CHAPTER 3

REVIEW OF LITERATURE

A review of literature is an essential part of the research in order to justify the selection of variables, to study the trends of previous researches and to finalize the general framework of the investigation. Studies related to the current problem are reviewed in this section and have been categorized as follows:

3.1 Mental health
3.2 Mental health and financial difficulties
3.3 Mental health and Gender differences
3.4 Mental health and Depression
3.5 Mental health and Anxiety
3.6 Mental health and Stress
3.7 Mental health and Quality of life
3.8 Mental health and Self-esteem
3.9 Mental health and Social support

3.1 Mental health

Mental health is defined as, “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution” (WHO, 2004).

According to the American College Health Association–National College Health Assessment a national survey (2013) out of approximately 20,500 college students on 39 campuses, approximately forty four percent of the students reported ‘feeling depressed’ and ‘felt difficult to function’ at least once in the past twelve months. More than 3,200 university students were diagnosed as having depression. One-tenth of the students admitted “seriously considering attempting suicide” and only two percent were those who actually attempted suicide during the period of past twelve months.
Eisenberg, Gollust, Golberstein, and Hefner (2007) investigated 2,843 university students. Results divulge that most of the students were dealing with mental health difficulties. No significant differences emerged on depression across gender. Anxiety disorders were twice as prevalent among female as compared to male students.

Warbah, Sathiyaseelan, Kumar, Vasanthalraj, Russell, and Jacob (2007) conducted a study on 145 nursing students from Christian Medical College, Vellore, India, and found that one fifth of the students reported high scores (>4) on General Health Questionnaire which displays a higher probability of psychological distress and psychiatric morbidity among students.

Uner, Ozcebe, and Telatar (2008) reported that in a sample of 2588 university students, approximately sixty percent of the students display poor mental health according to the GHQ-12 scores. Researchers reported that negative events increased the risk of having mental health difficulties.

According to the American College Health Association–National College Health Assessment –Reference Group Executive Summary, Spring (2009) out of 80121 students sixty eight percent males communicated about “feeling overwhelmed by all they had to do” at least 1-10 times in the past one year and sixty five percent of females reported the same. Sixty five percent males and thirty five percent females reported “feeling exhausted”, nearly sixty percent males and seventy percent females reported “feeling very sad”. Forty six percent males and fifty seven percent females reported “feeling things were hopeless”. Approximately, one-third males and more than one-third females reported “Feeling so depressed it was difficult to function”.

Nordin, Talib, Yaacob, and Sabran (2010) conducted a study on 1229 University students and revealed that one third of the students demonstrated symptoms of mental health problems. Male students show better mental health than female students.

Stallman (2010) investigated 6479 students from Australian universities and observed that eighty four percent of the students were suffering from higher level of distress and mental health difficulties. Results also testify that female students (54.9
percent) demonstrated marginally higher distress level than male students (52.9 percent).

Backović, Maksimović, Davidović, Zivojinović and Stevanović (2013) reported that more than half of the students perceive frequent feeling of psychic tension, and one third have problems of insomnia. Nearly one-half of students assessed their general stress level as moderate or high. The scores of GHQ-12 were above the threshold in fifty six percent of all students. Mental health problems among students were most significantly associated with stressful experience during exams and contacts with teaching staff.

Mokhtari et al. (2013) surveyed 1632 female university students to assess mental health problems among them. Findings of the survey on the basis of GHQ-28 revealed that three percent students were suffering from somatic symptoms, one-tenth were suffering from social dysfunction, more than one-tenth suffering from anxiety, and fourteen percent suffering from depression. Survey also revealed that less than half of the students had a low level of mental illness, and forty three percent of the students were prone to physical or mental disorders. Anxiety and depression were found to be more common among female students than other kinds of mental health problems.

Dalal and Bala (2013) studied 152 students and reported that fourteen percent students were suffering from hypertension. GHQ-12 scores revealed that more than one-fourth students were suffering from stress. Results also revealed that girls suffer from poor mental health as compare boys.

Manjunath and Kulkarni (2013) conducted a study on 211 students to assess their mental health status and indicated that less than one-third students were suffering from poor mental health as per the score on GHQ and forty percent students show depressive symptoms (CES-D). Results also show the significant association between age of the subject, mental health, and depression.

Kittu and Patil (2013) assessed mental health of 235 students. They found that out of the total sample eighty one percent students concluded that they were “not able to face problems”, two-third students were “unable to enjoy normal activities”, sixty two percent were “not able to make decisions”, more than half were “not able to play useful part”, more than half were “unable to concentrate”, fifty four percent were
“feeling constantly under strain”. Less than half of the students exhibit symptoms like unhappiness and depression, forty two percent students were “not able to overcome difficulties”, one-third students reported that they “had problems in sleeping when worried”, twenty six percent reported “losing self-confidence” and one-forth students reported “thinking worthless”.

Nami, Nami, and Eishani (2014) studied mental health of 289 students (133 girls and 156 boys) of humanities from University of Agriculture and Engineering using GHQ-28. Results show that more than one-third students were suspected of having mental disorders. Results also indicated that female students significantly suffer more somatic symptoms and anxiety than male students.

Makhal et al. (2015) conducted a study to assess the psychiatric morbidity and the factors affecting mental health of students from North Bengal Dental College, West Bengal, India using GHQ-28. Results revealed that more than half of the participants exhibited psychiatric symptoms. Results also show that non-psychiatric morbidity was high among students. Significant correlations were found among the GHQ total score and independent variables viz. academic achievement and presence of experiences that had influenced psychosocial well-being in the last year. Positive and negative events emerged as the sole significant predictors of psychiatric morbidity among students.

Sarmento (2015) developed mental health profile of 1031 higher education students and found that one-third of the students were suffering from emotional disorders. Fifteen percent students were suffering from anxiety disorder and six percent students were suffering from depression.

Konjengbam, Laishram, Singh, and Elangbam (2015) conducted a cross-sectional study in Regional Institute of Medical Sciences, Imphal on two hundred ninety nine (N=299) undergraduate students to assess the psychological morbidity among them. GHQ scores revealed twenty nine percent students showed psychological morbidity. It was also observed that psychological morbidity was found prominent among those students who themselves rated their health as not good.

Researchers reported no significant gender differences among students on mental distress.

Mutarlik, Moni, Choudhari, and Bhogale (2016) conducted a study on one hundred and thirty three (N=133) undergraduate students studying in Government First Grade College, Bagalkot, India. Results reveal that sixty nine percent students were significantly suffering from emotional distress where three-fourth of them were male. Sixty five percent of the female students were suffering from emotional distress.

Bute, Bachhotiya, Arora, and Kori (2016) also found that out of the sample of 737 students, sixty five percent were screened positive for poor mental health as per GHQ scores. Sixty six percent males and sixty three percent females were suffering from mental health difficulties.

Yuvaraj, Poornima and Rashmi (2016) conducted a cross-sectional study on 210 students and found that less than half of the participants show some mental health difficulties, and twenty seven percent were classified as suffering from poor mental health.

Bastaminia, Hashemi, Alizadeh and Dastoorpoor (2016) also conducted a cross-sectional study on 338 university students. They reported that, as per GHQ scale, two-third of the students were found to be suffering from mental health difficulties; of whom, seventy six percent were suffering from somatic dysfunctions, ninety five percent were suffering from anxiety, and forty one percent exhibit depressive symptoms.

Farahangiz, Mohebpour, and Salehi (2016) conducted a study on 240 medical students and found that more than half of the students scored higher on General Health Questionnaire (GHQ-12) and were categorized as suffering from mental health problems.

Kuhu, Awasthi and Verma (2017) conducted a study on post graduate students from various educational institutions of Varanasi on a sample of two hundred twenty seven students (111 males and 116 females). General Health Questionnaire (GHQ-28) score revealed that female students had greater mental health problems than male
students. Significant gender differences also emerged on somatic and social dysfunction dimension of GHQ-28.

Balapala and Indla (2017) conducted a study among 134 health science students using GHQ-12. They reported that among 134 students, more than one-third students had a score of six on GHQ while one-tenth of the students had a score equal to six on General Health Questionnaire (GHQ) indicating poor mental health.

Parthi and Rohilla (2017) reported that, on GHQ test scores, doctoral students suffer poor mental health as compared to post-graduate students in the sample of 200 students (100 doctoral and 100 postgraduate) using the GHQ-12 scale.

From the above review, it is evident that students often face mental health difficulties, resulting in higher levels of physical and psychological distress. These findings suggest that it is essential to make students aware of the challenges and problems associated with mental health difficulties. In light of the above, the present study aims to understand the issues faced by research scholars in Panjab University, Chandigarh, India.

3.2 Mental health and financial difficulties

Roberts et al. (2000) conducted a study among students to assess their mental and physical health and linked it significantly with financial difficulties among students.

Furr, Westefeld, McConnell, and Jenkins (2001) conducted a study among college students to assess mental health issues like depression and suicidal thoughts among them. Findings of the study reveal that more than half (fifty three percent) of the total participants screened positive for depressive symptoms and one-tenth responded in positive for having suicidal thoughts. One of the major causes for the mental health issues was observed to be financial stress among students.

Nogueira-Martins, Fagnani Neto, Macedo, Cítero, and Mari (2004) investigated one hundred forty six graduate students including 99 from Master’s degree program and 47 from Doctoral program to assess their mental health. Assessment was done with ICD-10 criteria. Findings show that 10.9 percent of the participants were suffering from mild depressive episodes, 9.2 percent showed
moderate depressive episodes, 2.7 percent screened positive for severe depressive episodes, 2.7 percent were diagnosed with anxiety and depression mixed episodes and 19.9 percent diagnosed positive for adjustment disorder-depressive type. One of the major reasons for mental health concerns as highlighted by most of the students was financial difficulties they were dealing with.

Andrews and Wilding (2004) investigated three hundred fifty one (N=351) UK based university students. Findings of the study revealed that 9 percent students show depressive symptoms and 20 percent show significant clinical anxiety symptoms. Financial difficulties were regarded as a cause for mental health issues and poor exam performance.

Cooke, Barkham, Audin, Bradley, and Davy (2004) investigated mental health of 2146 first year, 1360 second year and 1391 third year university students. Researchers observed that financial difficulties prevail more among third year students than first and second year students. It was observed that those who had more financial problems display poor mental health symptoms viz. anxiety, nervousness, sleeping problems, feeling tensed and feeling criticized by others.

Hyun, Quinn, Madon, and Lustig (2006) conducted a study on 3121 students of university in the western United States to examine their mental health. The sample includes 68 percent doctoral students, 22.2 percent master’s students and 8.7 percent from professional courses. Results revealed that 44.7 percent of the students reported having emotional or stress related issues over the last twelve months out of which 13.7 percent reported financial concerns as the major reason for the mental health difficulties they were experiencing.

Richardson, Elliott and Roberts (2013) conducted a meta-analysis on 3314 research papers to study the relationship between debt and mental and physical health. Meta analysis shows a strong relationship between mental disorders viz. depression, suicide attempt or completion, drug dependence, neurotic disorders and psychotic disorders with debt and financial difficulties. They also experience poorer self-rated physical health, long term illness or disability, chronic fatigue, back pain, higher levels of obesity, and poor health related quality of life.
Richardson, Elliott and Roberts (2017) investigated mental health of 454 first year British undergraduate students and found that higher financial difficulties predicted more depression, stress, anxiety and alcohol dependence over time among students.

Parthi and Rohilla (2017) conducted a study on 120 doctoral students in Panjab University, Chandigarh, India, to investigate how financial difficulties impact their mental health. Half of the students were those who were getting fellowships from UGC or other Government organizations and the other half comprised of those not getting any kind of fellowship. GHQ scores revealed that doctoral students who were not getting any kind of financial support in terms of fellowship suffer poor mental health than the research students who are getting fellowship.

In essence, research suggests that financial obstacles or any kind of financial difficulties faced by students has a detrimental impact on the student’s mental health and well-being. Therefore, the present study aims to go beyond the approach of understanding the concept of mental health, and study its relation to financial support.

3.3 Mental health and Gender differences

Gupta and Kumar (2010) conducted a study among 200 students from Kurukshetra University, India. Findings of the study reveal that mean scores of male students are higher than female students which indicated that female students suffer from poor mental health than male students.

Zulkefly (2010) conducted a survey to assess psychological health of Malaysian College Students using General Health Questionnaire on a sample of 386 subjects. Results revealed that male students suffer from poor mental health than female students. Findings of the study also indicated that 47.1 percent students show signs to develop mental health difficulties.

In a similar study, Farahangiz, Mohebpour and Salehi (2010) conducted a cross-sectional study two hundred eight students using GHQ-28. They reported that no significant gender differences emerged on anxiety, depression, social and somatic dimension of GHQ.
Khan and Shirazi (2012) investigated 200 students, 100 studying professional courses and 100 non-professional courses in Aligarh Muslim University, India. They found no significant gender difference among students in any of the groups viz. professional courses and non-professional groups.

Madhan, Rajpurohit and Gayathri (2012) conducted a study on three hundred forty two post-graduate students. Results indicate no significant gender differences on anxiety and stress. However, significant gender differences were found on depression.

Kumar, Talwar and Raut (2013) investigated 120 MBBS students from Government Medical College in New Delhi, India. GHQ scores showed that two fifth of the students (39.7 percent) were suffering from psychological distress. Female students suffer psychological distress (41.6 percent,) more than male students (38.5 percent).

Khan, Ahmed and Khan (2013) conducted a cross-cultural study on 800 students from Aligarh Muslim University, India (n=400) and from Sistan and Baluchistan University, Iran (n=400). GHQ scores revealed no significant gender differences on among the students on mental health in students. Further, no significant interaction effect of gender and country also emerged on mental health dimension.

A cross-sectional study was conducted by Arumugam, Rajendran and Nagalingam (2013) among 478 students in Royapet reported that female students suffer mental health difficulties (7.17 percent) more than male students (6.55 percent). Overall, 14 percent of total participants show higher prevalence of mental health problems.

Pathak (2014) also found no significant gender differences in a study conducted on 90 students (45 boys, 45 girls) from Junagadh city (Gujarat).

Pandey, Adhikari, Verma, and Bhojak (2014) conducted a study on 196 students from Malviya National Institute of Technology, Jaipur, Rajasthan. Results revealed that twenty four percent of the total sample suffers from psychiatric disorders. Significant gender differences also emerged, where female students suffer more mental health difficulties (as per GHQ scores-36.6 percent).

Deka, Deka, Choudhary, Kalita and Bouragohain (2014) investigated mental health among 310 students from Assam Medical College, Dibrugarh, Assam. GHQ
scores found that more male students suffer from poor mental health (27.9 percent) than female students (12.5 percent). Overall, nearly one-fourth of the students display mental health difficulties.

Rajkumar, Sooraj, Sandeep, and Harish (2015) studied psychosocial problems among students of Central University of Karnataka and found no significant gender differences on GHQ score viz. psychosomatic, depression, social dysfunction and anxiety/Insomnia dimensions among students.

Vivekanandan, Aswini and Parthasarathy (2016) investigated 100 students in various colleges in Tiruchirappalli. Researchers found no significant gender differences on mental health among students. Significant difference with respect to age emerged.

A cross-sectional study conducted by Alimohammadzadeh, Akhlaghdoust, Bahrainian and Abasat (2017) on 907 medical students including 128 Doctorate students (biology, health, medical, paramedical, medical engineering, nursing, and midwifery). GHQ-28 was used to assess the mental health of students. The results revealed a significant difference in physical, anxiety, and total scores between female and male students. Whereas no significant differences were found on various dimensions viz. social and depression. Overall, one-fourth of the students were found to be suspected of having a mental disorder.

Kaur (2017) conducted an investigation on 62 college students and inferred that there are significant gender differences in mental health, wherein male students are higher on mental health than female students.

A cross-sectional study was conducted by Kiran, Padma, Pratap, Kalyan, Vineela, and Varma (2017) on 836 students from Telengana. Findings of the study revealed that overall mean score of GHQ among total sample was 26.8 (above the cutoff point i.e. 24). Significant gender difference emerged in the study. Sixty nine percent males and fifty four percent females showed higher level of psychological difficulties as per GHQ scores.

Parthi and Rohilla (2017) found no significant gender differences on GHQ scores in a sample of 120 students from Panjab University Chandigarh, India.

On the basis of the research studies, it can be concluded that gender can serve as a moderator variable in mental health i.e. male and female students tend
to differ on the dimension of mental health. Undoubtedly, the present study is based on the previous research findings, yet has some unique features. The present research extends the study of mental health to a different combination of psychological variables.

3.4 Mental health and Depression

Bennett, Ambrosini, Kudes, Metz and Rabinovich (2005) investigated gender differences in a sample of 383 adolescents on depression. Researchers found that forty seven percent participants screened positive for major depressive disorder and fifteen percent participants met the criteria of minor depressive disorder. Findings of the study also revealed minor gender differences on depression among participants.

In another study, Eisenberg et al. (2007) reported that students from poor socio-economic status were more likely to have poor mental health as compared to students from “well-to-do” families. Also, they reported that both males and females, from poor families are equally likely to screen positive for depression.

Garlow, Rosenberg, Moore, Haas, Koestner, Hendinand and Nemeroff (2008) conducted a study on 729 college students under the “American Foundation for Suicide Prevention College Screening Project at Emory University” to investigate depression, desperation, and suicidal ideation among students using Patient Health Questionnaire. Findings of the study revealed that thirty one percent showed mild depression, thirty percent showed moderate depression and six percent showed severe depressive symptoms.

Bayran and Bilgel (2008) investigated 1,617 students from Uludag University in Bursa, Turkey and found that 21.2 percent students showed mild depressive symptoms (22.6 percent males and 19.9 percent females), 19 percent of the students met the criteria for moderate depression (20.15 percent females and 17.7 percent males), 6.1 percent show severe depression symptoms (5.9 percent females and 6.3 percent males) and 2 percent screened positive for extremely severe depression (1.9 percent females and 2.1 percent females).

Lowe, Lipps and Young (2009) conducted a study to examine the factors causing depression among students in University of the West Indies. The sample consisted of 690 students out of which 252 were from first semester and 438 from
second semester. Scores obtained on “The Brief Screen for Depression” revealed that nearly 40 percent of the students fall under clinically depressed range. Forty seven percent of the first semester students and thirty four percent of the second semester students were found to be clinically depressed. Results reveal that more female students (43 percent) than male students (thirty three percent) were found to be clinically depressed.

Bhasin, Sharma and Saini (2010) conducted a study on two hundred forty two students using Depression Anxiety Stress Scale (DASS-21) and found depression, anxiety and stress to be significantly correlated. Significant gender differences emerged on depression but not on anxiety and stress. Results reveal that more females than males were found to be depressed.

Keyes, Eisenberg, Perry, Dube, Kroenke and Dhingra (2012) investigated 5,689 college students under “Healthy Minds Survey” using Patient Health Questionnaire and observed that half of the participants found positive for major depression, panic disorder and generalized anxiety disorder.

Sahoo and Khess (2012) conducted a study on a sample of 405 students from university and colleges of Ranchi, India. Findings of the study on the basis of DASS-21 revealed that six percent students show mild depression, seven percent show moderate depression, three percent show severe depression and two percent show extremely severe depression. Overall, prevalence of depression was eighteen percent of the sample.

Madhan, Rajpurohit and Gayathri (2012) conducted a study on three hundred forty two post-graduate students. Results indicate no significant gender differences on anxiety and stress. Significant gender differences were found on depression.

LynnReyes-Rodríquez, Rivera-Medina, Ca´mara-Fuentes, Suárez-Torres and Bernal (2013) investigated depression among 2163 students from University of Puerto Rico System using Beck Depression Inventory. Results revealed nine percent of the sample exhibiting depression symptoms of moderate or severe level. Significant gender differences also emerged among students. Eleven percent males and eighteen percent females met the criteria for mild depression. Four percent males and six percent females were found to be moderately depressed, while two percent males and four percent females were severely depressed.
DeVore and Pritchard (2013) studied gender differences on depression and anxiety. They reported significant gender differences on both depression (t=-2.45*) and anxiety (t=-3.05**). Females were reported to have higher means than males.

Similarly, Shamsuddin et al. (2013) conducted a study on five hundred six university students from Malaysia using DASS-21 scale. Results indicate significant gender differences on stress where females scored higher than males. No differences emerged on depression and anxiety.

Verma, Jain and Roy (2014) investigated the magnitude of depression among three hundred twenty one students in Raipur city, India. They found no significant gender differences on depression using Centre for Epidemiological-Depression scale (CES-D). They reported significant difference for depression on residential status (home/hostel), relationship with family (good/poor), and peer pressure (yes/no).

In another study, Xu, Chi, Chen, Qi, Zhang and Yang (2014) assessed depression and its correlated in seven hundred sixty nursing students using CES-D scale. They reported that less academic stress, better academic performance, better interpersonal relationship, and higher self-evaluated score of health status were significantly associated with less depression. Gender, grade, siblings, and family income were not found to be significantly associated with depression. Further, using regression analysis, they found that academic stress and career prospects were the strongest predictors of depression. Additionally, social support viz., effective social support and subjective social support were associated with less depression.

Sharma, Gupta, Khare and Agarwal (2015) conducted a cross-sectional study to assess depression among 440 People’s University students, Bhopal, India using Theoretical Depressive Experiences Questionnaire (TDEQ). Findings of the study reveal that 17.92 percent students show mild depression, 7.07 percent show moderate depression and 6.06 percent show severe depression symptoms. Further, results reveal that one-third males and less than one-third (thirty percent) females met the criteria for depression. Also, 41.5 percent first year students, 34 percent second year students, 19 percent third year students, 22 percent fourth year students and 37 percent internship students were found to be suffering from depression.
Naveen, Swapna, Jayanthkumar and Manjunathan (2015) investigated 304 students from engineering and medical colleges in Bangalore, India. Results revealed that 38.16 percent medical students and 37.5 percent engineering students were suffering from depression. Among medical students, 34.5 percent, 41.3 percent and 24.2 percent show severe, moderate and mild depressive symptoms while among engineering students 36.8 percent, 43.9 percent and 19.3 percent show severe, moderate and mild symptoms of depression respectively on DASS-21.

Sharma and Kirmani (2015) examined depression in a group of 218 students from State Universities of Bangalore including 123 male and 95 female students. Scores obtained from Beck Depression Inventory reveal a significant difference among males and females (t=7.34**) where more females (M= 14.30) than males (M= 11.73) exhibit depressive symptoms.

Similarly, Choi, Ju, Kim, Kim, Kim and Yu (2015) conducted a study on three hundred fifty three university students in Korea. They found no significant gender differences on depression. They reported significant gender differences on anxiety (t=–2.39) where females had higher mean than males. Regression analysis results reveal that peer support and aggression are contributory factors for depression, while for anxiety, gender and aggression were significant predictors.

Mutalik, Moni, Choudhari and Bhogale (2016) investigated depression in 133 students from Government First Grade College, Bagalkot, India. Findings of the investigation revealed that 83.6 percent showed depressive symptoms on DASS-21. 16.4 percent were show mild depression, 21.1 percent were moderately depressed, 28.1 percent were severely depressed and 18 percent demonstrate extremely severe depression symptoms. 90.74 percent males and 78.4 percent females were found to be depressed.

Suresh (2016) assessed depression among two hundred fifty seven students (138 males, 119 females) from MNR Medical College, Sangareddy, Telengana, India using DASS-21. Findings of the investigation show that fourteen percent of the students were suffering from extremely severe depression. Gender differences also exist across all the levels of depression where twenty four percent males and eighteen
percent females were screened positive for mild depression; sixteen percent males and seventeen percent females were moderately depressed; thirteen percent males and six percent females were found to be suffering from severe stress; and five percent males and three percent females were showing symptoms of extremely severe depression.

Yadav, Gupta and Malhotra (2016) investigated mental health in three hundred thirty college students from Medical College, Jhansi, India. Results indicated no significant gender differences on depression among students. Findings of the study also evinced that depression was more prevalent among students who were staying in hostels, with family problems, substance abuse and family history of depression.

Thus, it can be concluded that depression is highly prevalent among student across cultures. It is due to this reason, depression was identified as a variable currently under study. Further, it can negatively impact the mental health of the students, making it vital to study depression in research scholars.

### 3.5 Mental health and Anxiety

Eisenberg et al. (2007) reported that students from poor socio-economic status were more likely to have poor mental health as compared to students from “well-to-do” families. Also, females coming from poor background were twice more likely than males to screen positive for anxiety.

In another study, Bayran and Bilgel (2008) found that, out of the sample of 1671 university students, 12.7 percent show mild anxiety symptoms (12.8 percent females and 12.7 percent males), 26.3 percent represented moderate anxiety symptoms (28.4 percent females and 23.5 percent males), 14.5 percent met the criteria for severe anxiety (15.5 percent females and 13.4 percent males) and 6.3 percent screened positive for extremely severe anxiety (6.5 percent females and 6.1 percent males).

Hashmat, Hashmat, Amanullah and Aziz (2008) investigated anxiety among two hundred students in Karachi. Researchers found significant gender differences on anxiety (p=0.05) wherein females (M=72) had higher mean than males (M=64). Results revealed that extensive course load, lack of physical activities, improper nutrition intake, weight consciousness, irrational thoughts about examination and
results, negative thinking and self criticism were major contributory factors for anxiety.

Deb, Chatterjee and Walsh (2010) assessed anxiety among 460 students (220 males, 240 females) from Kolkata, India using State Trait Anxiety Test. Results show that prevalence of anxiety was 20.1 percent among male students and 17.9 percent among female students.

Rakhee and Arpana (2011) studied anxiety disorders among hundred students in Trivandrum district, Kerala, India. Results indicated significant gender differences on total anxiety score at 0.01 level of significance, wherein, females (M=30.2) scored higher mean than males (M=24.81).

Sahoo and Khess (2010) also found that in the sample of 405 students, 5.4 percent show mild anxiety, 12.3 percent screened positive for moderate anxiety, 1.5 percent met the criteria for severe anxiety and 5.2 percent were found to be suffering from extremely severe anxiety.

Yusoff, Rahim, Baba, Ismail, Pa and Esa (2013) conducted a cross-sectional study among 743 students in Malaysia. DASS-21 scores revealed that 8.05 percent students were suffering from extremely severe anxiety, 12.3 percent show severe symptoms of anxiety, 34.2 percent fall under the category of moderate anxiety and 11.9 percent met the criteria for mild anxiety.

Singh and Jha (2013) assessed anxiety among 346 college students from Uttar Pradesh, India using Sinha’s Comprehensive Anxiety Test (SCAT). Findings of the study revealed that, in all, 22 percent students show very high level of anxiety, and 24 percent show high level of anxiety. Among male students, 23 percent met the criteria of high and 24 percent demonstrated very high level of anxiety. In females, 22 percent had high anxiety and 24 percent exhibit very high symptoms of anxiety.

Mary, Marslin, Franklin and Sheeba (2014) conducted a study to assess anxiety in 100 students in Tamil Nadu, India. Results show a significant difference among male and female students where mean score for males (M=69.02) was higher than the females (M=59.30).

Tomsa, Ortiz, Sedano and Jenaro (2014) assessed anxiety level among 137 students from University of Bucharest using GHQ-28 and Beck Anxiety Inventory.
Results indicated that 31.40 percent students were suffering from severe anxiety and 30.66 percent students obtained clinical scores on anxiety-insomnia dimension.

Furthermore, Reghuram and Mathias (2014) studied one thousand students from Mangalore for anxiety and professional adjustment. Using chi-square analysis, they found significant gender differences on anxiety at 0.01 level of significance.

Sharma and Kirmani (2015) investigated anxiety among 218 university students from Bangalore, India using Beck Anxiety Inventory and observed gender significant differences among students (t=6.29**), where female students show more anxiety symptoms (M= 20.19) than male students (M=16.5).

Naveen, Swapna, Jayanthkumar and Manjunathan (2015) assessed anxiety using DASS-21 among 304 students from professional colleges in Bangalore, India and found that 46.71 percent medical students and 52 percent engineering students were suffering from anxiety. Among medical students 36.6 percent were suffering from severe anxiety, 33.8 percent from moderate anxiety and 29.6 percent were suffering from mild anxiety symptoms. Among engineering students, 35.4 percent show severe symptoms of anxiety, 40.5 percent fell under moderate level of anxiety and 24.15 percent show mild anxiety symptoms respectively.

Similarly, Choi et al. (2015) conducted a study on three hundred fifty three university students in Korea. They found no significant gender differences on depression. They reported significant gender differences on anxiety (t=-2.39) where females had higher mean than males. Regression analysis results revealed that peer support and aggression are predictors for depression, while for anxiety, gender and aggression were significant predictors.

Suresh (2016) reported that in the study conducted on 257 students in Telengana, 19.84 percent of the participants were extremely depressed. Scores on DASS-21 also indicated that 22.46 percent males and 27.73 percent females show mild anxiety, 17.39 percent males and 10.92 percent females exhibit moderate anxiety symptoms, 15.21 percent males and 9.24 percent females report severe anxiety while 11.59 percent males and 2.52 percent females met the criteria of extremely severe anxiety.
Mutalik et al. (2016) assessed anxiety in a sample of 133 students using DASS-21. They found that prevalence of anxiety was 92.2 percent among the students. 5.5 percent show mild anxiety, 17.2 percent screened positive for severe stress and 36.7 percent demonstrate extremely severe symptoms of anxiety. Nearly all the males and 86.48 percent females were suffering from anxiety.

Raut and Mundada (2016) conducted a study to assess prevalence of anxiety in a sample of 120 students from Jalgaon city, India using Bharadwaj, Sharma and Bhargava Comprehensive Anxiety Test. They observed significant gender differences among students where female students scored higher on anxiety test (M=39.01) than male students (M=30.65).

Yadav, Gupta and Malhotra (2016) investigated mental health in three hundred thirty college students from Medical College, Jhansi, India. Results indicated no significant gender differences on anxiety among students. Findings of the study also indicate that depression was more prevalent among students who were staying in hostels, with family problems, and had substance abuse issues.

Bhattacharya et al. (2017) conducted another study to determine the predictors of mental distress. Using multiple logistic regression analysis, they reported that female gender, absence of hobby, sleeping less than eight hours, and poor relationship with friends increased the ‘odds of anxiety’.

Balapala & Indla (2017) investigated 134 students from University Tunku Abdul Rahman in Malaysia. Findings of the study revealed that the prevalence of anxiety among students as per Depression Anxiety Stress scale was 11.2 percent. More than one-fifth students (11.2 percent) show mild anxiety and 14.93 percent fell under the level of moderate anxiety. No case of severe anxiety was found in the sample.

In a nutshell, research evidence suggests that anxiety is highly prevalent among students across cultures owing to factors like academic stress, academic performance, career prospects, financial challenges and the like. Since anxiety can negatively impact the mental health of the students, it was identified to be studied in relation to mental health in the present sample.
3.6 Mental Health and Stress

Khan, Mahmood, Badshah, Ali and Jamal (2006) conducted a cross-sectional study on 142 college students from Karachi, Pakistan to assess anxiety using Aga Khan University Anxiety and Depression Scale (AKUADS). Results reveal that approximately 70 percent of the participants were suffering from anxiety.

Bayran and Bilgel (2008) assessed 1617 university students and observed that 21.2 percent showed mild level of stress (23.5 percent females and 18.5 percent males), 20.1 percent found positive for moderate stress (21.5 percent females and 18.5 percent males), 6.1 percent show severe stress symptoms (6.2 percent females and 5.7 percent males) and 0.8 percent found to be suffering from extremely severe stress (0.8 percent females and 0.8 percent males).

Bhasin, Sharma and Saini (2010) conducted a study on two hundred forty two students using Depression Anxiety Stress Scale (DASS-21) and found depression, anxiety and stress to be significantly correlated. Significant gender differences emerged on depression but not on anxiety and stress. Results reveal that more females than males were found to be depressed.

Sahoo and Khess (2010) also found that in their sample of 405 students from university and colleges of Ranchi, India. 7.1 percent show mild stress symptoms, 6.0 percent show moderate stress, 5.5 percent were severely stressed and 2.05 percent were suffering from extremely severe stress.

Reang and Bhattacharjya (2013) conducted a study on 146 students from Agartala Government Medical College and Govinda Ballabh Pant hospital and observed that 51.4 percent students show mild symptoms of stress, 32.2 percent show moderate symptoms of stress and 11 percent show severe symptoms of stress. No significant gender differences emerged on stress among students.

Yusoff et al. (2013) assessed 743 students from Malaysia using DASS-21. They observed that 9.7 percent students show mild symptoms of stress, 2.8 percent were moderately stressed and 0.8 percent was severely stressed. Pozos-Radillo, Preciado-Serranoa, Acosta-Fernández, Aguilera-Velasco, and Delgado-García (2014) assessed stress among 976 students from public university in Guadalajara, Mexico.
Results indicate that 35.3 percent students show chronic stress, 44.8 percent were moderately stressed and 19.9 percent show the symptoms of mild stress.

Similarly, Shamsuddin et al. (2013) conducted a study on five hundred six university students from Malaysia using DASS-21 scale. Results indicate significant gender differences on stress where females scored higher than males. No differences emerged on depression and anxiety.

Naveen, Swapna, Jayanthkumar, and Manjunathan (2015) conducted a study on 304 students from engineering and medical colleges in Bangalore, India using DASS-21 to assess stress among them. Findings of the study revealed that 32.89 percent medical student and 32.90 percent engineering students were stressed out of which 36.6 percent of medical students display severe symptoms of stress, 33.8 percent show moderate level of stress and 29.6 percent show mild level of stress. Among engineering students, 35.4 percent, 40.5 percent and 24.1 percent screened positive for severe, moderate and mild level of stress respectively.

Beiter et al. (2015) conducted a study among 374 students from University of Steubenville, Ohio to assess the prevalence of stress using DASS-21. Findings indicated that three percent of the sample show the symptoms of extremely severe stress, eight percent was suffering from severe stress, fifteen percent was moderately stressed and twelve percent show mild symptoms of stress.

Kaur and Maheshwari (2015) investigated stress among 100 students from nursing colleges of Panjab, India using DASS-42. Results indicated that 3 percent of the students showed extremely severe stress, 6 percent were severely stressed, 26 percent were suffering from moderate level of stress and 15 percent fell under level of stress.

Suresh (2016) investigated a study on 257 students from Telengana, India and observed that 14.78 percent students were suffering from extremely severe level of stress. 19.56 percent males and 27.73 percent females were dealing with mild level of stress, 12.31 percent males and 11.76 percent females were moderately stressed, 15.94 percent males and 3.36 percent females were severely stressed and 6.25 percent males and 2.52 percent females were suffering from extremely severe stress.

Mutalik et al. (2016) assessed stress among 133 college students from Bagalkot and found 71.1 percent prevalence of stress in students. Results also show
that 21.9 percent, 25 percent, 21.9 percent, 2.3 percent of the students fell under mild, moderate, severe and extremely severe levels of depression. 79.62 percent males and 64.86 percent females were stressed.

Swaminathan, Viswanathan, Gnanadurai, Ayyavoo and Manickam (2016), investigated prevalence among students from SRM Medical College Hospital & Research Centre, Kattankulathur, Chennai, Tamil Nadu. Findings of the investigation show that 71.4 percent of the sample was moderately stressed while 10.9 percent was suffering from high level of stress as per the PSS-10 questionnaire.

Kalra, Mutalik, Vinod, Moni, Choudhari and Bhogale (2016) conducted a study to assess perceived stress in 100 students from Bagalkot using PSS and observed that 42 percent of the students were suffering from extremely high level of stress, 28 percent met the criteria for high level of stress, 16 percent were moderately stressed and 12 percent of students display symptoms of mild stress.

Balapala and Indla (2017) investigated 134 students from University Tunku Abdul Rahman in Malaysia and assessed stress level among them using DASS scale. Results showed that the prevalence of stress among students was 5.22 percent where 4.5 percent were severely stressed 0.75 percent showed moderate symptoms of stress and 5.2 percent fell under the level of mild stress.

All of these results suggest that it is essential to make students aware of the problems associated with academic stress. Greater emphasis should be placed on stress management, counseling and mindfulness based activities. Since stress is highly correlated with depression and anxiety, and often at the root of mental distress, it was included as an independent variable in the present study.

3.7 Mental Health and Quality of life

Zaki (2008) investigated quality of life and self-esteem among 200 Isfahan University students including 100 males and 100 females using Missoula-vitas Quality of Life Index (MVQOLI) and Rubson's Self-Esteem Questionnaire. Results indicated a significant relation between self esteem and quality of life ($r=0.48$). Findings of the study revealed no significant gender differences on self-esteem and quality of life among students.

Ilias and Nor (2012) assessed relationship between quality of life, academic behavior and motivation among students 76 students (36 males 40 females) from
Teachers’ Training Institute, Malaysia. Results indicated significant relationship between quality of life and academic behavior \((r=0.344)\) and quality of life and motivation \((r=0.291)\).

Edvy (2013) conducted an investigation among 479 university students from Pannon University, Hungary to study indicators of quality of life among students. Total quality of life covered various dimensions viz. “health related quality of life”, “physical dimension of health”, “psychological dimension of health”, and “health-protected lifestyle”. Scores obtained by students on psychological dimension was lower than non-student population. Gender difference also existed on psychological dimension where males were better on psychological dimension than females. Student population scored less on depression test than non-student population whereas females scored higher on depression. Results also indicated that student population reported lesser than non-students population when asked about feeling of hopelessness. Findings also reveal that students and non-student population obtained similar scores on “self reported health status”, but significant gender differences emerged where females rated their health less favorable than males. No significant gender difference emerged on “work-ability” dimension. Findings of the investigation also show that physical indicators and psychological indicators contribute 22.8 percent and 9.8 percent respectively to the quality of life.

Osman (2013) conducted a study on 239 students from Malaysia using WHOQoL-BREF. Results indicated that average score obtained by students on physical health dimension was 13.14, psychological health dimension was 13.87, social relationships was 13.19 and environmental domain was 13.97.

Heidari, Majdzadeh, Pasalar and Nedjat (2014) assessed quality of life of medical students in Tehran University WHOQOL-BREF. Results show that students scored highest on social relationship dimension (male, M=14.13; female, M=13.41), lowest on environmental health dimension (male, M=13.05; female, M =13.29). On the physical health dimension, males scored mean of 13.21 and females scored mean of 13.51. On psychological health dimension, males scored mean of 13.87 and females scored mean of 13.73.

Deka, Jangid, Deka, Choudhary, Kalita and Buragohin (2014) studied quality of life among 310 students (222 males and 88 females) in Assam Medical College, Dibrugarh, Assam, India. Results indicated that mean score obtained by second year students was 63.87 followed by third year students (M=64.63), forth year students
(M=61.30) and fifth year students (M=62.57). Results also show that 23.54 percent students were suffering from poor mental health according to the GHQ score. Statistically significant result also emerged on correlation between GHQ and quality of life.

Bastaminia, Fakhraie, Alizadeh, Asadi and Dastoorpoor (2016) assessed quality of life among university students of Yasuj, Iran using WHOQOL-BREF. Findings show that students scored highest on physical health dimension of quality of life (M=69.2) and lowest on environmental dimension of quality of life (M=51.2). Total quality of life mean score was 72.6. Mean score obtained on social relationships was 68.6 and on mental health was 67.8.

Assana, Laohasiriwong and Rangseekajee (2017) conducted a cross-sectional study on 227 students including 40 males and 187 females from university college, Norway to investigate quality of life, stress and sense of coherence among them. Findings of the study shows that quality of life was negatively associated with stress and socioeconomic status but was not significantly associated with socio-demographic variables.

Ribeiro, Pereira, Freire, Oliveira, Casotti and Boery (2017) conducted a systematic review on quality of life and stress among university students and concluded that quality of life is negatively associated with stress because of physical and mental health deterioration. Factors like burnout sleep disorders and depression also emerged to negatively effect quality of life among university students.

Assana, Laohasiriwong and Rangseekajee (2017), studied quality of life among 1112 students from Thailand using WHOQOL – BREF and observed that 36 percent students enjoy high quality of life.

The above review suggests that quality of life is an indicator of the satisfaction with life. The better one perceives one’s quality of life to be, the better will be the mental health and well-being of the individual. Thus, the present study aims to investigate the interplay of quality of life with mental health and other variables.

3.8 Mental Health and Self-esteem

Ghezelbash, Rahmani, Peyrovi, Inanloo and Shekarchian (2015) investigated self-esteem in a sample of 400 students in Universities of Medical Sciences in Tehran. Coopersmith Self-esteem Inventory was used to assess self-esteem. Findings of the
investigation indicated that the average score on the total self-esteem score (p=0.5), and on other dimensions of self-esteem viz, personal (p=0.3), social (p=0.5), parental self-esteem (0.5) among first and fourth year students was not statistically different. Students obtained highest score on social self-esteem. Results also show that students studying in first and fourth year possessed highest level of social self-esteem. Also, students from fourth year presented highest levels of parental and academic self esteem as compared to the students studying in other academic years.

Ümmet (2015) assessed self-esteem among the sample of 342 college students. Results indicated a significant difference among students on self esteem where male possessed higher self-esteem (M=89.05) than female students (M=86.91). Findings also show that relatedness need and autonomy need significantly and positively predict self-esteem among students.

Mustafaa, Melonashib, Shkembib, Besimic and Fanajb (2015) conducted a study to assess self-esteem and anxiety among university students from Kosovo and Albania using Rosenberg self-esteem scale and Zung Self-Rating Anxiety Scale. Results show that out of the total sample, 1.6 percent of Kosovo students and 6.3 percent of Albania students reported low self esteem. Findings also indicated that self-esteem and gender was negatively and statistically significantly correlated with anxiety.

Bibi, Saqlain and Mussawar (2016) assessed self-esteem and emotional intelligence among students. The sample consisted of 250 university students including 100 boys and 150 girls studying in Foundation University Rawalpindi Campus, Islamic International University Rawalpindi, Preston University and Fatima Jinnah Women University. Results indicate significant correlation between self-esteem and emotional intelligence (r= 0.82), no significant difference emerged on self esteem among male (M= 84.01) and female (M=84.7) students whereas significant gender difference was observed on self-esteem among students where females were found to be higher on emotional intelligence (M=64.5) than males (M=47.4).

Vijay and Kadhiravan (2016) conducted a study to assess self-esteem, personality, and academic procrastination among university students. The sample consisted of 150 students from Periyar University, Tamil Nadu, India. Results show a significant negative relationship between self-esteem and academic procrastination among students.
Dhillon, Dhawan, Ahuja, Kalyani and Papneja (2016) investigated the factors influencing self-esteem among female students from Delhi, India using Rosenberg Self-Esteem Scale. Findings indicated that 53.12 percent students were found to have high self-esteem and 46.88 percent were identified to have low self-esteem. Results also show the factors influencing self-esteem were “Poor academic self-efficacy”, “teasing by peers”, “dissatisfaction with physical appearance”, and “family conflict” and “gender discrimination in the family”.

Bhat (2017) conducted as study among seventy five students on self-esteem using the Rosenberg Self Esteem scale. Results indicated statistically significant gender difference between students. It was found that male participants were higher (Mean=32.45) as compared to female participants (Mean=24.40). Statistically significant correlation was also observed between self esteem and social support.

Similarly, Smink et al. (2018) conducted a study on self-esteem among 1,007 participants using The Self-Perception Profile for Children (SPPC, Harte, 1982). Results show that statistically significant gender difference emerged on ‘physical appearance’ dimension of self-esteem where males were found to be higher than females. However, no significant gender differences emerged on global acceptance; academic competence; and global self-esteem dimensions.

To summarize, the higher the self esteem, the better the mental health of the individual. In light of these findings, the present study aims to investigate the relationship between self-esteem and other variables under study.

3.9 Mental Health and Social support

Yasin and Dzulkifli (2010) examined the relationship between perceived social support and psychological problem in a sample of 120 university students. The Social Support Behavior (SSB) scale and DASS-21 was used to study perceived social support and psychological problems among students. Study found that statistically significant correlation emerged between social support and depression (-0.66), anxiety (-0.70) and stress (-0.71) which indicated that perceived social support moderate the intensity of psychological problems.

Ramezankhani, et al. (2013) conducted a study on perceived social support, depression, and perceived stress in Shahid Beheshti University of Medical Science on a sample of 390 students. Zimet Multidimensional Perceived Social Support Scale was used to study perceived social support. Results indicate that mean score obtained by students on perceived social support was 28.32 and highest mean score was 48.
Statistically significant correlation emerged between perceived stress and perceived social support ($r=0.33$). Results also show that the average score on perceived social support among students was 25.43±9.41 by varying the degree of depression and 31.19±8.83 with no symptoms of depression which indicated statistically significant difference.

Mahanta and Aggarwal (2013) conducted a study on the effect of perceived social support on life satisfaction. The sample comprised of 100 students from University of Delhi, India. Results revealed that out all the dimensions of perceived social support, no significant gender difference was found on the dimension “perceived social support from family”, significant gender difference emerged on the dimension “perceived social support from friends”, where female students (19.34) perceive more social support than male students (17.98). Significant correlation also emerged between perceived social support and life satisfaction among university students.

Zhou, Zhu and Cai (2013) conducted a cross-sectional study on perceived social support, perfectionism, depression and anxiety in a sample of 426 college students using Zimet multidimensional perceived stress scale and DASS-21. Results indicate that perceived social support was significantly correlated with depression and anxiety. Findings of the study also show that perceived social support moderated the impact of perfectionism upon depression and anxiety among students.

Talwar (2016) investigated the effect of perceived social support on stress and depression in a sample of 254 university students from Malaysia using Zimat multidimensional perceived social support scale and DASS-21. Results indicate that perceived social support significantly moderate the effect of stress and depression. Findings of the study also show that perceived social support is negatively related to depression. Interaction between perceived social support and stress predicted depression among university students.

Tamannaeifar and Behzadmoghaddam (2016) studied the relationship between life satisfaction and perceived social support in a sample of 368 students including 214 females and 154 males from the University of Shahid Beheshti using Zimet multidimensional Perceived Stress Scale and Diner Life Satisfaction Scale. Findings of the study indicated that 14.3 percent students fell under lower limit of overall perceived social support, 72.6 percent met the criteria for average limit and 13.0 percent matched the upper limit. Across various dimensions of social support, on
“Family Support” 27.1 percent, 59.3 percent and 13.6 percent showed lower, average and upper limit respectively. On “Friends Support” 15.6 percent, 27.1 percent and 13.4 percent indicated lower, average and upper limit respectively. On “Important people’s support” 15.1 percent, 67 percent and 17.9 percent fell under the categories of lower, average and upper social support respectively. Significant correlation also emerged between life satisfaction and perceived social support among students (r=0.41).

Ullah (2017) conducted a study in a sample of 311 students from Aligarh Muslim University on perceived social support, personality and well-being. Zimet multidimensional scale was used to assess perceived social support. Results show that all the dimensions of perceived social support (family, friends and significant others) and personality factors (neuroticism, extraversion, openness and consciousness) altogether predict psychological wellbeing with 33.9 percent among total sample, 37.5 percent among male students and 38.7 percent among female students.

Bukhari and Afzal (2017) conducted a cross-sectional investigation to study perceived social support as the predictor of psychological problems among students. The sample consisted of 200 students (100 males and 100 females) who were selected from various universities of Karachi, Pakistan. Zimet and DASS-21 were used as tools for assessment. Results indicated that perceived social support contributed 6.5 percent variance in depression level, 2 percent variance in anxiety level and 0.07 percent in stress level among students. Perceived social support statistically significantly predicted depression and anxiety with β=-0.255 and β=-0.157 respectively.

Gülaçt (2017) studied the effect of perceived social support on subjective well-being in a sample of 87 students including 33 males and 54 females studying in Erzincan University using Zimet Multidimensional Perceived Social Support Scale. Results show that social support “from family”, significantly predicted subjective well being among students (β=0.306).

Aydin, Kahraman, and Hiçdurmaz (2017) examined perceived social support and psychological well-being among students using Zimet Multidimensional Perceived Social Support Scale. The sample consisted of 300 nursing students. Results indicated that the average score obtained by the students were 64.00, 21.00, 23.00, and 21.00 on perceived social support and subscales viz. family support, special person and friends support respectively. Results also show that third year
students scored higher on family, friend and special person support (KW=8.37, 13.29, 20.14 respectively) than first year students. Significant relationship was also found between perceived social support and psychological well-being. Findings of the study showed that as the support received from family increases, positive relationship with others (r=0.524), autonomy (r=0.135), self-acceptance (r=0.295) and life purpose (r=0.225) also increases.

Vungkhanching, Tonsing and Tonsing (2017) studied perceived social support among students. The sample of 234 students of third year and fourth year was selected from a large public university in central California using Zimet Multidimensional Perceived Stress Scale as a tool. Results showed that perceived social support from family, friend and significant other was significantly correlated with depression (-0.25, -0.21 and -0.22 respectively), anxiety (-0.21, -0.16 and -0.16 respectively) and with stress (-0.26, -0.13 and -0.20). Significant gender difference also emerged on perceived social support from friends where female students perceive more support from friends (M= 5.18) and significant others (M= 5.74) than male students where mean score for friends was 4.31 and for significant others was 5.06 respectively. This showed perceived social support low the severity of depression, anxiety and stress levels among students.

Thus, it can be concluded that social support is positively associated with mental health. Findings also suggest that males and females tend to perceive social support differently. However, social support does not work in isolation. Therefore, the present study aims to investigate how social support interacts with the other variables under study.

The above review suggests that there are some interesting associations between various mental health, and positive and negative psychological variables. Nevertheless, the review of literature on mental health does not provide a comprehensive view of the role of psychosocial variables in mental health. Majority of the studies have focused on understanding the association of mental health with the variables like depression, anxiety and stress. A few researches have focused on studying the positive aspects as well. No research was identified that aims to understand mental health with a combination of the two. Therefore, the purpose of the study is to provide insight into the nature of mental health variables.