Factors Affecting Mental Health of Under-Graduate Student in Gilgit-Baltistan

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Abstract

This study aims to identify and analyze the factors affecting the mental health of undergraduate students in Gilgit Baltistan. The primary objective is to investigate how various factors such as parental relationships, selfesteem, socioeconomic status, peer support, and academic pressure affect the mental health of these undergraduate students in Gilgit Baltistan. Employing a descriptive research methodology, quantitative data was collected from 250 undergraduate students from the Education Department of a public university in Tehsil Gilgit. A random sampling technique was utilized to ensure a representative sample, and data was gathered through standardized questionnaires featuring Likert scale responses. Statistical analysis, including descriptive statistics and chi-square tests conducted using SPSS software, revealed significant findings. The results indicated that positive parental relationships, high self-esteem, and strong peer support are associated with better mental health outcomes among students. Conversely, high academic pressure and low socioeconomic status were linked to poorer mental health. Specifically, students with supportive family environments and high self-esteem showed higher levels of mental well-being, while those experiencing significant academic stress and low socioeconomic conditions reported greater mental health challenges. The study's findings underscore the critical role of a supportive family environment, robust self-esteem, and positive peer interactions in maintaining the mental health of university students. Additionally, the detrimental effects of academic pressure and socioeconomic challenges highlight the need for targeted mental health support and interventions within the academic context. These insights contribute to a deeper understanding of the mental health dynamics among undergraduate students in Gilgit Baltistan and can inform the development of policies and programs aimed at enhancing their mental health. By addressing these factors, stakeholders can work towards creating a more supportive and conducive environment for students' academic and personal growth.

Keywords: Mental Health, Undergraduate Students, Parental Relationships, Self-Esteem, Socioeconomic Status, Peer Support, Academic Pressure

INTRODUCTION

The mental health of undergraduate students has garnered increasing attention in recent years, reflecting a broader recognition of the profound affect of mental health on the academic performance, social development, and overall quality of life. In the unique socio-cultural and geographic context of Gilgit-Baltistan, a region characterized by its remote mountainous terrain and diverse ethnic tapestry, the mental health challenges faced by students are particularly nuanced. This study seeks to explore the multifaceted factors affecting the mental health of undergraduate students in Gilgit-Baltistan. The region of Gilgit-Baltistan, located in the northern part of Pakistan, presents a distinct setting where students navigate educational pursuits amidst significant geographical and infrastructural constraints. The interplay of these factors can create a unique set of stressors, contributing to mental health issues. Furthermore, the cultural norms and traditional values prevalent in this region can impact students' mental health, often in ways that differ from urbanized areas.

Understanding the specific determinants of mental health within this population is crucial for developing targeted interventions and support systems. By examining the various academic, social, and environmental factors that affect undergraduate students in Gilgit-Baltistan, this research aims to provide a comprehensive overview of the factors that affect the mental health of student. The insights gained from this study will not only enhance our understanding of mental health issues in this specific context but also contribute to the broader discourse on student mental health in similar remote and culturally distinct regions.

Mental health is a crucial aspect of human life, directly influencing an individual's performance and overall wellbeing. The World Health Organization defines mental health as "a state of wellbeing in which every individual realizes his or her own potential, can cope with the everyday stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." This highlights the significant role mental health plays in daily functioning. It is essential to prioritize and maintain mental health just as we do physical health. Just as we seek medical care for physical ailments, it is important to address mental health issues promptly by seeking professional help to prevent further deterioration. The neglect of mental health is particularly prevalent in underdeveloped countries, where it remains one of the least discussed health concerns. Banis (2019) notes that mental health has traditionally been a taboo subject in

many nations, and there is a widespread misconception that struggling with mental illness signifies a personal failing.

Mental health is a state of well-being where individuals recognize their own abilities, manage normal stress, work productively, and contribute positively to their community. Thapa (2018) asserts that mental health involves a state of well-being that enables individuals to perform their roles and adapt to various environments effectively. It is a crucial and integral component of overall well-being.

According to Felman (2020) over a billion young people's development is significantly impacted by mental health issues globally. Youths have been dealing with a variety of issues in their daily lives due to changes in their lives. People are ignorant of the circumstances and the issues they are having with their mental health, contributes to the various problems youth face.

Casley (2019) the stigma surrounding mental health contributes to a lack of awareness about its importance. Individuals facing mental health challenges are adversely affected by this stigma and the negative assumptions associated with it. As a result, people are often reluctant to seek help or educate themselves about mental health. This stigmatization has made mental health a taboo topic, rarely discussed in everyday life.

Over the past few decades, psychologists, sociologists, and education specialists have turned their attention to the mental health of the youth, particularly students (Reinherz et al., 2020). Transitioning from college to university is often difficult and fraught with psychological issues. This is also true for students making this journey. Students find this shift difficult because they must overcome numerous obstacles to achieve their life objectives (Donghyuck et al., 2019). Students' natural emotional, physical, educational, and psychological development can be disrupted by mental health issues, thus it's critical to design strategies to support students' growth in these areas (Kitzrow, 2020). Therefore, it is more crucial to emphasise strategies and terminology that promote mental health, such as social support, than it is to avoid phrases that denigrate mental disease, such as depression (Salami, 2020). Social networks are valuable for behavior regulation, providing various types of support—material, emotional, and informational—and fostering social interactions, all of which enhance social support. The network of psychological and material resources that social support provides improves an individual's ability to cope with stress. Social support is generally categorized into three types: instrumental, informational, and emotional (House & Kahn, 2015). Instrumental support refers to tangible assistance, such as financial aid or help with daily activities. (Bolger & Amarel, 2017). Informational support is defined as providing the necessary information to help an individual deal with their current circumstances. It is typically interpreted as advice or direction in resolving personal issues (Walen & Lachman, 2020). Shakespeare-Finch and Obst (2019) Emotional support is defined as the provision of empathy, trust, care, and reassurance, along with opportunities for emotional expression and venting. It is primarily associated with emotional factors, helping individuals feel understood and supported on an emotional level.

OBJECTIVES OF THE STUDY

To find out the affect of factors on the mental health of undergraduate students.

LITERATURE REVIEW

The background information presented in this chapter focuses on mental health issues and related variables among college and university students in developing nations, particularly the Islamic Republic of Pakistan. It addresses existing research gaps while discussing relevant literature. Although the analysis of international literature provides a solid framework for discussion, it is important to note that all relevant completed or accessible studies in Pakistan are included whenever possible. Unfortunately, due to a lack of data and research in Pakistan's mental health sector, this has not always been feasible in every section.

Furthermore, it is essential to clarify certain definitions related to studies on youth mental health. Authors often refer to individuals aged 18 to 24 as "young adults" or "late adolescents" (Gore et al., 2020)

The relationship between mental health and Bronfenbrenner's (1989) ecological systems theory is explained, offering a framework for comprehending mental health difficulties within Pakistani society and culture. The mechanisms that affect people's mental health in Pakistan are examined using this paradigm. Furthermore included are particular issues pertaining to mental health in Pakistan, such as stigma, mental health issues, and attitudes toward mental health, mental health services, and the paucity of study on mental health in the nation.

MENTAL HEALTH

Mental health is "a state of well-being in which every person realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" The interconnections among social, mental, and physical health are crucial for individuals to lead healthy lives. However, the relationship between mental health and overall well-being is becoming increasingly complex and less understood (Aselton, 2012).

Two contrasting paradigms shape our understanding of mental health: the psychological model and the medical model (Keyes, 2018). The medical model, also known as the "clinical tradition," defines mental health and well-being based on metrics related to psychopathology, such as substance abuse, anxiety, and depression. In contrast, the psychological model emphasizes an individual's subjective assessment of positive affect and life satisfaction.

Specifically, the psychological model places greater emphasis on the presence of positive attributes, while the medical model views mental health as the absence of negative conditions and feelings, i.e., pathology. According to recent research, these viewpoints are necessary for a whole knowledge of mental health, assuring people's general wellbeing, mental health, and relationships with their social and environmental environments (Seligman et al., 2018)

FACTORS AFFECTING MENTAL HEALTH

The mental health of young adult university students is affected by a variety of complex and not well-understood factors (Rothi & Leavy, 2016). A review of recent research highlights several key variables affecting their mental health many variables have an important affect on young adults' mental health (Khaleque & Rohner, 2015). Parent's relationship, socioeconomic status, peer support, and academic pressure are a few of these.

PARENT'S RELATIONSHIP

While parenthood is a universal experience, different ethnic groups have distinct perspectives and approaches. In Asian cultures, parental efforts to monitor their growing children are often seen as expressions of love, care, and concern. In contrast, in Western cultures, such behavior might be perceived as an infringement on the child's autonomy(Kim 2016) describes the typical Korean parenting style with the phrase "strict father, kind mother," reflecting the cultural expectation that fathers be more task-oriented, strict, and distant, while mothers are more nurturing and emotionally connected to their children.

Regardless of variations in racial, ethnic, or other distinguishing characteristics, Rohner and Khaleque (2018) developed the parental acceptance-rejection theory, which is applicable worldwide. This theory aims to explain and predict the main causes, outcomes, and other correlates of parental acceptance and rejection in diverse cultural contexts. It is a solid hypothesis of socialisation and lifespan development that is backed up by data. It makes the claim that a parent's acceptance or rejection affects a child's or adult's psychological growth, behaviour, and personality development universally.

SELF ESTEEM

A person's self-concept and psychological growth are greatly influenced by their level of self-esteem. In Western countries, research on self-esteem was common between the 1960s and the 1990s. According to Bandura's (1977) social cognitive theory, every person has a self-system that allows them to evaluate how well they are doing tasks and have some degree of control over their motivation, thoughts, feelings, and behaviors. What people can do, who they are, as well as what they may grow into are all determined by their self-perceptions and values .These deeply held interior convictions influence an individual's internal compass, behaviour regulation,

and way of nurturing and navigating through life. These ideas and sentiments are typically referred to as self-esteem. Literature has extensively documented these emotions as well as the capacity to influence events and overcome obstacles in life (Bandura, 1977).

SOCIOECONOMIC STATUS

Socioeconomic status (SES) is a sociological and economic construct used to assess a person's or family's social and economic standing relative to others, typically based on factors such as occupation, income, and education. Lareau and Annette (2018) noted that SES is often categorized into three main categories: high, middle, and low. These categories are determined by evaluating variables such as income, employment status, and level of education. Research has shown that social and environmental factors, which are often the primary determinants of a person's socioeconomic status, can significantly predict various mental and physical health problems, especially among those with lower education levels and incomes.

There exists a reciprocal relationship between socioeconomic position and both mental and physical well-being. Poverty can lead to poorer physical and mental health outcomes, as well as lower educational attainment and limited job opportunities. Conversely, these conditions can also hinder earning potential due to their impact on education and mental health (Case & Deaton, 2019). One of the most consistently observed findings in Western social scientific research is the negative correlation between socioeconomic status and mental health problems, meaning that individuals with lower socioeconomic positions are at a higher risk of experiencing mental health issues.

PEER SUPPORT

Peer interactions play a crucial role in the developmental perspective of young adults, particularly university students (Rubin, Bukowski, & Parker, 2016). These interactions occur in various settings, including friendships, casual conversations, and academic groups, reflecting a student's social skills and competence. Positive peer relationships are linked to higher levels of psychological and social well-being, positive self-beliefs, and adaptive values for positive behavior and interaction.

Friendships, in particular, have a significant impact on the mental health and overall well-being of young adults (Wentzel, 2015). Having even one friend is associated with several favorable outcomes, including cooperation, emotional support, social confidence, and academic success. Students with reciprocal friendships are more likely to excel academically and participate in university events, while those without such friendships may experience mental distress and loneliness. The emotional bonds formed through friendships contribute to feelings of relatedness and belonging, positively influencing self-esteem and self-worth (Wentzel, 2015). Positive social connections directly impact young adults' psychological health and

intellectual development, promoting cognitive abilities such as conceptual understanding and problem-solving (Gauvain & Munroe, 2019).

ACADEMIC PRESSURE

Academic pressure is a pervasive issue that adversely affects the mental health and overall well-being of young adults in educational settings. Students often face high levels of stress and anxiety due to intense competition and rigorous academic standards in modern educational systems. Extensive research has consistently linked high academic pressure to negative psychological outcomes such as anxiety, depression, and decreased overall well-being (Hunt & Eisenberg, 2020).

Additionally, the fear of failure and the relentless pursuit of academic success can erode students' self-esteem and confidence in their abilities, exacerbating feelings of inadequacy and self-doubt (Leary, 2022). Physical symptoms like headaches, exhaustion, and sleep disturbances can also result from the pressure of academic expectations, further impacting students' health and functioning (Conley, Durlak, & Kirsch, 2022). Given the widespread nature of academic pressure and its detrimental effects, educational institutions need to implement strategies to promote students' mental health and well-being. It's crucial to encourage a healthy balance between academic achievement and personal development to support students in navigating the challenges they face in educational environments.

MENTAL HEALTH CARE IN PAKISTAN

"A state of emotional and psychological well-being in which an individual has the ability to use his or her social and intellectual skills, contribute to society, and meet the normal expectations found in daily life". Papish et al. (2022) describe mental health. It is influenced by culture, which encompasses a society's religious beliefs and social norms. Just as good physical health is essential, so too is good mental health. Mental health facilitates resilience, the ability to manage life's stresses, emotional stability, inner strength, and adaptability to the challenges of daily life (Peterson, Lund & Stein, 2019).

In Pakistan, mental health remains one of the most neglected areas of healthcare (Afridi, 2008). While there are numerous facilities dedicated to conventional healthcare, including 946 hospitals and 4,554 dispensaries, mental health services are severely lacking. With only 480 psychologists and 300 psychiatrists actively practicing, Pakistan faces a significant shortage of mental health professionals relative to its large population (Hassan et al., 2018).

MENTAL HEALTH IN PAKISTANI UNDERGRADUATE STUDENTS

In Pakistan, university students are often perceived as having transitioned into adulthood, having completed their education and poised to embark on careers, marriage, and family life. Studies indicate that a significant number of mental health issues are identified for the first time during this phase in developing nations (Shirazi & Ansari, 2016). However,

there's a notable absence of research examining risk factors and interventions pertaining to mental health among Pakistani university students. Discussions and initiatives aimed at promoting mental health and well-being among this demographic are scarce. This study aims to address this gap by amplifying the voices of young adults grappling with mental health challenges, with the goal of fostering awareness and facilitating access to support and assistance for those in need.

RESEARCH METHODOLOGY

In this study, descriptive research design was employed to collect quantitative data from undergraduate students in Gilgit Baltistan, focusing on factors related to mental health. Descriptive research aims to describe the characteristics of a phenomenon and explore affect of variables. Quantitative data was gathered using standardized questionnaires, allowing for an analysis of the correlation between mental health and various factors. This approach emphasizes the collection and analysis of numerical data to gain insights into the mental health status of the target population.

DATA COLLECTION

The main tool for gathering data in this study was a standardized questionnaire. This questionnaire was designed to collect descriptive information about mental health and related factors among undergraduate students. It included several sections covering demographic details, mental health status, and factors that might influence mental health. The questionnaire featured closed-ended questions.

Data were gathered from 250 undergraduate students. Questionnaires were distributed to participants while they were on campus. This approach ensured that a broad cross-section of the student population was included. The current study used a random sampling technique.

DATA ANALYSIS

The researcher gathered data using a survey method with a close-ended questionnaire, where students responded based on a Likert scale. SPSS software was used for the statistical analysis of the data. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were calculated using the Statistical Package for Social Sciences (SPSS). The researcher also used the chi-square test to evaluate the affact of different factors on the mental health of undergraduate students. The results were derived from the data findings, and recommendations were made based on these results.

Chi-square techniques is used to determine the affect of factors on mental health.

Table 1: Chi-square analysis

Affect of parent's relation on the mental health of under graduate students.

Parents	Mental Health					x ²	x ²		
relation	Low	Medium	High	Total	Df	tab.	cal.	sign	Decision
Low	8	12	1	21		9.49	60.10	0.000	Accepted
Medium	30	114	24	168	4				
High	2	23	36	61	. 4				
Total	40	149	61	250					

The table presents a cross-tabulation of parents' relationship quality and mental health status, categorized into low, medium, and high levels. The frequencies show the distribution of participants across these categories, with low mental health status being most prevalent among those reporting low parents' relationship quality and decreasing as relationship quality increases. Conversely, high mental health status is most common among participants with high parents' relationship quality. A chi-square test was conducted to examine the association between these variables, yielding a chi-square statistic of 60.10 with a p-value < 0.001, suggesting a significant association. The analysis indicates that mental health status is indeed associated with parents' relationship quality. Specifically, those reporting low relationship quality are more likely to have low mental health status, while those reporting high relationship quality are more likely to have high mental health status. Therefore, the null hypothesis of independence between parents' relationship quality and mental health status is rejected, supporting the conclusion that there is an association between these two variables.

Table 2: Chi-square analysis

Affect of self-esteem on the mental health of under graduate students

Self esteem	Ment	al Health			D 0	\mathbf{x}^2	2 .	- · ·	
	Low	Medium	High	Total	Df	x ² tab.	x ² cal.	sign	Decision
Low	13	21	1	35	4	9.49	41.326	0.000	Accepted
Medium	23	104	31	158					
High	4	24	29	57					
Total	40	149	61	250					

The table illustrates a cross-tabulation of self-esteem levels and mental health status, categorized into low, medium, and high levels. The frequencies depict the distribution of participants across these categories, revealing that low mental health status is most prevalent among individuals with low self-esteem, and this prevalence decreases as self-esteem levels rise. Conversely, high mental health status is most common among those with high self-esteem. A chi-square test was conducted to assess the association between these variables, yielding a chi-square statistic of 41.326 with a p-value < 0.001, indicating a significant association. This analysis suggests that mental health status is linked to self-esteem levels. Specifically, individuals with low self-esteem are more likely to experience low mental health status, while those with high self-esteem are more likely to have high mental health status.

Therefore, the null hypothesis of independence between self-esteem and mental health status is rejected, supporting the conclusion that there is an association between these two variables.

Table 3: Chi-square analysis

Affect of socioeconomic status on the mental health of under graduate students

Socioeconomic	Mental Health					\mathbf{x}^2			
status	Low	Medium	High	Total	Df	tab.	x ² cal.	Sign	Decision
Low	12	22	2	36		9.49	47.702	0.000	Accepted
Medium	28	101	28	28	4				
High	0	26	31	31	4				
Total	40	149	61	61					

The table presents a cross-tabulation of socioeconomic status (SES) and mental health status, categorized into low, medium, and high levels. The frequencies indicate the distribution of participants across these categories. Notably, low mental health status is most prevalent among individuals with low SES, with the prevalence decreasing as SES levels rise. Conversely, high mental health status is most common among those with high SES.A chi-square test was conducted to evaluate the association between these variables, resulting in a chi-square statistic of 47.702 with a p-value less than 0.001, indicating a significant association. This finding suggests that mental health status is associated with SES levels. Specifically, individuals with low SES are more likely to experience low mental health status, while those with high SES are more likely to have high mental health status. Therefore, the null hypothesis of independence between SES and mental health status is rejected, supporting the conclusion that there is indeed an association between these two variables.

Table 4: Chi-square analysis

Affect of peer support on the mental health of under graduate students

Peer	Mental Health					\mathbf{x}^2	\mathbf{x}^2		
support	Low	Medium	High	Total	Df	tab.	cal.	Sign	Decision
Low	16	37	8	61	4	9.49	25.26	0.000	Accepted
Medium	19	82	24	125					
High	5	30	39	64					
Total	40	149	61	250					

The table illustrates a cross-tabulation of peer support levels and mental health status, categorized into low, medium, and high levels. The frequencies represent the distribution of participants across these categories, showing that low mental health status is most prevalent among individuals with low levels of peer support, with the prevalence decreasing as peer support levels rise. Conversely, high mental health status is most common among those with high levels of peer support. A chi-square test was conducted to assess

the association between these variables, yielding a chi-square statistic of 25.26 with a p-value < 0.001, indicating a significant association. This analysis suggests that mental health status is indeed associated with peer support levels. Specifically, individuals with low levels of peer support are more likely to experience low mental health status, while those with high levels of peer support are more likely to have high mental health status. Therefore, the null hypothesis of independence between peer support and mental health status is rejected, supporting the conclusion that there is an association between these two variables.

Table 5: Chi-square analysis

Affect of academic pressure on the mental health of under graduate students

Academic	Mental Health					x ²			
pressure	Low	Medium	High	Total	Df	tab.	x ² cal.	Sign	Decision
Low	4	20	3	27	4	9.49	18.250	0.000	Accepted
Medium	27	83	23	133					
High	9	46	35	90					
Total	40	149	61	250					

The table presents a cross-tabulation of academic pressure levels and mental health status, categorized into low, medium, and high levels. The frequencies depict the distribution of participants across these categories, revealing that low mental health status is most prevalent among individuals experiencing high academic pressure, with the prevalence decreasing as academic pressure levels decrease. Conversely, high mental health status is most common among those experiencing low academic pressure. A chi-square test was conducted to evaluate the association between these variables, resulting in a chi-square statistic of 18.250 with a p-value less than 0.001, indicating a significant association. This finding suggests that mental health status is associated with academic pressure levels. Specifically, individuals experiencing high academic pressure are more likely to have low mental health status, while those experiencing low academic pressure are more likely to have high mental health status. Therefore, the null hypothesis of independence between academic pressure and mental health status is rejected, supporting the conclusion that there is indeed an association between these two variables.

FINDINGS

- 1. The mean scores range from 3.65 to 3.96, indicating a general tendency towards agreement with the statements. The highest mean scores are for the statements "My parents' relationship positively affects my overall functioning in daily life" (mean 3.96) and "I feel emotionally secure within my family environment" (mean 3.95).
- 2. Participants also feel that their parents engage in activities that stimulate their intellectual curiosity (mean 3.88) and that the quality of their parents' relationship positively influences their behavioral health (mean 3.93).

- 3. Respondents believe in their capacity to overcome challenges (mean 3.86) and feel that self-esteem significantly impacts their motivation and willingness to pursue goals (mean 3.82). Belief in their own worth and value as a person also scores relatively high (mean 3.74). Self-esteem is seen to affect handling stress and difficult emotions (mean 3.69) and approaching challenges with confidence and resilience (mean 3.66).
- 4. The highest mean scores are for statements about the contribution of SES to psychological well-being and confidence in achieving goals (both 3.94). Participants also feel that SES enhances their functioning in daily life (mean 3.87) and provides access to educational opportunities and resources (mean 3.81).
- 5. The mean scores range from 3.70 to 3.94, indicating a general agreement with the positive influence of peer support. Participants feel happier and more content when spending time with peers (mean 3.84) and believe that peer support enhances their psychological well-being (mean 3.70).
- 6. Peer support is perceived to positively influence cognitive functioning and problem-solving abilities (mean 3.77) and increase comfort and confidence in social situations (mean 3.90).
- 7. Knowing they have reliable friends makes it easier for participants to manage daily challenges (mean 3.77), and having friends who understand and validate their feelings significantly improves their overall mood (mean 3.94).
- 8. The mean scores range from 3.81 to 3.94, indicating a general agreement with the negative impact of academic pressure. Many find it challenging to retain information or learn effectively (mean 3.93) and prioritize academic obligations over social interactions (mean 3.94). Academic pressure also impacts the ability to perform daily tasks and responsibilities (mean 3.82) and leads to unhealthy behaviors (mean 3.84).

RECOMMENDATIONS

By adopting these recommendations, future researchers, teachers, parents, and undergraduate students can collaborate to establish a more nurturing atmosphere that fosters the mental health of university students.

For Future Researchers

- Cultural Context Comparison; Conduct comparative studies in different cultural and regional contexts to understand how diverse parenting styles and societal norms impact mental health.
- Longitudinal Studies; Implement longitudinal studies to track changes in mental health factors over time, from university entry through postgraduation.

- Intervention Evaluation; Develop and evaluate intervention programs focused on enhancing parent-child relationships, peer support systems, and coping strategies for academic pressure.
- Expand Sample Diversity; include a more diverse sample population, considering various academic disciplines and universities, to improve the generalizability of the findings.
- Explore Unexamined Factors; Investigate additional factors that might influence mental health, such as technology use, lifestyle choices, and extracurricular involvement.

REFERENCES

- Abbas, Z., & Karim, N. (<u>2023</u>). Opinion of Early Childhood Development Coordinators Regarding Importance of Nutrition for Cognitive Development of Young Children at ECD Level. *Journal of Asian Development Studies*, 12(4), <u>715-725</u>.
- Abbas, Z., Dahar, M. A., & Yousuf, M. I. (2023). Impact of media addiction on academic success of secondary students. *Russian Law Journal*, 11(3), 3146-3157.
- Afridi, M. I. (2008). Mental health: Priorities in Pakistan. *The Journal of the Pakistan Medical Association*, 58(5), 2-25.
- Aselton, P. (2012). Sources of stress and coping in American college students who have been diagnosed with depression. *Journal of Child and Adolescent Psychiatric Nursing*, 25(3), 119-123.
- Bandura, A., & Walters, R. H. (1977). Social learning theory. New York, NY: *General learning Press*.
- Banis, D. (2019). Mental illness is the most neglected health problem in the developing world. Health & Social Work, 2(1), 9-12.
- Bolger, N., & Amarel, D. (2017). Effects of social support visibility on adjustment to stress: Experimental evidence. *Journal of Personality and Social Psychology*, 92(2), 458–475.
- Bronfenbrenner, U. (1989). The developing ecology of human development: Paradigm lost or paradigm regained. *Health & Social Work*, 25(1), 9-22.
- Case, A., & Deaton, A. (2019). Health and well-being in Udaipur and South Africa. In D. A. Wise (Ed.), Developments in the Economics of Aging (pp. 317-349). Chicago, University of Chicago Press.
- Casley, I. (2019). The state of mental health care in Nepal, and what needs to be done. *Health & Social Work*, 25(1), 9-22.
- Conley, C. S., Durlak, J. A., & Kirsch, A. C. (2022). A meta-analysis of universal mental health prevention programs for higher education students. Prevention Science, 16(4), 487–507.Cook, L. J. (2017). Striving to help college students with mental health issues. *Journal of Psychosocial Nursing and Mental Health Services*, 45(4), 40-44.

- Donghyuck, L., Olsen E. A., Locke, B., Michelson, S. T., & Odes, E. (2019). The effects of college counselling services on academic performance and retention. *Journal of College Student Development*, 50(3), 305–319.
- Felman, A. (2020, April 13). What is mental health. Medical News Today, 2(3), 11-41.
- Gauvain, M. (2018). The role of child emotionality in child behavior and maternal instruction on planning tasks. *Social Development*, 14(4), 250-272.
- Gore, F. M., Bloem, P. J., Patton, G. C., Ferguson, J., Joseph, V., Coffey, C., Mathers, C. D. (2020). Global burden of disease in young people aged 10-24 years: A systematic analysis. *The Lancet*, 3(3),21-102.
- Hasan, S., Naqvi, R., Naqvi, S. S., & Yusuf, A. (2018, 12 October). Breaking point: Mental health in Pakistan, Dawn. *Health & Social Work*, 25(1), 9-12.
- House, J. S., & Kahn, R. L. (2015). Measures and concepts of social support. *Social Support and Health* 83–108.
- Hunt, J., & Eisenberg, D. (2020). Mental health problems and help-seeking behavior among college students. *Journal of Adolescent Health*, 46(1), 3–10.
- Keyes, C. L. (2018). To flourish or not: Positive mental health and all-cause mortality. *American Journal of Public Health*, 102(11), 2164-2172.
- Khaleque, A., & Rohner, R. P. (2015). Perceived Parental Acceptance-Rejection and Psychological Adjustment: A Meta-Analysis of Cross-Cultural and Intracultural Studies. *Journal of Marriage and Family*, 64(1), 54-64.
- Kim, J. (2016). Longitudinal trajectories of self-system processes and depressive symptoms among maltreated and non-maltreated children. *Child Development*, 77(3), 624-639.
- Kitzrow, M. A. (2020). The mental health needs of today's college students: challenges and recommendations. *NASPA Journal*, 41(1), 165-179.
- Lareau, A., & Annette, K.S. (2018). Mental Wellbeing. *New York*, 24(3), 4-13.
- Leary, M. R. (2022). The curse of the self: Self-awareness, egotism, and the quality of human life. *Oxford University Press*.
- Papish, A., Kassam, A., Modgill, G., Vaz, G., Zanussi, L., & Patten, S. (2022). Reducing the stigma of mental illness in undergraduate medical education: A randomized controlled trial. *BMC Medical Education*, *13*(1), 1-9.
- Petersen, I., Lund, C., & Stein, D. J. (2019). Optimizing mental health services in low-income and middle-income countries. *Current Opinion in Psychiatry*, 24(4), 318-323.

- Reinherz, H. Z., Paradis, A. D., Giaconia, R. M., Stashwick, C. K., Fitzmaurice, G. (2020). Childhood and adolescent predictors of major depression in the transition to adulthood. *American Journal of Psychiatry*, 160, 2141–2147.
- Rothi, D. M., & Leavey, G. (2016). Mental health help-seeking and young people: A review. Pastoral Care in Education. *Journal of Psychiatry*, 24(3), 4-13.
- Rubin, K. H., Bukowski, W. M., & Parker, J. G. (2016). Peer interactions, relationships, and groups. In W. Damon & R. M. Lerner (Eds.), Handbook of child psychology: Vol. 3. Social, emotional, and personality development (6th ed., pp. 571–645). *John Wiley & Sons Inc.*
- Salami, S. O. (2020). Job stress and burnout among lecturers: personality and social support as moderators. *Asian Social Science*, 7 (5), 110-121.
- Seligman, M. E., Steen, T. A., Park, N., & Peterson, C. (2018). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, 60(5), 410.
- Shakespeare-Finch, J., & Obst, P. L. (2019). The development of the 2-way social support scale: A measure of giving and receiving emotional and instrumental support. *Journal of Personality Assessment*, 93(5), 483-490.
- Shirazi, M., Khan, M. A., & Ansari, M. F. A. (2016). Mental health in relation to personality characteristics among professional and non-professional students. *Researchers World*, *3*(3), 8-23.
- Thapa, B. (2018). Impacts of Social Media on Mental Health: A case study with students at Oulu University of Applied Sciences. Cyber psychology, *Behavior*, and *Social Networking*, 14(4), 183–189.
- Walen, H. R., Lachman, M. E. (2020). Social support and strain from partner, family, and friends: Costs and benefits for men and women in adulthood. *Journal of Social and Personal Relationships*, 17(1), 5-30.
- Walen, H. R., Lachman, M. E. (2020). Social support and strain from partner, family, and friends: Costs and benefits for men and women in adulthood. *Journal of Social and Personal Relationships*, 17(1), 5-30.
- Wentzel, K. R. (2015). Peer relationships, motivation, and academic performance at school. In A. J. Elliot & C. S. Dweck (Eds.), *Handbook of competence and motivation* (pp. 279–296). Guilford Press.