

A Survey on Mental Health Maintenance among University Students

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A Survey on Mental Health Maintenance among University Students (大学生の精神及び健康保健管理についての調査)

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Abstract

The psychological distress issues in college students are of great attention. General Health Questionnaire (GHQ-12) was administered among 114 male and female college students. It was found that the students had psychological (43.6%), physical (41.6%), studies (41.8%), interpersonal (29%), and substance abuse (12.8%) related stress at college level. The study suggested that some preventive measures should be taken in to consideration and effective counseling facilities should be provided to the students in the college/ university campus.

Introduction

Student mental health problem was traditionally defined within the context of adjustment and developmental challenges. Issues like homesickness, achievement anxieties, adjustments to new independence, and finding one's way have always presented challenges for college and university students. In recent years, nature of student mental health problem had changed. The psychological distress issues in school and university students are of great attention. College students frequently have more complex problems today than they did over a decade ago. Common stressors in college include, greater academic demands, being on your own in a new environment, changes in family relations, changes in social life, exposure to new people ideas and temptations, depressed at some point in time that they have trouble functioning, eating disorder, easily get angry on small matters, disruptive behavior, and psychosis (Kadison & Geronimo, 2004). According to a report, the numbers of students seeking services at counseling centers are increasing and this number is nearly half in undergraduate students.

According to a survey of California University, diagnoses of these students indicate a heightened severity of problems and an increasing use of medications for anxiety, mood disorders, and depression. Student mental health issues affect academic communities in many ways. It includes disruptive and hostile behavior or even violence in classrooms and labs to suicidal threats or gestures in the residence halls. Faculty, staff, and students have feared for their own safety when interacting with students in crisis, and instances of stalking or other bizarre behavior are quite common. A cross institutional study found stress the top of health problem which worried students most, followed by body image, AIDS, physical fitness and cancer (Delene & Brogowich, 1990). The Stanford Survey found psychological distress to be extremely common among the students. One out of three students described himself as anxious or tense. As far as depression is concerned, 1 in 5 students described him-self as "tired without any apparent reason". 43 percent said sometimes felt "so depressed it is hard for them to get going" and 16 percent reported feeling that life is not worth living (Martinez & Fabiano, 1992). Many students may have bad days or bad moods, depression is more complex. Silverman (2004) found that depression, to the extent that it interfered with typical daily activities for two or more weeks, was reported by 28.3% of college students. Female students are more likely than male students to experience serious depression (Silverman, 2004). Young (2004) indicates that the rate of depression among college students rose almost five per cent in just the past four years, with 38% of these students on antidepressant medication and over 25% in therapy.

It reflects that 20 to 25 percent of college students' population is suffering from psychological distress all over the world. The study was aimed to examine the college students' mental health situations studying in Japanese universities at Kyushu region.

Method

To find out the psychological distress among university students of Japan in Kyushu region, a preliminary study has been carried out by taking the students from an undergraduate college of Fukuoka prefecture in Japan. The General Health Questionnaire (GHQ-12) was administered among 114 undergraduate students (Male n=37; M age=21.4 yrs.; Female n=77; M age=20.6 yrs.). The mean age of total sample was 21.1 years (SD=2.33) with an age range of 19-23 yrs.

Process

A Student Health Problem Inventory was administered to the students prior to the General Health Questionnaire to consciously think about health matters. There were 10 statements in the inventory about students' problem on concentration, memory, worry, anger etc. This has been translated to Japan version using the back translations method (Bruslin, 1980 & 1986).

Japanese version of GHQ-12 (Doi, Y. & Minowa, M., 2003) was used in the study. It was the selfcompletion questionnaire asks informants about their general level of happiness, depression, concentration, anxiety, and sleep disturbances over the four weeks preceding the survey. GHQ-12 was internally reliable and homogenous scale to produce mainly the factors of psychological distress and social dysfunction.

A Student Stress Inventory has been chosen to know the level of stress among students on five areaspsychological, physical, studies, interpersonal and substance abuse. Each area consisted of Likert-type 5 items with 4 anchors.

Results and Discussion

The average score for the student population was 3.60 on GHQ-12 (*see Appendix-I, I a*). As for the standardization of GHQ-12 to Japan adult population was 4 and above on cut off point. By taking this into consideration, the average score for this study is below cut off point. However it was found that out of 114 students, (44%) scored 4 or more than 4 indicated that these students had psychological distress at a high level. The main effect of GHQ-12 was significant (F 1,112 = 8.9, p < .05). It was found that 49% of students expressed lack of self confidence, 37% constant strain, 53% could not play useful part, 18% felt depressed and 27% worthless.

The main effect of the student problem inventory (*see Appendix II & II a*) was also significant (F 1,112 = 10.9, p < .01). The type of stress the students reported on student stress inventory were as psychological (43.6%), physical (41.6%), studies (41.8%), interpersonal (29%), and substance abuse (12.8%).

Criterion	Mean	<u>SD</u>				
Mind	62	2.4				
Body	57	1.9				
Studies	46	3.2				
Interpersonal	38	2.7				
Substance Abuse	18	3.8				

Table **1** Means and standard deviations of students (*n*=114) on student stress inventory

The Students Stress Inventory (*see Appendix III & III a*) suggested that 41% of students reported stress with highest on psychological and lowest on substance abuse. These distressing and alarming results should be considered for some preventive measures.

Student counseling was introduced in Japanese College by the American Council on Education in 1951 (Watanabe-Muraok, 1997). Currently, approximately 60% of Japanese universities employ counselors on their campuses and 90% of universities offer some kind of consultation center to students, such as Psychological Consultation Center (Monbushou, 2000). Despite the passing of 55 years since its introduction to Japan, college counseling is not yet fully established as its own independent profession, and university counseling is provided by various professionals, including psychiatrists, clinical psychologists, teaching faculty, and general clerical staff (Watanabe-Muraoka, 1997).

Japanese college students were likely to seek help from their social networks of friends, families and siblings versus professional sources as a mean of coping with their psychological distress (Fukuhara, 1989). In Japan, college student think that their problems could potentially harm their relationship with others, they may decide to keep their problems to themselves and put the needs of others before individual concerns (Henkin, 1985). In addition, keeping things with themselves is considered as honorable because Japanese culture emphasizes tolerance for difficulty and willingness to sacrifice and endure in the face of adversity (Marsella, 1993).

The results of this survey are in the above direction too and indicates that 41% of students reporting of psychological distress. Therefore, it is necessary to establish a student counseling services in the college with a trained counselor as educational/ clinical psychologist so that counselor can deal with students emotional and academic problems effectively.

The college should conduct an orientation course towards counseling services and should dispel the myth that consulting a psychologist/counselor will not harm their social relationship but help the student to overcome his psychological problems. Otherwise this will affect the academic carrier of the students. Kitzrow (2003) suggested that all campus personnel take advantage of faculty and staff development opportunities and seek information about working with students who have mental health conditions and/or disabilities. Recognizing and referring students in trouble is one of the very best things surrounding persons can do.

References

- Delene, L. M., & Brogowicz, A. A. (1990). Student health needs attitudes & behavior making implication for college health centers: *Journal of American College Health*, 38, 157-164.
- Martinez, A. M. & Fabiano, P. (1992). Stanford students health needs assessment 1990: Report of Stanford CA: Cowell Student Health Center, Stanford University.
- Brislim, R. W. (1980). Translation and content analyses of oral and written materials. In H. Triandin & J. W. Berry (Eds.), Handbook of Cross cultural Psychology, Vol.2. Methodology (pp.389-444) Boston: Allyn & Bacon.
- Brislin, R. W. (1986). The wording and translation of research instruments. In W. J. Lonner & J. W. Beny (Eds.), Cross cultural Research & Methodology Services: Vol. 8. Field methods in cross cultural research (pp.137-164). Beverly Hills, CA, Sage.
- Doi, Y., & Minowa, M. (2003). Factor structure of 12 items General Health Questionnaire in the Japanese general adult population. *Psychiatry clinical neurosciences*, 57 (4), 379-83.
- Fukuhara, M. (1989). Counseling Psychology in Japan. Applied Psychology: An international Review, 38 (4), 409-422.
- Henkin, W. A. (1985). Toward Counseling Japanese in America: A cross cultural primer. Journal of Counseling and Development, 63, 500-503.
- Kadison, R., & DiGeronimo, T. F. (2004). College of the overwhelmed: The campus mental health crisis and what to do about it. San Francisco: Jossey-Bass.
- Kitzrow, M. A. (2003). The mental health needs of today's college students: Challenges and recommendations. NASPA Journal, **41** (1), 165-179.
- Marsella, A. (1993). Counseling & Psychotherapy with Japanese Americans: Cross-cultural considerations. American

Journal of Orthopsychiatry, 63 (2), 200-208.

- Monbushou (Japan Ministry of Education, Culture & Science) (2000). Gakusei Seikatsu no Jujitsu ni Kansuru tyousa kenkyuukai (*investigation meeting for the enrichment of student life*). Tokyo, Monbushou.
- Silverman, M. M. (2004). College student suicide prevention: Background and blueprint for action. *Student Health Spectrum*, 13-20.
- Watanabe-Muraoka, A. (1997). National system of counseling in Japan. International Journal of Advancement in Counseling, 19, 15-27.

Young, J. R. (2004). Prozac campus. The Chronicle of Higher Education. Pp. A37-A38.

APPENDIX I

General Health Questionnaire (GHQ-12):

- 1 . Lost much sleep over worry.
- 2 . Felt constantly under strain.
- 3 . Been able to concentrate on whatever you are doing.
- 4 . Felt that you are playing a useful part in things.
- 5 . Been able to face up to your problems.
- 6 . Felt capable of making decision about things.
- 7 . Felt that you could not overcome your difficulties.
- 8 . Been feeling reasonably happy all things considered.
- 9 . Been able to enjoy your normal day to day activities.
- 10 . Been feeling unhappy and depression.
- 11 . Been loosing self confidence in yourself.
- 12. Been thinking yourself as a worthless person.

APPENDIX I a

一般健康管理質問紙

以下の質問に該当する答えに をつけてください。

1:以前より少ない 2:以前と同じ 3:以前より多い 4:以前よりとても多い

1.やっていることに集中出来る。

- 2.心配があったら眠れない。
- 3.していることを自分がよくやっているように思う。
- 4.物事に対して自己判断ができているように思う。
- 5.いつもストレスがあるように思う。
- 6.問題を乗り越えられないように思う。
- 7.毎日を楽しんでいるように思う。
- 8.問題に向き合えることができている。
- 9.嬉しくない又は落ち込んでいるように感じる。
- 10. 自信を失っているように思う。
- 11. 自分を価値がない人間と考えている。
- 12. 少しずつ喜びを感じ、いろいろなことがうまくいっているように思う。

APPENDIX II

Student Problem Inventory

- 1 . Difficulty to concentrate on studies.
- 2 . Difficulty to remember things.
- 3 . Anxious/Afraid without any reason.
- 4 . Irritable and angry for minor reasons.
- 5 . Worry a lot.
- 6 . No interest in studies.
- 7 . Feel useless and incompetent.
- 8 . Disturbed adjustment.
- 9 . Too much work, no time to study.
- 10 . Constant stress and strain.

APPENDIX II a

学生の問題意識質問紙

名前:	年齢:	歳	月	男	・女			
1:そうではない 2:ときどきある 3:大変そう思う								
1.勉強に集中することを難しく感じますか。 1 2 3					3			
2.物事を思い出すのは難しく感じますか。 1				2	3			
3.理由なしに怖く感じたり気になったりしますか。			1	2	3			
4.小さい物事に対して怒ったり、いらいらしたりしますか。			1	2	3			
5.とても心配するほうですか。			1	2	3			
6.勉強に興味がないと感じますか。			1	2	3			
7.自分が完璧でない又はいらない人間と感じますか。			1	2	3			
8.仕事場で人とうまく付き合えないことがありますか。			1	2	3			
9.仕事が有り過ぎて勉強ができないと考えたことがありますか。 1 2 3			3					
10.自分がストレスを抱えていると考えたことがありますか。 1 2 3			3					

APPENDIX III

Student Stress Inventory (SSI)

Criterion	No	Statements				
MIND	1	I worry too much				
	2	I feel sad or depressed				
	3	I feel less interest in many things				
	4	I tend to get tense and nervous				
	5	Often I feel inferior to others				
BODY	1	I have less / poor sleep				
	2	I get frequent headache or body aches				
	3	I have poor appetite and diet				
	4	I have a lack of exercises				
	5	I think I am overweight.				
STUDIES	1	I always have too much to study, never able to relax				
	2	I feel under high pressure to perform in my studies				
	3	I feel lack of motivation to study				
	4	I feel difficulty to concentrate on studies				
	5	I feel bored with my studies				
INTERPERSONAL		I feel I have poor communication skills				
	2	I am not getting good support from my teachers				
	3	I have difficulty relating to other students				
	4	I quite often have conflict with teachers				
	5	I quite often have conflict with students of opposite gender				
SUBSTANCE USE /	1	I have a habit of smoking				
HABITS	2	I drink alcohol				
	3	I have used drugs like cannabis				
	4	I have used heroin, cocaine				
	5	I worry about sexual matters				

APPENDIX III a

学生ストレスに関する質問紙

以下の質問に該当する答えに 1:YES 2:NO で答えてください。

- 1.とても心配する。
- 2.悲しい又は自信がないように感じる。
- 3.いろいろなことに興味があまりわかない。
- 4.緊張又は興奮しやすい。
- 5.人と比べたら劣勢を感じる。
- 6. ぐっすり眠れない。
- 7.よく頭が痛い又は体が痛いことがある。
- 8.あまり食欲がない。
- 9.あまり運動しない。
- 10. 体重が増えたように感じる。
- 11.勉強がたくさんあるのでゆっくりする時間がない。
- 12.勉強のため圧力を感じる。
- 13.勉強の動機が弱い。
- 14.勉強に集中するのが難しい。
- 15.勉強が面白くないと感じる。
- 16.物事をうまく伝えられないように感じる。
- 17.先生は協力的ではないと感じる。
- 18.他の学生と接するのに問題を感じる。
- 19. 先生と意見がぶつかってしまう。
- 20. 異性とよく意見がぶつかってしまう。
- 21. タバコを吸う。
- 22.お酒を飲む。
- 23. 大麻などの薬を使ったことがある。
- 24. 麻薬を使ったことがある。
- 25.性的関係を心配する。