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Original article

Mental health of university students as a public health priority: Regional analysis and international approaches

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Abstract

Mental health of university students is becoming one of the key challenges in global public health. According to the World Health Organization, one in seven adolescents and young people suffers from mental disorders. The majority of these conditions manifest before the age of 24, which often coincides with the university period. In Kazakhstan, the issue is exacerbated by a shortage of preventive programs and concerning epidemiological indicators.

Objective: to identify key factors affecting students' mental health in different regions of Kazakhstan and to compare findings with international public health approaches.

Methods. A cross-sectional observational study was conducted among 359 university students aged 17 to 25 from Astana, Almaty, and Atyrau. The study combined subjective self-assessment (Depression Scale – DOD) and physiological diagnostics using the LOTOS system (HRV-based). The DOD scale is a validated modification of the DEPS tool adapted for Kazakhstan.

Results. Among respondents, 42.9% demonstrated mild depression, 20.3% medium, and 8.6% severe. Female students had significantly higher rates of moderate and severe depression compared to males. Regression analysis revealed that fatigue, insomnia, loneliness, and low life satisfaction were the strongest predictors of depression (Adjusted $R^2 = 0.643$, $p < 0.001$). Physical activity was associated with lower depression scores, while students with chronic conditions or alcohol use showed significantly higher levels. Physiological metrics did not predict depression significantly but showed moderate correlation with subjective scores.

Conclusion. The most critical markers of deteriorated mental well-being in students are emotional fatigue, sleep problems, and social disconnection. A systematic university-based approach combining physiological monitoring and psychological support is essential to prevent stress-related disorders.

Keywords: mental health, depression, students, stress, wellbeing, physiological monitoring.

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Introduction

The mental health of student youth is becoming one of the key problems of modern public health. According to the World Health Organization, one in seven adolescents and young adults between the ages of 10 and 19 years experience mental health problems, including depression, anxiety and behavioural disorders [1]. Suicide is among the leading causes of death among adolescents, ranking 4th among those aged 15-29 years [1]. Of particular concern is the fact that up to 75% of mental illnesses debut before the age of 24 years, i.e. during the student period of life [2].

According to the results of the international project WHO - World Mental Health College Student Initiative, almost one third of university students in eight countries reported having at least one mental disorder during the previous year [3]. At the same time, only 25% of them seek specialised care [4]. Reasons for this low uptake include social stigma, lack of awareness, cultural barriers and lack of accessible psychosocial services [5].

In the context of post-pandemic recovery, student populations' resilience to stress, as well as their vulnerability factors, become priority areas for analysis in health and education [6,7]. In the USA, according to the Healthy Minds Study, over 60% of students had signs of at least one mental disorder during the academic year [6]. A similar situation is observed in European and Asian countries, where high levels of anxiety, loneliness and emotional burnout are diagnosed. In the UK, about 57% of students rate their mental health as poor, and in Japan suicide is the leading cause of death among students [8]. Among the response strategies in many countries is the introduction of mandatory screening, psychological counselling and resilience programmes, which emphasises the need for a systemic approach in university policy [9].

For Kazakhstan, this problem is particularly relevant in the context of a deficit of prevention programmes and alarming epidemiological indicators. According to UNICEF data, the Republic of Kazakhstan is the leader in terms of adolescent suicide rate in the CIS countries [10]. Local studies confirm the high level of anxiety, depression and chronic stress among university students, especially under conditions of academic load, social isolation and somatic problems [11-13].

The present study is devoted to the analysis of the relationship between the subjective assessment of students' psychoemotional state and their physiological indicators, as well as the identification of factors associated with the risk of depression and low well-being. The article presents statistically significant dependencies identified on the basis of a sample of students from three regions of Kazakhstan - Astana, Almaty and Atyrau - and considered in the context of international approaches to ensuring mental health in the university environment.

The aim of the study is to identify key factors affecting the mental health of students in the regions of Kazakhstan, taking into account international experience and current challenges in the field of public health.

Materials and Methods

Study design: an observational descriptive one-stage (cross-sectional) study. The aim was to identify factors associated with students' mental health, including physiological and subjective measures.

Literature review was conducted in PubMed, Scopus, Web of Science, Google Scholar and eLIBRARY.RU databases. The keywords used were 'university students', 'stress factors', 'mental health', as well as geographical specifications: 'CIS', 'Central Asia', 'USA', 'Europe', 'Asia'. Example search query for PubMed: ('stress factors' OR stressors]) AND ('university students' OR 'college students' OR 'undergraduate students'). As of February 2025, 2402 publications were retrieved. From these, key approaches and findings comparable to the objectives of the present study were extracted.

The study involved 359 students from three regions of Kazakhstan: Astana, Almaty and Atyrau. The age range was 17-25 years old. The sample was dominated by women (74.3%). The sample is not representative, but it reflects the current trends in the student population of these regions.

Data collection was conducted in educational institutions during morning and afternoon hours. The respondents underwent a survey (questionnaire) and then underwent physiological testing, which included an instrumental study of the functional state of the organism by heart rate variability using the hardware and software complex 'LOTOS' (St. Petersburg).

The survey, in addition to general and anamnestic data, included scales to assess anxiety and depressive states. The DEPS Depression Scale (Depression Scale), adapted for Russian conditions and having satisfactory psychometric characteristics (sensitivity - 89.5%, specificity - 86.6%), was chosen as the main instrument for the questionnaire. Taking into account the goals of the present study and the characteristics of the sample, the scale was modified and renamed the Depression Definition Questionnaire (DEPS). Further, it underwent preliminary validation on a sample of 10 randomly selected students of Astana Medical University. Along with this, categorisation of the DOD Depression Scale was performed: 0-8 - normal, 9-12 - mild depression, 13-15 - medium, 16+ - severe.

The system made it possible to assess the following parameters: vegetative and neurohumoral regulation, general health level, psychoemotional state and level of adaptive potential. The examination was conducted in a quiet, well-ventilated room at a temperature of +20-22 °C. Before starting the registration, the subjects were given time to rest and stabilise their condition. Data collection was performed in a sitting position with quiet breathing. ECG was recorded in the first standard lead for 5 minutes, which provided at least 300 cardiac complexes for reliable analysis.

The analyses were performed in IBM SPSS Statistics. After checking the normality of distribution (histograms, asymmetry and excess coefficients), a nonparametric approach was chosen. Mann-Whitney and Kruskal-Wallis criteria were used to assess differences between groups. Multiple linear regressions were used to assess predictors of depression and subjective well-being.

Results

The study involved 359 students from three regions of Kazakhstan: Astana, Almaty and Atyrau. The average age of the participants was 20.3 years (SD = 5.4). The predominant majority were female -74.3% (267), while males were 25.6% (92) (Figure 1). Respondents were included in the study voluntarily after informed consent.

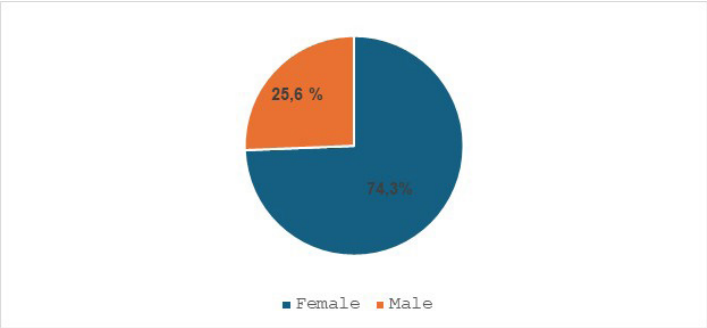

Figure 1 - Distribution of participants by gender

According to the data obtained, 72.7% of the 359 participants lead a physically active lifestyle. At the same time, chronic diseases were identified in 19.2% of respondents, alcohol consumption was noted in 10.8% and smoking in 4.4%) (Figure 2).

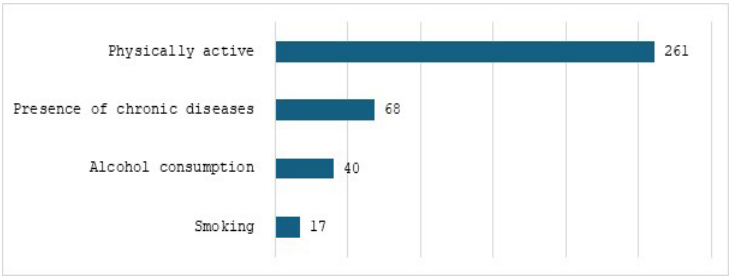

Figure 2- Characteristics of participants' health status and behaviour

The largest number of participants demonstrated a mild level of depression (9-12 points) - 154 people (42.9%). In 101 respondents (28.2%) the level of depressive symptoms was within the normal range (0-8 points). Moderate depression (13-15 points) was identified in 73 participants (20.3%), and severe depression (16 points and above) in 31 people (8.6%) (Figure 3).

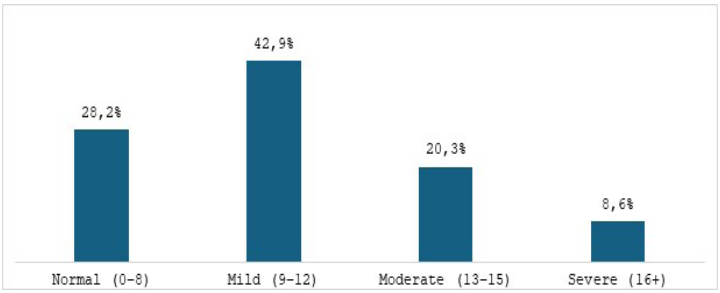

Figure 3- Distribution by levels of depression (DOD)

Significant differences were found when analysing the gender distribution of depression levels, but interpreting these differences requires taking into account the female-dominated sample structure.

Despite the numerical predominance of women, a comparison of within-group proportions revealed consistent trends towards higher levels of depression among respondents. Thus, among men, 43.5 per cent rated their condition as normal, while among women only 22.8 per cent of them did so. At the same time, the share of women with mild depression was 44.2 per cent, compared to 39.1 per cent of men. In the categories of medium and severe depression, the gender gap is even more pronounced: 23.6% of women had medium depression compared to 10.9% of men, and 9.4% of women compared to 6.5% of men had severe depression (Table 1).

In the course of the study, respondents were categorised into three categories: low (0-49%), medium (50-79%) and high (80-100%) levels. The assessment was carried out in two areas - psycho-emotional state and a comprehensive health indicator. This allowed for a clear comparison of the data and highlighted differences between the physical and emotional well-being of the participants.

Most of the participants in the study demonstrated scores corresponding to the average level on both the psycho-emotional state and the comprehensive health indicator. The average level of emotional well-being was reported by 226 participants (62.9%), while the average level of general health was reported by 204 participants (56.8%).

Low level scores (0-49%) for both criteria were found to be close in value. A low level of psycho-emotional state was found in 103 participants (28.8%) and a low level of comprehensive health in 97 participants (27.1%). The similarity of the shares indicates a possible connection between the decline in physical condition and deterioration of the emotional background.

The greatest discrepancy was observed among participants with high scores (80-100%). A high level of general health was recorded in 58 people (16.1%), while a

high level of psycho-emotional state was recorded in only 30 respondents (8.3%). Thus, the proportion of participants with a high level of emotional well-being is almost twice lower than those who rated their physical health as high (Figure 4).

Table 1 - Distribution of depression levels among women and men

Depression Level DOD * Gender Crosstabulation					
Man / Woman			Gender		Total
Depression Level DOD	Normal	Count	40	61	101
		% within Depression Level DOD	39.6%	60.4%	100.0%
		% within Gender	43.5%	22.8%	28.1%
	Mild Depression	Count	36	118	154
		% within Depression Level DOD	23.4%	76.6%	100.0%
		% within Gender	39.1%	44.2%	42.9%
	Medium Depression	Count	10	63	73
		% within Depression Level DOD	13.7%	86.3%	100.0%
		% within Gender	10.9%	23.6%	20.3%
	Severe Depression	Count	6	25	31
		% within Depression Level DOD	19.4%	80.6%	100.0%
		% within Gender	6.5%	9.4%	8.6%
Total		Count	92	267	359
% within Depression Level DOD			25.6%	74.4%	100.0%
% within Gender			100.0%	100.0%	100.0%

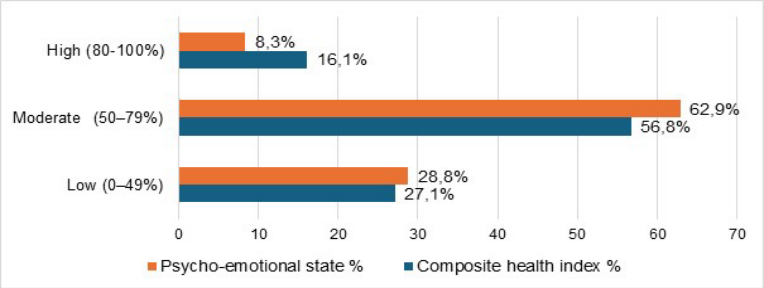

Figure 4 - Students' physiological and subjective measures

The regression model for predicting the level of depression (as measured by the DOD scale) explained 64.9% of the variance (Adjusted $R^2 = 0.643$), $F = 107.73$, $p < 0.001$. Significant predictors whose counts came out by heart rate variability diagnosis were: fatigue ($\beta = 0.431$, $p < 0.001$), insomnia ($\beta = 0.342$, $p < 0.001$), loneliness ($\beta = 0.375$, $p < 0.001$), life satisfaction ($\beta = 0.336$, $p < 0.001$), indicating the internal perception of the state, not only external factors, has a key impact on the psycho-emotional state of students (Table 2).

Table 2 - Regression analysis of predictors of depression and scale DOD

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.806[a]	0.649	0.643	2.16854
a. Predictors: (Constant), Life satisfaction, Psycho emotional state, Insomnia, Loneliness, Fatigue, Stress index				

Self-assessment of students' general well-being on a scale from 0 to 10 was considered as the dependent variable. According to the results of multiple linear regression, three subjective factors had a statistically significant effect on the perception of well-being: fatigue ($\beta = -0.261$, $p < 0.001$), insomnia ($\beta = -0.136$, $p = 0.006$), and life satisfaction

(β=0.283, p<0.001). The model explained 21.4% of the variability (Adjusted $R^2 = 0.200$, $F = 15.9$, $p < 0.001$), indicating a moderate but reliable contribution of these variables in shaping the overall perception of psychophysiological state. Decreased energy, sleep disturbances and subjective dissatisfaction with life have a significant impact on the students' perception of their state (Table 3).

Non-parametric tests showed that higher depression values were observed in students with chronic diseases (p<0.01), alcohol use (p<0.01), and current stress (p<0.001). Also, students with a physically active lifestyle showed lower levels of depression (p < 0.01).

Subjective psycho-emotional characteristics had the greatest impact on depression and well-being scores. Physiological parameters (stress index, adaptation, psychoemotional state), although showing certain correlations with well-being, did not reach statistical significance in the regression models.

To better understand the specifics of mental health of students in Kazakhstan, the obtained results were compared with the data of foreign studies covering different regions of the world (USA, Europe, East and South-East Asia). The table presents a sample of key publications of recent years analysing the prevalence of stress and psychological disorders among university students (Table 4).

Table 3 - Multiple linear regression results for predicting the level of subjective well-being (Wellbeing Score)

Coefficients[a]						
Model B		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		Std. Error	Beta			
	Fatigue	-0.566	0.112	-0.261	-5.038	0.000
	Insomnia	-0.302	0.109	-0.136	-2.774	0.006
	Life satisfaction	0.576	0.098	0.283	5.858	0.000
a. Dependent Variable: Wellbeing score						

As illustrated in the table, the findings from the Kazakhstani sample are largely comparable to international data, particularly regarding the prevalence of mild and medium depression. In some countries (e.g., the United States, Norway, and the United Kingdom), even higher levels of anxiety and distress have been reported, underscoring the global nature of the issue and the urgent need for a standardized approach within university mental health policies.

Japan and Hong Kong demonstrate a systematic approach to early detection and intervention, which is currently lacking in Kazakhstani universities.

Table 4 - Prevalence of stress and psychological disorders among university students

Country	Sample Size	Prevalence of Stress and/or Depression	Scales Used	Key Findings
USA [6]	>373.000 students	60–77% experience distress; 15% have suicidal thoughts	PHQ-9, GAD-7, K10	High levels of depression and anxiety, especially after COVID-19
UK [14]	7385 students	57% rate their mental health as poor	WHO-5	Frequent complaints of anxiety, burnout, lack of support
Japan [5]	~20.000 students	26 suicides per 100,000 students	—	Annual screening of first-year students; relevance of prevention
Hong Kong [15]	~2000 students	39% clinically significant depression	PHQ-9, CES-D	Academic pressure and cultural barriers to seeking help
Norway [8]	~50.000 students	40% of females and 26% of males have disorders	HSCL-25	High prevalence of anxiety symptoms; gender differences
Kazakhstan	359 students	42.9% — mild, 20.3% — medium, 8.6% — severe depression	DOD Scale	Higher risk among women, those with chronic illness, and under current stress

Discussion

The results obtained provide a comprehensive overview of factors associated with students' mental health within the study sample. Notably, although physiological parameters were correlated with students' overall self-rated health, they did not contribute significantly to the regression models. This may indicate that students, even in physiologically compensated states, tend to perceive their psychological well-being primarily through the lens of emotional self-reflection. This highlights the importance of including subjective self-assessment scales in the monitoring of mental health status.

Analysis of categorical variables revealed that the presence of chronic illnesses, alcohol consumption, and elevated current stress levels were significantly associated with more severe depressive symptoms, as measured by the DOD scale. These findings emphasize the necessity of developing comprehensive preventive programs that incorporate both physiological monitoring and psycho-emotional support. Particular attention should be paid to the early identification of depressive symptoms, the provision of accessible counseling services, and the implementation of educational programs on stress management.

The outcomes of this study can inform university-level policy-making in the domain of mental health care and

serve as a foundation for further research into interregional differences and the effectiveness of support programs.

Of particular note is the observed link between depressive symptoms and social isolation. In the multiple regression model, loneliness, insomnia, and decreased life satisfaction emerged as significant predictors of depression. This underscores the need for initiatives aimed at enhancing students' sense of belonging within the university community and strengthening social connectedness within the educational environment.

Physical activity was identified as a protective factor, with students who maintained an active lifestyle being significantly less likely to exhibit symptoms of severe depression. This finding is consistent with previous research demonstrating that regular physical exercise contributes to lower levels of anxiety, improved sleep quality, and enhanced overall emotional well-being. Based on these results, it is recommended that universities increase access to sports facilities and actively encourage student participation in health-promoting programs.

Conclusions

The present study has provided a deeper understanding of the key aspects of the psycho-emotional state of university students within the context of the contemporary educational environment. Through the integration of physiological and subjective indicators, the most significant markers of psychological distress were identified as chronic fatigue, sleep disturbances, feelings of loneliness, and decreased life satisfaction. These findings shed light on the internal structure of stress-related burden commonly experienced by young academic populations.

From an international perspective, the situation in Kazakhstan reflects global trends—namely, the rising prevalence of anxiety and depressive symptoms among students, declining overall well-being, and limited access to specialized mental health services. This highlights the pressing need to transform university environments toward greater psychological openness, early diagnosis, and targeted support.

The data obtained can serve as a scientific basis for revising existing approaches to mental health prevention and intervention strategies within higher education institutions. Building a sustainable and supportive educational environment is not only a strategic priority for the education and healthcare sectors but also a cornerstone for future social stability and the progressive development of the nation.

Conflict of Interest: The authors declare no conflict of interest.

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Университет студенттерінің менталдық денсаулығы – қоғамдық денсаулық сақтау басымдығы: Өңірлік талдау және халықаралық тәсілдер

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Түйіндеме

Университет студенттерінің менталдық денсаулығы - қазіргі қоғамның маңызды мәселелерінің бірі. Дүниежүзілік денсаулық сақтау ұйымы деректері бойынша әрбір жетінші жас психикалық бұзылыстарға ұшырайды, олардың басым бөлігі студенттік кезеңде пайда болады. Қазақстанда бұл проблема алдын алу бағдарламаларының жетіспеушілігімен және эпидемиологиялық көрсеткіштердің нашарлауымен күрделене түседі.

Зерттеудің мақсаты: Қазақстан өңірлеріндегі студенттердің менталдық денсаулығына әсер ететін негізгі факторларды анықтау және халықаралық тәсілдермен салыстыру.

Әдістері. Зерттеуге Астана, Алматы және Атырау қалаларындағы 359 студент қатысты (жасы 17-25 аралығында). Қатысушылардың субъективті бағалауы үшін ООД депрессия шкаласы және физиологиялық диагностика үшін «ЛОТОС» аппараты қолданылды.

Нәтижесі. Респонденттердің 42,9%-ында жеңіл, 20,3%-ында орташа, 8,6%-ында ауыр депрессия байқалды. Әйелдер арасында орташа және ауыр деңгейлер жиі кездеседі. Регрессиялық модель шаршаңдық, ұйқының бұзылуы, жалғыздық және өмірге қанағаттанбаушылық көрсеткіштерінің маңызды предиктор екенін көрсетті. Дене белсенділігі депрессия деңгейін төмендетеді, ал созылмалы аурулары және алкоголь тұтынатындарда жоғары мәндер байқалды.

Қорытынды. Студенттер арасындағы депрессияның негізгі себептері - психикалық шаршау, ұйқысыздық және әлеуметтік оқшаулану. Университеттерде менталдық денсаулықты қолдау жүйелерін дамыту қажет.

Түйін сөздер: менталдық денсаулық, депрессия, студенттер, стресс, әл-ауқат, физиологиялық мониторинг.

Ментальное здоровье студентов как приоритет общественного здравоохранения: Региональный анализ и международные подходы

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Резюме

Ментальное здоровье студентов становится приоритетной проблемой общественного здравоохранения. По данным ВОЗ, каждый седьмой подросток страдает психическими расстройствами, чаще всего в возрасте до 24 лет - в период обучения в вузе. В Казахстане проблема осложняется дефицитом профилактических программ и тревожной эпидемиологией.

Цель исследования: выявить ключевые факторы, влияющие на ментальное здоровье студентов в регионах Казахстана, с учетом международных подходов.

Методы. Обследовано 359 студентов из Астаны, Алматы и Атырау (возраст 17-25 лет). Использована шкала ООД - адаптация шкалы DEPS - и инструментальный мониторинг с применением комплекса «ЛОТОС».

Результаты. У 42,9% студентов выявлена легкая депрессия, у 20,3% - средняя, у 8,6% - тяжелая. Женщины чаще демонстрировали выраженную симптоматику. Модель предсказания депрессии показала значимость утомляемости, бессонницы, одиночества и неудовлетворенности жизнью. Физическая активность снижает уровень депрессии, хронические заболевания и употребление алкоголя ассоциировались с ее ростом. Физиологические показатели не имели самостоятельной предсказательной силы.

Выводы. Ключевые факторы риска для психоэмоционального состояния студентов - утомляемость, нарушения сна, одиночество и низкая удовлетворенность жизнью. Эти аспекты требуют интегрированного подхода на уровне университетской политики.

Ключевые слова: ментальное здоровье, студенты, депрессия, стресс, благополучие.