Migration Letters

Volume: 21, No: S13 (2024), pp. 1476-1487

ISSN: 1741-8984 (Print) ISSN: 1741-8992 (Online)

www.migrationletters.com

Mental Health Issues And Awareness Among College Students In Pakistan: A Qualitative Study

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Abstract

Mental health issues among college students are a growing global concern, with significant implications for academic performance and personal well-being. In Pakistan, cultural and socio-economic factors exacerbate these challenges, necessitating a deeper understanding of prevalence, awareness, and barriers to addressing mental health issues. A qualitative approach was employed, utilizing focus group discussions with four participant groups: mental health professionals, community members, college students, and college students with mental health experiences. Eight focus groups were conducted across Khyber Pakhtunkhwa (KP) and Punjab, with 6–8 participants each. Discussions were audio-recorded, transcribed, and analyzed using thematic analysis with NVivo software. Anxiety, depression, and academic stress were the most prevalent mental health issues. Other concerns included adjustment difficulties, substance abuse, self-harm, and identity struggles. While awareness is increasing, particularly in urban areas, students often lack a deep understanding of mental health conditions and struggle to differentiate between normal stress and clinical disorders. A significant urban-rural divide in awareness was noted, with rural students facing greater stigma and limited access to resources. Social media emerged as both a tool for awareness and a source of misinformation. The study highlights the need for [1]targeted mental health interventions tailored to the challenges faced by college students in Pakistan. Improving mental health literacy, addressing urban-rural disparities, and leveraging social media for awareness campaigns are critical. Collaborative efforts among educational institutions, policymakers, and mental health professionals are essential to reduce stigma and promote mental well-being.

Keywords: *Mental Health Awareness, College Students, Pakistan, Qualitative Study, Stigma, Help-Seeking Behavior*

Introduction

A crucial period of growth that includes significant physical, emotional, and social changes is the transition from teenage to adulthood. Throughout this phase, young people form their identities, develop peer and romantic relationships, and negotiate a challenging transformational stage often independently of their parents (Van Der Pol-Harney & McAloon, 2019). This phase is also linked with more sensitivity to mental health problems, which can have significant effects on individuals as well as on society at large. Psychological issues including anxiety and depression have become shockingly common

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with major personal and social consequences worldwide. People with these disorders often struggle physically and emotionally; they may attempt suicide, be unemployed, or live in social isolation (Trautmann, et al., 2016). Mental health is a major global issue (Patel et al., 2014), with over 4.4% depression and 3.6% anxiety and related disorders. According to a recent extensive study conducted in China, depression and anxiety had lifetime prevalence rates of 6.9% and 7.6% respectively (Zhang et al., 2020). Among young people, especially those between the ages of 10 and 24, suicidal intentions and trials are the most extreme result of mental health problems and finally appear as a significant cause of death. With 8% of teenagers trying suicide annually and another 20% suffering from severe suicidal ideas, suicide is the second most common cause of death among teenagers (Sadek et al., 2019). Adolescence and early adulthood are often 18-25 years of age range when mental health problems strike and are especially sensitive to personal development (Koutra, et al., 2023). Particularly college students find hardships that could aggravate psychological, social, physical, and emotional problems. Higher education is more academically, emotionally, and socially demanding than in past phases of school because of its competitive nature, academic stress, life transitions, and practical hurdles (Bano & Iqbal, 2018).

Research conducted by Mohammed et al. (2021) in Saudi Arabia revealed that psychosocial issues are prevalent among university students, with depression symptoms affecting 41.1%, anxiety symptoms 26.9%, and stress symptoms 22.4% of the student population. Similarly, a study in the United Kingdom by Connell et al. (2007) found that university students frequently reported academic concerns (41%), low self-esteem (43%), depression (54%), and interpersonal problems (57%) as significant challenges.

College students are disproportionately affected by mental health issues compared to the general population (McCloud et al., 2023). A survey highlighted that 77% of college students experienced moderate to severe psychological distress, with 35% reporting anxiety disorders and 27% reporting depression (Bryant & Welding, 2022). Despite the high prevalence of mental health problems, there is a significant treatment gap, largely due to inadequate Mental Health Literacy (MHL) among young individuals, including college students (Furnham & Swami, 2018; Gagnon et al., 2017). The issue is worsened by stigma and false knowledge of mental health. For instance, young people often connect mental conditions like schizophrenia with unpredictability and risk, which leads to greater social distance from people experiencing these issues than from those suffering from melancholia or anxiety (Reavley & Jorm, 2011). Moreover, people with mental health problems are more often blamed for their symptoms than those with physical diseases, which results in discouragement of help-seeking behavior (Corrigan et al., 2012).

Numerous and complicated elements are involved in mental health problems among college students (Zivin et al., 2009; Eisenberg et al., 2007). These issues include academic stress, life changes, and pragmatic challenges as well (Rodgers & Tennison, 2009). While some mental health problems are transient, others last and significantly affect long-term psychosocial functioning (Cooley et al., 2007; Tosevski et al., 2010). However, basing the diagnosis of these conditions on symptom intensity could overlook crucial environmental and developmental factors (Hamdan-Mansour, et al., 2009; Stallman & Shochet, 2009). Mahmood and Saleem (2011) examined psychological problems among students holistically, noting quite high rates in all spheres and stressing the need for focused treatments and easily accessible counseling facilities.

Multiple studies from all around the world frequently show high levels of psychological distress, depression, anxiety, and trauma (Benton et al., 2003; Eisenberg et al., 2007; Tosevski et al., 2010). This is a well-documented global frequency of mental health issues among college students. Particularly depression is a common ailment with broad effects on everyday functioning and academic performance (Shumaila et al., 2015). Contributing elements are gender variations, environmental pressures, and socioeconomic inequalities (Vázquez & Blanco, 2008; Gul et al., 2020). Mood disorder has a significant

effect on academic results; usually, it leads to low performance and disturbed interpersonal relationships.

An important public health issue with major humanistic and financial consequences is the mental health of college students (Brown, 2016). Effective therapies and preventive strategies are needed because of the high rates of mental health issues among college undergraduates internationally (Broglia et al., 2018; O'Cathain et al., 2019; Hemingway et al., 2013). Dealing with these challenges calls for all-encompassing domains including legislators, healthcare practitioners, and educational institutions to reduce the load related to inadequate mental health among students.

Many college students still report poor mental health and receive inadequate treatment even if counseling services are more used (Eisenberg, et al., 2012; Lipson et al., 2015). Lack of knowledge regarding all available solutions aggravates the situation and makes it difficult for students to get help (Kelly, et al., 2007). Mental health awareness initiatives in higher education institutions have shown promise in improving student attitudes toward mental health and increasing knowledge about mental health problems. These initiatives can normalize help-seeking behavior and encourage individuals to support others in need (Kutcher, et al., 2015). However, a significant proportion of students remain unaware of available services. For instance, a past survey conducted on a university campus revealed that nearly half of the respondents did not know where to seek help during a mental health crisis, and only a quarter were aware of student services (Giroux & Geiss, 2019). Awareness campaigns, such as Mental Health Awareness Week, have been effective in reducing stigma and promoting mental health education.

Social media has emerged as a powerful tool for disseminating mental health information and reducing stigma. Positive mental health content on social media has been shown to lower negative opinions and modify unpleasant attitudes regarding mental health counseling (Livingston, et al., 2014). By spreading personal stories/experiences and involving social media users, one can enhance awareness and change attitudes toward treatment-seeking (Naslund, et al., 2016). Particularly those involving social media, mental health awareness initiatives prove to be promising in reducing stigma and encouraging help-seeking behavior among college students (Funkhouser, et al., 2017). Considering all factors, mental health issues among college students are a central and expanding problem with far-reaching effects for individuals and society. Dealing with these problems demands a multifarious strategy including raising awareness, reducing stigma, and improving mental health resource availability. Through a supportive environment and mental health literacy development, educational institutions can assist in the well-being of their pupils.

Method

Qualitative Approach and Research Paradigm

This study investigated mental health concerns and awareness among Pakistani college students by using a qualitative research methodology. Because it would allow a thorough knowledge of participants' viewpoints, experiences, and attitudes on mental health. Using an interpretive paradigm, which stresses the subjective meanings and social settings influencing people's experiences and actions. The objective of the study was to reflect the complex and context-specific character of mental health knowledge and issues among Pakistani college students.

Sample

Data was gathered from people belonging to Punjab and Khyber Pakhtunkhwa (KP); two provinces of Pakistan. These provinces were chosen because they reflect the larger Pakistani population under their varied socio-cultural settings and great concentration of educational institutions. Four separate groups comprised the sample: mental health professionals, members of communities, collegiates, and college students who had either personal experience or were presently dealing with mental health concerns. This several-perspective approach guaranteed a thorough knowledge of the subject.

Sampling Strategy

Each of the four participant groups (mental health professionals, community members, college students, and college students with mental health experiences) had two focus groups for the current research. The researchers encouraged interaction and conversation among members, and focus groups were chosen as an effective tool for exploring collective ideas, attitudes, and experiences (Rice & Ezzy, 1999). Bogardus (1926) first proposed the idea of focus groups, and they have since become a rather popular technique in social sciences research.

Though the literature review on the appropriate focus group size is divided, suggestions range from six to twelve individuals. Baumgartner et al. (2002) call for ten to twelve participants; Powell and Single (1996) advise six to ten; and Krueger (2014) suggests six to eight. Each focus group for this study comprised six to eight people to guarantee significant interaction and controlled debate. Every session was guided by a qualified moderator who also made sure the conversation stayed on the aims of the research (Onwuegbuzie et al., 2009). Morgan (1996) says a focus group should last one to two hours. Every session in this study ran between ninety and 120 minutes to give enough time for in-depth conversation.

Participants were chosen depending on their capacity to really contribute to the conversation. As Richardson and Rabiee (2001) explored participants of focus groups should have sufficient knowledge and abilities appropriate to the aim of the study. Convenient sampling techniques were used to recruit participants, with mental health professionals, community members, and college students contacted via personal visits, phone calls, or emails.

Participant Categories and Criteria

1. **Mental Health Professionals**
   Inclusion Criteria: Mental health professionals currently practicing in public or private hospitals or clinics in KP and Punjab were included. Participants held a specialization in Psychiatry, an MS/M.Phil, or a Diploma in Clinical/Counselling Psychology, with at least two years of experience in the field. These professionals were well-positioned to provide insights into mental health issues from clinical and practical perspectives.
   Exclusion Criteria: Professionals residing or practicing abroad, as well as those who did not meet the qualification or experience requirements, were excluded.
2. **Community Members**
   Inclusion Criteria: Community members serving as college teachers, faculty members, or religious scholars in public or private postgraduate degree colleges, universities, or mosques in KP and Punjab were included. Participants had at least two years of experience in their respective fields. Their perspectives represented the views of educated individuals and the general public regarding mental health.
   Exclusion Criteria: Teachers, faculty members, or religious scholars not affiliated with postgraduate institutions or mosques, those with less than two years of experience, and individuals suffering from mental health disorders were excluded.
3. **College Students**
   Inclusion Criteria: Male and female students aged 16 to 22 years, enrolled in postgraduate colleges in KP and Punjab, were included. Participants did not have any diagnosed or apparent mental health issues.
   Exclusion Criteria: Students exhibiting signs or symptoms of mental illness, those with conduct or behavioral issues, and students not enrolled in postgraduate colleges on a regular basis were excluded.
4. **College Students with Mental Health Experiences**

Inclusion Criteria: College students who had been diagnosed with a mental illness in the past or were currently experiencing symptoms were included.
Exclusion Criteria: Students without a history of mental health issues were excluded.

Topic Guide

The focus group discussions centered on identifying appropriate content for a psycho-educational program aimed at raising mental health awareness among college students. Participants were asked to share their views on the information that should be included in such a program, as well as the specific needs and areas that required attention. The discussions also examined strategies to enhance students' professional help-seeking behavior and inspire their willingness to pursue evidence-based mental health support. Furthermore, participants shared their preferences regarding the program's delivery method, including the involvement of teachers, the setting, and possible challenges or implementers to functioning. This feedback contributed to the development of an effective and culturally integrated mental health awareness initiative.

Procedure

Focus group discussions were conducted either online or in person, depending on the availability and preferences of participants. Each session lasted between 90 to 120 minutes, ensuring sufficient time to cover all key aspects of the topic. With the consent of participants, the discussions were audio-recorded and later transcribed for analysis. The data were stored securely to maintain confidentiality and protect participants' privacy.

Data Analysis

Thematic analysis was used to analyze the transcribed data. This method involves identifying, analyzing, and reporting patterns (themes) within the data, providing a rich and detailed account of the findings. NVivo software was employed to facilitate the coding and organization of data, ensuring a systematic and rigorous analysis process. Thematic analysis was particularly suitable for this study as it allowed flexibility in interpreting participants' perspectives and experiences while maintaining a structured approach to data analysis.

Results

Theme 1: Prevalence and Types of Mental Health Issues Among College Students

The discussions across various panels and groups consistently highlighted that mental health issues are a significant concern among college students. Several key themes emerged regarding the types of mental health problems commonly faced:

Anxiety and Depression

These were repeatedly cited as the most prevalent mental health issues among college students. In the Punjab Mental Health Professionals Panel Discussion, A Psychiatrist noted, "the most reported issues are related to anxiety, where problems related to anxiety are emerging, including panic disorder and specific phobias. We are also seeing OCD and depression quite frequently" (Punjab Mental Health Professionals Panel Discussion). This was echoed in other discussions, with students and community members frequently mentioning anxiety and depression as primary concerns (Community Members KPK; College Students with Some Psychiatric History; Government College in Punjab).

Stress and Academic Pressure

Many participants highlighted the significant role of academic stress in contributing to mental health issues. A student from the Government College in Punjab stated:

The first issue they often face is related to exam results. Parents and other family members put constant pressure on them, and alongside that, teachers, society, and

> even their peers add to the stress by telling them that if they don't score above a certain mark, they have no future.

This sentiment was repeated across multiple discussions, emphasizing how academic expectations and pressures contribute to mental health challenges.

Adjustment Issues

The transition to college life was identified as a significant source of stress and potential mental health problems. Psychiatrist from the KP Mental Health Professionals Panel Discussion noted, "When students leave their families and come to hostels and other cities with the expectations of their families... they develop organic mental illnesses" (KP Mental Health Professionals Panel Discussion). This adjustment period was seen as particularly challenging for students coming from rural areas or smaller towns to larger cities.

Substance Abuse

Several professionals highlighted substance abuse as an growing concern among college students. Psychiatrist from Punjab mentioned, "substance dependence is also a big problem" (Punjab Mental Health Professionals Panel Discussion). The issue of drug use, particularly in urban areas, was noted as both a mental health problem in itself and a factor exacerbating other mental health issues.

Self-harm and Suicidal Thoughts

While not as frequently mentioned as anxiety and depression, self-harm and suicidal ideation were highlighted as serious concerns, particularly by some mental health professionals. Psychologist from the KP Mental Health Professionals Panel Discussion stated, "There is a significant trend towards societal behavior issues, especially self-harm, which is becoming increasingly common" (KP Mental Health Professionals Panel Discussion).

Eating Disorders

Eating disorders were mentioned, particularly as an issue affecting female students. In the Punjab Mental Health Professionals Panel Discussion, a participant noted, "eating disorders are prevalent among female students" (Punjab Mental Health Professionals Panel Discussion).

Sleep Issues

Sleep problems were cited as both a symptom of other mental health issues and a standalone concern. The disruption of sleep patterns due to stress and academic pressures was noted in several discussions.

Social Anxiety and Relationship Issues

Difficulties in social interactions and relationships were highlighted as significant stressors for college students. A student from the Government College in Punjab mentioned,

> When we enter college, our parents often have even higher expectations of us. This is a time when we're also trying to figure out our identity, comparing ourselves to others, and trying to establish our place in society or within the educational environment.

Identity and Self-esteem Issues

Several discussions touched on the challenges students face in forming their identity and maintaining self-esteem during college years. This was often linked to social comparisons, academic performance, and family expectations.

Less Common but Severe Disorders

While less frequently mentioned, more severe mental health disorders were also noted. These included:

Bipolar Disorder
Mentioned in the Punjab Mental Health Professionals Panel Discussion and by some students with psychiatric history.

Obsessive-Compulsive Disorder (OCD)
Discussed both by mental health professionals and students who had experience with the condition.

Psychosis
While rare, it was mentioned as a potential severe outcome, particularly in cases of substance abuse or untreated mental health issues (Table 1 shows the core theme with subthemes and narratives of the participants).

Theme 2: Awareness and Understanding of Mental Health Among College Students
The level of awareness and understanding of mental health issues among college students was a topic of considerable discussion, with varied perspectives emerging:

Increasing Awareness
Several participants, particularly in urban areas, noted that awareness of mental health issues is growing among college students. A Psychologist from the KP Mental Health Professionals Panel Discussion stated,
There is a significant amount of awareness nowadays. When I was a student, we didn't have much awareness, and it was only after studying psychology that we became aware. However, today, almost every student in the university knows about the psychology department".

Limited Understanding
Despite increased awareness, many noted that students often lack a deep understanding of mental health issues. A student from the College Students with Some Psychiatric History group said, "I have heard about mental illnesses but don't fully understand them. I know that mental illness affects how a person thinks or feels and can make life hard" (College Students with Some Psychiatric History). This sentiment was echoed across multiple discussions, indicating that while students may be familiar with terms like "depression" or "anxiety," they often lack a comprehensive understanding of these conditions.

Urban-Rural Divide
Several participants highlighted the disparity in awareness between urban and rural areas. Another Psychologist from the KP Mental Health Professionals Panel Discussion noted,
To some extent, this is true, but people in villages exhibit reluctance. They either do not know because there is no proper awareness in our region, or if you go to any rural area, their geographic location and region contribute to their hesitancy (KP Mental Health Professionals Panel Discussion).

Confusion Between Normal Stress and Mental Illness
Many discussions revealed that students often struggle to differentiate between normal stress and clinical mental health disorders. A student from the Government College in Punjab shared, "I had days where I feel really sad for no reason and can't explain why. I think that might be a mental illness, but I'm not sure what type" (Government College in Punjab).

Awareness of Available Help
While some students demonstrated awareness of mental health professionals like psychologists and psychiatrists, many expressed uncertainty about when and how to seek help. A student from the College Students with Some Psychiatric History group stated, "I think mental illnesses can be treated, but it's not as simple as taking medicine for a physical

illness. I've heard about doctors called psychologists or psychiatrists who help with mental health issues" (College Students with Some Psychiatric History).

Impact of Social Media and Global Conversations

Several participants noted the role of social media and global conversations in increasing awareness about mental health. A student from the Government College in Punjab mentioned, "Nowadays, with the prevalence of social media, every child has gadgets like smartphones in their hands, consuming, in my estimation, around eighteen hours out of twenty-four" (Government College in Punjab). This exposure to information was seen as both a potential source of awareness and, at times, misinformation.

Generational Differences

Many participants noted a generational gap in understanding and accepting mental health issues. Younger people were generally seen as more open to discussing mental health, while older generations were often perceived as less understanding. A student from the Government College in Punjab observed, "Our parents, especially those from earlier generations, may not have had the education or awareness that we have today. There's a generational gap, and the newer generation is more educated and understands these issues better" (Government College in Punjab) (Table 2 shows the core theme with subthemes and narratives of the participants).

Discussion

Prevalence and Types of Mental Health Issues Among College Students

Mental health challenges are a growing concern among college students in Punjab, Pakistan. Anxiety, depression, academic stress, and adjustment difficulties were the most frequently reported issues. This trend aligns with global research, which indicates that young adults, particularly university students, experience high levels of psychological distress (Mamun et al., 2019). Along with academic pressure and societal expectations, the change to maturity usually results in higher anxiety and depression (Trompeter et al., 2022).

One major trigger of anxiety for students is academic pressure. Parental expectations, peer comparisons, and rigorous academic standards cause many teenagers great anxiety. Emphasizing the need for mental health treatment in educational institutions, research shows that academic pressure can cause psychological suffering (Zada et al., 2021; Ahmad & Koncsol, 2022).

Another challenge students face is adjusting to life in urban educational institutions, particularly those from rural areas. Being away from home and adjusting to a new academic and social scene could cause apprehension and mood dysregulation (Causier et al., 2024). This is especially crucial for students from small towns who struggle with social and intellectual integration, especially in low- and middle-income nations. Students' growing concern is substance abuse has seemed to have a coping mechanism to fight back psychological downfall. Many utilize medicines to help with social adjustment difficulties and scholastic stress (Choudhry et al., 2023). Poor mental health, including a higher incidence of depression, anxiety, and even psychosis (Javed et al., 2021), has been associated with substance addiction.

Less acknowledged and more deteriorating; self-harm and suicidal thoughts are nonetheless serious issues. Usually, triggers are academic failure, stress, and a lack of emotional support (Nochaiwong et al., 2021). The stigma around mental health in Pakistan prevents students from getting care, therefore aggravating their difficulties (Ah Ahmad & Koncsol, 2022).

Other stated concerns included food-related disorders, sleep problems, and self-esteem problems. Studies reveal that overuse of digital media and academic stress are common causes of sleep disorders (Ghazali et al., 2024). Likewise, eating disorders

especially among female students are linked to social comparison and body image problems (Javed et al., 2021).

Awareness and Understanding of Mental Health Among College Students

Particularly in metropolitan regions, college students' awareness of mental health problems is rising lately. Greater access to digital knowledge and mental health education has improved understanding (Juma, et al., 2020). Still, there are misunderstandings since many students cannot recognize regular stress from severe mental illness (Trompeter et al., 2022). Students from urban and rural backgrounds have quite different levels of mental health consciousness. Usually lacking more mental health awareness, rural students are more reluctant to seek professional care (Choudhry et al., 2023). This underlines the importance of focused awareness efforts and the inclusion of mental health treatments into main care environments (Ngamaba et al., 2024).

One important result is students' ambiguity about what exactly qualifies as a mental illness. Many students misinterpret eustress or regular stress as a mental health problem, which causes either over-pathologizing of normal emotions or underestimating the severity of actual disorders (Javed et al., 2021). Delays in important interventions and therapies can result from this uncertainty (Nochaiwong et al., 2021).

The availability of mental health care is still not widely known. Although some students know the value of psychologists and psychiatrists, many others are not aware of when or how to get treatment or seek professional sessions (Ahmad & Koncsol, 2022). Limited access to mental health experts and stigma majorly clarifies this doubt (Choudhry et al., 2023). Programs for mental health education and peer-led projects could help close this gap. Social media has had a complicated part in raising knowledge of mental health issues. Although it has helped to lower stigma and disseminate knowledge, it has also led to false information and distorted images of mental health issues (Mamun et al., 2019). On social media platforms, negative social comparisons might cause anxiety and despair in students (Trompeter et al., 2022).

Additionally, noted were generational variations in mental health perception. Younger people are more willing to talk about mental health than older generations, who can have hampered knowledge because of cultural ideas (Ahmad & Koncsol, 2022). Students' inclination to seek professional treatment might be influenced by this generational difference in opinions, as parental views significantly shape perceptions of mental health services (Ngamaba et al., 2024).

Conclusion and Implications

The findings highlight the dire need for mental health interventions specifically tailored to Pakistani college students. Increasing mental health literacy, eliminating stigma, and improving access to psychological care are critical steps toward resolving the mental health crisis in this population. Educational institutions should adopt structured mental health programs, peer counseling services, and workshops to help students better grasp mental health concerns and coping techniques.

Furthermore, authorities should encourage integrating mental health services into college health facilities, especially in rural places where access is limited for the general population and students. The involvement of digital platforms in mental health education must be carefully managed to ensure authentic information transmission while minimizing the risks associated with misinformation.

Future research should focus on evaluating the effectiveness of existing mental health interventions and exploring culturally adapted strategies to reduce stigma and improve help-seeking behaviors among college students in Pakistan.

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