Impact of Mental Health Issues on Quality Of Life of Students

Dr. Ravindra Singh¹, Sweta Gusain², Ms. Sakshi Khandelwal³

¹Assistant Professor Psychology Department of Humanities and Social Sciences Graphic Era University, Dehradun
²MA Psychology Department of Humanities and Social Sciences Graphic Era University, Dehradun
³Department of Visual Arts Graphic Era Hill University, Dehradun, India

ABSTRACT
Mental health is one of the most significant determining factors of life quality and satisfaction. Students’ quality of life is an important issue to tackle the physical, mental, and social problems along with their growth and development. Depression, anxiety, and stress are the most common mental health issues that are obstacles to teens and young adults most can be seen in students. It has begun to take a serious toll on the students’ quality of life and their development in future careers. The present study was descriptive in nature and it was aimed to investigate depression, anxiety, and stress levels with the students’ quality of life. A correlational method was used to measure the impact of depression, anxiety, and stress on mental health issues and quality of life among students. We used a purposive sampling technique on a sample size of 153 students (age 18 to 30 years) from Dehradun who were included in the study, and who completed self-report measures of depression, anxiety, stress, Quality of life, and the standard demographic survey. The result shows that there is a significant impact on quality of life which shows poor well-being/QoL that is affected by the indicators of mental health. As discussed in the paper it is quite evident that the number of existing research findings has exposed a relationship between mental health issues and QoL. In addition to the result, extreme awareness on the topic of mental health should be promoted among the students so that early diagnosis can prevent the problem of mental health and can be a better result in improving quality of life.

Keywords: Anxiety, Depression, Stress, Mental Health, Quality of Life (QOL), life satisfaction, young adults.

INTRODUCTION
In today’s time due to this pandemic and stressful life events experienced by every individual including both adolescents and adults had experienced psychological distress and the increasing distressing event can end up affecting their quality of life which results in affecting their day-to-day life and functioning. The World Health Organization (WHO) defines the quality of life as “an
individual's perception of their position in life in the context of the culture and value systems in which they live and about their goals, expectations, standards, and concerns” ("The World Health Organization quality of life assessment (WHOQOL): Position paper from the World Health Organization", 1995). Then, it may be seen that QoL can be impacted by many factors which are associated with mental health issues. (Hofmann et al., 2017) stated that the Quality of life refers to subjective well-being, satisfaction with life, perceptions of social relationships, physical health, economic status, and functioning in daily activities.

It is a really important topic in this era as the increase in mental health problems arises. There are a hundred causal factors that affect the student’s quality of life i.e., the individual lack of balance between academic and social life becomes a starting point to experience anxiety and depression among students which could affect their physical and emotional state. Students in developing countries who entered university are from different socioeconomic backgrounds and not being able to adapt to the lifestyle which can affect them financially. It was a conflict between them resulting in comparing their life to others around them. It also includes having problems related to adjusting to a new environment which can bring a variety of mental health problems. If seen nowadays, even stress is also becoming a major cause of developing anxiety and depression which could be a result in affecting the student’s well-being, and satisfaction. Chronic illnesses can also affect the quality of life of individuals as it shows the hopelessness regarding their treatment. The World Health Organization defines Mental Health as “A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” ("Mental health: strengthening our response", 2022).

**Rationale of the study:**
Mental Health is important for the growth and development of every society but for students’ depression, anxiety, and stress are the most common and significant mental health issues that are obstacles to them achieving their goals. Many students with depressive tendencies develop interpersonal difficulties with their parents which result in troubled relationships. These also decrease motivation towards the ability for attention and concentration. Depression is an under-recognized yet prevalent health problem among students. The most important part of this study was to test the relationship between depression, anxiety, and stress levels on students’ quality of life and how it affects their development in different domains. The aim of this study was to investigate the impact of mental health issues on the quality of life of students because the students were very vulnerable to emotional or behavioral problems, trauma, and low academic performance.

**Review of Literature:**
The impact of sources of social support on student wellbeing highlighted outcomes from the research and gave clarity about two domains of Quality of life that were significantly predicted by social support from family and friends. (Alsubaie et al., 2019). Student anxiety and depression increase after college entry, the extent to which adverse life experiences contribute to any increases, and the impact of adversity, anxiety, and depression on exam performance (Andrews & Wilding, 2004). (Cho et al., 2019) researched the factors associated with quality of life in patients with depression. The outcome highlighted that the list of factors i.e., socioeconomic status, aging, and
mental health was found to be significantly associated with low QoL in depressive individuals. (Cleofas, 2019) studied within the context of the increasing incidence of mental health challenges observed among college adolescents. This research sought to examine the relationship between student involvement, mental health, and quality of life among college students in a Philippine university. The results indicated that involvement in school organizations was correlated to depression levels, general positive affect, and life satisfaction. Furthermore, he included that all subscales of mental health were associated with quality of life among the student respondents.

Cramer et al., 2005 researched in the context of investigating the effect of specific anxiety disorders on the specific quality of life indicators in the common population. The results indicated that social phobia, panic disorder, and generalized anxiety disorder within the past year and lifetime, had an independent effect on the quality of life associated with a number of socio demographic variables, somatic health, and other DSM-III-R Axis I mental disorders. This study examined whether psychological variables were associated with PTSD symptoms in patients with Myocardial infarction. PTSD symptoms were correlated with poorer quality of life. Prevalence of depressive and anxiety symptoms among medical students and to determine associations between these symptoms, the students' characteristics, and their satisfaction with life (Mahroon et al., 2017). The result concluded that the depressive and anxiety symptoms among medical students were high and showed a significant association. Another study was conducted by (Meltzer-Brody & Davidson, 2000) to focus on the QOL in patients suffering from mood and anxiety disorders that have become more prevalent. In both anxiety and depressive disorders, the patient suffers from impaired functioning, which results in increased healthcare utilization.

(Olatunji et al., 2007) empirically evaluate differences in quality of life between patients with anxiety disorders and nonclinical controls. Thirty-two patient samples from 23 separate studies (N = 2892) were included in the analysis. The outcome of this study showed a large effect size indicating poorer quality of life among anxiety disorder patients vs. controls and this effect was observed across all anxiety disorders.

(Quilty et al., 2003) directed their research to compare the impact of different anxiety disorders on different domains of QoL and the results indicated that individuals with Social Phobia (SP) were more impaired and associated with the compromised overall quality.

This study aimed at comparing stress and quality of life among university students. The researchers (Ribeiro et al., 2018) researched a systematic review that highlights the negative association between stress and QoL in university students, through the decline related to physical and mental health. Relationship between the perceived level of stress and the quality of life of professionals working in Prompt Service Units. The result indicated an association between the perceived level of stress and the physical health domain of quality of life. (Silva et al., 2017). The relationship between physical exercise and stress and quality of life (QOL) in a medical student population. Results included that Participation in regular group fitness classes led to a statistically significant decrease in perceived stress and an increase in physical, mental, and emotional QOL compared with exercising regularly on one's own or not engaging in regular exercise. (Yorks et al., 2017)
Objective of the study:
This study tries to know the impact of mental health issues on the student’s quality of life which thrives to find the answers to the question:
1. To measure the impact between depression and anxiety among students.
2. To measure the impact between depression and stress among students.
3. To measure the impact of depression on all domains of quality of life.
4. To measure the impact of anxiety on all domains of quality of life.
5. To measure the impact of stress levels on all domain of quality of life.

Hypothesis:
1. There is a significant impact of depression and anxiety among students.
2. There is a significant impact of depression on stress among students.
3. There is a significant impact of depression on physical health domain of quality of life among students.
4. There is a significant impact of depression on psychological domain of quality of life among students.
5. There is a significant impact of depression on social relationship domain of quality of life among students.
6. There is a significant impact of depression on environment domain of quality of life among students.

Methodology:
Sample:
In the current study, we used a purposive sampling technique on a sample size of one hundred fifty-three (153) students from Dehradun was included in the study. The age average is 22.70 as the students are between 18 and 30 years old. 50.3% of the sample is female (n=77); 49.7% male (n=76).

Inclusion criteria:
- Students who gave consent to participate in the study were included.
- Students who can understand the items of the questionnaire and can fill out google forms were included.

Exclusion criteria:
- Students in the age group other than 18-30 were excluded.
- Students who are passed out or withdraw from studies are excluded from this study.

Results:
The Following tables depict the analysis as well as the interpretation of the collected data.
Table 1 is based on the correlational analysis of depression on anxiety of a sample of 153 from Dehradun. It was done to know the relationship between the two variables. Pearson Product moment correlation method was used and 2-tailed test was run to understand the relationship. It tends to be seen that there is a strong positive correlation between depression and anxiety that exists. The R squared value shown in fig1 is 0.685 and from this, it can be further inferred that 68.5% of variance in anxiety can be described by depression. This implies that every unit that increases in depression, anxiety also increases by 0.82 units. Altogether, it can be deduced that depression possesses a high impact on anxiety. The significance value was at 0.01, which is less than .001, and therefore it is statistically significant. In this manner, there is a significant impact of depression on anxiety among students. The (H₁) gets accepted.
Table 2 Correlational analysis of depression on stress

<table>
<thead>
<tr>
<th></th>
<th>Depression</th>
<th>Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Depression</strong></td>
<td>Pearson Correlation</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>&lt; .001</td>
</tr>
<tr>
<td>N</td>
<td>153</td>
<td>153</td>
</tr>
<tr>
<td><strong>Stress</strong></td>
<td>Pearson Correlation</td>
<td>859**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>&lt; .001</td>
</tr>
<tr>
<td>N</td>
<td>153</td>
<td>153</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).

Table 2 is based on the correlational analysis of depression on stress. It was done to know the relationship between the two variables. Pearson Product moment correlation method was used and 2-tailed test was run to understand the relationship. It tends to be seen that there is a strong positive correlation between depression and stress that exists. The R squared value shown in fig 2 is 0.738 and from this, it can be further inferred that 73.8% of variance in stress can be described by depression. This implies that every unit that increases in depression, stress also increases by 0.85 units. Altogether, it can be deduced that depression possesses a high impact on stress. The significance value was at 0.01, which is less than .001, and therefore it is statistically significant. In this manner, there is a significant impact of depression on stress among students. The (H2) gets accepted.
Table 3 is based on the correlational analysis of depression on first domain of WHOQOL (physical health). It was done to know the relationship between the two variables. Pearson Product moment correlation method was used and 2-tailed test was run to understand the relationship. It tends to be seen that there is a strong negative correlation between depression and physical health scores that exists. The R squared value shown in fig 3 is 0.466 and from this, it can be further inferred that 46.6% of variance in physical health domain can be described by depression. This implies that every unit that increases in depression, physical health decreases by -0.68 units. Altogether, it can be deduced that depression possesses a high impact on physical health. The significance value was at 0.01, which is less than .001, and therefore it is statistically significant. In this manner, there is a significant impact of depression on physical health domain of quality of life among students. The (H₃) gets accepted.
Table 4 is based on the correlational analysis of depression on second domain of WHOQOL (psychological). It was done to know the relationship between the two variables. Pearson Product moment correlation method was used and 2-tailed test was run to understand the relationship. It tends to be seen that there is a strong negative correlation between depression and psychological scores that exists. The R squared value shown in fig 4 is 0.411 and from this, it can be further inferred that 41.1% of variance in psychological domain can be described by depression. This implies that every unit that increases in depression, physical health decreases by 0.64 units. Altogether, it can be deduced that depression possesses a high impact on physical health. The significance value was at 0.01, which is less than .001, and therefore it is statistically significant. In this manner, there is a significant impact of depression on psychological domain of quality of life among students. The (H₄) gets accepted.
Table 5 Correlational analysis of depression on social relationships

<table>
<thead>
<tr>
<th>Depression</th>
<th>Social Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Pearson Correlation</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>N</td>
<td>153</td>
</tr>
<tr>
<td>Social Relationships</td>
<td>Pearson Correlation</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>N</td>
<td>153</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).

Table 5 is based on the correlational analysis of depression on third domain of WHOQOL (social relationship). It was done to know the relationship between the two variables. Pearson Product moment correlation method was used and 2-tailed test was run to understand the relationship. It tends to be seen that there is a moderate negative correlation between depression and social relationship scores that exists. The R squared value shown in fig 5 is 0.255 and from this, it can be further inferred that 25.5% of variance in social relationships can be described by depression. This implies that every unit that increases in depression, social relationships decrease by -0.50 units. Altogether, it can be deduced that depression possesses a high impact on social relationship. The significance value was at 0.01, which is less than .001, and therefore it is statistically significant. In this manner, there is a significant impact of depression on social relationships domain of quality of life among students. The (H5) gets accepted.
Table 6 is based on the correlational analysis of depression on fourth domain of WHOQOL (environment). It was done to know the relationship between the two variables. Pearson Product moment correlation method was used and 2-tailed test was run to understand the relationship. It tends to be seen that there is a moderate negative correlation between depression and environment scores that exists. The R squared value shown in fig 6 is 0.331 and from this, it can be further inferred that 33.1% of variance in environment domain can be described by depression. This implies that every unit that increases in depression, environment decreases by -0.57 units. Altogether, it can be deduced that depression possesses a high impact on environment. The significance value was at 0.01, which is less than .001, and therefore it is statistically significant. In this manner, there is a significant impact of depression on environment domain of quality of life among students. The (H₆) gets accepted

![Figure 6](http://www.webology.org)

Discussion & Conclusions:
The result indicated that the depression has a positive impact on anxiety and stress depicting a positive relationship between two of the variables. A strong positive relationship between two variables can be decoded as the increase in the intensity of one variable will lead to increase in the intensity of the other variable as well. Both of the variables work in the same direction, the increase in the level of depression will lead to the increased anxiety and stress levels. The study demonstrates that there is a significant impact between the IV and DV as the stated hypothesis got accepted or approved. In this study, a negative strong relationship was found between depression and two domains of quality of life (physical health and psychological) and a moderate negative relationship (social relationships and environment) in two domains of quality of life. The result is supported by one of the studies conducted by Li et al., (2020) highlighting that the students with depression had significantly lower QOL scores in the physical, psychological, social and environmental domains. The findings of the study explicitly indicate the strong positive association between the depression, anxiety and stress. It is inferred from the figures and correlational analysis that it shows a high impact of depression along with anxiety and stress among students. The more depressive symptoms they experienced, the more anxiety and stress symptoms increases.
Limitations:
There were some limitations associated with the current study.
1. The findings of this study are based on self-reported information provided by students and some potential for reporting bias may have occurred because of student’s interpretation of the questions.
2. The size of the sample in some age groups was quite small.
3. The utilized online Google forms for data collection hindered the participation of a larger section of the population such as those who do not have internet, especially the underprivileged.
4. As the survey was conducted online, it may not have reached to all the students of the state and its access could have been limited by the use of electronic social media platforms.

Suggestions:
We are hopeful that the ongoing result will be examined with socio-cultural backgrounds so it will not be only limited to students.

References:


