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INTERSECTIONAL FACTORS THAT INFLUENCE MENTAL HEALTH OF STUDENTS IN PAKISTAN IMPROVING MENTAL HEALTH AMONG PAKISTANI STUDENTS

Master thesis

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Pärnu 2025

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INTRODUCTION

The growing focus on student health is crucial for academic, clinical, and social improvement. Mental health issues among students are complex and influenced by socio-economic disparities, cultural norms, and educational pressures. Ignoring these issues can negatively impact learning, social interactions, and overall quality of life. To effectively design interventions for students, a comprehensive understanding of intersectional factors is necessary.

A significant public health concern is university students' mental health. In the most recent Healthy Minds data year (2020–2021), more over 60% of students met the criteria for one or more mental health issues, a roughly 50% increase from 2013 (Lipson et al., 2022, p. 142). Even in academic contexts, mental health disorders in Southeastern Asia are heavily stigmatized, and mental health literacy is relatively low (Dessauvagie et al., 2022, p. 172–173).

According to Kandasamy et al., (2020, p. 85) found a significant correlation between financial distress, health conditions, and social relations among students, indicating a higher likelihood of experiencing mental illness. Ezenna (2021, p. 147) highlights the impact of socioeconomic factors on university students' mental health, highlighting the correlation between income status and social support. Higher income levels correlate with better mental health, while low social support leads to mental health issues. Addressing socio-economic disparities is crucial for promoting mental health among university students. A significant number of women students at a prominent public university in the Canadian province of Ontario who identified as race and, to a lesser extent, as non-racialized reported experiencing mental health issues such as depression, anxiety, and stress related to their race (Lal et al., 2021, pp. 295–296). Differences between racial and ethnic groups have been observed in several areas, such as interpersonal prejudice and mental health. Various mental health outcomes exist between racial and ethnic groups because students face different levels of interpersonal prejudice and systemic barriers

within university settings. First-generation Black or continental African students showed superior psychological adjustment levels with decreased perceived discrimination in comparison to students who were both U.S.-born and Black or of African descent. The combination of immigrant standing and cultural background creates distinctive influences on individuals' capabilities to rebound from challenging circumstances and their ways of managing prejudice situations and their understanding of discriminatory encounters. The mental health intervention designers need awareness about ethnic differences among racially related population groups. Universities need to analyze ethnicities combined with different generational backgrounds and cultural identities to develop specific personal support systems that better assist their students. The research observations matter especially in multicultural educational settings because they indicate the need for complex solutions to understand students' distinctive mental health perspectives and beliefs (Jochman et al., 2019, p. 9).

University student mental health develops through various intersectional influences between socioeconomic status and gender identity and ethnicity as well as institutional culture. Studies across the world and region show increasing mental health challenges among university students yet many universities fail to provide proper mental health support designed for specific student intersectional needs (Alegría & Cheng, 2023, p. 590; Liu et al., 2023, p. 528). Low- and Middle-Income Countries (LMICs) including Pakistan display major mental health service deficiencies that contradict student experiences because their services are not culturally appropriate (Patel et al., 2018, p. 1558; Dessauvagie et al., 2022, p. 177–178). While educational institutions are aware of universal stressors such as academic woes together with financial troubles and social marginalization they do not integrate an intersectional worldview when designing campus wellness strategies (Lipson et al., 2022, p. 9). The combination of societal stigma alongside institutional hurdles and stereotypical gender norms usually stops students from using current wellness resources (Dare et al., 2023, p. 530; Shahid, 2021, p. 40). Social inclusion models as well as identity-based support structures that Western universities have established fail to address intersectional disparities adequately (Medlicott et al., 2021, p. 15; Henning et al., 2023, p. 690). Current mental health research fails to bring together intersectional determinants into workable evidence-based solutions which can address problems specifically in multicultural environments. The proposed study

recognizes the necessity to create a wellness program that matches the specific cultural, religious and socioeconomic realities of Pakistani university students who live in different societal contexts. The program would transcend basic inclusivity practices by strengthening mental health results and institutional responsiveness.

The goal is to develop a tailored the students of the University of Punjab in Pakistan to improve mental health among Pakistani students.

Research questions:

1. How do students evaluate the existing wellness initiatives at the University of Punjab?
2. How can a wellness program be tailored to align with the cultural and contextual factors specific to the University of Punjab in Pakistan?
3. How can Pakistani institutions interact with students more effectively to recognize and meet their needs related to mental health and wellness?

In Chapter 1, a comprehensive analysis of the literature is presented, encompassing various facets of the mental wellness of students. This includes the intersections between identity and common mental health issues, as well as a scrutiny of existing wellness initiatives implemented within universities. Additionally, the influences impacting student mental health are examined, while the challenge of mental health within student populations is explored through the lens of intersecting identities. Furthermore, alternative models for nurturing student well-being, as proposed by esteemed authors, are assessed for their potential to enhance the mental health of students.

Moving to Chapter 2, which revolves around the methodology employed in this research endeavor, a descriptive account of the organization – The University of Punjab – is laid out, offering valuable insights into its structural composition and the makeup of its student body. Furthermore, this section of the paper is anticipated to outline the utilization of descriptive and regression analysis to discern the factors that contribute to mental health outcomes.

1. LITERATURE REVIEW: INTERSECTIONAL INFLUENCES ON STUDENT MENTAL HEALTH AND WELLNESS INITIATIVES

1.1. Intersectionality and mental health among students

According to the Sinevaara-Niskanen (2022, p. 125) the term "intersectionality," which was first used in 1989 by legal scholar Kimberlé Crenshaw, describes how different social identities interact to produce distinct experiences of privilege and oppression. Alegría and Cheng (2023, p. 590) highlight how social classifications —– like race, gender, class, sexual orientation, and ability —– are interrelated and influence people's experiences and access to resources. It is important to comprehend how many elements combine to influence mental wellness when looking at student mental health via an intersectional lens. Mental health experiences are complex due to socioeconomic, race, gender, disability, and cultural factors. Institutional marginalization impacts understudied populations, and future research should explore intersectionality to create preventive interventions.

University students experience mental health differently due to combined influences of socioeconomic factors and race together with gender and cultural background and disability status. Thes dimensions operate together because they create specific pathways through which students encounter stressors as well as discrimination and mental health resource challenges. Lower socioeconomic students encounter major psychological difficulties because they experience economic pressures alongside restricted healthcare services alongside community rejection. The results of research by Kandasamy et al. (2020, p. 85) show that monetary constraints greatly enhance the chance that university students will experience depression or anxiety symptoms. Financial troubles obstruct students from getting necessary mental health care while blocking their access to therapy

along with medication and wellness initiatives resulting in increased racial health inequities (Ezenna, 2021, p. 147). The mental health results of students are affected by racial and ethnic factors because of government-sponsored discrimination alongside social isolation and racist daily instances. According to Jochman et al. (2019, p. 9) students who belong to marginalized racial groups express increased levels of stress together with anxiety and depression because of racial bias and stereotyping. International students experience language challenges together with cultural separation which negatively influence their psychological state (Lal et al., 2021, p. 295–296).

The findings of Liu et al. (2023, p. 528) demonstrate the need for intersectional and multilevel approaches in addressing the disparities in mental health among marginalized individuals. A framework for comprehending the intricate network of social relationships and systems that impact the health and wellness of oppressed persons is provided by the intersectionality notion. Adopting an intersectional perspective, researchers explore the various ways that mental health services and psychopathology interact with various communities.

In summary, intersectionality, the interplay of social identities, is crucial for understanding mental health, especially in student contexts. Addressing mental health gaps requires intersectional and multilevel methods, focusing on institutional marginalization.

1.2. Influences on the Mental Health of Students and Intersection of Identity and Mental Health Challenges in Student Populations

Research from various studies highlights several factors influencing the mental health of students, both at the elementary school and college levels. According to Wahyuni et al.'s study (2023, p. 73), peer interactions, instances of bullying, acts of violence among friends, physical instruction and exercise, student academies, and the support provided by staff and teachers are among the factors that influence the mental health of elementary school students. According to Thaiyalappil et al.'s (2023, p. 646) research, there is a strong correlation between student wellness and the institution itself. To completely

promote mental health across campuses, it suggests that concentrating on campus culture and students' opinions of the institution could be worthwhile targets for intervention alongside individual-level interventions.

Specific challenges faced by college students include academic pressure, socioeconomic status, financial struggles, and family dynamics. Family dynamics play a crucial role in students' mental health, with relationships between parents and children significantly impacting emotional wellness (Ibrahim et al., 2022, p. 98; Kagoya et al., 2023, p. 25; Chen., 2023, p. 763; Hirani et al., 2022, pp. 3–4). For instance, economically disadvantaged students may experience feelings of comparison, anxiety, and aggression due to financial stress, which can exacerbate mental health issues. Moreover, challenges such as strained family relationships, lack of support, and unsound family structures can contribute to feelings of inferiority, inadequacy, and emotional loss among students (Tao, 2023., p. 14). Medical students, as investigated by Sánchez-Navarro et al. (2022, p. 1015), face additional pressures from the competitive environment, particularly when vying for residency slots, leading to feelings of inferiority and stress. The balance between personal life, relationships, self-care, and academic obligations is a major challenge, often exacerbated by financial burdens associated with medical education. The transition into post-secondary education and demographic characteristics such as gender, sexuality, and ethnicity are noted to influence mental health outcomes (Curtis et al., 2023, p. 80).

Technology and social media play a growing role in shaping young people’s mental health. Platforms can foster connection and support, but they also contribute to exclusion, online bullying, distorted body image ideals, and low self-esteem. Constant comparison with others' curated lives can intensify feelings of inadequacy and anxiety, particularly among adolescents and university students (Orben et al., 2019, p. 10227; Schønning et al., 2020, p. 6). The digital pressures intersect with identity factors—such as gender and socioeconomic status—to amplify existing mental health challenges.

To analyze many different influences such as how students interact with other students and the effects of institutions, as well as the support they receive from their families and education, the link between these influences and students’ mental health becomes clear. Consequently, it is very important to focus on enabling schools and institutions to provide

a friendly and inclusive place for students, where each one's needs are fulfilled to advance their mental health and help them grow as individuals.

A significant mental health issue for TGD students has been highlighted by recent research, especially for nonbinary individuals and those with disabilities. Gross et al. (2022, pp. 741–742) describes that transgender and gender-diverse students are more likely than cisgender students to face depression, anxiety, need for self-harm and suicide. The situation gets worse because of institutionalized transphobia that exists on individual and organizational and policy levels. The studies demonstrate an alarming barrier to fundamental mental health assistance for members of this population. TGD youth facing the highest risk tend to be those who exist outside the traditional gender binary in addition to having marginalized sexual orientations due to combined identity stressors.

Dare et al.'s (2023, p. 530) article sheds light on the unique challenges faced by university students of African, Caribbean, and similar ethnic backgrounds (ACE) regarding their comprehension of mental health issues, often failing to align with their Western counterparts. Consequently, ACE students frequently encounter stigmatization surrounding mental illness and choose to remain silent due to a fear of familial rejection and a lack of understanding from mental health professionals with differing cultural backgrounds. Comparing Chinese medical students with students from other countries and those with various specialities, they had a lower rate of eating disorders but a higher prevalence of sadness, anxiety, and suicidal ideation. (Zeng et al., 2019, p. 9). Ethnic minorities face unique stressors, increasing their risk of developing mental disorders, particularly anxiety and depression. The stigma surrounding mental health hinders help-seeking behaviors, with cultural perceptions playing a significant role. African American and Asian students may encounter higher rates of stigma and negative views, impacting their willingness to seek help. (Valles & Gonzalez, 2020, p. 31).

A systematic review and meta-analysis of Ethiopian college students found a high prevalence of common mental disorders, with khat chewing being a significant predictor in 60% of primary studies, indicating a significant link between khat consumption and mental health issues (Mekuriaw et al., 2020, pp. 3–4). Khat, a psychoactive substance linked to mental disorders, is frequently used by Ethiopian college students for euphoria,

social engagement, concentration improvement, and economic reasons, despite its addictive nature.

Roy et al. (2023, pp. 14–15) point out that in academic contexts, female students frequently experience sexual harassment motivated by gender, which results in a lack of accountability and reporting to authorities. This harassment has a detrimental effect on their mental and physical well-being, resulting in serious injury. Balloo et al.'s (2022, pp. 5–6) article establishes a connection between university attendance and mental health outcomes, revealing that being female or identifying as a sexual minority increases the likelihood of developing mental health issues. Conversely, attending university presents a beneficial effect on the mental health of some young individuals. Both raced and non-racialized female students exhibit concerning levels of anxiety and depression symptoms, according to a research by Lal et al., (2021, pp. 295–296). The proportion of female racialized students with CES-D (Center for Epidemiologic Studies Depression Scale) scores exceeding 16 (indicating possible depression) surpassed that of non-racialized female students. Additionally, nearly half of both racialized and non-racialized students exhibited BAS (Beck Anxiety Scale) scores exceeding 10 (indicating possible anxiety).

Franzidis and Zinder (2019, pp. 62–63) found that gender disparities in wellness were considerable, with females scoring better than males in social, emotional, and physical domains. Authors state that performing similar evaluations could allow other universities to address considerable needs, yet the advice may overlook the way transgender and non-binary students experience wellness at college.

Transgender and gender-diverse students, including nonbinary ones, experience many mental health difficulties such as depression, anxiety, harming themselves and even suicide attempts. Of the 13 to 20-year-old transgender and nonbinary youths in a clinical cohort, 56.7 percent suffered from moderate to severe depression, 50 percent had moderate to severe anxiety and 43.3 percent mentioned self-harm or thoughts of suicide (Tordoff et al., 2022, p. 1). They often lack access to essential services and face stigmatization. Male students are unable to equal female students' results in emotional and social well-being, despite scoring higher in other areas, so more careful attention to mental health support for all students is necessary (Franzidis and Zinder, 2019, pp. 62-63; Lal et al., 2021, pp. 295-296).

To elucidate and substantiate the findings in subchapters 1.1, and 1.2 regarding the factors impacting the mental health of students, Appendix 1 has been appended. This appendix methodically lists the referenced studies and sources that have been critically reviewed and discussed herein, ensuring a focused and scholarly examination of the pertinent literature.

1.3. Common mental health issues among students

In recent studies examining mental health concerns among adolescents and university students, several common themes emerge across various demographics and educational settings. Nadeeka and Wijewardena (2022, p. 23) identified six predominant issues affecting tenth-grade students, including emotional disturbances, interpersonal conflicts with peers, engagement in hedonistic group activities, aggressive behavior, and academic challenges. These findings align with those of Yu et al. (2022, p. 7), who quantified the prevalence of depressive and anxious symptomatology among university students, with significant percentages reporting mild to severe symptoms. Further exploration into mental well-being reveals specific challenges faced by international students.

According to Poyrazli and Mitchell (2020, p. 18), the international student frequently suffers from eating disorders, borderline personality disorder, depression, attention deficit hyperactivity disorder (ADHD), and signs of psychosis. Agyapong et al. (2022, p. 9) emphasized the susceptibility of college students to a range of psychological ailments, particularly anxiety, depression, and substance use disorders, attributing these challenges to multifaceted stressors present in the college environment. Additionally, research by Auerbach et al. (2018, p. 635) examined psychiatric disorder incidence among first-year college students across diverse nations, finding that approximately one-third exhibited signs of at least one mental disorder within the past year. McAuliffe et al. (2019, p. 552) highlighted risks such as moral distress, stress, and anxiety among students, while also underscoring the inadequacy of support structures and resources within educational institutions.

Recent studies have highlighted the significant prevalence of mental health issues among students in various educational settings. The research conducted by Kirdchok et al. (2023, p. 1) found that 57.1% of university students seeking mental health services were

diagnosed with depressive disorders, followed by adjustment disorders (15.2%), and anxiety disorders (13.6%). Similarly, Antúnez et al. (2023, pp. 274–275) reported high rates of mental health disorders, including depression, anxiety, stress, eating disorders, and suicidal thoughts. These findings are consistent across different regions, with a systematic review by Dessauvagie et al. (2022, pp. 175–176) indicating that the prevalence of psychiatric symptoms and psychological distress among university students in Southeast Asia ranged from 11.2% to 57%. The median point prevalence for depression was found to be 29.4%, with severe depression at 7.6%.

More than 60% of college students in the U.S. met the criteria for at least one mental health problem in 2020–2021, marking a significant increase from previous years. These trends highlight a growing demand for more accessible and inclusive campus mental health services according to Lipson et al. (2022, p. 3). The researchers at Dare et al. (2023, p. 530) establish that students from cultures where mental health faces stigma avoid help-seeking due to cultural identity pressures particularly when their societies fail to recognize mental illness. Curtis et al. (2023, p. 80) state that mental health services need to adapt to what students actually experience because this approach would enhance access and participation with better outcomes. Mekuriaw et al. (2020, pp. 3–4) discovered that among Ethiopian university students substance use of khat chewing presented as a main cause of mental health issues thus showing that mental health intervention development should include specific regional behaviors and coping strategies. Roy et al. (2023, pp. 14–15) the prevalence of gender-based violence among female students demands gender-sensitive wellness programs that will support them more specifically and build safer educational spaces.

Further, Mahgoub et al. (2022, pp. 975–976) discovered that severe depression, anxiety, and psychological distress were common among students, with the stigma around mental health being a significant issue influenced by parents' education, academic year, gender, nationality, and living arrangements. Lastly, Liu et al. (2020, pp. 4–5) noted that mental health issues among Chinese schoolchildren varied based on the number of informants, The incidence was lower when considering the impact score, suggesting that the perceived severity of these issues may differ based on reporting methods.

According to Campbell et al. (2022, pp. 19–20), there is a continuous correlation between having autism, identifying as LGBTQ (lesbian, gay, bisexual, transgender, queer), and having experienced trauma as a child and a higher chance of developing poor mental health. Students' poor mental health was also linked to low mental health knowledge and a lack of interest in their studies and free time.

Overall, the body of evidence underscores the need for increased awareness and support for student mental health across educational institutions, highlighting the various factors that contribute to psychological distress and the widespread nature of these issues. A summary of the main conclusions and data from the cited research is provided in Appendix 2. This additional resource seeks to improve understanding and enable more in-depth investigation of the common mental health conditions impacting adolescents.

1.4. Existing Wellness Initiatives in the Universities

Universities offer various wellness programs for its students which aims to equip students with technical and leadership skills to achieve wellness.

The discussion in the study Piggott et al. (2023, pp. 526–527) explores the application of the Act Belong Commit mental health promotion campaign framework as the underlying basis for a university student wellness unit. According to the findings, students who engaged in a well-being curriculum that incorporated experiential workshops and theoretical knowledge experienced a substantial enhancement in their resilience throughout the semester.

Furthermore, the study by Cendales et al. (2023, pp. 8–9) proposes the implementation of a group intervention known as the "chill zone" at Universidad Nacional de Colombia, aimed at addressing mental health concerns such as stress, anxiety, and depression among students. Body-oriented psychotherapy, guided imagery, breath work, art therapy, aromatherapy, and mindfulness are all incorporated into this method. The Warwick-Edinburgh Mental Well-being Scale will be used to evaluate its efficacy. Research participants reporting 47.3 (SD = 8.4) on average in the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) assessment which indicated their well-being level had reached moderate ranges following completion of the wellness program.

Brown et al., (2023, p. 2) recognize the significance of considering the following aspects in their research. It points out that support from mental health and psychosocial interventions by non-specialists can benefit higher education students and fill some of the gaps found after tools and support from specialized services. Furthermore, the study by Weinberg (2021, pp. 18–19) delves into the utilization of WellTrack, a self-tracking smartphone application, as a means to address mental health issues among students. According to the report, the WellTrack app promotes self-reliance and neoliberal ideology, encouraging students to divulge their data to private entities.

Another paper by Medlicott et al. (2021, p. 15) examines how a mindfulness-based course titled "Finding Peace in a Frantic World" could enhance the mental health and well-being of university students. The results reveal significant progress in various aspects, including wellness, mental health, academic goal orientation, and motivation.

In conclusion, universities are recognizing the importance of promoting student wellness through various programs and interventions, such as well-being curricula, group interventions, smartphone applications, and mindfulness-based courses. These efforts enhance resilience, mental wellness, and academic performance, and bridge mental health care gaps, empowering students to take proactive steps.

1.5. Student’s mental health help-seeking attitudes and preferences

According to the research conducted by Hawsawi et al. (2023, p. S51) emphasizes the adverse impact of unfavorable organizational, cultural, and educational factors on the well-being of students. Numerous students mentioned encountering difficulties in seeking assistance due to reasons such as the fear of stigma, insufficient time or resources, concerns about confidentiality, and challenges in accessing help. In a recent survey (Elsaeidy et al., 2023, p. 14) conducted in Egypt, a surprising 23.4% of medical students revealed that they had been previously diagnosed with a mental condition. This eye-opening study highlights the prevailing challenges that Egyptian medical students face when it comes to seeking mental health treatment: deeply ingrained notions of self-reliance and a reluctance to engage in discussions surrounding one's emotions.

According to Shahid (2021, p. 40) describe that they like to work with close friends, family members and respected psychiatrists and they preferred face-to-face sessions instead of online counselling. It was discovered that adults avoided seeking support from seamless extended families or holy people. The study done by Ning et al. (2022, p. 11) points out several factors that stop students from getting help, including people's judgment of mental illnesses, not understanding mental health, access issues to adequate care and doubts and concerns about campus counselling services. Struggles students encounter in seeking help are also caused by difficulties and barriers found within the school and community systems.

Shabrina et al., (2022, p. 175) addressed in their study the effect of personality traits on college students' decision to get mental health care. It was noted that those with a greater willingness to seek help tended to be more conscientious and more neurotic than those unwilling to seek help. To conclude, Gulliver et al., (2023, p. 9) study also explored the role of interventions analyzes what influences first-year students' decisions to ask for aid and how. The research suggests that students who experienced heightened levels of stigma related to depression demonstrated less favorable views toward seeking help.

These comprehensive studies highlight the multifaceted nature of mental health challenges faced by medical students and college undergraduates alike, emphasizing the critical need for increased awareness, support, and accessible resources to promote overall well-being within educational institutions. Refer to Appendix 3 for a comprehensive understanding. This enlightening addition encompasses a thorough overview of wellness programs as eloquently discussed in Chapter 1. Furthermore, it provides an intricate examination of student attitudes toward seeking mental health assistance, unveiling the barriers, preferences, and influential factors in a comprehensive manner.

1.6. Wellness models promoting students' mental health

According to the research by Havsteen-Franklin et al. (2023, p. 12) presents an intricate logic model for the university context that cultivates the well-being and the pursuit of creative learning, emphasizing the profound socioecological approach. It eloquently demonstrates that the implementation of workshops derived from this model has proven

to enhance students' psychological security and enrich their overall learning experience. This model serves as a comprehensive evaluation framework for programs intended to advance both learning and well-being, with valuable insights gained from survey evaluations that can inform future improvements.

According to Jeftic et al. (2023, p. 8) encourages universities to implement physical activity programs that help students experiencing mental health issues. It emphasizes that movement is very effective for health and recommends uniting these services with others. The writers also stress the importance of thorough research and evaluation when designing exercise programs.

Following constructivist learning theory, Fang et al. (2022, p. 2) suggest that learning happens when educational technology is used for authentic problems. The framework points out that learning should be based on tasks and acknowledges that students hold their own personal views. It promotes various kinds of learning activities that require students to think, discover and find solutions to issues. When students interact and learn together, both their participation and level of motivation improve. Furthermore, it demonstrates why completing assignments and dealing with challenges matter, as this supports the growth of thinking and problem-solving abilities and a real application of learned information. The use of evidence-based strategies improves students' interest and desire to learn about mental health, offering them real and personalized lessons backed by strong evidence and flexible teaching.

According to Wang et al. (2023, pp. 1904–1905), PREMA meanwhile represents a total framework built on positive feelings, high engagement, social relationships, finding significance in experiences and procuring achievements, all leading to a healthy and happy life. It focuses on improving mental health in university settings using all available information. When teaching about the mental health of college students, educators should examine whether the students are happy by examining their mood, involvement in activities, personal relationships, sense of purpose and successes. Importantly, this allows a continual reinforcement of advantages in each field, resulting in an overall improvement.

Cantisano et al. (2022, pp. 9–10) note that such programs as the ePSICONUT have the potential to strengthen the psychological well-being of students studying in universities. These interventions encourage developing good habits and manage anxiety and depression best during intense situations, for example, the COVID-19 pandemic.

These findings serve as invaluable guidance for the development of robust and impactful wellness programs catered to university students. This study will use the logic model to help students leverage their mental health through workshops as the logic model provides a structured methodology for planning, implementing, evaluating, and communicating the student's wellness program as described in table 1.1. It helps to ensure that the program is based on a solid foundation of logical relationships between resources, activities, and desired changes in students' mental health. This approach aligns with the complex nature of mental health issues and the multifaceted interventions required to address them effectively.

Table 1.1: Logic Model for Student Wellness Program Implementation

Inputs	Activities	Outputs	Outcomes (Short-term)	Outcomes (Long-term)
Trained facilitators	Mental health workshops	Number of workshops conducted	Increased mental health awareness	Improved student well-being
Counselling staff	Peer support groups	Participation rates	Enhanced peer connections	Reduced stigma around mental health
Wellness budget	Mindfulness & stress-reduction sessions	Feedback reports	Better coping skills	Increased academic performance
University facilities	Awareness campaigns	Awareness materials distributed	Greater help-seeking behavior	Sustainable wellness culture
Student mental health data	Faculty training on early signs of distress	Faculty trained	Improved staff-student communication	Institutional responsiveness to student needs

Source: Havsteen-Franklin et al., 2023, p.17

The existing literature on the intersectionality of factors affecting mental health among students delineates a nuanced matrix of individual, interpersonal, and systemic elements. These factors collectively shape the mental health landscape within educational settings. Kandasamy et al. (2020, p. 85) acknowledge the salience of financial strain, health status, and social relationships as pivotal determinants of mental health outcomes. Furthermore,

Byrd and McKinney (2012, p. 189) emphasize the significance of coping mechanisms at the individual level, as well as the influence of the campus environment at the institutional level.

Existing studies have explored the prevalence and types of mental health issues among students, Factors, and attitudes of students seeking mental health services. There is a scarcity of research focused on the intersectionality of mental health problems. Specifically, how the interplay of various social identities may exacerbate or mitigate mental health concerns is not well understood. However, there is a need for more research that specifically examines intersectional factors, such as race, gender, and socioeconomic status, and their combined influence on student mental health.

2. STUDY IN THE UNIVERSITY OF THE PUNJAB

2.1. Description of the University of Punjab

The University of the Punjab, commonly known as Punjab University, is a prestigious public research institution located in Lahore, Punjab, Pakistan. Established in 1882, it is one of the oldest and most respected universities in the country. Due to its establishment date in 1882 Punjab University ranks among the oldest respected educational institutions of Pakistan. The university has multiple campuses where students can pursue undergraduate and graduate programs in arts together with social science and natural science and engineering and medicine law and business studies. Punjab University stretches its operations across five campuses while being organized into 19 faculties and eight constituent colleges and 138 departments and centers and institutes. There are a total of 658 colleges linked with the university. The educational institution has an on-campus enrolment of total 49,520 students comprising 1,094 diploma students as well as 18,838 evening students and 29,588 morning students. The institution exists with its full-time faculty workforce consisting of 991 members while employing 300 faculty members who conduct research on a part-time basis. Throughout its dedication to diversity the university invites all students from different backgrounds to join an encouraging academic setting. (University of the Punjab, n.d.-a)

Evidencing its dedication to the wellness of its students, the University provides wellness programs designed to nurture their mental health. In 2023 the orchestrated a remarkable three-day international conference centered around the theme of "Mental Health & Rehabilitation." This event created a platform where participating students had the invaluable opportunity to gain insight, explore current research, and become acquainted with emerging trends in the field. Over the course of the three-day conference, there was seven symposiums, five keynote talks, two panel discussions with mental health professionals such as psychiatrists and clinical psychologists, and eleven scientific

sessions with one hundred and sixty oral and poster presentations. (University of the Punjab, 2023)

The University Psychology Society and Department organized a well-being camp for university students in 2018, raising awareness about mental health. Students took psychological tests, including emotional quotient, IQ, and anxiety, to assess their mental health. The event aimed to educate teachers and students about mental health. (University of Central Punjab, 2018)

In recognition of the vital role counselling plays in students' lives, the University of Punjab Lahore introduced Student Counselling Services in 2008. Through the practice of counselling, one person assists another by having intentional conversations in a professional, understanding, and supportive environment. This discussion then results in the development of the most workable options. The most frequent worries expressed by students are adjusting to university or dorm life, choosing a subject without much thought, managing their time poorly, exam anxiety, issues with families or relationships, worries about their careers or the future, etc. (University of the Punjab, n.d.-b)

In conclusion, The University of Punjab, a Pakistani public research university, offers diverse undergraduate and graduate degrees, promoting diversity and inclusivity. Established in 1882, it has five campuses, 19 faculties, and 138 departments. The university also provides wellness programs and Student Counselling Services.

2.2. Description of the research process

Numerous advantages of quantitative research are listed by Mohajan (2020, pp. 68–69), including its capacity to be easily measured, generalized, precise, dependable, comparable, reproducible, and objectively examined. It provides crucial information for policy decision-making by enabling the extrapolation of survey data from sample sizes to entire populations. Because of the data's consistency, accuracy, and dependability, socioeconomic variables and trends can be thoroughly examined. Utilizing pre-tested, standardized instruments guarantees the reliability, validity, and accuracy of the results. The ability to objectively evaluate and identify similarities and differences is made possible by large, representative sample sizes.

The quantitative study targets evening students 18,838 (University of the Punjab, n.d.-a) at the University of Punjab, Lahore, Pakistan. For assuming a 95% confidence level, an estimated proportion of 0.5, and a margin of error of 5%, the representative sample size is 377 (Maple Tech International, n.d.)

To ensure the engagement of evening students, a collaborative effort was initiated with the university administration. By seeking their assistance, access to the contact information of these pupils was acquired, resulting in the attainment of a compilation the email addresses of evening students. Afterward, a selection process was executed, employing a random number generator to methodically choose from the roster of these students.

Simple random sampling (Noor et al., 2022, p. 80) is used to ensure that each individual has an equal chance of being selected, resulting in an impartial and representative sample. This approach also equalizes the probability of selection, reduces confounding effects, and leads to a more thoughtful sample-selection process, ultimately producing results that can be applied to broader populations. Each student is assigned a unique identifier, such as a student ID number, and then use a random number generator to select the required number of participants. Once the random numbers are generated, the corresponding students are contacted through university email addresses, which are often provided to students for official communication. This method ensures that each student has an equal chance of being selected and allows for a representative sample to be obtained.

Data collection is carried out using a web-based questionnaire (see Appendix 4) made through Google Forms. Questions in a questionnaire are based on the literature review in Chapter 1 (see Appendix 5). Online questionnaires (Ferigato et al., 2022, p. 123) offer a comprehensive representation of the population, as well as flexibility, convenience, and cost-effectiveness in health research. They can be conducted at any time and from anywhere with an Internet connection and provide quicker data gathering and analysis turnaround times. Flexibility and convenience of online questionnaires, the web-based questionnaire made through Google Forms is utilized to collect data from evening students. The questionnaire is sent via email to the identified evening students, allowing them to respond at their convenience. The questionnaire was opened from March 23, 2024, until April 5, 2024. A cohort of 377 students was recruited for participation in the

survey, yielding a 93% response rate. After the elimination of incomplete datasets, the experiences of 350 students regarding wellness programs, resource accessibility, and barriers to seeking mental health support are analyzed. The participants who took part in the study spanned from 20 to 28 years of age (Figure 1) while the most participants belonged to age groups 20, 21 and 24. The study participants indicated that females predominated their gender cohort students 74% who completed the survey while males composed 26%. The majority of students in this research identified as Muslim 93.1% whereas Christians made up a small percentage 6.9%. Muslim women made up the leading population segment among females yet Christian women occupied the second position with. The study showed 101 male Muslims among the participants along with 3 Christian men.

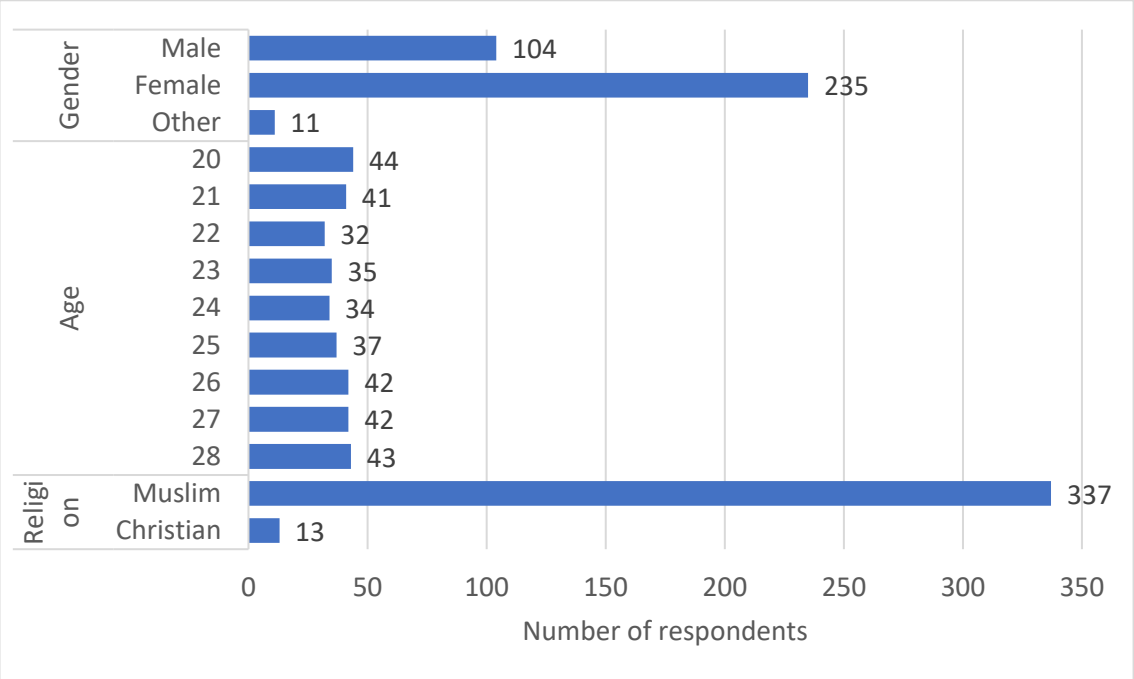

Figure 1. Demographic data by age, gender and religion (n = 350)

The reliability of results and supported a rigorous statistical examination while meeting the ethical standards of research by ensuring data integrity and confidentiality.

Descriptive statistics is used in the study to identify patterns among mental health stressors and help-seeking behaviors and wellness program awareness of students. The data analysis included both frequency distributions and percentage calculations for

understanding variables that included gender alongside academic stress and financial concerns and wellness service usage patterns. A regression analysis was conducted through SPSS to determine the connection between various intersecting factors that include religious identity along with socioeconomic status and gender composition and their impact on mental health outcomes. The research method provided an extensive investigation into key predictive variables pertaining to the study's intersectional structure.

2.3. Results

2.3.1 Descriptive analysis

Figure 2 presents the main factors which impact the mental wellness of students.

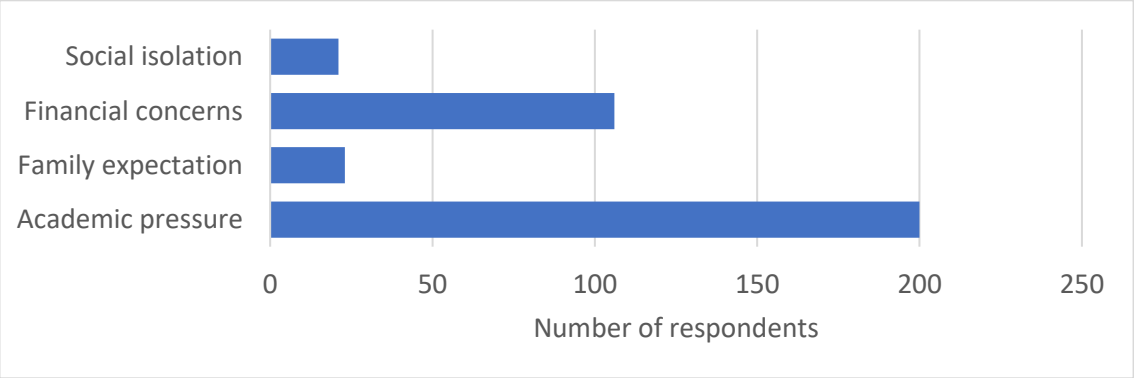

Figure 2. Student's mental health stressors, n = 350

The study demonstrates that academic pressure stands as the primary mental health stressor experienced by students since 57.1% of students mentioned it as their main concern. Financial concerns took second place with 30.3%. Family expectations together with social isolation represent two significant but less common stressors which affect 6.6% and 6.0% of participants respectively. The research demonstrates that academic hurdles together with monetary issues define the main reasons for psychological distress among students are asked about emotional distress over the past two weeks (see Figure 2).

Research results showed that 26% of respondents did not experience anxiety symptoms, while 23.4% did not encounter depressive feelings (see Figure 3).

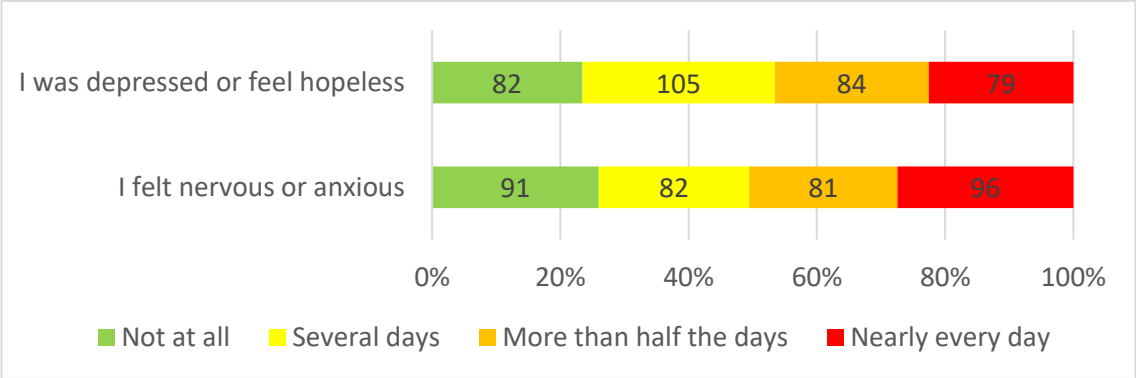

Figure 3. Students feelings over the past two weeks, n = 350

Therefore, 76.6% of students feel depressed or anxious (74%). Of those students, 39.1% felt depressive or hopeless emotions, mainly several days over the past two weeks, and 37.1% felt nervous or anxious nearly every day. The level of anxiety or depression symptoms interfered with the ability to function in daily life (e.g., school, work, relationships) over the past two weeks. 96 participants said a little bit, whereas 95 said extremely. Moderate impact had 74 respondents, and 85 do not feel any impact. Due to anxiety or depression symptoms, 94 participants often avoid social activities, school or work, which means that their mental health is so poor that they do not find any excitement in becoming a part of any social activity. 89 respondents avoid any activities sometimes and 86 rarely. 81 respondents do not avoid social activities, school or work, because they do not have mental health issues.

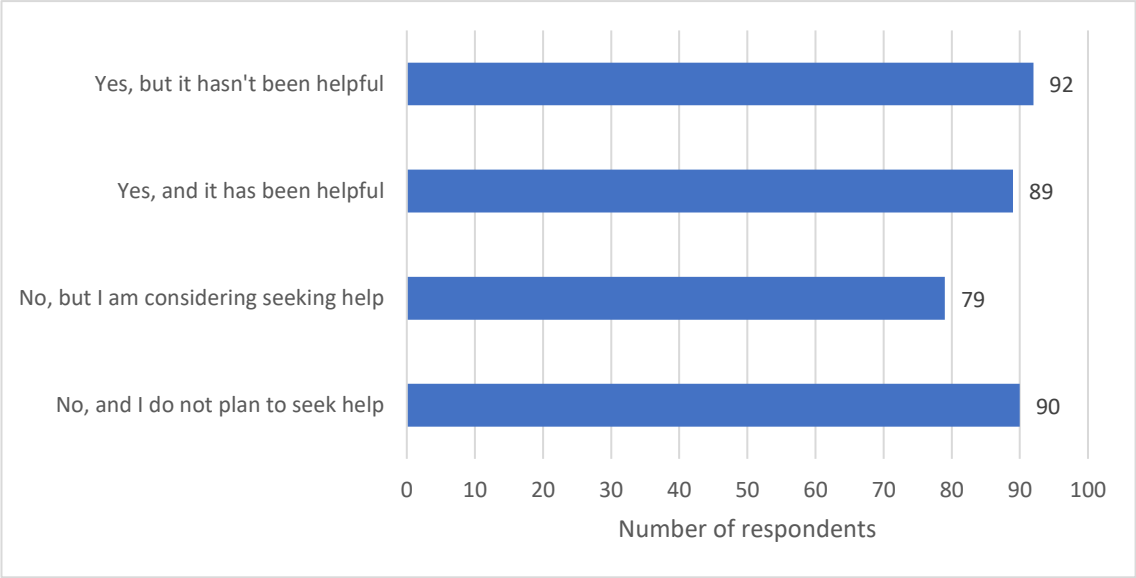

Figure 4. Students' Experiences with Mental Health Support Services (n = 350)

The majority (26.3%) said that they tried but it did not work for them. The reasons could be not finding the needed right help which might have helped in overcoming anxiety and depression. While 25.4% of respondents received help from those mental health support services. In addition to those services, the university also offers wellness services. 53.4% of students are not aware of the wellness programs offered by the University of Punjab. Therefore, there is a need to spread awareness regarding the wellness programs so that those who need them can be facilitated. According to the results, the majority of the participants (77.7%) have never utilised any of the wellness services offered by the university. Only 21.1% of students have tried them.

Respondents present their opinion on the intersectional factors, which of the following have an influence on their mental health (see Figure 5).

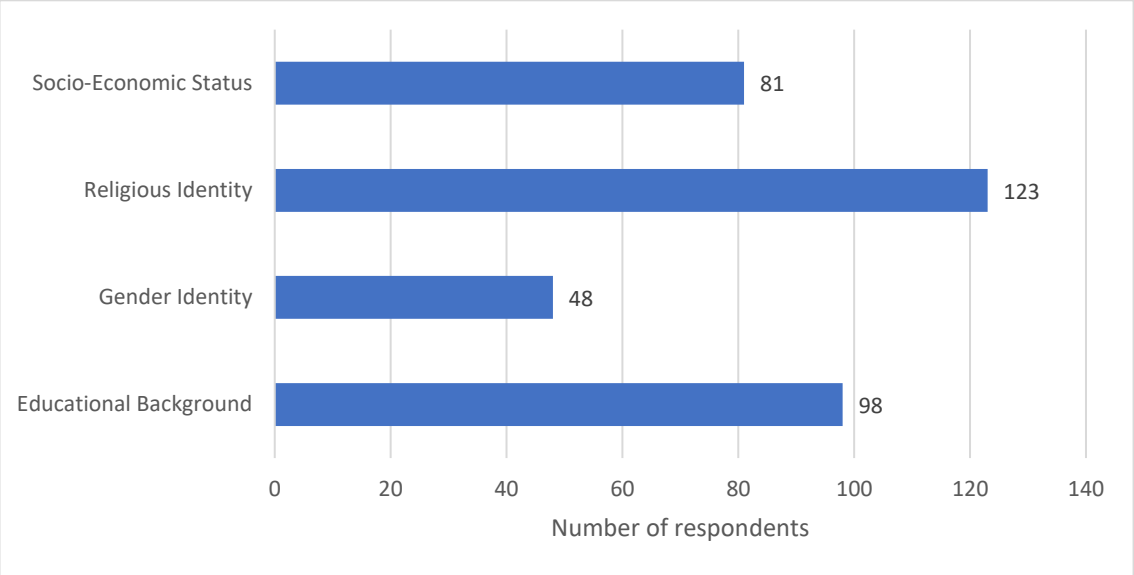

Figure 5. Perceived Influence of Intersectional Factors on Mental Health

Students may choose more than one option. Religious identity is voted by 35.1% participants, whereas educational background was rated by 28% of students. Only 13.8% of respondents agreed to gender identity has an influence on mental health. Religious identity for instance if one is Shia in a group of Sunni students, they might be stigmatised for following different religious beliefs and segregated from the group. This really affects the mental health of the students, considering that they are not accepted by the people and face exclusion. Students evaluated how different factors influence mental health (see Figure 6).

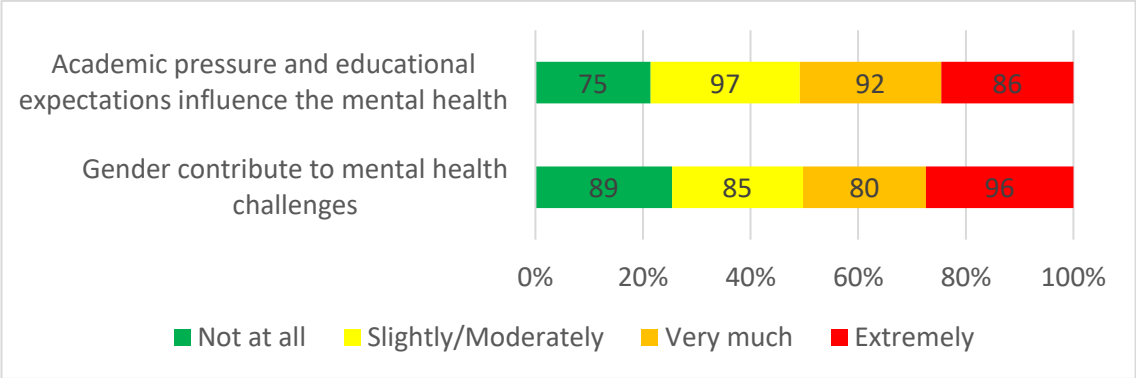

Figure 6. Academic pressure and gender influence on mental health (n = 350)

50.8% of students said that academic pressure and educational expectations influence their mental health very much or extremely. 50.3% said that gender also has a strong influence. Gender discrimination is one of the significant issues which affect the mental well-being of people. Female students feel devalued and powerful if they are in a male-dominated class or in any field of study where males are found in higher numbers, such as engineering. Such a field requires manpower and hectic labour work, which causes the preference for females to be less, and this disturbs them, considering that they are less than males in terms of power and other factors. 49.7% of participants agreed that socio-economic status contributes to mental health challenges, which proves that social class and economic stability affect the mental well-being of the students.

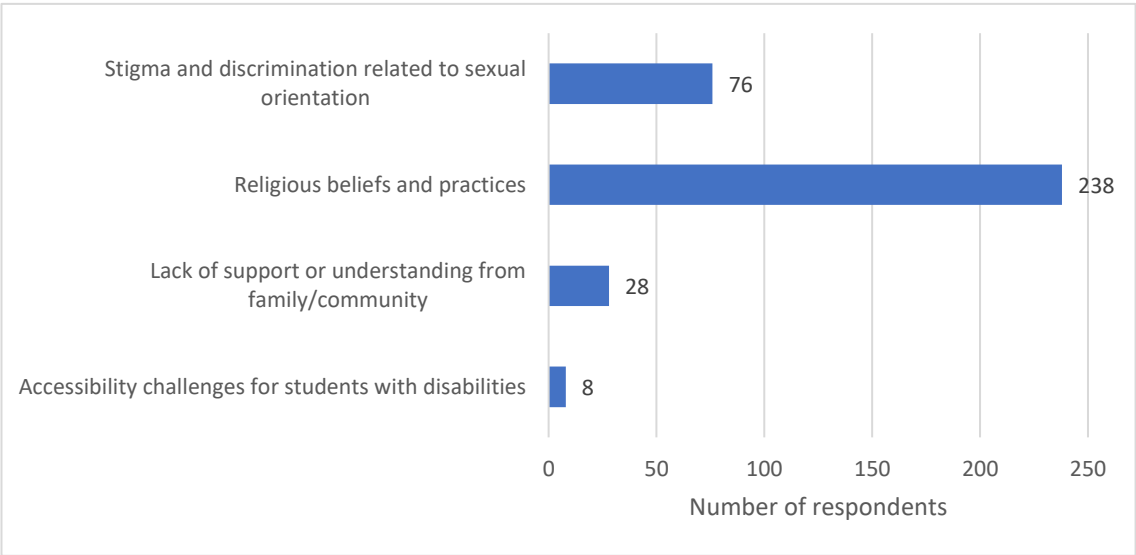

Figure 7. Influence of Intersectional Factors on Mental Health Among University Students (n=350)

Highly rated was the religious beliefs and practice by 68% of participants. 21.7% agreed to stigma and discrimination regarding sexual orientation. 8% rated lack of support or understanding from the family whereas 2.3% referred accessibility challenges for the students with disabilities to an intersectional factor affecting the mental health of students.

University staff or faculty typically ask students to talk about their mental health concerns for them to access relevant services (see Figure 8). 43.7% of respondents mentioned that they felt uncomfortable visiting stores. This mean that students are not comfortable sharing the personal struggles. In some cultures, talking about emotional issues is considered taboo and is sometimes perceived as showing weakness. In some cases, expectations of being strong may make some males reluctant to ask for support.

To get mental health services, students must discuss their mental health issues with faculty or staff at the university (see Figure 8). 43.7% of respondents have strongly disagreed or disagreed regarding feeling comfortable when they discuss their mental health issues with faculty or staff at the University. The high rate of disagreement means that people feel reluctant and shy in sharing their weaknesses with others, having trust issues.

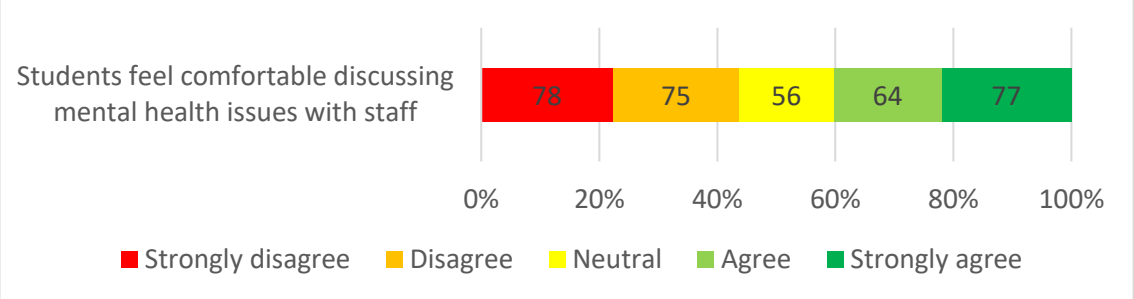

Figure 8. Comfort Level Discussing Mental Health with University Faculty or Staff (n = 350)

Most of the students are satisfied with the wellness programs (43.7%) and mental health services (50.3%) offered by the university. They are mainly accessible (45.1%). Very dissatisfied were 31.1% of students with the wellness programs and 26.6% with the mental health services. The University provided physical fitness programs. Among all respondents, 210 individuals revealed their involvement in physical fitness programs at the university. Most participants failed to state the physical fitness programs they joined.

The minority of participants who shared information gave too few details for effective categorisation of their responses. The data shows that 140 students refrained from any physical fitness programs, which requires additional research into their reasons for non-participation. Out of all respondents, 315 indicated they never used university-provided counselling services, whereas 35 people did utilise them. Most respondents who utilised counselling services from the university did not describe the particular services received. The large number of participants who skipped reporting which services they used, as well as how often and how satisfied they were, demonstrates why additional follow-up questions should be added to future survey inquiries.

32.8% of the respondents said that wellness resources are not so accessible. Students face some barriers in seeking mental health support at university (see Figure 9).

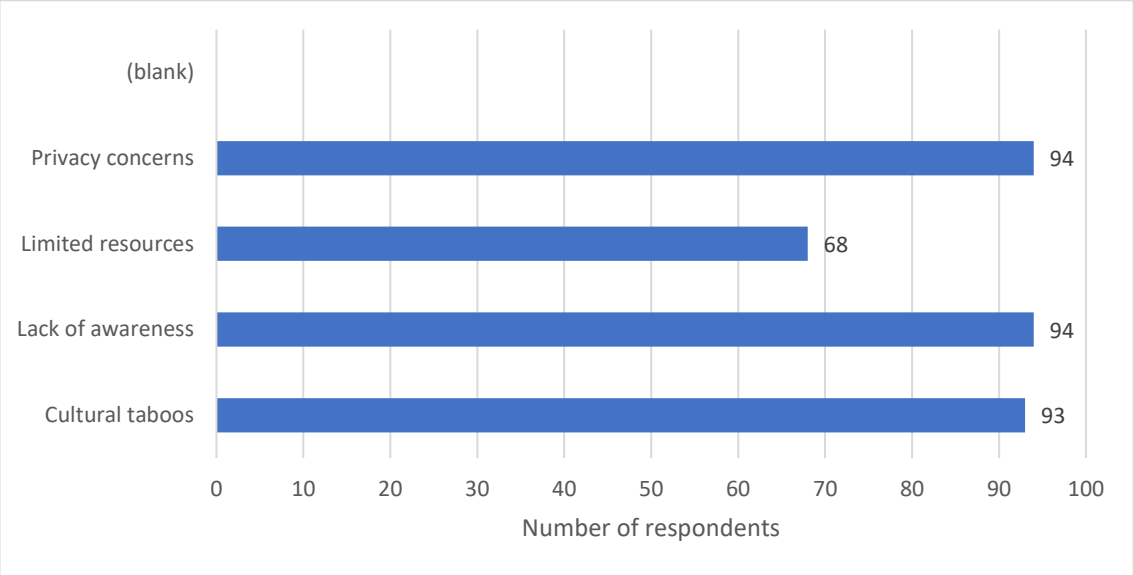

Figure 9. Reported Barriers to Seeking Mental Health Support Among University Students (n = 350)

According to the data shows that highly rated barrier faced by the students in seeking mental health support at university, is lack of awareness and privacy concerns regarding which 26.8% participants agreed. 26.6% said cultural taboos and 19.4% referred to limited resources.

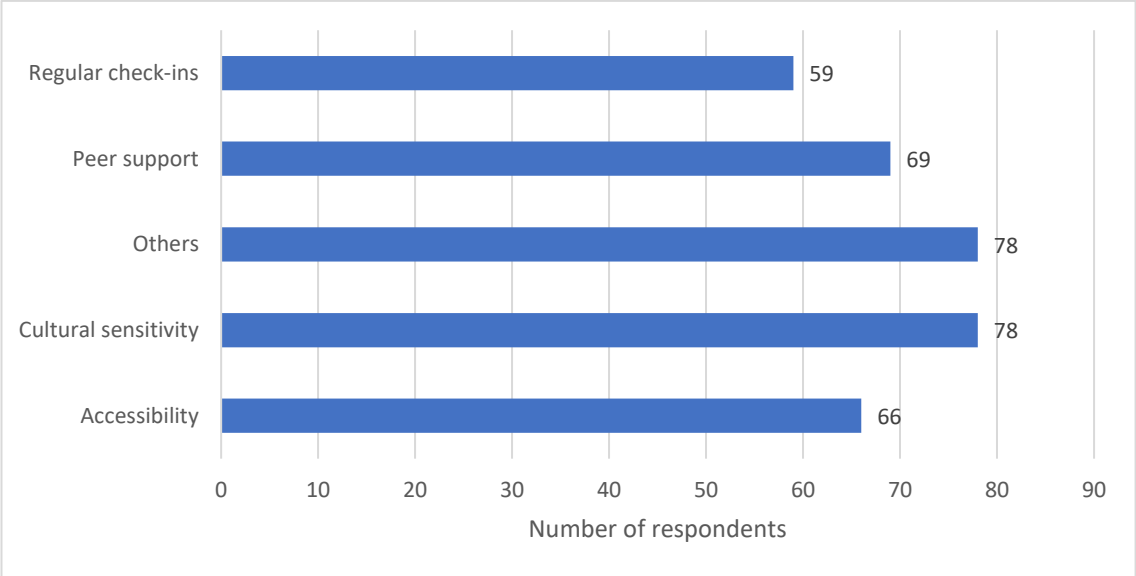

Figure 10. Perceptions on Key Components of a Successful Student Wellness Program (n = 350)

22.2% cultural sensitivity and others, 19.7% rated peer support. Accessibility was rated by 18.9% and regular check-ins was rated by 16.8%. Peer support is helpful in getting guidance and needed help to motivate students for taking initiative towards wellness program for good mental health.

The survey request participants to identify which support systems would most help enhance student mental health. The majority of participants picked Counselling services and Mental health awareness campaigns together with Workshops on stress management and Physical activity programs and Peer support groups. These results are interesting because 90% of students had never used university-provided counselling services. The student preferences demonstrate the requirement for professional help along with physical wellness practices and mental health education is 22.2%.

The need of prioritizing the mental health and wellness programs in the institutions. 345 rated very important whereas only 5 said somewhat important. The respondents presented an additional wellness activity that they would like to be implemented at the University of Punjab (see Figure 11).

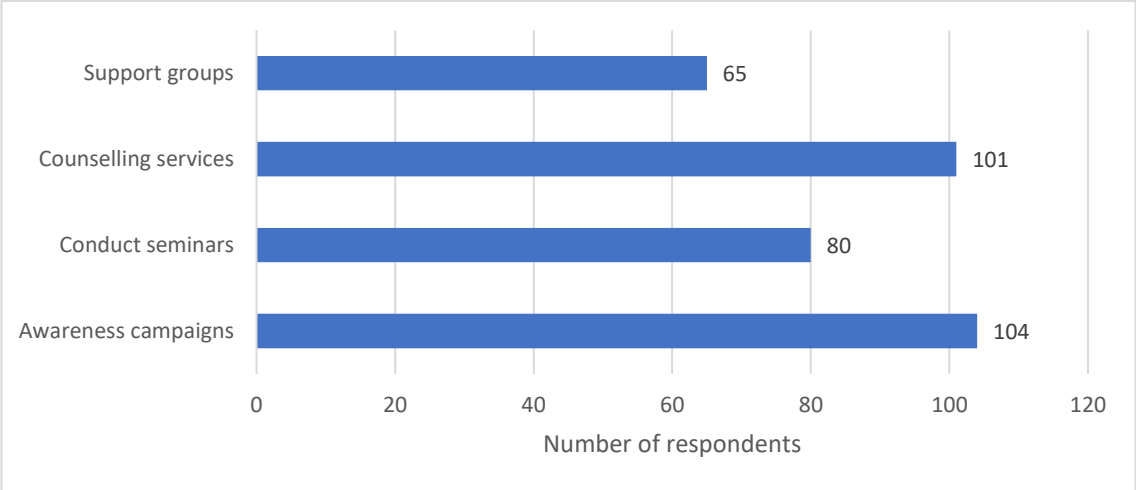

Figure 11. Preferred Additional Wellness Initiatives at the University of Punjab (n = 350)

In this regard, 29.7% said awareness campaigns, 28.9% said counselling services. Conduct seminars was rated by 22.8% whereas 18.5% said to have support groups.

The impact of cultural beliefs and practices on wellness behaviours among students at university (see Figure 12). 23.1% said extremely influential, 21.1% rated slightly influential; however, 19.4% agreed to not at all influential. 19.1% of them said very influential, and 17.1% said moderately influential. 257 respondents disagreed that current wellness programs at the University adequately address cultural needs and preferences. However, 93 of them agreed

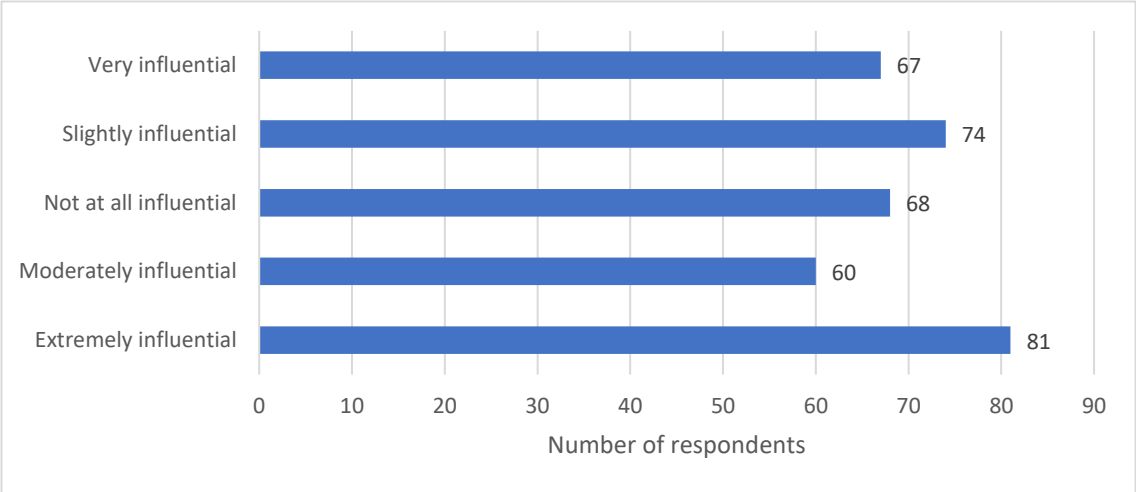

Figure 12. Perceived Influence of Cultural Beliefs on Wellness Behaviours Among Students (n = 350)

Statistical data revealed that students selected digital channels as their preferred method to obtain wellness program content (see Figure 13). A majority of 44.3% of respondents chose email as their preferred communication method while 22.9% selected university websites second to email. Social media was the selection of 18.6% of participants with SMS or mobile notifications chosen by 10.0% of respondents. Only 4.2% chose physical notice boards.

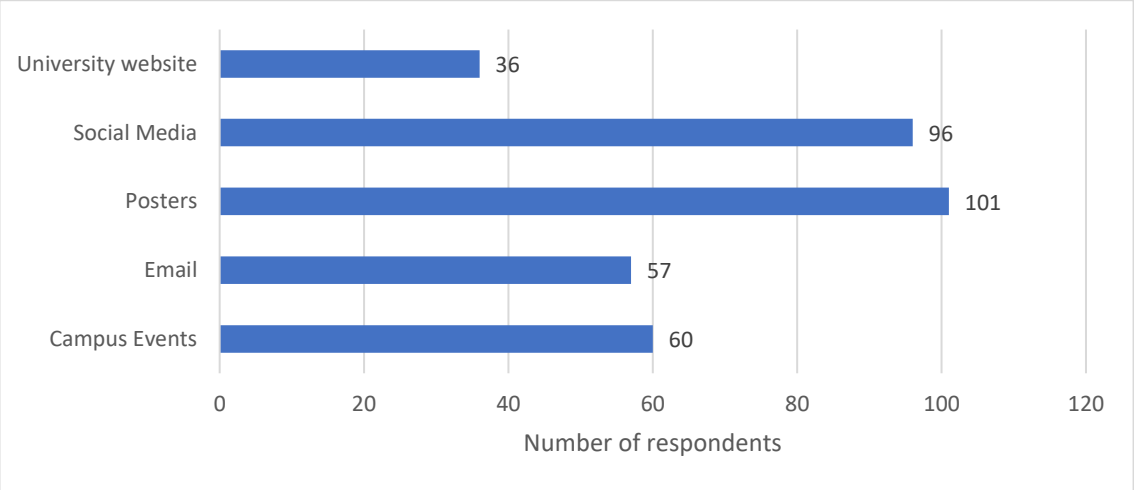

Figure 13. Preferred Communication Channels for Wellness Program Information (n = 350)

Survey findings emphasize relevant cultural factors which need consideration for creating inclusive wellness initiatives (see Figure 14). The survey findings revealed that religion stood as the primary cultural consideration among students with 50.3% involvement (176 out of 350). Gender selection followed with 34.9% (122 responses). The survey revealed financial situation as the response of 9.7% among 34 students while equality earned 4.6% with 16 students and ethnicity received 0.6% from just 2 students.

Survey results point to significant culture-related factors that need to be considered in designing programs for all employees (see Figure 14). According to research, 50.3% of the participants (n = 176) thought religion was most relevant when comparing men and women, while 34.9% (n = 122) chose gender. Fewer people reported issues such as financial situation (9.7%, n = 34), equality (4.6%, n = 16) and ethnicity (0.6%, n = 2). Gender diversity is studied, but it did not come up in the answers to the survey question. This could be a result of society, religions and laws in Pakistan that make it difficult to

have open debates on gender identity and non-binary identity. Admitting the term ‘gender’, the discussion probably considered only the ideas of being male or female and not other identities.

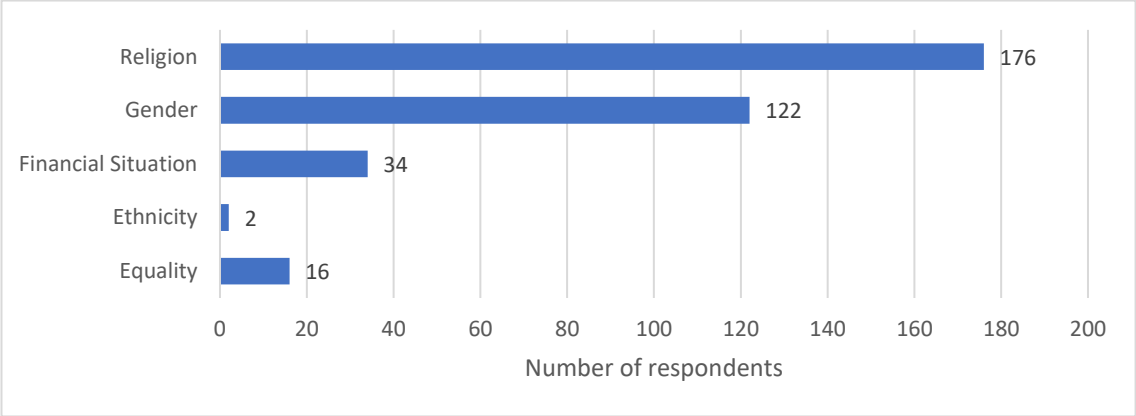

Figure 14. Cultural Factors to Consider in Tailoring Student Wellness Programs (n = 350)

Among various interaction modes students show the highest preference toward workshops and seminars because 32.3% people chose them (see Figure 15). The survey data shows workshops/seminars as the preferred method of interaction with 32.3% choosing the option. Peer support groups were selected by 24.0% and in-person appointments were chosen by 21.1%. Students selected online counselling as their preferred option which accounted for 12.9% of respondents while 9.7% of students chose phone consultations as their least preferred counselling method.

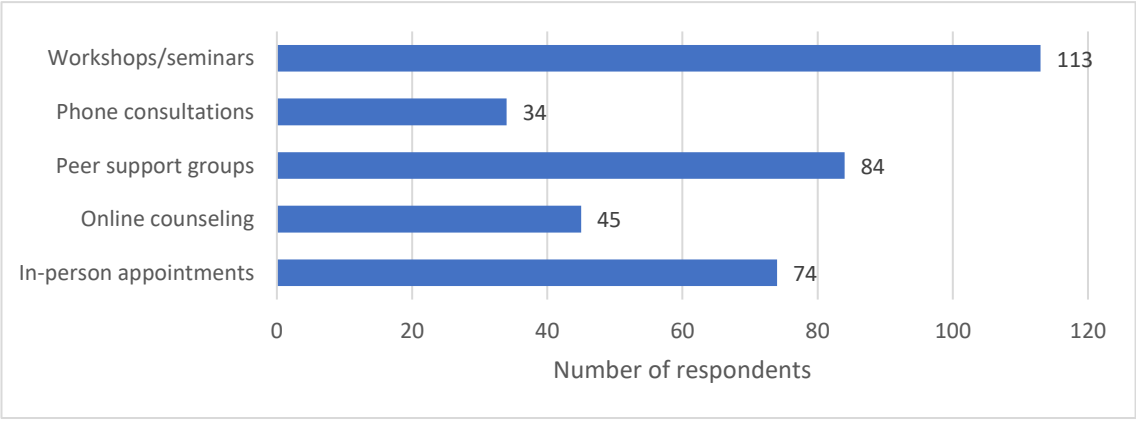

Figure 15. Preferred Modes of Interaction with Institutional Staff for Mental Health and Wellness Support (n = 350)

The survey results show that religion (50.29%) together with gender (34.86%) serve as the primary considerations for program adaptation while financial situation (9.71%) and equality (4.57%) along with ethnicity (0.57%) rank below them (see Figure 16).

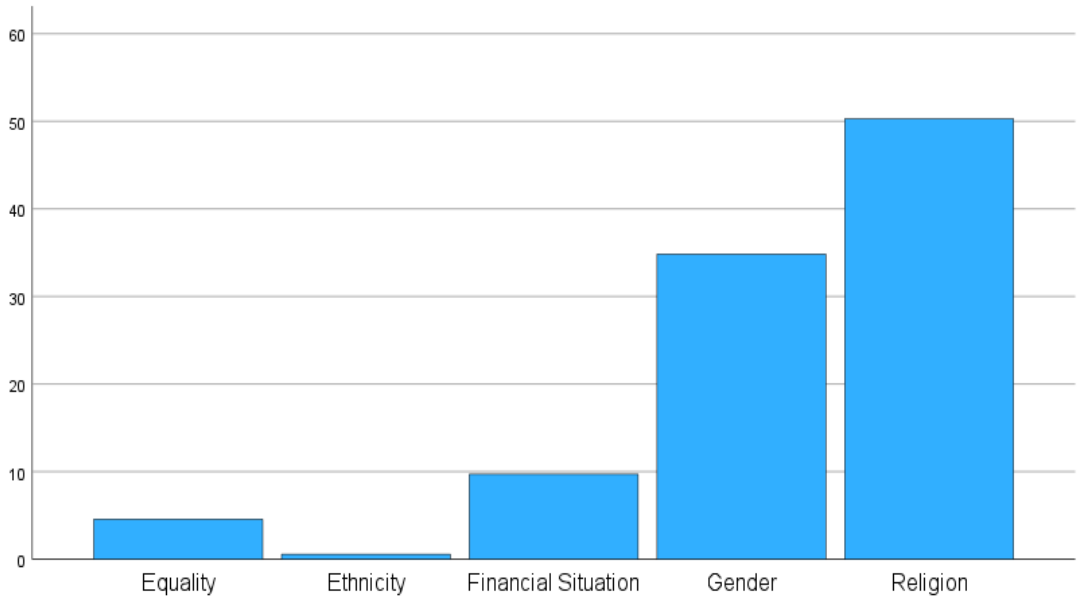

Figure 16. Key Cultural Factors for Program Tailoring (n = 350)

2.3.2 Result Analysis

The comparison between students' anxiety and depression levels produced a non-statistically relevant outcome from the paired sample T-test. Research participants reported feeling anxious or on edge at a mean level of 2.52 (SD = 1.150) over the previous two weeks through the survey of 350 students. The mean score for being depressed or hopeless stood at 2.46 (SD = 1.082). The obtained mean difference of 0.063 with 0.088 standard error was not significant at $p = 0.474$ ($t(349) = 0.717$). This shows students maintained similar anxiety and depression scores. An analysis of their relationship showed a weak inverse correlation at $r = –0.079$ ($p = 0.142$) while the Cohen's d effect size equated to 0.038. The mental health scores according to Cohen's d effect size measurement revealed almost identical intensities of anxiety and depression among students despite the minimal difference of 0.038.

The second paired T-test examining student satisfaction rates with mental health services against their perception of obstacles to receive support produced statistically meaningful outcomes. Satisfaction level averaged 0.60 points on the 4.0 scale (SD = 0.491) and participants evaluated barriers to support at 2.53 points (SD = 1.122). The statistically relevant result showed a significant difference of –1.926 points (SE = 0.067) ($t(349) = -28.645$, $p < 0.001$). A very strong negative effect exists based on Cohen's d of –1.531 because students who dissatisfied with support services tend to report more barriers to accessing help (see Table 2.1).

Table 2.1. Paired Samples T-Test Summary – Anxiety vs. Depression & Satisfaction vs. Barriers

Paired Variables	**Mean Difference**	**t-value**	**df**	**p-value (2-tailed)**	**Effect Size (Cohen's d)**	**Significance**
Anxiety (nervous, anxious, or on edge) vs. Depression (down, depressed, hopeless)	0.063	0.71	349	0.474	0.038	Not Significant
Satisfaction with mental health services vs. Perceived barriers to support	-1.926	-28.6	349	< 0.001	-1.531	Significant

The existing wellness initiatives evaluation by students at University of Punjab received investigation through SPSS which employed a multiple linear regression analysis to respond to Research Question 1. Evaluation_of_Wellness_Initiatives depended on seven predictor variables including awareness of programs, utilization of services, counselling usage, comfort discussing mental health, perceived cultural adequacy of programs, influence of intersecting identity factors and experience of intersectional challenges.

A weak correlation exists between variables ($R = 0.123$) and the combined independent variables explain 1.5% ($R^2 = 0.015$) of the student evaluation of wellness programs. The negative value of adjusted R^2 (-0.005) demonstrates that a basic mean-based prediction improves the data understanding better than the analysis does (Strand, 2006, p. 102).

The analyzed data confirms these findings through the ANOVA table. The calculation of F-statistic produced a value of 0.754 while maintaining a p level of 0.626 above the regular threshold of 0.05. The regression model demonstrates no statistical significance

because there exists no strong evidence that all included predictors affect student evaluations of wellness initiatives.

The coefficients table (see Table 2.2) shows all individual variables lack statistical significance for the assessment model. The seven variables fail to produce results reaching the 0.05 significance threshold. The findings show the lowest significance for wellness service utilization (B = 0.115, p = 0.215) although it is still distant from being statistically meaningful. Program awareness shows a negative relationship (B = –0.035, p = 0.650) with student satisfaction according to the analysis.

Table 2.2. Coefficients of Predictors Influencing Student Evaluation of Wellness

Predictor Variable	B	Std. Error	β (Beta)	t	Sig. (p)
(Constant)	2.142	0.155	—	13.856	< .001
Awareness of wellness programs (UoP)	–0.035	0.076	–0.025	–0.454	0.65
Utilized any wellness service	0.115	0.093	0.067	1.243	0.215
Utilized university counselling services	0.085	0.126	0.036	0.671	0.503
Comfortable discussing MH issues with faculty/staff	0.024	0.026	0.05	0.923	0.356
Current wellness programs address cultural needs/preferences	–0.074	0.086	–0.047	–0.867	0.387
Intersecting factors that most influence your mental health	0.017	0.038	0.024	0.441	0.66
How intersectional factors influenced mental health (e.g., religion, disability)	–0.037	0.036	–0.056	–1.028	0.305

The variables cultural relevance and intersectional experiences did not generate statistically significant relationships as shown by B = –0.074 (p = 0.387) and B = –0.037 (p = 0.305). The theoretical significance of intersectionality remains essential but its statistical effect in this empirical data proves weak because of possible measurement restrictions or minimal response variation.

Student ratings towards present wellness services show no meaningful relationship with how well students know about these initiatives nor how often they utilize them nor how their cultural backgrounds match nor their intersectional life experiences. Additional qualitative research will help future studies to build upon these results while intensely examining detailed student wellness experiences.

The University of Punjab ensure that its student wellness program fits better with student cultural values and daily lives. When developing services for mental health and wellness, it is important to address religious beliefs, gender norms, difficulties students with disabilities may face and the bias people with different sexual orientations encounter. Four predictors were used in a multiple regression analysis to determine the impact of culture on wellness behaviors and availability of mental health services, with the goal of promoting a culturally responsive method.

The model summary indicates that 35.4% of the variation in appropriate wellness program cultural adaptations receives explanation from the model based on the R^2 = 0.354, Adjusted R^2 = 0.346 statistics. The relationship between cultural and contextual elements and wellness program design standards stands at a moderate degree which allows significant intervention opportunities.

ANOVA results show a model reliability through an F-statistic value of 47.222 while the p-value remains below 0.001 which demonstrates statistical significance in the entire model. Students' opinions about wellness strategies that match their cultural and contextual background can be substantially explained by the identified predictive variables.

Table 2.3. Coefficients of Predictors for Designing Culturally Aligned Wellness Programs

Predictor Variable	B	Std. Error	β (Beta)	t	Sig. (p)
(Constant)	1.897	0.166	—	11.411	< .001
Intersecting factors influencing personal mental health	–0.017	0.037	–0.020	–0.466	0.642
Perceived impact of intersectional factors on others' mental health (e.g., religion, disability)	0.026	0.035	0.032	0.739	0.461
Barriers students face in seeking mental health support	–0.005	0.033	–0.007	–0.160	0.873
Influence of cultural beliefs on wellness behaviours	0.345	0.025	0.591	13.609	< .001

The research showed that student wellness behavior response to cultural beliefs and practices created a significant statistical relationship with independent variables (β =0 .591, $t = 13.609$, $p < 0.001$). The overall strength of the positive and significant beta

coefficient indicates that students who recognize cultural influence demonstrate much higher support for wellness interventions that align with cultural practices (see Table 2.3).

The statistical analyses revealed that intersectional identity experiences along with identified barriers to accessing services and opinion on which intersectional factor has the greatest impact did not produce significant results (hence p-values = .642, .461, and 0.873). The study evidence implies that intersectionality influences total mental health experiences yet Pakistani universities follow cultural frameworks above all else when designing programs.

According to the results, the combination of gender, disability, religion and sexual orientation experienced by people, along with barriers to services and main factors being considered, did not have a significant effect (p = .642, .461 and .873, respectively). Nevertheless, we should not view intersectionality as unimportant. It appears that while students encounter various mental health obstacles due to their identities, Pakistani universities mainly base their wellness programs on religious and traditional values. For this reason, the needs of people with mixed identities are often ignored in favor of more traditional values.

The University of Punjab and other Pakistani institutions need to enhance their student interaction through a multiple regression analysis to better serve mental wellness needs. The research model examined five main variables that included physical fitness program engagement together with mental health intersectional elements and an assessment of wellness program cultural sensitivity as well as wellness resource availability.

Students' perceptions of institutional interaction reveal only a 0.5% variance explained by the model according to the Model Summary results while the Adjusted R^2 score is -0.009.

The ANOVA table indicates these limitations through the non-statistically significant F-statistic of 0.353 (p = 0.880). The statistical analysis indicates that the multiple predictors lack significant power in describing student evaluations about institutional wellness contact strategies. The research indicates that students experience conflicts between administrative goals and actual interactions with the institution.

The predictors (see Table 2.4) showed no significant match to statistical values through coefficient analysis. Students who participated in physical fitness programs (B = .151, p = 0.445) maintained a very weak bond that did not result in a statistically significant relation with their perception of the institution's interaction effectiveness. The data revealed that students' perceptions of institutional interaction remained unaffected by both factors of accessibility of wellness resources (B = 0.009, p = 0.824) and cultural adequacy in current programs (B = -0.003, p = 0.982).

Table 2.4. Coefficients of Predictors Influencing Student–Institution Interaction

Predictor Variable	B	Std. Error	β (Beta)	t	Sig. (p)
(Constant)	3.303	0.226	—	14.605	< .001
Intersecting factors influencing personal mental health	–0.058	0.059	–0.054	–0.992	0.322
Perceived influence of intersectional factors on others' mental health	–0.019	0.056	–0.019	–0.349	0.727
Accessibility of wellness resources	0.009	0.042	0.012	0.223	0.824
Programs addressing cultural needs and preferences	–0.003	0.133	–0.001	–0.023	0.982
Participation in university fitness programs	0.151	0.197	0.041	0.765	0.445

The essential variables of religion, disability and sexual orientation according to Shuja (2025, p. 74) for understanding mental health disparities demonstrated no statistically significant correlations with this model (p = 0.322 and p = 0.727). Since intersectional barriers influence mental health outcomes the data suggests these challenges alone cannot directly impact student assessments of institutional actions except through visible participation and inclusive engagement platforms.

The research indicates that Pakistani higher education institutions must close a major gap between what they offer students versus how students actually see these services. Institutions need to advance their services through active student outreach instead of relying solely on existing service offerings.

2.4. Discussion

The discussion aims to provide insights into the mental health experiences of students at the University of Punjab in Pakistan and to explore potential strategies for improving their wellness.

The wellness program that understands cultural diversity and fits the specific context of University of Punjab presents the necessary solution for supporting effective mental health support for students. Mental health treatment methods achieve maximal effectiveness by matching the culture and lifestyle expectations of students within their university setting (Lipson et al., 2022, p. 9).

Universities create more all-inclusive and reachable mental health care networks by integrating cultural traditions and spiritual standards and community practices into their wellness initiatives. Through community-based mental health awareness initiatives which combine faith-centered counseling services alongside gender-responsive mental health programs universities can achieve better student engagement and help-seeking action (Dare et al., 2023, pp. 534–535). The research of as cited on Byrom (2022, p. 8) demonstrates that university-based mental health programs alongside peer support initiatives help students engage more and lower their mental health stigma. Staff training combined with university platforms for open dialogue about mental distress alongside early distress recognition skills of faculty members will better student wellbeing.

The research data shows minimal association between institution-to-student interaction and undergraduate students' wellness support perceptions at the University of Punjab. The analysis revealed no significant statistical connection between any of the variables including program access and service availability along with the student experiences. The current wellness services at the University of Punjab show poor effectiveness along with inadequate student-specific service tailoring. As described by Dessauvagie et al. (2021, p. 176) the lack of culturally adapted mental health strategies leads South Asian university students to encounter inaccessible or irrelevant services. Pickering stigma together with low knowledge levels continue to hinder accessibility in collectivist communities where social norms affect help-seeking behaviors according to (Dare et al., 2023, p. 530; Shahid, 2021, p. 40). This research confirms previous findings regarding institutional

misalignment in Low and Middle-Income Countries because their programs neglect local realities (Patel et al., 2018, p. 1558; Dessauvagie et al., 2022, pp. 177). The gap between stakeholders and their requirements suggests why participatory design together with developing trust represent fundamental elements for success. Educational institutions must both improve their service exposure and implement student-driven approaches to develop culturally appropriate help resources. Lipson et al. (2022, p. 139) points out that well-funded programs without adequate stakeholder involvement will result in suboptimal utilization and minimal student participation. Organizational transformation demands an integrated reform to achieve more than operation-based services which requires inclusive student dialogue and continued student interactions.

Data reveals that University of Punjab students believe the current wellness initiatives are insufficient for meeting their psychological health requirements. The university needs to improve and enlarge its wellness programs because academic stress and financial problems and social competition create significant obstacles for students. The literature review supports developing extensive wellness programs that fulfill the various mental health requirements of university students. University students experience substantial mental health effects due to their socioeconomic backgrounds and gender along with their level of institutional backing so specific interventions become essential. Dare et al. (2023, p. 536) highlight that cultural background along with social prejudice determines students' choices regarding mental health assistance. According to Curtis et al. (2023, p. 78) mental health services need to adapt their practices based on student realities to increase both convenience and success rates. The research recommends developing culturally adjusted wellness services which match student experiences at the University of Punjab as an effective strategy for their mental health support. The university can develop supportive wellness initiatives by incorporating student-relevant cultural norms and beliefs together with their values to build an environment which fosters mental health.

The study underscores the significance of enhancing communication and engagement between Pakistani institutions and students to address their mental health needs proactively (Lipson et al., 2022, p. 142; Shahid, 2021, p. 40; Curtis et al., 2023, p. 80). By fostering open dialogue, providing accessible resources, and promoting mental health awareness, institutions can create a supportive ecosystem that prioritizes student well-

being. The literature review also emphasizes the importance of student-centered approaches in mental health promotion within educational contexts (Medlicott et al., 2021, p. 15; Havsteen-Franklin et al., 2023, p. 12).

The literature emphasizes the effectiveness of mental health awareness campaigns in promoting student wellness (Balloo et al., 2022, p.2). In contrast, study findings indicate a gap in the awareness and utilization of mental health services among students (Lipson et al., 2022, p.9). Therefore, further study to explain why awareness campaigns work differently in different places.

The findings of the study are consistent with the questions asked, showing that it is essential for the University of Punjab to have wellness programs that are catered to students' needs, interventions with cultural awareness and better involvement from educational institutions to support students. From the discussion, it is very important for the school's support systems to understand students' needs and work together to support their well-being. Testing new strategies to help students with mental health in schools and conduct studies that follow students over a long period to understand the impact of mental health initiatives on their long-term outcomes.

Students at University of Punjab who attend classes in the evenings were explored in the study using three questions. The study showed that evening students face their principal stressors from academic strain and financial challenges thus resolving RQ1 about chief obstacles. Students participated in RQ2 surveys which demonstrated that wellness program performance was poor because students knew little about these programs and avoided them out of cultural reasons. The research revealed that students preferred culturally sensitive mental health services including anonymous counselling combined with peer support groups supported by religiously adapted education programs (RQ3). The findings demonstrate the necessity to establish wellness programs that address real-world situations of this student population.

The wellness program for students with cultural sensitivity has been designed by integrating the research insights with student recommendations. Students have access to (1) digital anonymous mental health help services within university online services and (2) peer-led on-campus support groups run by trained student volunteers and (3) mental

health professional workshops about academic challenges and help-seeking and stigma issues and (4) educational collaboration between mental health specialists and cultural counselors to provide psychoeducational support. The initiative establishes a covert digital help service linked to university portals and organizes biyearly awareness campaigns on social media and offers students discreet connections to support services. The programs specifically aim to meet what students need through mental healthcare methods that comply with cultural competence guidelines.

The research study has several limitations. The research took place exclusively at a single institution so generalization of results becomes limited for Pakistani universities at large. The questionnaire data collected from participants could have been affected by what people wanted others to think about their responses. The research sample failed to show complete student diversity despite examining intersectional factors. Within this cross-sectional study researchers were unable to determine the lengthy outcomes of the proposed wellness program. Future researchers should conduct assessments that combine multiple research approaches across different locations.

CONCLUSION

The study is grounded in the understanding from Chapter 1 that mental health challenges among university students in Pakistan are exacerbated by social stigma, limited institutional support, and cultural barriers to help-seeking. The literature revealed a lack of culturally adapted mental health strategies and emphasized the need for student-centered interventions that consider local norms and socio-economic pressures.

The research was conducted among evening students at the University of Punjab using a structured questionnaire. Participants represented diverse backgrounds, enabling the study to explore intersectional influences such as gender, religion, and socioeconomic status on mental health perceptions and wellness program engagement. The findings revealed high levels of academic stress, insufficient awareness of existing support services, and a strong preference for anonymous, culturally sensitive mental health interventions.

The study confirms a significant gap between institutional offerings and student expectations, pointing to the need for a wellness ecosystem built on communication, accessibility, and cultural relevance. For future studies, a longitudinal design incorporating both quantitative and qualitative data would offer deeper insights into behavioral change over time. Expanding the sample to multiple universities across different provinces would also enhance generalizability. Future research should additionally evaluate the implementation and outcomes of the proposed wellness model through experimental or action-based methodologies.

In conclusion, this study at the University of Punjab Pakistan successfully addressed the research questions set out in the introduction, focusing on the evaluation of existing wellness initiatives, the tailoring of a wellness program to align with cultural factors, and the enhancement of interactions between Pakistani institutions and students regarding mental health and wellness. Through a comprehensive exploration of student mental

health experiences and the effectiveness of wellness programs, several key findings have emerged.

The evaluation of existing wellness initiatives revealed varying perceptions among students, highlighting the need for more tailored and culturally sensitive interventions to meet the diverse mental health needs of the student population. By recognizing the influence of cultural factors on wellness behaviors, the study emphasized the importance of incorporating cultural sensitivity into mental health interventions to enhance their effectiveness.

The analysis demonstrates that wellness initiatives at the University of Punjab fail to create considerable perceived impact since regression tests show negligible explanation of evaluation changes between students and their cultural understanding and institutional involvement. Students have not perceived existing wellness services as culturally appropriate nor properly communicated although these services actually exist. Support for customized wellness programs relied most heavily on student perception of cultural influences thus validating the requirement for local and inclusive strategies. Institutions need to boost their impact by developing culturally appropriate interventions through co-creation processes with active outreach to students. Approaching mental health support by addressing individual needs and cultural backgrounds prevent current services from becoming unused and separate from what students truly need.

The development of a tailored wellness program aligned with the cultural and contextual factors specific to the University of Punjab aimed to bridge the gap between student needs and institutional support systems. To help students, the study boosted support and encouraged everyone to recognize the value of mental health services.

The main objective of the study is to create a friendly environment for students by boosting communication and interactivity among institutions and students. The research worked to identify support needed for mental health by addressing educational stress, finances and social problems.

The study points out that wellness programs designed for each community play a key role in boosting student well-being. The research results guide education institutions to protect student wellbeing by promoting a multicultural and proactive approach.

The results help by applying supported plans, monitoring mental health aid and boosting insight about mental health in schools. By building on these insights and recommendations, institutions can create a nurturing environment that prioritizes student well-being and academic success, ultimately contributing to a healthier and more supportive educational landscape.

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Appendix 1. Factors influencing mental health

Factors	Sources
Socioeconomic status	Ibrahim et al. (2022), Kagoya et al. (2023), Chen (2023), Hirani et al. (2022)
Social relationships, Family dynamics	
Campus environment	Thaiyalappil et al. (2023)
Academic pressure	Thaiyalappil et al. (2023), Curtis (2023)
Competitive environment	Sánchez-Navarro et al. (2022)
Financial struggles	Curtis (2023)
Gender disparities	Franzidis and Zinder (2019)
Transgender students	Gross et al. (2022), Atteberry-Ash et al. (2021)
Institutional marginalization	Sinevaara-Niskanen (2022), Liu et al. (2023)
Cultural factors	Dare et al. (2023), Valles & Gonzalez (2020), Mekuriaw et al. (2020), Roy et al. (2023)
Ethnicity	Curtis (2023), Roy et al. (2023)
Sexual orientation	Dare et al. (2023), Balloo et al. (2022)
Transition into higher education	Curtis (2023)
Peer interactions	Wahyuni et al. (2023)
Bullying	
Acts of violence among friends	
Physical instruction and exercise	
Support from staff and teachers	

Appendix 2. Mental Health Issues

Mental Health Issues	Sources
Depression	Kirdchok et al. (2023), Antúnez et al. (2023), Lal et al. (2021), Dessauvagie et al. (2022), Mahgoub et al. (2022)
Anxiety	
Substance use disorders	Agyapong et al. (2022)
Adjustment disorders	Kirdchok et al. (2023)
Eating disorders	Poyrazli & Mitchell (2020)
Borderline personality disorder	
Psychosis	
Emotional disturbances	Nadeeka & Wijewardena (2022)
Interpersonal conflicts with peers	
Aggressive behavior	
Academic challenges	
Psychiatric disorders	Auerbach et al. (2018)
Depression	McAuliffe et al. (2019)
Anxiety	
Depressive and anxious symptomatology	Yu et al. (2022)
Mental health knowledge	Campbell et al. (2022)
Interest in studies and free time	

Appendix 3. Help-seeking and wellness programs

Help-seeking attitudes	**Sources**
Fear of stigma	Hawsawi et al. (2023), Ning et al. (2022)
Insufficient time or resources	Hawsawi et al. (2023)
Concerns about confidentiality	
Challenges in accessing help	Ning et al. (2022)
Reluctance to engage in discussions	Elsaeidy et al. (2023)
Preference for seeking support from trusted confidants	Shahid (2021)
Barriers in accessing adequate resources	Ning et al. (2022)
Internal conflicts	
Personality traits	Shabrina et al. (2022)
Stigma related to depression	Gulliver et al. (2023)
Wellness programs	**Sources**
Preference for face-to-face therapy	Shahid (2021)
Peer-led interventions involving art, mindfulness, exercise	Brown et al. (2023)
Utilization of WellTrack application	Weinberg (2021)
Mindfulness-based course "Finding Peace in a Frantic World"	Medlicott (2021)
Exercise	Jeftic, et al. (2023, p. 8)
Act Belong Commit mental health promotion campaign	Piggott et al. (2023)
Group intervention "chill zone"	Cendales et al. (2023)

Appendix 4. Questionnaire for assessing student's mental health

Thank you for taking the time to participate in our research study. Your contribution is incredibly valuable to us as we strive to gain insights into the mental health of students. The purpose of this questionnaire is to assess student's mental health influenced by various factors. Your input will aid us in improving the wellness programs in your university for students to leverage their mental health. We assure you that your responses will be handled with the utmost care and confidentiality. Your anonymity is guaranteed, as no personal identifiers will be collected or stored. The data collected will be used solely for research purposes and will be analyzed in aggregate form. Your participation is voluntary, and you have the freedom to withdraw from the study at any point without any adverse consequences. Your honest and thoughtful responses are highly appreciated and will contribute significantly to the success of our research. Thank you once again for your participation and valuable contribution.

Demographics: Gender: ……. Age: …… Religion: …….

Q1. What are the main stressors or challenges you face as a student about your mental health? (Select all that apply)			
1. Academic pressure	2. Financial concerns	3. Social isolation	4. Family expectations
Any other (Please specify)			
Q2. Over the past two weeks, how often have you been bothered by feeling nervous, anxious, or on edge?			
1. Not at all	2. Several days	3. More than half the days	4. Nearly every day
Q3. How often have you felt down, depressed, or hopeless in the past two weeks?			
1. Not at all	2. Several days	3. More than half the days	4. Nearly every day
Q4. Do you avoid social activities, school, or work because of your anxiety or depression symptoms?			
1. Not at all	2. Rarely	3. Sometimes	4. Often
Q5. How much have your anxiety or depression symptoms interfered with your ability to function in your daily life (e.g., school, work, relationships) over the past two weeks?			
Q6. Not at all	Q7. A little bit	Q8. Moderately	Q9. Extremely

Appendix 4 continued

Q10.Have you sought help or support (e.g., counseling, therapy, support groups) for your anxiety or depression symptoms				
1. Yes, and it has been helpful		2. Yes, but it hasn't been helpful		
3. No, but I am considering seeking help		4. No, and I do not plan to seek help		
Q11.In your opinion, which of the following intersecting factors have influence on your mental health? (Select all that apply)				
1. Gender identity	2. Socio economic status	3. Religious identity	4. Educational background	
Q12.To what extent do you believe factors such as gender contribute to mental health challenges?"				
1. Not at all	2. Slightly/Moderately	3. Very much	4. Extremely	
Q13.Do you think factors such as socio-economic status, contribute to mental health challenges?				
1. Strongly agree	2. Agree	3. Disagree	4. Strongly disagree	
Q14.To what extent do you think academic pressure and educational expectations influence the mental health of students in the University?				
1. Not at all	2. Slightly/Moderately	3. Very much	4. Extremely	
Q15.Have you ever faced barriers in accessing mental health resources or treatment due to ethnicity?				
1. Yes	2. No			
Q16.In your experience, how have intersectional factors such as religion, disability, and sexual orientation influenced the mental health of students in the University? Please select all that apply.				
1. Religious beliefs and practices		2. Accessibility challenges for students with disabilities		
3. Stigma and discrimination related to sexual orientation		4. Lack of support or understanding from family/community		
5. Intersectional discrimination (e.g., discrimination based on both religion and sexual orientation)				
Q17.Are you aware of the wellness programs offered by the University of Punjab?				
1. Yes		2. No		
Q18.Have you utilized any of the wellness services offered by the University?				
1. If yes (please specify which ones)		2. No		
Q19.Do you feel comfortable discussing mental health issues with faculty or staff at the University				
1. Strongly disagree	2. Disagree	3. Neutral	4. Agree	5. Strongly agree
Q20.Please rate your overall satisfaction with the wellness programs offered by the University.				
1. Very satisfied	2. Satisfied	3. Neutral	4. Dissatisfied	5. Very Dissatisfied

Appendix 4 continued

Q21.How would you rate the accessibility of wellness resources on campus?				
1. Very accessible	2. Accessible	3. Neutral	4. Inaccessible	5. Very inaccessible
Q22.What barriers do you think students face in seeking mental health support at university?				
1. Lack of awareness	2. Limited resources	3. Cultural taboos	4. Privacy concerns	
Q23.Please rate your satisfaction with the mental health services offered by the University				
1. Very satisfied	2. Satisfied	3. Dissatisfied	4. Very dissatisfied	
Q24.Have you participated in any physical fitness programs offered by the University?				
1. If Yes (Please specify)		2. No		
Q25.Have you utilized counselling services provided by the University?				
1. If Yes (Please specify)		2. No		
Q26.What do you think are the key components of a successful wellness program for students?				
1. Accessibility	2. Cultural sensitivity	3. Peer support	4. Regular check-ins	
5. Others				
Q27.What support systems do you think would be most beneficial for students' mental health at university?				
1. Counselling services		2. Mental Health awareness campaigns		
3. Workshop on stress management		4. Physical activity programs		
5. Peer support groups				
Q28.How important do you think it is for institution to prioritize mental health and wellness programs?				
1. Very important		2. Not important		
3. Somewhat important				
Q29.What additional wellness initiatives would you like to see implemented at the University of Punjab? (Please write your answer)				
Q30.Please provide any suggestions or comments for improving existing wellness programs.				
Q31.To what extent do you think cultural beliefs and practices influence wellness behaviors among students at the university				
1. Not at all influential	2. Slightly influential	3. Moderately influential	4. Very influential	5. Extremely influential
Q32.Do you feel that the current wellness programs at the University adequately address cultural needs and preferences?				
1. Yes		2. No		
Q33.Through which channels would you prefer to receive information about wellness programs and services? (Select all that apply)				
1. Social media	2. Email	3. Posters	4. Uni website	5. Campus Events	6. Other (Specify)
Q34.What cultural factors do you believe should be taken into account when tailoring a wellness program for students at the University? (Please list all that apply)				

Appendix 4 continued

Q35. How do you prefer to interact with institutional staff regarding mental health and wellness issues? (Select all that apply)		
1. In-person appointments	2. Online counselling	3. Phone consultations
4. Peer support groups	5. Workshops/ seminars	6. Others (Please specify)
Q36. How effective do you think awareness campaigns about mental health and wellness should be in Pakistani institutions?		
1. Not effective at all	2. Moderately effective	3. Extremely effective
Q37. Is there anything else you would like to share about mental health and wellness support at your institution?		

Appendix 5. Sources on what questionnaire is based

Questions	Sources
1	Thaiyalappil et al., 2023; Ibrahim et al., (2022); Kagoya et al., 2023; Chen, 2023
2,3,4,5,	Nadeeka & Wijewardena, (2022); Yu et al., (2022); Agyapong et al., (2022) Auerbach et al., (2018)
8	Atteberry-Ash et al., (2021)
11	Dare et al., (2023)
12	Zeng et al., (2019) Roy et al., (2023)
14	Brown et al., (2023)
15,19,21	Elsaeidy et al., (2023)
16	Piggott et al., (2023)
17	Ning et al. (2022)
18	Hawsawi et al., (2023)
6, 15	Shahid, (2021); Ning et al., (2022); Shabrina et al., (2022); Gulliver et al., (2023)
22,23	Cendales et al., (2023)
24,25	Havsteen-Franklin et al., (2023)
9,10,27,28,30	Ibrahim et al., (2022); Kagoya et al., (2023); Chen., (2023); Hirani et al., (2022)
31	Fang et al., (2022)
32	Cantisano et al., (2022)

RESÜMEE

INTERSEKTSIONAALSED TEGURID PAKISTANI ÜLIÕPILASTE VAIMSE TERVISE JA HEAOLU KUJUNDAMISEL

Sara Shamaun

Käesolev töö käsitleb kiireloomulist ja üha enam tähelepanu pälvivat üleilmset tudengite vaimse tervise probleemi, keskendudes erinevate sotsiaalsete tegurite koosmõjule, mis mõjutavad Pakistani, konkreetselt Punjabi Ülikooli üliõpilasi. Üliõpilaste vaimse tervise probleem on kujunenud märkimisväärseks murekohaks, eriti madala ja keskmise sissetulekuga riikides, nagu Pakistan, kus institutsionaalset tuge on vähe, inimeste vaimse tervise alane teadlikkus on vähene ja levinud on kultuurilised stigmad. Uuring on uudne seetõttu, et keskendub sellele, kuidas sotsiaal-kultuurilised, soolised, usulised ja majanduslikud identiteedid põimuvad ning mõjutavad üliõpilaste heaolu. Seda teemat on Pakistani akadeemilises kontekstis seni vähe uuritud.

Töö analüüsib olemasolevate heaolu edendamisele suunatud algatuste kitsaskohti üliõpilaste vaimse tervise probleemide lahendamisel. Uuringus juhindutakse kolmest peamisest uurimisküsimusest. (1) Kuidas hindavad üliõpilased Punjabi Ülikoolis olemasolevaid heaolu edendavaid algatusi? (2) Kuidas kohandada heaolu edendavaid programme nii, et need sobiksid kultuuri ja kontekstiga? (3) Kuidas jõuaksid õppeasutused tõhusamalt üliõpilasteni ja suudaksid paremini nende vaimse tervise probleeme leevendada?

Töö teoreetiline raamistik tugineb intersektsionaalsuse teooriale, rõhutades, kuidas erinevad samaaegsed sotsiaalsed identiteedid mõjutavad abi kättesaadavust ja seda, kuidas kogetakse vaimset häiritust. Kirjanduse ülevaade hõlmab üleilmseid ja piirkondlikke uuringuid ning kirjeldab, kuidas sotsiaal-majanduslik staatus, sugu, rass ja religioon mõjutavad üliõpilaste vaimse tervist ning kalduvust otsida abi. Veel toob

ülevaade esile olemasolevate heaolumudelite puudujäägid: need ei võta arvesse kultuurilisi eripärasid.

Uurimisküsimustele vastamiseks kasutati töös kvantitatiivset lähenemisviisi ja paluti 350-l õhtukooli üliõpilasel täita veebipõhine küsimustik. Esinduslikkus tagati lihtsa juhuvalimi meetodiga. Uuringus kasutati kirjeldavat statistikat ja regressioonianalüüse, et hinnata vaimse tervise stressitegureid, teadlikkust vaimse tervise teenustest ja nende kasutamist ning üliõpilaste hinnanguid heaoluprogrammide kultuurilisele asjakohasusele.

Tulemustest selgub, et peamised vaimse tervise stressitegurid olid akadeemiline pinge (57,1%) ja rahaline surve (30,3%). Kuigi koolis pakuti heaoluprogramme, oli neist teadlik alla poole üliõpilastest ja vaid 21,1% vastanutest oli neid teenuseid varem kasutanud. Regressioonanalüüs näitas nõrka korrelatsiooni teenustest teadlikkuse ja programmiga rahulolu vahel. Programmist kasusaamist mõjutas tunduvalt see, kuivõrd oli sekkumine kultuurikontekstile kohandatud. Üliõpilased eelistasid teenuseid, mis arvestasid kultuurilisi eripärasid, näiteks saadi abi kaasüliõpilaste toest, anonüümsetest veebipõhistest teenustest ning töötubadest, kus käsitleti ka usulisi ja sotsiaalseid väärtusi.

Töö tulemustest nähtub, et Punjabi Ülikoolis võetavad heaolu toetavad meetmed ei võta piisavalt arvesse üliõpilaste elu mõjutavaid erinevaid sotsiaalseid identiteete. Sellest lähtuvalt pakutakse välja kultuuriliselt kohandatud heaolumudel, mis hõlmab digiplatvormide kasutust, kaasüliõpilaste juhitud rühmakohtumisi ja kogukonnapõhiseid strateegiaid. Uuring toob esile tudengikeskse lähenemise, asutuste reageerimisvõime probleemide lahendamisel ning rõhutab kohaliku kultuurikonteksti arvestamise tähtsust vaimse tervise tulemuse parandamisel.

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