



THE MENTAL HEALTH OF POLISH STUDENTS – SELECTED POSITIVE AND NEGATIVE INDICATORS

ZDROWIE PSYCHICZNE POLSKICH STUDENTÓW – WYBRANE WSKAŹNIKI POZYTYWNE I NEGATYWNE

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Abstract

Purpose: The purpose of the study is to assess young adults' mental health. Bearing in mind that mental health and mental disorders can be regarded as two independent dimensions rather than aspects of the same dimension, the article considers both negative and positive attributes of mental health.

Methods: The participants were 533 students from eight state universities in Warsaw – 309 women and 224 men. The respondents' average age was 22. The study was based on a questionnaire consisting of 20 closed questions.

Results: The results obtained on positive indicators of mental health show that the vast majority of students like themselves, know how to enjoy life, have plans for the future and declare the ability to concentrate and work effectively. Such answers were given by 80% of the respondents. More than 75% – both women and men – declared their ease in establishing relationships as well as their openness to challenges and unusual tasks. The most common negative indicators of mental health reported by the students were fatigue, pain, sleep problems, irritability, and unfounded fears. As for problematic behaviours, 12% of the respondents admitted to binge drinking, 10% were affected by nicotinic, and 9% reported using marijuana.

Conclusions: The assessment of both negative and positive aspects of mental health in this age group is necessary before any measures aimed at reducing the risk of mental health disorders and exploring young people's potential more effectively are taken.

Key words: students, mental health, young adults, students' mental well-being, psychological well-being.

Streszczenie

Cel: Celem pracy jest ocena zdrowia psychicznego młodych dorosłych – mając na uwadze, że zdrowie psychiczne i zaburzenia psychiczne można uznać za dwa niezależne wymiary, nie zaś dwa krańce jednego wymiaru. W pracy uwzględniono zarówno negatywne, jak i pozytywne aspekty zdrowia psychicznego.

Metody: W badaniu wzięło udział 533 studentów z ośmiu publicznych warszawskich uczelni – 309 kobiet i 224 mężczyzn. Średni wiek badanych wynosił 22 lata. W badaniu wykorzystano autorską ankietę zawierającą 20 pytań zamkniętych.

Wyniki: Uzyskane wyniki dotyczące wskaźników pozytywnych zdrowia psychicznego pokazują, że zdecydowana większość badanych studentów lubi siebie, umie cieszyć się z życia i ma plany na przyszłość oraz deklaruje umiejętność skupienia się i efektywnej pracy. Takich odpowiedzi udzieliło ponad 80% respondentów. Ponad 75% badanych studentów, zarówno kobiet, jak i mężczyzn, deklaruje łatwość nawiązywania kontaktów oraz otwartość na wyzwania i nietypowe zadania. Najbardziej rozpowszechnionymi wskaźnikami negatywnymi zdrowia psychicznego wśród osób badanych okazały się zmęczenie, objawy bólowe, problemy ze snem, drażliwość oraz nieuzasadnione lęki. Jeśli chodzi o zachowania problemowe, to do utraty kontroli nad ilością spożytego alkoholu przyznało się 12% badanych, nikotynizmem dotkniętych było 10%, a 9% przyznało się do palenia marihuany.

Wnioski: Ocena zarówno negatywnych, jak i pozytywnych zjawisk w obszarze zdrowia psychicznego w tej grupie wiekowej jest konieczna, aby podjąć działania mające na celu zmniejszenie ryzyka wystąpienia zaburzeń zdrowia psychicznego i pełniejsze wykorzystanie potencjału młodych ludzi.

Słowa kluczowe: studenci, zdrowie psychiczne, młodzi dorośli, dobrostan psychiczny studentów, dobrostan psychologiczny.

INTRODUCTION

Mental health can be considered in three aspects: functional, positive and negative. The functional approach is most fully reflected in the definition formulated by the World Health Organization in 2001 [1] which defines mental health as a state of well-being, in which an individual makes full use of his/her abilities, copes effectively with stress in daily life, works productively and rewardingly, and is able to make a positive contribution to society. Thus, a healthy person is an individual who effectively responds to the needs and expectations of the environment, in which he/she lives. The WHO also emphasizes [2] the positive aspects of health by defining it as mental, emotional, social and somatic well-being, which allows an individual to effectively operate in the environment, achieve success and develop his/her personality. This definition of health implies that mental health is not only a state of well-being, but it also involves some specific personal characteristics and skills which are prerequisites to achieving and maintaining health [3].

Positive mental health is a set of emotional and personal characteristics that enable an individual to cope with difficulties and avoid the deterioration of their health. This means, among other things, developing his/her strengths, i.e. competencies which allow him/her to confront and effectively deal with failures, difficulties and threats, having a sense of emotional well-being, and fulfilling developmental tasks [4-7]. According to Lehtinen [6], a person with good mental health is characterized by a sense of well-being and satisfaction, ability to enjoy life, cope with daily stress and lead active life which involves taking sensible actions as well as an ability to build satisfying relationships and fulfil personal needs, develop in different areas of life, show concern for others and have good levels of self-confidence and self-esteem [3, 6, 8].

Negative mental health is associated with symptoms referred to as indicative of psychological distress and the prevalence of mental disorders classified according to ICD-10 or DSM-5 [8-11]. Approach to negative mental health emphasizes the presence or absence of psychopathology, that is to say serious psychological difficulties and problems.

Summing up, it is worth noting that the modern definition of mental health goes beyond the individual's specifically medical condition while accentuating the importance of positive indicators as being on a par with negative ones [3, 8, 12]. Also, Galderisi, Heinz, Kastrup, Beezhold and Sartorius [13], in their most recent definition of mental health stress its complexity, dynamism and variability in subsequent developmental stages as well as the importance of universal social values.

Mental health is a cause for concern at every stage of life. Recently, however, more and more experts have been stressing the need for the promotion of good mental

health among young people, including students [14-16]. Both in Poland and beyond there is a growing tendency for people to experience difficulties in emotional functioning, and an increased incidence of mental disorders among people under 29 years of age [17]. Stallman [18] recommends treating the population of students as a high risk group for mental disorders. Research carried out on students from 26 American universities indicated that 17% of the respondents experienced symptoms of depression, while 10% suffered from anxiety disorders [19]. As is the case with the general population, female students are at greater risk of developing depression and anxiety disorders, while male students are more likely to commit suicide. It was further noted that mental difficulties were reported more frequently among those students who could count on little social support, had problems in their relationships or were victims of sexual violence.

By focusing only on psychiatric disorders, medical models of mental health describe only "half of the mental health area" [7]. Thus, for decades, in a range of studies psychologists have been highlighting the need to consider the positive aspects of health [5, 7, 20, 21]. The aim of our research was to characterize the mental health of students at some of the Polish universities, taking into account its positive and negative aspects.

METHODS

Participants

The study was conducted among students from some of the Warsaw state universities between March and May of 2014. It involved 569 full-time students from eight universities, although some of the data was disregarded due to being incomplete. Students were invited to participate in the study during lectures, upon permission of the university authorities. All of the researchers were psychologists. Table 1 presents the names of the universities and numbers of students surveyed. The survey questionnaires were completed voluntarily and anonymously. The research was carried out with the consent of the Scientific Research Ethics Committee (Committee Evaluation No. 70-2013/2014). No remuneration was offered to the students for their participation in the study.

Our analysis was based on the responses given by 533 students, including 309 women and 224 men. The respondents' average age was 22.

Method

The article presents the data obtained by an original questionnaire devised by the authors for the purposes of the study. It consisted of 20 closed questions and was developed as part of the authors' work on the Mental Health Inventory (MHI) (2014). Questions were selected by five specialists (psychologists, clinical psychologists

Table 1. Summary of the percentage and numbers of participating students from different universities

Universities	Number of respondents	Percentage
The Maria Grzegorzewska University (APS)	136	26
Warsaw University of Life Sciences (SGGW)	113	21
Warsaw University (UW)	78	15
The Military University of Technology in Warsaw (WAT)	61	11
The Main School of Fire Service (SGSP)	47	9
Warsaw Medical University (WUM)	44	8
Academy of Physical Education (AWF)	34	6
The University of Cardinal Stefan Wyszyński (UKSW)	20	4
Total	533	100

and psychotherapists) from the pool of 150 items. Details on questionnaire construction have been presented in another paper [22]. The reliability of the tool, estimated by Cronbach's α , equals 0.88 for the positive and 0.77 for the negative dimension of mental health.

The questions included in the questionnaire were used for assessing the positive and negative aspects of students' mental health. The specialists adopted the following values as indicators of positive mental health: experiencing positive emotions and a feelings of satisfaction, self-acceptance, building meaningful relationships with others, making decisions, working effectively, undertaking regular physical activity and coping effectively with stress [3, 6]. The following experiences were adopted by the specialists as indicators of negative mental health: the feelings of fear, sadness and fatigue, suicidal ideation, alcohol, drug and nicotine abuse and sleep problems, which were individually self-reported by the participants. The statistical calculations were performed using the STATA 13 software. In order to assess the significance of the differences between male and female students, Pearson's χ^2 test for statistical independence was also performed.

RESULTS

The results were divided into two groups, relating either to the positive or negative indicators of mental health. Table 2 presents the items concerning **positive indicators of mental health** among students ($N = 533$). A comparison has been also made between the female and male students.

The results concerning positive indicators of mental health show that the vast majority of students like themselves, know how to enjoy life, have plans for the future and declare the ability to concentrate and work effectively. Such answers were given by 80% of the respondents. Over 75% of the students, both female and male, declared their ease with establishing relationships as well as openness to meeting challenges and performing unusual tasks. In

terms of these variables, no statistically significant differences between the genders were observed.

The question of declared trust in others came out only slightly worse – 68% of the students stated that they definitely trusted others. Incidentally, the female students exhibited a higher level of trust (71%) than the male students (63%) and the difference was statistically significant.

Gender also differentiates at the statistically significant level between the ways individuals copes with failure. Compared to the women, the men in our sample declared that they needed less time to recover their equilibrium after failure.

Another statistically significant difference was noted between the responses given by the female and male students on undertaking physical activity. Only less than half of the young women declared doing sports regularly, while among the male students over 70% were physically active.

Table 3 presents questions referring to **negative indicators of mental health** among students ($N = 533$).

The most common negative indicators of mental health were mentioned as fatigue, pain, sleep problems, irritability, and unfounded fears. More than half of the students felt tired throughout the day: 59.5% of the female and 43% of the male students suffered from fatigue with the difference between the sexes being statistically significant.

Symptoms of pain were declared by 39% of the respondents. Compared to men, the percentage of women was significantly higher (45% for women, 30% for men). 24.5% of all participants complained about sleep problems. In this case, a statistically significant difference between men and women has not been observed. Similar number of the female and male students (24%) self-reported as feeling "restless, irritable and short-tempered".

A slightly smaller number of the students (21%) reported experiencing unfounded fears. Here, by contrast, a statistically significant difference exists between men and women: 25.5% of the female students, compared to 15% of the male students, declared that they experienced irrational fears.

Binge drinking was admitted to by 12% of the respondents. This question revealed a statistically significant dif-

Table 2. Questions concerning positive indicators of mental health among students

	Women (n = 309)	Men (n = 224)	Pearson's χ^2 test for statistical independence	The whole group (N = 533)
I like myself	83.5%	86%	0.15	85%
I know how to enjoy life	85%	85.5%	0.84	85%
I consider myself to be a valuable person	91.5%	91%	0.97	91.5%
I have plans and I believe that I can achieve them	80%	80%	0.85	80%
I trust people	71%	63%	0.03	68%
I find it easy to build relationships with others	75.5%	78%	0.51	76%
I like challenges and unusual tasks	76.5%	76.3%	0.27	77%
I can concentrate and work effectively	83%	85.5%	0.12	84%
When I suffer failure, I get over it quickly	63%	80%	0.00	70%
I do sports regularly	49%	72%	0.00	53%

Table 3. Questions about negative indicators of mental health among students

	Women (n = 309)	Men (n = 224)	Pearson's χ^2 test for statistical independence	The whole group (N = 533)
I get blind drunk sometimes	9%	16.5%	0.00	12%
I smoke cigarettes every day	16%	9%	0.00	10%
I use soft drugs sometimes	7%	11%	0.59	9%
I have sleep problems	24%	25.5%	0.98	24.5%
I have suicidal thoughts	7%	8.5%	0.41	8%
I experience unfounded fears	25.5%	15%	0.01	21%
I am restless, irritable and short-tempered	21.7%	21%	0.3	24%
Nothing makes me happy	11.6%	10%	0.3	11.5%
I am often tired throughout the day	59.5%	43%	0.00	52%
I suffer from muscle, neck and shoulders and back pain	45%	30%	0.00	39%

ference in terms of gender – such behaviour was declared by 16.5% of the men and 9% of the women.

Ten percent of the respondents suffered from nicotine, and in this case, the ratio between women and men was the opposite to binge drinking: 16% of the women and 9% of the men smoked daily.

The use of soft drugs in the study group remained at a similar level: 9% of the students admitted to taking them – 7% of those were women and 11% men.

An alarming phenomenon is the relatively high incidence of suicidal thoughts – every twelfth student (8%) admitted having them. The problem affected female and male students at a similar level.

Summarizing the results, the young adults in our sample can be characterized as generally satisfied with themselves and their lives, but at the same time, they experience various difficulties in the area of mental health.

DISCUSSION

The data from the report “Youth 2011” [17] indicates that every second young man in Poland experiences mood disorders, while 21% of them suffer from men-

tal disorders, which are the consequence of taking psychoactive drugs. In addition, there is a growing number of suicides and suicide attempts in the age group between 15 and 29. In the national survey on mental health, the difficulties most frequently reported by young Poles included: panic attacks (13.9%), generalized anxiety (21.1%) and depressed mood (26.4%) [23, 24]. Similar results were obtained in a sample of Australian students – 17.5% of the respondents experienced generalized anxiety, and 7.9% met the criteria for depressive disorders [25].

In recent years, a growing number of young people have sought psychological and psychiatric help [26-28]. Among students the phenomenon of deferred adulthood takes place, which is a moratorium on fulfilling commitments customarily associated with adulthood [29-32]. These young adults are in a period of transition, when they still refrain from making long-term commitments. While still looking for their place in life, they defer some of the most important decisions. Brzezińska [33] describes adulthood as the time of meeting professional and family obligations despite the various physical, social and psychological obstacles. An individual becomes an adult when he/she takes up a job that gives him/her

independence, starts a family and takes responsibility for the organization of life in the community where he/she lives. Young adults, however, take their time to accept and make their commitments in each of these areas [34]. Many of them cannot cope with excessive requirements imposed by the society, cultural pressures to succeed, adherence to social norms, other adults being disinterested, weakening family ties and or problems their parents are experiencing in their lives. A single path of development is no longer set out for young people by the society. At the threshold of adulthood they often lack the assurance that their choices of educational path can guarantee a job and therefore economic independence.

The analysis of these results demonstrates that, on the one hand, the young adults in our sample have considerable personal resources (indicators of positive health) at their disposal yet they also display some alarming indicators of negative mental health, such as fatigue, pain, irritability, unfounded fears, distorted sleep and suicidal thoughts. The use of psychoactive substances (alcohol, nicotine, and soft drugs) are all giving cause for concern. Such strong coexistence of positive and negative indicators of mental health emphasizes the complexity of the issue and suggests the need to develop a holistic approach. Even though the students in our sample declared self-acceptance and the ability to establish relationships, trust in others, making plans for the future and going ahead with them, they also reported symptoms of a lowered level of mental functioning. The report “Youth 2011” [17] provided similar data. It found similar positive indicators of mental health and at the same time noted the rise in the number of young people diagnosed with high-level psychological stress, strong sense of fatigue and exhaustion, feelings of depression, and also headaches. A few years back, problems of this kind were reported only by a minority of people (30-40%) while at this stage only a minority seems to be free of them [17]. Studies on the level of distress experienced among students in Poland demonstrate its tendency to grow as 57% of female students and 41% of male students surveyed self-reported as being distressed [14].

These results call for concern, especially that young people are just at the beginning of their path to adulthood, facing numerous developmental tasks, such as the final choice of education and initial decision regarding career choices, and balancing of these against their personal lives which should altogether lead to establishing significant ties outside the family of origin [35].

It should be noted that as many as 8% of the respondents confirmed having suicidal thoughts, particularly that suicide is the world's second leading cause of death for people aged 15-29 [36]. The suicide rate among young people is on the increase [37]. The last two decades have brought a large wave of suicides among students in university campuses [38]. According to the American Col-

lege Health Association, suicide is the second leading cause of death among students. Their findings indicate that about 11.2% of students have seriously considered committing suicide, and 1.4% have attempted suicide in a given academic year. It has been also reported that the majority of students who have suicidal thoughts do not seek help [38]. According to the American Association of Suicidology, in the group of young people aged 15-24, 100-200 attempts are made for every suicide that ends in death. Poland belongs to the group of countries with a high, though not the highest, suicide rate and young people have a disproportionately large share in this respect. In 2013, every fifth death in the age group of people aged 15-19 was a suicide, and in the group of 20-24 year olds this figure rises to nearly one in four [39]. In the study carried out by Szczepańska *et al.*, suicidal thoughts were reported by 1% of the surveyed students [16]; 5.8% of the respondents declared that they thought about suicide although they also provided assurance that they would not hurt themselves. In our study, students were questioned about their suicidal thoughts rather than about their intentions to commit suicide; neither were they asked about their previous suicide attempts, which is of great clinical relevance. Regardless of this, however, 8% of affirmative answers seems to be a very high and alarming rate. Our knowledge of the etiology of this phenomenon and the predictors of suicidal acts should inform the prevention programs targeting young adults. Suicidal thoughts are considered to be the most severe symptom reported by patients with mood disorders, anxiety, behavioural disorders and personality disorders. Their occurrence involves the risk of self-harm, and involvement in situations that are threatening to health and life [40]. The results of a study on the prevalence of depression among students reveal that the frequency of suicidal thoughts is surprisingly high [41].

However, our respondents declared a lower intake of nicotine, alcohol and drugs compared to the students of medicine and pedagogy surveyed by Baran *et al.* [14] – the survey which revealed that more than 30% of the respondents indulged in smoking, drugs and alcohol. On the other hand, when it comes to binge drinking the difference between the genders is consistent with the results obtained from other studies [42]. In almost all European countries, gender differentiates the style of drinking alcohol: female students drink alcohol less frequently and in smaller amounts than male students [42-44]. Compared to the previous studies conducted at Polish universities, current research findings indicate an upward trend in the prevalence of the use of alcohol and psychoactive substances [45]. This is another disturbing result that ought to be monitored. It is necessary to systematically monitor the use of psychoactive substances, but also to educate young people on the risks of using them and provide psychological support.

Nearly half of the respondents did not exercise regularly with male students declaring undertaking regular physical activity more frequently than female students. Similar results were yielded by the study conducted by Sochocka and Wojtyłko [46], which also demonstrated that a person's gender and field of study are the variables that have a significant impact both on the type of sport he/she undertakes, and on the reasons for taking it up. In recent years, many studies have been carried out to explore the role of physical activity as an important factor in preventing or helping to cope with the symptoms of depression. Research results have shown that students who are physically active to a moderate or high degree rarely experience clinically significant symptoms of depression, which confirms that the lack of physical activity can be a risk factor in the emergence of depressive symptoms. In addition, physically active students tend to consider themselves to be healthy and have a greater awareness of health [47]. The positive effects of physical exercise on mental health and well-being should be emphasized in the promotion of a healthy lifestyle. An plan of action is also needed to strengthen students' mental well-being and to lower their anxiety and stress levels. The results obtained by Olszewski [48] indi-

cate that the level of life satisfaction and the level of anxiety affect one's ability to cope. Life satisfaction and happiness are conducive to active coping strategies and seem to play a protective role against the negative effects of stress. On the other hand, increased anxiety prevents people from taking proper coping actions and makes it difficult for them to evaluate their situation.

CONCLUSIONS

The analysis of the literature available and the results of our study suggest the following:

1. The need for further research on the assessment of both negative and positive phenomena in the area of mental health among students, as well as into the impact of the experienced difficulties on learning processes and participation in academic life.
2. The need to initiate programs that reduce risky behaviours while they also enhance students' well-being. In designing such programs it is necessary to individualize them based on students' profiles to improve their mental health while also considering the specific character of their areas of study.

Conflict of interest/Konflikt interesu

Absent./Nie występuje.

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