

Mental Health Problems among Haramaya University Students: Clinic-Based Portrayal

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Abstract: University students often claim to experience stress, anxiety, depression, and other psychological issues, which have significant negative impact on their academic performance and mental health. Emotional disturbances are common phenomenon among university students. However, there are shortages of information indicating its status among students in Ethiopian universities. This paper aimed at portraying the nature and prevalence of clinical cases at the Haramaya University Counseling and Guidance Program (HUCGP), seen for 12 months. Mental health services were provided for students at Haramaya University (HU), from September 2016 up to August 2017. During the period, 115 clients visited HUCGP for different psychiatric problems. Cases of nonstudents like staff and staff families were excluded. Different types of clinical assessments were used to determine participants' emotional and psychological problems. Diagnosis were made based on DSM-IV. Male clients were 57.4% and female clients 42.6%. Most of the clients (49.6%) were between the age range of 20-22; majority of the clients (39.1%) came from Oromia region, followed by 23.5% from Amhara region. Most of the clients (52.2%) were first year students; where most clients (41.7%) had their CGPA between 2.0 and 3.0, followed by freshman students (40.9%) who did not even complete a semester. Most of the clients (33.0%) were referred by HU Higher Health Center (HUHHC), followed by 27.0% self-referred clients seeking psychological supports. Significant number of clients came from HIoT (22.6%), followed by 16.5% from CoA and CHSS respectively. Most of the clients (30.4%) were primarily diagnosed with a clinically significant Depression, followed by Adjustment Disorder (13.9%), Academic and Relational problems (10.4%), and Dysthymic disorder (9.6%). Because of the functional similarity among Depression, which is 30.4%, Adjustment disorder, which is 13.9% and Dysthymic disorder, which is 9.6%, it is concluded that more than half of the clients (53.9%) suffered from depression.

Keywords: Mental Health Problems.

INTRODUCTION

During the last decade, university and college counseling centers have reported a shift in the needs of students seeking counseling services from different kind of developmental issues to more severe psychological problems [1-5]. The researchers [6, 7] concluded that one third of the university students had a diagnosable psychological problem and one fourth of entering college students are disturbed and in need of mental health care.

Researches indicate that, as a result of changing social and emotional picture of university students, they become more vulnerable for developing mental health problems [8, 9]. It is understandable that the university years of an individual are emotionally and intellectually more demanding. At this stage, university students often face a great deal of pressures and challenges that pose a variety of physical, social and emotional difficulties [10].

University students often claim to experience stress, anxiety, symptoms of depression, and other psychological issues, which have significant negative impact on their academic performance and their mental health [11, 12].

Over the past decade, demographics of the student population in Haramaya University have undergone many changes that are of relevance to the provision of mental healthcare services. The numbers of young people in this university have expanded from time to time. There have been increasing numbers of students drawn from socially and culturally diverse backgrounds with historically low rates of participation in higher education.

Various factors have an impact on the psychological well-being of students and other young people in general. Separation from pre-existing social support, frustration with academic challenges, social

problems and changes, and other threats can create mental distress among students [13-16].

A glut of research has focused on study of the prevalence of mental health problems among university population and the findings suggest that throughout the world, a substantial number of university students experience mental health problems [17-21]. Studies show that significant proportion of the world population is affected by mental distress of which tertiary education students are the once [22-24]. More than half of higher education students in different countries had experienced emotional distress [25, 26]. In Malaysia for instance, 41.9% and in Australia 53.0% of students reported to have psychological distress [27, 28]. Though limited and inconclusive, a mental distress prevalence of 32.6% to 49.1% was reported among university students in Ethiopia [29, 30]. Most studies have showed that mental health problems among university students are increasing in number as well as in severity [31], however, a clinic-based prevalence portrayals are rare [32].

This paper therefore, is a continuation of portraying a clinic-based epidemiological picture of mental health problems among students in Haramaya University. It provides a twelve month intervention-based pattern of distribution of diagnosis of psychological distresses among students. The purpose of availing a second round portrayal is to better support clinic-based comparisons between patterns of demographic variables and prevalent diagnoses.

METHODS

Design

The methodology deployed in this clinic-based portrayal is service card review, in census technique, where each cases of participant were considered. Hence, it is mainly based on a 12 months service records of students who visited the university's psychological counseling center.

Study Setting

The setting of this piece of work was the Higher Health Center of Haramaya University. The Health Center has one main facility in the main campus and other satellite clinics in Gendeje or technology campus. Students come to these health centers so as to get health services. This paper is based on clinical records of mental health services offered for students for a period of 12 months, from September 2016 up to August 2017, at the Counseling and Guidance office of Haramaya University, Eastern Ethiopia.

Sample population

One hundred fifteen clients were provided with professional psychological services in the Counseling and Guidance office of HU, in a period of twelve months. Clients whose cases were terminated because of academic withdrawal were excluded – only those

clients who receive substantial amount of psychotherapeutic services from the office were reported. In addition, cases of nonstudents such as staff members and families of staffs were also excluded from this portrayal.

Data collection

In this study, demographic variables and clinical data of every client were obtained in a census manner. Basically, the paper focused on service records or cards of students who visited university's psychological counseling center alone. Clients seeking mental health services came to the Counseling and Guidance office of HU in different routes. Some were referred by Students' Service Directorate, others came in a self-referred manner. Mostly clients were referred by the HUUHC to the Counseling office. After the necessary bio-data was taken by trained nurses, chief complaints and diagnostic history was taken by a clinical psychologist, so as to determine working diagnosis. To this end, DSM-IV was used. Besides some test results found using SRQ-20, Beck Depression Inventory, Beck Anxiety Inventory, and so on, cases were conceptualized in an integrative manner – bio-psychosocial. Data elicited through diagnostic interviews made by Amharic. For those who were Afan Oromo speakers, two clinical nurses assisted in interpretation. To ensure confidentiality, informed consent was obtained. Data analysis was made using SPSS (V-20).

Ethical Considerations

To ensure the necessary confidentiality, participants' identifiable information are omitted. Contact details including telephone numbers and physical addresses are not disclosed by any means.

FINDINGS

The service was availed for 115 regular undergraduate, postgraduate, summer and PGDT students. Clients' sex and age varied: 57.4% of the clients were male, 42.6% female; 49.6% clients were aged from 20-22 years old; 24.3% were below 19 years; 17.4% from 23-25; 2.6% were above 31; 4.3% from 26-28; and 1.7% from 29-31.

Clients' religion and region also varied: 52.5% were Orthodox; 25.2% were Muslim; 20.9% were Protestant; and 1.7% were Catholic. 9.1% came from Oromia region; 23.5% from Amhara region; 15.7% from South region; 14.8% from Addis Ababa region; 3.5% from Tigray region; 1.7% from Harari; 0.9% from Afar region and a country outside of Ethiopia.

Clients also came from different years of enrollment: 52.2% were first year; 27.0% were second year; 5.2% were third year; 3.5% were fourth year; 3.5% were fifth year; 2.6% were SGS first year; 2.6% were summer second year; 2.6% were summer second year; and 0.9% were PGDT year 2.

Cumulative grade point average (CGPA) of clients also varied: most of the clients (41.7%) had their CGPA ranging between 2.0 and 3.0; 40.9% were in their first year first semester who did not complete a semester; 10.4% had their CGPA ranging between 3.0 and 4.0; 6.1% had their CGPA ranging between 1.0 and 2.0; and 0.9% had their CGPA below 1.0.

Route of referral by which clients came to the HUCGP to get mental health services varied: majority of the clients (33.0%) were referred by HUHHC; 27.0% came in a self-referred manner; 13.0% were referred by their friends; 5.2% were referred by Students' Service and the Gender, HIV/AIDS, and Special Needs Directorate respectively; 4.3% were referred by different instructors; 3.5% were referred by Big Sisters and proctors respectively; 2.6% were referred by HU Campus Security; 1.7% were referred by colleges and

departments; and 0.9% were referred by HU Peace Forum.

Identified diagnoses diversified: majority of the clients (30.4%) were diagnose with depression; 13.9% were diagnosed with Adjustment disorders; 10.4% were diagnosed with Academic and relational problems; 9.6% were diagnosed with Dysthymic disorder; 6.1% were diagnosed with Anxiety and personality disorders respectively; 3.5% were diagnosed with Religious and Spiritual problems, MDD, and PTSD respectively; 1.7% were diagnosed with Schizophrenia, Substance use disorder, and Primary Hypersomnia respectively; 2.6% were diagnosed with Panic Attack; and 0.9% were diagnosed with Pain disorder, Depersonalization disorder, Sleep walking disorder, Somatization disorder, Delusional disorder, and Schizophreniform disorder respectively.

Table-1: Socio-demographic characteristic of clients attended HUCGP

Characteristics	Frequency	Percent
CLINTS' SEX		
Male	66	57.4
Female	49	42.6
CLINTS' AGE		
<19	28	24.3
20-22	57	49.6
23-25	20	17.4
26-28	5	4.3
29-31	2	1.7
>31	3	2.6
CLINTS' RELIGION		
Muslim	29	25.2
Orthodox	60	52.2
Protestant	24	20.9
Catholic	2	1.7
CLINTS' REGION		
South region	18	15.7
Amhara region	27	23.5
Oromia region	45	39.1
Afar region	1	0.9
Tigray region	4	3.5
Harari region	2	1.7
Addis Ababa City Administration	17	14.8
Foreign country	1	0.9

Table-2: Academic characteristics of clients attended HUCGP

Characteristics	Frequency	Percent	Remark
Clints' Enrollment Year			
First year	60	52.2	
Second year	31	27.0	
Third year	6	5.2	
Fourth year	4	3.5	
Fifth year	4	3.5	
SGS year 1	3	2.6	
Summer year 2	3	2.6	
Summer year 3	3	2.6	
PGDT year 2	1	.9	
Clints' College			
HIoT	26	22.6	
CNCS	14	12.2	
CEBS	5	4.3	
FBE	9	7.8	
Law	6	5.2	
CHSS	19	16.5	
CCAI	14	12.2	
CoA	19	16.5	
CVM	3	2.6	
Clints' Cgpa			
Less than 1	1	.9	
between 1 and 2	7	6.1	
between 2 and 3	48	41.7	
Between 3 and 4	12	10.4	
First year first semester	47	40.9	Year 1, semester 1

Table-3: Routes of referrals and diagnosis of psychological distresses

Characteristics	Frequency	Percent
Route Of Referral		
Self	32	26.2
Friend	16	13.1
Student service	6	4.9
HU Health center	39	32.0
Campus security	4	3.3
Gender directorate	6	4.9
College/departments	2	1.6
Proctor	4	3.3
Family	3	2.5
Instructors	5	4.1
Peace forum	1	.8
Big sisters	4	3.3
DIAGNOSIS		
Adjustment disorder	16	13.1
Delusional disorder	1	.8
Schizophreniform disorder	2	1.6
MDD	4	3.3
Primary hypersomnia	2	1.6
Pain disorder	1	.8
Depersonalization disorder	1	.8
Dysthymic disorder	12	9.8
Somatoform disorder	1	.8
PTSD	5	4.1
Sleep walking disorder	1	.8
Panic attack	3	2.5
Depression	36	29.5
Anxiety	8	6.6
Schizophrenia	3	2.5
Academic and relational problem	12	9.8
Religious or Spiritual problem	4	3.3
Personality disorder	7	5.7
Substance use disorder	3	2.5

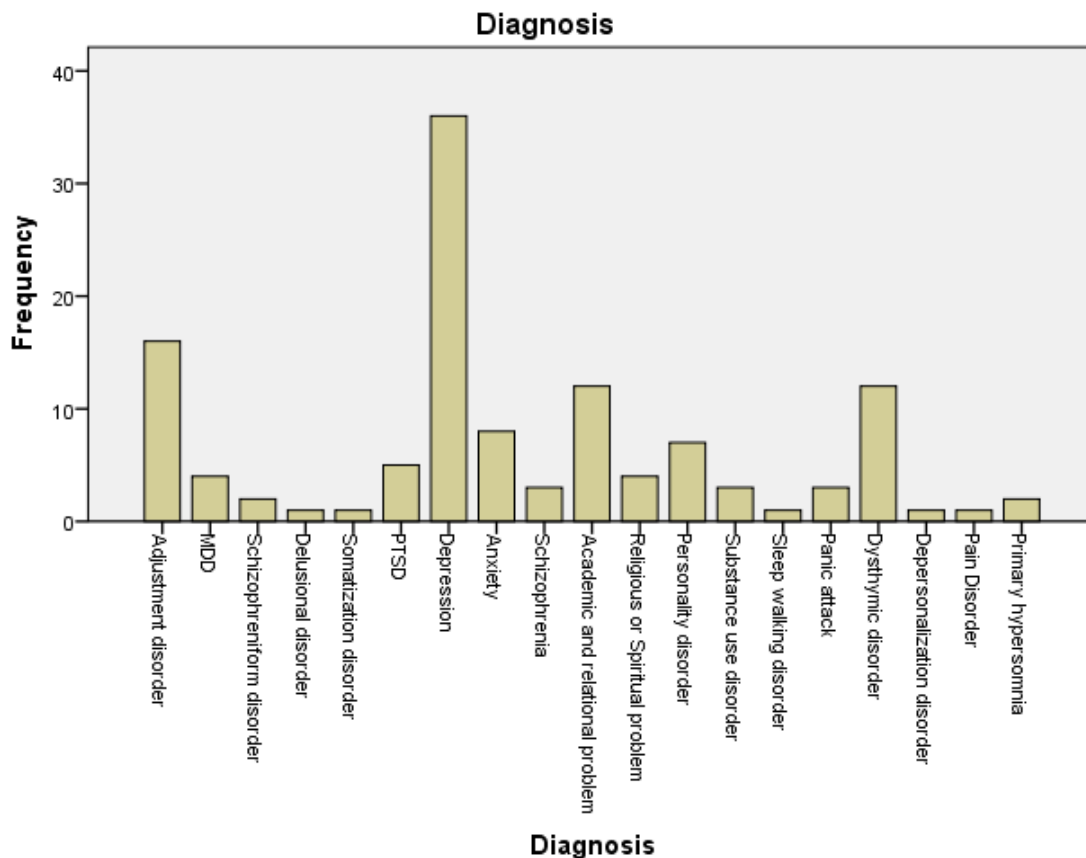


Fig-1: Distribution of Psychological Distresses among students who attended HUCGP

DISCUSSION

During the last decade, university and college counseling centers have reported a shift in the needs of students seeking counseling services from different kind of developmental issues to more severe psychological problems [1-5]. The researchers [6,7] concluded that one third of the university students had a diagnosable psychological problem and one fourth of entering college students are disturbed and in need of mental health care. A study conducted by Drum, Brownson, Denmark and Smith in [33] indicated that female students are more prone to develop severe depression and symptoms of anxiety disorder [34].

Out of the one hundred fifteen participants who received psychological services in the counseling and guidance office of HU, the number of male clients has outnumbered females. Yet, this should not lead readers to conclude that female students are less mentally distressed than male. There might be factors that contributed for the relatively infrequent visit of female students to the counseling office, seeking psychological support.

The fact that more than half of the clients (52.2%) who experienced different kinds of psychological distresses were in the first year of their education might be due to many reasons resulted from

pre-existing problems as well as social, geographic, and academic changes.

Most clients (22.6%) were from the HIoT. This may be due to many reasons. Though the real factor behind is left open for further exploration, the implication of the result may imply to the need to pay more attention to the mental health needs of students in this campus.

Majority of the clients (33.0%) were referred to the counseling program by HUHHC. Compared to this figure, the number of clients referred to the program for psychological support is less.

Out of the various pattern of distribution of diagnosis among students, depression has taken the highest rate (30.4%). However, the major diagnoses reached are basic similarity in their very nature. For instance 13.9% of the clients were diagnoses with Adjustment disorder, and another 9.6% with Dysthymic disorder, which are, by their very nature, predominantly characterized by depressive episodes. Hence, this would escalate the percentage of clients with depressive episodes to 53.9%. This, therefore, could plausibly lead to a conclusion that more than half of the clients suffered from depression.

CONCLUSION

From the earlier findings, it could be understood that a high rate of seeking psychological support, due to various mental distresses. However, patterns of rate of female students who sought psychological support was also indicative of the need. For various reasons that needed further investigation, first year students tend to be exposed for various mental distresses than others. Especially freshman students who just joined the university needed psychological services. Among the colleges in HU, most of the clients came to the HUCGP seeking psychological services from HIoT, frequently. To this end, underlying reasons and possible intervention mechanisms needs further investigation. Majority of the clients were diagnosed with depressive disorder. This may clearly indicate the prevalence of diagnoses to which the university management needs to devise better intervention strategies.

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