ONLINE MENTAL HEALTH SUPPORT NEEDS FOR UNDERGRADUATE STUDENTS OF DHAKA UNIVERSITY

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ABSTRACT

Background: There is a huge gap in mental health support for undergraduate students in Bangladesh as there is a shortage of professionals in Government settings. Therefore, the researchers attempted to explore online mental health support as a viable alternative solution to the problem. **Objective:** The study explored the online mental health support needs of the undergraduate students of Dhaka University. **Methodology:** A multi-phasic mixed method design was followed in this study. In phase-1, mental health support needs were explored in two focus group discussions (FGDs). In phase-2 of the study, a website was developed to provide online mental health supports for the undergraduate students of Dhaka University. Through this website (www.amentalhealth.org), undergraduate students of Dhaka University as well as all adolescents of Bangladesh will be benefitted by receiving various professional mental health supports including downloadable pdf files containing psycho educational materials. **Participants:** A total of 21 undergraduate students (mean age 18.86 years & SD of 0.359) from different faculties of Dhaka University, participated in the study. Out of 21 participants, there were 10 females and 11 male undergraduate students from Dhaka University. **Findings:** Participants voiced their support needs on various life-stresses, mood problems, anger problems, suicidal thoughts and adjustment problems in the University. In phase-2 of the study, a website was developed to provide mental health supports to the undergraduate students of Dhaka University. **Conclusion:** Through this website (www.amentalhealth.org), undergraduate students of Dhaka University will be benefitted by receiving various professional mental health supports. Use of digital technology to provide mental health support to the undergraduate students would increase the rank of Dhaka University globally.

KEYWORDS: Digital technology, mental health, mental health of university students.

Introduction

Undergraduate students of 18 to 19 years olds are in the late adolescent period and experience mental health problems such as stress, anxiety, hopelessness and depression more frequently compared to the general population (Lew et al., 2019). This could be resulted by the academic pressure within university, the stress and strangeness of being away from home for the first time, new peer relationships and lower social support (de Calheiros Velozo & Stauder, 2018). However, most of these students do not access professional mental health services in Bangladesh.

Undergraduate students also experience life-transitions involving multi-dimensional changes including biological, psychological and social changes (Poquet et al., 2021). Biologically, adolescents experience pubertal changes and changes in brain structure and psychologically, adolescents' cognitive capacities mature and they develop critical thinking skills (Benner, Boyle and Bakhtiari, 2019.

Similar to the adolescents, mental health of undergraduate students goes through a continuum that can include periods of well-being and periods of distress, most of which will never evolve into a diagnosable disorder. However, more than13 per cent of adolescents aged 10–19 live with a diagnosed mental disorder as defined by the World Health Organization (Bilsen, 2018). Suicide is the fifth most prevalent cause of death for adolescent boys and girls aged 10–19 (Wasserman, Cheng & Jiang, 2005). Mental health and psychosocial support for these population is a crucial need both for our national development and for the world.

During the last couple of years, COVID-19 pandemic brought unexpected changes in everyday life where physical contact with friends, family and teachers have been largely replaced by a voice and a face on a screen. Even in the absence of a pandemic, psychosocial distress and poor mental health are affecting millions of undergraduate students in the country.

Mental health problems among university students, including self-harm and suicide, is rising globally (Sivertsen et al., 2019). In a recent study (Hussain and Shova, 2024) conducted in Bangladesh where "emotional distress" has been emerged as

the primary reason behind student suicides in Bangladesh, contributing to over 32.2% (165 cases) of these tragedies, relationships and affairs were the second leading reason (14.8% of incidents), mental health issues were identified in 9.9% of the cases, while domestic arguments and abuse contributed to 6.2% and 1.4% of the suicides. Besides, family pressure regarding studies led to 4.5% of the cases, while exam failures and underachievement in public exams were responsible for 3.4% and 1.8% of the suicides.

Mental health support need for undergraduate students in universities is increasing due to increasing numbers of students experiencing psychological distresses (Broglia et al., 2021). Thus, we carried out focus group discussions (FGDs) to explore students' experiences, feelings, and perspectives about their mental health in the University of Dhaka,

Methodology

Participants

In this study, 21 undergraduate students (mean age = 18.86 years; SD = .359 years) participated in two different focus group discussions (FGDs). There were 10 male and 11 female undergraduate students of Dhaka University. All the participants were adolescents according to the criteria set by the Worl Health Organization (WHO). Various Departments of Dhaka University were sent permission letter and notice for the participants to hang on the notice board. Research information was shared with the respective Head of the Departments. After receiving permission from the authority, the students were approached and they get the discussion about research. After that those who consented to participate in the study a time for the FGD was fixed. There were two FGD groups for the male and female participants.

Topic guide

Using a topic guide participants' concerns and opinions were collected regarding online mental health support needs. The topic guide consisted of questions on the coping with stress, anxiety, anger, suicidal thoughts, hopelessness and depressed feelings.

Family background questionnaire

A questionnaire was developed to collect demographic data and family circumstances.

Procedure

Using a topic guide, participants' responses were collected on mental health support needs. The topic guide consisted of questions on life-stress, mood problems, suicide, substance dependency, adjustment problems, social skills and so on. Duration of FGDs was for 120 minutes on average.

Data analysis

The data collected from interviews, focus group discussions (FGDs) was analyzed by qualitative content analysis following interpretative phenomenological analysis (IPA) theory (Palmer et al., 2010). Collection of data, coding was carried out parallelly to each other. Data were analyzed manually. Data collection, coding and analysis were being done simultaneously.

a. Data transcription

Recorded FGDs were transcribed in verbatim. To ensure adequate understanding and appropriateness of the coding, the researchers repeatedly checked back and listened to the interviews from audio record.

b. Data coding

Data analysis in this research involved open and axial coding. The first step of data analysis is coding, which helps to move forward from a particular statement to more abstract explanations (Charmaz, 2006). In open coding phase the researcher broken the data by coding primarily line-by- line, examine and review deeply, and compare with each other. The codes were compared and contrasted with each other to check overlap and repetitions of concepts (Corbin and Strauss, 2008). Axial coding was started after substantial number of open codes were generated. The goal of this phase was to relate categories and their features to one another to understand the interconnection of the different themes and associated with the core phenomenon. The researcher moved backward and forward among the transcripts for connecting the open coding and axial coding to redefine categories to create specific relationship among them.

Ethical approval

Ethical approval was granted by the Ethics Committee of the Department of Clinical Psychology, University of Dhaka. Written informed consent was taken from all participants prior to the interview. Meanwhile, the procedures were explained verbally, in easy-to-understand language to all participants. Ethical guideline and code of ethics involving human participants was strictly followed during the study.

Results

Mental health support needs of the undergraduate students of Dhaka University were explored in Phase-1 of the study. Two focus group discussions (FGDs) were conducted on 21 undergraduate students of Dhaka University. FGD-1 was conducted on male undergraduate students and FGD-2 was conducted on female undergraduate students. Demographic characteristics of the participants is presented in Table 1.

Table 1. Participants characteristics

N	21 undergraduate students (10 girls and 11 boys)
Age of the participants (Mean & SD)	18.86 years (.359 years)
Residential status	Hall of the University (N=6 or 28.6%) Living with parents (N=8 or 38.1%) Not mentioned (N=4 or 19%) Living in the mess (N=2 or 9.5%) Living as sublet (N=1 or 4.8%)

Participant's mental health support needs voiced in the FGDs
Participants' responses on mental health support needs were categorized based on the problems voiced in the FGDs. Participants stressed their support need on various life-stresses, mood problems, anger problems, suicidal thoughts, and adjustment problems in the residential halls of the University of Dhaka.

Table 2. Themes and subthemes with supportive quotations from focus group discussions

Themes and subthemes	Quotations
1. Sources of stress	
Financial stress	"Financial matters stress me. I'm growing up, and I need to manage my expenses and family also."
	"Whenever I face any financial or study related problem, I usually seek help from my close friends or family members who are there"
Academic stress	'The stress related to my studies often leads to feelings of depression, especially when I contemplate whether I'll be able to successfully complete my academic journey. The pressures of exams, assignments, and presentations contribute significantly to my overall stress levels.'
	"Concerns about my parents stress me. If something happens to them, I feel there's no one else to turn to".
Parental expectations	I didn't do something, but people are blaming me for it, make me angry."

2. Anger

Breaking promises

"When someone make my expectation bar high about them and then break it, I am unable to tolerate it."

3. Unhealthy coping

Substance use

"Using substances helped me to get rid of frustration of having frequent stressful life events."

"When I am in a stressful situation, I feel pressurized so much that I couldn't sort out anything. Using pots brought instant relief at that moment."

Escaping reality through online engagement

"When I have too much stress in my life, I find myself spending too much time on social media......But spending this too much time on social media makes me fall even further behind in my work."

4. Suicidal attempt

Relationship problem

"I was so devastated to hear the news that she is cheating me with her senior in university. I cut my hand and tried to commit suicide"

5. Adjustment problems in hall of residence

University resources

"I have never lived in hostel. My experience is horrible and I cannot explain it in words. I never expect I have to do things that I do in the hostel…"

Poor sleep quality

"I used to eat one meal a day forgot sleep. I used to lay down all day long by keeping the door locked."

Experiencing negative emotion

"I used to listen to my family always saying they don't have any respect left because of me. One day I started to break things over a small argument with my sister. It was a painful for me…."

Phase-2: Development of a website for mental health support for the adolescents

Based on the Phase-1 of this study, a website was developed to provide mental health supports to the students of Dhaka University in Bangladesh. In this website, different psychoeducational materials were posted on mental health problems.

Discussion

Mental health of undergraduate students represents a critical public health concern worldwide (Macaskill, 2018). The present study explored mental health of the under graduate students of the University of Dhaka using focus group discussions (FGD). Findings from our focus groups suggest that life-stresses, mood problems, anger problems, suicidal thoughts, and adjustment problems in the residential halls of the University of Dhaka contributed to poor mental and general well-being among university student respondents. It is evident that increases in stress are associated with decreases in student mental health (Denovan and Macaskill, 2017). Academic study such as exams and course work are sources of stress (Table 2) is consistent with other studies (Boulton et al., 2019), however, financial stresses and accommodation factors appeared to be less consistently associated with mental health outcomes. Similar to previous study (Lloyd et al., 2014), perceived maternal and paternal acceptance was a source of students' stress during the transition to higher education (Table 2).

Undergraduate students also expressed poor sleep quality and increased consumption of unhealthy foods (Table 2) which is supported by other study (Ansari et al., 2013). In this study, some participants reported inability to solve the relationship problems leading to self-harm and suicidal attempt (Table 2). Similarly, another study found that high neuroticism and low extraversion were correlated with suicide attempts and deaths (Björkenstam et al., 2016).

Based on the study, University authority could develop and evaluate innovations in practice. These include:

– Strategies that foster a sense of belonging and identify

– Improving mental health literacy and access to high quality support services.

Conclusion

The study attempted to find a viable option to mitigate the mental health support needs of the adolescents in Bangladesh. In order to achieve the objectives of the research, a multi-phasic study design was followed. In phase-1, adolescents mental health needs were explored. In phase-2 of the study**,** a website (www.amentalhealth.org**)** was developed to provide mental health supports to the adolescents in Bangladesh. Through the website**,** professional mental health supports could be provided to the undergraduate students of Bangladesh.

Conflict of Interest

The authors declare no conflict of interest.

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