

## Prevalence of Mental Health Problems in College Students

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eISSN: 2957-8493

pISSN:2957-8507

DOI:

<https://doi.org/10.36755/themind.v4i1.18>

Received:12-03-2025

Accepted:08-01-2026

Online:10-02-2026



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### ABSTRACT

This study looked at the prevalence and determinants of mental health issues among 300 college students in Sialkot. Neurotic and psychotic symptoms were evaluated using the Student Problems Checklist (SPCL) and the Signs and Symptoms Inventory (SSI), which was translated into Urdu. The majority of students showed moderate to severe psychological distress, according to the results, and there were notable positive connections between the SSI subscales and SPCL variables. Gender, sector, and father's educational background were found to be significant predictors using regression analysis, suggesting that female students and those attending private colleges were at greater risk. Mental health problems were also predicted by psychological factors such as anxiety, hysteria, neurotic depression, and psychotic depression. The results highlight the need for campus-based mental health interventions in Pakistan that are sensitive to cultural differences.

**KEYWORDS:** *Mental Health, College Students, Neurotic Symptoms, Psychotic Symptoms*

## Introduction

The mental health issues of college students are a major global concern, but they are especially important in underdeveloped nations like Pakistan (Saleem & Mahmood, 2011). Students have numerous difficulties with academic achievement, social integration, financial strains, and identity construction during their college years, which constitute a critical transitioning stage from adolescence to adulthood (Li et al., 2025). If left unchecked, these pressures can cause psychological issues like anxiety, depression, low self-esteem, and a disordered feeling. Particular societal and economic elements that affect the onset and manifestation of psychological distress further influence mental health problems among college students in Pakistan.

Because many people are afraid of being branded as "weak" or "unstable," the cultural stigmatization of mental illness continues to be a significant deterrent to getting treatment.

Collectivistic cultural norms that prioritize social conformity and emotional control over personal expression of sorrow are the foundation of this stigma. Furthermore, the issue is made worse by the majority of Pakistani universities' lack of counseling services and qualified mental health specialists, which limits students' access to psychological help (Khalid et al., 2020). The emotional strain is increased by the societal pressure to perform well academically, which is frequently reinforced by family and community pressure. Students' mental health may deteriorate as a result of internalizing stress and using unhealthy coping mechanisms (Roy et al., 2025).

The prevalence and expression of mental health disorders are also significantly influenced by gender variations. Due to safety concerns in educational settings, limited autonomy, and restrictive gender norms, female students in particular are more prone to express symptoms of anxiety and depression (Duffy & Pham, 2025). However, social ideals of masculinity may cause male students to repress their emotional anguish, which could lead to underreporting of psychological issues. These gendered factors emphasize how crucial it is to approach mental health from a culturally and contextually aware perspective.

Developing successful interventions requires an understanding of the prevalence of mental health issues among college students in Pakistan (Ahmed et al., 2025). Researchers and policymakers can create culturally aware preventative and therapy programs that meet the emotional needs of students by seeing patterns of dysfunction and misery. In the context of higher education in Pakistan, promoting psychological resilience and general well-being requires integrating support services within academic institutions and promoting candid conversations about mental health (Abbas et al., 2025).

## **Methodology**

### **Research Design**

With reference to finding out the prevalence of mental health problems among college students, quantitative research method with a cross-sectional research design was employed. This design was selected because the primary objective of the study was to examine the relationship between the factors measured by the Student Problems Checklist (SPCL) and the presence of neurotic and psychotic symptoms among college students. The cross-sectional design allowed the researcher to assess these relationships at a single point in time, providing an overview of the mental health status and associated variables within this population.

The research was conducted in two phases:

1. Phase I \_Pilot Study
2. Phase II \_ Main Study

#### **Phase I: Pilot Study**

This phase was conducted to assess the user-friendliness and accuracy of the measures used in the current study. Another key aim was to evaluate whether the “Symptoms and Signs Inventory (SSI)”, translated into Urdu, was comprehensible and suitable for college students. Since the inventory was

originally developed for clinical populations, it was important to ensure that its language and content were understandable for a non-clinical, student population.

The pilot study was carried out in both government and private colleges. The sample comprised 20 college students (10 males and 10 females) selected through a convenient sampling technique. The findings indicated that both instruments were easily comprehensible to the students and did not present any ambiguity. Therefore, they were deemed appropriate for use in the main study.

## Phase II: Main Study

The main study was conducted in two government and four private colleges located in Sialkot. The total sample consisted of 300 college students (150 males and 150 females) selected through a convenient sampling method. The participants were aged between 15-18 years.

## Measures

**Demographic Form.** The demographic form included key variables identified in the literature as being associated with mental health issues among college students. These variables included age, gender, qualification, grade, parental education, favorite subject, number of siblings, and family system.

**Student Problems Checklist (SPCL; Saleem & Mahmood, 2011).** This instrument, developed by Saleem and Mahmood, was used to measure mental health problems among college students. It consists of 45 items assessing four dimensions: Sense of Being Dysfunctional, Loss of Confidence, Lack of Self-Regulation, and Anxiety Proneness.

**Signs and Symptoms Inventory (SSI).** The SSI, adapted from the Brief Symptom Inventory (BSI), includes 80 items covering nine dimensions: Somatization, Obsession–Compulsion, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism. The Urdu-translated version of this scale was used, with dichotomous response options (“Yes” and “No”).

**Lie Scale.** The Lie Scale was included to screen the validity of participants’ responses on the SSI. A lower score on the Lie Scale indicated possible masked or dishonest responses, and such forms were discarded from the analysis.

## Results

**Table 1**

*Means and Standard Deviation of the Participant’s Age (N=300)*

Variable	<i>M</i>	<i>SD</i>
Age	16.99	.83

*Note: M=Mean, SD= Standard Deviation*

**Table 2**

*Prevalence of Mental Health Problems in College Students (N=300)*

Factor	Mild	Moderate	Severe	Very severe	Profound
SSI_FT	45	100	88	53	8
In %	15%	33%	30%	18%	3%

*Note. SSI\_FT= sign and symptoms inventory*

The table showed a prevailed trend of presence of neurotic and psychotic symptoms from moderate to severe level in the college students.

**Table 3***Inter-Factor Correlation of Factors of Student problem checklist, symptoms and sign inventory scale*

Factors	SPCL_F 1	SPCL_F 2	SPCL_F 3	SPCL_F 4	SPCL_F T	SSI_A	SSI_B	SSI_ C	SSI_D	SSI_E	SSI_F	SSI_G	SSI_H	SSI_F T
SPCL_F1	---	.67***	.65***	.66***	.90***	.45** *	.65** *	.20* C	.31**	.39** *	.44***	.43** *	.51** *	.61***
SPCL_F2	---	---	.59***	.60***	.84***	.45** *	.54** *	.22* C	.25**	.29**	.37***	.37** *	.43** *	.50***
SPCL_F3	---	---	---	.54***	.84***	.34** *	.50** *	.19* C	.24*	.24**	.33***	.31**	.41** *	.44***
SPCL_F4	---	---	---	---	.78***	.55** *	.47** *	.27** C	.28**	.34** *	.37***	.44** *	.48** *	.56***
SPCL_F T	---	---	---	---	---	.50** *	.65** *	.24* C	.30**	.37** *	.44***	.45** *	.53** *	.62***
SSI_A	---	---	---	---	---	---	.54** *	.29** C	.25**	.37** *	.43***	.47** *	.43** *	.67***
SSI_B	---	---	---	---	---	---	---	.19* C	.29**	.43** *	.54***	.44** *	.59** *	.73***
SSI_C	---	---	---	---	---	---	---	---	.40** *	.39** *	.39***	.30**	.30**	.57***

SSI_D	---	---	---	---	---	---	---	---	---	---	.40**	.44***	.30**	.45**	.60***
											*			*	
SSI_E	---	---	---	---	---	---	---	---	---	---	---	.59***	.33**	.49**	.71***
													*	*	
8SSI_F	---	---	---	---	---	---	---	---	---	---	---	---	.56**	.62**	.83***
													*	*	
SSI_G	---	---	---	---	---	---	---	---	---	---	---	---	---	.49**	.70***
														*	
SSI_H	---	---	---	---	---	---	---	---	---	---	---	---	---	---	.78***
SSI_FT	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
M	19.41	15.80	19.48	10.95	65.87	3.14	3.07	5.02	4.31	4.82	3.72	3.17	3.62	31.07	
S.D.	9.729	7.437	8.826	5.384	26.650	2.140	2.171	2.011	1.894	2.123	2.336	2.258	2.025	11.847	

Note: ns= Non significant, \*p<0.05, \*\*p<0.01, p\*\*\*p<0.001, SS1A= anxiety, SSIB= neurotic depression, SSIC=Mania, SSID= Paranoid, SSIE= Obsessive compulsive, SSIF= schizophrenia, SSIG= Hysteria, SSIH= psychotic depression, SPCL1= dysfunctional, SPCL2= loss of confidence, SPCL3= lack of self regulation, SPCL4= anxiety proneness

The correlation indicated a positive significant relationship between the dysfunctional and sub scales of symptoms and sign inventory' scale i.e. mania, anxiety, neurotic depression, paranoid, obsessive compulsive symptoms, hysteria and psychotic depression. Significant positive correlation was also observed between the factors of symptoms and sign inventory and factors of student problem checklist. This relationship showed that there is a pattern of prevalence of symptoms of psychotic traits in the college students.

**Table 4**

*Multiple Regression Analysis for Predictors of Mental Health Problems in College Students (N=300)*

Variables	Mental Health Problems	
	$\Delta R^2$	$\beta$
Step 1	.05**	
Gender		-.23***
Sector		.11*
Father's education		-.14*
Step 2	.48***	
Gender		-.12*
Anxiety		.11*
Neurotic depression		.47***
Hysteria		.15**
Step 3	.49***	
Gender		-.10*
Anxiety		.13*
Neurotic depression		.42***
Hysteria		.12*
Psychotic depression		.16**
Total R <sup>2</sup>	.49***	
N	300	

*Note.* N=300, \*p<0.05, \*\*p<0.01, p\*\*\*p<0.001, only the significant results are reported in each step

The table indicated the positive and negative predictors of mental health predictors of mental health problems in college students. The first step indicated that gender was a positive predictor showing females are more vulnerable for developing mental health problems and students of private sections were also more prone for mental health issues. The first step also showed that the students whose father was illiterate they were more likely towards mental health issues. The second step indicated gender along with other neurotic traits as being positive predictors and same was found in the third step. Thus it can be said that the female students studying in private universities are more vulnerable to develop problems and those who have neurotic depression, anxiety, hysteria and psychotic depression they were also more at risk to have mental health problems.

## **Discussion**

The current study investigated the prevalence and determinants of mental

health issues among college students while using the SPCL and an SSI translated into Urdu. The findings showed a significant burden of psychological distress: the majority of students in this group had significant neurotic and psychotic symptoms, with the majority falling into the moderate-to-severe range on the SSI. Significant positive correlations between SSI dimensions (such as anxiety, neurotic depression, obsessive-compulsive symptoms, paranoia, hysteria, and psychotic depression) and SPCL factors (dysfunction, loss of confidence, lack of self-regulation, and anxiety proneness) indicate a close relationship between clinical symptomatology and everyday student issues.

Regression analysis revealed both psychological and demographic predictors. Gender was found to be a reliable predictor, with female students exhibiting higher vulnerability, as well as those attending private universities and those with less educated fathers. In terms of psychology, a significant amount of variance was explained by neurotic depression, anxiety, hysteria, and psychotic depression, all of which were significant contributors to general mental health issues (total  $R^2 \approx .49$ ).

These results highlight the value of focused preventative initiatives, campus-based counseling, and regular mental health screening, especially for female students and those attending more stressful educational environments. Student functioning may be enhanced and distress may be decreased by interventions that target emotional control, confidence, and early indicators of neurotic and psychotic symptoms. Subsequent longitudinal studies ought to confirm causality and assess the efficacy of interventions.

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