A RESEARCH ON THE IMPACT OF MENTAL HEALTH AMONG COLLEGE STUDENTS IN THE FINAL YEAR

Dr. S. S. Ramya[1], Ms.Deepika.J.[2]

[1]*Assistant Professor, Department of Commerce, PSG College of Arts & Science, Coimbatore-14.*
ORCID iD: https://orcid.org/0000-0002-9547-1272
[2]*Student of II M. Com(CS), Department of Corporate Secretaryship, PSG College of Arts & Science, Coimbatore-14.*

ABSTRACT

College life is the most pressing stage in the teenagers' lives that can sometimes impose major challenges to study, play, socialize and live at the same time. Failure to manage these challenges effectively may lead to poor mental health in the teenagers. The aim of this study is to examine the prevalence and effects of depression, stress and anxiety among final year college students and to analyze the multifaceted challenges affecting their mental health and to identify the consequences faced by them and suggest targeted interventions to improve their overall mental well-being during their critical stage of their academic life. The scope of this study encompasses a comprehensive examination of the effects of mental health among final year college student within a Coimbatore city. It will focus on assessing various mental health parameters such as depression, stress, anxiety and other factors that may impact the psychological well-being of the students. Ethical considerations will be paramount, ensuring participant confidentiality, informed consent and adherence to ethical guidelines throughout the study. This study aims to provide valuable insights into the mental health challenges faced by the final year college students, with implications for counselling services, awareness initiatives, and policy recommendations to support student well-being

KEY WORDS: *Mental health, depression, stress, anxiety and coping mechanism.*

1.1 INTRODUCTION

Mental health refers to an individual's emotional, psychological, and social well-being, encompassing their ability to handle stress, relate to others, and make choices. It is a dynamic state that involves the presence of positive mental attributes and effective coping strategies, extending beyond the mere absence of mental disorders. Mental health to our cognitive, behavior, and emotional well-being it is all about now we think, feel, and behave. The term "mental health" is sometimes used to mean an absence of a mental disorder. Mental health can be seen as an unstable continuum, where an individual's mental health way has many different possible values. Mental wellness is generally viewed as a positive attribute, even if person does not have any diagnosed mental health condition. This definition of mental health highlights emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges.

According to WHO (World Health Organization), mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work protectively and fruitfully, and is able to make a contribution to his or her community. the WHO stresses that mental health "is not that the absence of mental disorder".

The mental health of final year college students is a critical aspect of their overall well-being as they navigate the challenges of completing their academic journey and transitioning into the next phase of life. This period is often characterized by a unique set of stressors, including academic pressures, career uncertainties, and the prospect of significant life changes.

The mental health of final year college students is a critical aspect of their overall well-being as they navigate the challenges of completing their academic journey and transitioning into the next phase of life. This period is often characterized by a unique set of stressors, including academic pressures, career uncertainties, and the prospect of significant life changes

1.2 OBJECTIVES OF THE STUDY
❖ To Assess the current mental health of final year college students.
❖ To identify prevalence and types of mental health issues.

1.3 RESEARCH METHODOLOGY
In this study, an effect of mental health among final year college students has been analyzed and data have been obtained from final year college students in Coimbatore city.

The methodology is a guideline system for solving a problem with specific components such as phases, tasks, methods, techniques and tools by which researchers go about their work

of describing and explaining. A systematic and careful analysis of information is of primary objective in any research to obtain reliable results. It is essential to have systematic planning of data collection and employability tools for the analysis of information.

The methodology is discussed under the following heads.

Sampling Area
- The study was undertaken in Coimbatore city.

Sample Size
- A total of 106 samples were collected from the final year college students.

Sampling Method
- In this study, Convenience sampling method has been adopted.

Period of the Study:
- The study covers the period of about DECEMBER 2023- APRIL 2024.

1.4 SOURCES OF DATA
This research study aims to analyze the effects of mental health among final year college students and the data are to be collected on two basis such as Primary and Secondary data.

Instructions were given as the following questionnaire Perceived Stress Scale, Hamilton Anxiety Rating Scale (HAM-A), Depression Anxiety Stress Scale -10 (DASS- 10) and Kessler Psychological Distress Scale (k10) to all the subjects.

1.5 STATISTICAL TOOLS AND TECHNIQUES

Primary data was collected from 150 respondents. Data collected was edited and coded by using SPSS version 20.0. This helps in converting the gathered data into tabulated grouped data. The following relevant tools and techniques are applied.

1.5.1 PERCENTAGE ANALYSIS
Percentage analysis is applied to find out the distribution of frequencies between variables in this study. It is applied to find out
- Socio-economic profile of the respondents. i.e. Students of final year college students.
- Information related to mental disorders.

1.5.2 DEPRESSION ANXIETY STRESS SCALE-10(DASS)
Halford and Frost (2021) developed the DASS-10 as a shorter version of the original DASS-42 and DASS -21(Lovibond and Lovibond, 1995). The Depression Anxiety Stress Scale (DASS-10) is a brief 10 item version of the full version of the Depression Anxiety Stress Scale (DASS- 42). The DASS-10 can determine the overall level of distress as well as provide subscale scores for two symptoms clusters: Depression and Anxiety/Stress.

2.1 ANALYSIS AND INTERPRETATION
This chapter is presented in the following manner
- (i) Socioeconomic Status.
- (ii) Accessing the current mental health of final year college students.
- (iii) Identifying the types of mental health issues.

Table No.: 2.1
GENDER OF THE RESPONDENTS

GENDER	NO OF RESPONDENTS	PERCENTAGE (%)
Male	45	42.5
Female	61	57.5
TOTAL	106	100.0

Source: Primary Data

It is evident from the above table, out of 106 respondents taken for the study, 42.5% of the respondents are male and 57.5% of the respondents are female.

Table No.: 2.2
EDUCATIONAL QUALIFICATION OF THE RESPONDENTS

EDUCATIONAL QUALIFICATION	NO OF RESPONDENTS	PERCENTAGE (%)
UG	44	41.5
PG	62	58.5
TOTAL	106	100.0

Source: Primary Data

It is evident from the above table, out of 106 respondents taken for the study, 41.5% of the respondents are Undergraduates and 58.5% of the respondents are Postgraduates.

Table No.: 2.3
BIRTH ORDER OF THE RESPONDENTS

BIRTH ORDER	NO OF RESPONDENTS	PERCENTAGE (%)
1st Born	53	50.0
2nd Born	39	36.8
3rd Born	8	7.5
Others	6	5.7
TOTAL	106	100.0

Source: Primary Data

It is evident from the above table, out of 106 respondents taken for the study, 50% of the respondents are 1st born, 36.8% of the respondents are 2nd born, 7.5% of the respondents are 3rd born and 5.7% of the respondents are belongs to others.

Table No.: 2.4
AREA OF RESIDENCE OF THE RESPONDENTS

AREA OF RESIDENCE	NO OF RESPONDENTS	PERCENTAGE (%)
Rural	40	37.7
Urban	47	44.3
Semi Urban	19	17.9
TOTAL	106	100.0

Source: Primary Data

It is evident from the above table, out of 106 respondents taken for the study, 37.7% of the respondents belongs to rural area, 44.3% of the respondents belongs to urban area, 17.9% of the respondents belongs to semi urban area.

Table No.: 2.5
MONTHLY FAMILY INCOME OF THE RESPONDENTS

BIRTH ORDER	NO OF RESPONDENTS	PERCENTAGE (%)
Less than Rs.20,000	20	18.9
Rs.20,001-Rs.30,000	22	20.8
Rs.30,001-Rs.40,000	31	29.2
Above Rs.40,000	33	31.1
TOTAL	106	100.0

Source: Primary Data

It is evident from the above table, out of 106 respondents taken for the study, 18.9% of the respondents family earn less than Rs.20,000; 20.8% of the respondents family earn Rs.20,001-Rs.30,000; 29.2% of the respondents family earn Rs.30,001-Rs.40,000 and 31.1% of the respondents family earn above Rs.40,000.

Table no: 2.6

PART TIME EMPLOYEMENT	NO OF RESPONDENTS	PERCENTAGE (%)
Yes	24	22.6
No	82	77.4
TOTAL	106	100.0

Source: Primary Data

It is evident from the above table, out of 106 respondents taken for the study , 77.4% of the respondents are not engaged in part time employment and 22.6% of the respondents are engaged in part time employment.

Table No: 2.7
MEAN, MINIMUM AND MAXIMUM OF DEPRESSION, ANXIETY AND STRESS

VARIABLE	TOTAL DEPRESSION	TOTAL ANXIETY	TOTAL STRESS
Mean	13.28	11.57	14.34
Minimum	0	0	0
Maximum	30	28	30

Source: Primary Data

It is evident from the above table, out of 106 respondents
- ❖ The mean score for depression was 13.28 with scores ranging from 0 to 30.
- ❖ The mean score for anxiety was 11.57 with scores ranging from 0 to 28.
- ❖ The mean score for stress was 14.34 with scores ranging from 0 to 30.

Table No: 2.8
ASSESSING THE LEVEL OF DEPRESSION, ANXIETY AND STRESS

VARIABLE	LEVEL OF DEPRESSION	LEVEL OF ANXIETY	LEVEL OF STRESS
Mean	2.42	2.75	1.70
Standard Deviation	1.211	1.378	0.948
Variance	1.466	1.90	0.898
Minimum	1	1	1
Maximum	5	5	**5**

Source: Primary Data

Level of Depression
- ❖ The mean for level of depression is 2.42 with scores ranging from 1 to 5.
- ❖ The Standard Deviation of level of depression is 1.211.
- ❖ The variance of level of depression is 1.466.

Level of Anxiety
- ❖ The mean for level of anxiety is 2.75 with scores ranging from 1 to 5.
- ❖ The Standard Deviation of level of anxiety is 1.378.
- ❖ The variance of level of anxiety is 1.90.

Level of Stress
- ❖ The mean for level of stress is 1.70 with scores ranging from 1 to 5
- ❖ The Standard Deviation of level of stress is 0.948.
- ❖ The variance of level of stress is 0.898.

Table No.:2.8.1
LEVEL OF DEPRESSION

LEVEL	NO OF RESPONDENTS	PERCENTAGE(%)
NORMAL	35	33.0
MILD	14	13.2
MODERATE	40	37.7
SEVERE	11	10.4
EXTREMELY SEVERE	6	5.7
TOTAL	106	100

Source: Primary Data

It is evident from the above table, out of 106 respondents taken for the study,
- ❖ 33% of respondents reported Normal depression level.
- ❖ 13.2% of respondents reported Mild depression level.
- ❖ 37.7% of respondents reported Moderate depression level.
- ❖ 10.4% of respondents reported Severe depression level.
- ❖ 5.7% of respondents reported Extremely severe depression level.

Table No : 2.8.2
LEVEL OF ANXIETY

LEVEL	NO OF RESPONDENTS	PERCENTAGE(%)
NORMAL	30	28.3
MILD	10	9.4
MODERATE	38	35.8
SEVERE	12	11.3
EXTREMELY SEVERE	16	15.1
TOTAL	106	100

Source: Primary Data

It is evident from the above table, out of 106 respondents taken for the study,
- ❖ 28.3% of respondents reported Normal anxiety level.
- ❖ 9.4% of respondents reported Mild anxiety level.
- ❖ 35.8% of respondents reported Moderate anxiety level.
- ❖ 11.3% of respondents reported Severe anxiety level.
- ❖ 15.1% of respondents reported Extremely severe anxiety level.

Table No : 2.8.3
LEVEL OF STRESS

LEVEL	NO OF RESPONDENTS	PERCENTAGE(%)
NORMAL	62	58.5
MILD	20	18.9
MODERATE	18	17.0
SEVERE	6	5.7
EXTREMELY SEVERE	0	0
TOTAL	106	100

Source: Primary Data

It is evident from the above table, out of 106 respondents taken for the study,
- ❖ 58.5% of respondents reported Normal Stress level.
- ❖ 18.9% of respondents reported Mild Stress level.
- ❖ 17% of respondents reported Moderate Stress level.
- ❖ 5.7% of respondents reported Severe Stress level.
- ❖ 0% of respondents reported Extremely severe Stress level.

Table No .: 2.9
STUDENTS PRIORITIZING MENTAL HEALTH

STUDENTS PRIORITIZING MENTAL HEALTH	NO OF RESPONDENTS	PERCENTAGE(%)
Rarely	18	17.0
Sometimes	13	12.3
Often	54	50.9
Always	21	19.8
TOTAL	106	100

Source: Primary Data

It is evident from the above table, out of 106 respondents taken for the study, 17% of the respondents rarely prioritizing their mental health, 12.3% of the respondents sometimes prioritizing their mental health, 50.9% of the respondents often prioritizing their mental health, 19.8% of the respondents always prioritize their mental.

AWARE OF THE DIFFERENT CATEGORIES OF MENTAL DISORDERS
Table 4.10 and chart 4.10.1 depict the awareness of the different categories of mental disorders.

Table No.: 2.10
AWARE OF DIFFERENT CATEGORIES OF MENTAL HEALTH DISORDERS

AWARENESS	NO OF RESPONDENTS	PERCENTAGE(%)
Yes	51	48.1
No	55	51.9
TOTAL	106	100.0

Source: Primary Data

It is evident from the above table, out of 106 respondents, 48.1% of the respondents are aware of different categories of the mental health and 51.9% of the respondents are not aware of different categories of mental disorders.

Table No .: 2.11
FAMILY HISTORY OF MENTAL HEALTH DISORDERS

FAMILY HISTORY OF MENTAL HEALTH DISORDER	NO OF RESPONDENTS	PERCENTAGE(%)
Yes	13	12.3
No	81	76.4
Not Sure	12	11.3
TOTAL	106	100

Source: Primary Data

It is evident from the above table, out of 106 respondents, 12.3% of the respondents have the family history of mental health disorders, 76.4% of the respondents do not have the family history of mental health disorders, 11.3% of the respondents are not sure about the family history of mental health disorders.

The majority 76.4% of the respondents do not have the family history of mental health disorders.

Table No .: 2.12
TYPES OF MENTAL HEALTH DISORDERS

MENTAL HEALTH DISORDERS	NO OF RESPONDENTS WHO HAVE SAID YES	PERCENTAGE(%)
Sadness or low mood	20	6.7%
Panic attacks	30	10.1%
Mood swings	26	8.8%
Sleep disturbances	35	11.8%
Changes in weight	23	7.7%
Fatigue or lack of energy	29	9.8%
Irritability or anger outburst	21	7.1%
Social withdrawal or isolation	22	7.4%
Thoughts of self – harm or suicide	24	8.1%
Daydream or illusion	17	5.7%
Obsessive thoughts or compulsive behaviors	25	8.4%
Stress eating	25	8.4%
TOTAL	297	100

It is evident from the above table, out of 106 respondents, 6.7% of the respondents have the mental disorder of sadness or low mood, 10.1% of the respondents have the mental disorder of panic attacks, 8.8% of the respondents have the mental disorder of mood swings, 11.8% of the respondents have the mental disorder of sleep disturbances, 7.7% of the respondents have the mental disorder of changes in weight, 9.8% of the respondents have the mental disorder of fatigue or lack of energy, 7.1% of the respondents have the mental disorder of irritability or anger outbursts, 7.4% of the respondents have the mental disorder of social withdrawal or isolation, 8.1% of the respondents have the mental disorder of thoughts of self harm or suicide, 5.7% of the respondents have the mental disorder of daydream or illusion , 8..4% of the respondents have the mental disorder of both obsessive thoughts or compulsive behaviors and stress eating.

The most 11.8% of the respondents have the mental disorder of sleep disturbances.

SYMPTOMS INTEREFERE WITH DAILY FUNCTIONING
Table 4.13 and chart 4.13.1 depict the symptoms interfere with daily functioning.

Table No.: 2.13
SYMPTOMS INTEFERE WITH DAILY FUNCTIONING

SYMPTOMS INTEREFERENCE	NO OF RESPONDENTS	PERCENTAGE(%)
Rarely	36	34.0
Sometimes	51	48.1
Often	16	15.1
Always	3	2.8
TOTAL	106	100

It is evident from the above table, out of 106 respondents taken for the study, 34% of respondents reported that symptoms of mental disorder rarely interfere in their daily functioning, 48.1% of the respondents reported that symptoms of mental disorder sometimes interfere in their daily functioning, 15.1% of the respondents reported that symptoms of mental disorder often interfere in their daily functioning, 2.8% of the respondents reported that symptoms of mental disorder always interfere with daily functioning.

SOUGHT PROFESSIONAL HELP FOR MENTAL HEALTH CONCERNS
Table 4.14 and chart 4.14.1 depict the professional help for mental health concerns.

Table No.: 2.14
SOUGHT PROFESSIONAL HELP FOR MENTAL HEALTH CONCERNS

SOUGHT PROFESSIONAL HELP	NO OF RESPONDENTS	PERCENTAGE (%)
Yes	22	20.8
No	84	79.2
TOTAL	106	100

It is evident from the above table, out of 106 respondents take for the study, 20.8% of the respondents sought professional help for mental health concerns and 79.2% of the respondents do not sought professional help for mental health concerns.

The majority 79.2% of the respondents do not sought professional help for mental health concerns.

RECOMMENDATION FOR SEEKING PROFESSIONAL HELP TO SOMEONE EXPERIENCING MENTAL HEALTH SYMPTOMS
Table 4.15 and chart 4.15.1 depict the recommendation for seeking professional help to someone experiencing mental health concerns.

Table No.: 4.15
RECOMMENDATIONS FOR SEEKING PROFESSIONAL HELP

RECOMMENDATIONS	NO OF RESPONDENTS	PERCENTAGE (%)
Very likely	29	27.4
Somewhat likely	35	33.0
Not sure	31	29.2
Somewhat unlikely	5	4.7
Very unlikely	6	5.7
TOTAL	106	100

It is evident from the above table, out of 106 respondents taken for the study, 27.4% of the respondents reported that very likely they recommend for seeking professional help , 33% of the respondents reported that somewhat likely they recommend for seeking professional help, 29.2% of the respondents reported that they are not sure whether they recommend for seeking professional help, 4.7% of the respondents reported that somewhat unlikely they recommend for seeking professional help, 5.7% of the respondents reported that very unlikely they recommend for seeking professional help.

The majority 33% of the respondents are somewhat likely recommend professional help to someone experience mental health symptoms.

3. SUGGESTIONS
❖ Based on the factor analysis and DASS 21 scale results indicating moderate scoring on the depression, anxiety and stress among final year college students, consider implementing targeted intervention programs aimed at reducing these symptoms. These programs include cognitive- behavioral therapy(CBT) techniques, stress management workshops, and mindfulness training tailored to the unique needs of the students.

❖ Foster collaborative research partnerships between academic institutions, mental health organizations and the community stakeholders to address the mental health challenges of the students.

❖ Implement routine mental health screening programs using validated tools such as the DASS 21 scale to identify students at risk of mental health problems early on. Provide timely intervention and support services to address emerging issues and prevent escalation.

❖ Explore the feasibility of implementing peer support initiatives within the college settings to complement existing mental health services. Peer support programs can provide valuable social support, reduce stigma surrounding mental health and facilitate early intervention among students experiencing psychological distress.

4. CONCLUSION
In conclusion, the effects of mental health among final year college students are profound and multifaceted, impacting various aspects of their academic performance, social interactions, and overall well-being. Through the examination of mental health using tools like the DASS 21 scale and factor analysis, it has become evident that many final year students experience elevated levels of depression, anxiety, and stress,

which can significantly hinder their ability to thrive during this crucial period of transition.The prevalence of mental health challenges among final year students underscores the urgent need for targeted interventions and support services tailored to their unique needs. Addressing mental health issues on college campuses requires a comprehensive approach that encompasses not only individual-level interventions but also systemic changes to promote a culture of well-being and resilience.In conclusion, prioritizing mental health among final year college students is not only essential for their individual well-being but also contributes to a healthier, more vibrant campus community. By investing in mental health initiatives and fostering a culture of care and compassion, educational institutions can play a pivotal role in promoting the success and flourishing of their final year students now and in the future.

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