

# A Study on the Impact of Self-Diagnosis of Mental Health Among College Going Students

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## ABSTRACT

Understanding the intricate and multifaceted impacts of self-diagnosis on the mental well-being of college students is essential. Self-diagnosis refers to the process wherein individuals assess and identify their own mental health issues without professional verification. Many college students resort to self-diagnosis as a method to comprehend and address their mental health challenges, facilitated by the plenty of online resources and the availability of self-help materials. While self-diagnosis may offer a sense of empowerment and self-reliance, it harbors substantial risks and repercussions for students' mental health. Primarily, self-diagnosis increases the likelihood of misinterpreting symptoms and misidentifying conditions, potentially leading to incorrect self-management strategies. Lacking expertise in mental health, students might misinterpret ordinary stress or mood fluctuations as indications of severe disorders, causing unnecessary distress and anxiety. Furthermore, self-diagnosis continues stigma and misconceptions surrounding mental illness, as individuals often rely on incomplete information and assumptions to characterize their experiences. Consequently, students who engage in self-diagnosis may encounter barriers in seeking timely and appropriate professional assistance, delaying evaluation and treatment and aggravating their symptoms. Moreover, the tendency for self-diagnosis fosters a culture of self-reliance and isolation among college students. Deprived of professional guidance, individuals may resort to self-medication or alternative therapies, risking adverse outcomes. Additionally, the struggle to articulate emotions and establish connections with peers undergoing similar challenges exacerbates feelings of alienation and neglect among self-diagnosed individuals. The ramifications of self-diagnosis extend beyond individual well-being, implicating systemic shortcomings within educational institutions. Colleges and universities often lack adequate resources and support services to address students' mental health needs, fostering an environment conducive to self-diagnosis.

Moreover, factors such as peer pressure, financial constraints, and academic pressures cultivate a competitive culture that reinforces students' inclination toward self-diagnosis and self-management. To lessen the adverse effects of self-diagnosis, educational institutions must prioritize awareness, destigmatize help-seeking behaviors, and enhance access to professional mental health services. By fostering a supportive environment that encourages open dialogue and proactive intervention, colleges and universities can better meet the mental health needs of their students and reduce the pervasive impact of self-diagnosis.

**KEYWORDS:** Self-diagnosis, mental well-being, self-management, mental illness, self medication.

## 1. INTRODUCTION

According to WHO, Mental Health is defined as the “state 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”.

According to Earl Robert Babbie, “research is a systematic inquiry to describe, explain, predict, and control the observed phenomenon. It involves inductive and deductive methods.”

Mental Health is not merely the absence of mental disorders, it varies in difficulty and distress and is experienced uniquely by each individual, while unfavorable situations can manifest at any given period in life, they are especially detrimental when they arise at developmentally sensitive times such as early childhood.

Individuals with mental health conditions are more likely to experience reduced psychological well-being, they are more likely to undergo mental health disorders when they are exposed to unfavorable conditions such as poverty, violence, harassment in any form, etc. Encouraging the mental well-being of children and adolescents is a top priority which can be achieved by curated policies and laws that promote and protect mental well-being. The discussions about mental health have gained weight in today's society, emphasizing its significant influence on people's lives, especially those of those attending college. Countries must come up with an innovative strategy to bridge the vast care gap for common mental health conditions.

Self Diagnosis is an effort of diagnosing medical conditions in oneself by using the resources on the internet or books or self-experience.

Self-diagnosing mental health issues has become an increasingly common phenomenon that impacts college students' behaviors, attitudes, and access to support systems. The shift from youth to adulthood, along with demands on academic performance, relationships, and personal struggles, often highlight this group's vulnerability to mental health problems.

This study opens with an in-depth analysis of college-bound students' self-diagnosing mental health. We aim to understand the fundamental causes, consequences and effects of this trend on both individual well-being and larger society frameworks by exploring its complexities. The most prevalent mental disorders that college students self-diagnose are anxiety and depression

The academic, social, and personal dimensions intersect in the college setting, which has an enormous effect on students' mental health.

The widespread judgment around mental health often restricts open speech and help-seeking habits, driving individuals to deal with their issues in silence.

With the emergence of the internet and online platforms, the availability of data has become more accessible, allowing people to look for solutions, reassurance, and support for mental health concerns. A culture of self-diagnosis has also been promoted by this democratization, in which people use internet resources to evaluate their experiences applying medical and psychiatric vocabulary.

Careful research into the consequences and effects of self-diagnosing is necessary since the separation between educated self-awareness and self-diagnosing becomes less clear. Individuals may misread signs, give inaccurate meanings to their situations, and overlook fundamental background factors that influence their mental health trend when they lack expert knowledge and clinical verification. Anxiety, self-doubt, and depression can all be made worse by self-diagnosis, which can lead to a destructive spiral of distress and uncertainty that lowers people's quality of life and their general health.

On one hand, self-diagnosis can lead to improved self-awareness, effective coping mechanisms, and informed choices about addressing mental health. Self-diagnosis may assist individuals feel more in

charge of their lives and more prepared for handling the complex world of mental health treatment by giving them the courage to speak publicly about their experiences and seek what they deserve. Legal and ethical challenges may arise from self-diagnosis of mental health conditions especially when the person tries to self-medicate drugs or engages in risky behavior without adequate guidance from professionals. College students may be discouraged from openly expressing their concerns and seeking counseling if there is a stigma associated with mental health. Self-diagnosis has the potential to aggravate this stigma since individuals may be too embarrassed or ashamed to admit they are struggling, which could stop them from getting the support they need.

Legislations such as India's Mental Healthcare Act, 2017 is a landmark law that deals with the rights and welfare of people who suffer from psychological disorders. The country's mental healthcare system is becoming more compassionate and inclusive as a result of its promotion of accessibility, confidentiality, and protection towards discrimination.

The Medical Council of India (MCI) establishes policies and rules influencing mental health and psychiatric professions. These suggestions impact mental health providers' practices in India indirectly, despite the fact they aren't specifically focusing on the diagnosis and treatment of mental health conditions. The guidelines set forth by the MCI are likely to have an impact on the standards and methods adopted by medical practitioners in the field of mental health.

The 2014 National Mental Health Policy defines the Indian government's approach to addressing mental health issues, even though it is not an instrument of law. It highlights the value of promoting mental health, making sure mental health services are accessible and affordable, and making a concerted effort to reduce the stigma associated with mental illnesses. The policy serves as a framework that directs government initiatives concerning mental health in India.

The WHO's Comprehensive Mental Health Action Plan 2013-2020 was approved by the Sixty-sixth World Health Assembly in May 2013 and was witnessed by health ministers representing 194 member states. In 2019, the Seventy-second World Health Assembly opted to extend the action plan until 2030. Following that, in 2021, the Seventy-fourth World Health Assembly approved amendments to the action plan, which included modifications to the indicators and options for the execution.

The original four major objectives of the updated action plan—better leadership and governance for mental health; comprehensive, integrated mental health and social care services in community-based settings; implementation of promotion and prevention strategies; and strengthened information systems, evidence, and research—remain unaltered, even though new and updated indicators and execution options have been mentioned.

## **1.2 HISTORY:**

### **ANCIENT BELIEFS AND TREATMENTS**

The Ancient beliefs and treatments for mental health were defined by dependency on supernatural explanations and religious rituals. This historical period experienced a combination of cultural, religious, and mythological opinions with an understanding of mental illness that laid a foundation for evolving beliefs and approaches in later eras. Treatments that involved cult practices, exorcisms, and rituals aimed at driving out evil spirits were significantly affected by these beliefs. In addition, certain cultures treated imagined imbalances with herbal remedies and physical procedures like bloodletting. Hippocrates along with other ancient Greek philosophers promoted more medical conceptual terms, arguing that mental illnesses were triggered by natural processes and could be remedied with rest, food, and a healthy lifestyle.

## **MIDDLE AGES AND RENAISSANCE**

The Middle Ages and Renaissance witnessed a gradual shift in the management of mental health from exclusively spiritual methods to the opening of asylums and efforts at more compassionate care. But a clear understanding of mental illness remained unclear and social attitudes toward mental illness were still firmly grounded in an intersection of medical, cultural, and religious beliefs.

During this period, the initial asylums formed; however, they often became overcrowded and provided little care. Humanism is an intellectual tradition that emphasizes rationality and individualism. It has led to an increased awareness of human behavior and psychology.

## **18TH AND 19TH CENTURIES**

The 18th and 19th Centuries observed a shift towards a more ethical and medicalized approach to mental health. Psychiatry's growth and development, asylum changes and the recognition of personal experiences all symbolized significant advancements in our knowledge and administration of mental illness during this period.

Psychiatry progressed in the latter part of the nineteenth century, with the classification of mental disorders made feasible by individuals such as Emil Kraepelin. New perspectives on understanding and management of mental disease were brought about by the development of psychoanalysis, which was led by Sigmund Freud.

### **Early 20th century**

The Early 20th century witnessed significant improvements in mental health care, including the growth of psychoanalysis, advances in biological therapies, and the encouragement of community-based programs. Though asylums continued to be popular at the beginning of the century, isolation and imprisonment were frequently the primary modes of mental health treatment. Yet the need for more compassionate care was becoming more and more evident. Psychology also made advances in the 20th century with the development of antidepressant drugs and the discovery of treatments like lithium for bipolar disorder. The treatment of mental illnesses was transformed by these medicinal discoveries, which abolished the need for institutionalization altogether. This period in history helped pave the way for later in the 20th century and beyond, when there were major improvements in our knowledge of mental health concerns.

### **Community Mental Health Movement (1960s-1970s)**

The 1960s–1970s Community Mental Health Movement created a major shift in the conventional model of mental health treatment by promoting community-based care above institutionalization. The movement aimed to provide a variety of assistance services, encourage community inclusion, and de-stigmatize mental illness.

As a result, therapeutic programs, emergency management teams, and community mental health clinics were established, fostering a more comprehensive and easily accessible approach to mental health treatment. In spite of difficulties and criticism, the movement contributed to the development of contemporary mental health laws and procedures, recognizing the value of community involvement in meeting mental health needs.

### **Deinstitutionalization (Mid-20th Century)**

Deinstitutionalization was a transition from significant, centralized mental institutions to community-based mental health medical care, which primarily took place in the second half of the 20th century. The

aim of this important change in mental health policy was to offer people with mental disorders personalized and compassionate care.

Despite the noble intentions behind the project, there were difficulties to overcome, like the requirement for effective community-based services that often resulted in insufficient assistance for those existing facilities. Large psychiatric hospitals were shut down as part of the process, and community-based mental health services were incorporated. Concerns regarding the awful living conditions in psychiatric hospitals and the development of psychotropic medications gave fuel to the movement's growth in the 1950s and 60s.

### **Advancements in Psychopharmacology (Late 20th Century)**

Significant developments in psychological treatment in the late 20th century revolutionized the treatment of mental illness. A significant time was defined by the introduction and widespread usage of psychotropic medications. The use of antipsychotics, anxiety medications, and antidepressants became crucial in the treatment of a number of disorders related to mental health. Better knowledge of neurotransmitter systems and how they work in mental disorders also developed in the late 20th century, which opened the way for the creation of specific medications. Even though psychological drugs brought about significant breakthroughs, up to date research and ethical considerations continue to influence how mental health care is provided.

### **Contemporary Approaches (21st Century)**

The 21st century has seen a significant shift in mental health approaches, with an emphasis on a more inclusive and comprehensive viewpoint. As the connection between physical and mental health becomes increasingly apparent, holistic treatment that takes both factors into account is becoming more and more common.

Evidence-based solutions, like mindfulness-based therapies and cognitive-behavioral therapy, have become more popular. These techniques prioritize individualization and cultural sensitivity.

The development of online mental health platforms and telehealth has made services more accessible, and technological advances have played a major role in this.

Moreover, attempts to de-stigmatize mental health have gained popularity, encouraging candid discussions about mental health and building social networks.

Overall, the ultimate objective of these modern methods is to provide more thorough, culturally appropriate, and individualized mental health care that takes into account all aspects of each person's experience.

## **1.3 COMMON MENTAL DISORDERS AMONG ADOLESCENTS**

### **-WHO**

#### **EMOTIONAL DISORDERS**

Adolescents are vulnerable to psychological issues. In this demographic group, anxiety disorders—which can involve panic attacks or extreme worry—are more common in older adolescents than in those who are younger. According to WHO, 3.6% of children aged 10 to 14 and 4.6% of those aged 15 to 19 have been reported to suffer from an anxiety disorder. According to research, 2.8% of teenagers aged 15 to 19 and 1.1% of adolescents aged 10 to 14 experience depression. Certain indications of anxiety and depression are similar, such as abrupt and severe mood swings. School participation and academic performance can be greatly affected by anxiety and depressive disorders. Isolation and loneliness may worsen as an outcome of social withdrawal.

## **BEHAVIOURAL DISORDERS**

Behavioral disorders are more prevalent in younger adolescents than in adults. 2.4% of adolescents aged 15 to 19 and 3.1% of children aged 10 to 14 have attention deficit hyperactivity disorder (ADHD), which is characterized by impulsive behavior, excessive activity, and difficulties paying attention. 3.6% of children aged 10 to 14 and 2.4% of youth aged 15 to 19 suffer from behavioral disorder, which is characterized by harmful or problematic behaviors. Adolescents with these problems may have significant impacts on their schooling, and their behavior disorders may contribute to criminal activity. The overall statistics point to a higher rate of certain behavioral disorders among younger teenagers.

## **EATING DISORDER**

Anorexia nervosa and bulimia nervosa are two kinds of eating disorders which often develop during adolescence and early adulthood. Abnormal eating behaviors and an obsession with food, at times coupled with body image and weight problems, are defining features of these conditions.

In particular, anorexia nervosa is a dangerous factor that may result in early death from suicide or health problems. Its mortality rate has been shown to be higher than that of any other form of mental illness, highlighting the serious repercussions associated with this eating disorder.

## **PSYCHOSIS**

Psychotic disorders usually manifest in the late adolescent or the beginning of adulthood. Hallucinations or delusions are just some of the symptoms that may significantly influence an adolescent's participation in school and everyday tasks.

These symptoms indicate some of the challenges faced by those with psychosis-related conditions during this crucial developmental stage and may additionally contribute to stigma and violations of human rights.

## **SUICIDE AND SELF HARM**

Among adolescents aged 15 to 19, suicide is the fourth leading cause of death. A number of factors can increase a person's likelihood of suicide, such as abusing alcohol, mistreatment as a child, stigma associated with seeking for assistance, challenges to receiving care, and the accessibility of suicide tools. Like other media, digital media can have an enormous effect on suicide prevention initiatives, either boosting or weakening them.

## **RISK TAKING BEHAVIOR**

Adolescence is an important phase when a lot of harmful behaviors for well-being, like addiction to drugs and unsafe sexual activity, tend to begin. These actions might be destructive methods of coping for emotional problems, having a negative impact on the individual's mental and physical well-being. In 2016, 13.6% of adolescents between the ages of 15 and 19 reported excessive binge drinking, with men being far more inclined to do so.

Additional issues include the use of tobacco and cannabis, as many adult smokers began before the age of 18, and 15 to 16-year-olds are avid consumers of cannabis. Risk-taking behaviors, which involve engaging in violence, can have adverse effects like lack of education, accidents, getting into conflict with the law, or even mortality. In 2019, one of the leading causes of death for older adolescents turned out to be interpersonal violence.

#### 1.4 NEED FOR STUDY:

In order to examine the effects of self-diagnosing mental health issues, I selected students from the Master of Social Work (MSSW) program as the sample for my research due to their unique perspective and training in the field of social work. Their educational background and real-world experience make them ideal study subjects, particularly when my research focuses on the relationship between mental health and college going students.

In addition, the diverse variety of personal and professional experiences that MSSW students frequently share adds depth to the data that is acquired. I hope to discover more about this particular group and gain insights that will be particularly helpful in the context of mental health.

The majority of the time, self diagnosis leads to misdiagnosis due to lack of training and self evaluation instruments, this further leads to false self treatment or neglect of mental health problems.

Researching the reasons behind students' decisions to self-diagnose as opposed to consulting a doctor can reveal important information about a range of issues that influence their decisions. The scarcity of mental health resources in educational institutions and in the community is one factor that might arise and discourage students from getting professional assistance. A shortage of resources may be part of the appeal for self-diagnosis as a quicker and simpler solution.

In addition, there is still a great deal of shame associated with mental health issues, and further study may reveal how this stigma impacts students' unwillingness to seek professional help or talk openly about their experiences with mental disorders.

Studies can examine how in the present setting of increasing reliance on technology, research studies examining the influence of websites, applications, and online resources on the growing number of self-diagnosis are essential. Examining the ways in which these online resources impact the patterns of self-diagnosis might provide a better understanding of the shifting dynamics of health information-seeking habits.

The availability and range of health information on the internet may enable people to self-diagnose, which may have an impact on their decisions to seek medical treatment from professionals.

Understanding how technology is influencing developments in self-diagnosis might reveal both advantages—like greater health literacy—and disadvantages—like misleading data and the maintenance of stereotypes. Gaining insight into the relationship between technology and self-diagnosis is vital for creating well-informed plans that will maximize the advantages of digital resources while limiting associated risks, ultimately resulting in a more efficient and balanced healthcare system.

Examining the impact of self-diagnosed mental health issues on academic performance provides significant insights into the broader effects of students' educational experiences. This research focus acknowledges the adverse effect that mental health issues can have on academic performance and overall educational outcomes, in addition to their impact upon personal well-being.

Schools and institutions can learn about the complicated nature of student well-being by gaining understanding of how self-diagnoses may affect factors including motivation, focus, and ways to cope. It stresses how crucial it is to support adolescents in managing mental health issues in a comprehensive way in order to get the most out of their learning environment.

Through the analysis of these intersections, researchers assist in the creation of focused therapies and support networks that can improve students' overall educational experiences when they are addressing self-diagnosed mental health issues.

When it comes to the distribution of mental health information, research is essential in creating policies and guidelines. Researchers can provide evidence-based insights that support the development of moral standards and regulations by carefully studying how people interact with self-diagnosis and mental health information. Ensuring the reliability, dependability, as well as backing of public information is crucial. Research can indicate effective strategies for improving mental health literacy and ensuring that people have access to reliable information. To promote mental health knowledge and spread reliable data, this may entail suggestions for the development of educational campaigns, internet resources, or collaborations between technological companies and professionals in the field of mental health.

Research offers qualitative as well as quantitative data that helps understand the variables affecting the trends in self-diagnosis. For example, it may show which categories of individuals are more likely to self-diagnose, which mental health issues are most commonly self-diagnosed, and whether these trends shift over time. The findings advance our knowledge of the complex dynamics behind self-diagnosis in mental health. Moreover, by discovering patterns and trends, researchers might predict future problems and hotspots related to self-diagnosis.

To successfully deal with these issues, this data serves as the basis for well-informed interventions, educational programs, and suggestions for policies. Overall, research in this field is crucial for fostering a better knowledge of self-diagnosis, which will eventually result in enhanced mental health results and more specialized assistance for individuals managing their mental health.

## 11. REVIEW OF LITERATURE

### 2.1 Research Review

1. According to **Jessica A. Jaramillo**, the article “**Down The Rabbit Hole of Self-Diagnosis in Mental Health**” published on **April 10,2023** emphasizes how challenging mental health is to diagnose and manage. It acknowledges that being aware of and mindful of one's challenges may be both powerful and occasionally essential.

Although a self-diagnosis might serve as a basis, seeking a professional diagnosis is crucial for specific confirmation and therapeutic access. It also emphasizes that a proper diagnosis is collaborative in nature, integrating specialized expertise with personal experience. It encourages people to seek out a mental health expert who is compassionate and affirming while being receptive to different interpretations.

The text also emphasizes how the field of mental health science constantly evolves, with diagnostic standards being regularly updated in response to new discoveries. In the end, it highlights how important it is to see mental health as a journey and how getting the aid and answers one needs may have a major effect on one's overall level of wellbeing.

2. According to **Christina Caron**, the study “**Teens Turn to TikTok in Search of a Mental Health Diagnosis**” published on **October 29,2022** focuses on the fact that social media, especially platforms like TikTok, have become hubs for discussions on mental health. It highlights just how easy it is for individuals to access online self-assessment tests and simple definitions. The article further discusses this trend's disadvantages as well. It highlights a concerning increase in young adults' and teenagers' self-diagnosis, which may be influenced by things found online. The concern regarding people diagnosing themselves with uncommon conditions, especially among younger generations, draws attention to the risks associated with relying solely on the internet for mental health advice.

3. According to **Meaghan Warner** the article “**A Challenge with Social Media:Self-Diagnosing Mental Health**” published on **March 26,2021** deals with how social media, especially sites like TikTok, has made



self-diagnosis more prevalent. It raises concerns about how individuals, particularly teenagers, are being led to self-diagnosis and evaluate their personality disorders due to the influence of online content. The article expertly finds a balance between the advantages of increased social media knowledge of mental health issues and the potential risks of self-diagnosis. The author, who represents themselves as a therapist, noticed an increase in people seeking assistance for personality disorders they self-diagnosed after seeing something on social media.

The article recognizes the benefits of more understanding of mental health issues, especially among younger people, and the normalization of these conversations, which have been becoming increasingly common since the beginning of the pandemic.

4. According to **Paola Pedrelli, Maren Nyer, Albert Yeung, Courtney Zulauf, and Timothy Wilens** the article “**College Students: Mental Health Problems and Treatment Considerations**” published on **Aug 21, 2014** briefly recognizes the commonality of mental health issues among college students as well as the particular difficulties brought on by the demands of academics and other pressures related to the college experience. The identification of these factors as potential initiators or aggravating agents of mental health and drug abuse issues is indicative of a thorough comprehension of the complex factors at play. The significance of proactive interventions is highlighted by the understanding that psychosis is chronic, as seen by low rates of treatment seeking and engagement. The study offers an extensive and balanced perspective on the difficulties in treating mental health issues among college students. It rightly highlights the importance of a proactive, multimodal approach to treatment that takes into account both systemic and individual aspects.

5. According to **Cindy Gellner**, the article “**Teens, Social Media, and the trouble with self diagnosis**” published on **OCT 02, 2023** effectively highlights the sensitive nature of teenagers, underscoring their need to fit in and discover their own distinctive personality, making them more vulnerable to the effects of social media. Social media has a powerful influence on kids' perspectives, as indicated by the discovery that after seeing videos or reading posts online, they may hastily form judgments about having mental health conditions. It is appropriately stated that spreading awareness about mental health issues online should not be confused with encouraging self-diagnosis due to its potential for harm.

6. According to **Zara Abrams**, the study “**Student mental health is in crisis. Campuses are rethinking their approach**” published on **October 12, 2022** discusses the acknowledgment that the issue of mental health predates the epidemic and provides important context for the narrative, highlighting the fact that the difficulties were already serious and have been made worse by recent events.

This contextual viewpoint contributes in the development of a more complex understanding of the problem. The extensive list of difficulties that today's college students encounter, which includes relationships, coursework, financial strain, social injustice, and the effects of COVID-19, offers an in-depth understanding of the various factors that contribute to mental health problems. We can better comprehend the complexity of the issue as a result of this holistic approach.

7. According to **Aaiz Ahmed and Stephen Samuel**, the study “**Self-Diagnosis in Psychology Students**” published in January **2017**, addresses psychology students' self-diagnosis, emphasizing proximal factors such as professional expertise and remote variables such as past experience. It finds both internal and external variables that have an impact on self-diagnosis, with effects on mental, emotional, and behavioral aspects that can be both favorable and unfavorable. A detailed analysis of academic maturity is performed. It provides insights into individuals vulnerable to negative effects of self-diagnosis based on specific life experiences.

8. According to **Stephanie Thurrott**, the study “**Signs Your College Student Is Struggling With Mental Health Issues**” published on **November 09, 2022** states that Depression and anxiety are common mental health disorders among college students, and one in three young adults suffer from mental health concerns. It can be difficult to recognize these problems, especially for parents whose students attend colleges far from home. Parents need to talk candidly with their college-age children about any concerns they may have, as the students may already be aware of these difficulties. It's important that parents motivate kids to get help from college counselors and prevention initiatives since these individuals are skilled at identifying and managing mental health issues in an academic environment. Despite the difficulties of distance, it can be very important to encourage college students' well-being to have nonjudgmental talks and to be on the lookout for early signs of mental health issues.

9. According to **Jessica Bryant and Lyss Welding**, the study “**College Student Mental Health Statistics**” published on **February 15, 2023** concluded that 77% of college students reported experiencing moderate to severe psychological distress in 2022. Of these, 35% suffered from anxiety, and 27% from depression. Participants with other mental health conditions included eating disorders, bipolar disorders, OCD, trauma, and drug and alcohol disorders. For 89% of struggling students, academic difficulties were linked to mental health issues. In 2021, 28% of students reported feeling isolated a lot. Comparing LGBTQIA+ and transgender/GNC students to their cisgender and heterosexual peers, the former group experienced increased mental health difficulties. Negative mental health symptoms such as anxiety, insomnia, mental tiredness, and overwhelm were more common among college athletes, especially those participating in women's sports.

10. According to **Fiona Campbell, Lindsay Blank, Anna Cantrell, Susan Baxter, Christopher Blackmore, Jan Dixon & Elizabeth Goyder**, the review “**Factors that influence mental health of university and college students in the UK: a systematic review.**” published on

**20 September 2022**, highlights how important it is to comprehend the factors affecting students' mental health and wellbeing in order to create useful coping mechanisms for the demands of higher education. It reveals a wide range of factors and processes that impact mental health and increase students' risk of encountering poor mental health.

The review stresses how critical it is to identify vulnerable groups and aggravating factors and to put interventions in place before young people move to higher education. It emphasizes how important networks of support and a sense of belonging are as safeguards against mental health issues. Signs like low engagement are also suggested by the study, which may help with early intervention for specific appropriate support.

11. According to the **World Health Organization**, the article “**Mental health of adolescents**” published on **17 November 2021**, provides a review along with significant information about the state of teenage mental health globally. The research highlights that 1 in 7 individuals aged 10-19 globally suffer from a mental health condition, accounting for 13% of the total global burden of illnesses in this age range. The top three causes of illness and impairment among teenagers are behavioral disorders, anxiety, and depression; suicide comes in at number four among the 15–29 age group's causes of fatality. The need of addressing adolescent mental health is emphasized throughout the article, since the effects can persist into adulthood, impairing mental and physical health and reducing chances for happy, fulfilling lives.

12. According to **Michael Kerr**, the article “**Depression and College Students**” published on **July 5, 2017** emphasizes how important lifestyle choices and deadlines are to college students' mental health, especially in terms of their chance to suffer from depression. It names poor nutrition, a lack of physical

activity, and not enough rest as major reasons. A number of academic concerns, such as money restrictions, career uncertainty, and personal challenges, are recognized as possible depressive episode causes which lead some students to drop out of college. The study highlights the difficulties that modern learners confront, including increasing financial obligations and few career opportunities, which can worsen mental health issues.

Most importantly, it highlights the connection between risky behaviors, such as illicit drug use, and depression among college students, emphasizing the importance of mental health education.

**13.** According to **DR. Yamini Kannappan**, the study “**Mental Health Issues Faced by College Students**” published on **October 01, 2020**, explores how college life is a life-changing experience that has an indelible impression on students' years after. It recognizes the dramatic change that occurs when kids navigate their newfound independence and are exposed to a wide range of experiences outside of the high school environment. The article recognizes that although independence is a positive thing, college students may experience anxiety and pressure when they have it. These demands on kids' mentality during their early years come from both personal responsibilities and expectations from society. The study highlights how people seek to strike a balance between freedom and responsibility during the sensitive transition from youth to adulthood.

**14.** According to **Lindsey Fullmer, Allison R. Fleming, Kathleen M. Green**, the review “**Perceptions of Help-Seeking Barriers Among College Students With Mental Health Disabilities**” published on **June 24, 2021**, highlights how campus groups must work together to address issues related to college students' mental health. It emphasizes the fact that many students have mental illnesses that are already present when they enroll in college, even if these conditions increase in young adulthood. According to the study, there may be gaps in campus programs since students with such histories tend to have less positive opinions of discrimination, the college, the environment, and satisfaction with therapy sessions. The findings highlight the susceptibility of students with mental health histories to complications, suggesting that existing programs were unable to satisfy their unique needs. One of the most important steps in promoting inclusivity, according to the assessment, is to regularly examine the campus environment.

**15.** According to **Jason Crosby**, the study “**Thriveworks research indicates Americans commonly diagnose themselves and others with mental health conditions**” published on **Oct 17, 2022** which was conducted by Thriveworks, 44% of Americans have either self-diagnosed or passed on a diagnosis of mental illness to another individual. This is an alarming trend. According to the research, people tend to do this with friends (46%), parents (26%), former partners (24%), and siblings (24%). As per the study, a significant proportion (61%) of the participants based their own diagnoses on symptoms they observed in friends or relatives who had previously received a diagnosis from a professional. Anxiety (65.95%), sadness (58.78%), OCD (33.33%), and ADHD (22.22%) are the most common mental health illnesses found in this self-diagnosis trend. The study shows the need for diagnosis based only on visible signs and clarifies the informal character of mental health diagnosis in social groups.

### III. RESEARCH METHODOLOGY

#### 3.2 TITLE OF THE STUDY:

Impact of self-diagnosis of mental health among college going students in Chennai.

### 3.3 AIM OF THE STUDY:

To study the impact of self-diagnosis of mental health among college going students in Chennai.

### 3.4 OBJECTIVES:

- To study the demographic of the respondents.
- To examine the common mental health issues that students try to self diagnose.
- To analyze the challenges that lead college students to self-diagnose.
- To study the influence of social media, peer pressure, and internet resources on the process of self-diagnosis.

### 3.5 STATEMENT OF THE PROBLEM:

College students who self-diagnose their mental health problems face the risk of making conditions worse by misinterpreting symptoms, refusing professional assistance, and stigmatizing oneself. It may result in incorrect coping techniques or inadequate intervention, which could have an adverse effect on one's general well-being, social interactions, and academic performance. To effectively understand and handle these complicated effects, research is necessary.

### 3.6 SCOPE OF THE STUDY:

The study's scope involves assessing the rate of self-diagnosis of mental health issues among college students, identifying difficulties related to it, and investigating potential solutions. It influences educational programs, methods of counseling, and support services at the college level. Researchers discover more about behavioral patterns, psychological aspects, and the efficiency of self-help tools. Results may impact public health campaigns, financial priorities, and policies at the governmental level that promote mental health awareness and access to medical care. It is essential to understand the complex effects of self-diagnosis so as to create an environment of support and encourage overall wellness in college communities.

### 3.7 DEFINITION:

Self-Diagnosis refers to the process wherein individuals attempt to identify, interpret, and label their own psychological or medical conditions without formal assessment or consultation with trained professionals. Mental Health encompasses a state of well-being wherein individuals can cope with the normal stresses of life, work productively, and contribute to their communities.

### 3.8 RESEARCH DESIGN:

The research design involves a quantitative approach, this can provide a comprehensive understanding of the impact of self-diagnosis on college students' mental health experiences. The study also utilizes a survey design as surveys can be employed to gather self-reported data on self-diagnosis behaviors, mental health symptoms, attitudes towards professional help, and academic performance.

### 3.9 UNIVERSE OF THE STUDY:

The research universe for "the impact of self-diagnosis of mental health among college-going students" encompasses all college students enrolled in educational institutions in Chennai. Additionally, it

encompasses students from diverse demographic backgrounds, including age, gender, ethnicity, and socioeconomic status.

### 3.10 SAMPLING TECHNIQUE:

The study employs convenience sampling, where participants are based on their accessibility and willingness to participate. A sample size of 50 respondents will be targeted for data collection.

### 3.11 SOURCES OF DATA COLLECTION:

The primary source of data for this study is the respondents themselves, who will provide information through a structured questionnaire. Additionally, secondary sources of data, such as existing literature, research reports, and online databases, will be consulted to provide context and background information on the topic of study.

### 3.1. TOOLS OF DATA COLLECTION:

The tool used for this data collection is a structured questionnaire which is designed to gather quantitative data on students' self-diagnosis behaviors, mental health symptoms, attitudes towards professional help, and academic performance.

### 3.13 PRE-TEST:

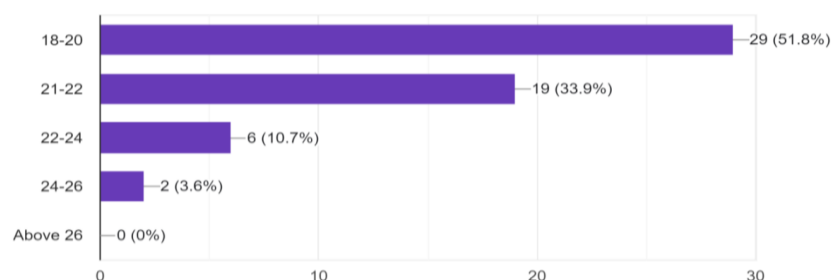
By conducting a pre-test, researchers can refine their survey instrument, assess its validity and reliability, and gather preliminary data on the variables of interest before proceeding with the main study on the impact of self-diagnosis of mental health among college-going students. Here, 5 respondents were selected for pre-test and few changes were made based on their suggestions.

### 3.14 CHAPTERISATION:

- **Chapter I** - Introduction
- **Chapter II** – Review of Literature
- **Chapter III** – Research Methodology
- **Chapter IV** – Data Analysis and Interpretation
- **Chapter V** – Findings, Suggestions and Conclusion
- Bibliography
- Questionnaire

## 4. DATA ANALYSIS AND INTERPRETATION

### 4.1 AGE DISTRIBUTION AMONG RESPONDENTS

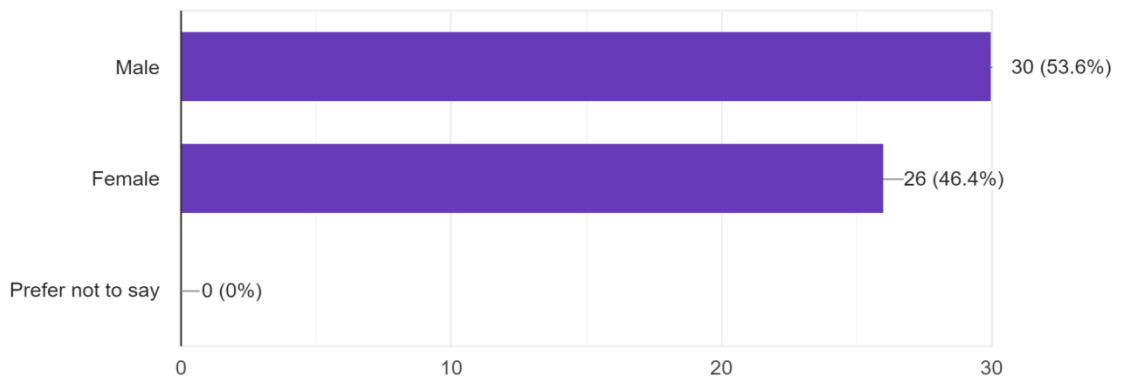


The above graph shows that 51.8% of the respondents are inside the age category 18-20, 33.9% in the category 21-22, 10.7% in the category 22-24 , 3.6% in the category 24-26 and none in the category above 26 years.

S.NO	AGE CATEGORY	FREQUENCY	PERCENTAGE
1	18-20	29	51.8%
2	20-22	19	33.9%
3	22-24	6	10.7%
4	24-26	2	3.6%
5	26 and above	0	-
<b>TOTAL</b>		56	100%

**Table 4.1**

**4.2 GENDER DISTRIBUTION**

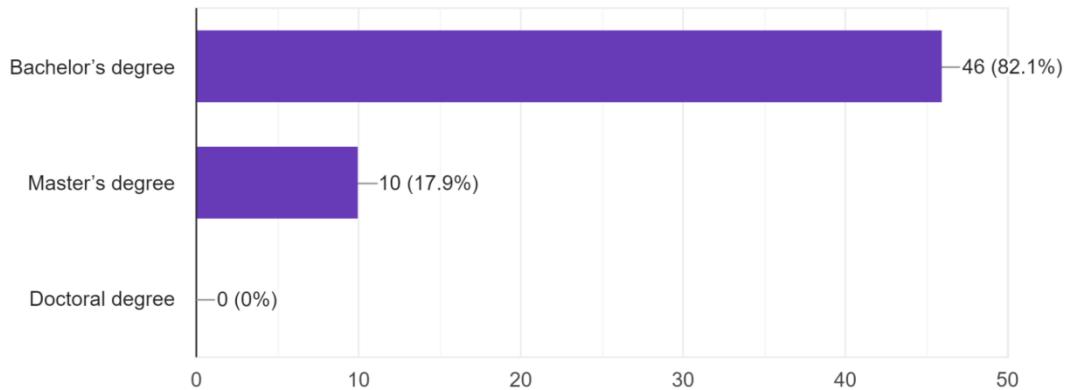


The above graph shows that 53.6% of the total respondents are male and 46.4% are female.

**Table 4.2**

S.NO	GENDER	FREQUENCY	PERCENTAGE
1	Male	30	53.6%
2	Female	26	46.4%
3	Prefer not to say	0	-
<b>TOTAL</b>		56	100%

### 4.3 CURRENT EDUCATION

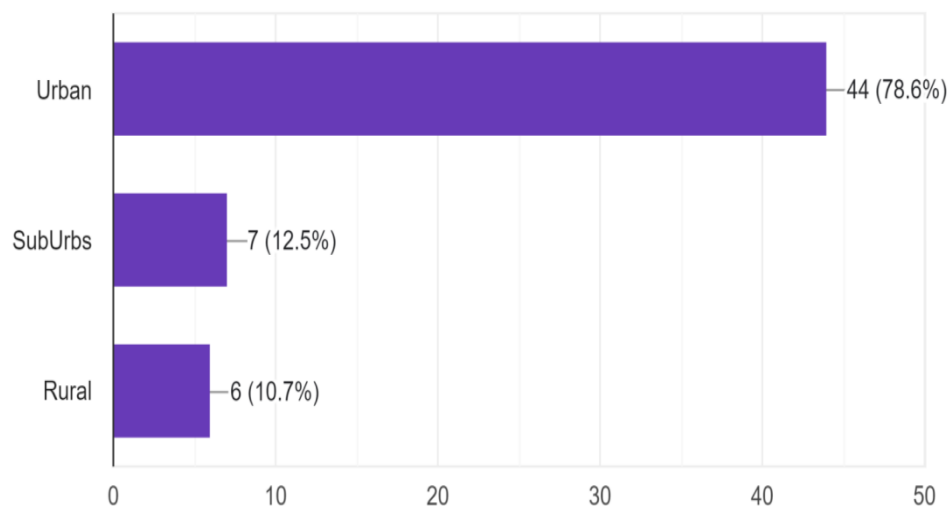


The above graph represents the current education of the respondents, where 82.1% of the overall respondents are pursuing their Bachelor's degree and 17.9% are pursuing their Master's degree.

**Table 4.3**

S.NO	EDUCATION	FREQUENCY	PERCENTAGE
1	Bachelor's degree	46	82.1%
2	Master's degree	10	17.9%
<b>TOTAL</b>		56	100%

### 4.4 PLACE OF RESIDENCE



The above graph represents the place of residence of the respondents where 78.6% reside in Urban areas, 12.5% reside in Sub-urban and 10.7% reside in rural areas.

**Table 4.4**

S.NO	GEOGRAPHICAL LOCATION	FREQUENCY	PERCENTAGE
1	Urban	44	78.6%
2	Suburbs	7	12.5%
3	Rural	6	10.7%
<b>TOTAL</b>		56	100%

**4.5 NUMBER OF FAMILY MEMBERS**

The study shows the number of family members reside with the respondents where 3.6% of the respondents live with one family member, 7.1% of the respondents live with 2 family members, 17.9% of the respondents live with 3 family members, 58.9% of the respondents live with 4 family members, 5.4% of the respondents live with 6 members and 7.1% of the respondents live with more than 6 family members.

**Table 4.5**

S.NO	NO.OF FAMILY MEMBERS	FREQUENCY	PERCENTAGE
1	1	2	3.6%
2	2	4	7.1%
3	3	10	17.9%
4	4	33	58.9%
5	6	3	5.4%
6	More than 6	4	7.1

**4.6 OVERALL WELL-BEING**

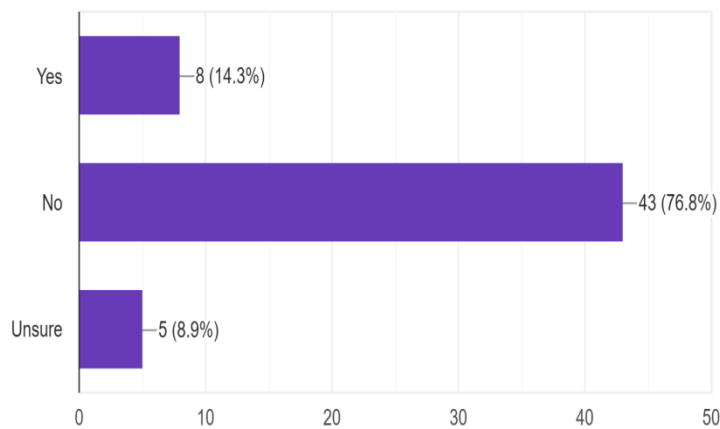
The study shows the overall well-being of the respondents ranging from a scale of 1-10, where 3.6% of the respondents reported their well-being as 1/10, 1.8% as 2/10, 5.4% as 3/10, 3.6% reported 4/10, 16.1 reported 5/10, and again 16.1% responded with 6/10, 19.6% as 7/10, 16.1% answered 8/10, 10.7% reported their well-being as 9/10 and 7.1% reported 10/10.



**Table 4.6**

S.NO	OVERALL WELL-BEING	FREQUENCY	PERCENTAGE
1	1/10	2	3.6%
2	2/10	1	1.8%
3	3/10	3	5.4%
4	4/10	2	3.6%
5	5/10	9	16.1%
6	6/10	9	16.1%
7	7/10	11	19.6%
8	8/10	9	16.1%
9	9/10	6	10.7%
10	10/10	4	7.1%
<b>TOTAL</b>		56	100%

**4.7 FAMILY’S HISTORY OF MENTAL ILLNESS**

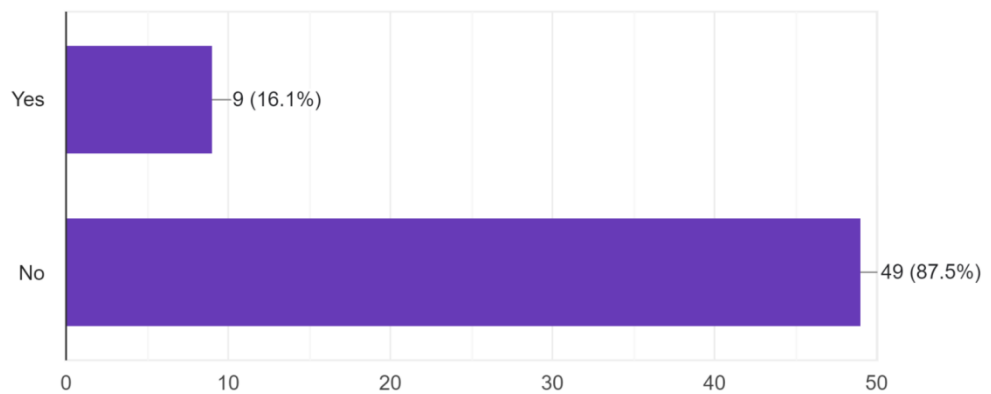


The above graph represents the existence of mental illness among the family members of the respondents. In the chart, 14.3% reported the existence of mental illness among the family members of the respondents, 76.8% said no and 8.9% were unsure about the history of mental illness in their families.

**Table 4.7**

S.NO	Family’s history of mental illness	Frequency	Percentage
1	Yes	8	14.3%
2	No	43	76.8%
3	Unsure	5	8.9%
<b>TOTAL</b>		56	100%

**4.8 PRESENCE OF MENTAL HEALTH CONDITIONS AMONG RESPONDENTS**

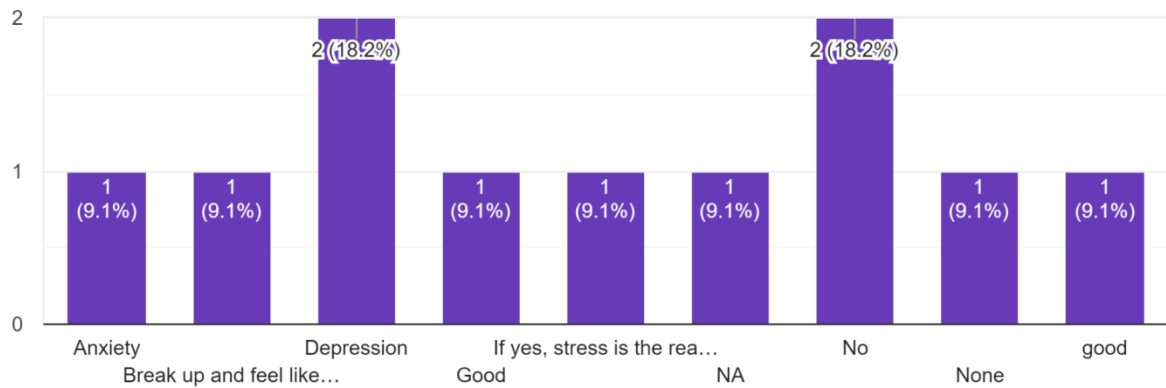


The above graph represents the number of respondents who have pre-existing mental health conditions. where 16.1% of the respondents have pre-existing mental health conditions and 87.5% do not suffer from any mental health conditions.

**Table 4.8**

S.NO	PRESENCE OF MENTAL ILLNESS	FREQUENCY	PERCENTAGE
1	YES	9	16.1%
2	NO	49	87.5%
<b>TOTAL</b>		56	100%

#### 4.9 MENTAL HEALTH CONDITIONS OF RESPONDENTS



The above graph shows the various mental health conditions of the respondents where 9.1% suffer from anxiety, 18.2% struggle with depression and 72.1 do not suffer with any mental health conditions.

**Table 4.9**

S.NO	MENTAL ILLNESS	FREQUENCY	PERCENTAGE
1	Anxiety	1	9.1%
2	Depression	2	18.2%
3	Others	53	72.1%
<b>TOTAL</b>		56	100%

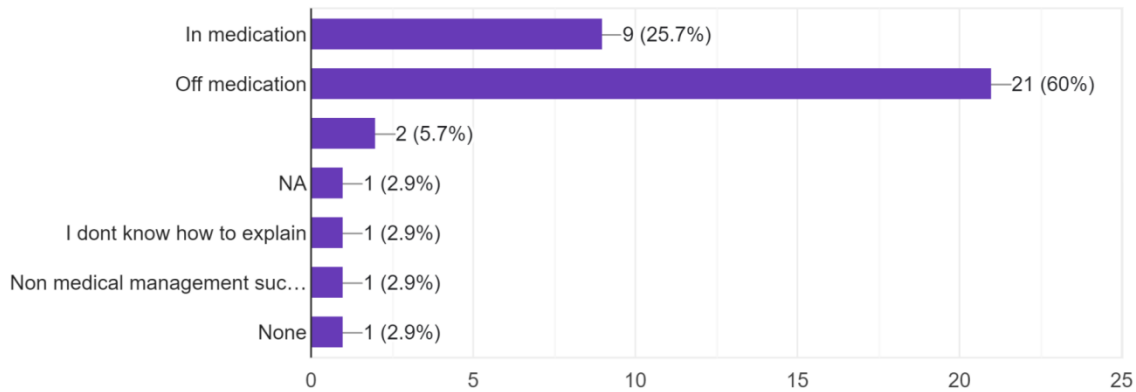
#### 4.10 SYMPTOMS FACED BEFORE REACHING OUT TO A PROFESSIONAL.

**Table 4.10**

S.NO	SYMPTOMS	FREQUENCY	PERCENTAGE
1	Mood swings	1	33.3%
2	Palpitations	1	33.3%
3	Anger	1	33.3%

The above table represents the various symptoms faced by the respondents before reaching out to a professional, where 33.3% experienced mood swings, 33.3% faced palpitations/high heart rate and 33.3% experienced anger.

**4.11 STATUS OF MEDICAL CONDITION.**

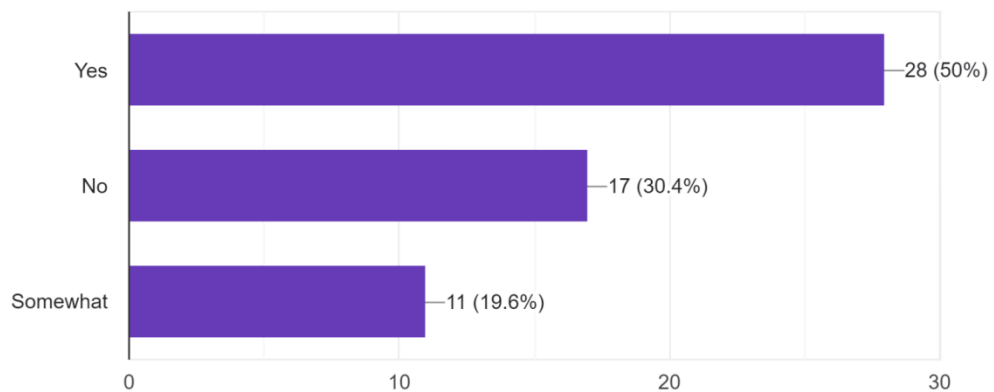


The above graph represents the current status of medical condition of the respondents where 25.7% are in medication and 60% are off medication and 14.3% have reported as Not applicable.

**Table 4.11**

S.NO	STATUS OF MEDICAL CONDITION	FREQUENCY	PERCENTAGE
1	In-Medication	9	25.7%
2	Off-Medication	21	60%
3	Not applicable	26	14.3%
TOTAL		56	100%

**4.12 FAMILIARITY WITH THE CONCEPT OF SELF-DIAGNOSIS**

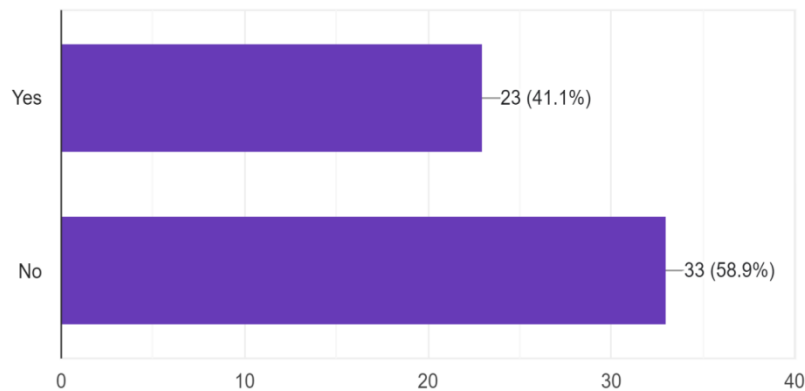


The above graph represents the Respondents familiarity with the concept of self-diagnosis where 50% of the respondents are familiar with the concept, 30.14% are not familiar with the concept and 19.6% are somewhat familiar with the concept.

**Table 4.12**

S.NO	FAMILIARITY WITH THE CONCEPT	FREQUENCY	PERCENTAGE
1	Yes	28	50%
2	No	17	30.4%
3	Somewhat	11	19.6%
<b>TOTAL</b>		56	100%

**4.13 SELF-DIAGNOSIS BY RESPONDENTS**

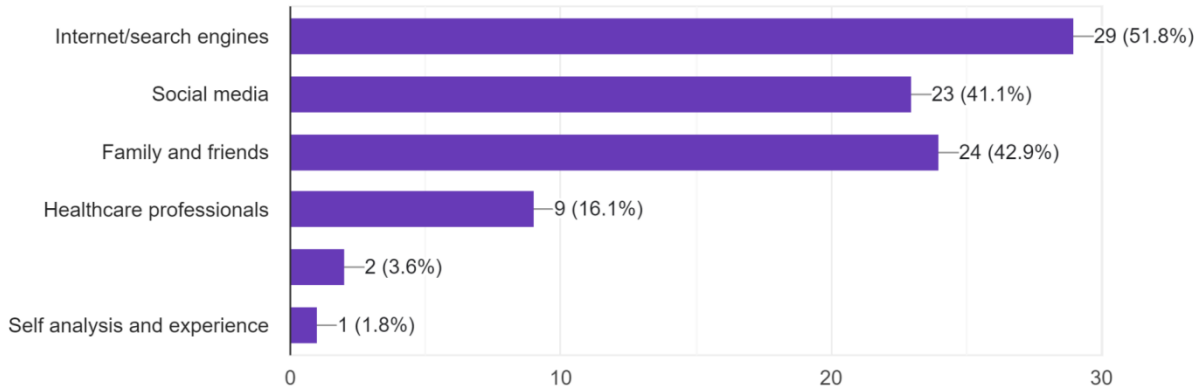


The above graph shows the number of respondents who practice self-diagnosis, where 41.1% of the respondents practice self-diagnosis and 58.9% do not practice self-diagnosis.

**Table 4.13**

S.NO	RESPONDENT'S SELF-DIAGNOSIS	FREQUENCY	PERCENTAGE
1	Yes	23	41.1%
2	No	33	58.9%
<b>TOTAL</b>		56	100%

**4.14 SOURCES FOR MENTAL HEALTH RELATED INFORMATION.**



The above graph represents the various sources where the respondents get information related to mental health. 51.8% of the respondents get it from the internet and 41.1% get it from social media, 42.9% get it from friends and family, 16.1% get their information from healthcare professionals and 4.1% get it from self analysis and experience.

**Table 4.14**

S.NO	SOURCES	FREQUENCY	PERCENTAGE
1	Internet	29	51.8%
2	Social media	23	41.1%
3	Friends and Family	24	42.9%
4	Healthcare professionals	9	16.1%
5	Self analysis	3	4.1%
<b>TOTAL</b>		56	100%

**4.15 FACTORS INFLUENCING SELF-DIAGNOSES**

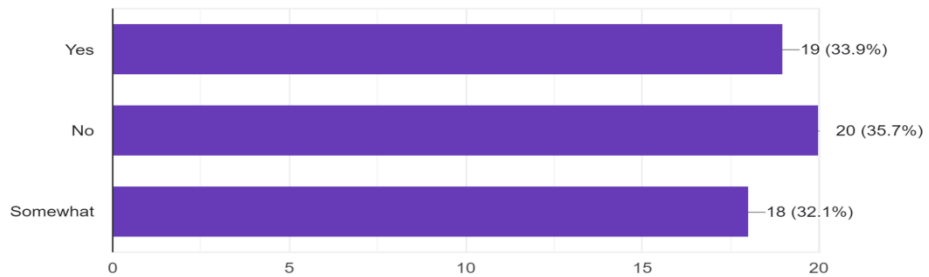
The study shows the various factors influencing respondents into self-diagnosis, where 17.9% of the respondents prefer self-diagnosis over professional help due to stigma, 55.4% due to lack of time. 25% due to lack of access to healthcare, 41.1% due to cost concerns, 19.6% due to lack of support, and 9% due to other reasons.

**Table 4.15**

S.NO	REASONS	FREQUENCY	PERCENTAGE
1	Stigma	10	17.9%
2	Lack of time	31	55.4%

3	Lack of access to healthcare	14	25%
4	Cost concerns	23	41.1%
5	Lack of support	11	19.6%
6	Other reasons	5	9%

#### 4.16 DRAWBACKS OF SELF-DIAGNOSING

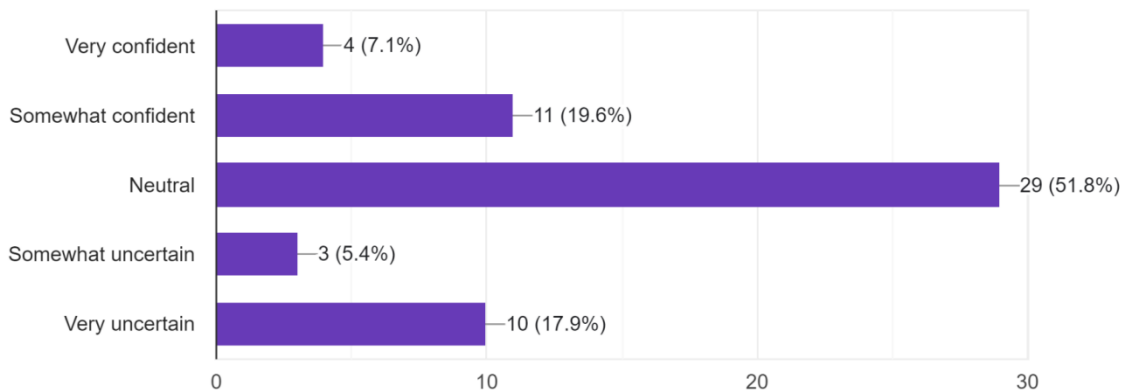


The above graph represents the number of respondents who are aware of the drawbacks of self-diagnosis where 33.9% of the respondents are aware of the drawbacks, 35.7% are unaware and 32.1% of the respondents are somewhat aware of the drawbacks.

**Table 4.16**

S.NO	AWARE OF DRAWBACKS	FREQUENCY	PERCENTAGE
1	Yes	19	33.9%
2	No	20	35.7%
3	Somewhat	18	32.1%
<b>TOTAL</b>		56	100%

#### 4.17 ACCURACY OF SELF-DIAGNOSING

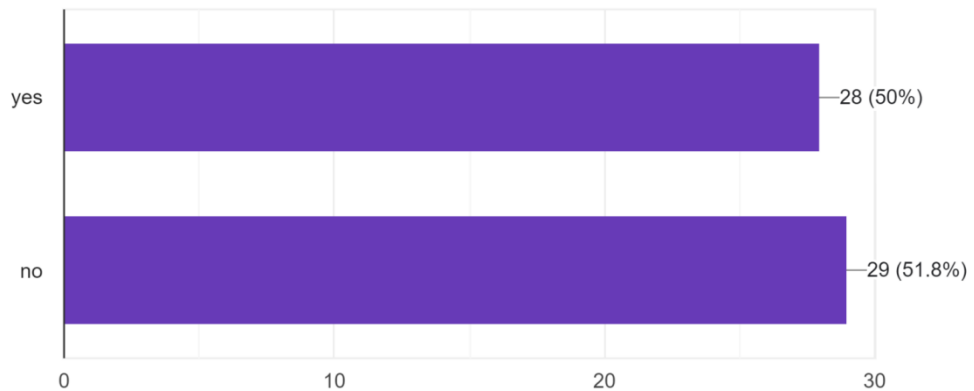


The above graph shows the confidence in the accuracy of self-diagnoses made by the respondents, where 7.1% are very confident, 19.6% are somewhat confident, 51.8% are neutral, 5.4% are somewhat uncertain about the accuracy of the self-diagnoses and 17.9% are very uncertain.

**Table 4.17**

S.NO	CONFIDENCE IN ACCURACY	FREQUENCY	PERCENTAGE
1	Very confident	4	7.1%
2	Somewhat confident	11	19.6%
3	Neutral	29	51.8%
4	Somewhat uncertain	3	5.4%
5	Very uncertain	10	17.9%
<b>TOTAL</b>		56	100%

**4.18 SHARED THE RESULTS OF SELF-DIAGNOSIS**



The above graph represents the number of respondents who have shared the results of their self-diagnosis where 49% have shared their results and 51% have not shared the results of their self-diagnosis with anyone.

**Table 4.18**

S.NO	SHARED THE RESULTS	FREQUENCY	PERCENTAGE
1	Yes	28	49%
2	No	29	51%
<b>TOTAL</b>		56	100%



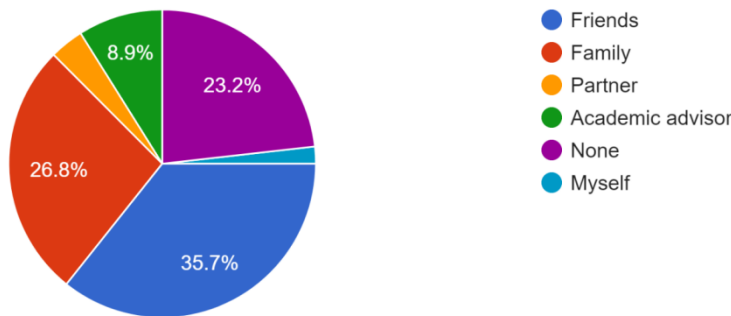
**4.19 RESPONDENTS HAVE SHARED THEIR RESULTS WITH THESE GROUPS.**

The study shows groups the respondents have shared their results with where 75.7% have shared the results of their self-diagnosis with family, 40.5% with their friends, 13.5% with their academic advisor, 5.4% with a mental health professional and 8.1% with others.

**Table 4.19**

S.NO	GROUPS	FREQUENCY	PERCENTAGE
1	Family	28	75.7%
2	Friends	15	14.5%
3	Academic advisor	5	13.5%
4	Mental health professional	2	5.4%
5	Others	6	8.1%
<b>TOTAL</b>		56	100%

**4.20 INFLUENCE TO SEEK PROFESSIONAL HELP**



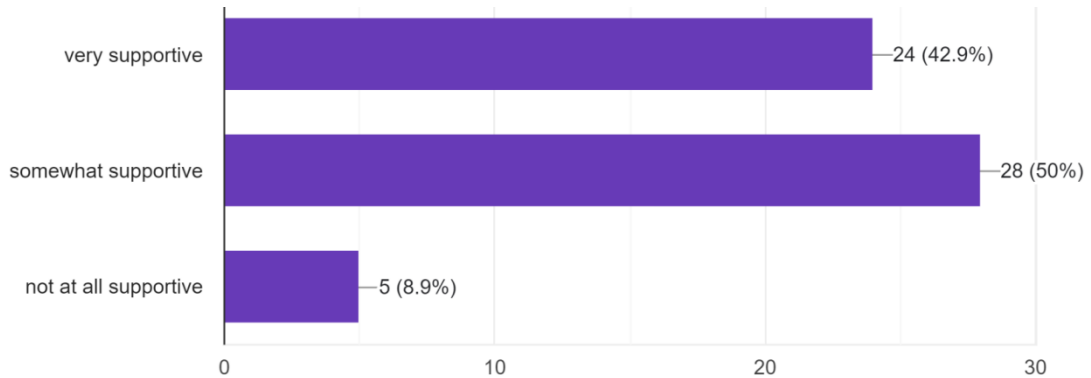
The above pie chart represents the groups who influence the respondents to seek professional help after self-diagnosing. Family members influence 26.8% of the respondents, friends influence 35.7% of the respondents, Academic advisor pushes 8.9% of the respondents, Partners influence 3% of the respondents and none push 23.2% of the respondents to seek help.

**Table 4.20**

S.NO	GROUPS	FREQUENCY	PERCENTAGE
1	Friends	20	35.7%
2	Family	15	26.8%
3	Academic advisor	5	8.9%
4	Partner	2	3.6%

5	None	13	23.2%
<b>TOTAL</b>		56	100%

**4.21 SUPPORT REGARDING MENTAL HEALTH CONCERNS**

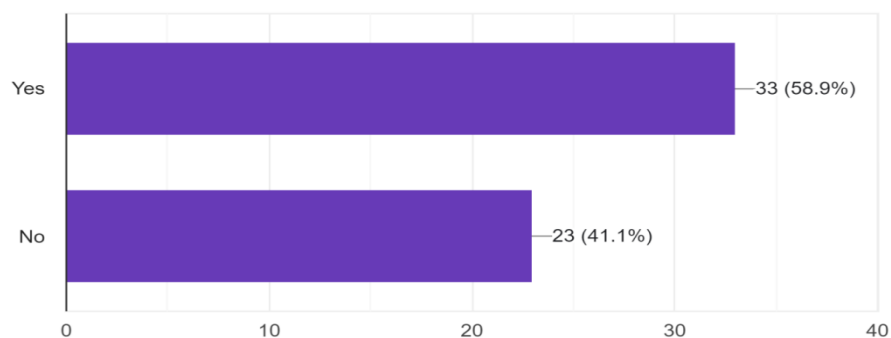


The above graph shows how supportive the friends and family of the respondents were regarding their mental health concerns. 42.9% have reported very supportive, 50% reported somewhat supportive and 8.9% reported not at all supportive.

**Table 4.21**

S.NO	FAMILY & FRIENDS	FREQUENCY	PERCENTAGE
1	Very supportive	24	42.9%
2	Somewhat supportive	28	50%
3	Not at all supportive	5	7.9
<b>TOTAL</b>		56	100%

**4.22 OTHERS ENGAGING IN SELF-DIAGNOSES**

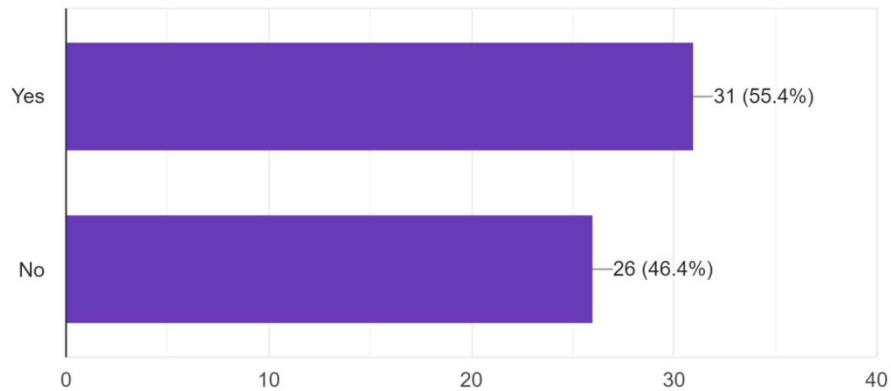


The above graph shows the number of people in the respondent’s social circle who engage in self-diagnosis where 58.9% engage in self-diagnosis and 41.1% of the respondents have reported that none of the individuals in their social circle practice self-diagnosis..

**Table 4.22**

S.NO	SELF-DIAGNOSIS	FREQUENCY	PERCENTAGE
1	Yes	33	58.9%
2	No	23	41.1%
<b>TOTAL</b>		56	100%

**4.23 ANXIETY OR STRESS RELATED TO SELF DIAGNOSIS**

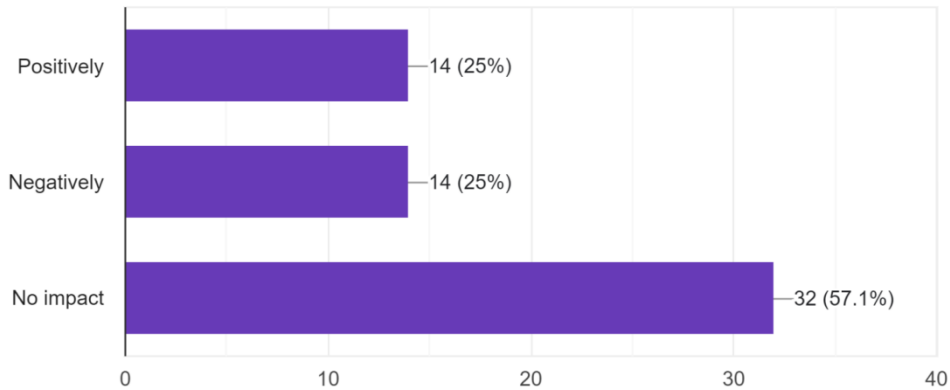


The above graph shows the number of respondents who have experienced Anxiety and Stress related to self-diagnosing where 55.4% have felt stress due to self-diagnosing and 46.4% have not undergone any challenges mentally due to self-diagnosis.

**Table 4.23**

S.NO	ANXIETY AND STRESS DUE TO SELF-DIAGNOSING	FREQUENCY	PERCENTAGE
1	Yes	31	55.4%
2	No	26	46.4%
<b>TOTAL</b>		56	100%

#### 4.24 SELF-DIAGNOSING AFFECTING THE OVERALL WELL-BEING OF RESPONDENTS

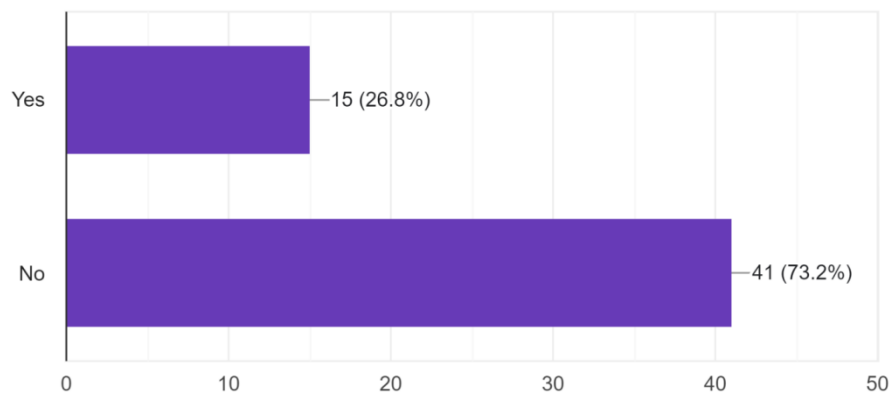


The above graph shows us how self-diagnosing affects the overall well-being of the respondents, where 25% have reported that self-diagnosing has affected them positively, 25% have reported that it has affected them negatively and 57.1% have reported that it has no impact on their overall mental well-being.

**Table 4.24**

S.NO	IMPACT OF SELF DIAGNOSIS ON OVERALL WELL-BEING	FREQUENCY	PERCENTAGE
1	Positively	14	25%
2	Negatively	14	25%
3	No impact	32	57.1%
<b>TOTAL</b>		56	100%

#### 4.25 SEEKING PROFESSIONAL HELP

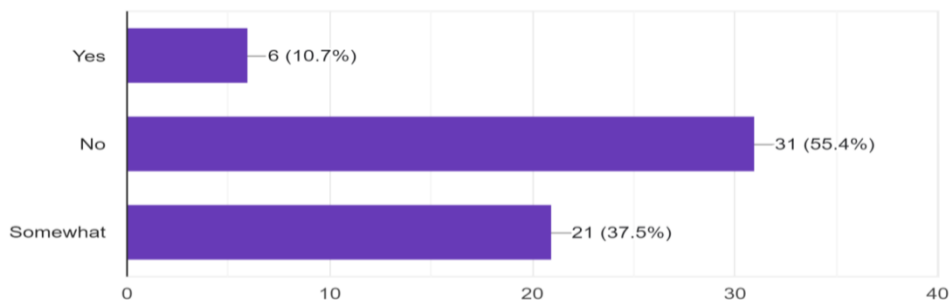


The above graph represents the number of respondents who have sought professional help after self-diagnosing their mental health condition where 26.8% have sought help and 73.2% have not sought any professional help after self-diagnosing.

**Table 4.25**

S.NO	PROFESSIONAL HELP	FREQUENCY	PERCENTAGE
1	Yes	15	26.8%
2	No	41	73.2%
<b>TOTAL</b>		56	100%

**4.26 SELF-DIAGNOSING ALIGNING WITH PROFESSIONAL DIAGNOSIS**

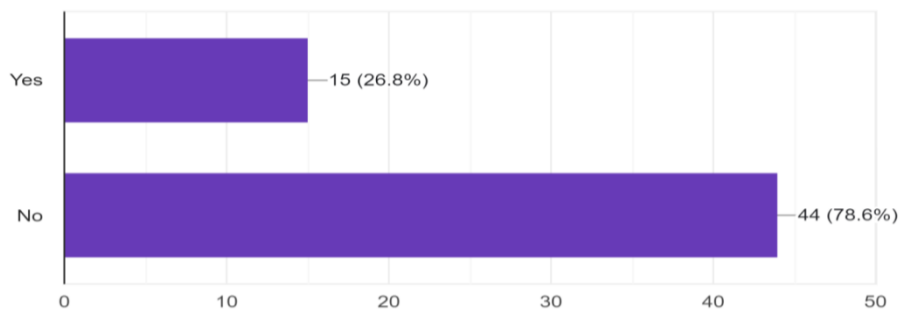


The above graph shows the accuracy of self-diagnosis. 10.7% have reported that their self-diagnosis have aligned with professional diagnosis, 55.4% have reported that it has not aligned and 37.5% have reported that it has somewhat aligned with professional diagnosis.

**Table 4.26**

S.NO	ACCURACY	FREQUENCY	PERCENTAGE
1	Yes	6	10.7%
2	No	31	55.4%
3	Somewhat	21	37.5%
<b>TOTAL</b>		56	100%

**4.27 SELF-DIAGNOSIS AFFECTS ACADEMICS.**



The above graph shows if self-diagnosis affects the academic performance of the respondents. 26.8% of the respondents have reported that self-diagnoses have affected their academics and 78.6% have reported that it hasn't negatively affected their academics.

**Table 4.27**

S.NO	ACADEMIC PERFORMANCE	FREQUENCY	PERCENTAGE
1	Yes	15	26.8%
2	No	44	78.6%
<b>TOTAL</b>		56	100%

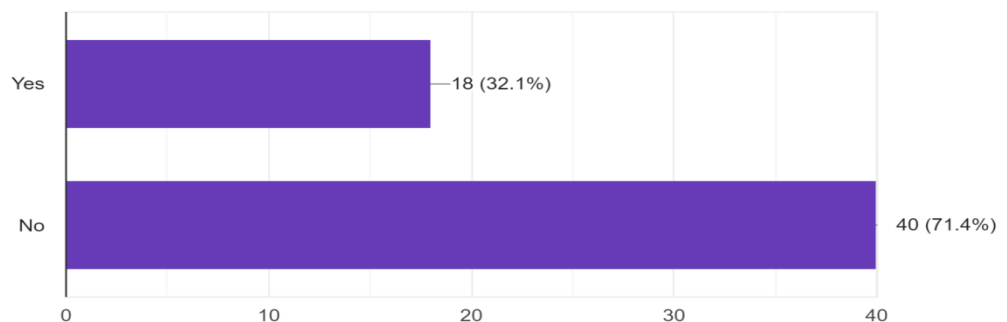
**4.28 INFLUENCE OF SELF-DIAGNOSING IN ACADEMICS**

The study shows how self-diagnosing affects academics. 8.3% have reported that self-diagnosing has made them lack focus, 8.3% suffer from poor grades, 8.3% are affected with fatigue, 8.3% suffer from low self-esteem and the remaining 66.8% have reported that self-diagnosing has not affected their academics

**Table 4.28**

S.NO	ACADEMICS	FREQUENCY	PERCENTAGE
1	Lack of focus	1	8.3%
2	Poor grades	1	8.3%
3	Fatigue	1	8.3%
4	Low self-esteem	1	8.3%
5	None	52	66.8%
<b>TOTAL</b>		56	100%

**4.29 SOCIAL INTERACTIONS**



The above graph shows if self-diagnoses of mental health issues have affected the social interactions of the respondents. 32.1% have reported that self-diagnosing affects their social interactions and 71.4% have reported that self-diagnosing has no impact over their social interactions.

**Table 4.29**

S.NO	SOCIAL INTERACTIONS	FREQUENCY	PERCENTAGE
1	Yes	18	32.1%
2	No	40	71.4%
<b>TOTAL</b>		56	100%

**4.30 INFLUENCE OF SELF-DIAGNOSING IN SOCIAL INTERACTIONS**

The study shows how self-diagnosing affects the social interactions of the respondents. 41.6% have reported that self-diagnosis isolates them, 29.2% have reported that they have anxiety and 29.2% have reported that they are distracted.

**Table 4.30**

S.NO	SOCIAL INTERACTION	FREQUENCY	PERCENTAGE
1	Isolation	6	41.6%
2	Anxiety	3	29.2%
3	Distracted	3	29.2%
<b>TOTAL</b>		56	100%

**4.31 COPING MECHANISMS USED BY RESPONDENTS**

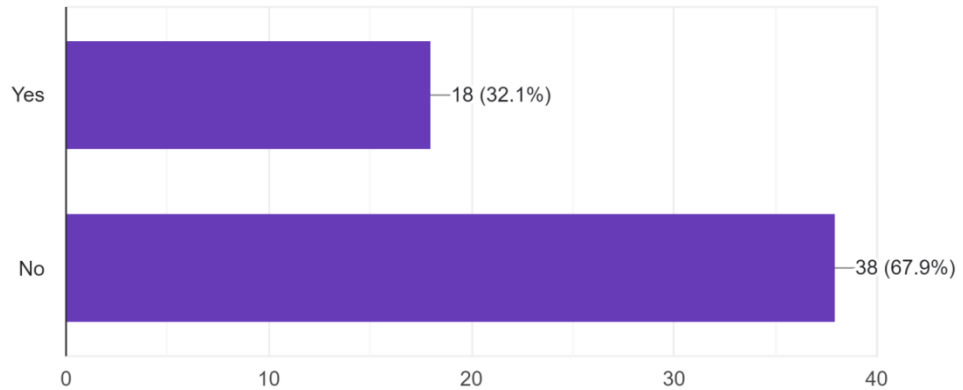
The study shows the various coping mechanisms used by the respondents. 10.7% use seeking professional help as a coping mechanism, 67.9% talk with their family and friends, 48.2% engage in hobbies, 30.4% exercise, 21.4% meditate and the remaining 14.4 % use other methods.

**Table 4.31**

S.NO	COPING MECHANISMS	FREQUENCY	PERCENTAGE
1	Seeking professional help	6	10.7%
2	Talking to friends and family	38	67.9%
3	Engage in hobbies	27	48.2%
4	Exercise	17	30.4%

5	Meditate	12	21.4%
6	Other	8	14.45

**4.32 AVAILABILITY OF MENTAL HEALTH RESOURCES FOR COLLEGE GOING STUDENTS**

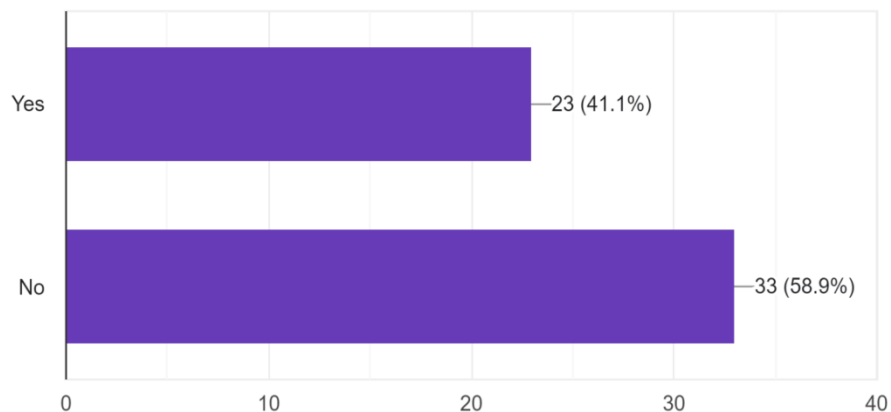


The above graph shows the availability of mental health resources for college students. 32.1% have reported that there are enough resources such as support groups, workshops, etc and 67.9% have reported that there are not enough resources to promote mental health of college going students.

**Table 4.32**

S.NO	RESOURCES	FREQUENCY	PERCENTAGE
1	Yes	18	32.1%
2	No	38	67.9%
<b>TOTAL</b>		56	100%

**4.33 MENTAL HEALTH RESOURCES UTILIZED BY THE RESPONDENTS**





The above graph shows the number of respondents who have utilized resources provided by the college. 41.1% have utilized the resources provided in colleges such as counseling cells, support groups, etc and 58.9% have not accessed these resources.

**Table 4.33**

S.NO	UTILIZED RESOURCES	FREQUENCY	PERCENTAGE
1	Yes	23	41.1%
2	No	33	58.9%
<b>TOTAL</b>		56	100%

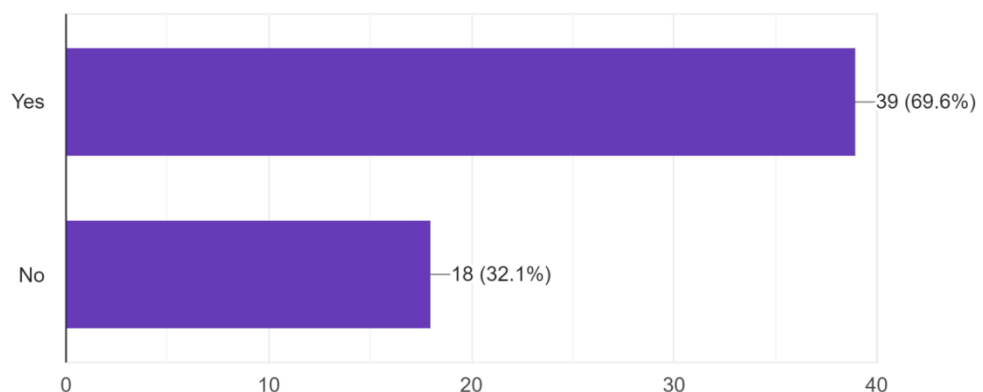
**4.34 REASON FOR NOT UTILIZING MENTAL HEALTH RESOURCES PROVIDED BY THE COLLEGE.**

The study the reasons for not utilizing the mental health resources provided by the college. 5.6% of the respondents have stated lack of time as the reason, 61.6% have reported that they have not felt the need to access these resources and the remaining 32.8% have reported that they feel the environment is uncomfortable/un-welcoming as they are not used to one on one set ups.

**Table 4.34**

S.NO	REASONS	FREQUENCY	PERCENTAGE
1	Lack of time	1	5.6%
2	No need	11	61.6%
3	Unwelcoming	6	32.8%
<b>TOTAL</b>		56	100%

**4.35 RESPONDENTS OPINION ABOUT SELF-DIAGNOSING BEING AN USEFUL TOOL TO PROMOTE MENTAL HEALTH**



The above graph represents the opinion about self-diagnosing being a useful tool to understand mental health. 69.6% feel that it is a useful tool and 32.1% feel that tools such as online quizzes, etc are not a useful tool to promote mental health.

**Table 4.35**

S.NO	OPINION	FREQUENCY	PERCENTAGE
1	Yes	39	69.6%
2	No	18	32.1%
<b>TOTAL</b>		56	100%

**4.36 ADDITIONAL INSIGHTS BY RESPONDENTS.**

- Respondents feel it is important to provide free counseling for all.
- Student burn-out causes mental health issues.
- Parents should be educated on the concept of mental health.

**5.1 RESEARCH FINDINGS**

- The respondents in the sample are people from the age group 18 and above.
- Men make up 53.6% of the total responders, while women make up 46.4%.
- The majority of respondents,82.1%,are working for a bachelor's degree, while 17.9% are pursuing a master's.
- The majority of respondents,78.6%, reside in Urban areas, 12.5% reside in Sub-urban and 10.7% reside in rural areas.
- Among the respondents, 3.6% have one family member, 7.1% have two, 17.9% have three, 58.9% have four, 5.4% have six, and 7.1% have more than six.
- Of all respondents, 14.3% stated that there was a history of mental illness in their families; 76.8% disagreed, and 8.9% were not sure.
- Pre-existing mental health conditions affect 16.1% of respondents, whereas 87.5% do not have any mental health issues.
- Of those respondents, who struggle with mental health concerns, 9.1% experience anxiety, 18.2% deal with depression, and 72.1% have no mental health issues.
- Of the responders, mood swings affected 33.3%, palpitations/high heart rate affected 33.3%, and rage affected 33.3%.
- Of those surveyed, 14.3% indicated that they did not apply, while 25.7% were taking medicine and 60% were not.
- The concept of self-diagnosis is known to 50% of respondents, whereas 30.14% are unfamiliar with it, and 19.6% are only marginally aware with it.
- Of the respondents, 41.1% engage in self-diagnosis, whereas 58.9% do not.
- The internet is where 51.8% of respondents acquire information about mental health, followed by social media (41.1%), friends and family (42.9%), healthcare professionals (16.1%), and self-analysis and experience (4.1%).

- Due to stigma, 17.9% of respondents prefer self-diagnosis over professional assistance; 55.4% cited time constraints as their reason. 25% because they cannot get healthcare, 41.1% because of financial worries, 19.6% because they don't have assistance, and 9% for other reasons.
- The disadvantages of self-diagnosis are known to 33.9% of respondents, whereas 35.7% are not aware of them, and 32.1% are only vaguely aware of them.
- Of those who self-diagnose, 7.1% are extremely confident in their accuracy, 19.6% are somewhat confident, 51.8% are neutral, 5.4% are somewhat uncertain, and 17.9% are very uncertain.
- Of those who self-diagnosed, 49% disclosed the findings, while the majority, 51%, did not.
- Among those surveyed, 75.7% had shared their self-diagnosis results to their family, 40.5% to their friends, 13.5% to their academic adviser, 5.4% to a mental health specialist, and 8.1% to other people.
- Family members influence to seek professional help after self-diagnosing 26.8% of the respondents, friends influence 35.7% of the respondents, Academic advisor pushes 8.9% of the respondents, Partners influence 3% of the respondents and none push 23.2% of the respondents to seek help.
- Of all respondents, 42.9% said their friends and family are extremely supportive of their mental health worries, 50% said they are only a little supportive, and 8.9% said they are not at all supportive.
- In the social circle of the participants, 41.1% do not self-diagnose, whereas 58.9% do.
- Although 46.4% of respondents said they had not experienced stress as a result of self-diagnosing, the majority, 55.4% had.
- Self-diagnosing has had a good influence on overall well-being for 25% of respondents, a negative impact for 25%, and no effect for 57.1% of respondents.
- After self-diagnosing their mental health issue, 26.8% of people have gotten professional assistance, while 73.2% have not.
- Out of the respondents, 10.7% said their self-diagnosis agreed with the diagnosis made by a professional, 55.4% said it did not, and 37.5% said it agreed slightly.
- Self-diagnoses have negatively impacted academic performance, according to 26.8% of respondents, and not at all, according to 78.6%.
- A total of 66.8% of respondents stated that self-diagnosing has not had an impact on their academic performance, while 8.3% indicated that it has caused them to lose focus in class, 8.3% that they receive low marks, 8.3% that they are fatigued, and 8.3% that they have low self-esteem.
- Self-diagnosing mental health problems has negatively impacted social interactions, according to 32.1% of respondents, while 71.4% disagree.
- As a coping strategy, 10.7% turn to professionals, 67.9% talk to friends and family, 48.2% pursue hobbies, 30.4% work out, 21.4% practice meditation, and the remaining 14.4% employ other strategies.
- According to 2.1% of respondents, there are sufficient resources for college students' mental health, while 67.9% disagree.
- Of the responders, 41.1% had made use of the college's resources. while 58.9% haven't.
- The college has mental health resources, but just 5.6% of respondents said they didn't use them because they didn't have enough time. 61.6% of respondents said they didn't feel like they needed to, and 32.8% said they didn't feel comfortable or welcomed in the setting.
- Self-diagnosis is viewed as a valuable tool by 69.6% of those surveyed and as useless by 32.1%.
- Respondents feel it is important to provide free counseling for all.

- Student burn-out causes mental health issues.
- Parents should be educated on the concept of mental health.

## 6.1 SUGGESTIONS

### **Anonymous Online Platforms:**

Provide secure, private, and anonymous websites especially for college students to use in order to recognize mental health issues. In addition to collecting anonymous data for research, these platforms must offer self-help resources and established assessment tools. This might motivate more students to reach out for assistance and add to a bigger dataset so that it can be studied.

### **Peer Support Networks:**

Establish peer support networks in colleges so that students may talk openly about mental health issues without fearing about being judged or shamed. These networks may also provide qualitative information for interpreting the experiences and motivations behind self-diagnosis activities.

### **Ethical Considerations:**

Ensure that study adheres with ethical standards, especially when handling sensitive topics like mental health. Get individuals' informed consent and give their privacy and confidentiality first priority.

### **Intervention Development:**

Implement focused interventions and support programs based on research findings to help college students overcome the difficulties in self-diagnosing mental health concerns. Peer support groups, educational campaigns, and greater access to mental health resources on campus are a few examples of some of these initiatives.

### **Policy Recommendations:**

Offer evidence-based policy suggestions with the objective of increasing access to professional mental health services on college campuses, reducing the stigma of help-seeking behaviors, and promoting awareness of mental health problems.

### **Validated Measurement Tools:**

To accurately evaluate mental health symptoms and attitudes toward self-diagnosis, use verified measuring instruments. Through doing this, the reliability and validity of the study findings are assured.

### **Collaboration with Mental Health Professionals:**

Work together with therapists and professionals in mental health to develop research protocols, evaluate results, and create remedies based on findings from research.

### **Diverse Sample Selection:**

In order to obtain a greater understanding of the impact of self-diagnosis, try to collect a diverse sample of students from various areas of study, backgrounds, and demographics.

### **Longitudinal Studies:**

Conduct studies over an extended period to monitor changes in behavioral and mental health over a period of time, offering insights into the lasting effects of self-diagnosis.

### **Mixed-Methods Approach:**

Employ a mixed-methods strategy that combines quantitative and qualitative techniques. Surveys, interviews, focus groups, and behavioral studies are all helpful in this process to develop an extensive knowledge of the topic at hand.

## 7.1 CONCLUSION

Several important conclusions have been obtained from studies on the impact of self-diagnosis of mental health conditions among college-bound students. Students' mental health and well-being are affected by self-diagnosis, which has advantages as well as disadvantages and is frequently made simpler by easily accessible online resources. The convenience with which information can be accessed on the internet encourages students to seek answers and identify possible mental health concerns they may be facing. People who have this level of independence may feel more empowered to ask for help and practice self-care. Self-diagnosis, on the other hand, lacks the knowledge and objectivity of licensed mental health specialists, which can result in inaccuracies and possibly worsen symptoms through incorrect diagnosis or treatment of conditions. In addition, self-diagnosis can minimize the seriousness of conditions or ignore deeper problems requiring professional assistance, which might normalize mental health problems among college students. This process of normalization can result in stigmatization of themselves, a condition in which people adopt negative ideas about their mental health and become less likely to get the help they need. Self-diagnosis may result in self-care with over-the-counter medications or alternative remedies without professional supervision, increasing the risk of side effects or exacerbating symptoms. In conclusion, self-diagnosing mental health conditions among college students presents significant risks to their wellbeing even though it increases awareness and independence. In order to successfully deal with these issues, a holistic approach that includes guidance, professional support, and the development of skills in critical thinking is needed. This will allow students to take responsibility for their mental health.

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### 10.1 ANNEXURE

1. **Email ID**

2. **Enter your initials.**

3. **How old are you?**

- a) 18-20
- b) 20-22
- c) 22-24
- d) 24-26
- e) 26 and above

4. **What is your gender?**

- a) Male
- b) Female
- c) Prefer not to say

5. **What is your current level of education?**

- a) Bachelor’s degree
- b) Master’s degree
- c) Doctoral degree

6. **What is your current place of residence?**

- a) Urban
- b) SubUrbs
- c) Rural

7. **What is the number of individuals residing in your residence?**

8. **On a scale of 1 to 10, how would you rate your overall well-being currently?**

9. **Does anyone in your family have a history of mental illness?**

- a) Yes
- b) No
- c) Unsure

10. **Do you suffer from any mental illness?**

- a) Yes

b)No

**11. If yes, what is the mental health condition?**

**12. What were the symptoms you faced before reaching out to a professional?**

**13. How would you describe the current status of the medical condition you are experiencing?**

a) In-Medication

b)Off- Medication

**14. Are you familiar with the concept of self-diagnosis, where individuals attempt to determine their own medical conditions without consulting a healthcare professional?**

a)Yes

b)No

c)Somewhat

**15. Have you ever attempted to self-diagnose a mental health condition without consulting a healthcare professional?**

a) Yes

b) No

**16. Where do you usually look for metal health related information when attempting self-diagnosis?**

a) Internet/search engines

b) Social media

c) Family and friends

d) Healthcare professionals

e) Others

**17. What factors influence your decision to self-diagnose rather than consult a healthcare professional?**

a) Stigma

b)Lack of time

c)Lack of access to healthcare

d)Cost concerns

e)Lack of support

f)Others

**18. Are you aware of the drawbacks of self diagnosing?**

a)Yes

b)No

c)Somewhat

**19. How confident are you in the accuracy of your self-diagnosis?**

- a) Very confident
- b) Somewhat confident
- c) Neutral
- d) Somewhat uncertain
- e) Very uncertain

**20. Have you shared your self-diagnosis with anyone?**

- a) Yes
- b) No

**21. If yes, with whom have you shared this information?**

- a) Friends
- b) Family
- c) Academic advisor
- d) Mental health professional
- e) others

**22. When you experience mental health concerns, how likely are you to seek help from a healthcare professional?**

- a) Rarely
- b) Occasionally
- c) Frequently
- d) Always

**23. Who pushes you to seek help from a healthcare Professional?**

- a) Friends
- b) Family
- c) Partner
- d) Academic advisor
- e) None

**24. How supportive have your friends and family been regarding your mental health concerns?**

- a) very supportive
- b) somewhat supportive
- c) not at all supportive

**25. Have you seen anyone from your social circle self-diagnose themselves?**

- a) Yes
- b) No

**26. Have you ever experienced anxiety or stress related to self-diagnosing mental health issues?**

- a) Yes



b)No

**27. How has self-diagnosis affected your overall well-being?**

- a) Positively
- b) Negatively
- c) No impact

**28. Have you ever sought professional help after self-diagnosing a mental health issue?**

- a)Yes
- b)No

**29. Has your self-diagnosis ever aligned with the diagnosis made by a professional?**

- a)Yes
- b)No

**30. Has self-diagnosing mental health issues affected your academic performance?**

- a)Yes
- b)No
- c)Somewhat

**31. If yes, in what ways has it affected your academic performance?**

**32. Has self-diagnosing mental health issues affected your social interactions?**

- a)Yes
- b)No

**33. If yes, how has self-diagnosing affected your social interaction?**

**34. What coping mechanisms do you use when dealing with mental health challenges?**

- a) Seeking professional help
- b)Talking to friends or family
- c)Engaging in hobbies
- d)Exercise
- e)Meditation/ mindfulness
- f)Other

**35. Do you feel there is enough mental health support and resources available for college students?**

- a)Yes
- b)No
- c)Somewhat

**36. Have you utilized any mental health resources provided by your college or university?**

a)Yes

b)No

**37. If No, kindly state the reason**

**38. Do you believe that self-diagnosis can be a useful tool for individuals seeking to understand their health?**

a)Yes

b)No

**39. Any additional comments or insights regarding the impact of self-diagnosis on mental health among college students?**