Volume 10, Issue 7, July – 2025 International Journal of Innovative Science and Research Technology
ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/25jul1287

A Study to Assess the General Mental Health Among College Students in Selected Colleges at Kannur District

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Publication Date: 2025/07/28

Abstract: This study aimed to assess the general mental health of college students in selected colleges at Kannur district and examine its association with demographic variables. A quantitative, non-experimental descriptive cross-sectional design was used, involving 150 undergraduate students from Canossa College of Nursing and Crescent College of Pharmaceutical Science. Data were collected using a demographic questionnaire and the General Health Questionnaire-12 (GHQ-12). Results revealed that 48.6% of students had normal mental health, 8% were prone to psychiatric morbidity, and 43.4% exhibited symptoms requiring further assessment. Significant associations were found between mental health and variables such as gender, course of study, physical activity, emotional support, and screen time. The findings underscore the need for early screening, mental health awareness programs, and institutional support to enhance students' psychological well-being and academic success.

Keywords*: GHQ 12- General Health Questionnaire 12.*

How to Cite: Nevin George; Janet Thomas; Jins Kuriakose; Jobith Agnes; Josna Sajan; Alphy Mariya Joseph; Sneha T; Sona Joy; Sradha K; Sreekutty Ravi; Reshma Kochumon; Dr. Sr. Alphonsa K K; Swathi Sajith (2025) A Study to Assess the General Mental Health Among College Students in Selected Colleges at Kannur District. *International Journal of Innovative Science and Research Technology*, 10(7), 2173-2177. https://doi.org/10.38124/ijisrt/25jul1287

I. INTRODUCTION

Mental health is a critical component of overall well-being, particularly among college students who face academic pressures, social transitions, and increased independence. The World Health Organization (WHO) emphasizes that mental health disorders often emerge during adolescence and early adulthood, with 75% of cases beginning before age 24. In India, the National Mental Health Survey (2016) reported that 15% of youth aged 18–29 suffer from mental health issues, yet only 10–12% seek treatment due to stigma and limited access to services.

This study focuses on Kannur district, where limited data exists on student mental health. By assessing the prevalence and correlates of mental health issues, the research aims to inform targeted interventions and support systems within academic institutions.

II. LITERATURE REVIEW

- Mental Health Burden Among College Students globally face significant mental health challenges, with studies indicating rising rates of anxiety, depression, and stress. According to the World Health Organization (2021), approximately 35% of university students experience symptoms of mental health disorders, with depression and anxiety being the most prevalent. A multinational study by

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Auerbach et al. (2018) involving 13,984 students across 19 countries found that one in three students screened positive for at least one mental disorder, yet only 16–30% received treatment, highlighting a critical treatment gap .

- Post-Pandemic Mental Health Crisis: The COVID-19 pandemic exacerbated psychological distress due to social isolation, academic disruptions, and financial instability. Liu et al. (2019) reported that 48.3% of U.S. college students experienced moderate-to-severe depressive symptoms during the pandemic, while Chang et al. (2020) found 26.6% prevalence of anxiety among Chinese students.

➢ Mental Health Trends in India India faces a significant mental health treatment gap, with only 10–12% of affected youth seeking professional help (NMHS, 2016). Key findings include:

- Cherian et al. (2024): A large-scale study across nine Indian states found 21.5% of students exhibited depressive symptoms with 15% reporting suicidal ideation, primarily linked to academic pressure and financial stress.
- Kerala-Specific Data:
- Mathew et al. (2017):58% of students in Kerala experienced moderate-to-severe stress due to familial expectations and academic competition.
- Stigma and Help-Seeking Barriers: A 2022 survey in Kerala revealed 38% of students considered mental illness a "taboo", and male students were less likely to seek help despite higher suicide risk.

➢ *Key Risk Factors for Poor Mental Health*

Multiple studies have identified critical risk factors contributing to poor mental health among college students. Academic stress emerges as a predominant concern, with research by Pedrelli et al. (2015) demonstrating that examination periods and academic deadlines significantly exacerbate psychological symptoms. Sleep deprivation has been shown to play a mediating role, with Conley et al. (2020) finding that poor sleep quality accounts for approximately 30% of depression's negative impact on academic performance. The detrimental effects of social isolation are well-documented, as Backhaus et al. (2022) revealed that loneliness increases the odds of developing mental health issues by 2.5 times. Modern challenges include excessive screen time , with Guo et al. (2023) establishing a statistically significant association (OR=1.4, $p<0.05$) between more than two hours of daily device use and heightened anxiety levels. Additionally, gender disparities persist in mental health experiences, as Eisenberg et al. (2009) noted that while female students report higher anxiety levels, male students face greater stigma and are consequently less likely to seek help. These interconnected factors create a complex web of vulnerabilities that institutions must address through comprehensive mental health strategies.

➢ *Protective Factors and Interventions*

- Physical Activity: Ma et al. (2021) found physical literacy improved resilience ($\beta=0.41$, $p<0.001$).
- Mentorship Programs: DeBate et al. (2021) reported peer support reduced isolation by 22%.
- Digital Mental Health Tools: CBT-based apps showed moderate efficacy (d=0.40–0.60) but faced low long-term adherence (Lattie et al., 2019) .

III. METHODOLOGY

➢ *Research Design: Descriptive Cross-Sectional Study.*

➢ *Participants: 150 Undergraduate Students (Nursing and Pharmaceuticals) Selected via Stratified Proportionate Sampling.*

➢ *Tools:*

- Demographic questionnaire (23 items).
- GHQ-12 (scored 0–12; cutoff ≥3 indicates risk).
- Data Analysis: Descriptive statistics (frequency, percentage) and inferential statistics (chi-square test).

IV. FINDINGS AND ANALYSIS

A. *Demographic Profile of Participants*

The study included 150 undergraduate students (78% female, 22% male) from nursing and pharmaceutical science programs.

➢ *Age Distribution:*

- 93.3% were aged 18–22 years
- 6.6% were aged 23–25 years

➢ *Academic Year Representation:*

- 1st Year: 7.4%
- 2nd Year: 22.6%
- 3rd Year: 34%
- 4th Year: 36% (highest representation)

➢ *Lifestyle Factors:*

- 51.3% reported high anxiety about exams and assignments
- 53.3% engaged in regular physical activity
- 48% spent more than 2 hours daily on electronic devices

B. *Mental Health Status (GHQ-12 Results)*

The General Health Questionnaire (GHQ-12) screening revealed:

- Normal mental health 48.6% (n=73)
- At-risk (subclinical symptoms) 43.4% (n=65)
- Psychiatric morbidity (high risk) 8% (n=12)

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➢ *Interpretation:*
- Nearly half of the students (48.6%) were mentally healthy.
- However, 43.4% showed early warning signs , indicating a need for preventive interventions.
- 8% displayed significant distress, requiring immediate psychological support.

C. Statistical Analysis of Associations

Table 1 Statistical Analysis of Associations

Variable	Chi Square	P-Value	Key Insight
Gender	75.3	<0.001	Female students have higher distress level (62% at risk v/s 38% males)
Physical activity	11.03	<0.004	Active students had lower morbidity (5% v/s 12% inactive)
Emotional support	16.6	<0.001	Students with strong support were 2x less likely to be at risk
Screen time >2hr/day	14.4	0.001	Excessive screen use increased anxiety (OR=1.8)

A. Significant Associations ($p < 0.05$)

B. Non-Significant Associations

No statistically significant links were found for:
- Age (χ^2=4.4, p=0.39)
- Religion (χ^2=4.2, p=0.65)
- Marital Status (χ^2=10.8, p=0.09)

D. Discussion of Key Findings

➢ *High Prevalence of At-Risk Students (43.4%)*
- This aligns with global trends (Auerbach et al., 2018) where academic stress and lifestyle factors contribute to declining mental health.
- Recommendation: Early screening programs in colleges to identify at-risk students.

➢ *Gender Disparities in Mental Health*
- Females reported higher distress, possibly due to societal pressures (Eisenberg et al., 2009).
- Males faced greater stigma, leading to underreporting.
- Recommendation: Gender-sensitive counseling services.

➢ *Protective Role of Physical Activity & Emotional Support*
- Active students had better mental health, supporting Ma et al. (2021)
- Recommendation: Promote campus sports and peer-support groups.

➢ *Negative Impact of Excessive Screen Time*
- Linked to higher anxiety, consistent with Guo et al. (2023)
- Recommendation: Digital detox workshops.

V. DISCUSSION

The high proportion of at-risk students (43.4%) aligns with global trends post-COVID-19. Females showed higher distress, consistent with studies linking gender to stress sensitivity. Participation in extracurricular activities and access to mentor programs were protective factors, supporting the need for institutional mental health initiatives.

Limitations include the cross-sectional design and single-district focus. Future research should expand to diverse regions and longitudinal assessments.

VI. CONCLUSION

This study provides compelling evidence of the mental health challenges faced by college students in Kannur district, with nearly half (43.4%) exhibiting subclinical symptoms that warrant preventive interventions. The findings reveal significant gender disparities, with female students reporting higher psychological distress (62% at-risk) while male students face greater stigma-related barriers to seeking help. Importantly, the research identifies modifiable protective factors, including regular physical activity and strong emotional support systems, which were associated with better mental health outcomes. These results align with global research on student mental health while providing region-specific insights into Kerala's educational context. The high prevalence of at-risk students underscores the urgent need for institutional mental health initiatives, including early screening programs, gender-sensitive counseling services, and campus-wide wellness campaigns. Future research should explore longitudinal trends and evaluate the effectiveness of targeted interventions, particularly those addressing academic stress reduction and digital wellbeing. These findings contribute to the growing body of evidence supporting comprehensive mental health support systems in higher education institutions across India.

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