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Positive Mental Health and Psychological Well-Being Among Undergraduate Students in Etawah District, Uttar Pradesh.

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Abstract

This study assessed positive mental health (PMH) and psychological well-being among 200 undergraduate students from selected colleges in Etawah District, Uttar Pradesh, India. Using a descriptive quantitative design, data were collected via the Positive Mental Health Scale (PMH) and the Warwick–Edinburgh Mental Well-being Scale (WEMWBS). Results showed that 64% of students exhibited high PMH levels, with an average PMH score of 18.91 ± 5.25. Mental well-being scores averaged 50.06 ± 8.99, with most students (77.5%) falling within the average range. No significant associations were found between PMH and demographic variables such as gender, residence, or substance use. However, the nature of stay (hosteller vs. day scholar) was significantly related to mental well-being. The findings suggest that while positive mental health and well-being are generally adequate in this population, residential environment may influence psychological health. These results underscore the importance of campus living conditions in mental health promotion among undergraduate students.

Key words: Positive Mental Health, Psychological Well-being, Undergraduate Students, Mental Health Assessment

Introduction

Transitioning to university is often a critical phase marked by new responsibilities and psychological stressors. Students must adapt to independent decision-making, new academic structures, and unfamiliar social environments (Auerbach et al., 2016). These factors can significantly impact mental health, especially in the early years of university life (Beiter et al., 2015).

Most existing research has focused on negative mental health outcomes such as anxiety, depression, and self-harm (Ibrahim et al., 2013). A global meta-analysis indicated that anxiety affects nearly 34% of medical students (Quek et al., 2019), while depression affects approximately 28% (Rotenstein et al., 2016). In contrast, positive psychology emphasizes flourishing and resilience rather than the mere absence of illness (Seligman, 2011; Keyes, 2002).

A bibliometric review revealed a growing scholarly interest in positive mental health, particularly after 2010 (Liu et al., 2022). For example, a study among Irish university students reported moderate levels of mental health, aligning with global patterns (Barry et al., 2017). Similarly, only 27.5% of postgraduate pharmacy students in another study were found to have flourishing mental health (Antaramian, 2015).

The World Health Organization (2004) defines mental health as a state of well-being in which individuals realize their potential, cope with normal life stressors, work productively, and contribute to their communities. Positive mental health (PMH) includes attributes such as personal satisfaction, autonomy, problem-solving ability, and interpersonal skills (Lluch, 1999). Seligman's (2011) positive psychology framework promotes well-being by focusing on strengths, engagement, and meaning, rather than only treating pathology.

Despite a growing body of global literature, limited research has been conducted among non-medical undergraduate populations in India. Therefore, this study aims to fill that gap by assessing PMH and psychological well-being among students in selected colleges in Etawah District, Uttar Pradesh.

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Methodology

This study employed a descriptive, quantitative, non-experimental design and was conducted in undergraduate colleges affiliated with the Uttar Pradesh University of Medical Sciences (UPUMS), Saifai, in Etawah District, Uttar Pradesh. A convenience sample of 200 undergraduate students aged between 17 and 35 years was selected. Participants were enrolled in professional degree programs, able to read and write, and were first-year students who had completed at least half of their academic session. Students were excluded if they were unwilling to participate, physically ill, absent during data collection, or enrolled in diploma, certificate, or non-professional courses.

Data collection was carried out in November 2023 using paper-based, self-administered questionnaires under the supervision of the researcher. Each participant provided informed consent after the purpose of the study was explained, and

confidentiality was assured. Completing the tools took approximately 45–50 minutes per student.

Three instruments were used: (1) a socio-demographic questionnaire; (2) the Positive Mental Health Scale (PMH) comprising 9 items rated on a 4-point Likert scale (0–3), with total scores ranging from 0 to 27 (Lukat et al., 2016); and (3) the Warwick–Edinburgh Mental Well-being Scale (WEMWBS) consisting of 14 items rated from 1 (none of the time) to 5 (all of the time), yielding scores between 14 and 70 (Tennant et al., 2007).

Content validity was established through expert evaluation by five mental health professionals. Reliability was verified using the split-half method, with a reliability coefficient above 0.70. A pilot study involving 20 students was conducted to refine the instruments and procedure.

The study received ethical approval from the Institutional Ethics Committee of UPUMS (Ref No. 86/2023–2024). Data were analyzed using SPSS software, applying descriptive statistics and Chi-square tests, with significance set at $p < 0.05$.

Results

Demographic Characteristics

The demographic profile of the 200 undergraduate students is presented in Table 1. The majority were female (60%) and from rural areas (56%). Academic enrollment was highest among students from unspecified courses (35%) and nursing programs (25%). Most participants identified as Hindu (87.5%) and belonged to the lower-middle socioeconomic class (54%). Family structure was nearly equally distributed between nuclear and joint families. A majority (70.5%) resided in hostels, while 87% reported no substance use. In terms of academic performance, 59% had achieved scores between 61–75%.

Table 1. Frequency, Percentage, and Chi-square Analysis of Sample Characteristics (N = 200)

Variable	Categories	Frequency (n)	Percentage (%)	Chi-square (χ^2)	p-value
Gender	Male / Female	80 / 120	40 / 60	2.25	0.134
Place of Residence	Urban / Rural	88 / 112	44 / 56	1.28	0.258
Course Type	Nursing / B.Pharma / Paramedical / Medical / Others	50 / 37 / 21 / 22 / 70	25 / 18.5 / 10.5 / 11 / 35	12.67	0.027*
Religion	Hindu / Muslim / Christian	175 / 23 / 2	87.5 / 11.5 / 1.0	10.39	0.006*
Socioeconomic Status	Lower / Upper-Lower / Lower-Middle / Upper-Middle / Upper	12 / 20 / 108 / 52 / 8	6 / 10 / 54 / 26 / 4	15.22	0.004*
Family Type	Nuclear / Joint / Extended	97 / 98 / 5	48.5 / 49 / 2.5	0.54	0.763
Substance Use	Yes / No	26 / 174	13 / 87	8.91	0.003*
Relationship Status	Married / Unmarried / Committed / Break-up / Divorced	13 / 157 / 14 / 16 / 0	6.5 / 78.5 / 7 / 8 / 0	11.88	0.019*
Type of Stay	Hosteler / Day Scholar	141 / 59	70.5 / 29.5	24.30	<0.001*
Academic Grade	<50% / 51–60% / 61–75% / >75%	6 / 27 / 118 / 49	3 / 13.5 / 59 / 24.5	18.75	<0.001*

*Significant at $p < 0.05$

Mental Well-Being

Table 2 summarizes the distribution of mental well-being scores as measured by the Warwick–Edinburgh Mental Well-being Scale (WEMWBS). The majority of students (77.5%) scored within the average range (41–59), indicating stable psychological functioning. An additional 9.5% scored above average (60–70), suggesting high psychological well-being, while 10% were categorized as below average or very low (≤40), possibly reflecting mental health vulnerabilities. The overall mean well-being score was 50.06 (SD = 8.99), reflecting a generally moderate level of well-being across the sample.

Table 2. Distribution of Mental Well-Being Scores (WEMWBS) (N = 200)

Well-being Category	Score Range	Frequency (n)	Percentage (%)	Cumulative %
Very Low	0–32	6	3.0	3.0
Below Average	33–40	20	10.0	13.0
Average	41–59	155	77.5	90.5
Above Average	60–70	19	9.5	100.0
Mean ± SD			50.06 ± 8.99	

Positive Mental Health

As shown in Table 3, the majority of participants (64%) demonstrated high levels of positive mental health (PMH), indicative of strong psychological resilience. A further 30% reported moderate levels, while 6% were categorized

as having low PMH. The mean PMH score was 18.91 (SD = 5.25), representing an overall favorable mental health status in the cohort.

Table 3. Distribution of Positive Mental Health Scores (PMH Scale) (N = 200)

PMH Category	Score Range	Frequency (n)	Percentage (%)	Cumulative %
Low	0–9	12	6.0	6.0
Moderate	10–18	60	30.0	36.0
High	19–27	128	64.0	100.0
Mean ± SD			18.91 ± 5.25	

Associations Between PMH and Demographic Variables

Table 4 presents the results of Chi-square tests examining associations between PMH and selected socio-demographic variables. No statistically significant associations were found for gender (χ^2 = 1.78, p = 0.41), place of residence (χ^2 = 1.18, p = 0.55), substance use (χ^2 = 5.43, p = 0.07), or nature of stay (χ^2 = 0.12, p = 0.94). These findings suggest that positive mental health levels among students were not significantly influenced by these variables.

Table 4. Chi-Square Analysis of Association Between Positive Mental Health and Demographic Variables (N = 200)

Variable	χ^2 Value	Degrees of Freedom (df)	p-value	Significance
Gender	1.78	2	0.41	Not Significant
Residence	1.18	2	0.55	Not Significant
Substance Abuse	5.43	2	0.07	Not Significant
Nature of Stay	0.12	2	0.94	Not Significant

Discussion

The findings of this study provide valuable insights into the positive mental health and psychological well-being of undergraduate students in the Etawah District of Uttar Pradesh. A majority of participants demonstrated high levels of positive mental health (64%) and moderate to above-average psychological well-being, as measured by the Warwick–Edinburgh Mental Well-being Scale (WEMWBS). These findings indicate a relatively resilient student population and are consistent with international research reporting similar trends in higher education contexts (Stewart-Brown et al., 2011).

Notably, the study found no statistically significant association between positive mental health and socio-demographic variables such as gender, place of residence, family structure, or substance use. This contrasts with findings from global studies, where variables like gender and urban-rural background were shown to influence mental health outcomes (Ibrahim et al., 2013; Keyes, 2002). The lack of such associations in this study may be attributed to culturally specific protective factors—such as strong familial support, collectivist values, and community-based coping mechanisms—which may buffer psychological distress regardless of demographic differences (Kirmayer et al., 2011).

A significant finding was the association between residential status (hostellers vs. day scholars) and psychological well-being. Students residing in hostels reported better well-being scores, aligning with literature that suggests campus living fosters social integration, peer support, and autonomy (Terenzini et al., 1996). Hostel environments may offer protective psychosocial experiences, including shared academic challenges and communal living, which contribute to enhanced well-being.

The mean scores observed on the Positive Mental Health Scale (M = 18.91, SD = 5.25) and WEMWBS (M = 50.06, SD = 8.99) reflect a balanced distribution of mental health status among participants. These outcomes are comparable to previous studies in similar academic settings, suggesting that many students are successfully navigating the psychosocial demands of university life through internal coping mechanisms and resilience (Antaramian, 2015; Barry et al., 2017).

This study is theoretically anchored in the field of positive psychology, particularly Seligman's (2011) PERMA model, which underscores the role of personal strengths, meaning, and engagement in fostering flourishing. Similarly, Keyes' (2002) mental health continuum model reinforces the understanding that mental health comprises emotional, psychological, and social well-being,

rather than being solely defined by the absence of mental illness.

Furthermore, the results are in line with structured interventions aimed at promoting psychological well-being. Arya and Rentala (2023) demonstrated that a Recovery-Oriented Program (ROP) significantly improved well-being among individuals with severe mental illness, with sustained improvements noted at 30- and 90-day follow-ups, as measured by the WHO-5 Well-being Index. These results suggest that structured, evidence-based mental health programs may be adaptable for use in university settings to enhance resilience and well-being.

Given the growing focus on mental health among students, the findings highlight the necessity for academic institutions to adopt holistic mental health strategies. These strategies should extend beyond individual counseling to encompass socially supportive, inclusive, and developmentally enriching environments. The observed impact of residential status reinforces the importance of fostering community and autonomy within hostel settings. Future research should investigate broader psychosocial variables—such as academic pressure, financial concerns, and peer relationships—and utilize longitudinal or intervention-based designs to better understand and promote mental health outcomes in university populations.

Conclusion

The study found that most undergraduate students in Etawah District demonstrated high levels of positive mental health and average psychological well-being. These outcomes appeared largely independent of socio-demographic factors such as gender, residence, and substance use. However, a significant association with residential status suggests that living arrangements may influence mental well-being. This highlights the need for universities to foster supportive residential environments that promote autonomy and peer connection. Future research should explore additional psychosocial variables to better understand and support student mental health.

Limitations

This study is limited by its small, non-random sample of 200 students from professional programs in a single district, which may affect generalizability. The restricted age range (17–35 years) further limits applicability to other age groups. Moreover, important psychosocial and contextual factors—such as academic pressure, financial stress, and social support—were not assessed. Future research should address these gaps using more diverse samples and longitudinal designs to deepen understanding of the factors influencing student mental health.

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