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A “Mental Health Profile” Of Higher Education Students

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Abstract

A number of studies seem to confirm a degradation of mental health among students in higher education. By developing a “mental health profile” for these students, the aim is to adequately specify remedial actions and initiatives. A sample of 1031 college students was used. The results found were: the mental health is superior to the general population, but the depressive symptomatology is superior to the normal population; probably 32.1% of young adults are emotionally disturbed; marijuana is the drug preferred by students, followed by tranquilizers and barbiturates and the majority of this population do not engage in physical exercise. The conclusions of this study can be used to develop a number of recommendations to be discussed with education counseling bodies.

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1. Introduction

Mental health is on the public health agenda the world over. It is now known that mental disorders affect all age groups and are responsible for sizeable social and economic costs (Campos, 2007). The number of young students in higher education with mental disorders has been increasing progressively (Castillo & Schwartz, 2013; Eisenberg, Gollust, Golberstein, & Hefner, 2007) as has the severity of the psychological problems as attested by the number of students that seek help from the counselling services provided in higher education institutions (Hunt & Eisenberg, 2010; Zivin, Eisenberg, Gollust, & Golberstein, 2009). According to data collected by the National Survey of College Counselling Centers, there is an obvious increase in the number of students with severe psychological

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problems (82%), crisis situations that require immediate intervention (80%), medication issues (73%), learning disabilities (61%), illicit drug use (52%), self-injury problems (48%), on-campus sexual assault concerns (40%), alcohol abuse problems (34%), eating disorders (34%) and career planning issues (30%) (Gallagher, 2013). Even though the consumption of ethanol is decreasing among the Portuguese population, Portugal still records the highest level of ingestion of this substance on a *per capita* basis (WHO, 2009). A study carried out of the academic population in Portugal, based on the Risk Behaviors Questionnaire for University Students (RBQUS; Santos, Pereira, & Veiga, 2009), found that 17.3% of students stated that they had consumed no alcohol in the last 30 days, but 11% admitted to a consumption of at least four alcoholic drinks per week, with males recording a higher percentage than females. According to Pedersen (2013), depression in males is directly associated with *binge drinking*. Beer is seen to be the drink of choice among students (54.2%). The most popular form of drug abuse in Portugal is the consumption of marijuana (WHO, 2009). Frequent use is associated with levels of psychopathology and psychosocial distress that are more acute than normal (Brodbeck, Matter, Page, & Moggi, 2007). It is worth noting that this substance is also the most sought after among the student community (Calado, 2011; Nicholi, 1983; WHO, 2009) and that its consumption is associated with the consumption of other illegal drugs (Fergusson, Horwood, & Swain-Campbell, 2002). Higher education students are also a high risk population with regard to sexually transmitted diseases, given that half of new cases of HIV appear in individuals aged 24 or below, and around one third of young carriers do not know that they are infected as they have not been tested (Futterman, 2005). Linked to this is the fact highlighted by some authors that young people become sexually active on average at 17.5 years old (Ribeiro & Fernandes, 2009), which has the tendency to coincide with entry into higher education. Alongside this, studies exist which focus on the benefits that physical activity has on mental health (Bostani & Saiiari, 2011; Hawker, 2012), as well as the importance that it takes on for preventing mental disorders (Tyson, Wilson, Crone, Brailsford, & Laws, 2010). Physically inactive students put themselves at an increased risk of suffering from mental problems and physical illnesses (Nguyen-Michel, Unger, Hamilton, & Spruijt-Metz, 2006). In truth, mental health problems and risk behaviors seem to be interrelated, as has been confirmed by other authors (Braithwaite, Delevi, & Fincham, 2010; Santos, 2011). Even though there have been many studies covering mental health in the academic community, only a few point to concrete programs/actions that meet the real needs of the students.

2. Method

2.1. Sample and procedure

Data collection was carried out using a questionnaire on an on-line platform that was aimed at the whole academic community of the Instituto Politécnico de Coimbra (IPC), totaling some 10 240 students. At the same time a face-to-face questionnaire was given as part of a consultation, whose respondents were selected according to the following criteria: a) participation in the study was on a voluntary basis; b) respondents had to be students of IPC. A total of 1636 responses were collected, with 1613 from the on-line questionnaire and 23 from the face-to-face questionnaire. There were 593 responses that were rejected because they were incomplete and 12 people did not agree to participate in the study. The final sample is made up of 1031 higher education students from IPC, aged between 18 and 62. The socio-demographic characteristics for the sample are shown in Table 1.

2.2. Measures

Collection of the socio-demographic data for the sample – age, gender, nationality, marital status, degree level, whether they were living at home with the family or not, medication taken and psychological and/or psychiatric support – was performed by drawing up a socio-demographic questionnaire. The *Brief Symptom Inventory* (Derogatis, 1982) was used with the objective of evaluating the psychopathological symptomology, which includes nine dimensions of symptomology – somatization, obsession-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism – that are designed to assess mental health in conjunction with three global indexes - Global Severity Index (GSI), Positive Symptom Distress Index (PSDI), and Positive Symptom Total (PST). Psychometric studies with the Portuguese version of the

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