

## MENTAL HEALTH LEVELS OF STUDENTS OF A STATE UNIVERSITY

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### Abstract

*We present a study that allows visibilization of the mental health importance in young university students, associating their own evolutionary conflicts as risk and/or protection factors in the manifestation of depressive, anxious or stress episodes. Methods: a questionnaire is applied to 533 students at a state university. Results and Conclusions: Their main results present significant percentages for adaptive disorders, mood disorders, anxiety disorders, eating disorders and potential suicidal behaviour. In addition, it should be noted that a high percentage of the population consulted presents clinical alterations linked to anxiety and depression.*

**Keywords:** Psychological well-being; mental health; University students  
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### 1. Introduction

Mental health is a current concern each time the postmodern society living standards are centered on immediacy, individualism and competitiveness, which

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lead personal self-efficacy evaluation in diverse contexts, seems diminished, generating a higher risk in the manifestation of anxiety or other alterations linked to psychic health. In that sense, malaise and mental health begin to be part of our daily life, increased under the neoliberal system of which we are part as Western culture (Estay Sepúlveda et al., 2018; Lagomasino et al., 2018) and is reflected crossing borders from the amorous life (Bauman, 2005) to the eagerness of workers to survive in their daily life (Estay Sepúlveda et al., 2019).

This search for well-being associated with self-efficacy is even more evident in the university population, which allows adjusting emotional and affective life, each time the consolidation of identity it is required to have a social feedback regarding individual performance. However, in the understanding that psychological well-being can be influenced by the action of personal factors such as self-efficacy and perceived social support (Pillado and Almagiá, 2019), the inadequate development of this process can alter personal self-perception and trigger the manifestation of feelings of maladjustment, insecurity or other fertile scenarios for the presence of disorders of more complex approach and resolution.

Being clear that the connection between the structural dimensions and health or well-being would occur through the intervention of a set of variables such as; coping style, self-esteem and social support (Moyano-Díaz, 2017), the reflection arises regarding the way in which this connection occurs in the university population, just getting out of adolescence and trying to adapt to the challenges of the adult world. These late adolescents or emerging adults are built in the social world and from the social world by investing their emotional capital in interaction with others. As Barrera-Herrera (2017) puts it, emerging Chilean University adults are in a transition stage, focused on themselves, but also on their family and social relationships, interested in exploring the diversity presented to them, and for them, it is not yet time to advance to adulthood, as they move through the university stage slowly, without hardship, living in the present and its associated psychological processes. Here, at the same time, Institutions of Higher Education have the duty to provide a solid ethical formation, which will result in the society in which future professionals are and will be inserted (Soto et al., 2019; Véliz et al., 2018).

For this reason, it results relevant to enquire how the complexity of this transit is evidenced and how this affects the well-being perception, since an adequate support perception allows to implement more effective coping methods instead of incurring in stress avoidance strategies that harm health (Pillado and Almagiá, 2019). The reduction in stress levels as the academic years go by

can be explained by adaptation or transient coping phenomena, where students learn to use emotion and/or problem-specific strategies to deal with the stressor agent, which is called positive stress (Vilchez- Cornejo et al., 2016).

A study conducted in undergraduate Chilean students by Rossi et al. (2019) leads to the assumption that the high prevalence of depressive symptomatology in the subjects who participated in the study is related to specific University life conditions. Barrera-Herrera et al. (2019) state that as can be observed, there are high prevalence figures of depressive, anxious and stress symptomatology in University students, and gender sociodemographic variables and socioeconomic level constitute risk factors for the presence of this type of symptomatology. By making a detailed analysis of the available evidence in these three symptomatological cases (depression, anxiety and stress), it is possible to observe that the reported prevalence is worrisome in University students.

However, mental health promotion activities involve the creation of individual and social conditions that allow optimal psychological and psychophysiological development (Leiva et al., 2015). This is why it is imperative to reinforce behaviours that protect mental health such as adaptive coping (focused on the problem), exercise habits, adequate nutrition, healthy interpersonal relationships, self-control techniques and prevention on high-risk issues, such as the use of psychoactive substances, anxiety, depression and suicide (Garzón, 2019).

The foregoing makes sense in the context where this study is carried out, the state universities. Historically, these have had the challenge of guaranteeing the inclusion of young students of all kinds and conditions, which grants the richness of the coexistence of different worlds and interpretations of life, a space that leads to challenging oneself in the search for one's own meaning in a space where everyone tries to find the same thing. The state university collects a significant number of young people who try to progress in the social scale through education, which sometimes places them in conditions of lack and need, a risk factor for frustration or failure when they fail to meet social standards demanded.

For this reason, it is important to evaluate the mental health of young university students because it allows the collection of relevant information for the creation of psychological well-being programs as a protective factor of psychic life and quality of life (Dörner et al., 2019).

In recent years, research on quality of life has expanded its areas of focus, including measuring subjective well-being as an important part of people's assessment of their current situation (Denegri et al., 2018).

Due to these characteristics, we present a model composed of six domains and a series of related subdomains that could characterize the SMP of individuals, whether they are healthy or with some mental illness (Muñoz, Restrepo and Cardona, 2016):

- Attitudes towards yourself. It refers to the importance of self-perception and the self-concept that is produced with daily action. It is composed of subdomains: accessibility of the self to the consciousness, concordance of the real self with the ideal self, self-esteem and sense of identity.

- Growth and self-actualization. This concept speaks of the life meaning and whether one acts in coherence with it. It includes the subdomains of self-actualization as a motivational force for the human potentialities development and involvement in life, as the push to participate in the development and care of one's life and to others.

- Integration. It refers to the ability to include in life all those experiences that happen, both positive and negative; as well as the ability to accept in integrity. It depends on the individual's psychic balance, personal philosophy and resistance to confront stress.

- Autonomy. It shows how the individual establishes relationships with the world that surrounds him and his fellows, and how decisions include other people, is synonymous with independence and self-determination.

- Reality perception. This criterion implies the capacity to adequately perceive reality, to give an account for circumstances in an objective manner, avoiding judgments as much as possible and the capacity to develop empathy towards the experiences of others.

- Environmental domain. This aspect is linked to two fundamental themes such as success (which emphasizes achievement and achieving results) and adaptation (which refers to the process of reaching the goal).

In this sense, the objective of the study was to determine the level of mental health of first-year students of a State University in southern Chile.

In this sense, the objective of the study was to identify the needs of university students in mental health matters at a Chilean state University.

## **2. Materials and methods**

The study is framed within the quantitative paradigm, being the research design of descriptive-correlational type. The research sample is composed of 533 cases, 286 men, 247 women. Average age = 20.65 years and  $Dt = 3.84$ . The sampling is incidental type and corresponds to first year entry students to higher

education, who are enrolled in the year 2019 and have taken the pertinent classes to their academic year.

The instrument used was the mental health questionnaire used by the Council of State Chilean Universities of Chile, CUECH. The instrument corresponds to a Likert scale. The dimensions of the scale are:

1. Emotional State: It considers aspects such as mood, affectivity, emotion and feelings, which can be expressed positively or negatively by the subjects.
2. Interpersonal Relations: it focuses on identifying the form and quality of the contact that the subject establishes with other people.
3. Cognition and Thought: includes aspects such as memory, attention, concentration, flow of thought and ideation, which can be altered in relation to a decrease as well as in its acceleration.
4. Conduct and Behaviour: evaluates aspects related to sleep, consumption, sexuality, and impulses.
5. Physical Symptomatology: the items that integrate this dimension represent physical manifestations of pain or discomfort, such as tachycardia, muscular tension, among others.

Once the information was collected, a database was created in SPSS. The ethical safeguards protecting the subject of study and the researchers are based on the principles proposed by the Council for International Organizations of Medical Sciences (CIOMS, 2002). As indicated in Helsinki Declaration in relation to scientific research in human beings. The principles proposed by Ezekiel Emanuel to help evaluate the research ethics proposals involving human beings.

### **3. Results**

As shown in table 1 a 36.2% of the students surveyed present a low or medium level of mental health. This indicates that there is a high percentage of university students participating in the study who are at risk for mental health problems.

**Table 1.** Mental Health Levels in students

	Mental health			Total
	High	Low	Average	
Men	0. 90%	38. 50%	14. 30%	53. 70%
Women	0. 60%	25. 30%	20. 50%	46. 30%
Total	1. 50%	63. 80%	34. 70%	100. 00%

As shown in table 2 there are statistically significant differences between the averages of men and women in the total score of the scale and in the dimensions a.-conduct and behaviour and b.-physical symptomatology. Which indicates that the women surveyed on average have higher scores on the indicated dimensions, tending to require more frequent support to address mental health needs.

**Table 2.** Average performance of men and women in each subscale of the test

	Gender	N	Average	Standard deviation	p-value
Total Score	Men	286	11.8	6.17	0
	Woman	247	14	6.286	
Emotional State Score	Men	286	2.71	1.686	0.124
	Woman	247	2.94	1.694	
Interpersonal Relations Score	Men	286	1.65	1.244	0.213
	Woman	247	1.79	1.341	
Cognition and Thought Score	Men	286	2.92	1.769	0.102
	Woman	247	3.16	1.566	
Conduct and Behaviour Score	Men	286	2.41	1.726	0.008
	Woman	247	2.79	1.636	
Physical Symptomatology Score	Men	286	2.1	1.797	0
	Woman	247	3.32	2.028	

As can be seen in table 3 the architecture area has the highest percentage of need for mental health care, 45.6% of which is of medium and high need. Followed by education and health students with 38.8% and 38.1% of medium and high mental health care needs.

**Table 3.** Percentages de Mental Health Needs by Knowledge Area

<b>Mental Health</b>			
	<b>High</b>	<b>Medium</b>	<b>Low</b>
Engineering	0.80%	27.10%	72.10%
Architecture	3.20%	42.40%	54.40%
Health	1.60%	36.50%	61.90%
Education	0.00%	38.80%	61.20%
Social Sciences	1.50%	34.30%	64.20%
Social Sciences	1.60%	35.30%	63.00%

Table 4 shows that there are significant statistically differences in the physical symptomatology dimension, where architecture students report greater physical symptoms that are linked to mental health problems, followed by health and education students.

Regarding total score, it is observed that there are statistically significant differences between the participants, once again leading the needs for mental health support the students of architecture and health areas.

**Table 4.** Comparison of means in the dimensions of mental health by area of knowledge in university students

		<b>Average</b>	<b>Standard deviation</b>	<b>valor p</b>
Emotional State	Engineering	2.74	1.63	0.282
	Architecture	3.12	1.79	
	Health	2.9	1.59	
	Education	2.55	1.65	
	Social Sciences	2.87	1.87	

Interpersonal Relations	Engineering	1.7	1.34	0.559
	Architecture	1.77	1.34	
	Health	1.76	1.3	
	Education	1.55	1.24	
	Social Sciences	1.48	1.09	
Cognition and Thought	Engineering	2.72	1.71	0.108
	Architecture	3.26	1.65	
	Health	3.17	1.77	
	Education	3.16	1.69	
	Social Sciences	3.07	1.51	
Conduct and Behaviour	Engineering	2.4	1.67	0.213
	Architecture	2.88	1.8	
	Health	2.46	1.63	
	Education	2.61	1.59	
	Social Sciences	2.64	1.57	
Physical Symptomatology	Engineering	2.12	1.72	0.001
	Architecture	3.14	2.13	
	Health	2.97	2.11	
	Education	2.78	2.1	
	Social Sciences	2.64	1.79	
Total	Engineering	11.67	6.1	0.038
	Architecture	14.17	6.66	
	Health	13.27	6.62	
	Education	12.65	6.52	
	Social Sciences	12.7	5.62	

In table 5 It is observed that there are adequate to moderate and high correlations between the dimensions of the scale and the total score. The role that the Emotional State would play stands out in the significant relationships,

because it relates positively and in a moderate and highway with the dimensions and the total score.

**Table 5.** Correlations between mental health scale, age and total score dimensions

	Age	Emotional State	Interpersonal Relations	Cognition and Thought	Conduct and Behaviour	Physical Symptomatology	Total score
Age	1	-0.088*	0.024	-0.031	-0.052	-0.018	-0.047
Emotional State		1	0.455**	0.505**	0.502**	0.556**	0.805**
Interpersonal Relations			1	0.277**	0.316**	0.338**	0.591**
Cognition and Thought				1	0.472**	0.480**	0.736**
Conduct and Behaviour					1	0.596**	0.780**
Physical Symptomatology						1	0.821**
Total score							1

\*. The correlation is significant at level 0.05 (bilateral).

\*\*.. The correlation is significant at level 0.01 (bilateral).

### 3. Discussion

The results obtained are congruent with the findings collected in foreign and Chilean Universities, and that show consistently high incidences in University students for various mental health episodes. Among them, anxiety disorders have a rate close to 15%, being more frequent in women (19.5%) than men (8%) (Micin and Bagladi, 2011).

Findings on mental health suggest a high incidence of mental disorders in the Chilean population. The Chilean study of psychiatric incidence (Vicente et al., 2002), indicates that over one third of Chileans have presented a mental disorder throughout life (36% incidence-life for psychiatric disorders), finding higher incidences for anxiety disorders (16.2%), affective disorders (15%) and the substance use group (14.4%). The population between 15 and 24 years old

was identified with rates close to the total population for affective disorders (13.86%), anxiety (11.3%) and schizophrenic (2.18%); but higher rates for alcohol-drug use (15.31%) and antisocial disorders (1.45%).

These antecedents suggest a more worrying diagnosis for Chilean University students. As Florenzano (2006) points out, mental health acquires greater relevance in a mass education system that incorporates a great diversity of students, a phenomenon already observed in the Anglo-Saxon world and that generated in-depth studies and the creation of university health systems. However, it is required to progress in the systematic study of university populations at a national level in order to understand the psychological difficulties they face. By 2004, there were an estimated 270,915 university students with psychopathological disorders, constituting an important public health problem at a national level (Florenzano, 2006). Numerous studies suggest high rates and not different from those found in foreign university students or those reported in the national population for the equivalent age group, in addition to gender divergences.

The high incidence of psychopathology in the university population would endorse the vision that mental health problems in university students, nationally and globally, constitute a current relevance problem. According to Micin and Bagladi (2011):

1. Adaptive disorders correspond to the highest prevalence found in this group of subjects, a figure that considers half of the population studied. Global research indicates that depressive and anxious reagents in university students exceed the rates of the general population and their corresponding age group, which is confirmed in this study. These incidences also exceed those surpass in Chilean universities.

2. For its part, specific anxiety disorders also presented high rates in the population studied, being higher than those found for the equivalent age group, the general national population and for other University studies, in which women were most frequently reported (Except obsessive compulsive disorder and social phobia, whose rates are similar).

The results obtained for population consultant to the university health service indicate consistently high incidences with findings in foreign and national university populations. Significant rates were found for adaptive, mood, anxiety, personality and eating disorders and a history of suicidal behaviour. It is worth noting that a high percentage of the population consultant presents clinical alterations linked to anxiety and depression. Significant gender differences were found in favour of men for psychotic disorders, anxiety disorders, obsessive-

compulsive disorder, substance-related disorders in general and with cannabis; and for schizoid, narcissistic and obsessive-compulsive personality disorders. A higher incidence was found in women for mixed adaptive disorders, somatomorphs, eating disorders and borderline and histrionic personality disorders. Finally, significant associations were found between the presence of clinical symptomatology and gender.

An important finding of the present study is that the highest incidence of clinical episodes corresponds to adaptive disorders. We know that the characteristics of a given context are combined with the individual characteristics of a young person, to predispose or facilitate risky behaviours or mental health episodes. Thus, it is essential to attend to the quality of social contexts and the role they play in modulating, preventing or reducing risk behaviours, as well as in facilitating health or illness emergencies. The fact that half of the population consultant had some adaptive disorder suggests that clinical symptoms appeared as a reaction to identifiable environmental stressors. In this sense, this university context could be playing a role in the generation of symptomatology of its students, as well as offering possibilities of preventive intervention.

The relevance of this type of studies lies in the evolutionary stage that students go through, which includes managing greater autonomy, assuming academic responsibilities, responding to personal and family expectations, developing their sexuality and couple relationships and their personal identity, all of which require self-management and self-regulation (López, Kuhne, Pérez Gallero and Matus, 2010). In addition, they present psychosocial stressors such as estrangement from the family, dependence and/or economic difficulties, academic demands, future uncertainty, and the need to adapt to a new vital context.

These findings reveal the need to implement interventions oriented at the mental health of university students in our national context and, at the same time, can be conceived as a starting point to design strategies aimed at promoting and improving psychological well-being. Intervention on the above mentioned dimensions could positively influence the prevention of depressive symptomatology in university students (Rossi et al., 2019).

In relation to psychological well-being dimensions, there are three that could have a protective effect facing depressive symptomatology. Within them, autonomy and positive relations with others, associated with men and women, respectively, show concordance with other studies (Li et al., 2015).

#### **4. Conclusions and recommendations**

The results obtained constitute an opportunity to design a social university context that allows to prevent or to reduce risk behaviors, favoring greater health environments in these young people. Within this framework, programmes intended at mental health prevention become relevant, as well as the incorporation of therapies intended to more adaptive disorders for this age group (focal therapies, brief therapies and crisis interventions).

The theoretical and empirical evidence suggests that both, life cycle characteristics and the university life demands, make the emergence of adaptive episodes expected as a symptomatic sign of transit to adulthood. Adaptive disorders are characterized by the development of clinically significant emotional or behavioral symptoms in response to an identifiable psychosocial stressor, such as family or couple conflicts, city changes, interpersonal conflicts, among others.

Many of these stressors are associated to teenage tasks, but also entry to university education brings particular demands and challenges. For many young people, the transition through university is a complex experience, in which a variety of skills and abilities are put into play in order to achieve career goals. Students face diverse stressors such as responding to greater academic demands, changes in the social support network, greater autonomy and protagonism demands, vocational or academic failure, uprooting and living alone if they come from province, etc., all factors that could increase the risk of generating clinical symptoms.

These results suggest diverse alternatives regarding the approach of strategies oriented to the promotion and prevention of mental health, with emphasis on generating psychoeducational instances regarding what psychotherapy really is and the benefits it provides. It results relevant, since expanding the information and/or knowledge regarding its utilities, probably the expectations regarding a psychotherapeutic process could be more certain and arouse less negative cultural beliefs regarding psychotherapy, which, finally, could favor and/or increase the search for psychotherapeutic help, the indexes of mental health and quality of life of the general population (Salinas et al., 2018).

As a projection of our study, a relevant aspect of research would be to explore student's level of awareness regarding their mental health problems and attitudes towards seeking specialized help. This, since we can infer that an important percentage of students with mood disorders, consumption of substances or other mental health problems, does not ask for help, or consult very late when they suffer episodes of greater gravity and significant part of its academic and social functioning has been reduced. Conceive also studies on mental health including the prevention of moral anguish, promoting subjective

well-being as a result of a rectitude in moral behavior, since immoral behaviors are negatively related to mental disorders (France, s. F).

Finally, we believe that if psychoeducational, orientation, health promotion and prevention aspects are considered in future interventions, in an environment that provides shelter and opportunity to this specific group of people at risk, these strategies could have a greater impact (Baader et al., 2014). In addition, one of the implicit roles of universities would be fulfilled, promoting the psychological well-being of their community (Véliz and Dörner, 2019).

Under this logic, it results relevant the participation of the different stratum in the generation of health and welfare policy and that their actions are installed in the medium and long term in a progressive manner in all the organization through an integral plan for healthy life (Dörner, Pereira and Arriagada, 2019).

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