Mental Health Disorder among Madda Walabu University Students Southeast Ethiopia

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Received date: 18 December 2017; Accepted date: 30 January 2018; Published date: 07 February 2018

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Citation: Getachew A, Tekle T (2018) Mental Health Disorder Among Madda Walabu University Students Southeast Ethiopia. Health Sci J. Vol. 12 No. 1: 546.

Abstract

Background: Worldwide university students are at risk of catching various mental health disorders due to psychological problems they experience. Mental health disorders among University students represent half of the disorders; it is a growing public health problem which needs great attention too. This study aimed to assess the prevalence and correlates to mental health disorder among Madda Walabu University students.

Methods: Institutional-based cross-sectional study design was used among 605 randomly selected undergraduate students in March, 2016. Self-Reporting Questionnaire-20 (SRQ-20) was used to assess mental health disorder. Data entry and analysis were done using SPSS version 20. The correlates were computed using t-test and ANOVA results from bivariate analysis.

Result: The study showed that 5.3% students had severe, 38.3% of students had moderate and 61.7% had mild level of mental health disorder. Most of the students 232(38.3%) had headache, 228(37.7%) had unhappy feelings and about 125(20.7%) students considered themselves as a worthless person. The result revealed that relatively female students had more mental health related pain and problems (M=5.92 and SD=4.41) than their counter parts (M=6.02 and SD=5.29). The independent t-test result indicated that there was statistically significant difference between regular and extension students in their mental health status (t=3.28, df=603, p<0.05). However, the ANOVA result shown that there is no statistically significant difference (F (3,601)=2.470, P<0.05) among students of year one, two, three and four with regard to their mental health disorder status.

Conclusion: Nearly half of (43.6%) the students had mental health disorders. Designing prevention and treatment programs to address the identified causes and factors are important.

Keywords: Mental health disorder; Socio-demographic variables

Introduction

Mental health problem is defined as emotional and psychological difficulties, which cause distress and interfere with how students go about their everyday performance in the campus. The mental health problems of university students are a growing concern globally. Good mental health is important for academic performance, economic growth and social development in Ethiopia. The mental health of students is under-estimated within the Ethiopian universities [1].

Mental health disorders account for 15% of all recognized illnesses worldwide [2]. According to the World Health Organization (WHO) [3], over 450 million people live with a mental disorder. The organization indicated that social changes, work stress, discriminations, social exclusions, poor lifestyles, risk of violence and physical illnesses are associated with mental health problems [3].

Similarly, transition from high school to university is considered as the most stressful situation. Therefore, they at increased risk of mental health disorders [4] compared to the general population. University students, on average, are more susceptible to depression, anxiety, substance abuse and other chronic psychiatric disorders [5]. Specifically, the prevalence of mental health problems is higher among female students in the first year of their program compared to their male counterparts [6]. According to a systematic review of related literature on mental health problem of students, a significant number of students in the world suffer from different forms of psychological problems [7]. Such mental health problems affect all aspects students’ physical, psychological and social functioning.
Mental health problems can have a profound impact on all aspects of campus life: at the individual level, interpersonal level and even the institutional level. At individual level, mental health problems can affect all aspects of the student’s physical, emotional, cognitive and interpersonal functioning. The studies show that, students who are physically and psychologically stable perform better than those who are not physically and psychologically fit [8]. In other words, those who are experiencing psychological problems such as depression, anxiety and stress may face problems in managing their academic performance. And, also some studies show that psychological stability is indeed an important predictor that could contribute to high academic achievement [9,10].

Strategies should be developed for educating university students about signs, risk factors, and available treatments for anxiety, depression and substance abuse, and similar psychological disorders. It is recommended that the implementation and evaluation of university students to strengthen their awareness of mental health problems and resources. The practices, some of which have been identified previously [11,12] can be conveniently integrated into a residential campus setting. In addition to freshmen student orientation, strong trainings should be given to persons working in guidance and counseling unit on how to recognize signs, identification of risk factors and possible contextualized treatments mental health problems.

Despite recognizing the importance of mental health and many studies with students existing in other countries, the importance of mental health is only slowly getting recognized in Ethiopia. Hence this paper attempts to understand the mental health issues of students in the country and recommend suitable interventions.

Methods

Study design and area

In order to assess the prevalence of mental health problems and its correlates among the students, a cross-sectional study was conducted in Madda Walabu University. The university is located at 430 Kms to the Southeast of Addis Ababa, Ethiopia. The university had two campuses, Robe (main campus) and Goba College of Medicine and Health Sciences. In addition, ten schools, the university had one institute, one college and thirty-seven departments.

Sampling and participants

The samples of data collection were 605 randomly selected regular undergraduate students from 5,960 total students in 2016. Simple random sampling technique was employed in the process of selecting the students from the total population. The sample size was determined by using a single population proportion formula considering the assumptions: proportion of mental distress which was 49% [13] level of confidence of 95%, margin of error 0.05, design effect of 1.5 and 5% non-response rate were considered. Finally, the sample size was 605. The respondents were stratified into health and non-health campuses. From the total ten non-health schools (Robe campus) and one medicine and health sciences college of the university (Goba campus), eight schools/college were selected randomly.

Data collection and analysis

The tool of data collection was self-administered close ended questionnaire. The questionnaire was first prepared in English and then translated to Afan Oromo and Amharic for data collection purpose. Self-Reporting Questionnaire-20 (SRQ-20), a scale that contains 20 items was used. It had been used in screening of common mental problems by World Health Organization (WHO) [14]. To measure mental health various authors used 4-7 cutoff point for 20 items in most studies conducted in Ethiopia [15]. Based on these findings, I have used 7 cut off point in assessing the mental health status of students in Madda Walabu University.

For this study, a cut of point of 7 and above was taken to classify mental health problems. Data collection facilitators were fluent speakers of both Afan Oromo and Amharic language.

The scale includes somatic factors, depressive/anxiety symptoms and cognitive/decreased energy factor. Before data entry, the questionnaires were checked for completeness. Then, SPSS version 20 was used to calculate percentage, t-test and ANOVA. Additionally, the results were presented in tables.

Operational definition

Mental health disorder: Those students who scored 15 and above to SRQ-20 categorized as having severe mental disorder, those scored 7-14 were categorized under moderate mental health disorder and those students who scored less than seven were categorized as having mild mental health disorder.

Ethical consideration

The ethical issue was approved by Madda Walabu University Ethical Review Committee. A supportive letter was obtained from the University Research Directorate to all schools. Explaining the purpose of the study, verbal consent was obtained from all participants. All the information given by the respondents has been used for research purposes only, and confidentiality was maintained by omitting the names of the respondents.

There is no approval number and the University work with letter of permission written from University Research Directorate to all schools, all departments and the subjects’ oral consent.

Results

Table 1 describes the general information of the individual respondents based on their demographic characteristics. The table indicates a total of 605 participants were included in the study. As the table indicates, 452(74.7%) of the participants were male, whereas the rest 153(25.3%) of participants were
female. Age of majority of the respondents 353(58.3%) ranged between 21 and 25 years. On the other hand, 194(32.1%) of them were in 16-20 years age category. The respondents’ whose age ranged 26-30 years were only 7.8%, and very few respondent’s age was in the 31-35years age category 11(1.8%).

Large numbers of the respondents were rural residents 366(60.5%) and those belonging to urban area were 239(39.5%) and Students of year I accounted for the majority of the respondents 244(40.3%) while, year II year III and year IV students were 203(33.5%), 138(22.7%) and 20(3.6%) respectively.

Moreover, admission type indicates that, regular students accounts for the largest number of respondents 523(86.4%) as compared to extension students 82(13.5%) that participated in the study. Extension students are those students who are part time and attend classes on Saturday and Sunday.

Table 1 Socio-demographic characteristics of respondents.

| Variables               | N  | %    |
|-------------------------|----|------|
| Sex                     |    |      |
| Male                    | 452| 74.7 |
| Female                  | 153| 25.3 |
| Residential status      |    |      |
| Urban                   | 239| 39.5 |
| Rural                   | 366| 60.5 |
| Age                     |    |      |
| 16-20                   | 194| 32.1 |
| 21-25                   | 353| 58.3 |
| 26-30                   | 47 | 7.8  |
| 31-35                   | 11 | 1.8  |
| Academic year level     |    |      |
| I                       | 244| 40.3 |
| II                      | 203| 33.5 |
| III                     | 138| 22.7 |
| IV                      | 20 | 3.6  |
| Admission Type          |    |      |
| Regular                 | 523| 86.4 |
| Extension               | 82 | 13.6 |

The various items from SRQ20 questionnaire is presented in Table 2. Most of the students had headaches 232(38.3%), followed by unhappy feeling 228(37.7%).Though much lower, a significant number of students 125(20.7%) felt they were worthless person. This finding shows that there is a mental health problem among the students at MWU so that the establishment of mental health counseling can solve the problem.

Table 2 Frequency of mental health screening instrument (SRQ20).

| Items                                      | F(Yes) | %    | F(No) | %    | Total | %    |
|--------------------------------------------|--------|------|-------|------|-------|------|
| Do you often have headaches?               | 232    | 38.3 | 373   | 61.7 | 605   | 100  |
| Do you feel unhappy?                       | 228    | 37.7 | 377   | 62.3 | 605   | 100  |
| Is your digestion poor?                    | 227    | 37.5 | 378   | 62.5 | 605   | 100  |
| Do you have trouble thinking clearly?      | 224    | 37   | 381   | 63   | 605   | 100  |
| Do you find it difficult to enjoy your daily activities? | 222 | 36.7 | 383   | 63.3 | 605   | 100  |
| Is your appetite poor?                     | 217    | 35.9 | 388   | 64.1 | 605   | 100  |
| Do you sleep badly?                        | 200    | 33.1 | 405   | 66.9 | 605   | 100  |
| Do you feel nervous, tense, or worried?    | 196    | 32.4 | 409   | 67.6 | 605   | 100  |
| Do you have uncomfortable feelings in stomach? | 196 | 32.4 | 409   | 67.6 | 605   | 100  |
| Do you find it difficult to make decision?  | 194    | 32.1 | 411   | 66.9 | 605   | 100  |
| Have you lost interest in things?          | 186    | 30.7 | 419   | 69.3 | 605   | 100  |
| Is your daily work suffering?               | 178    | 29.4 | 427   | 70.6 | 605   | 100  |
| Are you easily tired?                      | 174    | 28.8 | 431   | 71.2 | 605   | 100  |
| Do your hands shake?                       | 172    | 28.4 | 433   | 71.6 | 605   | 100  |
| Has the thought of ending your life been on your mind? | 163 | 26.9 | 442   | 73.1 | 605   | 100  |
| Are you unable to play a useful part in life? | 160 | 26.4 | 445   | 73.6 | 605   | 100  |
| Do you feel tired all the time?             | 149    | 24.6 | 456   | 75.4 | 605   | 100  |
| Do you cry more than usual?                 | 143    | 23.6 | 462   | 76.4 | 605   | 100  |
| Are you easily frightened?                  | 137    | 22.6 | 468   | 77.4 | 605   | 100  |
| Do you feel that you are a worthless person? | 125 | 20.7 | 480   | 79.3 | 605   | 100  |

Independent sample t-test was computed to see whether there was statistically significant difference between regular and extension students, male and female students with regard to their mental health (Table 3).
The descriptive statistics were also computed to find out the differences in mental health by admission type and sex. The results reveal that relatively female students had more mental health related pain and problems (M=5.92 and SD=4.41) than their male counter parts (M=6.02 and SD=5.29). Furthermore, the result shows that relatively regular students had more mental health and or/related problems (M=6.19 and SD=4.09). The statistical analysis revealed that there was statistically significant difference between regular and extension students in their mental health (t=3.28, df=603, p<0.05). However, statistical analyses between male and female students were found to be insignificant. This result indicated that the female and male participants were significantly different in their mental health. Despite the mean showing difference by gender, gender of the student did not impact mental health status. In addition to independent sample t-test, one way ANOVA was also computed to compare mental health of the students with regard to their academic year levels (Table 4).

**Table 4 Independent t-test on mental health total score between the groups of male and female, regular and extension students.**

| Variables | Groups | N   | M   | SD  | df | T       | Sig. |
|-----------|--------|-----|-----|-----|----|---------|------|
| Admission type | Regular | 523 | 6.19| 4.71| 603| 3.28*  | 0.001|
|            | Extension | 82  | 4.39| 4.09|    |         |      |
| Sex        | Male    | 441 | 5.92| 4.41| 603| -0.25  | 0.8  |
|            | Female  | 164 | 6.02| 5.29|    |         |      |

*p<.05 M=Mean SD=Standard Deviation DF=Degree of Freedom

The statistical analysis disclosed that there is no statistically significant difference (F (3,601)=2.470, P<0.05) among students of year one, two, three and four with regard to their mental health (Table 5).

**Table 5 One Way ANOVA for comparison of students’ mental health by their academic year levels.**

| SS       | Df | MS   | F   | Sig. |
|----------|----|------|-----|------|
| Between Groups | 159,534 | 3     | 53.178 | 2.47 | 0.061 |
| Within Groups  | 12939.67 | 601   | 21.53 |      |      |
| Total          | 13099.2 | 604   |      |      |      |

*p<0.05, SS=Sum Squares; MS=Mean Square; df=degree of freedom; 
SS=Sum Squares; MS=Mean Square; df=degree of freedom

**Discussion**

The first aim is to assess the prevalence of mental health disorder among students at Madda Walabu University. These findings show that mental health issues exist among the students at MWU. The result of this study showed that 38.3% of students have reported moderate mental health problem, that they have at least one symptom of mental health problems. Mental health problems are the central problem observed among university students. The result of the study shows that students reported that (5.3%) of them have severe mental health problem and 38.3% of the respondents reported that they have moderate mental health disorders whereas 61.7% of the participants shown that there is mild mental health distress. Both male and female students equally face mental health problems. Similarly, a study conducted in United State College showed that, 32% of university students have reported to have symptoms of mental health problems [16]. Another study reported that the prevalence of mental health distress is (21.6%) among Adama university undergraduate regular students [17]. Similarly, the rate of mental health distress was (40.9%) among undergraduate regular students of Gonder University. Relatively high (44.6%) prevalence of mental distress was found among female students as compared to males (38.8%) [18]. Besides, female students were found to be more prone to develop severe depression and symptoms of anxiety disorder [19,20]. However, in this study we found that both male and
female students were prone to mental health issues; there was no statistical significant difference among them.

This finding shows that there is a mental health problem among the students of MWU. Therefore, the establishment of mental health counseling can mitigate the problem. In addition to this, independent sample t-test was also computed to see whether there was a statistical significance difference between regular and extension, male and female students with regard to their mental health.

The prevalence of mental distress in this study was higher among female students as compared to their male counterparts. The study revealed that admission type (regular and extension) had a significant effect on variables such as feel nervous/worried, poor digestion, difficulty to make decisions, lost interest, feel worthless, thought of ending life all the time, feeling uncomfortable in stomach and easily tired. Mental health problems can have a profound impact on all aspects of campus life: at the individual level, the interpersonal level and even the institutional level. Depression is one of the major common mental health problems in higher educational institutions [16]. Common symptoms of depression may include disturbed mood, fatigue and low energy, sleep and eating problems, impaired concentration, memory, decision-making, motivation and self-esteem, loss of interest in normal activities, isolation and social withdrawal, and in some cases suicidal or homicidal thoughts [8].

On the other hand, the respondents of the study at different academic year level experienced feeling of nervous or worried, thought of ending life and easily tired responded positively that there is no significance difference between the participants academic year level of respondents, feeling of nervous or worried, thought of ending life and easily tired is rejected. In the researcher view, feeling of anxiety, depression and psychotic were common among the higher institution students due to lack of comprehensive guidance and counseling services that rake different variables (e.g. sex, academic year level).

This study is not free of limitations. Since the study was conducted in relatively small and geographically restricted area, the result of this study findings were compromised to some extent to accurately represent the mental health problems occurring in Ethiopian higher education institutions. The study also involves only quantitative method of data collection; the level of mental health disorder was being under-reported. The study also involves only quantitative method of data collection; the level of mental health disorder was being under-reported. As students’ academic marks could not be obtained the effect of mental health on academic performance could not be computed.

**Conclusion**

In conclusion, this study provides empirical evidence with regards to negative effects of psychological problems on students’ achievement. The finding of this study could help many parties, such as educators, counsellors and psychologists to design and develop proper intervention programs to reduce psychological problems among students. In addition, enhancing knowledge and strategies in controlling psychological problems among students may help to increase their academic achievement. University counselling services also need to work with local student clinics to increase access for students. Recognizing that students feel mentally stressed and providing adequate services to relax them through relaxation exercises is greatly needed. The result of present study recommend the need for university mental health services is to profoundly promote and market services, mainly mental health and counseling services, offered to students, especially for undergraduate students, on campus.

**Competing Interests**

The authors declare that there are no financial and non-financial competing interests.

**Acknowledgment**

We would like to thank the respondents for providing meticulous information.

**References**

1. Galmessa A (2005) Assessment of prevalence, determinants and effects of mental distress among Alemaya University Students. MPH Thesis, Addis Ababa University, Ethiopia.
2. Sakellari E, Leino-Kilpi H, Kalokerinou-Anagnostopoulou A (2011) Educational interventions in secondary education aiming to affect pupils’ attitudes towards mental illness: A review of the literature. J Psych Mental Health Nursing 18: 166-176.
3. World Health Organization (2014) Mental health: strengthening our response. World Health Organization, Geneva.
4. Corley L (2013) Prevalence of mental health issues among college students: How do advisers equip themselves? The Mentor an Academic Advising J.
5. MacKean G (2011) Mental health and well-being in post-secondary education settings: A literature and environmental scan to support planning and action in Canada. Canadian Association of College and University Student Services. pp: 1-59.
6. Gallagher RP (2010) National survey of counseling center directors. Monograph The International Association of Counseling Services.
7. Field T, Diego M, Pelaez M, Deeds O, Delgado J (2012) Depression and related problems in university students. College Student J 46: 193-202.
8. Storrie K, Ahern K, Tuckett A (2010) A systematic review: Students with mental health problems growing problem. Int J Nursing Practice 16: 1-6.
9. APA (1999) Archival description of counselling psychology. The Counseling Psychologist 27: 589-592.
10. Dzulkifli MA, Yasin AS (2009) Differences in psychological problems between low and high achieving students. J Behav Sci 4: 49-58.
11. Bishop JB (2010) The counseling center: An undervalued resource in recruitment, retention and risk management. J College Student Psychotherap 24: 248-260.
12. Walters E (2003) Editor's choice: Becoming student centered via the One-Stop Shop Initiative-A case study of Onondaga Community College. Community College Rev 31: 40-54.

13. Tesfaye A (2009) Prevalence and correlates of mental distress among regular undergraduate students of Hawassa University: a cross sectional survey. East Afr J Public Health 6: 85-94.

14. World Health Organization (WHO) (1994) Users guide to the self-reporting questionnaires (SRQ). World Health Organization, Geneva.

15. Damena T, Mossie A, Khat TM (2011) Chewing and Mental distress. A Community Based Study, In Jimma City, Southwestern Ethiopia. Ethiop J Health Sci 21: 37-45.

16. Eisenberg D, Hunt J, Speer N, Zivin K (2011) Mental health service utilization among college students in the United States. J Nervous Mental Dis 199: 301-308.

17. Dessie Y, Ebrahim J, Awoke T (2013) Mental distress among university students in Ethiopia: a cross sectional survey. Pan Afr Med J 15: 95-105.

18. Dachew BA, Bisetegn AT, Gebremariam BR (2015) Prevalence of mental distress and associated factors among undergraduate students of university of gondar, northwest Ethiopia: A cross-sectional institutional based study. PLOS ONE 10: e0119464.

19. Mahmood Z, Saleem S (2013) Mental health problems in university students: A prevalence study. FWU J Social Sci Winter 7: 124-130.

20. Eisenberg D, Gollust SE, Golberstein E, Hefner JL (2007) Prevalence and correlates of depression, anxiety, and suicidality among university students. Am J Orthopsych 77: 534-542.