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Original Research Article

Exploring the Prevalence and Impact of Depression among Higher Education Students in West Bengal

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Abstract: Depression among higher education students is a growing concern, impacting academic performance, social interactions, and overall well-being. This study explores the prevalence and effects of depression among students in higher education institutions in West Bengal. This study explored depression among higher education students from Undergraduate (UG) and Post Graduate (PG) students focusing on gender, habitat, family type, and income, using a survey of 198 students. Beck Depression Inventory (BDI) is used to collect data. Results indicated higher depression in females and urban students. The study reveals distinct patterns in depression levels across demographic variables. Female students exhibit higher rates of mild to severe depression compared to males, who predominantly report minimal depression. Rural students are more prone to moderate and severe depression, while urban students largely experience mild depression. Family structure shows differing effects: nuclear families are associated with higher mild depression, whereas joint families show more moderate depression. Income status also influences outcomes, with low-income groups reporting more mild depression, while medium- and high-income groups show greater minimal depression. Severe depression, however, remains relatively stable across income levels. Overall, gender, habitat, family type, and income significantly shape depression levels among students. These results emphasize the urgent need for mental health interventions and policy recommendations to support student well-being. The study contributes to the growing body of literature on student mental health in India and provides actionable insights for educators and policymakers.

Keywords: Depression, Higher Education, Mental Health, West Bengal, Academic Performance, Student Well-Being.

INTRODUCTION

Mental health problems among college and university students have become a major global concern, with depression being one of the biggest challenges. It affects students' studies, social lives, and overall well-being (Auerbach *et al*., 2016). Depression is a common mental health condition that causes ongoing sadness, lack of interest in activities, tiredness, and trouble thinking clearly. These symptoms can make it hard for students to focus on their studies and personal lives (Kumar & Joshi, 2021). The shift to higher education often brings academic pressure, financial stress, social changes, and worries about the future, all of which increase the chances of depression (Verma, Sharma, & Larson, 2020). In India, student mental health issues are often ignored due to social stigma, lack of awareness, and weak institutional support (Kumar & Joshi, 2021). West Bengal, with its diverse population and large number of students, is an important region for studying depression in higher education. Research shows that mental health problems among Indian students often go undiagnosed and untreated due to limited access to mental health services and cultural beliefs that discourage seeking help (Eisenberg, Hunt, & Speer, 2013). Understanding the extent and effects of depression in this setting is crucial for creating better support systems. Mental health issues, particularly depression, are increasingly prevalent among college and university students, impacting their academic performance, relationships, and overall well-being. Depression, characterized by sadness, loss of interest, and cognitive challenges, complicates students' ability to manage stress. The transition to higher education

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introduces pressures such as academics and finances, heightening mental health risks. In India, high educational competition leads to significant stress, often overlooked by students. Studies suggest that the prevalence of depression among university students in India is notably higher than in the general population, with estimates ranging between 20% and 50% (Verma *et al*., 2021; Kumar *et al*., 2019). In West Bengal, academic and cultural pressures contribute to widespread depression. Untreated, depression can lead to severe outcomes like self-harm, and stigma prevents students from seeking help. Despite growing attention to student mental health, research on depression in West Bengal's higher education sector is limited. This study aims to address this gap by investigating the prevalence and impact of depression on students in the region and informing mental health policies and programs.

LITERATURE REVIEW

Depression is now widely recognized as a serious issue among college and university students worldwide. Studies show that university students are more likely to experience depression due to academic stress, social pressures, financial struggles, and changes in lifestyle (Auerbach *et al*., 2016). Research from different countries suggests that 20-30% of university students suffer from moderate to severe depression (Ibrahim, Kelly, & Adams, 2013). In India, the rate of depression among college students varies between 15% and 40%, depending on factors like gender, financial background, and the college environment (Kumar & Joshi, 2021). West Bengal, with its many universities and colleges, is an important place to study student depression. While some research has been done on student mental health in India, there is limited data specifically on West Bengal. However, available studies suggest that students in the region face high academic pressure, financial difficulties, and a lack of mental health support, all of which contribute to psychological distress (Verma, Sharma, & Larson, 2020). Several factors increase the risk of depression among students. One major cause is academic pressure, as students face intense competition, high expectations, and demanding coursework (Deb, Strodl, & Sun, 2015). Financial stress is another big issue, as many students struggle to pay tuition fees, afford housing, and find stable jobs while studying (Eisenberg, Hunt, & Speer, 2013). Social factors also play a role. Peer relationships, family expectations, and cultural stigma around mental health can worsen depression. In India, many students avoid seeking help due to the negative perception of mental illness (Kumar & Joshi, 2021). Additionally, excessive social media use and digital addiction are emerging factors that contribute to student mental health problems (Huang, 2017). Depression can severely affect students' academic performance. It reduces motivation, focus, and memory, making it harder to study and complete assignments (Bruffaerts *et al*., 2018). Depressed students often have lower attendance, participate less in class, and are at a higher risk of dropping out (Ibrahim *et al*., 2013).

Depression is a significant mental health issue among university students globally, affecting academics, social life, and overall well-being (Auerbach *et al*., 2018). Stress from academic pressure, financial difficulties, and social changes makes students more vulnerable to depression (Ibrahim *et al*., 2013). In India, mental health issues are prevalent but often ignored due to stigma and lack of awareness (Kumar & Akoijam, 2017). Studies show university students experience depression at higher rates than the general population, with estimates of 20%-50% in India (Bantjes *et al*., 2019). Cultural expectations and family pressures increase stress levels (Sarkar *et al*., 2021). Depression negatively impacts concentration, leading to poor grades and even dropout (Kessler *et al*., 2005), and is linked to social withdrawal and substance abuse (Pedrelli *et al*., 2015). Despite its prevalence, mental health services in India are limited, and stigma often prevents students from seeking help (Sarkar *et al*., 2021). Beyond academics, depression impacts overall well-being. Many students experience loneliness, low self-esteem, sleep problems, and even unhealthy coping habits like substance abuse (Eisenberg *et al*., 2013). This highlights the urgent need for better mental health support in universities, including counseling services, peer support programs, and awareness campaigns to encourage students to seek help (Verma *et al*., 2020). Around the world, universities have introduced mental health programs such as counseling, mindfulness training, and stress management workshops (Regehr, Glancy, & Pitts, 2013). However, in India, these services remain limited due to a lack of resources, trained professionals, and cultural stigma (Kumar & Joshi, 2021). Some universities in West Bengal have started mental health initiatives, but many students still struggle to access support. Studies suggest that integrating mental health education into courses, encouraging peer support groups, and providing online mental health resources could help improve student well-being (Verma *et al*., 2020). While past research has shed light on student depression, there are still many gaps, especially in West Bengal. Most studies focus on students in cities, ignoring rural students who may face different challenges. Additionally, little research has explored how well universities in India are addressing student mental health. This study aims to fill these gaps by examining how common depression is among higher education students in West Bengal, what causes it, and how universities are responding. The findings will help universities and policymakers improve mental health support for students.

Delimitations

The study was implemented on Higher education students from UG and PG among Jadavpur University and the University of North Bengal in West Bengal. A sample size of 198 students from both universities. Independent variables include gender, habitat, family type, and monthly family income. The study followed Beck Depression Inventory (BDI) to

examine depression among higher education level students in West Bengal.

The Objectives of the Study

1. To assess the current levels of depression among higher education students under UG and PG level.
2. To examine the prevalence of depression in relation to factors such as gender, habitat, family type, and monthly family income among higher education students under UG and PG level.

Variables of the Study

In this study, several demographic variables were considered to explore their relationship with depression among students in higher education.

Dependent Variable: Depression level.

Independent Variable: Gender, Habitat, Family type, and Monthly family income.

Hypotheses of the Study

In view of the basic research question and objectives of the study the following null hypothesis were formulated: -

$H_0$1: Gender has no significant variation in Depression among the students at higher education level.
$H_0$2: Habitat has no significant variation in Depression among the students at higher education levels.
$H_0$3: Family type has no significant variation in Depression among the students at higher education levels.
$H_0$4: Monthly family income has no significant variation in Depression among the students at higher education levels.

METHOD & STUDY DESIGN

The research followed descriptive survey research method and a cross-sectional survey design to examine depression levels among students in higher education. A total of 198 students were selected using a multistage sampling technique from Jadavpur University and the University of North Bengal, including both undergraduate (UG) and postgraduate (PG) students. This sampling method ensured that every student had an equal chance of being included in the study, enhancing the reliability of the findings. To measure depression, the researchers utilized Beck's Depression Inventory (BDI), a widely recognized psychological assessment tool known for its effectiveness in evaluating depressive symptoms. The inventory assesses various aspects of depression, such as mood, self-perception, and social behavior, providing a comprehensive understanding of the students' mental health status. To ensure the accuracy and consistency of the results, the researchers took special care to verify the reliability and validity of the BDI before its application. By adopting these methods, the study aimed to provide credible insights into the prevalence of depression among university students. The use of established tools and appropriate sampling techniques enhanced the overall trustworthiness of the findings, contributing valuable data to the field of educational psychology and mental health research.

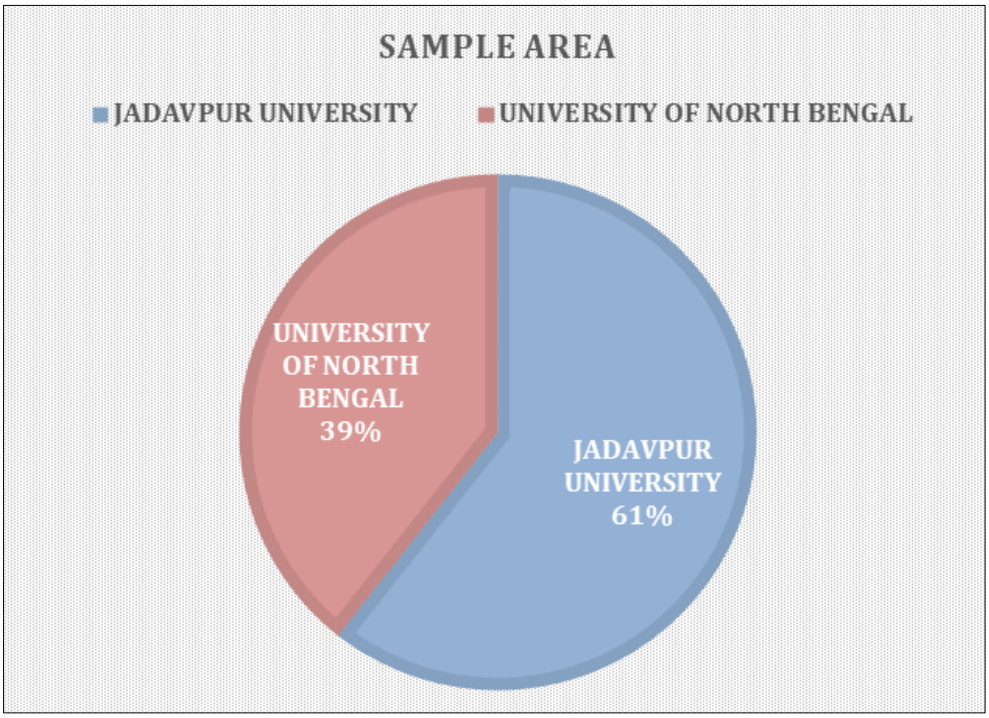

Figure 1.1: The visual representation of the sample:

Descriptive Statistics

Descriptive statistics are the tools used to arrange, summarize, and present data so that it becomes easier to understand. Rather than testing hypotheses or making predictions, they simply describe the key features of the dataset. By doing so, descriptive statistics give a clear snapshot of how the data is distributed, where the average values lie, and how much variation exists within the scores.

Descriptive statistics are presented to show the levels of Depression among higher education students from UG and PG at Jadavpur University and the University of North Bengal.

Table 1: Showing percentage in levels of depression concerning independent factors

		Level of Depression			
		Minimal	**Mild**	**Moderate**	**Severe**
Gender	Male	45.5%	33.0%	17.0%	4.5%
	Female	23.6%	43.6%	23.6%	9.1%
Habitat	Rural	27.6%	29.3%	29.3%	13.8%
	Urban	35.7%	42.9%	17.1%	4.3%
Family type	Joint	35.3%	33.8%	24.1%	6.8%
	Nuclear	29.2%	49.2%	13.8%	7.7%
Monthly Family Income	Low	30.1%	43.4%	19.6%	7.0%
	Medium	41.4%	24.1%	27.6%	6.9%
	High	42.3%	30.8%	19.2%	7.7%

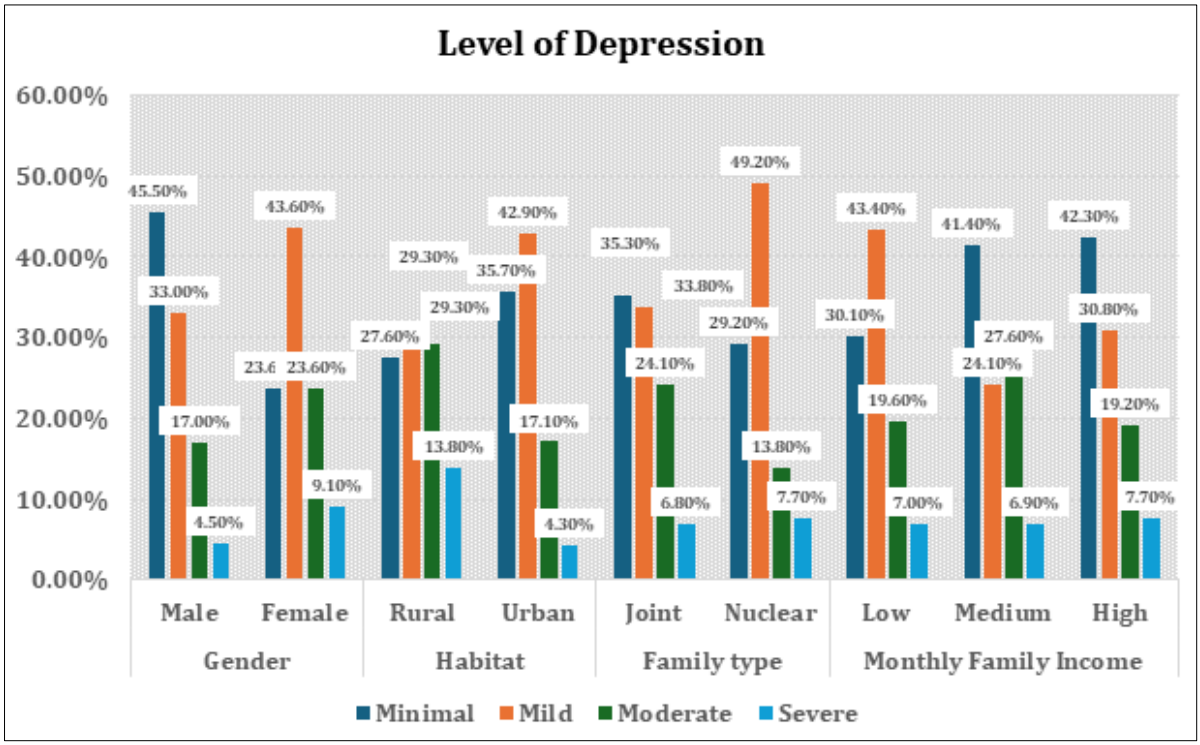

Figure 1.2: The visual representation of the Level of Depression:

Table 1 shows the variation in depression levels based on gender, habitat, family type, and monthly family income. Among males, 45.5% had minimal depression, while 33.0% had mild, 17.0% had moderate, and 4.5% had severe depression. For females, 23.6% had minimal, 43.6% had mild, 23.6% had moderate, and 9.1% had severe depression. Rural students had 27.6% minimal, 29.3% mild, 29.3% moderate, and 13.8% severe depression, while urban students had 35.7% minimal, 42.9% mild, 17.1% moderate, and 4.3% severe depression. Students from joint families had 35.3% minimal, 33.8% mild, 24.1% moderate, and 6.8% severe depression, while those from nuclear families had 29.2% minimal, 49.2% mild, 13.8% moderate, and 7.7% severe depression. Regarding family income, students with low income showed 30.1% minimal, 43.4% mild, 19.6% moderate, and 7.0% severe depression; students with medium income showed 41.4% minimal, 24.1% mild, 27.6% moderate, and 6.9% severe depression; and students with high income showed 42.3% minimal, 30.8% mild, 19.2% moderate, and 7.7% severe depression.

Hypothesis Testing

Table 2: Showing inferential statistics based on hypotheses *($H_0$1-$H_0$4)*

Variables	*Depression*						
		N	**Mean**	**t/F -value**	**df**	**Sig. (2-tailed)**	**Remarks**
Gender	Male	88	12.25	3.1	196	.003	***S* (p<0.05)***
	Female	110	16.21				
Habitat	Rural	140	13.46	2.3	196	.020	***S* (p<0.05)***
	Urban	58	16.83				
Family type	Joint	65	14.12	0.34	196	.731	***NS (p>0.05)***
	Nuclear	133	14.61				
Monthly Family Income	Low	143	14.79	0.665	195	.665	***NS (p>0.05)***
	Medium	29	14.00				
	High	26	13.08				

S- Significant; NS-Not Significant.*

It can be concluded from the above table that there was a significant difference in depression between male students (M = 12.25) and female students (M = 16.21), and the obtained t-value was 3.10 (p = 0.003). The result was statistically significant ($p < 0.05$), indicating that female students reported higher depression than male students. Similarly, a significant difference in depression was found between rural students (M = 13.46) and urban students (M = 16.83), and the obtained t-value was 2.30 (p = 0.020). The result was statistically significant ($p < 0.05$), showing that urban students reported higher depression than rural students.

However, there was no significant difference in depression between students from joint families (M = 14.12) and nuclear families (M = 14.61), and the obtained t-value was 0.34 (p = 0.731). The difference was not statistically significant ($p > 0.05$), suggesting that family type did not influence depression. Likewise, monthly family income (Low: M = 14.79, Medium: M = 14.00, High: M = 13.08) did not have a significant effect on depression, and the obtained F-value was 0.67 (p = 0.665). The difference was not statistically significant ($p > 0.05$), which means that depression levels did not vary according to income groups.

Major Findings

Gender Differences:

Female students reported higher levels of depression compared to male students. Female students experience higher levels of depression than male students, with a greater proportion showing Mild, Moderate, and Severe depression. This suggests that female students may be more vulnerable to mental health challenges.

Habitat Influence:

Urban students reported higher levels of depression compared to rural students. Urban students exhibit higher levels of Minimal and Mild depression, while rural students have higher levels of Moderate and Severe depression. This indicates that rural students may face more severe mental health concerns.

Family Type Impact:

No meaningful difference in depression was found between students from joint and nuclear families. Depression levels do not vary significantly between nuclear and joint families, although nuclear family students show a higher percentage of Mild depression. This suggests that family structure alone may not be a major factor influencing depression.

Family Income and Depression:

Monthly family income did not have any significant influence on depression levels. Students from low-income families tend to have higher levels of Mild depression, while those from medium-income families show the highest Moderate depression levels. However, Severe depression levels remain relatively consistent across income groups, indicating that financial status alone may not be the sole determinant of depression severity.

DISCUSSION

The findings of this study align with earlier research that highlights gender, living environment, family structure, and family income as potential influences on students' depression levels. The study revealed that female students reported noticeably higher levels of depression than their male counterparts. This is consistent with previous research, such as Nolen-Hoeksema (2001), which linked this trend to hormonal differences, societal pressures, and coping strategies. Similarly, Kumar *et al*., (2019) found that female students tend to experience more emotional distress and anxiety, contributing to higher depression rates. The difference in depression levels between urban and rural students reflects earlier studies. For instance, Singh *et al*., (2017) noted that urban students often face greater academic pressure, social competition, and lifestyle challenges, which can heighten their risk of depression. Meanwhile, rural students may have less access to mental health resources, which could result in fewer but more severe cases of depression. This study found no significant difference in depression levels between students from nuclear and joint families, which aligns

with Sharma and Ghosh's (2020) conclusion that family structure alone may not directly impact mental well-being. However, Patel *et al*., (2018) observed that students from nuclear families might experience slightly higher levels of mild depression due to limited emotional support. Although no strong link was found between family income and overall depression levels, students from low-income backgrounds reported higher rates of mild depression. This finding supports Das *et al*., (2021), who suggested that financial challenges can increase stress and anxiety, even if they may not directly lead to severe depression.

In conclusion, these findings highlight the complex connection between demographic factors and student mental health. They emphasize the need for universities to implement tailored support systems to better address students' diverse needs.

Educational Implications

The study on depression among higher education students in West Bengal highlights the need for universities to implement strong mental health support systems, including counseling, stress management, and peer support networks. It suggests that faculty training should focus on recognizing depression and offering appropriate interventions, while integrating mental health awareness into the curriculum to reduce stigma and foster open conversations. Addressing depression could improve academic performance by creating a more supportive environment, benefiting students' overall well-being. Additionally, the research may influence institutional policies, encouraging practices like flexible deadlines and reduced academic workloads. It could also lead to collaborations with mental health professionals for workshops and training, promoting mental health literacy among students and staff. Ultimately, the findings may drive increased investment in mental health services, ensuring a more supportive and inclusive experience for students dealing with depression, which is crucial for their personal and academic success.

CONCLUSION

This study draws attention to the concerning rates of depression among higher education students in West Bengal, highlighting its harmful effects on their studies, social life, and overall well-being. The findings indicate that female students and those from rural backgrounds are more prone to severe depression, emphasizing the need for focused mental health support for these groups. Although family structure had limited influence, students from nuclear families showed higher levels of mild depression. Additionally, students from low-income families experienced more mild depression, while moderate depression was more common in middle-income groups. Depression has a significant impact on students' academic performance, motivation, and social connections. It often results in poor concentration, irregular attendance, and reduced participation in academic activities, ultimately affecting their educational progress. In social situations, depressed students may struggle to form and maintain friendships, which can lead to feelings of isolation and worsen their mental health. To address these concerns, educational institutions must develop strong mental health support systems. Expanding counseling services is essential to ensure students have access to professional help when needed. Awareness programs can also play a key role by educating students, teachers, and parents about the signs of depression and effective coping strategies. Moreover, teacher training programs should include mental health awareness modules to equip educators with the skills to identify and support students in emotional distress. Policymakers should prioritize mental health initiatives by allocating resources for improved services in educational institutions, especially in rural areas where students may face additional challenges. Collaboration between schools, healthcare providers, and community organizations can help create a nurturing environment that supports students' mental well-being.

By addressing these critical issues, this study offers valuable insights for educators, policymakers, and mental health professionals working to enhance student well-being and academic achievement.

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