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Research Article

The Prevalence of Mental Distress and Social Support Among University Students in UAE: A Cross-Sectional Study

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Abstract:
Objective: The aim of this study is to establish the level of mental distress in university students in the UAE**. Methods**: A cross-sectional study with a self-administered structured questionnaire (SRQ-20) was carried out from December 12, 2023 to February 4, 2024. The sample comprised 163 university students, of which 85 were males and 78 were females. Self-reported COVID-19 infection history was as follows: 32.7% of the participants said they had been infected with COVID-19.
Results: The study discover that 65 per cent of the respondents had a positive attitude towards the programmed. Mental distress was found in 7% of university students with SRQ-20 scores of 8 and above. The mean of the mental distress was 9. 8 (SD: [insert SD]). The results revealed that high distress level was significantly related to female gender, students in non-medical colleges, final academic years, chronic diseases, and low income (p<0. 05).
Conclusions: The level of mental stress among university students in the UAE is high. To address this burden and improve mental health policies and services for students, governmental strategies that aim at increasing social support and mental health services in universities are needed.

Keywords: Mental trauma; Social support; Mental health; University student

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INTRODUCTION

Among important social difficulty, the effects of mental disorders, such as anxiety, migration stress, sleep deprivation, and fatigue, are becoming more significant [1,2]. The studies show that university and colleges students are more susceptible to mental stress than the population [1–4]. Earlier research conducted among students at Jizan University in Saudi Arabia and Dar Es Salaam in Tanzania revealed that 71 per cent of the students had high levels of mental distress. 9% and 70. 0%, respectively. A cross-sectional study conducted in Germany targeted university students and established that there was a high prevalence of mental health disorders, but no anxiety syndromes were noted in the study sample [17][18]. It affects students' thinking, learning, use of substances, and physical activity in a negative way [7, 19–21].These findings stress the need to address mental health concerns holistically in university contexts. [1,5,10,16].

During the COVID-19 widespread that started in December 2019, many researchers in countries, including UAE, KSA, and China, have examined the social and psychological effects of COVID-19 on different groups of people, including students, healthcare workers, and the community at large [11–14, 20, 22]. These studies provide important information about the pandemic's psychological impact on the international level. For instance, Mohammed et al. conducted research among university students in Saudi Arabia to determine their psychological health during the pandemic, and the study showed that 26. Nine per cent of participants reported mental stress, while 22 per cent reported physical stress. 4% presented symptoms of stress[23].

It is well established by all the studies that they have immensely stressed the people, which have increased the vulnerability towards getting anxiety specifically University students [1–14,20,22,25

Methods

Sampling Strategy

Self-administered questions were organized between December 12, 2023, and February 4, 2024, as part of a cross-sectional study in the UAE.

In this case, convenience sampling methods were employed in the identification and selection of the participants. The study population was composed of students of the university. The convenient sampling criteria adopted were (1) The participants must be university students and must be at least 18 years of age and (2) The students must be studying at any University in the United Arab Emirates. These were the inclusion criteria for enlistment of the students; any student who met these criteria was eligible to participate in the study. University students were invited to participate in the study through WhatsApp, Twitter, and Facebook. The participant was introduced to the study's aim and objectives in the initial survey stage.

Questionnaire Tool

In this study, Mental trauma was observed by the SRQ-20, which is a 20-item questionnaire developed by the WHO to evaluate mental health symptoms [26,27] [1,28]. The SRQ-20 has been validated for face, content, and criterion validity in different languages and settings and has shown good internal consistency, reliability, stability, sensitivity, specificity, and construct validity [28]. Respondents were requested to indicate symptoms that they had in the past month, and a total of eight or more was considered a high level of mental distress [1,8]. The second scale used was the Social Support Questionnaire, which is a 12-item scale that measures perceived social support using a 5-point Likert scale [33]. The SSQ is divided into three subscales: significant others, family, and friends, each of which includes four items; the total score is sixty, and the maximum score for each subscale is twenty [33]. Studies have established the factorial validity, internal consistency reliability, construct validity and inter-test reliability of the SSQ for different population groups [27, 33–36]. To confirm internal validity of the scales, Cronbach's alpha coefficients were computed. The SRQ-20 and SSQ had good internal consistency reliability with Cronbach's alpha coefficients of 0. 880 and 0. 913.

Statistical Analysis

He collected and analyzed data using Statistical Package for Social Sciences (SPSS) version 27 (IBM Corp, Armonk, NY, USA). The quantitative data was summarized using mean and standard deviation for the continuous variables, while the qualitative data was summarized using frequency and percentage. The differences in mental distress between the groups were compared using independent samples t-tests, while one-way ANOVA was used to compare the means of social support. Fisher's LSD post hoc test was used to analyze the interaction of the variables. Other assumptions, such as independence of error terms, homoscedasticity, no multicollinearity, and independence, were also checked and met, for instance, by using random logistic regression. The relationship between the social support scores and mental distress was established using multiple linear regression analysis. The SRQ-20 was applied to evaluate the psychological morbidity, and it was considered positive if the score was equal to or higher than eight. The significance level was tested using confidence intervals with an a priori alpha level of 0. 05**.**

Results

In total 163 university students agreed to take part in the study. About fifty-one, point zero zero-eight per cent of them were 18–23 years old, while the remaining sample was above 24 years. Among the respondents, 70. 8% were females, and males comprised 29. 2% of the total population. A higher percentage of the sample was studying at medical colleges, 69% to be precise.

Participants from the first year to the third year constituted the larger proportion of the study sample 48. 9%. Learners taking postgraduate courses formed 11. 9 % of the study population.

Slightly more than nine in every ten (90. 0%) of the respondents stated that they were single. Out of all students, 8. 9 % were married students. The respondent's income was as shown below 66. 0% of the respondents indicated that they earned an income of 500 and below. The responders were asked how many of them had chronic disease and only 6. 2% indicated that they had the disease. Participants' COVID-19 experiences 36. 3% of the participating students said that they had ever been infected with COVID-19 (see Table 1).

Table 1. Demographic characteristics of the study participants.

Demographic Variable	Frequency (%)
Age	
18–20 years	335 (31.5)
21–23 years	418 (39.3)
24–26 years	181 (17.0)
27–29 years	49 (4.6)
30 years and over	80 (7.5)
Gender	
Females	753 (70.8)
Males	310 (29.2)
Field of study	
Medical college	732 (68.9)
Other college	331 (31.1)
Year of study	
First year	145 (13.6)
Second year	153 (14.4)
Third year	222 (20.9)
Fourth year	204 (19.2)
Fifth year	206 (19.4)
Sixth year (for medicine, dentistry and PharmD)	7 (0.7)
Postgraduate study	126 (11.9)
Marital status	
Single	957 (90.0)
Married	95 (8.9)
Divorced	10 (0.9)
Widowed	1 (0.1)
Income level	
Less than 500	702 (66.0)
500 to 1000	237 (22.3)
1000 to 1500	64 (6.0)
More than 1500	60 (5.6)

Mental and Social welfare for University Students

Out of all students belonging to the participating universities, mental distress as determined by the SRQ-20 was established in 65. 7% of them depending on the scores were eight and above. Significant others, as defined by the respondents as people who are important to them, relatives, and friends had a mean mental distress score of 9. 8 (SD: 5. 5/20). The university students who took part in the study had a mean social support score of 41. 9 (SD: 10. 3/60). Average social support score across all three subscales was 13. of the MDI. 9 (SD: 4. 4) for significant others (STO), 14. 8 (SD: 3. 9) for family and friends (STF), and 13. 2 (SD: 4. 2) for the sources with both S and F values. (table 2).

Table 2. Mean mental trauma and social welfare of the participants.

Mental Distress		
	Mean total score (SD)	
Total mental distress score	9.8 (5.5)	
Social support		
	Mean total score (SD)	Mean score per item (SD)
Significant other	13.9 (4.4)	3.5 (1.1)
Family	14.8 (3.9)	3.7 (1.0)
Friend	13.2 (4.2)	3.3 (1.1)
Total social support score	41.9 (10.3)	3.5 (0.9)

Mental Distress and Social Support for University Students Stratified by Demographic Characteristics

Table 3 presents the mean mental distress and social support scores of university students based on the socio-

demographic variables. Students, female students, non-medical students or students in the first year of study, single students, low-income students having income of 500 and below and high-income students having income of 1500 and above, students who have a history of chronic diseases all have more mental distress score than other students ($p < 0.05$).

In this review married or divorced students, groups of 500 to 1000 and students who tested positive for COVID-19 in the past (Table 3).

Multiple regression analysis revealed that social support had a negative significant relationship with mental distress scores; ($t = 6.89$, $p < 0.001$).

Table 3: University students average mental trauma and social support scores, categorized by demographics.

Demographic Variable	Mean Mental Distress Score (SD)	p-Value	Mean Social Support Score (SD)	p-Value
Age				
18–20 years	11.2 (5.5)	0.000 ***	40.6 (10.2)	0.041 *
21–23 years	9.5 (5.5)		42.2 (10.1)	
24–26 years	9.2 (5.6)		42.4 (10.2)	
27–29 years	8.9 (5.4)		42.1 (12.2)	
30 years and over	7.6 (4.7)		44.4 (10.2)	
Gender				
Males	7.6 (5.2)	0.000 ***	41.5 (9.7)	0.400
Females	10.7 (5.4)		42.1 (10.5)	
Field of study				
Medical college	9.4 (5.5)	0.001 **	42.3 (9.9)	0.046 *
Other college	10.7 (5.4)		40.9 (11.0)	
Year of study				
First year	10.6 (5.3)	0.000 ***	40.6 (10.8)	0.001 **
Second year	11.1 (5.4)		40.8 (10.3)	
Third year	10.9 (5.7)		40.1 (10.1)	
Fourth year	9.3 (5.4)		44.0 (10.3)	
Fifth year	8.1 (5.4)		43.2 (9.6)	
Sixth year (for medicine, dentistry and PharmD)	7.3 (5.9)		41.7 (10.7)	
Postgraduate study	9.2 (5.3)		42.3 (10.4)	
Marital status				
Single	10.0 (5.7)	0.003 **	41.5 (10.4)	0.000 ***
Married	7.9 (5.0)		45.9 (7.9)	
Divorced	8.8 (4.7)		44.7 (10.8)	
Widowed	16.0		16.0	
Income level				
Less than 500	10.1 (5.5)	0.033 *	41.1 (10.2)	0.005 **
500 to 1000	8.9 (5.8)		43.9 (9.8)	
1000 to 1500	9.5 (5.4)		43.1 (11.2)	
More than 1500	10.1 (5.2)		41.9 (10.3)	
Do you have any chronic condition?				
No	9.7 (5.6)	0.031 *	42.1 (10.1)	0.078
Yes	11.3 (5.1)		39.7 (12.6)	
Do you have history of COVID-19 infection?				

Discussion

This study, unique in its focus on the UAE, Notably, 65 per cent of the respondents had a favorable impression of the company. Among the participants, 7% experienced mental distress. The risk factors for mental distress, specific to the UAE context, included gender, college type, year of study, chronic disease history, and COVID-19 ($p < 0.05$).

The findings suggested that university students were slightly higher at 44. 45%, compared to 41.1% among Chinese university students and 14% among Tanzanian students [26,37]. This contrast can be elaborate by the fact that the earlier studies were conducted when the level of uncertainty among the populations was lower, which in turn means that among the main factors that have led to the growth of the level of mental disorders and the increase in the psychological load, it is possible to identify the appearance of new mutations in the genome of SARS-CoV-2 [38,38].

The structural aspect of social support was positively related to the functional aspect of social support and the mental health of students [39]. In our study, the level of social support was moderate and almost equal in all three sub-scales, with a mean score of 13. 9 (SD: 4. 4) for significant others, 14. 8 (SD: 3. 9) for family, and 13. 2 (SD: 4. 2) for friends. The social support university students received was moderate, with mean score of 41. 9 (SD: 10. 3/60), equal to about 69. 8%. This means that assistance from relatives and friends lowers the level of stress that comes with changes in the university environment, such as the shift from traditional to remote learning.

This may be because these groups are likely to receive more support from family and friends in their daily activities than other groups. The study also revealed that final-year medical college students and middle-income earners with income between 500-1000 also had more considerable social support. A cross-sectional survey by Naser et al. was conducted in the UAE with more than 4000 participants to evaluate the effects of COVID-19 on social relationships [13].

It is also established that gender acted as a moderator to mental distress, depression, and anxiety, especially during the recent pandemic [11-14, 20, 40,41]. Also, fluctuations in hormonal levels in women are more frequent than in men, which leads to increased mental problems [42,43]. The study also revealed that students with lower years of study, first-year students, and unmarried students had higher mean scores of mental distresses. This contrasts with another study by Ma, Z. et al. (2020), where the authors noted that first-year students experience academic pressure but are not as worried about the future. Xiong P. et al. (2020) [44] observed that non-medical college students had higher mental distress than medical students. Higher distress levels were also reported among students with chronic diseases [46]. In line with Louvardi M. et al. (2020) [45], lower-income participants had higher stress levels. Earlier studies suggested that stress levels decline with age because the elderly are less informed about diseases and their consequences and are less bothered by the idea of dying [46], particularly first-year or single students, reported higher mental distress. However, older people are more sensitive to stress and less capable of change [47-49].

Strengths and Limitations

This study is unique in this regard since it is the first of its kind in the region. It has several significant advantages. Firstly, the study includes an extensive sample of the population and more than 1000 students participated in this investigation. Secondly, our study was valuable as mental distress exerts a prospective, composite effect on students' health and performance. However, some limitations in this present research. In more detail, the nature of the cross-sectional study as a type of research does not allow for determining the existence of cause-effect relationships between the identified study variables. Because there are few investigations regarding WLS in the Middle East, comparing our results with other Arabic-speaking countries sharing the culture was challenging. However, we compared our results to other countries that speak languages other than Arabic and carried forward the discussion of cultural differences. At long last, since data collection was done using an online survey, there is a possibility of not capturing all of the targeted population [53].

Conclusions

A cohort of university students in UAE experiences mental strain. Essentially, governments continue to need to make further support efforts on the social front. Specifically, public efforts to increase social support should be targeted at the high-risk groups of the. Social support measures can also involve self-organizing activities and professional counselling services that could be obliging in easing the burden of students' mental suffering and advancing the goal of mental health parity in all university activities as part of the universities' student health services. As for the programs of social support which should be provided, they should be of the following kinds: affective (emotional), tangibly helpful (instrumental), and informational.

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