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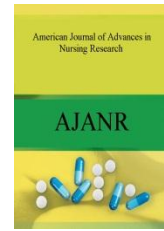
ASSESSMENT OF PREVALENCE AND ASSOCIATED FACTORS OF MENTAL DISTRESS AMONG FIRST YEAR REGULAR STUDENTS OF MEKELLE UNIVERSITY MAIN CAMPUS, MEKELLE CITY 2010/11; A CROSS SECTIONAL STUDY

Alemseged A Gebru, *Kalayou K Berhe, Haftu B Gebru

Department of Nursing, College of Health sciences, Mekelle University, Tigray, North Ethiopia.

ABSTRACT

According to World Health Organization estimation a third to half of all people affected by natural and manmade affections suffer from mental distress. Student integration in college and Universities is usually difficult and involves many factors which are potentially stressing. College students have more severe mental health problems than ever before. A variety of factors including social, economic demographic such as sex and age, serious threats such as conflicts and disasters, presence of major physical diseases, family environment, and others determine the prevalence, onset and course of mental and behavioral disorders. In line with this a few studies conducted among university students in Ethiopia indicated higher prevalence of mental distress among university students. To strengthen this idea additional institution based studies should be conducted. Objective of the study was to assess the prevalence and factors associated with mental distress among first year regular students of Mekelle University main campus 2010/11. An institution based cross-sectional study was conducted in Mekelle University from Oct, 2010 to June, 2011 by using self administered questionnaires which is pre tested on 20 students Who were not included in the main study. Simple Random sampling techniques were used to select 390 students among a total student population of the University main campus. Data entry and analysis was done using SPSS Version 16. Mean age of the students in our study is 20 for both males and females. The total mental distress prevalence rate of the students was 84 (28%) for males and 30(35%) for females from the total number of 304 males and 86 female students. Generally the prevalence rate for both sexes was 29.2%. The dominant religion of the students was Orthodox Christian and from ethnicity Tigray and The factors associated with mental distress in this study were chewing, drinking alcohol and smoking cigarettes. According to this study the most common and major mental distress symptoms describing in sex differentiation and was found mental distress symptoms were higher in female than males and the factors associated with mental distress were chewing, drinking alcohol and smoking cigarettes.

INTRODUCTION

Mental health is defined as the capacity to work, capacity to love and the capacity to play and for recreation. It describes either a level of cognitive or emotional well-being or an absence of a disorder. From perspectives of the discipline of positive psychology or

Corresponding Author

Kalayou K Berhe
Email:- Kalushaibex@yahoo.com

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holism mental health may include an individual's ability to enjoy life and procure a balance between life activities and efforts to achieve psychological resilience. Mental health is an expression of our emotions and signifies a successful adaptation to a range of demands. Mental health is not simply the absence of mental illness. The World Health Organization defines mental health as "a being 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 to his or her community. In general there is no one "official" definition of mental health because Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined [1-6].

A mental disorder or mental illness is a psychological or behavioral pattern generally associated with subjective distress or disability that occurs in an individual, and which are not a part of normal development or culture. A mental disorder is a diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities. Mental disorders are of different types and degrees of severity and some of the major mental disorders perceived to be public health issues are depression, anxiety, substance use disorders, psychosis and dementia [3,7].

Mental distress is a term used in several studies where it has not been possible to perform examinations to obtain a specific diagnosis of mental disorder. It is a term used, both by some mental health practitioners and users of mental health services, to describe a range of symptoms and experiences of a person's internal life that are commonly held to be troubling, confusing or out of the ordinary. Mental distress has a wider scope than the related term mental illness which refers to a specific set of medically defined conditions. A person in mental distress may exhibit some of the symptoms described in psychiatry, such as: anxiety, confused emotions, hallucination, rage, and depression and so on without actually being ill in a medical sense. The burden of mental health problems is increasing globally. According to the World Health Organization, mental health problems account to nearly one-third of disability in the world. The lifetime prevalence of mental or behavioral disorders in both developed and developing countries has been estimated as 25 % [1-4,8].

Worldwide studies have shown that the prevalence of mental health problems and their disabling effect at individual and national levels to be quite significant. This has led to the recognition, by member states of World health Organization, mental health care as one of the priorities and to its inclusion in the program of primary health care. As a result, the past few decades have shown great changes in the pattern of mental health services. In many countries, psychiatry and psychiatric

services have transformed from isolation and rejection to integration and active involvement in general medical care. Not only is the prevalence of mental disorders high but also the fact that most conditions go untreated, are often chronic in course and thus interfere with the ability of the affected individual to lead a productive and satisfying life, means that mental disorders are associated with extremely high rates of ill-health and disability. Mental disorders make a substantial independent contribution to the burden of disease (about 14%) worldwide. Besides mental disorders, as defined according to diagnostic criteria, the wider concept of 'mental distress' comprises mental disorders as well as other mental problems that may not fall into standard diagnostic criteria. The term 'mental distress' has been used in several studies where it has not been possible to perform examinations to obtain a specific diagnosis of mental disorder. A variety of factors including, social, economic, demographic such as sex and age, serious threats such as conflicts and disasters, presence of major physical diseases, family environment, and others determine the prevalence, onset and course of mental and behavioral disorders [1-3,7-9].

Since tertiary education has always been regarded as highly stressful, College students have always been subject to a massive input of stresses. These stresses include inside and outside pressures by the world to succeed, financial worries, concerns about uncertain future, social problems and opportunities since college is often the meeting place for future mates, and homework and tests in multiple and complex subjects requiring preparation and focus with often conflicting priorities. Even though only the academically minded of the population in society is eligible for tertiary education unsuccessful coping from this stressful environment can exert a negative effect on the psychological and physical well being of the students and often results in anxiety, heavy drinking, depression and a host of other mental health problems and eventually this results in poor academic performance and possibly a large number of psychological causalities. From this stressful environment can exert a negative effect on the psychological and physical well being of the students and often results in anxiety, heavy drinking. Depression and a host or other mental health problems and eventually this results in poor academic performance and eventually this results in poor academic performance and possibly a large number of psychological causalities. Various studies elsewhere revealed that students of higher institutions pass through a number of difficulties consequently it was shown that may develop emotional problems [10-12].

Ethiopia is now in a process of vigorous economic growth with major changes in social life, traditions, health policies, and use of health care services. In contrast the priority status of mental health in the

national health policy has not been yet formed in to either strategies or actions to control mental illness [13,14]. Nevertheless, the system of health care delivery is not suited to meet even modest levels of mental health problems. Increasing levels of mental health problems are reported in the media and in public debate, although there is little data at the community level addressing this. Thus, monitoring and follow up of mental health problems in the community and institutions is important in order to assess needs for intervention and health services. When it comes to needs for care and interventions in the community, occurrence of mental distress is a valid indicator of burden of mental health problems in the population including University students. Gaining the mental health status and an understanding of the most important factors affecting the mental health status of Ethiopian university students and those that may have personal, academic, and environmental basis is one of the most valuable outcomes of this study.

An increasing number and percentage of university students among the general population in Ethiopia obliges higher education institutions should have considerable provision for the wellbeing of their student. In Ethiopia, a country with no mental health policy due to in part lack of strong and evidence based data from different segments of population, this institution based study with the aim of estimating prevalence of mental distress is believed a great input to institute higher education policies regarding health status in particular mental health of students both at national and university level. This institution based cross sectional study on youth is also due because; University age is the time of onset for many of psychiatric illnesses, which often disrupt the completion of developmental and educational tasks of young adults, resulting in underachievement and unemployment, the number of extensive studies among university students at the national level is inadequate.

So studies on the mental health status of university students using a methodology carried out on a comparable basis with other universities are highly needed in Ethiopia, In addition University students represent the national capital and investment for the future, with an implicit mission both for their families and for society as a whole. However, they face multiple stressors such as academic overload, constant pressure to succeed, adaptation problems, competition with peers, financial burden and concerns about the future. As all this may lead to psychopathology, the health of university students should be the subject of increasing focus. There is thus an urgent need for collecting data related to the mental health problems of university student [15-20].

METHODS

The study was conducted in Mekelle University main campus from Oct - June 2010/11 in Mekelle City.

Mekelle University main campus is found in Mekelle City, located some 783km North to Addis Ababa. It is one of the national universities currently pertaining training and other community services activities and believed to contribute a great input in the way to achieve millennium development goal and recently stated transformation plan. The total first year regular students of the university were about 4399. An institution based cross-sectional study design was conducted. The Study population was all first year regular students in the main campus which was about 3884. Study subject was all sampled first year regular students in main campus which was 390. A department from Natural Science College, three departments from dry land and Agriculture College, three departments from engineering college and faculty of veterinary were selected. From the above 11 departments were selected and the study population were 2340.

Dependent variable (outcome variable) was Mental distress and Independent variables (Explanatory variables) were Gender, Age, Ethnicity, Religion, Level and department of study, Living status, Perception of financial status, Coping with problem, Parental residence, Parental marital status, Quality of relationship with parents and friends, Leisure activity, Substance use, Academic factors and Environmental factors. All first year regular students who registered in Mekelle University during the 2010/11 academic year were the source population for the study. In this study, sample size was determined using single population proportion formula; as a result the final sample size was 390 students were obtained. Departments were selected using simple random sampling and students within selected departments were further selected by simple random sampling using list of names of selected departments. Numbers of study subjects in each department were determined by proportion to population size from each department and programs of all colleges of the University.

All first year regular students who were volunteer for the assessment were included in the study and those not mental sounds, absent from school, blind students, Students drop out at the time of training and critically ill or sick at the time of data collection were excluded. Data was collected using simple random sampling technique from May -Jun, 2011 by structured self-administered questionnaire having three parts. The first part use to collect general information about socio demographic characteristics of the students, the second part contains 10 items of Self Reporting Questionnaire to measure mental distress and the third and the final part contains questions used to assess history of substanceuse in their life time.

To assure the data quality high emphasis was given in designing data collection instrument and for its simplicity , the questionnaire was pre-tested, prior to the actual data collection on 20 students of the respondents

that were not included in the main survey, followed by modification. As a self-administered questionnaire, it has been designed to be answered easily. Prior to the start of data collection, written consent was granted from the participant and Proper instruction was given before the survey as to the importance of the study for the whole student community as well as the supervisors. To create awareness and to involve in the study, the sensitization remark was posted on the bulletin board with the permission of the office of the academic and research vice dean. The collected data was reviewed and checked in daily base. Data entry format template was produced and programmed and data was coded. Frequency and percentage were used to analyze. Those variables which have significant association were selected for further analysis. Ethical clearance was obtained from Mekelle University Department of Nursing. Confidentiality and beneficence of students was maintained throughout the study by omitting their name and personal identification [21-25].

RESULTS
Socio Demographic Characteristics

Mean age of the students in our study was 20 for both males and females. Of all the respondents about 235 (85.2%) of males and 73(84.9%) females were Orthodox Christian by religion. About 20 (6.6%) of males and 5 (5.8%) of females were Muslim. The ratio of protestant and Catholic was 21(7.7 %) males and 8(9.8%) females respectively. The highest numbers of respondents 154 (50.6%) males and 42(48.8%) female were Tigrian by ethnicity. Next to Tigrian, greatest number of respondents 76(25%) males and 29(33.7%) females were Amhara by ethnicity. Marital Status - 260 (85.5%) of the male students and 61(70.9%) of the female students were single. But 11.5% of the males and 26.7% of the females were married. Residence - 263 (86.5%) of male students and 78(90.7%) of the female students were in the university dormitory (Table 1).

Socio Demographic Characteristics of Students in each departments and their prevalence rate

The total prevalence rate of mental distress symptoms among first year regular students of Mekelle University main campus was 84 (28%) for males and 30(35%) for females from the total number of 304 males and 86 female students. Generally the prevalence rate for both sexes was 29.2%. When it is categorized in each department, electrical engineering the prevalence rate was 37(20%) for males and 5(29.4%) for females, for both sexes 20.4% from a total of 189 male 17 females. Computer sciences- from total of 17 male students 7(41.2%) were prevalent for mental distress and from 16 females students 3(19%) were prevalent, a total of 10(30.3%) for both sexes from a total of 17 males and 16

females. Information science from the total of 20 male students those with mental distress symptoms were 5(25%) and from total of 18 female students with mental distress 9(50%) were prevalent, for both sexes 14(37%) from a total of 20 males and 18 females. Chemistry –from total 16 males 4(25%) were prevalent and from 9 female students 2(22.2%) were prevalent, for both sexes 6(24%) from a total 14 males and 9 females. Physics – from total 3 male students 2(66.7%) and from total 5 females students 3(60%) were prevalent for mental distress, for both sexes 5(62.5%) from a total 3 males and 5 females. Applied geology- from total 11 males students 8 of the males (72.2%) and from female 4 students 2(50%) were prevalent, for both sexes 10(66.7%) from a total 11 males and 4 females. Sport-from a total of 10 male students 2(20%) males were prevalent, for both sexes 2(17%) from a total 10 males and 2 females. LARMEP-from total of 21 male student 13(61.7%) were prevalent and from a total of 5 female student 1(20%) was prevalent, for both sexes 14(54%) from a total 21 males and 5 females. Animal production – from total of 6 male students 2(33.3%) of them were prevalent, for both sexes 2(25%) from a total 6 males and 8 females. Horticulture-from a total of 8 male students 2(25%) males and from total 6 female students 2(33.8%) were prevalent, for both sexes 4(29%) from a total 8 males and 6 females. Veterinary – from total 3 male students 2(66.7%) and from total 2 female students 2(100%) were prevalent, for both sexes 4(80%) from a total 3 males and 2 females.

Health related issues

Health related issue of the students is included in our data and the points included here were relationship with friends and family. Students who have very good relationship with friends and family were about 188(61.8%) male and 47(54.7%) females and 219(72%) males and 64(74.4%) females respectively. Some of the students have satisfactory and good relationship; other few students have not satisfactory and bad relationship with friends and family. Hobby: - the highest number of student's hobby is talking with friends which were about 127(42%) males and 29(33.7%) females, other are reading books, listening music, watching TV program and playing. Way copying problems. Their coping mechanism were most of the students solve their problems by praying which were about 154(50.7%) males and 58(67.4%) females and the least number of students are smoking and drinking about 12(3.9%) males but no females are smoking. Academic performance in first semester: - About 117(38.5%) males have GPA less than 2.5 and 187(161.5%) above 2.51. In females 40(46.5%) below 2.5 and 46(53%) above 2.51 (Table 2).

The prevalence rate of health related issues with mental distress

Marital status - male single accounts about 67(80%) and female 27(90%), married 17(20.2%) males and 3(10%) female. out of the total prevalent total males 84 and females 30. Income the prevalence rate of low economical income in males is 15(18%) and in females 19(63%), while rate of very low income in males is 21(25%) and in female is 5(11%). Unsatisfactory family relationship in males is 5(6%) and in females 3(10%). Bad relationship with family in males 5(6%) and in females 1(3.3%). Relationship with friends in males 10(12%) unsatisfactory, while in females 2(7%). females having bad relationship with friends account 1(3.3%). To summarize the relationship of the above factors with mental distress, it has a contributing factor for having mental distress. Could be being single, having a low or very low income in college student and poor relationship with family members and friends can cause mental distress symptoms.

Mental Distress Symptoms

Most of the students manifest nervous tense or worried about 159 (52.3%) males and 50 (58.1%) females. Next to it head ache was 137 (45%) in males and females 52 (60%), the ration of sleeping badly was 111 (36.5) in males and 39 (45.3 %) in females. In case of trouble

thinking males were 97 (32%) and females 23 (27 %). Some of the students were easily frightened about 94 (31%) males and 33 (38.4%) females. Other students with feeling of unhappiness were 82 (27%) males and 28 (33 %) females. Increasing in heart rate was also present in about 72 (24.5%) male students and 22 (26%) in females. The other most serious mental distress symptoms were social withdrawal and hopelessness having a ration of 61 (20.1%) in males and 19 (22.1%) in females for mental withdrawal and 60 (2 %) for males and 19 (22.1%) in females for hopelessness. Crying more than usual was the least common mental distress symptom among the students having about 48 (16%) males and 18(21%) in females (Table 3).

Associated Factors with Mental distress

The factors associated with mental distress in this study found were chewing, drinking alcohol and smoking cigarettes. Most of the students about 128 (42.2 %) males and 17(19.7 %) females used alcohol drinking in their life. Next to alcohol drinking, students who chew Khat in their life are about 95 (31.3%) males and 9 (10.5%) females. The ratios of students who smoke at least once in their life were 45 (14.8%) males and 9 (10.5%) females (Table 4).

Table 1. Demographic Characteristics of Mekelle University first year regular students in main campus

Sr. No	Variables		Male		Total	100%	Female		Total	100%
			18-22	23-27			18-22	23-27		
1	No of students in sex and age		280	24	304	78	84	2	86	22
2	Religion.	Orthodox	235	24	259	85.2	71	2	73	84.9%
		Muslim	20	-	20	6.6	5	-	5	5.8 %
		Protestant	21	-	21	7.7	8	-	8	9.3
		Catholic	2	-	2	0.7	-	-	-	-
		Others	2	-	2	0.7	-	-	-	-
3	Ethnicity.	Oromo	33	3	36	11.8	10	-	10	11.6
		Amhara	67	9	76	250	29	-	29	33.7
		Tigray	143	11	154	50.6	40	2	42	48.8
		Debub	27	1	28	9.2	4	-	4	4.6
		Others	10	-	10	3.3	1	-	1	1.2
4	Marital Status	Married	27	8	35	11.5	22	1	23	26.7
		Married live with Family	3	6	9	2.9	1	1	2	2.3
		Single	250	1	260	85.5	61	-	61	70.9
5	Family condition	Live together	221	22	243	79.9%	74	-	74	86
		Live separately	28	1	29	9.5	3	2	5	5.8
		Divorced	20	1	21	6.9	5	-	5	5.8
		Not alive	11	-	10	3.6	2	-	2	2.3

6	Place of residency	In university dormitory	249	14	263	86.5	76	2	78	90.7
		With family	14	5	19	6.3	3	-	3	3.5
		House rent	13	2	15	4.9	3	-	3	3.5
		Private house	4	3	7	2.3	2	-	2	2.3
7	Financial in come	More than enough	11	-	11	3.6	-	-	-	-
		Enough for all needs	178	8	186	55.3	42	2	44	51.2
		Low	62	10	72	23.7	21	-	21	24.4
		Very low	29	6	35	11.5	21	-	21	24.4

Table 2. Health Related Issue of Mekelle University first year regular students, Mekelle City, 2011

| Age & sex	Male		Total	100%	Female		Total	100%
	18-22	23-27			18-22	23-27		
Relationship with friends								
Very good	176	12	188	61.8	46	1	47	54.7
Good	92	10	102	33.6	29	1	30	34.9
Not satisfactory	12	2	14	4.6	9	-	9	10.5
Relationship with family								
Very good	202	17	219	72	62	2	64	74.4
Good	7	5	75	24.7	19	-	19	22.1
Not satisfactory	6	2	8	2.6	2	-	2	2.3
Bad	2	-	2	0.7	1	-	1	1.2
Where do you pass our leisure time(Hobby)								
With friends	117	10	127	42	27	2	29	33.7
Listing music	59	8	67	22	20	-	20	23.3
Reading	55	2	57	18.8	20	-	20	23.3
TV	11	2	13	4.3	8	-	8	9.3
Playing	15	2	17	5.6	14	-	14	16.3
Sport	22	-	22	7.2	-	-	-	-
Nothing used	3	-	3	1	-	-	-	-
What do you when you talk with family if problem faced								
Talking with friends	133	5	138	45.4	28	-	28	32.6
Praying	135	19	154	50.7	56	2	58	62.4
Smoking/drinking	12	-	12	3.9	-	-	-	-
Mental illness in the family								
Yes	20	2	22	7.2	11	-	11	12.8
No	260	22	282	92.8	73	2	75	87.2
With whom do you have close relation in the family								
With father	86	04	90	29.6	28	-	28	32.6
With mother	140	16	156	51.3	37	02	39	45.3
Siblings	52	04	56	18.4	14	-	14	16.3
Other	02	-	02	0.7	05	-	05	5.8
Academic GPA of the semester	1.5 117	2.5 38.5	2.51 61.5		1.5 40	2.5 46.5	2.51 53.51	

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Table 3. Mental Distress Symptoms within the last 30 days of Mekelle University main campus first year regular students, Mekelle City, 2010/2011

No.	Mental Distress Symptoms	Male				Female			
		Yes	100%	No	100%	Yes	100%	No	100%
1	Head ache	137	45.1	167	15	52	60	34	40
2	Badly sleep	111	36.5	193	63.5	39	45.3	47	55
3	Easily freighted	94	31	210	69.1	33	38.4	53	62
4	Nervousness tenses & worry	159	52.3	145	48	50	58.1	36	42
5	Trouble in thinking	97	32	207	68	23	27.7	63	73
6	Unhappiness	82	27	222	73	28	33	58	67.4
7	Unusual Crying	48	16	256	84.2	18	21	68	79.1
8	Hopelessness	60	20	244	80.3	19	22.1	67	78
9	Social withdrawal	61	20	243	79.9	19	22.1	67	78
10	Increasing in heart rate	72	24	232	76.3	22	26	64	74.4

Table 4. The substance related factors with mental distress among Mekelle University main campus first year regular students, Mekelle City, 2010/2011

No.	Associated factors with mental distress	Male				Female			
		Yes	100%	No	100%	Yes	100%	No	100%
1	Chewing khat	95	31.3	209	68.7	9	10.5	77	89.5
2	Drinking alcohol	128	42.2	176	57.8	17	19.7	69	80.3
3	Smoking cigarettes	45	14.8	259	85.2	9	10.5	77	89.5

Figure 1. Total number of Mental Distress Symptoms within the last 30 days among Mekelle University main campus first year regular students, Mekelle City, 2010/2011
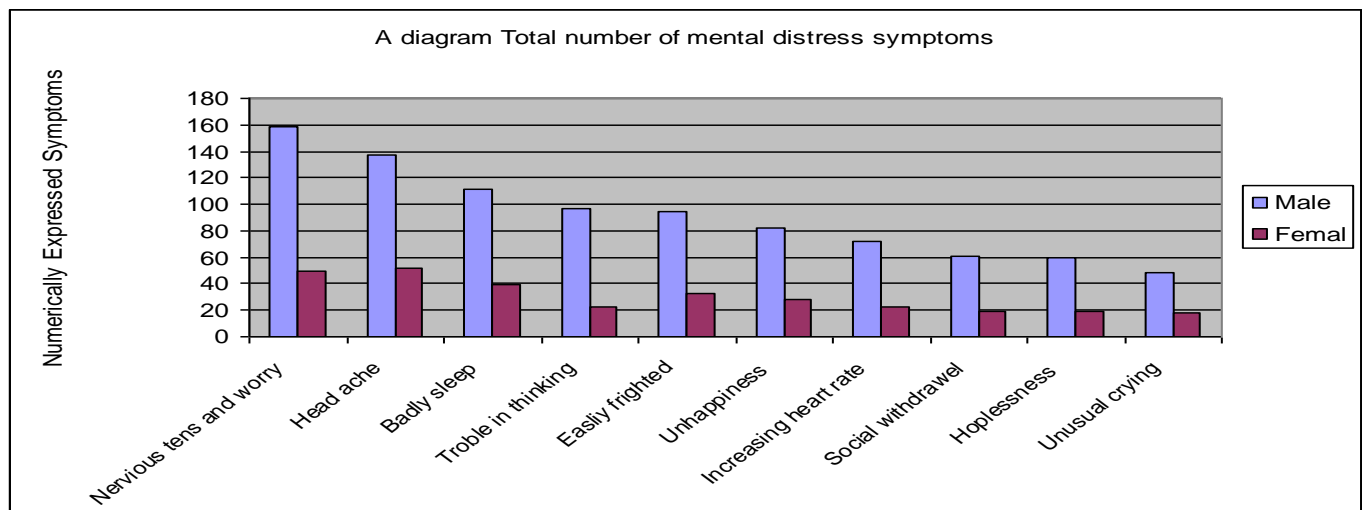
DISCUSSION

This study in Mekelle University main campus first year regular students having sample size of 390 students, we found that among those who have mental distress symptoms, most of the students manifest nervousness and wordiness symptoms about 159 (52.3 %) males and 50(58.1%) females. Students with head ache and badly sleep were 137 (45.1) males and 39 (45.3)females respectively ; showing that women had significantly higher than men and has similarity with the study conducted in Vietnam. Trouble in thinking and easily frightened have a ratio of 97 (32%) in males and 23 (27%) in females and 94 (31%) males and 33(38.4 %) in females respectively in this study. Here also have some similarities with the previous study in Vietnam especially in the type of symptoms having similar symptoms and similarity in gender. This could because of college students are vulnerable to many stressors that can cause mental distress symptoms due to different reasons such as being separated from family for the first time, adaptation problem to the new environment and the academic programmer is self which needs great effort and

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hardworking. Unhappiness was another common problem of the students which accounts about 82(27) males and 28(33%) females. Next to it increasing in heart beat in males were 72(24%) and females 22(26%) this showed that these symptoms are common in college students as showed in similar study in other area.

There may be several causes for these symptoms could be conflicts in the dormitories with follow students, income and stationary materials in adequacy, lack of adequate access to, academic materials, sanitary facility and recreational facility, overcrowding and working about personal safety were also associated with higher levels of mental distress. Here we agree with the study conducted in Hawassa University on 1,198 undereducated students. The highest level of mental distress was observed among first year student 114(29.2%). Hopelessness and social withdrawal were accounts 61(20%) in males and 19(22.1%) in females, while hopelessness was accounts 60(20) in males and 19(22.1%) in females. This could also be due to poor academic performance, poor financial income and social support which is common in college students especially freshman students. Lastly students with symptoms of unusual crying accounts 48(16%) males and 18(21%) females.

This symptom is one of the depressive symptoms among the mental distress symptoms which has close relation with hopelessness due to different reasons; may be social problem, financial problem or poor academic performance and fear of academic dismissal. In almost all the mental distress symptoms gender was determinate factor that is being female, which was similar with the study conducted in different colleges and communities which we included in our literature. The cause why mental distress is higher among females than males could be because of cultural influence, in addition worth load at home, biological factor. Vulnerability was also high in female college students have more server mental health problem than male before. various students elsewhere revealed that students of higher institution pass through a number of difficulties, consequently it was shown that many develop emotional problems [12] colleges are recognized as a stressful environment that often exerts a negative effects on the academic performance, physical health and psychological well-being of the students, stress during education can lead to mental distress and negative impact on cognitive functioning and learning [26]. Research indicates that there is an increase in prevalence of depression, anxiety and stress in college and university students [27]. The amount of frequency of anxiety and stress were more prevalent in female students than male student [28-31]. Also more first year students were affected by those three psychological conditions than second year and above students [32-34].

The cause of depression, anxiety and stress in university students are numerous and varied for example some researchers found that increased academic work load, assignment papers, could cause depression [32-35] In addition several other factors such as financial problems, unrealistic expectations of students and their parents, poor time management, reported failure and lack of experience of success and public speaking or giving a speech where linked to anxiety [36]. With regard to stress there is also a wide range of factors that contribute to stress in university students. The majority of the cause of stress seem to be person's Circumstances and age for instance people experience different stressors in different places: home college, school setting and working environmental. In addition children, adolescent, middle age persons and the older appear to have different stressors.

In this study the prevalence rate of Mekelle university first year regular students in main campus was 84(27.6%) males and 29(33.7%) females. In Vietnam on a sample of 3,425 people age 18 – 60 years found that of mental distress was 5.4(6.8 % in women and 3.9in men) showing that women had significantly higher for several symptoms such as headache. Poor appetite, sleep badly, easily frightened and having trouble thinking which was almost similar finding with this study. study conducted in Addis Ababa university medical students on 342 to estimate mental distress revealed that higher level of mental distress 32.6 % out of which own 6% of medical students report history of suicidal ideation in the last 1 month and female students reported symptoms of mental distress more often than males. The study showed that age and level of training were shown to have significant association with mental distress. It was also indicated that students who use substance during study were reported symptoms of mental distress more often than non users (but the difference was not statistically significant and the risk of mental distress decrees as year of study advances in the medical school [24,37-39].

A recent study conducted on 1,198 undergraduate regular Hawasa University students reported mental distress was extremely higher 49.1% .According to the study the highest level of mental distress were observed among first year students and those who never follow religions programs. In our study the total prevalence rate of mental distress is 84(27.6%) males and 29(33.7%) females which were lower than the finding among Hawasa University students.

CONCLUSION AND RECOMMENDATIONS

This mental distress assessment is planned to assess student with stressful conditions and to put the necessary solution and recommendations in our research project. According to our study we put in our result the most common and major mental distress symptoms describing in sex differentiation and is found mental distress symptoms are higher in female than males. In

general, to summarize among the sample size 390 student 78% of the students were males, &22% females. Most of the students are orthodox Christian. The highest ethnicity were from Tigray, and most of the student were single were live in university dormitory. Students with history of mental illness in their family are about 22(7.2%) males and 11(12.8%) females. Based on our study we recommend that:- Students better get enough awareness how to adapt their new environment in colleges and first separation time from their family, Continuous mental health assessment is essential in college students in order to detect the stressor and to help how to cope with stress. Mental health education is important in colleges especially in freshman. Government and NGO participation to promote mental health delivery service is essential.

COMPETING INTERESTS

In this manuscript there is no any competing interest declaration from anybody or organization about finance, and non financial competing interests such as political, personal, religious, ideological, academic, intellectual, commercial or any other.

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