**A New Dawn of Hope for Students:**

**Nkumba University develops a new Psychological Instrument.**

The development and validation of a new multidimensional psychological instrument that measures psychosocial problems among university students, code named the **U**niversity **S**tudents **E**valuation of **P**sychosocial **P**roblems (USEPP) designates an important milestone in the field of mental health and scientific research in Ugandan universities.

The USEPP was developed and validated by Nsereko Norman David in a PhD study supervised by Prof Seggane Musisi and Dr. Janet Nakiggude at Nkumba University in 2014 (Nsereko, 2014). The study was entitled “Evaluating psychosocial problems among university students in Uganda: scale development and validation”.

This unique contribution from a developing world with notable paucity of scientific research on mental health (WHO, 2001) especially among the student population offers an alternative understanding and assessment of mental health issues among the student population. It thus informs that vulnerability to mental health illness among university students ought to be considered via a multidimensional approach. Emotional, antisocial behavior, academic problems and traumatic experiences among the students constitute significant risk factors to the development of mental health problems. Thus, mental health intervention in the student world ought to introduce and integrate multidimensional assessment tools and subsequent treatment approaches (Nsereko & Musisi, 2014).

**Introduction: Description of USEPP**

The University Students Evaluation of Psychosocial Problems (USEPP)is a multidimensional, self-administered psychological instrument measuring psychosocial problems among university students. It discriminates university students with or without psychosocial problems and it can predict psychological distress (Nsereko, Musisi, & Holtzman, 2014a; Nsereko, Musisi, Nakigudde, & Ssekiwu, 2014b).

The psychometric properties of USEPP namely, the scale structure, reliability and validity were demonstrated by two studies of diverse respondents. The first study involved 54 key respondents who included purposefully selected individuals of the following categories of people; university lecturers, the university student leaders, hostel/residence staff, students, and medical staff. These were selected from three different purposefully chosen universities in Uganda. The second study involved 2400 non-clinical undergraduate students randomly chosen for both Exploratory Factor Analysis and Confirmatory Factor Analysis.

The study was an exploratory, descriptive, cross-sectional survey and consisted of two phases of data collection: formative qualitative and quantitative techniques in the development and validation of the instrument. A rational-empirical approach was employed toward creating a psychometrically sound instrument focused on the unique contextual experiences of university students in a developing country.

The current instrument has undergone a series of factor, reliability and validity analyses. The 17 items tool is composed of four subscales that measure emotional, antisocial, academic problems and traumatic experiences as predictors of psychosocial problems among university students. Each item is rated on a scale from 0 (not at all) to 3 (strongly agree). Therefore, a minimum score is 0 and a maximum score is 51. An individual is asked to indicate his/her level of agreement with the items that are the current concerns to him/her.

Scores below a given cut- off value (diagnostic index) are interpreted as normal in psychosocial functioning.Normal psychosocial status is more appropriate with lower scores. Higher scores from a cut off score point are interpreted as problem scores of mild to severe levels of psychosocial functioning. Higher scores would therefore indicate manifest problems on a given area represented on the scale. It also predicts psychological distress among university students with psychosocial problems.

The scale takes between five to ten minutes to score. The instrument can be used by trained mental health workers such as counsellors, clinical psychologists, psychiatrists, social workers, psychologists etc. at university counselling centers, health facilities etc.. Private mental health practitioners and researchers etc. can apply the instrument.

The use of the instrument in other settings outside the developing world will enable its properties to be better understood and its generalizability to wider groups to be clearer.

It is my desire that this instrument becomes a vivid reality in institutions of higher learning in the effort to promote mental health on our campuses and as a tool to further research in students’ mental health. Those who plan and are directly concerned with the Health and Education sectors of the country ought to interest institutional administrators etc. to consider this instrument as part of their agenda.

**Students’ mental health status**

During the validation study of the USEPP, it was established that out of a representative sample of university students on Ugandan campuses, a sizable proportion was vulnerable to mental health difficulties. Many university students presenting with psychosocial problems were also experiencing mental health problems. Thirty seven percent (37%) of university students had symptoms of psychosocial problems; 34.8% had symptoms of psychopathology in terms of depression and anxiety. A break down on individual scale factors indicated that 35% had emotional problems; 49% had Traumatic experiences 37.8% had academic problems; and 21.5% had antisocial behavior (Nsereko, 2014a; Nsereko, Musisi, Nakigudde, & Holtzman, 2014; Nsereko, 2014b).

**Implications from the studies**

These figures present a gloomy picture about the students’ mental health. They call for government and universities to consider university mental health as a priority area. There is an urgent need for intervention at all levels of society and more so from policy makers and university administrators. University administrators should come up with a mental health policy on their campuses to address mental health issues of their students. University students’ mental health problems ought to be seen in a multidimensional approach i.e. use of the USEPP instrument for assessment. There is growing need to address the rampart existence of low mental health literacy among the general public and those who are directly linked to students’ affairs. Undoubtedly, there is a need to understand the researched underpinnings of psychosocial problems for the general public and consumers of mental health services.

**Psychosocial problems**

Students’ psychosocial problems represent a student’s maladaptive or negative or unhealthy intrapersonal (i.e. internal) emotional and mental state (psycho-) and his/her maladaptive or negative or unhealthy interpersonal network of human relationships and social connections and functioning (-social)( Laelia, Apicella, Brakarsh, Dube, Jemison et al., 2006).

**Vulnerability to mental health difficulties**

The majority of the university students are young adults between 19-24 years old (The National Council for Higher Education, 2007). This age bracket depicts a transition from the developmental stage of adolescence to early adulthood. It is characterized by changes in brain development, endocrinology, emotions, cognition, behavior and interpersonal relationships. It is also malleable and plastic from a neurobiological, behavior and psychosocial perspectives (Evans, Foa, Gur, Hendin, O’Brien et al., 2005).

The first episode of many psychiatric disorders happens to fall within this age bracket of 19-24 years which coincides with first entry into postsecondary education (Choy, Horn, Nunez, & Chen, 2000). During this stage most of the major mental disorders such as mood disorders, anxiety disorders, eating disorders, suicide, substance use disorders and schizophrenia have their onset; and these may continue into adulthood as chronic mental illnesses leading to mental health impairment and a wide range of health habits which can influence medical diseases e.g. obesity, diabetes, cardiovascular disease and osteoporosis in adulthood (Bulik, 2002; Canada, 2006; Evans et al., 2005).

Adolescents in particular have been found to suffer from psychosocial problems at one time or another during their development. Many of these problems are transitory and are often not noticed, but some may persist (Ahmad, Khalique, Khan, & Amir, 2007). However, the adolescence-adult development stage, given its neurological and behaviour plasticity, is considered as the optimal time for the prevention and treatment of psychopathology and the promotion of mental health and positive emotional and behavioural functioning (Evans et al., 2005).

Psychosocial problems occur in a wide variety of settings among university students; at study time or examination times and in relation to entering university and in relation to important events in the student’s personal and family life (Lucas, 1976). These include but not limited to students facing increasing expectations and demands placed on them by their family members, the university and the changing societal environmental expectations of today and extreme pressure to achieve academically.

They also face developmental challenges including increased freedoms, challenging family beliefs, engaging in risky behaviours and concerns regarding sex and HIV/AIDS, as well as dealing with cross-cultural issues, family dysfunctions, innate personality characteristics, family or household structure, personal exposure to emotional stress and trauma, socioeconomic status, adjustment problems at universities, academic issues, peer influence, relationship issues, parenthood, economic hardships, new western life styles, e.g., sports gambling/betting, health insecurities, death of significant others, the sociopolitical environment (Brown-Ogrodnick, 2004; Harper & Peterson, 2005; Stallman, 2008; Holmes, Silvestri, & Kostakos, 2011); poor frustration tolerance, experimentation with drugs and alcohol, and weak interpersonal attachments, poor decision making leading to both physical and sexual indiscretions (Kitzrow, 2003); constant pressure to succeed, competition with peers and concerns of finding jobs and whether or not they will be able to afford their own place to live or work after graduation (Tosevski, Milovancevic, & Gajic, 2010). These issues depict an important aspect of mental health among university students and a growing public health concern for which interventions are needed (Eisenberg, Gollust, Golberstein, & Hefner, 2007).

Significant psychosocial problems once they remain for a sustained period of time and/or if social supports are unavailable they negatively impact on mental health often leading to development of significant psychopathology which may persist later in life. They lead to maladaptive negative or unhealthy coping mechanisms, suicidal ideation and suicide; they affect family settings, social cohesion and activities; and they also directly impact on students’ ability to function effectively in classrooms resulting in unprecedented study burn out and compromising student academic performance. (Gladding, 2004; Omokhodion & Gureje, 2003; Ellison, 2004; Ontari & Angolla, 2008; Holmes et al., 2011; Williams & Galliher, 2006; Kitzrow, 2003; Harper & Peterson, 2005.

Ahmad et al., 2007 noted that psychosocial problems are often widely ignored for intervention and that institutions that lacked mental health services, academic underachievement and antisocial behaviour were notably increased among the students.

**Gaps in perception of students’ mental health problems**

A critical review of current literature and research reveals that university student’s mental health problems are constructed within increasingly narrow theoretical, clinical and research frameworks. These have concentrated on the internalizing aspects of mental illness and emphasizing a medically and pathologically based construction of student behavior and intervention rather than one that takes into account the meaning of the students’ psychosocial contextual variables (Ovuga, Boardman, & Wasserman, 2006; Md Yasin & Dzulkifli, 2009; Hunt & Eisenberg, 2010; Storrie, Ahern, & Tuckett, 2010). This has led to a lesser emphasis on developing instruments that measure a multidimensional aspect of students’ mental health issues.

Studies have indicated that although a large number of university students may be unhappy and emotionally upset but those who are known to manifest major clinical anxiety and depression constituted only a small percentage which could be clinically determined (The Center for Mental Health in Schools at UCLA, 1995; Eisenberg et al., 2007). Indeed, those who might have these major disorders may not necessarily be caused by internal pathology but by other psychosocial factors such as antisocial behaviour (The Center for Mental Health in Schools at UCLA, 1995).

Reijneveld, Vogels, Brugman, Van Ede, Verhulst et al. (2003) observed that early identification and treatment of students’ psychosocial problems reduced the development or severity of psychopathology. It is therefore important to establish the actual symptoms through a psychometrically sound instrument in order to determine appropriate interventions.

**Conclusion**

Preliminary evidence of the ability of the USEPP scale to identify factors associated with university students’ psychosocial problems highlights its potential usefulness and distinguishes it from other instruments (Nsereko, 2014). The ability of USEPP to correctly classify 37%; 36.5% of the students with psychosocial problems in general in two separate studies and with specific problems as 35% with Emotional problems, 21.5% with Antisocial behaviour, 49% with Traumatic experiences and 37.8% with Academic problems is indicative of the usefulness of USEPP in this area of psychosocial problems among university students.

References

Ahmad, A., Khalique, N., Khan, Z., & Amir, A. (2007). Prevalence of psychosocial problems among school going male adolescents. *Indian Journal of Community Medicine, 32*, 219-221.

Brown-Ogrodnick, A.D. (2004). Factors that influence health services utilization for emotional or mental health reasons among university students. Unpublished masterial thesis, University of Saskatchewan, Saskatoon.

Bulik, C. M. (2002). Eating disorders in adolescents and young adults. *Child and Adolescent Psychiatric Clinics of North America, 11*, 201-218.

Canada. (2006). *The Human Face of Mental Health and Mental Illness in Canada.* Retrieved January 24, 2013, from <http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf>.

Choy, S., Horn, L., Nunez, A., & Chen, X. (2000). Transitioning to college: What helps at-risk students and students whose parents did not attend college? *New Directions for Institutional Research, 107,* 45-63.

Eisenberg, D., Gollust, S. E., Golberstein, E., & Hefner, J. L. (2007a). Prevalence and correlates of depression, anxiety, and suicidality among university students. *American Journal of Orthopsychiatry, 77*(4), 534–542.

Ellison, K. W. (2004). *Stress and the police officer* (2nd ed.). Springfield, IL: Charles C. Thomas Publishers.

Evans, D. L., Foa, E. B., Gur, R. E., Hendin, H., O’Brien, C. P., Seligman, M.E.P., & Walsh, B.T. (2005). *Treating and preventing adolescent mental disorders*. New York: Oxford University Press.

Gladding, S. T. (2004). *Counseling: A compressive profession*. (5th ed.), Ohio: Pearson, Merrill Prentice Hall.

Harper, R., & Peterson, M. (2005). *Mental health issues and college students*. NACADA Clearinghouse of Academic Advising Resources. Retrieved January 10, 2011, from <http://www.nacada.ksu.edu/clearinghouse/advisingissues/mental-health.htm>

Holmes, A., Silvestri, R., & Kostakos, M. (2011). *The impact of mental health problems in the community college student population*. Toronto: Higher Education Quality Council of Ontario.

Hunt, J., & Eisenberg, D. (2010). Mental health problems and help-seeking behavior among college students. *Journal of Adolescent Health, 46,* 3–10.

Kitzrow, M. A. (2003). *The mental health needs of today's college students: Challenges and recommendations*. Retrieved June 20, 2012, from depts.washington.edu/apac/roundtable/1-23-07\_mental\_health\_needs.pdf

Laelia, G., Apicella, L., Brakarsh, J., Dube, L., Jemison, K., Kluckow, M., Smith, T., & Snider, L. (2006). *Orphans and vulnerable youth in Bulawayo, Zimbabwe: An exploratory study of psychosocial well-being and psychosocial support*. Retrieved June 18, 2012, from [*www.popcouncil.org/pdfs/horizons/zimorphans.pdf*](http://www.popcouncil.org/pdfs/horizons/zimorphans.pdf)

Lucas, C. J. (1976). Aspects of student health psychological problems of students. *British Medical Journal, 2*, 1431-1433.

Md Yasin, A. S., & Dzulkifli, M. A. (2009). Differences in psychological problems between low and high achieving students. *The Journal of Behavioral Science, 4*(1), 49-58.

Nsereko, D. N. (2014). Evaluating psychosocial problems among university students in Uganda: Scale development and validation. Unpublished doctoral thesis, Nkumba University, Entebbe.

Nsereko, D. N., & Musisi, S. (2014). USPPDT (University student psychosocial problems development theory). *Psychology Research*, *4*(4), 259-264

Nsereko, D. N., Musisi, S., & Holtzman, S. (2014a). Evaluation of psychosocial problems among African university students in Uganda: Development and validation of a screening instrument. *Psychology Research*, *2*(4), 112-131.

Nsereko, D. N., Musisi, S., Nakigudde, J., & Holtzman, S. (2014). Prevalence, types, distribution and associations of psychosocial problems among university students in Uganda. *International Journal of Research Studies in Psychology*, *3*(4), 3-16

Nsereko, D. N., Musisi, S., Nakigudde, J., & Ssekiwu, D. (2014b). Psychosocial problems and development of psychopathology among Ugandan university students. *International Journal of Research Studies in Psychology*, *3*(3), 3-16.

Omokhodion, F., & Gureje, O. (2003). Psychosocial problems of clinical students in the University of Ibadan. *African Journal of Medicine and Medical Sciences, 32*(1), 55-68.

Ontari, H., & Angolla, J. E. (2008). Occupational stress in organizations and its effects on organizational performance. *Journal of Management. Research, 8*(3), 123-135.

Ovuga, E., Boardman, J., & Wasserman, D. (2006). Undergraduate student mental health at Makerere University, Uganda. *World Psychiatry, 5*(1), 51-52.

Reijneveld, S. A., Vogels, A. G. C., Brugman, E., Van Ede, J., Verhulst, F. C., & Verloove-Vanhorick, S. P. (2003). Early detection of psychosocial problems in adolescent. How useful is the Dutch short indicative questionnaire (KIVPA)? *European Journal of Public Health, 13*, 152-159.

Stallman, H. M. (2008). Prevalence of psychological distress in university students: Implications for service delivery. *Australian Family Physician, 3(8),* 673-677.

Storrie, K., Ahern, K., & Tuckett, A. (2010). A systematic review: Students with mental health problems--a growing problem. *International Journal of Nursing Practice, 16*(1), 1-6.

The Center for Mental Health in Schools at UCLA. (1995). Guide Book: Common psychosocial problems of school aged youth: developmental variations, problems, disorders and perspectives for prevention and treatment. Retrieved May 19, 2011, from <http://smhp.psych.ucla.edu>

The National Council for Higher Education (2007). The State of Higher Education and Training in Uganda 2006: a report on higher education delivery and institutions.

Tosevski, D. L., Milovancevic, M. P., & Gajic, S. D. (2010). Personality and psychopathology of university students. *Current Opinion in Psychiatry, 23*, 48–52.

WHO (2001). The world health report, 2001. Mental health: New understanding, new hope. Geneva: World Health Organization.

Williams, K. L., & Galliher, R. V. (2006). Predicting depression and self-esteem from social connectedness, support, and competence.*Journal of Social and Clinical Psychology, 25,* 855-874.