Anxiety, Depression, and Quality of Life: A Comparative Study of University Students Living at Home and Away from Home

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Abstract

Objective: This study aimed to assess anxiety, depression, and quality of life among university students living at home and away from home, and to compare the psychological well-being between these two groups.

Methods: A comparative cross-sectional study was conducted among university students from multiple universities, including Amity University, Ambedkar University, Banasthali Vidyapeeth, Delhi University, and Tata Institute of Social Sciences (TISS), Mumbai. Data were collected using structured, validated questionnaires: the Generalized Anxiety Disorder Scale (GAD-7) for anxiety, the Patient Health Questionnaire (PHQ-9) for depression, and the WHO Quality of Life-BREF (WHOQOL-BREF) for quality of life. Sociodemographic information, including age, gender, academic program, and living arrangements, was recorded. Data were entered, cleaned, and analysed using SPSS software. Descriptive statistics summarized participant characteristics and outcome measures, while group comparisons were performed using independent t-tests.

Results: Students living away from home reported higher levels of anxiety and depression compared to those living at home. Descriptive statistics indicated a notable prevalence of psychological distress among participants. No significant difference was observed in quality-of-life scores between the two groups.

Conclusion: Living away from home is associated with increased psychological distress among university students. These findings emphasize the importance of institutional support systems, including routine mental health assessments, access to counselling services, and interventions targeted based on students' living arrangements. The study contributes to understanding mental health patterns among university students in India and provides evidence-based insights for academic institutions and policymakers.

Keywords: Anxiety, Depression, Quality of Life, University Students, Living Arrangements

Introduction

Young adults typically experience substantial psychological development during their transition to university. The combination of academic pressure, social expectations, parental demands, job insecurity, and the absence of family support creates significant psychological challenges for university students at this stage. A growing mental health crisis among university students is evident in India and worldwide, with data showing increasing anxiety and depression [4].

Among all populations, psychiatric conditions have an equal impact, but university students demonstrate the weakest resistance to these illnesses. The developmental stage of teenage demands the shift between youth and adulthood. The period of adolescence results in physical modifications of the brain while students navigate through social transformations in their environment. As a result of this, they become susceptible to developing psychiatric conditions. Mental health is influenced by multiple factors including family genetics, parent-child attachment, academic pressure, low self-esteem, physical changes, relationship conflicts, unsafe

home environments, parental separation, illness or death of relatives, relocation, financial troubles, digital device addiction, and other stressors [5].

The adolescent period brings about major depressive disorders, together with anxiety disorders, eating disorders (anorexia, bulimia), and substance-related conditions. Suicide is the third leading cause of death among young adults, affecting many college students. Mental health conditions in the Indian subcontinent often go undiagnosed due to stigma or lack of awareness [6]. Surveys by ICMR revealed that approximately 12–13% of students in India are affected by psychological, emotional, and behavioural issues (EducationWorld, 2021) [7].

The Mpower 2024 national survey of 2,800 students from 30 Indian colleges found that 67% felt persistently helpless due to academic and life pressures, with 85% not receiving mental health care due to lack of awareness and stigma (The Asian Age, 2024) [8]. The NIMHANS 2024 study of 8,500 students across nine states reported depression symptoms in 33.6% and anxiety in 23.2%, with 18.8% experiencing suicidal thoughts (The Hindu, 2024) [9]. These findings highlight the urgency of investigating student mental health, including the role of living arrangements.

Methods

A cross-sectional comparative study was conducted with 120 students (60 living at home, 60 living away) from five universities: Ambedkar University Delhi, Amity University, University of Delhi, Banasthali Vidyapeeth, and TISS Mumbai. Convenience and snowball sampling were used. To examine the levels of anxiety, depression, and quality of life among university students living At home and away from home, three standardized psychometric tools were utilized, the Generalized Anxiety Disorder Scale (GAD-7)[1], the Patient Health Questionnaire (PHQ-9)[2], and the World Health Organization Quality of Life-BREF (WHOQOL-BREF)[3]. These tools were selected due to their Robust psychometric properties, international validation, and suitability for online administration.

In addition, a researcher-designed sociodemographic questionnaire was used to collect relevant Background information. The GAD-7 was employed to assess anxiety levels. This tool, developed by Spitzer et al. (2006)[1], Consists of seven items designed to capture the frequency of generalized anxiety symptoms over The previous two weeks. Each item is rated on a 4-point Likert scale ranging from 0 ("not at all") to 3 ("nearly every day"), with total scores ranging from 0 to 21. Based on the score, anxiety levels Are categorized as minimal (0–4), mild (5–9), moderate (10–14), and severe (15–21). The tool has been widely used among student populations in both clinical and research contexts.

For the measurement of depression, the PHQ-9 was adopted. This instrument, developed by Kroenke, Spitzer, and Williams (2001)[2], consists of 9 items that align with the diagnostic criteria for depressive disorders. Participants respond to each item on a 4-point scale ranging from 0 to 3, resulting in a total score between 0 and 27. Depression severity is categorized as minimal (0–4), mild (5–9), moderate (10–14), moderately severe (15–19), and severe (20–27). The PHQ-9 has been validated in a range of cultural and clinical contexts and has shown strong reliability. The WHOQOL-BREF was used to measure perceived quality of life. Developed by the World Health Organization (1996)[3], this instrument contains 26 items distributed across four domains: physical health, psychological health, social relationships, and environment. Responses are provided on a 5-point Likert scale and transformed into scores on a 0–100 scale for each domain, with higher scores indicating better quality of life. The WHOQOL-BREF has been internationally validated and is widely used in health and well-being research.

$$Transformed\ Scale = \left[\frac{Actual\ raw\ score\ -\ lowest\ possible\ raw\ score}{raw\ score\ range\ Possible}\right] x\ 100$$

Results

Table 1: Distribution of Participants by Gender, Age, Education, and Income	
Socio-Demographic data	**Frequency**
Gender	
Male	36(30.00%)
Female	83(69.2%)
Others	1(0.8%)
Age Category	
18-21	37(30.8%)
22-25	54(45.0%)
25+	29(24.1%)
Education	
Graduation	63(52.5%)
Post graduation	52(43.3%)
PhD	5(4.2%)
Yearly family income	
Less than ₹1,00,000	2(1.7%)
₹1,00,000 – ₹3,00,000	23(19.2%)
₹3,00,001 – ₹5,00,000	26(21.7%)
₹5,00,001 – ₹8,00,000	28(23.3%)
₹8,00,001 – ₹12,00,000	21(17.5%)
More than ₹12,00,000	20(16.7%)

Sociodemographic *(Table-1)* analysis showed that the majority were female (n = 83, 69.2%), followed by male students (n = 36, 30.0%), with one participant identifying as a gender other than male or female. Age distribution indicated that most participants were between 22–25 years (n = 54, 45.0%), followed by 18–21 years (n = 37, 30.8%) and 25 years and above (n = 29, 24.1%), covering both early and advanced academic stages. Educational status revealed that 52.5% (n = 63) were undergraduates, 43.3% (n = 52) were postgraduates, and 4.2% (n = 5) were doctoral candidates. Annual family income ranged broadly, with the largest group reporting ₹5,00,001–₹8,00,000 (n = 28, 23.3%), followed by ₹3,00,001–₹5,00,000 (n = 26, 21.7%), ₹1,00,000–₹3,00,000 (n = 23, 19.2%), ₹8,00,001–₹12,00,000 (17.5%), and more than ₹12,00,000 (16.7%), while only 1.7% reported less than ₹1,00,000. This distribution provided a well-represented sample across gender, age, educational level, and socio-economic background.

Table 2: Independent Samples t-test Results for GAD Scores by Living Status

t	df	Significance		Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
		One-Sided p	Two-Sided p			Lower	Upper
-2.11	118	.018	.036	-1.816	.858	-3.517	-.116

Analysis of anxiety using the GAD-7 *(Table-2)* revealed that 80% of students experienced some level of anxiety, with a significant proportion in the moderate to severe range. The independent t-test indicated a statistically significant difference between students living at home and those living away (t = -2.11, df = 118, p = 0.036). The mean difference in scores was -1.817, with a 95% confidence interval ranging from -3.517 to -0.116, suggesting that students residing away from home experience higher anxiety levels. These findings align with prior research highlighting the role of familial support in buffering psychological distress [4,5,6].

Table 3: Independent Samples t-test Results for PHQ Scores by Living Status

t	df	Significance		Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
		One-Sided p	Two-Sided p			Lower	Upper
-3.152	118	.001	.002	-2.65	.841	-4.315	-.985

Depression, measured using the PHQ-9 *(Table-3)*, was reported by 88.3% of participants, with over half experiencing moderate to severe symptoms. Students living away from home had significantly higher depression scores than those living at home (t = -3.152, df = 118, p = 0.002), with a mean difference of -2.65 points. This emphasizes the impact of separation from family and limited social support on depressive symptoms, consistent with previous literature on the mental health of students transitioning to independent living[11,19,20].

Table 4: Independent Samples t-test Results for QoL Scores by Living Status

t	df	Significance		Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
		One-Sided p	Two-Sided p			Lower	Upper
.568	118	.287	.573	1.522	2.697	-3.818	6.863

Quality of life, assessed using the WHOQOL-BREF *(Table-4)*, showed no statistically significant difference between students living at home and those living away (t = 0.564, df = 118, p = 0.574). The mean difference was 1.52, with a 95% confidence interval of -3.82 to 6.86. Although students living at home had a slightly

higher mean score (M = 59.48) compared to those living away (M = 57.96), this variation may be due to random sampling. These results suggest that while family proximity may contribute positively to well-being, students living away from home can compensate through social bonds, campus communities, and academic support. Perceived social support, active engagement in academic and social environments, and individual coping strategies may moderate the impact of living arrangements on overall quality of life[13,14].

Overall, the results indicate that living away from home is associated with higher anxiety and depression, while quality of life remains comparable across groups, highlighting the complex and multidimensional nature of psychological well-being among university students.

Discussion

This study investigated the prevalence of anxiety, depression, and quality of life (QoL) among university students in India, with a comparative focus on students living at home versus those living away. The findings indicate a high prevalence of psychological distress, with 80% of students reporting anxiety and 88.3% experiencing depressive symptoms. Among these, moderate to severe manifestations were observed in 13.3% for anxiety and 54.2% for depression. Statistical analysis confirmed that students living away from home had significantly higher anxiety (M = 9.80) and depression scores (M = 10.93) compared to students living at home (anxiety M = 7.98; depression M = 8.29). These results underscore the protective role of familial cohabitation, particularly within the Indian context, in mitigating psychological distress[11,12].

Despite these differences in mental health, no significant variation was observed in quality-of-life ratings between students living at home and those living away. This suggests that students residing away from home may develop adaptive coping strategies, including building strong peer relationships and engaging with academic support systems, which help maintain overall QoL [13,14]. The findings align with global and regional research emphasizing the bidirectional relationship between psychological disorders and QoL among university students[15], and confirm that the transition to independent living can increase vulnerability to anxiety and depression[16].

The study further highlights the influence of institutional factors on student mental health. Literature suggests that Indian university mental health infrastructure is often underutilized and poorly coordinated[10], which may exacerbate psychological distress regardless of living arrangements. Moreover, pandemic-related social changes have likely influenced students' perceptions of autonomy and support, contributing to differences in mental health outcomes observed in this study compared to prior research[18]. Overall, these findings emphasize the need for targeted interventions, institutional support, and policy-level strategies to address the psychological well-being of students, particularly those living away from home.

Conclusion

This study demonstrates a high prevalence of anxiety and depression among university students in India, with significantly elevated symptoms among students living away from home. Quality of life, however, remained comparable across living arrangements, suggesting that students utilize social and institutional support systems to maintain well-being. The findings confirm the protective role of family cohabitation in reducing psychological distress, while highlighting the adaptability of students who live independently.

From a policy perspective, the study underscores the necessity for higher education institutions to implement comprehensive mental health strategies. Recommendations include mandatory orientation sessions to reduce stigma, peer mentorship programs for emotional support, routine psychological screening, and alignment with national policies such as NEP 2020 and UGC Guidelines on Mental Health and Well-being of Students (2021). Institutions should leverage platforms like Manodarpan and Tele-MANAS, integrate evidence-based frameworks such as the JED Campus program, and establish inclusive, student-centered mental health infrastructures. These measures aim to promote emotional well-being as both an academic right and a critical component of holistic student development, fostering supportive environments that enhance resilience, academic engagement, and overall quality of life.

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