Mental Health Problems & Its Causes: A Case Study of University Students in Pakistan

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Abstract

Mental health problems are getting worse worldwide, and Pakistan is no exception. Most university students in Pakistan are between the ages of 18 and 20. Very few students are less than 18 years old. Concern for the mental health of university students has increased lately (Khan et al., 2021). In this study, the researchers aimed to get a deeper understanding of the mental health of Pakistani university students and the factors that influence it. This research used a quantitative cross-sectional design and "consecutive sampling" as its sampling technique. Urdu versions of the Depression Anxiety and Stress Scale 42 (DASS-42) item scale, developed by Lovibond (1995) and later modified by Hussain and Gulzar (2020), were used to

gather data from university students in person. The data analysis revealed a considerable increase in depression, anxiety, and stress among 628 randomly selected students from three universities in District Peshawar, Khyber Pakhtunkhwa, Pakistan. SPSS was used to analyze the data and determine its application. The repeated measures in this study revealed that the rates of depression, anxiety, and stress among university students were significantly different with reference to demographics.

Keywords: Mental Health; Universities; Students; Psychological Problems; Stress; Anxiety; Depression

Introduction

Researchers, psychologists, and philosophers have continued to debate what the mind is and what causes mental illness. They provide a comprehensive grasp of how mental illness is grounded in theory. According to them, mental illness is a change in a person's emotions, ideas, or conduct, or a combination of the three that indicates a problem in the way the person thinks and creates discomfort or difficulties in social, occupational, or marital life (Morin, 2021). Typically, the term "mental" refers to a problem with the mind. This statement is part of a lengthy philosophical discussion over the nature of the mind and how mental experiences manifest in the body or the outer world. Theories or models of the mind, such as parallelism, dualism, and monism, which are all interrelated, have significantly contributed to the definition of mental illness as a new body of scientific and clinical knowledge. Thus, a person's mental health is contingent upon the harmony between him, his family, and his social group. A disruption in these connections indicates mental illness (Nordenfelt, 2007). Mental illness impacts a person's whole personality, including his objectives, abilities, and social interactions. This concept of mental illness is intertwined with discussions of physical health, mental health, disorder, and disability, as well as intellectual, social, cultural, and religious apprehensions. It implies that there is no one method for treating mental health issues and no single definition for mental illness. Therefore, mental illness is a condition or state produced by disease or pathology in how individuals think, which results in bizarre behavior (Szasz, 2001). Inconsistency is an additional indicator of a mental illness. Therapists have connected stress, melancholy, and other psychotic features to patients' mismatched sentiments and acts. These portions of one culture are incompatible with another (Rodriguez-Urrutia et al., 2017). When our ideas, emotions, and behaviors are inconsistent, it harms our overall well-being, including our objectives, social connections, abilities, and work performance. This mismatch causes varying psychological anguish among individuals (Paul & Moser, 2006). The term "mental illness" might have several meanings depending on the culture and era in which it is addressed. Even if philosophers and scientists continue to debate what the mind is and its relationship to the body, a single definition is insufficient. Thus, the definition of mental illness has never been detached from the discourse on health and sickness or our cultural conceptions of mental health (Stein & Giordano, 2015)

Significance of the Study

Limited research has been conducted in Pakistan on the causes of mental health issues among university students. Due to the lack of mental health treatment clinics, the students have nowhere to turn for assistance with issues like stress, anxiety, and depression. The findings of this research may assist students, parents, teachers, therapists, and counselors in better understanding the mental health of their patients/students (mentally sound or disturbed) so that students may take care of their mental health, enhance their abilities, and advance toward their educational and professional objectives. The outcomes of this research warn educators and

legislators that they must implement measures to reduce the prevalence of mental health issues. It will increase students' awareness and motivate them to perform better in the classroom.

Objectives of the Study

1. To determine the prevalence of mental health issues among university students.
2. To examine the association between the demographic factors of the study participants and mental health issues.
3. To assess the differences in mental health issues between university students gender-wise.
4. To assess the relative prevalence of mental health issues among scientific and art majors.

Research Questions

1. What percentage of students' experience mental health issues?
2. What is the association between the demographic characteristics of the research participants and mental health issues?
3. What mental health issues do male and female university students experience?
4. How serious are mental health issues among science and art students?

Literature Review

Students endure anxiety, stress, and depression often. 25% of students have a mental disorder. The most prevalent anxiety disorders are social anxiety, generalized anxiety, and post-traumatic stress disorder (PTSD) (Blanco et al., 2008). According to studies on mental health difficulties, university students face stress, anxiety, and sadness due to personal and professional expectations and demands. There are varying rates of these mental health issues in various regions of the globe. Mental health professionals from the six most populous continents observed a rise in mild, moderate, and severe mental health problems among university students. These include challenges with learning, suicide, stress, anxiety, and mental disorders. These difficulties impede students' academic performance and make extracurricular activities challenging (Pedrelli et al., 2015).

When a fresh graduate first joins an employment or when a student enrolls in a university, they experience a transition period. At this stage in their lives, individuals face several challenges, such as deciding what to study, juggling academic and personal life, and adjusting to a country (if the student pursues an education abroad). After joining the university, first and foremost, to concentrate on their academic assignments, most students spend less time with their friends. It is detrimental to the mental health of university students. Today's university students seem to have several mental health issues due to the effort required to get decent marks. One probable explanation is that many students report feeling more anxious while attending university. Some students may experience stress due to their course load, grades, financial issues, and difficulty adjusting to a new location. Several pieces of evidence demonstrate this. Adlaf et al. (2001) investigated psychological stress levels of undergraduate college students. Sixteen colleges and institutions responded to a 12-question poll about their overall health. Their study revealed that 30% of college students experience significant mental stress throughout the academic year. Mohd Sidik et al. (2003) employed a cross-sectional survey to determine the frequency with which university students experience mental health issues. The survey revealed that 42% of students were expelled due to significant mental health issues. It was determined that their difficulties were due to school-related stress. Shaikh et al. (2004) examined how students handle stress. This cross-sectional research included 264

medical students in total. The gathered data indicates that 94% of students had stress-related symptoms. According to the research, stress was also associated with students' powerlessness, inability to manage, and excessive workload. The research also discovered that high school seniors had elevated stress levels, which manifested as difficulty focusing, mood swings, and outbursts of anger. Based on the research findings, it recommended that colleges may implement a stress management program to assist students in feeling less anxious. Sherina et al. (2004) surveyed students to search for indications of psychological stress and to determine how it may contribute to depression. This cross-sectional investigation was conducted on 396 randomly selected students. The General Health Questionnaire-12 (GHQ-12) (Rahman & Sen, 1987) and Beck Depression Inventory (BDI) (Beck, 1987) were used to getting the data. The data revealed that 42% of the students experience mental stress due to academics. The study led to findings regarding increased stress levels and recommendations for improving students' mental health and well-being. Alem et al. (2005) sought to determine the prevalence of daily psychological stress among university students. A random sample of 273 students completed a Self-Report Questionnaire (SRQ) (Nielsen & Williams, 1980). The survey revealed that 33% of the students were experiencing emotional difficulties. When comparing the two groups independently, female students exhibited more psychological stress than male students. This study suggested more research and a social assistance program to enhance students' mental health after concluding that their issues worsened with age. Bostanci et al. (2005) performed cross-sectional research to determine the prevalence of depression in university students. Five hundred four university students were randomly selected using stratified probability sampling, and the BDI was administered to each. Statistical data analysis revealed an increase in university students' depression. The research indicated that low socioeconomic position, poor grades, and a lack of social activities led to depression symptoms among university students.

Dahlin et al. (2005) examined student anxiety and sadness. This cross-sectional research had 342 students as participants. This research revealed that counseling services for students with depression are necessary since so many of them exhibit indicators of depression. The Higher Education Stress Inventory (HESI) and the Major Depression Inventory (MDI) were used to gather information about the participants. According to the data, 13% of the students were depressed based on their responses. When students were categorized by gender, it was discovered that more female than male students was sad. The research findings indicate that assisting students with their mental health might reduce student depression. Ovuga et al. (2006) examine the frequency with which university students at Makerere University experience mood swings and suicidal ideation. This research data came from two student groups, each with a different number of participants. The first group had 253 students, while the second group had 101. The poll revealed that the current university students are experiencing major mental health issues than in the past. The BDI findings indicated that 16% of university students were depressed. The second batch of samples had less mood swings than the first.

Kinds of Mental Health Problems

There are several manifestations of mental diseases, including psychotic and neurotic. Therefore, it is crucial to know the kinds of mental illness and to address them accordingly.

Stress

Stress may result in both bodily symptoms and mental. Anxiety may originate in the surroundings, psychological, social, or situational. It may be a disease, a loss, or a physical issue. When people are confronted with danger or anything that causes them stress, their body

triggers a "fight or flight" reaction (Selye, 1985). Walter Cannon (1914) believed that the sympathetic nervous or endocrine system activates the body's defensive systems whenever the organism is exposed to a potentially harmful substance. The "fight or flight" reaction derives its name from preparing individuals to fight or flee rapidly. Life's difficulties may also trigger a cascade of stress chemicals in the brain. Thus, several hypotheses characterize the stress process in different ways. The General Adaptation Syndrome (GAS) by Selye (1946) and Lazarus' (1954) concept of primary and secondary stress assessment is among two of the most influential models.

Anxiety

When individuals experience anxiety, they feel fearful, anxious, and agitated for no apparent reason. It leads people to alter their behavior and thought processes. Anxiety is a frequent response to excessive external stress, and it may worsen if it is not addressed. Low anxiety is typical, but excessive anxiety might indicate a mental health problem. Anxiety may cause significant damage over time by interfering with our emotional, cognitive, and behavioral responses. Fear, terror, and anxiety may induce helplessness, restlessness, and irritability. A cognitive response occurs when a person anticipates bad outcomes or remains vigilant for potential threats. The activities of individuals may be divided into two categories: those that entail confrontation and those that attempt to avoid it. In the early stages of anxiety, these responses persist even when there is no imminent danger or external threat. Anxiety may manifest in several forms, including panic disorder, phobias, generalized anxiety disorder (GAD), post-traumatic stress disorder (PTSD), and obsessive compulsive disorder (OCD) (Nolen-Hoeksema & Rector, 2011).

Depression

Depression, sometimes known as major depressive disorder, is a severe mental health condition that negatively impacts a person's emotions, thoughts, and behaviors. It is also treatable, which is encouraging. Depression often makes individuals feel miserable and lose interest in activities they formerly enjoyed. It may cause negative mental and bodily feelings and make it difficult to operate at work and home.

Depending on how bad it is, depression may cause or can make a person feel;

- Sad or having a depressed mood
- Problems sleeping or oversleeping
- Lack of interest or pleasure in previously loved activities
- Changes in appetite
- Gain or weight loss not attributable to dieting
- Increased restlessness or tiredness, such as fidgeting, pacing, or hand-wringing
- Delayed movement or speech; inability to sit still (these actions must be severe enough to be observable by others)
- Thoughts of death or suicide
- Feeling useless or guilty
- Difficulty thinking, concentrating or making decisions

Mental Health Problems among University Students in Pakistan

Educationists and psychologists consider mental health issues the most pressing societal issue to address in Pakistan these days. 30%–50% of the global population, including Pakistanis, suffer from various mental health issues (Mackenzie et al., 2006). Nearly 34% of Pakistanis, predominantly females and some males had very high anxiety and depression

levels (Mirza & Jenkins, 2004). 16% of the people in Sindh, 8% of the people in Punjab, 40% of the people in Baluchistan, and 5% of the people in Khyber Pakhtunkhwa have mental health issues (Ansari, 2015). In Pakistan, 38% of the population is affected by depression, 31% by anxiety, 32% by severe stress symptoms, 33% by difficulty adapting, 38% by sleep issues, 30% by eating disorders, 36% by cognitive difficulties, 26% by schizoid personality issues, and 11% by antisocial personality disorder (Husain, 2018). In Pakistan, most students at universities suffer from developmental disabilities or psychological disorders (Saleem & Mahmood, 2013).

Mental health issues must be recognized in Pakistan. Students at higher educational institutions in Pakistan experience mental health issues such as stress, anxiety, and depression. However, they do not get support or counseling. Students are seen as a separate group since they endure many life stages. With the rise in competition to improve academic performance, the levels of stress among students' increases. Students suffer from a range of mental health problems due to their incapacity to overcome these obstacles or to overstretch themselves to achieve high grades. Due to the changing social and emotional milieu at universities, it is vital to discuss the prevalence of mental health issues among students.

Research Methodology

In this study, the researchers aimed to get a deeper understanding of the mental health issues of Pakistani university students and the factors that influence them. The sequential sampling approach and quantitative cross-sectional design were used in this investigation. Urdu versions of the Depression Anxiety and Stress Scale 42 (DASS-42) item scale, developed by Lovibond (1995) and later modified by Hussain and Gulzar (2020), were used to gather data from university students in person. 628 students from three different Universities of District Peshawar, Khyber Pakhtunkhwa, Pakistan, took part in this study. SPSS was used to analyze the data and determine its results.

Data Collection Instruments

In order to gather data for this study and achieve the research objectives, questionnaires were distributed, and DASS-42 psychometric tool were used.

The DASS-42 is the most frequent tool for diagnosing adult mental health issues. The DASS-42 was built with a three-part architecture. Multiple national and international research have used this scale, demonstrating its validity and reliability. This scale is reportedly the work of Lovibond (1995). The participant must answer 42 questions. This scale has an excellent Cronbach's (1951) internal consistency of 0.89. The correlation between all items is between 0.51 to 0.75. The reliability of split-half tests is 0.96, while test repeats have a reliability of 0.99. More translations and alterations of similar magnitude were performed to accommodate the demands of several cultures. Hussain and Gulzar (2020) developed the most current translation in Urdu to adapt and capture the views of a Pakistani audience. The psychometric instrument developed in Urdu was found to be valid and reliable. Overall, the scale's internal consistency and reliability coefficient were determined to be 0.91, with subscale values of 0.86 and 0.74. The correlations r=0.91, r=0.97, and r=0.92 were utilized to evaluate the validity of this scale. Initially, a pilot research with fewer participants was conducted to examine the effectiveness of the scale. As soon as it became apparent that the instrument was trustworthy, it was applied to a wider population.

Results and Data Analysis

Table 1 *Characteristics of the Participants of the Study Sample (N=628)*

Demographic variables	Frequency	Percentage
Universities		
University of Peshawar	240	38.2
UET, Peshawar	220	35.0
QUSIT, Peshawar	168	26.8
Gender		
Male	354	56.4
Female	374	43.6
Family Structure		
Separate Family	294	46.8
Joint Family	334	53.2
Number of siblings		
Four and less	342	54.5
Five to Eight	238	37.9
Nine and more	48	7.6
Parent's Education		
Un-Educated	278	44.3
Educated	350	55.7

The above table shows the frequency distribution and percentage breakdown of all participants' demographic information. N=628 students from three universities in District Peshawar, Khyber Pakhtunkhwa, Pakistan. These universities include, the University of Peshawar, the University of Engineering and Technology (UET) Peshawar, and the Qurtuba University of Science and Information Technology (QUSIT), Peshawar. The sample were chosen from these three universities.

Table 2 *MANCOVA Results for Depression, Anxiety and Stress*

Dependent Variables	Sum of Squares	d.f	Mean Square	F	Sig.
Depression	02.64	1	02.64	0.020	0.822
Anxiety	31.43	1	31.43	0.414	0.711
Stress	11.48	1	11.48	0.125	0.826

The results for depression, anxiety, and stress are shown in the table above. The researcher used a multiple analysis of variance to look at the clinical factors. All of the clinical factors have F values that are not statistically significant, and none of the variables are statistically important.

Table 3 *Mean and Standard Deviation of University Students*

	N	Mean	S. D	95% CI		Range
				LL	UL	
Stress	48	35.53	9.875	32.59	38.41	2-49
Anxiety	516	33.14	9.754	32.38	33.72	0-56
Depression	64	34.28	8.433	32.24	36.56	14-55
Total	628	33.42	9.646	32.71	34.19	0-56

The mean value in the preceding table showed that the majority of university students suffer from stress, anxiety, and depression.

Table 4 *Mean and Standard Deviation in Case of Medium of Education among University Students*

Medium of Education	N	Mean	S. D	95% CI		Range
				LL	UL	
Government	432	33.13	9.548	32.34	34.86	1-56
Private	172	31.87	7.719	30.86	32.62	2-52
Technical & Vocational	13	33.08	5.227	32.35	33.92	23-46
Social Education	11	26.66	9.030	25.96	27.11	5-40

The above table revealed that the students with private education medium reported a slightly higher level of depression.

Table 5 *Frequency/Percentage for Prevalence of Depression, Anxiety and Stress among University Students*

Mental Illness Prevalence	Depression Level		Anxiety Level		Stress Level	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Normal	16	2.54	24	3.82	26	4.14
Mild	18	2.87	11	1.75	38	6.05
Moderate	54	8.60	20	3.18	72	11.46
Severe	96	15.29	64	10.20	155	24.68
Extremely severe	444	70.70	509	81.05	337	53.67
Total	628	100.0	628	100.0	628	100.0

The above table shows the prevalence of depression, anxiety and stress among university students. The results show a higher level of prevalence of mental illness.

Conclusion

According To The Findings, An Alarming Percentage Of University Students Suffer From Mental Health Issues Such As Depression, Stress, And Anxiety. If This Terrifying Situation Unfolds, Students May Have To Suspend Their Academic Journey And Extracurricular Activities. Students With Mental Health Issues Frequently Struggle With How They Think, What They Want To Accomplish, Where They Are And In Academic Institutions. It Is Recommended That Educational Institutions Use This Study's Findings To Provide Students With A Secure, Healthy, And Stress-Free Learning Environment Where They May Develop And Achieve Their Future Objectives. For Students To Succeed Academically, They Must Feel Emotionally Good About Themselves. Universities Are Concerned With Students' Mental Health Since It Is A Vital Indication Of Their Academic Success. Therefore, There Is An Urgent Need To Study How Students' Mental Health Influences Their Academic Performance (Vanderlind, 2017). To Aid Students With Mental Health Issues, Our Educational System Has Concentrated On Educating Students On These Issues. This Unique Method Of Instruction Provides A Forum For Students To Discuss And Learn How To Maintain Their Mental Health, Diagnose And Recognize Other Students And Variables Connected To Their Mental Health, And Assist Students Who Are Having Difficulty Adapting To Their New Circumstances. Self-Awareness, Positive Personal Connections, Economic Prosperity, Social Harmony, And Effective Communication Were Only Feasible In Developed And Emerging

Nations If Students Had Excellent Mental Health And A Balanced Personality. In These Nations, The Objective Of The Educational System Was To Develop Or Maintain Students' Mental Health. If A Person Does Not Have A Healthy Mind, They Will Not Be Able To Grow And Strengthen Their Innate Abilities (Goyal & Duggal, 2012).

Future Research

1) Additional Studies May Be Conducted To Identify Various Mental Health Issues, Such As Sleep Disturbances, Personality Disorders, Lack Of Confidence, And Emotional Disorders Among University Students.
2) The Islamic Counseling Protocol (Icp) Is Founded On Hadith And Quranic Concepts. Research With The Same Objective May Be Undertaken In A Clinical Setting.
3) The Impact Of The Icp On An Individual's Sense Of Self-Worth, Emotional Sensitivity, And Locus Of Control May Be Explored In Further Detail.

References

Adlaf, E. M., Gliksman, L., Demers, A., & Newton-Taylor, B. (2001). The prevalence of elevated psychological distress among Canadian undergraduates: Findings from the 1998 Canadian Campus Survey. Journal of American College Health, 50(2), 67-72.

Alem, A., Araya, M., Melaku, Z., Wendimagegn, D., & Abdulahi, A. (2005). Mental distress in medical students of Addis Ababa University. Ethiopian medical journal, 43(3), 159–166.

Ansari, I. (2015). Mental health Pakistan: optimizing brains. Int J Emerg Ment Health, 17, 288.

Beck, A. T., Steer, R. A., & Brown, G. K. (1987). Beck depression inventory. New York: Harcourt Brace Jovanovich.

Blanco, C., Okuda, M., Wright, C., Hasin, D. S., Grant, B. F., Liu, S. M., & Olfson, M. (2008). Mental health of college students and their non–college-attending peers: results from the national epidemiologic study on alcohol and related conditions. Archives of general psychiatry, 65(12), 1429-1437.

Bostanci, M., Özdel, O., Oguzhanoglu, N. K., Özdel, L., Ergin, A., Ergin, N., & Atesci, F. (2005). Depressive symptomatology among university students in Denizli, Turkey: prevalence and sociodemographic correlates. Croatian medical journal, 46(1), 96-100.

Cannon, W. B. (1914). The interrelations of emotions as suggested by recent physiological researches. The American Journal of Psychology, 25(2), 256-282.

Cronbach, L. J. (1951). Coefficient alpha and the internal structure of tests. psychometrika, 16(3), 297-334.

Dahlin, M., Joneborg, N., & Runeson, B. (2005). Stress and depression among medical students: A cross-sectional study. Medical education, 39(6), 594-604.

Goyal, S., & Duggal, K. (2012). A study of teacher effectiveness in relation to locus of control. Research Journal of Human Development, 2(1), 54-63.

Husain, W. (2018). Prevalent tendencies for mental disorders in Pakistan. Clínica y Salud, 29(1), 34-38.

Husain, W., & Gulzar, A. (2020). Translation, adaptation and validation of Depression, Anxiety and Stress Scale in Urdu. Insights Depress Anxiety, 4(1), 1-4.

Khan, N., Palepu, A., Dodek, P., Salmon, A., Leitch, H., Ruzycki, S., & Lacaille, D. (2021). Cross-sectional survey on physician burnout during the COVID-19 pandemic in Vancouver, Canada: the role of gender, ethnicity and sexual orientation. BMJ open, 11(5), e050380.

Lazarus, R. S. (1954). Is there a mechanism of perceptual defense? A reply to Postman, Bronson, and Gropper.

Lovibond, S. H. (1995). ovibond PF. Manual for the Depression Anxiety Stress Scales. 2nd ed. Sydney: Psychology Foundation.

Mackenzie, C. S., Gekoski, W. L., & Knox, V. J. (2006). Age, gender, and the underutilization of mental health services: The influence of help-seeking attitudes. Aging and mental health, 10(6), 574-582.

Mirza, I., & Jenkins, R. (2004). Risk factors, prevalence, and treatment of anxiety and depressive disorders in Pakistan: systematic review. Bmj, 328(7443), 794.

Mohd Sidik, S., Rampal, L., & Kaneson, N. (2003). Prevalence of emotional disorders among medical students in a Malaysian university. Asia Pacific Family Medicine, 2(4), 213-217.

Morin, A. (2021, February 17). Mental illness types, symptoms, and diagnosis. Very Well Mind. https://www.verywellmind.com/definition-of-mental-illness-4587855

Nielsen, A. C., & Williams, T. A. (1980). Depression in ambulatory medical patients: Prevalence by self-report questionnaire and recognition by nonpsychiatric physicians. Archives of General Psychiatry, 37(9), 999-1004.

Nolen-Hoeksema, S., & Rector, N. A. (2011). Abnormal psychology (Vol. 301). New York: McGraw-Hill.

Nordenfelt, L. (2007). The concepts of health and illness revisited. Medicine, Health Care and Philosophy, 10, 5-10.

Ovuga, E., Boardman, J., & Wasserman, D. (2006). Undergraduate student mental health at Makerere University, Uganda. World psychiatry, 5(1), 51.

Paul, K. I., & Moser, K. (2006). Incongruence as an explanation for the negative mental health effects of unemployment: Meta-analytic evidence. Journal of Occupational and Organizational Psychology, 79(4), 595-621.

Pedrelli, P., Nyer, M., Yeung, A., Zulauf, C., & Wilens, T. (2015). College students: mental health problems and treatment considerations. Academic psychiatry, 39, 503-511.

Rahman, M., & Sen, A. K. (1987). Effect of job satisfaction on stress, performance and health in self-paced repetitive work. International archives of occupational and environmental health, 59, 115-121.

Rodriguez-Urrutia, A., Eiroa-Orosa, F. J., Accarino, A., Malagelada, C., & Azpiroz, F. (2017). The role of incongruence between the perceived functioning by patients and clinicians in the detection of psychological distress among functional and motor digestive disorders. Journal of Psychosomatic Research, 99, 112-119.

Saleem, S., & Mahmood, Z. (2013). Mental health problems in university students: A prevalence study. FWU Journal of Social Sciences, 7(2), 124-130.

Selye, H. (1946). The general adaptation syndrome and the diseases of adaptation. The journal of clinical endocrinology, 6(2), 117-230.

Selye, H. (1985). The nature of stress. Basal facts, 7(1), 3-11.

Shaikh, B., Kahloon, A., Kazmi, M., Khalid, H., Nawaz, K., Khan, N., & Khan, S. (2004). Students, stress and coping strategies: a case of Pakistani medical school. Education for Health: Change in Learning & Practice, 17(3), 346-353.

Sherina, M. S., Rampal, L., & Kaneson, N. (2004). Psychological stress among undergraduate medical students. Medical Journal of Malaysia, 59(2), 207-211.

Stein, D. J., & Giordano, J. (2015). Global mental health and neuroethics. BMC medicine, 13(1), 1-6.

Szasz, T. (2001). Mental illness: psychiatry's phlogiston. Journal of Medical Ethics, 27(5), 297-301.

Vanderlind, R. (2017). Effects Of Mental Health On Student Learning. Learning Assistance Review, 22(2), 39-58.