



The Status of Mental Disorder and to Identify the Barriers of Psychological Treatment among University Student

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Abstract: Depression, anxiety, and stress are widespread mental health concerns among modern university students, and these conditions appear to be increasing. This study aimed to examine the prevalence of mental health issues, and also to identify the barriers of psychological treatment. The study's sample size was 344 students drawn at random from Rajshahi University. To assess the extent to which the participants suffered from mental illness, the Bangla version of the Depression Anxiety, and Stress Scale (DASS-21) was administered, and the translated Bangla adaptation of Perceived Barriers to Psychological Treatment Scale (PBPT) was also applied to the same participants to identify the barriers of psychological treatment. The acquired data were analyzed with descriptive statistics in IBM SPSS Version 25.0. It was determined that 50.57% of respondents demonstrated moderate to extremely severe stress symptoms, 72.97% of students exhibited moderate to extremely severe anxiety symptoms, and 56.7% exhibited moderate to extremely severe depressive symptoms, respectively. Study participants cited two major barriers to seeking mental health treatment: a lack of available services (51.5%) and the difficulty in finding a counselor (41.3%). This study helps in understanding the mental states of students and planning activities related to offering counseling services.

Keywords: Depression, Anxiety, Stress, Barriers, Psychological Treatment

1. Introduction

A mental disorder is a condition of the mind that leads to distress, incapacity, an elevated risk of mortality, or a significant loss of autonomy (DSM-IV). The adult prevalence was estimated to be between 6.5% and 31.0%, while childhood prevalence was estimated to be between 13.4% and 22.9%. The idea of seeking help for mental health problems is seen with skepticism among the general public (Hossain *et al.*, 2014).

Stress, depression, anxiety, and eating disorders are so prevalent in contemporary communities that they cannot be ignored (Storrie *et al.*, 2010; WHO, 2014). Depression is characterized by feelings of sadness, loneliness, pessimism, and lack of interest during the majority of the day (APA, 2013). About 38.68% of Bangladeshi people experienced a mild level of depressive symptoms, followed by 21.41% who suffered from moderate and 16.82% who had a severe level of depressive symptoms (Rahman *et al.*, 2021). And depressive symptoms were also found in 25% of Bangladeshi teenagers (Khan *et al.*, 2020). A further investigation indicated that 36.6% of adolescents exhibited symptoms of depression (Anjum *et al.*, 2019). Similarly, depressive symptoms ranging from moderate to severe were present in 26.5% of the population (Islam *et al.*, 2021). During the COVID-19 epidemic in Bangladesh, a significant number of respondents indicated issues with their mental health (Das *et al.*, 2021).

On the other hand, the many forms of anxiety disorders are categorized according to the circumstances or occurrences that bring on the anxious feelings (APA, 2013). Symptoms of anxiety are widespread among university students in Bangladesh. Approximately 40% of adolescents reported moderate to severe anxiety symptoms; this high rate results from concerns about the COVID-19 scenario (Faisal *et al.*, 2021). Stress is the body's generic reaction to any requirement, regardless of whether the demand is induced by or is a consequence of pleasurable or unfavorable situations (Selye, 1956).



As well, a study in Bangladesh reported that approximately 17 percent of adults encounter mental health challenges, comprising 16.8 percent of males and 17 percent of females, with 92.3 percent expressing disinterest in seeking medical assistance for their illnesses. The survey indicates that 14% of children aged seven to seventeen experience mental health challenges, and 94.5% of these individuals are reluctant to consult a professional (National Mental Health Survey, Bangladesh, 2018-2019). On the contrary, less than a hundred psychiatrists are qualified in this country, where 14 million people suffer from mental diseases (WHO, 2006). Compared to the demand for physical health, mental health is not given as much attention in this country. People in the village believed that mental disease was innate and, in most cases, incurable. They considered supernatural forces to cause mental illness and relied on local treatments (Kulhara *et al.*, 2000; Choudhry & Bokhary, 2013). Seeking assistance is considered a critical first step in the process of improving one's quality of life and obtaining sufficient mental health support. In recent years, the enhancement of public health and access to mental health care has been the primary focus of government policies, initiatives, and programs (Salaheddin & Mason, 2016). Promoting students' positive mental health during the pandemic requires maintaining contact with them to provide psychological and mental assistance (Nahar *et al.*, 2022).

The mental health sector in Bangladesh is under-resourced and underequipped. For example, only 8% of all hospital beds are reserved for patients with mental illnesses. Unfortunately, in forensic units across the country, there are no places set aside for people who are mentally ill. As a result, fewer mentally ill individuals are getting help in different institutions. Only 26% of those receiving treatment in outpatient facilities are diagnosed with a mental illness. In a similar vein, just 4.2% of mentally ill patients are treated in inpatient institutions (WHO, 2007).

Even though psychological diseases are complicated, regular consultations with mental health professionals and a range of support services are usually necessary for effective treatment. Unfortunately, access to mental health treatment is frequently limited by a lack of availability and affordability, as well as inefficient mental health care legislation, a paucity of education about mental diseases, stigma, transportation issues, time restrictions, etc. (Heinig *et al.*, 2021; Lu *et al.*, 2014; Vidourek *et al.*, 2014; Zinzow *et al.*, 2013). Individuals with depressive symptoms considered that cost is a substantial impediment to access treatment (Smith *et al.*, 2021). A substantial majority of medical professionals in Bangladesh experienced mental health problems while the COVID-19 epidemic was underway (Repon *et al.*, 2021).

1.1 Objective of the study

The study's objectives were to identify the prevalence of stress, anxiety, and depression among respondents, the rate of receiving mental health services among university students, and the barriers to psychological treatment.

1.2 The rationale of the Study

Depression, anxiety, and stress are all common mental health problems (MHPs) among today's university students, and these diseases seem to be on the rise (Dar *et al.*, 2018). The most important concern is whether the rising incidence of mental illness will lead to an increase in the use of mental health services by students. According to a study, only 16 percent of patients came directly to mental health specialists (Giasuddin *et al.*, 2012). In a recent investigation, it was observed that, in Bangladesh, mental problems are rarely given significant scientific focus and are not treated as a severe public health concern. Mental illness is highlighted as a neglected healthcare issue in the report. People are often unaware that they need care for mental illnesses. People in Bangladesh struggle to receive mental healthcare due to a lack of public mental health resources, a shortage of skilled mental health professionals, inadequate financial resources, and the stigma associated with mental illness (Hasan *et al.*, 2021). The study is directed at knowing the mental health status of university students and the factors that inhibit them from receiving treatment for their psychological problems. The findings of the study increase students' knowledge about their mental health and they can be confronted with their barriers. This study is also helpful for the authorities and mental health professionals who are interested in working with young people. It can be a guideline to break down the barrier.



2. Methods And Procedure

2.1 Study design and setting

The study's target demographic comprised the students of Rajshahi University. Samples are collected randomly from this institution. The study is cross sectional in nature.

2.2 Sample size and sampling method

Three hundred forty-four students were chosen at random to participate in the research. Their educational credentials ranged from first-year honours to master's degrees. The respondent's age range is 18 to 26 years old.

First, the researcher picked seven faculties from 12 using a lottery approach. Then she selected various departments (Pharmacy, Physics, Botany, Mathematics, Information and Communication Engineering, Law, Economics, Arabic, Marketing, Accounting, and Information Systems) among the faculties. Afterwards, respondents were randomly selected from those disciplines.

2.3 Measurement instruments

The following instruments were employed to collect the respondent's information. The following are as follows:

2.3.1 Personal Information Form

The personal information form was employed to collect demographic data from respondents, including age, gender, educational level, residence, and socioeconomic status.

2.3.2 Depression Anxiety Stress Scale (DASS-21)

The study employed the Bangla-validated version of the Depression, Anxiety, and Stress Scale (DASS-21). In 1995, Lovibond & Lovibond developed the initial version of the DASS in English to evaluate the stress, anxiety, and depression of the respondents. It comprises three sets of self-rated scales and 42 items to identify the negative affective states of anxiety, stress, and depression. The same researchers have generated a short-form version of the DASS that can be used in place of the full scale. Seven questions are included in each subscale of this scale. In 2014, Alim et al. translated the abbreviated form of DASS-21 into Bangla. The correlations for the anxiety subscale, stress subscale, and depression subscale were 0.917, 0.931, and 0.976, respectively. The Cronbach's Alpha values for the Depression, Anxiety, and Stress subscales were 0.987, 0.957, and 0.964, respectively. DASS-21 is a psychometrically reliable instrument characterised by strong item discrimination indices, as well as reliability and validity (Ahmed et al., 2022). The DASS-21 evaluates psychological disorders dimensionally rather than categorically. The subsequent cut-off scores are applied for standard severity classification (normal, moderate, and severe).

2.3.3 Perceived Barriers to Psychological Treatment scale

The translated Bangla version of Perceived Barriers to Psychological Treatment scale (PBPT) was used for this study which was initially developed by David C. Mohr and colleagues (2010). The PBPT scale has 25 items that are distributed into 8 subscales to address various types of barriers: stigma (7 items), availability of services (2 items), motivation (2 items), time constraints (2 items), emotional concerns (3 items), negative evaluations of therapy (4 items), misfit of therapy to needs (4 items), and participation restriction (4 items). Four items may be found into multiple subscales. Each statement is valued on a Likert scale rating from 1 to 5 where 1 = not difficult at all, 2 = slightly difficult, 3 = moderately difficult, 4 = extremely difficult, and 5 = impossible. The PBPT scale has strong predictive validity. The PBPT scale was translated into Bangla by Saha & Siddique (2022) through a pilot study. To validate this scale, a cross-sectional study was conducted among Rajshahi University students using the purposive sampling technique. Seven days apart, both the Bangla and English version of the scale were given to the students. A total of 15 samples were examined. The correlation between the original and translated version of PBPT was 0.750. Participants were required to rate the degree to which each situation on the scale hinders their capacity to



seek therapy. There are both dichotomous and cumulative scoring options. In the dichotomous scoring method, an item's answer of 4 or 5 is viewed as a substantial barrier, whereas responses of 3, 2, or 1 are recorded as not posing a barrier. This method is consistent with previous research suggesting that identifying one substantial obstacle may be sufficient to keep individuals from attending treatment.

2.3 Semi-Structured Questionnaire

A semi-structured question was used to determine whether the students received psychological treatment (counseling/ psychotherapy/ consultation with a psychiatrist and other mental health professionals) or not. This question was composed with the suggestion of expert personnel (teacher, research scholar, co-researcher) in that related field.

2.4 Procedure of data collection

Prior to administering the instruments, the importance of the study was elucidated to the participants. The respondents were informed that their responses would be utilised solely for academic reasons and would remain confidential. The respondents were presented with a demographic information form and measuring scales. Initially, respondents were directed to review the questionnaire. The participants received verbal instructions prior to providing their responses. They were instructed to select one option, ensuring no blanks remained on the paper. They received notification that there was no time limit for submissions and that there were no correct or incorrect responses. Upon the compilation of all participant surveys, each questionnaire is scrutinised for any omissions. Respondents were requested to rectify any identified omissions. The participants were acknowledged for their voluntary cooperation upon the survey's completion. All gathered data was entered into SPSS program. The scores for all gathered questionnaires were calculated, and the final result was obtained.

2.5 Statistical Analysis

IBM SPSS Statistics, version 25, was employed to analyze the data. In order to summarize the fundamental information about the respondents, a frequency table was used. It was determined through the use of descriptive statistics how many students are affected by mental health issues such as stress, anxiety, and depression. In addition, descriptive statistics were employed to estimate the prevalence of getting mental health services among the respondents and the prevalence of barriers to psychological treatment among the respondents.

3. Result

Table 1. Frequency distribution of the demographic characteristics of the respondent

	(N=344)	Percentage (%)
Gender		
Male	174	50.6
Female	170	49.4
Residence		
Urban	176	51.2
Rural	168	48.8
Socio-economic Status		
Higher class	19	5.5
Middle class	271	78.8
Lower class	54	15.7
Faculty		
Science	101	29.3
Biological science	33	9.6
Engineering	40	12.8
Arts	36	10.4
Social science	46	13.3
Law	22	6.4



Business studies	66	19.2
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Descriptive statistics for all variables are presented in **Error! Reference source not found.**. The proportion of male respondents (50.6%) was slightly higher than that of male students (49.4%). The majority of respondents originated from urban areas (51.2%) and they were reared in middle-class families (78.8%).

Table 1. Prevalence of stress, anxiety and depression among the respondents

	Score range	Category	N	Percentage (%)
Stress	19-25	Moderate	90	26.16
	26-33	Severe	57	16.57
	34+	Extremely Severe	27	7.84
Anxiety	10-14	Moderate	69	20.06
	15-19	Severe	55	15.99
	20+	Extremely Severe	127	36.92
Depression	14-20	Moderate	86	25
	21-27	Severe	65	18.90
	28+	Extremely Severe	44	12.80

The results in Table 1 show that, among the participants, 50.57% suffered from stress symptoms (moderate 26.16%, severe 16.57%, and extremely severe 7.84%). Besides, the majority (72.97%) of participants reported symptoms of anxiety (moderate 20.06%, severe 15.99%, and extremely severe 36.92%). As well as, many respondents (56.7%) experienced depressive symptoms (moderate 25%, severe 18.90%, and extremely severe 12.80%).

Table 2. Prevalence of receiving mental health services among the respondents

		N	Percentage (%)
Receiving mental health services	Yes	49	14.2
	No	295	85.8
	Total	344	100

On the contrary, the result in Table 2 showed that among all participants only 14.2% receive mental health services for mental health problems.

Table 3. Prevalence of barriers to psychological treatment of the respondents

	N (344)	Percentage (%)
The lack of available counseling services in my area	177	51.5
Not knowing how to find a good counselor	142	41.3
Having an insurance record of my counseling sessions	107	31.1
Having to talk to someone I do not know about personal issues	104	30.2
Discomfort with having someone see me while I am emotional	103	29.9
The cost of counseling	96	27.9
Having family and/or friends know I was going to counseling	92	26.7



Lack of energy or motivation	89	25.9
My problems are not severe enough for counseling	89	25.9
I do not think a counselor would not truly care about me that	88	25.6
Difficulty motivating myself to do anything at all	84	24.4
Concerns about having upsetting feelings in counseling	83	24.1
Getting time off to go to counseling	82	23.8
Distrust of counselors	82	23.8
I feel that talking about upsetting issues makes them worse	77	22.4
Attending counseling means I cannot solve my own problems which	75	21.8
My concern about being judged by the counselor	72	20.9
Problems with transportation (no car/parking, poor public transportation, etc.)	70	20.3
My daily responsibilities and activities	70	20.3
Attending counseling is too self-indulgent	70	20.3
I wouldn't expect counseling to be helpful	67	19.5
Having heard about or having bad or unsatisfactory experiences with counseling	67	19.5
Physical symptoms (fatigue, pain, breathing difficulties, etc.)	61	17.7
Physical problems (such as difficulties walking, getting around)	51	14.8
Serious illness which requires me to stay close to home	44	12.8

From Table 3 we found that half of the respondents (51.5%) thought that the lack of available services is a significant barrier to pursuing counseling. Almost 41.3% of participants mentioned that they did not know how to find a counselor. Around 30% of people did not receive psychotherapy because of their stigmatizing beliefs such as they felt that their counseling sessions have been recorded, feeling discomfort when seeing them emotional, or felt discomfort talking to unknown. 27.9 % of respondents cited the cost of counseling as a barrier. The least reported barriers were physical symptoms, physical problems, and serious illnesses that required staying close to home.

4. Discussion

The current research set out to examine the prevalence of mental health problems and the factors that act as barriers to psychological treatment. Three hundred forty-four participants were randomly recruited from various departments of Rajshahi University. Of the total, 174 were male, while the remaining 170 were female students. The Bangla version of the Depression Anxiety Stress Scales (DASS-21) was employed to assess the mental illness of the participants (Alim et al., 2014). As a second measure, we administered the same subjects the translated bangle version of Perceived Barriers to Psychological Treatment scale (PBPT). Also, a personal information form was implemented to gather pertinent socio-demographic characteristics of the respondents. The results of the investigation were analyzed using descriptive statistics.

The major objective is to ascertain the prevalence of stress, anxiety, and depression among the respondents. Table 1 indicated that approximately 50.57% of respondents encountered moderate to extremely severe stress levels. Results reveal that 72.97% of participants indicated moderate to extremely severe anxiety levels. The estimated prevalence of depression, from moderate to extremely severe, was 56.7% in the present study. In



comparison to the prior Bangladeshi study, the current study reveals a higher prevalence of depression, anxiety, and stress than earlier investigations (Alim et al., 2015; Mamun et al., 2019; Sayeed et al., 2020; Banna et al., 2022).

After a lengthy break due to a pandemic, students may feel intense pressure to make up for losing their time. They're having trouble adjusting to all of the added stress. Unfortunately, the recent spread of COVID-19 has caused financial hardship for many families, which has a negative impact on the mental condition of students (Mamun et al., 2020). Neither friends nor relatives provide the necessary assistance to students that they need to succeed. Concern about future employment causes anxiety for some students. Students experience a wide range of feelings as a result of the emotional strains and stresses associated with achieving academic excellence. Students' emotional states and mental health can take a hit when they don't achieve their goals (Limone et al., 2022).

A further objective of the study was to determine the rate of receiving mental health services among university students. Result in Table 2 reported that among all participants, only 14.2% receive treatment for mental illness. These findings are consistent with the previous study by Giasuddin et al., (2012).

The final objective of the study was to find out the barriers of psychological treatment. The result (Table 3) showed that half of the respondents believed that lack of available services is a significant barrier to pursuing counseling. Almost 41.3% of participants regarded difficulty to finding a counselor as a barrier to seek treatment due to the scarcity of mental health institutions in our nation. On the contrary, most are situated in urban area. As a result psychiatrists and other mental health specialists are hard to come by in rural areas (Nuri et al., 2018). Around 30% of people reported stigmatizing beliefs such as they felt that their counseling sessions had been recorded, feeling discomfort when see them emotional, felling discomfort to talk to unknown were the reason for not receiving psychotherapy. About 27.9 % of respondents cited the cost of counseling as a barrier. Wuthrich & Frei (2015) found similar results in a different culture (in Australia). The greatest impediments to continuing therapy were not finding it helpful, cost, and feeling like the therapist didn't understand their issues. Since, psychotherapy is not available in every city (Nuri et al., 2018). It would become costly to continue receiving psychological treatment. In addition, 26.7% of respondents stated that they are unwilling to undergo therapy because of concern that their family or friends may find out about it. Social stigma and misperceptions played a role in the decision to seek psychotherapy (Koly et al., 2021). People may be reluctant to seek psychotherapy due to concerns that their friends and family would judge them as crazy or mentally ill. The study further reported that approximately 26% of students indicated that lack of motivation and thinking that problems are not severe as a barrier. Even those with mental diseases have a negative attitude towards treatment and placed little importance on therapy (Hossain et al., 2014). The lack of understanding regarding mental health is concerning, as individuals who fail to acknowledge the necessity for care are less inclined to seek it (Bilican, 2013). Physical symptoms, physical problems, serious illnesses that require to stay close to home were listed as less barrier. These results are partially consistent with the previous study (Heinig et al., 2021; Pepin et al., 2009; Bearnse et al., 2013).

5. Conclusion

This study will serve as a baseline for future research on the incidence of mental health concerns among Rajshahi University students in Bangladesh. It will assist the administration of the institution in better understanding the mental state of the students. In addition to this, it offers direction to those who develop policies, those who work in the health care field, and the administration of universities in order to provide a friendly atmosphere for students in higher education. The administration of universities might use this information for the purpose of planning activities in terms of providing counseling services. In the present study, students were reported some barriers that inhibit them to take psychological treatment. It would provide guidelines for the pupils who work in this field to take the initiative to reduce these barriers.

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Data Availability Statement

The data examined in this paper can be obtained from the author following a reasonable request that complies with institutional norms.

Ethical Approval

Academic/Ethics Committee of the Department of Clinical Psychology, Rajshahi University approved the ethical issues of this study. The study adhered to all ethical standards recommended by the committee. Participants were informed of the study's goals. After being convinced that they could choose to participate in this study, informed consent was acquired. No pay was offered for voluntary participation.

Does this article screen for similarity?

Yes

Conflict of Interest

The authors have no conflicts of interest to declare. There is also no financial interest to report. The author certifies that the submission is original work and is not under review at any other publication.

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