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DEPRESSION, ANXIETY, AND HEALTHCARE ACCESS AMONG UNIVERSITY STUDENTS IN PUBLIC UNIVERSITIES OF ISLAMABAD, PAKISTAN

Rafey Konain

BS English Literature, Institute of English Studies (IES), University of the Punjab Lahore.

ABSTRACT

Depression and anxiety are significant mental health concerns among university students, particularly those experiencing academic pressure, financial difficulties, social adjustment challenges, family expectations, and uncertainty about future employment. University students may experience emotional distress during the transition to higher education, while limited awareness, stigma, financial constraints, and inadequate mental health services can prevent them from seeking professional support. This proposed study aims to examine the prevalence and associated factors of depression and anxiety among students enrolled in public universities in Islamabad, Pakistan, and to assess their access to mental healthcare services. A quantitative, cross-sectional research design will be used. Data will be collected from undergraduate and postgraduate students through a structured questionnaire, including standardized screening instruments for depression and anxiety, questions about healthcare-seeking behavior, and items assessing awareness, affordability, availability, and acceptability of mental health services. The study will explore the relationship between psychological distress and demographic, academic, social, and healthcare-access factors. The anticipated findings may identify important barriers to mental healthcare and highlight the need for accessible, confidential, and student-friendly psychological support services within public universities. The research is expected to provide evidence that can guide university administrations, healthcare professionals, and policymakers in strengthening campus-based mental health programs and improving early identification and support for students experiencing psychological difficulties.

KEYWORDS

Depression, Anxiety, University Students, Mental Health, Healthcare Access, Public Universities, Islamabad, Pakistan

INTRODUCTION

University life is an important stage of personal, academic, and professional development; however, it can also expose students to psychological pressures that affect their emotional well-being. Students may experience depression and anxiety because of academic competition, examination stress, financial difficulties, family expectations, relationship problems, social isolation, and uncertainty about employment opportunities. These challenges may become more difficult when students lack adequate emotional support or do not know where to obtain professional assistance. Research conducted in Pakistan has highlighted the presence of

depressive symptoms and psychological distress among university students, indicating that student mental health deserves greater attention within higher education institutions (Chaudhry et al., 2026; Niazi et al., 2026).Depression may involve persistent sadness, reduced interest in daily activities, low motivation, sleep disturbances, difficulty concentrating, and feelings of hopelessness. Anxiety may appear through excessive worry, restlessness, fear, irritability, and physical symptoms such as a rapid heartbeat or difficulty sleeping. Although occasional stress is a normal part of university life, persistent or severe symptoms can interfere with academic performance, relationships, attendance, and everyday functioning. A 2026 study of university students in Pakistan examined depressive and anxiety symptoms and considered gender-related differences, demonstrating the importance of assessing these concerns in the university environment (Fazel et al., 2026).

In Pakistan, the social and cultural environment may influence how students understand and respond to mental health difficulties. Some students may hesitate to discuss emotional problems because of fear of judgment, family pressure, social stigma, or concerns that seeking psychological support could affect their reputation. These barriers may encourage students to hide their symptoms or rely only on friends and family instead of consulting trained professionals. Research on female university students in Pakistan has specifically highlighted the influence of social expectations, stigma, and limited mental health awareness on help-seeking behavior (Shabbir et al., 2026).Healthcare access is therefore an essential part of the student mental health discussion. The availability of counselling services, qualified psychologists, psychiatric referrals, affordable treatment, confidentiality, and convenient appointment arrangements can influence whether students receive appropriate support. Even when services are available, students may not use them if they are unaware of their existence, believe that treatment is expensive, or fear that their personal information will not remain confidential. Research involving medical students in Islamabad has also examined barriers to accessing mental health services, emphasizing the importance of understanding service-related difficulties in the local educational and healthcare context (Jalil et al., 2026).

Public universities in Islamabad provide higher education to students from different socioeconomic, regional, and educational backgrounds. Their students may have different levels of family support, financial resources, accommodation arrangements, and access to healthcare facilities. These differences can influence both psychological well-being and the ability to seek professional assistance. A study conducted among university students in Punjab reported associations between mental health outcomes and factors such as financial support and academic satisfaction, suggesting that student mental health should be examined alongside educational and socioeconomic circumstances (Chaudhry et al., 2026).Although research on student mental health in Pakistan is increasing, further investigation is needed to understand the combined

relationship between depression, anxiety, and access to healthcare services among students enrolled specifically in public universities in Islamabad. Measuring psychological symptoms alone may not explain why some students receive professional support while others remain untreated. It is also necessary to examine awareness of available services, perceived affordability, service availability, confidentiality concerns, and willingness to seek help. This proposed research will address these issues by studying depression, anxiety, and healthcare access together, with the aim of generating evidence that can support improved mental health services in public universities.

RESEARCH OBJECTIVES

1. To assess the prevalence and severity of depression and anxiety among students enrolled in public universities in Islamabad, Pakistan.
2. To identify demographic, academic, socioeconomic, and social factors associated with depression and anxiety among university students.
3. To examine students' access to mental healthcare services and identify the major barriers affecting professional help-seeking behavior.

RESEARCH QUESTIONS

1. What is the prevalence and severity of depression and anxiety among students enrolled in public universities in Islamabad?
2. Which demographic, academic, socioeconomic, and social factors are associated with depression and anxiety among these students?
3. What is the level of access to mental healthcare services among university students, and what barriers prevent them from seeking professional support?

LITERATURE REVIEW

Recent research has increasingly examined depression and anxiety among university students in Pakistan. Fazel et al. (2026) conducted a cross-sectional study involving 600 undergraduate students from three universities and used the Patient Health Questionnaire-9 (PHQ-9) and Generalized Anxiety Disorder-7 (GAD-7) to assess psychological symptoms. Their findings indicated a substantial burden of depressive and anxiety symptoms, with anxiety symptoms significantly more frequent among female students. The study supports the use of standardized screening tools and gender-sensitive mental health strategies in university settings.Chaudhry et al. (2026) investigated mental health concerns among students at three public universities in

Punjab, Pakistan. Their research identified depressive symptoms and perceived stress among participants and examined their relationship with academic experiences and socioeconomic circumstances. Financial difficulties and dissatisfaction with academic performance were associated with poorer mental health outcomes. These findings suggest that depression and anxiety among university students should not be considered only individual psychological problems; educational conditions and financial circumstances may also contribute to students' emotional well-being.The broader evidence concerning Pakistani students has also been examined through systematic research. Niazi et al. (2026) reviewed studies conducted between 2000 and 2025 and reported a considerable pooled prevalence of depressive symptoms among Pakistani students. Their review highlighted differences in prevalence estimates across studies, partly reflecting variations in research methods, assessment instruments, and geographical settings. The authors also discussed limited awareness, shortages of mental health professionals, and the need for university counselling facilities. This evidence demonstrates the importance of consistent screening procedures and improved institutional support.

Ebrahimi et al. (2026) conducted a systematic review and meta-analysis of depressive symptoms among medical students in Pakistan. Their work highlighted academic, social, and environmental pressures that may increase vulnerability to depression. Although medical students represent a specific university population, the findings provide useful evidence about the mental health challenges experienced in higher education. The review also reinforces the importance of using validated assessment tools and developing institutional approaches for identifying students who may need psychological support.Healthcare access and help-seeking behavior are equally important dimensions of student mental health. Jalil et al. (2026) examined barriers to mental health services among medical students at the Pakistan Institute of Medical Sciences in Islamabad. Their findings identified attitudinal barriers, self-stigma, and time constraints as important obstacles to seeking support. The study suggests that the existence of a counselling or psychological service does not automatically ensure that students will use it. Institutions must also address students' concerns about confidentiality, social judgment, accessibility, and the perceived usefulness of professional care.

Shabbir et al. (2026) explored mental health and help-seeking experiences among female university students in Pakistan. Their research discussed the influence of academic expectations, financial constraints, gender roles, social stigma, and fear of reputational damage on students' willingness to seek professional psychological support. The study emphasizes that mental healthcare services should be culturally sensitive and responsive to students' social circumstances. Awareness campaigns, confidential counselling, and mental health education may help reduce hesitation and encourage earlier support-seeking.Rashid et al. (2026) examined anxiety and depressive symptoms among early-year medical students in Pakistan through a

multicenter cross-sectional study. Their research considered demographic, behavioral, academic, and psychosocial factors associated with psychological symptoms and discussed the implications for mental health services. This study provides additional evidence that psychological distress in higher education requires attention to both individual risk factors and the availability of appropriate support. However, medical students and students enrolled in other academic disciplines may experience different pressures, making broader research across public universities necessary.Overall, the reviewed literature indicates that depression and anxiety are important concerns among Pakistani university students, while stigma, limited awareness, financial constraints, and institutional barriers may affect access to professional care. However, further research is needed to examine these issues together among students from different academic disciplines in public universities in Islamabad. The present study will therefore assess psychological symptoms alongside students' awareness, use, and perceptions of available mental healthcare services.

METHODOLOGY

The proposed study will use a quantitative research methodology to examine depression, anxiety, and healthcare access among students enrolled in selected public universities in Islamabad, Pakistan. The target population will include undergraduate and postgraduate students aged 18 years and above, representing different academic disciplines, years of study, and socioeconomic backgrounds. A structured questionnaire will be developed to collect information about demographic characteristics, academic experiences, social circumstances, psychological symptoms, and healthcare-seeking behavior. The PHQ-9 will be used to assess depressive symptoms, while the GAD-7 will measure anxiety symptoms. These standardized instruments will help assess symptom severity consistently; however, their results will be treated as screening indicators rather than independent clinical diagnoses.A multistage sampling approach will be applied to select participating public universities, academic departments, and students. The proposed sample will consist of approximately 400 students, subject to institutional permission and a formal sample-size calculation. Data will be collected through printed or electronic questionnaires after participants receive clear information about the research purpose and provide informed consent. Questions concerning healthcare access will examine awareness of university counselling facilities, availability of qualified professionals, affordability of services, waiting time, confidentiality, perceived stigma, and previous use of professional mental healthcare. Participation will be voluntary, and respondents will be allowed to withdraw without penalty.Ethical approval will be obtained from the relevant institutional review committee before data collection begins. Permission will also be requested from the selected universities. Personal identifiers will not be included in the research dataset, and all responses will be kept confidential. Because questions about depression and anxiety may cause discomfort, participants will be

informed that they may skip questions or discontinue participation. Students who report serious distress will be provided with information about appropriate professional support and referral services. The study will follow accepted ethical principles for research involving human participants.

RESEARCH DESIGN

A cross-sectional analytical research design will be used to collect data from university students at a single point in time. This design is appropriate because the study aims to estimate the level of depressive and anxiety symptoms and examine their associations with demographic, academic, socioeconomic, and healthcare-access factors. The research will focus on selected public universities in Islamabad to include students from different academic departments and educational levels. The cross-sectional approach will allow the researcher to compare psychological symptom patterns across groups and identify possible relationships between mental health and access to professional services. However, it will not establish cause-and-effect relationships or determine whether particular factors directly produce depression or anxiety.The independent variables will include age, gender, academic level, field of study, year of study, residence, financial circumstances, perceived academic pressure, social support, and awareness of mental health services. The main outcome variables will be depressive and anxiety symptom scores measured through the PHQ-9 and GAD-7. Healthcare access will be assessed through indicators such as awareness, service availability, affordability, confidentiality, waiting time, previous service use, and willingness to seek professional help. The design will also allow comparisons between students who have used mental healthcare services and those who have not.The questionnaire will be reviewed by relevant academic and mental health experts to assess clarity, relevance, and suitability for the student population. A pilot study will be conducted with a small group of students who will not be included in the final sample. Necessary adjustments will be made to remove unclear or repetitive questions. Internal consistency will be assessed for the relevant questionnaire scales, and standardized scoring procedures will be followed for the PHQ-9 and GAD-7. These steps will help improve the reliability and quality of the collected information.

DATA ANALYSIS

The collected data will be checked for completeness, consistency, and accuracy before statistical analysis. Responses will be coded and entered into statistical software such as SPSS. Descriptive statistics, including frequencies, percentages, means, and standard deviations, will be used to summarize participants' demographic characteristics, academic backgrounds, PHQ-9 scores,

GAD-7 scores, and healthcare-access experiences. The severity categories of depressive and anxiety symptoms will be calculated according to the recommended scoring guidelines for the respective screening instruments. The analysis will distinguish between screening results and confirmed clinical diagnoses.Inferential statistical techniques will be applied to examine relationships between psychological symptoms and selected participant characteristics. Chi-square tests will be used to assess associations between categorical variables, while independent-samples t-tests or analysis of variance will be used to compare mean symptom scores across relevant groups, where appropriate. Correlation analysis will examine relationships between continuous variables, such as symptom scores and perceived academic pressure. Logistic regression may be applied to identify factors associated with higher levels of depressive or anxiety symptoms and with the use of professional mental healthcare services. Statistical significance will be assessed at the 0.05 level, and effect estimates with confidence intervals will be reported where appropriate.Healthcare access will be analyzed through students' awareness of available services, previous use of counselling or psychological support, perceived affordability, confidentiality concerns, waiting time, and willingness to seek professional assistance. Responses concerning barriers to healthcare access will be summarized to identify the most frequently reported difficulties. Where appropriate, comparisons will be made between students from different academic levels, genders, and socioeconomic backgrounds. The findings will be interpreted in relation to the research questions and the relevant Pakistani literature, while recognizing the limitations of a cross-sectional design and self-reported data.

FINDINGS

Since this article presents a proposed research study, actual findings cannot be reported until data collection and statistical analysis have been completed. It is anticipated that the research may identify varying levels of depressive and anxiety symptoms among students enrolled in public universities in Islamabad. Differences may emerge according to academic pressure, financial circumstances, year of study, social support, and other demographic or educational characteristics. The study may also identify groups of students who experience psychological difficulties but have not received professional assessment or support. Such results would help establish a clearer understanding of student mental health within the selected institutions.The research is also expected to identify barriers that influence students' access to mental healthcare. Possible barriers may include limited awareness of counselling facilities, concerns about confidentiality, fear of social judgment, lack of time, financial limitations, and difficulty obtaining appointments with qualified professionals. Some students may prefer discussing personal problems with friends or family members rather than approaching university counsellors or mental health specialists. The study may further show whether students who are aware of available services are more likely to seek professional assistance than those who have

limited knowledge of such facilities.The anticipated findings may demonstrate the importance of connecting mental health screening with accessible and confidential support systems in universities. If students with elevated screening scores report low use of professional services, this may indicate a gap between psychological need and healthcare utilization. The findings could guide university administrations in improving awareness programs, strengthening counselling facilities, providing appropriate referral pathways, and developing supportive academic environments. All these interpretations will remain provisional until they are supported by the actual study results.

CONCLUSION

Depression and anxiety among university students represent important public health and educational concerns that require systematic attention. Academic pressure, financial difficulties, family expectations, social challenges, and uncertainty about future opportunities may contribute to psychological distress during university life. However, identifying symptoms alone is not sufficient unless students can also obtain appropriate and timely professional support. The proposed study will examine both psychological symptoms and healthcare access among students enrolled in public universities in Islamabad, Pakistan, providing a combined understanding of mental health needs and service-related barriers.The research is expected to contribute to the development of stronger mental health support systems within public universities. Institutions may benefit from regular awareness activities, confidential counselling services, accessible psychological screening, trained support staff, and clear referral arrangements for students requiring specialized care. University administrations should also consider the importance of reducing stigma and creating an environment in which students feel comfortable discussing emotional and psychological difficulties. Collaboration between educational institutions, mental health professionals, and relevant healthcare organizations may further improve the availability and quality of student support.In conclusion, improving student mental health requires more than individual coping strategies; it also requires supportive educational environments and accessible healthcare services. By examining depression, anxiety, and healthcare access together, this study may provide useful evidence for university administrators, policymakers, researchers, and mental health professionals. Its findings may help guide practical interventions aimed at promoting psychological well-being, encouraging early help-seeking, and improving the overall educational experience of students in public universities in Islamabad.

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