



## Mental Health Burden in Higher Education: Exploring the Impact of Bullying, Social Support, and Happiness on Psychological Distress and Suicidal Ideation in Pakistani Students

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### ABSTRACT

**Background:** University students face increasing psychological pressure due to academic demands, social changes, and limited mental health support – particularly in low-resource settings like Pakistan. Mental health disorders, suicidal ideation, and bullying are interlinked concerns with significant implications for student well-being, yet are underexplored collectively in the Pakistani context. **Objective:** To assess the prevalence of depression, anxiety, stress, and suicidal ideation among university students, and to evaluate the association of these outcomes with bullying, subjective happiness, and perceived social support. **Methodology:** A cross-sectional study was conducted at SMBBMU, Larkana from October to December 2024. A stratified random sample of 372 valid responses analyzed. Data were collected using a self-administered online questionnaire including DASS, SHS, and the F-SozU Social Support Scale. Statistical analyses were performed using SPSS v.24.0. A p-value of <0.05 was considered as statistically significant. **Results:** Psychological distress was prevalence across sample, with no significant differences observed by gender ( $p=0.887$ ) or age group ( $p=0.526$ ). Strong inverse correlations were found between psychological distress and both subjective happiness ( $r = -0.85, p<0.001$ ) and social support ( $r = -0.68, p<0.001$ ). Regression analysis identified low happiness ( $\beta = -0.817$ ) and low social support ( $\beta = -0.909$ ) as significant predictors of distress ( $p<0.001$ ). Bullying emerged as a major factor: bullied students had significantly higher scores for depression, anxiety, and stress, and were more likely to report suicidal ideation ( $p<0.001$ ), low happiness, and poor social support. **Conclusion:** The study highlights a high burden of psychological distress among university students, with bullying, low happiness, and inadequate social support as major contributing factors. The findings underscore the urgent need for institutional mental health frameworks, anti-bullying policies, and psychosocial support systems within higher education settings. Culturally sensitive interventions are essential to reduce stigma and promote mental well-being.

### INTRODUCTION

Mental health is a fundamental component of overall well-being, influencing cognitive, emotional, and social functioning. Globally, mental health disorders are recognized as major public health concern, with conditions such as depression and anxiety ranking among the leading causes of disability (1). The World Health Organization (WHO) reports that mental health issues significantly impact individuals' daily lives, reducing productivity, impairing academic performance, and increasing the risk of suicidal ideation (2). Young adults, particularly university students, are at a

heightened risk due to transitional phase they experience, which often includes increased academic demands, financial constraints, and social adjustments. Mental health disorders among university students had been studied worldwide, with findings indicating that a substantial proportion of students experience psychological distress (3,4). While developed countries have established mental health support frameworks within academic institutions, developing nations, including Pakistan, lack adequate resources to address these concerns. In Pakistan, cultural stigmatization of



mental health issue, insufficient institutional mental health services, and a general lack of awareness further compound the problem, making students particularly vulnerable to prolonged psychological distress (5).

The growing burden of mental health disorders among university students has been well-documented in international studies. Research has consistently highlighted the prevalence of anxiety, depression, and stress among young adults, often linked to academic pressure, socio-economic factors, and personal challenges. Studies suggest that students with higher level of psychological distress tend to perform poorly academically, exhibit social withdrawal, and experience difficulties in maintaining interpersonal relationships (6,7). Furthermore, bullying – both traditional and cyberbullying – has been identified as a major contributor to mental health issues, often leading to long-term emotional and psychological consequences (8). Despite these findings, there remains a significant gap in research focusing on mental health disorder among university students in Pakistan. Existing studies have predominantly examined individual aspects of student well-being, such as academic stress or financial instability, without providing a comprehensive overview of mental health challenges. Additionally, few studies in Pakistan have employed validated psychometric tools to measure mental health indicators systemically. This gap underscores the need for an in-depth investigation into the prevalence of mental health disorders, suicidal ideation, and bullying in Pakistani universities, along with an evaluation of existing institutional support systems.

Despite increased recognition of student mental health concerns globally, universities in Pakistan remain ill-equipped to support students facing psychological distress. Many students struggling with anxiety, depression, and suicidal ideation do not seek professional help due to societal stigma or the unavailability of mental health services within their institutions (9). Additionally, bullying – both in-person and online – continues to be a major issue, exacerbating mental health problems and increasing students' risk of emotional distress (8). This study aims to address these challenges by systematically assessing the prevalence of mental health disorders, including anxiety, depression, and stress, among university students. It seeks to identify key risk factors contributing to suicidal ideation and examine the impact of bullying on students' mental health. Furthermore, it will evaluate the adequacy and effectiveness of current mental health support systems in Pakistani universities, offering evidence-based recommendations for improving mental health awareness, implementing preventive strategies, and establishing institutional policies to create a supportive academic environment. This study is expected to provide a comprehensive assessment of mental health issues among universities students, offering empirical insights

to guide institutional policies and intervention strategies. By utilizing validated psychometric tools, the research will systemically evaluate student mental health conditions. The findings will aid in identifying key psychological risk factors and protective elements, leading to the formulation of targeted interventions aimed at improving student well-being. Furthermore, the study is anticipated to contribute to mental health awareness campaigns, facilitating institutional reforms that mitigate psychological stress and enhance students' academic and personal growth.

## MATERIALS AND METHODS

This study employs a cross-sectional research design to assess mental health disorders, suicidal ideation, and bullying among university students in Pakistan. The study utilizes validated psychometric tools to ensure a systematic and reliable evaluation of mental health indicators. This study was conducted at SMBBMU, Larkana, Sindh, Pakistan. Data collection took place over a three-month period, from October to December 2024, ensuring adequate participation and response rates. The target population comprise university students enrolled at SMBBMU, Larkana. To obtain a representative sample, a stratified random sampling technique was employed, ensuring equal representation of students across different academic disciplines and year levels. The sample size was determined to be 372 students. Participants eligible for inclusion were undergraduate and postgraduate students enrolled at SMBBMU, Larkana. They were required to be at least 18 years old and have access to digital platforms to complete the survey. Students with diagnosed severe psychiatric disorders were excluded. Additionally, students who declines to participate or withdrew from the study were excluded. Incomplete or duplicate survey responses were also removed during the data processing phase to ensure data accuracy and reliability.

## Data Collection Procedure

A self-administered online questionnaire was used to collect data, ensuring anonymity and encouraging honest responses. The questionnaire was distributed via Google Forms, with links shared through universities email lists and social media platforms, including WhatsApp and Facebook. Participants were required to provide electronic consent before completing the survey. The questionnaire consisted of multiple sections, gathering information on demographic variables, academic performance, treatment-seeking behaviors, experiences of suicidal ideation, and exposure to bullying.

## Measures and Instruments

This study employed validated psychometric instruments to assess key mental health indicators. The Depression Anxiety Stress Scales (DASS-21) measured symptoms of depression, anxiety, and stress using a 4-point Likert scale, where higher scores indicated greater

psychological distress (10). The F-SozU K-15 Social Support Scale assessed perceived social support on a 5-point Likert scale, with higher scores reflecting stronger emotional and instrumental support (11). The Subjective Happiness Scale (SHS) evaluated overall life satisfaction and happiness levels using a 7-point Likert scale, where higher scores indicate greater subjective well-being (12).

### Data Analysis

Collected data were analyzed using SPSS v.24.0. Descriptive statistics (mean, standard deviations, and frequencies) were used to summarize demographic information and mental health outcomes. Inferential statistical tests, including t-tests, chi-square tests, and regression analysis, were conducted to examine associations between mental health variables, suicidal ideation, and bullying experiences. A p-value of <0.05 was considered as statistically significant.

## RESULTS

A total of 372 university students participated in the study. The age distribution indicated that the majority (79.5%) were between 20 and 25 years old, while smaller proportions fell into the 15-20 (10.5%), 25-30 (6.7%), and above (3.2%) age groups. The sample consisted of 61% females and 39% male respondents (Table 1). Group-wise analysis of psychological distress, measured through DASS scores, revealed minimal variations between gender groups. Female participants reported a mean distress scores of 0.60 (SD = 0.86), while males had a nearly identical mean score of 0.59 (SD = 0.85). There was a statistically insignificant difference ( $p=0.887$ ), indicating that levels of distress did not significantly differ between male and female students (Table 2). Similarly, age-based comparisons showed that participants in the youngest (15-20 years) and oldest (above 30 years) age groups exhibited slightly higher mean distress levels (0.72 and 0.83 respectively) compared to those aged 20-25 ( $m = 0.57$ ) and 25-30 ( $m = 0.68$ ). However, these variations were not statistically meaningful, as indicated by p-value (0.526). Thus, no significant age-related trends in psychological distress were observed within the sample (Table 2).

In examining the associations among key psychological constructs, Pearson correlation analysis revealed strong and statistically significant relationships. Psychological distress were found to be inversely correlated with both subjective happiness ( $r = 0.85$ ,  $p<0.001$ ) and perceived social support ( $r = -0.68$ ,  $p<0.001$ ), suggesting that students experiencing higher distress tended to report lower happiness and support. A positive correlation was also observed between happiness and social support ( $r = 0.59$ ,  $p<0.001$ ), highlighting the reinforcing nature of emotional well-being and interpersonal connectedness (Table 3).

To identify predictors of psychological distress, a multiple regression model was applied. The analysis

demonstrated that both lower subjective happiness ( $\beta = -0.817$ ,  $p<0.001$ ) and reduced social support ( $\beta = -0.909$ ,  $p<0.001$ ) were strong and statistically significant predictors of elevated distress levels. Additionally, male gender was associated with slightly higher distress scores ( $\beta = 1.758$ ,  $p<0.001$ ). These findings emphasize the protective role of psychological factors in mitigating psychological distress among university students (Table 4).

A comparative analysis revealed significant differences in psychological outcomes between bullied and non-bullied students. Bullied students reported higher mean scores for depression (11.4 vs. 7.6), anxiety (10.8 vs. 6.9), and stress (12.2 vs. 8.1), with all differences statistically significant ( $p<0.001$ ). Suicidal ideation was notably more prevalence among bullied students (41.2%) than non-bullied peers (17.5%) ( $\chi^2 = 21.3$ ,  $p<0.001$ ). Additionally, bullied students showed higher rates of low subjective happiness (63.5% vs. 34.7%) and poor social support (59.1% vs. 28.9%) ( $p<0.001$ ). These results underscore bullying as a strong contributor to psychological distress and suicidal risk among university students.

**Table 1**

*Distribution of Study Participants by Age Group and Gender (n=372)*

Age Group	Gender		Total
	Male	Female	
15-20 (years)	21	19	39
20-25 (years)	104	192	296
25-30 (years)	17	8	25
>30 (years)	30	9	12

**Table 2**

*Psychological Distress (DASS) Scores by Gender and Age*

Category	Number	Mean DASS Score	SD	p-value
Gender	Male	227	0.60	0.887
	Female	145	0.59	
Age (in years)	15-20	39	0.72	0.526
	20-25	299	0.57	
	25-30	25	0.68	
	>30	12	0.83	

**Table 3**

*Pearson Correlation Matrix among Psychological Variables*

Variable	DASS Score	Happiness (SHS)	Social Support
DASS Score	1.00	-0.85	-0.68
Happiness (SHS)	-0.85	1.00	0.59
Social Support	-0.68	0.59	1.00

**Table 4**

*Linear Regression Predicting Psychological Distress (DASS Score)*

Predictor	B (Coef.)	SE	t	p-value	95% CI
Intercept	8.547	0.360	23.72	<0.001	7.839-9.256



Gender (Male)	1.758	0.141	12.43	<0.001	1.480-2.036
Happiness (SHS)	-0.817	0.037	-22.03	<0.001	-0.890, -0.744
Social Support	0.909	0.105	-8.69	<0.001	-1.115, -0.703

**Table 5**

*Comparison of Psychological Outcomes between Bullied and Non-Bullied Students*

Outcome Variable	Bullied Students (n=137)	Non-bullied Students (n=235)	Test Statistic	p-value
Depression (DASS subscale mean $\pm$ SD)	11.4 $\pm$ 4.2	7.6 $\pm$ 3.8	t = 5.89	<0.001
Anxiety (DASS subscale mean $\pm$ SD)	10.8 $\pm$ 3.9	6.9 $\pm$ 3.4	t = 6.21	<0.001
Stress (DASS subscale mean $\pm$ SD)	12.2 $\pm$ 4.5	8.1 $\pm$ 3.7	t = 6.75	<0.001
Suicidal ideation (%)	41.2%	17.5%	$\chi^2 = 21.3$	<0.001
Low subjective happiness (%)	63.5%	34.7%	$\chi^2 = 18.9$	<0.001
Low social support (%)	59.1%	28.9%	$\chi^2 = 22.7$	<0.001

## DISCUSSION

This study provides a comprehensive examination of psychological distress, suicidal ideation, and the experience of bullying among university students in Pakistan, employing validated psychometric tools. The findings not only highlight a concerning prevalence of depression, anxiety, and stress but also emphasize the significance of subjective happiness and social support as protective factors. These outcomes warrant critical reflection in the broader context of existing literature. The psychological burden observed among the students in our study – where over half exhibited moderate to severe distress symptoms – is consistent with the wider body of research in Pakistan. For instance, Muneer et al. reported high levels of stress and depression among Pakistani university students, particularly those engaging in self-harm, with suicidal ideation mediating the relationship between distress and emotional dysregulation (13). Similarly, Salman et al. identified that approximately 32% of student had experienced suicidal thoughts during the COVID-19 pandemic, closely tied to depressive symptoms (14). The high distress levels found in our study may be attributed to the increasing academic, social, and financial pressures placed on university students in Pakistan, as echoes in other documenting significant mental health challenges across various academic disciplines. Notably, our findings indicate no significant gender or age-related differences in psychological distress, which diverges

from several studies that identified females as more psychologically vulnerable. This discrepancy might reflect evolving gender roles and coping mechanisms among youth in urban Pakistani contexts, or a possible underreporting bias among male participants due to societal expectations around emotional expression.

Our findings underscore the protective influence of subjective happiness and perceived social support in reducing psychological distress. Strong inverse correlations were observed between distress and both variables, with regression analysis confirming their predictive power. These outcomes are consistent with evidence indicating that psychological buffers can significantly mediate mental health outcomes. For example, Dar et al. highlighted the mediating role of depression in linking negative social evaluations to suicidal ideation, emphasizing the importance of emotional regulation and social reassurance in mitigating distress (15). In the Pakistani context, where cultural stigmas around mental health often deter students from seeking formal help, strong informal support networks – family, friends, and peers – can serve as vital psychological scaffolding. However, the lack of institutional mechanisms to enhance social support, such as counseling centers or student-led peer groups, limits the scalability of such protective effects. This gap reinforces the need for structured mental health frameworks within university settings.

Bullying, both physical and digital, emerged as a significant factor in the psychological profiles of our participants. Prior research has extensively documented the detrimental effects of bullying on mental health, particularly in relation to depression and suicidal ideation. In Pakistan, Bibi et al. found that bullying among university students was significantly more prevalence than in other countries, with a direct link to poorer mental health outcomes (16). Similar trends have been observed in other studies. For example, a study by Ye et al. found that students who experienced bullying had higher rates of anxiety, depression, and suicidal behaviors (17). The global prevalence of bullying-related psychological distress suggests a universal vulnerability among young adults navigating the complexities of peer relationships, academic pressure, and identity formation (18). In our context, the presence of bullying, particularly cyberbullying may be exacerbated by unregulated digital interactions, lack of institutional safeguards, and limited awareness regarding its psychological consequences. The absence of formal anti-bullying policies in Pakistani universities further contributes to the normalization of such behaviors.

Cross-national comparisons reveal stark contrasts in mental health infrastructure. While developed countries often offer campus-based psychological services, early intervention programs, and trained mental health professionals, Pakistani institutions lag significantly

behind in both policy and practice. Students in Pakistani populations reported limited access to care and a widespread reluctance to seek help due to stigma (19). Moreover, cultural interpretation of distress often pathologize emotional vulnerability, viewing it as a sign of weakness rather than a call for support. This narrative inhibits disclosure, especially in conservative and rural settings (20). Institutional reforms must therefore address not only service delivery but also cultural transformation, through awareness campaigns, mental health literacy programs, and the inclusion of psychosocial education in academic curricula.

Despite its valuable insights, this study has several limitations that must be acknowledged. First, the cross-sectional design restricts the ability to establish causal relationship between psychological distress, bullying, and suicidal ideation. Ethical constraints surrounding prolonged monitoring vulnerable individuals limited the feasibility of a longitudinal approach. Future studies could ethically implement follow-up assessments with appropriate safeguards, such as ongoing informed consent, mental health referrals, and participant anonymity, or track changes over time without compromising well-being. Second, the study was conducted at a single public-sector university, which limits the generalizability of findings to broader student population in different institutional or cultural settings. Considerations related to resource availability and administrative approvals influenced site selection. Expanding future research to include multiple

institutions – while maintaining equitable ethical review processes and standardized protections – would enhance representativeness. Third, data were collected using self-reported online questionnaire, which may introduce bias due to social desirability or underreporting – particularly on sensitive topics like suicidal ideation. Future studies should integrate optional debriefing sessions or direct access to campus counselling services, ensuring that ethical obligations for psychological safety are met. Lastly, the study did not include potentially influential psychosocial factors such as family dynamics, trauma history, or substance use – areas that are often ethically sensitive to probe. Future research should include these dimension through ethically reviewed protocols that ensure participants' emotional safety, provide opt-out options for distressing items, and clearly communicate support pathways.

## CONCLUSION

This study provides a robust, evidence-based examination of psychological distress, suicidal ideation, and bullying among university students. The findings indicate a disturbingly high prevalence of psychological distress among students, with depression, anxiety, and stress cutting across gender and age groups. The study reveals that bullying – especially in the academic and digital domains – is not only prevalent but also strongly associated with elevated levels of emotional distress and suicidal ideation. This underscores the deeply embedded psychosocial risks present in academic environments that lack structured support and regulatory mechanisms.

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