



Psychological Wellbeing among College Students

P. Udhayakumar¹ P. Illango²

ABSTRACT: Psychological well-being is usually conceptualized as some combination of positive affective states such as happiness and functioning with optimal effectiveness in individual and social life. Psychological well-being problems have become increasingly common among college students nowadays, especially undergraduate students who are prone to psychological problems. Evidence suggests that the college students are vulnerable to mental health problems which have generated increased public concern. This quantitative study aims to assess the psychological wellbeing of the undergraduate students. The study was conducted with the undergraduate students at a college in Thiruvavur District, Tamil Nadu (N= 100). The standardized instrument was used to assess the general psychological wellbeing of the students. Findings revealed that the majority of the students were classified as experiencing 'high level' regarding positive wellbeing and 'high' regarding anxiety and depressed mood. Correlations were significantly positive for the positive wellbeing and anxiety scores as well as general health and self-control scores. Besides, it was seen that general health scores significantly predicted the manifestation of anxiety, depression, and self-control among the students. The implications of the results of this study for interventions have also been discussed in this article.

Keywords: Mental Health, General Health, Psychological well-being, Self-control



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1. Introduction

Psychological well-being is usually conceptualized as some combination of positive affective states such as happiness and functioning with optimal effectiveness in individual and social life (Deci and Ryan, 2008). Further, psychological well-being refers to the extent to which people feel that they have meaningful control over their life and their activities. Nevertheless, psychological well-being problems have become increasingly common among the college students nowadays (Yang, 2010). High rates of mental distress had been reported among undergraduate students just like other undergraduates of different departments in higher institutions of learning (Gallagher, 2008; Mackenzie et al., 2011). The rate of the distress is higher among undergraduates compared to the general population (Sarokhani et al., 2013). Some of the causative factors associated to distress among students are uncertainty about their future employability and success, academic stress, being distant from their primary source of support (Ibrahim et al., 2013; Sarokhani et al., 2013).

¹Assistant Professor, Department of Social Work, Central University of Tamil Nadu, Thiruvavur, India; Email: pudhayakumar@cutn.ac.in

²Dean of Arts, Department of Social Work, Bharathidasan University, Tiruchirappalli, India;

It was estimated that seven out of 10 United States adults claim to experience stress or anxiety at least at a moderate level on a daily basis. While stress is an inevitable part of life, it is very present (Blanco et al., 2008) and becoming more prevalent among university students (Gallagher, 2008; Mackenzie et al., 2011).

Evidence that suggests that university students are vulnerable to mental health problems has generated increased public concern in Western societies (Stanley and Manthorpe, 2001). Academics are an integral part of the life of all college students, and without a healthy attitude toward academic goals, students can be plagued with crippling bouts of stress. While academics can be perceived as a positive challenge, potentially increasing learning capacity and competency, if viewed negatively, this stress can be detrimental to the student's mental health (Kumaraswamy, 2013; Murphy and Archer, 1996). A student reacts to college in a variety of ways. For some students, college is stressful because it is an abrupt change from high school and others separation from home is a source of stress. Although some source of stress is necessary for personal growth to occur, the amount of stress can overwhelm a student and affect the ability to cope (Kumarasamy, 2013). College students frequently have more complex problems today than they did over a decade ago. The common stressors in college include greater academic demands, changes in family relations, changes in social life, exposure to new people ideas and temptations. Some of the salient problems specific to college students are, time pressure, fear of failure, struggle to establish identity, the pressure of academic excellence and tough competence. Emotional problems such as feel inferior to others, not able to think properly, worrying too much, feel life is not worth living. Feel anxious without any apparent reason (Kumarasamy, 2013).

Academic pressures of meeting grade requirements, test taking, the volume of material to be learned and time management has been shown to be a significant source of stress for students (Crocker and Luhtanen, 2003; Kumaraswamy, 2013; Misra and McKean, 2000). Among college students, depression has been found to be associated with unhealthy behaviors, such as binge drinking, physical inactivity, poor diet, high stress, anxiety, loneliness, poor body image, interpersonal issues, discrimination, and other mental health symptoms (Schofield et al., 2016). A study among undergraduate medical students in the United States of America found that 23% had clinical depression and 57% were under psychological stress (Mosely et al., 1994). For example, one study found that only 27.5% of adolescents identified anxiety and 42.4% identified depression as being mental health-related (Olsson & Kennedy, 2010). Untreated mental disorders have the potential to impact social relationships, productivity and academic success (Hunt and Eisenberg, 2010). This study seeks to explore the experience of the undergraduate students regarding psychological wellbeing and to ascertain their mental health status.

2. Objectives of the Study

The following research question was framed:

1. To portray the socio-demographic profile of undergraduate students.
2. To assess the manifestation of dimensions such as anxiety, general health, and general psychological wellbeing of the students.
3. To ascertain correlations if any between the subject dimensions and with socio-demographic variables.

3. Method

The setting of the study

The study was conducted at Nethaji Subash Chandra Bose College, Thiruvarur District. It is a self-financing college that was established in 2009 and is run by a private trust since 2000. It is arts and science college affiliated to the Bharathidasan University and offers three-year degree programmes and two-year postgraduate courses. The college caters the educational needs of more than 900 students.

Respondent selected

Permission for the study was obtained from the principal of the college. The under graduate students (1, 2 & 3 years) were briefed about the nature of the study. The students were asked that their participation was entirely voluntary and they could stop filling up questionnaires at any point without assigning any reasons. Informed consent was obtained from students of each year who have expressed their willingness for the study. The data was collected in the mid of the academic year between November and December 2016. The universe for the study is 680 under graduate students, and a total of 100 students (51 male and 49 female) were taken for the study using random sampling method.

Instruments of data collection

A *socio-demographic* information sheet was prepared by the author to collect background information of the students.

The Psychological General Well-Being Index (PGWBI) was developed by Dupuy (1984) and is a multi-dimensional questionnaire used to assess an individual's self-representation of his/her intrapersonal, affective or emotional state. The instrument consists of 22 items, which are subdivided into six categories: anxiety, a depressed mood, a sense of positive wellbeing, self-control, general health, and vitality. Since various dimensions or aspects of psychological wellbeing are included in this measuring instrument, it offers a good and comprehensive indication of psychological well-being.

Each of the 22 questions has six possible response categories. Although a total score can be determined for the measuring instrument (the total score can vary between 22 and 132, with a lower score indicating a lower level of psychological wellbeing), a score can also be determined separately for each subscale, and these will be used in this study.

4. Results

Socio-demographic Profile of Respondents

The majority of the respondents (83%) ranged from the age group of 20 to 22 years. The vast majority came from Hindu families (86%) and the remaining from Christian and Muslim background. The majority (75%) of the respondents hail from a rural background and from unclear family families (89%). 49% of them had only one sibling, and 24% had two siblings. Majority of the students are from arts background (66%) and remaining 44% are from a science background.

The father was the main bread winner of the family in most families, and the majority (55%) were engaged in farming and others were employed as laborers in private concern. The reported total monthly family income ranged from Rupees 5000 to 20,000. The socio-demographic profile shows a lower middle-class background with low income.

Psychological wellbeing of the students

The students were re-classified into low and high categories based on the median score and its sub-dimensions. With regard to the various sub-dimensions of psychological wellbeing, Table 1 reveals that the overall psychological general wellbeing for the majority of the students was "high" on the cumulative psychological general wellbeing score (53%) as well as all its sub-dimension namely positive wellbeing (63%), self-control (53%), general health (50%), vitality (57%). Besides, high score for the other dimensions of psychological general wellbeing like anxiety (56%), and depressed mood (58%).

Table 1. Distribution of respondents on sub-dimensions of Psychological General Wellbeing Index

Sub-dimensions	Low	High	Median
Anxiety	44%	56%	11
Depressed mood	42%	58%	10
Positive wellbeing	37%	63%	10
Self-control	47%	53%	12
General health	50%	50%	8.5
Vitality	43%	57%	11
Overall psychological general wellbeing	47%	53%	61

Domicile based comparison

In the next phase of analysis, students domicile was compared about the subject dimensions using one-way analysis of variance, results of which are presented in Table 2. The results indicate significant statistical difference on PGWBI dimensions such as anxiety, positive wellbeing, and overall psychological general wellbeing. The resulting F values were not significant with the other PGWBI sub-dimensions namely depressed mood, self-control, general health and vitality did not differ according to the domicile of the students.

Table 2. Domicile and various dimensions of PGWBI- One Way ANOVA

S.No	Domicile	df	SS	MS	X	Statistical Inference
1.	Anxiety					F= 3.458
	Between Groups	2	57.618	28.809	G1= 18.8000	P < 0.05
	Within Groups	97	808.222	8.332	G2= 12.5000 G3= 9.5556	Significant
2.	Depressed Mood					F= 1.738
	Between Groups	2	18.054	9.027	G1= 9.8267	P > 0.05

	Within Groups	97	503.906	5.195	G2= 10.9375 G3= 9.5556	Not Significant
3.	Positive Wellbeing					
	Between Groups				G1= 10.0933	F= 6.523
	Within Groups	2	153.671	76.836	G2= 12.5000	P < 0.05
		97	1142.567	11.779	G3= 7.4444	Significant
4.	Self-control					
	Between Groups	2	5.750	2.875	G1= 11.6667	F= 0.309
	Within Groups	97	903.160	9.311	G2= 11.0625	P > 0.05
					G3= 11.2222	Not Significant
5.	General Health					
	Between Groups	2	17.764	8.882	G1= 8.7200	F= 0.878
	Within Groups	97	981.676	10.120	G2= 9.7500	P > 0.05
					G3= 8.2222	Not Significant
6.	Vitality					
	Between Groups	2	0.583	0.292	G1= 10.9333	F= 0.039
	Within Groups	97	722.417	7.448	G2= 10.8750	P > 0.05
					G3= 10.6667	Not Significant
7.	Overall Psychological General Wellbeing					
	Between Groups				G1= 62.0400	F= 3.650
	Within Groups	2	743.120	371.060	G2= 67.6250	P < 0.05
		97	986.630	101.656	G3= 56.6667	Significant

G1= Rural G2= Urban G3= Semi-urban

Comparison of students based on their gender

To compare the status of the gender on the key domain, *t*-test was carried out. It is seen that there is no gender-based significant difference noticed in the PGWS sub-dimensions such as anxiety, self-control, general health, psychological general wellbeing and total psychological general wellbeing score. The mean score comparison for the sub-dimensions of psychological general wellbeing indicates a higher mean among the male students with respect to anxiety, self-control, general health, vitality and total psychological general wellbeing. There is, however, a significant difference for respondents classified according to their gender and other PGWBI sub-dimensions like depressed mood and positive well-being. The mean score shows that the female students have high depressed mood score compared to their male counter parts and female students have high positive wellbeing score than the male students.

Table 3. Gender and various dimensions of Psychological General Wellbeing Index

S.No	Gender	X	S.D	Statistical Inference
1.	Anxiety			t= 0.677
	Male	11.1569	2.64875	df= 98
	Female	10.7551	3.26299	P > 0.05 Not Significant
2.	Depressed Mood			t= 2.219
	Male	9.4902	2.52486	df= 98
	Female	10.4849	1.95703	P < 0.05 Significant
3.	Positive Wellbeing			t= 3.648
	Male	9.0196	3.47845	df= 98
	Female	11.5102	3.34242	P < 0.05 Significant
4.	Self-control			t= 0.458
	Male	11.6667	2.36361	df= 98
	Female	11.3878	3.61603	P > 0.05 Not Significant
5.	General Health			t= 0.512
	Male	9.0000	3.44674	df= 98
	Female	8.6735	2.89675	P > 0.05 Not Significant
6.	Vitality			t= 0.066
	Male	10.8824	2.79748	df= 98
	Female	10.9184	2.62866	P > 0.05 Not Significant
7.	Overall Psychological General Wellbeing			t= 1.220
	Male	61.2157	9.79860	df= 98
	Female	63.7347	10.84315	P < 0.05 P > 0.05 Not Significant

Correlational Analysis

Pearson correlation coefficients were computed among the subject dimensions studied as well as with other numerical background variables such as age. The inter-correlation matrix (Table.4) shows a highly significant positive correlation between the positive well-being and depressed mood scores. Highly significant positive correlation is seen between general health and anxiety, depressed mood and self-control scores as well. There is a significant correlation between the vitality and anxiety, positive wellbeing, self-control scores as well as the overall psychological general wellbeing and anxiety, depressed mood, positive well-being, self-control, general health and vitality scores. In terms of the background variable, age did not enter into any significant correlation with any of the PGWBI sub-dimensions.

Table 4. Inter correlation matrix for Subject Dimensions

Dimensions	1	2	3	4	5	6	7
Anxiety	1						
Depressed Mood	.233*	1					
Positive Wellbeing	.157	.377*	1				
Self-control	.382*	.131	.056	1			
General Health	.326*	.297*	.010	.290*	1		
Vitality	.276*	.133	.271*	.234*	-.043	1	
Overall Psychological General Wellbeing	.677*	.585*	.568*	.600*	.543**	.520**	1

*Correlation is significant at the 0.05 level **Correlation is significant at the 0.01 level

5. Discussion

The descriptive analyses indicated that students involved in this study possess rather high levels of overall psychological general well-being. Besides, it is seen that the under graduate students are anxious along with depressed mood state. Higher levels of student anxiety and depressed mood stage has also been reported by other studies (e.g., Beiter, Nash, McCrady, Rhoades, Lincomb, Clarahan & Sammut, 2015). It may be because newly faced social and intellectual challenges may cause emotional pressure, which may lead to an increased risk for depression, anxiety, and stress (Bayram & Bilgel, 2008). It was seen in this study that the domicile of the students differentiated them regarding anxiety, positive wellbeing and overall psychological general wellbeing. The anxiety level was high with the rural students, whereas the urban students had better positive wellbeing and overall psychological general wellbeing. This is also reported by Bayram and Bilgel (2008) who found that students whose residential area was a village had higher anxiety scores than those with town or city residency. The students from rural background had better general health status than the students who hail from urban areas. Similarly, the students form rural areas

had higher level vitality than the urban students.

No significant gender differences in terms of anxiety, general health, self-control, vitality and overall psychological general well-being were seen in this study. However, the gender of the students differentiated them in terms of depressed mood and positive wellbeing. A higher level of depressed mood score was found among the female students. Similarly, previous studies have investigated mental distress among college students using other survey methods, and rating scales found higher levels of depression among female students (Adewuya et al., 2006). This is, however, contrary to the study that found no differences according to gender in terms of depression or depressive mood (e.g., Grant et al., 2002). The female student's positive wellbeing score was significantly higher compared to their male counterparts. Highly significant positive correlation is seen between the student's general health and their anxiety, depressed mood state and self-control. The students with good health status tend to have better mental health status and self-control. Vitality has a significant positive correlation with anxiety, self-control and general health of the students. Highly significant positive correlation is also seen between the overall psychological general wellbeing of the students and their anxiety, depressed mood state, positive wellbeing, self-control, general health, and vitality.

6. Conclusion: Implications for practice

The high rates of anxiety and depression among the college students have major implications, not only with psychological morbidity that will have adverse effects on general well-being, development, educational attainment and quality of life of the students. The findings suggest that the undergraduate students need extra measures from their college to deal with anxiety and depression that they experience. Setting up students counseling center in colleges with the help of mental health professionals like a psychiatric social worker, psychologist and psychiatrist will help the student to deal more effectively with mental health issues. Stanley and Bhuvanewari (2016) who have done studies with the under graduate social work students in Tamil Nadu suggest that academic lead (staff members) should meet students once a month to enable students to vocalize their difficulties and to seek clarification on various issues that they perceive to be difficult. Further, students tutorials are a practice that could immensely benefit students and the concerned department in the college may consider assigning four or five students to a named tutor who has weekly/ fortnightly meetings with the students, enables them to share their anxieties and to seek support and clarification from their tutor. It can also be beneficial for universities/ colleges to understand what aspects of life that correlate with a decrease the depression and anxiety symptoms to encourage those behaviors with their students (Beiter et al., 2015). Kumarasamy (2013) who has done a brief review on academic stress, anxiety, and depression among the college students has suggested interventions which can benefit the students like conducting a regular workshop for students on stress management, assertive training and communication skill. The colleges can survey on a regular basis to evaluate the general wellbeing of the students. This kind of survey would help the college authorities to understand the health needs of their students and design the new programmes at the college level to improve the self-efficacy and wellbeing of the students.

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