Mental Health Study and Psychological Factors Impacting the Behaviour Among College Students in India

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KEYWORDS

Mental health, psychological factor, socio-economic factor

ABSTRACT

Health risk behaviour, sometimes referred to as health impairing behaviour, is dangerous when it comes to children since it might have unfavourable consequences that last into adulthood. Although not entirely inherited, anxiety disorders can also result from the use of drugs, such as alcohol and caffeine, as well as the withdrawal from particular medications. They frequently occur in conjunction with other mental health issues, including actual depression, bipolar disorder, identity issues, and food issues. The phrase "nervousness" refers to four types of contacts that a person may experience: dissociative unease, physical tension, mental fear, and bodily symptoms. Feelings associated with unease range from mild anxiety to depressive bouts. While there are other psychological and therapeutic conditions that can mimic the signs of a tension disorder, this study outlines the elements that contribute to anxiety and how they impact students' mental health. The results and conclusions of the data collection process using a questionnaire were presented by the researcher. The researcher also talked about some inferences drawn from the participants' comments in addition to this.

1. Introduction

Presumably, anxiety is a feeling that predates human civilization. It is a crucial clinical core focus due to its universality in humans and its effectiveness in a range of unease-related issues [1]. Advances in psychobiology, oncology, and the study of disease transmission have significantly advanced our understanding of the anxiety problem in recent years. Recent developments in the fields of medication and psychotherapy have enabled patients to seek effective assistance for their symptoms and experience a shift in their way of functioning. Being nervous is a common human emotion. Nervousness, when controlled, strengthens an anticipatory and adaptable response to challenging or stressful situations. When there is an excess, anxiety unsettles the person and a shattered state emerges [2]. When tension arises in the absence of a test or stress, when it is excessive in comparison to the test or anxiety, when it causes great suffering, and when it results in mental, social, word-related, organic, and other weaknesses, it is considered unwarranted or neurotic [10]. Unhappiness, often called social tension disease or social phobia, is the term used to characterise a severe concern and avoidance of negative public scrutiny, shame, embarrassment, or social contact [13]. This anxiety may be confined to some social contexts (such as public speaking), or it more often affects most (if not all) social encounters [14]. Unique physical indicators of social anxiety can include blushing, perspiration, and difficulty speaking [17].

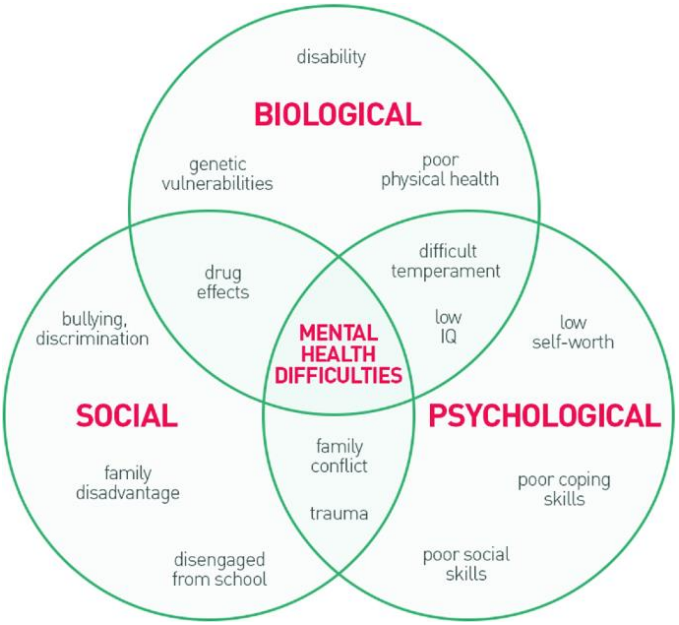

Figure 1. Factor Affecting psychological Behavior

As with any phobic condition, people who experience social tension often want to avoid the source of their tension; in the case of more complex social anxiety, this might result in total social isolation. Research has also demonstrated that tension problems are more common in those with a family history of anxiety disorders, especially in specific types. The available treatment options include medication, therapy, and lifestyle modifications. If alternative measures prove ineffective, prescription drugs are just recommended. In this context, quitting smoking offers advantages comparable to or greater than those of medication. The researcher has discussed a number of psychological problems in this chapter, along with some of the major contributing factors [3]. Additionally, the researcher has concentrated on reviewing numerous topic-related works in the upcoming chapter, which will aid in finding the study gap.

The contribution of the proposed work is

- To determine the attributes and factors influencing the Mental Health behaviour of college students in an around India.
- To determine the Anxiety behaviour of college students in an India.
- To explore the differences in health risk behaviour in the con text of urban and rural among college students.
- To study the health risk behaviours among adolescents in relation to health locus of control.

The rest of the article is structured as follows: Firstly, the literature on students' mental health is reviewed, and the corresponding theoretical hypotheses are put forward. Second, this study proposes the methods and results. Then, we conclude by discussing our results and their implications for theory and practice and suggesting future research directions. Finally, we draw a conclusion of this study

2. Literature Review

Health risk behaviour is defined as behaviours, along with associated attitudes and perceptions, that influence people's inclination to engage in or refrain from activities that experts have determined to be risky or detrimental to their health [11]. Any activity that a person engages in on a regular or intense basis that raises the chance of illness or damage can also be considered health-risk behaviour [4]. These health-dangerous habits may form a risky lifestyle group. Poverty, a contaminated environment, and

individual behavioural habits are major contributors to mortality and morbidity. Figures Available data shows that avoidable factors like tobacco use, alcohol abuse, physical inactivity, unhealthy eating habits, risky sexual behaviour, non-adherence to effective medication regimens, and screening programmes account for half of the 10 leading causes of premature death in developed countries [12]. Individuals' health-risky habits have an impact on their emotions, cognitive function, and general quality of life. Some authors [6] contend that teenagers should act recklessly or problematically in order to show that they are mature or to signal the beginning of maturity. Some contend that risky behaviour is most likely caused by teenage egocentrism and sensation seeking [16].

According to many academics, taking risks is a tendency whose manifestation is influenced by social and environmental elements including peers, family, school, the community, and cultural belief systems [7]. Adolescents are more susceptible and likely to participate in dangerous behaviour than people of other ages, no doubt [15]. Even if standard guiding criteria are commonly used, there are still differences in the definition, assessment, and classification of mental health problems, despite changes in awareness and knowledge over time and across cultural boundaries. Diagnosis is difficult since there often seems to be a continuum between mental health and mental disease [8]. Despite the fact that many people experience anxiety occasionally, it is not thought of as a typical response to a worry. Anxiety disorder is a possible psychiatric diagnosis when anxiety becomes overpowering and upsetting for the individual [9-10]. Therefore, the purpose of this study is to identify the anxiety-related elements that are influencing students' mental health [5]. There will be an examination and analysis of both internal and external influences.

2. Methodology

The study examined college students' mental health behaviours using exploratory and descriptive research methods. For the investigation, primary and secondary data collection was required. The primary source utilised by the researcher for data gathering was a questionnaire with many sets of questions. Secondary data is obtained by references to newspapers, periodicals, journals for research articles, and a plethora of websites on the internet. Surveys of consumers are used to collect primary data for analysis. A clear, concise, closed-ended questionnaire is developed for the consumer survey. In order to choose the samples for the study, the researcher employed a straightforward random sampling process.

Sample Size: The minimum sample size for the study was around 500 individuals. Given the uncertainty in the population, the sample size is determined using the following formulas: the percentage of respondents who chose an option or answer (50 percent = 0.5), the confidence interval (0.05 = + or -5), and the standard normal deviation established at 95 percent confidence level (1.96). The following is the formulas;

$$\text{Sample size} = \frac{Z^2 x p x (1-\rho)}{c^2} \quad (1)$$

Table 1 Participants profile

		Frequency	**Percentage**
Gender			
	Male	84	**49**
	Female	99	**51**
Education	Pursuing Bachelor's degree	139	**76%**
	Master's degree or higher	44	**24%**

Family Income	2000- 10,000	180	**98.36**
	10,000- 25,000	2	**1.10**
	25,000- 40,000	1	**0.54**
	More than 40,000	0	**0**
Age	51-60 years	44	**24**
	46-50 years	139	**76**
	17-25 years	0	**0**
	20-30 years	0	**0**
Family member Occupation	Teachers	139	**76**
	Doctors	44	**24**
	Non-Teaching Staff	0	
	Faculty Members	0	
	government or private sector	139	**76**
	self-employed	44	**24**
	Owner	**0**	

Data Analysis Techniques

To assess the mental health, opinions, and perceptions, as well as to determine the validity and reliability of the questionnaire, appropriate statistical tools such as Microsoft Excel and SPSS are utilised. The data analysis methods utilised were ANOVA (one way/two way).

Table 2 Students opinion to their mental health

Opinion	Frequency	Percentage
Having unsteady mind	99	**51**
opinion towards losing mental stability or balance even under ordinary pressure or circumstances	84	**49**
opinion towards feeling regarding being punished without any crime	99	**51**
opinion towards problem stuttering while talking to strangers	139	**76%**
opinion towards negative feeling of uselessness of life	44	**24%**
opinion towards habit of weeping and high level of sensation	180	**98.36**

opinion towards conflicts of sin and righteousness in your mind	2	**1.10**
opinion towards becoming excited of the just remembrances of the bitter past experiences of your life	1	**0.54**
opinion towards your capacity to tolerant thing and not losing your mind in certain circumstances	0	**0**
opinion towards your tongue getting dry because of getting scared of certain things or situations	44	**24**
opinion towards feeling of being responsible for committing a sin for inexplicable reason	**139**	**76**

3. Results and discussion

The results of the ANOVA test and t-test, (Table 3 and 4) show that all independent factors and the corresponding subscales under consumer behaviour and the psychological factor.

Table 3 ANOVA test result

Variables	**Category**	**Health behavior**				
		Mean	**Standard Deviation**	**Count**	**F**	**Sig**
Age	Under 15	3.47	1.155	16	.685	**.603**
	15- 20	3.25	1.025	601		
	21-25	3.39	.993	350		
	25-30	3.24	1.089	96		
	Above 30 years	3.24	1.114	71		
Educational Level	Diploma	2.25	1.075	9	2.260	**.080**
	UG	3.43	1.034	145		
	PG	3.28	1.019	773		
	PhD	3.30	1.046	207		
Family	≥ Rs.10000	3.21	1.072	108	.194	**.901**

Monthly income	Rs. 20000-30000	3.30	1.011	486		
	Rs. 30000-40000	3.29	1.049	342		
	Rs. 40000-50000	3.33	1.024	198		
Family size	3-4	3.30	1.032	818	.511	**.674**
	4-6	3.27	1.030	270		
	6-8	3.85	.576	9		
	8-10	3.26	1.059	37		
Visiting Hospital	1-2 times	3.28	.975	423	1.600	**.173**
	2-5 times	3.36	1.034	288		
	5-10 times	3.38	.997	180		
	11-20 times	3.36	1.126	99		
	21 times or more	**3.05**	**1.120**	**144**		

Table 4 t-test result

Demographic Profile	**Category**	**Health behavior**					
		Mean	**SD**	**N**	**t**	**df**	**Sig.**
Gender	Male	3.27	1.048	751	-.665	1132	**.506**
	Female	3.33	1.000	383			
Duration of Anxiety	Less than 3 years	3.28	.967	180	-.195	1132	**.845**
	More than 3 years	3.30	1.041	954			
Duration of Mental Health	Less than 3 years	3.30	1.029	873	.420	1132	**.675**
	More than 3 years	**3.26**	**1.032**	**261**			

Tables 3 and 4 make it clear that the researcher has thought through every detail and component. The questionnaire-style data gathering method was created with great care, and the questions were well crafted. In a similar vein, the researcher generated a few hypotheses at the outset of the investigation based on the responses that were addressed. Currently, the researcher is attempting to provide a summary of the entire study while taking into account the student's gender, age group, general population, and answers to specific psychological aspects or components for the current study.

4. Conclusion and future scope

Suicidal thoughts, anxiety attacks, and depression are common among patients attending PC (Primary care) facilities, although they are not well identified and managed by professionals. present anxiety problems are independently linked to female sexual orientation and documented sleep disorders, but present sadness is independently linked to marital status, which lowers training. Self-destructive ideation is associated with excessive alcohol consumption, energizer use, and ebb and flow MDE. Stress and anxiety were particularly common among females, whereas depression and stress were far more common among students. Depression and anxiety were also incredibly common. It is advised that more research be done to identify the risk factors for various mental illnesses. Therefore, the results

and conclusions of the data gathered by questionnaire are presented as part of this work.

Reference

[1] Pedrelli, Paola, Maren Nyer, Albert Yeung, Courtney Zulauf, and Timothy Wilens. "College students: mental health problems and treatment considerations." *Academic psychiatry* 39 (2015): 503-511.

[2] Sontag-Padilla, Lisa, Michelle W. Woodbridge, Joshua Mendelsohn, Elizabeth J. D'Amico, Karen Chan Osilla, Lisa H. Jaycox, Nicole K. Eberhart, Audrey M. Burnam, and Bradley D. Stein. "Factors affecting mental health service utilization among California public college and university students." *Psychiatric services* 67, no. 8 (2016): 890-897.

[3] Hulloli, P. B., & Venkatesh, G. (2021). Bradford's Law in the Field of Psychology Research in India. Indian Journal of Information Sources and Services, 11(2), 52–57.

[4] McLafferty, Margaret, Coral R. Lapsley, Edel Ennis, Cherie Armour, Sam Murphy, Brendan P. Bunting, Anthony J. Bjourson, Elaine K. Murray, and Siobhan M. O'Neill. "Mental health, behavioural problems and treatment seeking among students commencing university in Northern Ireland." *PloS one* 12, no. 12 (2017): e0188785.

[5] Lemay, D. J., Basnet, R. B., & Doleck, T. (2020). Examining the Relationship between Threat and Coping Appraisal in Phishing Detection among College Students. Journal of Internet Services and Information Security, 10(1), 38-49.

[6] Hubbard, Kimberly, Paige Reohr, Lauren Tolcher, and Andrew Downs. "Stress, mental health symptoms, and help-seeking in college students." *Psi Chi Journal of Psychological Research* 23, no. 4 (2018): 293-305.

[7] Cao, Wenjun, Ziwei Fang, Guoqiang Hou, Mei Han, Xinrong Xu, Jiaxin Dong, and Jianzhong Zheng. "The psychological impact of the COVID-19 epidemic on college students in China." *Psychiatry research* 287 (2020): 112934.

[8] Sasaki, T. (2012). A Framework for Detecting Insider Threats using Psychological Triggers. Journal of Wireless Mobile Networks, Ubiquitous Computing, and Dependable Applications, 3(1/2), 99-119.

[9] Stamatis, Caitlin A., Hannah C. Broos, Stephanie E. Hudiburgh, Sannisha K. Dale, and Kiara R. Timpano. "A longitudinal investigation of COVID-19 pandemic experiences and mental health among university students." *British Journal of clinical psychology* 61, no. 2 (2022): 385-404.

[10] Arora, G. (2024). Desing of VLSI Architecture for a flexible testbed of Artificial Neural Network for training and testing on FPGA. Journal of VLSI Circuits and Systems, 6(1), 30-35.

[11] Savage, Matthew J., Ruth James, Daniele Magistro, James Donaldson, Laura C. Healy, Mary Nevill, and Philip J. Hennis. "Mental health and movement behaviour during the COVID-19 pandemic in UK university students: Prospective cohort study." *Mental health and physical activity* 19 (2020): 100357.

[12] Mosleh, Sultan M., Raed M. Shudifat, Heyam F. Dalky, Mona M. Almalik, and Malek K. Alnajar. "Mental health, learning behaviour and perceived fatigue among university students during the COVID-19 outbreak: a cross-sectional multicentric study in the UAE." *BMC psychology* 10, no. 1 (2022): 47.

[13] Goljanin, A., Demirović, A., & Žiko, M. (2024). Models of Contepmporary Geodynamic Processes on the Rim of the Sarajevo Depression. Archives for Technical Sciences, 1(30), 15-24.

[14] Kavitha R., et.al The influence of optimal algorithms on robotics, Eurasian Journal of Analytical Chemistry, V-13, I-3, PP:989-995, 2018.

[15] Knapstad, Marit, Børge Sivertsen, Ann Kristin Knudsen, Otto Robert Frans Smith, Leif Edvard Aarø, Kari Jussie Lønning, and Jens Christoffer Skogen. "Trends in self-reported psychological distress among college and university students from 2010 to 2018." *Psychological medicine* 51, no. 3 (2021): 470-478.

[16] Bobir, A.O., Askariy, M., Otabek, Y.Y., Nodir, R.K., Rakhima, A., Zukhra, Z.Y., Sherzod, A.A. (2024). Utilizing Deep Learning and the Internet of Things to Monitor the Health of Aquatic Ecosystems to Conserve Biodiversity. Natural and Engineering Sciences, 9(1), 72-83.

[17] Zhao, Yuqing, Yuanyuan An, Xing Tan, and Xiaohui Li. "Mental health and its influencing factors among self-isolating ordinary citizens during the beginning epidemic of COVID-19." In *Loss and Trauma in the COVID-19 Era*, pp. 79-92. Routledge, 2024.