FACTORS OF MENTAL HEALTH OF STUDENTS AT THE UNIVERSITY OF PRISTINA-KOSOVSKA MITROVICA

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Abstract

This paper is a part of extensive research, concerning various aspects of mental health (presence of certain clinical symptoms such as depression and anxiety, as well as the existence of some aspects of human well-being) among the students at the University of Pristina-Kosovska Mitrovica. Beck's depression and anxiety inventory was used, as well as life-satisfaction scale, Rosenberg's self-esteem scale and hope measurement scale. Results: Examinees have an average low scores on the scale of depression and anxiety, but disturbing is the fact that 24,3% of respondents have a score higher than 10 on the scale of depression, what points to the tendency of clinical forms of depression. Students present scores above average on the scale of satisfaction with life and hope, when compared to the theoretical scope. Statistically, depression has a significant positive correlation with anxiety, while it has a negative connection with satisfaction with life, self-esteem and hope. Students from Serbian enclaves in Kosovo are less satisfied with their lives, when compared with their colleagues from Central Serbia.

Keywords: depressions, anxiety, self-esteem, life satisfaction, hope.

INTRODUCTION

'Mental illness' is a phrase that is often used to refer to unsuccessful attempts to solve the problems of living. A number of authors support the opinion that the very notion of mental illness is imprecise and difficult to define because the norms of mental health are not clearly defined, and mental health is determined via psychosocial, legal or ethical terms. Still, there are more of those who believe that mental health and mental illness are possible to define clearly enough to understand the meaning and essence of these terms. (Sas, 2008, p.15)

The results of the post-conflict mental health research, have so far pointed out to the fact that certain psychological consequences can be present even several years after the traumatic event, especialy the post-traumatic stress dissorder (PTSD), depression and anxiety (Pesonen et all, 2007; Lis-Turlejska et all, 2008; Hasanovic et all, 2006; Fiedler et all, 2006).

The results of the latest researches in Serbia (UNICEF, the World Health Organization) point to bad mental health of young people, according to official records and adolescents' self-evaluation. Bad mental health is, furthermore, characterized by en ever-growing rate of personality disorders, addiction, depression and suicide. On the basis of clinical practice and the results of numerous researches carried out in Serbia, it is also possible to draw conclusions about the significant psychological suffering of the youth population, which is often associated with the period of adolescence. The age-specific psychopathology manifests itself in a variety of difficulties of adolescent process, linked with the formation of stable identity, depressive states and behavioral disorders. One third of high school population show signs of mental problems. Similar data surfaced in the researches carried out among student population. (Center 'Srce', 2009).

Speaking of the mental health of an individual, we tend to focus on his personal experience and the maturation dynamics, as well as the family environment. Still, we should not ignore the fact that the mental health of an individual depends also on the relations, value standards, the clarity of borders and rights, the security and respect for every individual, and this kind of structure is provided by the wider social community in which the individual grows up. In the life of every individual, and especially the adolescent who is in the process of developing and shaping, security, value orientations, trust in the ethical judgment of important people represent the basis for the creation of a positive image of oneself, the trust in oneself and the world. All this is a basis for the positive psychological development. If there is physical, sexual or mental abuse, or some other form of excessively negative environmental influence, which is documented, among others, in the research of aggressive behavior by Bjorkqust and others, the consequences are numerous disorders of mental health – depression, anxiety and aggression. (Björkqust et al., 1994). More and more, we also talk about the stress we live under as the main cause of the increasing number of psychic problems and behavior disorders. Increased aggression is just one way to respond to the change in moral values and the lack of ethicality in people who are supposed to be role models.

The behavior of adolescents in Serbia, including the deviations from the norms of mental health, is undoubtedly influenced by social circumstances, the war and the uncertainty from the previous decade, which led to the disorder in value systems in the first place. Young people in Serbian settlements in Kosovo and Metohija are in a specific situation because they live in poor areas that many have already left; their options regarding education, amusement and life in general are far more limited than those of the young in Central Serbia. They experience the limited freedom of movement as their biggest problem. The decrease in possibilities for the realization of educational and other aspirations leads to the decrease in aspirations (frustration is avoided by accepting compensation as a defense mechanism, which 'trades' impossible goals for those that can be realized). This is how young people adjust to reality. The period of great social changes, through which the society in Serbia is now going, brings enormous and swift turns in the value system. The old value system is radically rejected, but the new, consistent value system is still not established in its place. For decades now, and especially since the destruction of Yugoslavia, adolescents, and those who are out of adolescence, have become independent at increasingly older age.

When we observe young people in their present social context, we see that their personal development takes place in the ever increasing uncertainty. Therefore, it is understandable that young people feel insecure about their identity and their role in society. This is a general trend which, to a different degree, affects all young people, wherever they are.

However, even with a very dreary picture concerning mental health of the young population in Serbia (increased depression, anxiety, aggressiveness), a significant number of researches speak in favor of the existence of certain positive psychological resources, which are crucial for overcoming daily stress-generating factors (Minic et all, 2010; Minic et all, 2011; Randjelovic & Minic, 2012)

METHOD

As a part of a continuous empirical monitoring of various mental health aspects among the students at the University of Pristina, this research gives an insight into a more extensive research, conducted by the Department of Psychology at the Faculty of Philosophy in Kosovska Mitrovica. Presence of certain clinical symptoms, such as depression and anxiety was considered, as well as the existence of some aspects of human well-being (self-esteem, life satisfaction and hope) among the students of different faculties at the University of Pristina, temporarily located in Kosovska Mitrovica. Links between those mentioned variables were determined, as well as their connection with some of the socio-demographic characteristics (gender, age, permanent residence, financial situation).

The sample
The sample is stratified and proportional, and is constituted by students (N=473) at the University of Pristina, temporarily located in Kosovska Mitrovica. The strata were formed by the students of the II and III year of study, at various faculties of the University of Pristina (Philosophy, Medical science, Economy, Faculty of Law,

Agriculture, Training faculty, Sport and physical culture, Faculty of technical sciences). The chosen sample was stratified and proportional. Hence, the number of students from all those faculties that were included in the sample and examined was proportional to the number of students from each of the faculties as a part of the overall student population at the University. Firstly, lists with the number of students at II and III year of study were obtained from the office dealing with students' issues, at each of the faculties. Students were contacted by phone and after their consent they participated as subjects of the research at their faculties. Concerning the gender structure, this sample consisted of 219 (46,3%) male and 254 (53,7%) female examinees.

The Instruments
The instruments used were Beck's depression and enxiety inventory, life-satisfaction scale, Rosenberg's scale of global self-esteem and a scale of hope. Statistical techniques used are techniques of descriptive statistics, t-test of the importance of differences, Pearson's product-moment correlation coefficient and ANOVA.

1. Beck Depression Inventory I (BDI-I) (Beck AT, 1961) – Beck's depression inventory is a dimensional self-inquiry, used to assess the intensity of depression. It is consisted of 21 questions with the possibility for gradation of answers according the so-called Likert's scale from 0 to 3.The cumulative score is calculated by casting up all the answers, and total score values are from 0 to 63, with the fact that a higher total score indicates to the presence of depression designations. The boundary level which indicates the presence of depression is 10 points (Richter *et al.*, 1998). The reliability of this instruments used on our sample and expressed through Cronbach's alfa coefficients was satisfactory and 0,79 in total. The scale was in Serbian language (Novović et al., 2011).

2. Beck Anxiety Inventory (BAI) (Beck AT, et al. 1988) – Beck-s anxiety scale is a dimensional self-inquiry used to measure and assess the intensity of anxiety. The inquiry consists of 21 questions, whose answers are awarded points according to the Likert's scale from 0 (not registered) to 3 (highly present). The boundary score indicating the presence of clinically significant anxiety is 8 points (Lam RW, et al. 2005). The scale in Serbian language was used for the purposes of this research, and the instruments used on the sample were highly reliable - $\alpha=0.93$.

3. Scale of hope (Lacković- Grgin i Ćubela, 2002) is used to measure the differences in hope as stabile through time and situations. The pioneer version of this scale was given by Snyder (Snyder, 1969). It consists of 9 items. The examinees are supposed to answer the five-level scale similar to Likert's scale, assessing in what amount each assumption refers to them. The cumulative score is the sum of individual assessments at each of the items, while the possible score span is: 9-45. The reliability of scale on our sample is $\alpha= 0.84$.

4. General life-satisfaction scale (Penezic, 1996) consists of 20 items, 17 of those referring to the assessment of general satisfaction with life, while the remaining 3 refer to the assessment of situational satisfaction with life. The scale of general life-satisfaction measures satisfaction with life as a cognitive assessment. The examinees are asked to assess which individual items and in what amount on the Likert's type, five-level scale, refer to them. Total result is reached by linear combination of answers, while the possible result range is: 20-100, where the higher result presents the higher amount of satisfaction with life. The reliability of this scale on our sample is $\alpha= 0.90$.

5. Rosenberg's self-esteem scale (Todorovic, 2005) is used for measurements of global self-esteem. It was originated in its original version in 1965 (Rosenberg, 1965) and since then has been modified on several occasions and translated to almost all languages of the world; it presents the most frequently used scale for self-esteem research. The scale is of Likert's type, consists of 10 items and the examinees are asked to answer which items and in what amount refer exactly to them (1-incorrect, 7-correct). The total score is reached as a sum of assessments at each of the items, while the possible result span is from 10 to 77. The reliability on our sample, expressed by the Cronbach's alfa coefficient resulted $\alpha =0.75$.

The techniques for data analysis used here are those of descriptive statistics (arithmetic mean, standard deviations, range), as well as the statistics of making conclusions (Person's correlation coefficient, t-test of

importance of differences and ANOVA). The entire data analysis was conducted in the program package SPSS 20.00.

RESULTS

Expression of basic variables in research
Firstly, data gathered by menas of descriptive statistics refering to basic variables are shown in the table No 1

Table No. 1 *Basic variables chart*

	N	Min	Max	AS	SD
Depression	473	0,00	50,00	7,82	7,69
Anxiety	473	0,00	63,00	13,42	11,65
Life satisfaction	473	26,00	100,00	71,91	13,72
Self-esteem	473	15,00	50,00	39,24	6,61
Hope	473	9,00	45,00	35,49	5,90

According to table no. 1 we are able to conclude that depression and anxiety are rather low as found on the level of the whole sample. Hope, as one of the aspects of human well-being is highly present, while life-satisfaction and self-esteem are found to be on the above average level when compared with the theoretical range.

Tables no. 2 and 3 show the results of the presence of some categories of depression and anxiety, which are considered to be clinically significant. The so-called "cut-off" criteria were used, proposed by Lam and the associates and Richter and the associates (Lam RW, et al. 2005; Richter *et al*., 1998).

Table No. 2 Clinically significant levels of depression found on our sample

	Frequency	Percentage	Cumulative percentage
None or minimal	324	68,5	68,5
Mild	110	23,3	91,8
Moderate	28	5,9	97,7
Distinct	11	2,3	100,0
Total	473	100,0	

Table No.3 Clinically significant levels of anxiety found on the sample

	Frequency	Percentage	Cumulative percentage
None or minimal	211	44,6	44,6
Mild	151	31,9	76,5
Moderate	56	11,8	88,4
Distinct	55	11,6	100,0
Total	473	100,0	

From the table No. 1 it is possible to see that 68,5% of the students did not have clinically significant levels of depression, while chart No.3 shows that 44,6% students did not have significant levels of anxiety.

The link between the basic variables in the research
Link between the basic variables was also inspected and the results are shown in the Table No.4.

Table No.4 Correlation between some clinical symptoms and certain aspects of human well-being

		Depress	Anx	Life-satisfaction	Self-recpect	HOPE
	Depression	-	,382	-,452	-,347	-,219
Anxiety		,382	-	-,248	-,189	-,205
	Life satisfaction	-,452	-,248	-	,464	,492
	Self-esteem	-,347	-,189	,464	-	,443
Hope		-,219	-,205	,492	,443	-

Note: all correlations are significant at the level 0.01

Data shown in the chart No.4 point to the fact that there is a statistically significant positive correlation between levels of depression and anxiety. Also, certain aspects of human well-being (self-esteem, life-satisfaction and hope) are mutually positively connected and statistically significant (see chart No. 4). Anxiety is negativelly statistically significant and connected with self-esteem, life-satisfaction and hope. The same situation is with depression.

Differences in level of basic variables in regard to control variables (gender and permanent residence)
T-test of importance of differences for independend samples was used to investigate the difference in the presence of basic variables throughout the research, concerning the gender of the examinee. The results show that there are significant differences in the level of anxiety ($t=-3,746$, $df=471$, $p<0.01$) and level of depression ($t=-4,848$, $df=471$, $p<0.01$). It turned out that female examinees are both more anxious and depressed than male examinees. When it comes to existing differences in the presence level of certain aspects of human well-being, no significant differences were found in regard to examinee's gender.

ANOVA was used to investigate the differences in the level of basic variables all in regard to permanent residence. Collected data are showing that significant difference exists only with the HOPE variable ($F(3, 469) =8,947$, $p <0.01$). The most important results are presented in tables 5 and 6 However, it turned out that the highest level of hope is present among the examinees from the Serbian enclaves in Kosovo and Metohija. Statistically, that level is significantly higher than the level of hope registered among the examinees from Central and South Serbia, as well as among the examinees coming from the North part of Kosovo and Metohija.

Table No. 5. Differences in the level of life-satisfaction and hope in regard to the place of permanent residence (Descriptive statistics)

	Permanent residence	N	Mean	Std. Deviation	Minimum	Maximum
	Central Serbia	168	34,3036	6,77	9,00	45,00
	South Serbia	62	34,3871	4,95	22,00	43,00
HOPE	North part of Kosmet	16	32,5625	8,74	14,00	40,00
	Serbian enclaves in Kosmet	227	36,8855	4,82	18,00	45,00
	Total	473	35,4947	5,90	9,00	45,00

Table No. 6. The importance of differences in the level of presence of satisfaction with life and hope, in regard to permanent residence (ANOVA)

		Sum of Squares	df	Mean Square	F	Sig.
	Between Groups	891,05	3	297,017		
HOPE					8,947	,000
	Within Groups	15569,19	469	33,197		
	Total	16460,23	472	0		

DISCUSSION AND CONCLUSION

The results of this research have shown that students in general, have a low average level of registered depression (below clinically significant levels) and mildly expressed anxiety. Nevertheless, there is a disturbing fact that 31,5% of students (see chart 2) suffer from clinically significant (mostly mild) levels of depression, according to the criteria suggested by Lam and the associates (2005). Also, more than half of the examinees (55,4%) have a clinically significant level of anxiety, according to the criteria suggested by Richter and the associates (1998). This kind of data is consonant with some former research of mental health among the young people in Serbia (Dimitrijevic, Randjelovic, 2012). The authors Dimitrijevic and Randjelovic suggest a continuous empirical monitoring of various mental health aspects among young people, as well as the whole range of preventive activities, all in order to improve the positive resources for overcoming the stress among the students. Students are in possession of substantial resources for overcoming the stressful life situations, expressed in the values of some of the aspects of human well-being: global self-esteem, hope and satisfaction with life. These data seem rather optimistic and are in concordance with some of the former results (Minić et all, 2010; Minić et all, 2011; Ranđelović & Minić, 2012). By using their psychological capacity for overcoming the daily life challenges, students on the other hand, have the ability to work actively in order to diminish the level of negative symptoms (anxiety and depression) and to personally be involved in permanent efforts to protect and improve their own mental health.

The results collected and showing the difference in the level of anxiety and depression in regard to the examinee's gender, as well as the differences in the level of hope in regard to the place of permanent residence, may be rather useful to relevant organizations and institutions dealing with mental health issues. Hence, having in mind these and other results collected during this and other researches dealing with the same issue, the authorities could organize individual programs for protection and measures of primary prevention for the purposes of mental health. But, besides those individual, there are collective measures to be thought about, such as free psychological clinics for young people, seminars and round tables, all dealing with various issues and aspects of mental health among the youth.

WJEIS's Note: This article was presented at 4th International Conference on New Trends in Education and Their Implications - ICONTE, 25-27 April, 2013, Antalya-Turkey and was selected for publication for Volume 3 Number 2 of IJONTE 2013 by WJEIS Scientific Committee

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