5</sup> and the emergence of another health problem,<sup>11</sup> there was still limited attention concerning this issue. If the treatment rate in universities of developed country was approximately 24% in the

case of depression,<sup>12</sup> the rate was possibly lower in developing country, which means the treatment gap was higher.

Given the importance of mental health among university students, it is necessary to conduct proper study to explore the prevalence of mental health problems and the characteristic of problems in university or college in Indonesia. This study aimed to explore the mental health problems among university students and the prevalent symptoms experienced by them.

## 2. METHOD

### 2.1. Subjects

This study was cross-sectional and conducted in Diponegoro University, Semarang City, Central Java Province, Indonesia. The study comprised of 495 undergraduate students of Diponegoro University from Psychology and Public Health program. Students from Psychology program were slightly more in number (56.8%) than Public Health program (43.2%). The subjects consist of 87 man (17.6%) and 408 women (82.4%). This proportion represented the real gender proportion in the two program in which the number of woman student was higher than man student. According to year of study, most of them were at their third year (60.3%). The proportion of the rest were 19%, 15.8%, 4.3%, 2%, and 2% for students enrolled in second, fourth, eighth, tenth, and twelfth respectively.

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Subjects filled the GHQ-12 questionnaire as measurement of psychological distress in paper and pencil form. The questionnaire were collected immediately after the completion by the subject. Uncompleted questionnaires were screened before data were tabulated and analyzed.

## 2.2. Measurement

**General Health Questionnaire-12 (GHQ-12).** GHQ-12<sup>13</sup> was the shortest version of GHQ series and developed as screening tool of common mental health problems. It was the most commonly used version of GHQ-12 in many studies due to its validity, reliability, simplicity of language, brevity, and the ease of administration.<sup>14</sup> Several studies had been used GHQ-12 as indicator of psychological distress in many settings,<sup>15–18</sup> including university setting.<sup>19,20</sup> It consists of 12 items measuring perceived distress in several areas over the past few weeks, such as: cognitive, sleep disturbance, mood, functioning in daily activity. The 12-items were preceded by the question “Have you been recently” to indicate that the condition was happened over the past short term period. Sample of items in GHQ-12 were “been able to concentrate to whatever you're doing,” “lost much sleep over worry,” and “felt that you are playing a useful part in things.”

The GHQ-12 used in this study was Indonesian version and had been proven to be valid and reliable to be administered in both community and clinical settings.<sup>21,22</sup> The reliability of GHQ-12 to measure psychological distress among university student was tested before data collection and found to be good ( $\alpha = .841$ ). There were four kinds of scoring methods for GHQ-12: bimodal (0-0-1-1), Likert (0-1-2-3), modified Likert (0-0-1-2), and C-GHQ (0-0-1-1 for positive items and 0-1-1-1 for negative items). This study used the Likert scoring method, so that the score would range from 0 to 36.

## 2.3. Statistical Methods

Data were analyzed using SPSS 20.0. Descriptive analysis was employed to understand the characteristics of subjects and level of psychological distress among subjects. Crosstab analysis was used to analyzed the correlation between demographic data and psychological distress. Descriptive analysis for each item in the questionnaire was also conducted to understand more about the nature of psychological distress among university students.

## 3. RESULTS

The score of psychological distress of subjects ranged from 0 to 34. It indicated that the variation of psychological distress level was large from very low distress level to very high (almost hit the highest score) distress level. The mean score of psychological distress was 10.59 ( $SD = 5.602$ ) and the median was 10.

The age of subject ranged from 17 to 39 ( $M = 20.11$ ;  $SD = 1.98$ ) and it was found to be unrelated to the distress level among subject (Spearman's  $\rho = -0.072$ ;  $p > .05$ ). There was no difference in psychological distress level across gender ( $t = .976$ ;  $df = 493$ ;  $p = .329$ ). The psychological distress also couldn't be differentiated by year of study ( $F = 2.167$ ;  $df = 5$ ;  $p = .057$ ) although the  $p$  value was only slightly higher than criteria.

To interpret the risk level of psychological distress using GHQ-12, it is common to use cut-off score. The cut-off score in many studies were varied. This study used cut-off recommended by

**Table I. The proportion of students with risk and normal level of psychological distress based on year of study.**

Year of study	Psychological distress	
	Normal (%)	At risk (%)
15		
First year	46.8	53.2
Second year	46.2	53.8
Third year	59.5	40.5
Fourth year	47.6	52.4

research in Indonesia based on Likert scoring method.<sup>10,11</sup> The cut-off was recommended based on the study in Indonesian primary care setting. Using such condition, subject having score more than 10 in GHQ-12 classified as at risk group. The proportion of student with at-risk level of psychological distress in this study was 226 students (45.7%) and the rest (269) was having normal level of psychological distress (54.3%).

The proportion of different level of psychological distress based on year of study is shown in Table I. As shown in Table I and based on the result of crosstab analysis, there was no significant differences on psychological distress level proportion according to year of study ( $Chi-square = 9.918$ ;  $df = 5$ ;  $p = .078$ ). The lowest proportion of at risk group was the third year group.

The next analysis was conducted on item level. Using descriptive analysis, the frequent manifestation of psychological distress was explored. First, to determine the appearance of psychological distress “symptom,” the rating of 0 were coded as “not appear.” Rating of 1, 2 and 3 were coded as “appear.” Then, the percentage of “appear” and “not appear” in each item was compared. Second, the percentage of code 1 in all items were ranked. The result of the analyzes were shown in Table II.

Based on Table II, it is shown that the most frequent manifestation of psychological distress was item 1 which contain cognitive manifestation, particularly in concentration. The result closely related to academic environment around university students. With high demand on academic performance which need a lot of concentration, distress appear to distract the ability to concentrate in student's activity. The second frequent manifestation was item 8 which contain cognitive and behavior aspect of distress manifestation. The ability to overcome difficulties was related to cognitive ability to analyze the situation and consider the alternative solutions. It was also related to behavioral action after the solution was found. The third and fourth frequent item responded by subjects was item 7 and 12 which contain affective aspect of distress, an ability to enjoy daily activity and a feeling of happiness.

**Table II. The Response Pattern on GHQ-12 items.**

Item	Percentage of response	
	0	1-2-3
2		
3		
3	12.1	87.9
13	37.6	62.4
2	44.8	55.2
4	31.3	68.7
3	32.7	67.3
3	33.9	66.1
3	25.5	74.5
3	24.4	75.6
9	50.9	49.1
2	49.7	50.3
2	73.5	26.5
12	25.9	74.1

Another interesting result shown in Table II was the least frequent manifestation of distress among students which is item 11. This item has the lowest rate of response with significant difference of number (26.5%). Item 11 contains cognitive aspect, particularly negative perception of self. This result indicated that even when a university student was distressed, they rarely think themselves as a worthless person. It is reasonable because a university student is a role that is characterized as an active, productive, and contributive person in the community.

#### 4. DISCUSSION

It is one of the first study exploring the psychological distress among university students in Indonesia. The prevalence of psychological distress among university students in this study was considerably high (45.7%). Compared to previous study, the number of prevalence considered to be higher. The study in Germany University showed 11.9–15.7% of prevalence using several questionnaire other than GHQ-12.<sup>2</sup> In Iran, 1 out of 5 college students found to have high psychological distress.<sup>23</sup> The similar prevalence also found in India, using GHQ-12 as psychological distress measurement.<sup>4</sup> All of those study were having lower prevalence than the prevalence in this study. The similar prevalence of student's psychological distress with this study was found in Malaysian college students which had found to be 47.1% using the same instrument as this study.<sup>20</sup>

The different prevalence across study could be interpreted as different proportion of students having high psychological distress level. Students in developing country had higher rate than in developed country. However, another possibility was the difference occurred because of the variety of measurement employed. GHQ-12 was kind of screening measurement of mental health problems, so the sensitivity was higher but it might be less specific in detecting clinical specific mental disorders. In the other hand, other measurement used in other studies might had higher specificity with items consist of clinical symptoms of specific mental health problems. Therefore, it could be interpreted that in general the prevalence of psychological distress was higher than the prevalence of more specific mental health problems.

The result also showed that neither gender nor year of study was associated with psychological distress level. This finding was similar to the study conducted in Germany and Iran<sup>2, 23</sup> with addition that menstrual cycle was significantly associated with global severity index.<sup>23</sup> This finding implied that the mental health service need to be delivered regardless the year of study or semester level.

According to items description, it showed that cognitive disruption was the most frequent manifestation of psychological distress among university student. The difficulty to concentrate and overcome the problems were among the cognitive disruption. The next impact of the manifestation was the difficulty in learning and retaining information.<sup>5</sup> Another possible impact was not explored in this study such as disordered eating<sup>11</sup> and clinical mental health problems.<sup>3, 6, 12</sup>

Given the high prevalence of psychological distress among Indonesian university students and the risk of impaired academic performance, it need to be considered seriously to apply mental health service or mental health program in university settings. Mental health and counseling centers was a traditional program of mental health service in university.<sup>5</sup> In addition, a

student-driven or participated action program involving students<sup>8</sup> could be promoted. Some universities had applied Gatekeeper training although there was still no evidence of the effectiveness to reduce mental health problems.<sup>9</sup> The involvement of students was beneficial because they could catch the barrier of effective mental health service among their peer, for example understanding what kind of knowledge or information needed by students. Stigma and help-seeking behavior pattern also need to be considered.<sup>24</sup>

#### 5. CONCLUSION

The mental health problems as indicated by level of psychological distress among university student in Indonesia, especially in Semarang city, were prevalent and could hinder the student's academic performance. It is recommended to improve the provision of mental health service in university and college. Factors associated with psychological distress among university students need to be explored in the next study to support the development of effective program.

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