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To Study Psychiatric Morbidity in Students Preparing for Civil Services Examination

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Abstract

Background: Present educational system is most competitive and lesser opportunities in educational institutes and services later on. High expectations of family and future insecurities among students force them to take pressure of competitive exams beyond their compromised abilities by various factors. It leads to psychiatric problems among students at very young age.

Aim: To study psychiatric morbidity in students preparing for civil services examination.

Material and method: two study groups of students for preliminary and mains examinations of civil services were made and later divided into repeaters and fresher students in each. Students were subjected to structured and standardized PGI-HQ 1 and SCL-80 scales to assess psychiatric morbidity. Data was collected and later subjected to analysis using chi square and p value.

Results: Clinical diagnosis on ICD-10 revealed that significantly more (p<0.05) depression (F32) among preliminary students in 28% of cases than only 16% of mains student. On SCL-80 scale, significantly higher (p<0.05) number of students in preliminary group had higher symptoms on anxiety subscale (p<0.01), on interpersonal sensitivity and anger hostility and significant number (p<0.05) of preliminary students in 26.67% and 36% had symptoms, though mild as compared to 13.34% and 14.67% of students from mains group. Repeaters from preliminary group in significant number (p<0.05) had higher severity of symptoms than fresher.

Conclusion: Civil services exam is one of the toughest exams to appear for which subject students to rigorous physical, psychological and financial burden putting them to high risk for various psychiatric problems. Timely intervention at various levels of stress can make them perform better and keep them healthy psychologically.

Introduction

Students form a vital part of society and nation. The nation holds many expectations from students for many progress works which can be contributed only if they have sound mental health and are free from unnecessary tensions. Psychiatric illness appears in student community due to discrepancy between student expectations and actual realization. The tensions may be in terms of personal, economic or social maladjustment [1]. Tremendous impact of socio-economic status was found on academic achievements of students and it was found that students of high Socio Economic Status families have better avenues for academic growth both at home and at school. Scholistic performances are better when good academic climate, teaching and learning strategies are available [2]. According to Mishra and Tripathi's deprivation study, housing condition, home environment economic sufficiency, food, clothing, education experience, children experience - rearing experiences, parental characteristic, interaction with parents, motivational experiences, motivation experiences, religious experiences, travel and recreation, socio culture experiences affect students performance [3].

Boys show better performance than girls with regards to academic performance which may be interpreted in terms of attitude and motivation involved [4]. Among groups who face psychological stress, students are the most common group to face psychological stress. This is because of the increasing competition, increased demands of family, society and moreover to be career conscious. Students who are preparing for various competitive exams are to face many psychological stresses that can have positive as well as negative out-comes. Relatively good health, optimistic approach and support of family have positive outcome [5]. Self concept is central to good psychological adjustment, personal happiness and effective functioning in children and adolescents. Self concept or self esteem refers to individuals, judgment about themselves. Parent's attitude that indicates favorable evaluation of the child is positively related to child's self esteem. Democratic paternal attitude or child rearing and training where genuine freedom is allowed to children to express thoughts, feelings, desires and needs result in greater self confidence. In the authoritarian home, the adolescent becomes submissive and is afraid to take source initiative. He/she obeys the parental dictates oven when they are in conflict with the peer standards thereby discouraging

self worth [6]. In present scenario of options for subject students can go to Arts, Science group, Commerce etc. and still they are not satisfied with their subjects or are seeing jobless future or for the wish of parents they are going for something different to make a good career. Various such options include preparing, for abroad, going for civil service exam, going for PCS (Punjab civil services) exam, IFS (Indian foreign services) etc. Sometimes students are attracted by the glory of this status of exam but when they are actually into it, they are not able to cope up with the stress of going to achieve it and they are prone to develop mental-bodily symptom. Thus present study is an attempt to find psychiatric morbidity among students who are due to appear in civil services examination.

Materials and Methods

Study group

It consisted of two study groups. Group I were students preparing for preliminary examination and group II were preparing for mains examination of civil services. They were contacted at their place of study i.e. different private colleges of Patiala and New Delhi. They were screened till 150 students were finally enrolled for study (75 in each group). Both groups were further subdivided into fresher and repeater groups i.e. appearing for first time and more than one time respectively (Table 1).

		Group A				Group B				Level of significance
		F	R	Total	%age	F	R	Total	%age	
Sex	Male	26	10	36	48.00	21	34	55	73.32	X2=10.085 p<0.01 HS
	Female	32	7	39	52.00	14	6	20	26.68	
Age (in years)	20-23	46	6	52	68.32	27	14	41	54.67	X2=3.985 p < 0.05 NS
	24-27	8	6	14	19.08	7	17	24	32.00	
	28-31	4	5	9	12.00	1	9	10	13.33	
Range mean age		23-29 24.94 ± 1.56				23-30 25.44 ± 2.18				
Domicile	Urban	56	14	70	93.34	28	27	55	73.33	X2=10.80 p<0.001 BS
	Rural	2	3	5	6.66	7	13	20	26.67	
Marital	Married	5	2	7	9.34	1	4	5	6.67	X2=0.362 p<0.05 NS
	Unmarried	53	15	68	90.66	34	36	70	93.33	
Category	General	52	14	66	88.00	27	28	55	73.33	X2=5.172 p<0.05 S
	Reserve SC/ST	6	2	8	10.66	8	10	18	24.00	
	OBC	-	1	1	1.34	-	2	2	2.67	

Table 1: Socio-Demographic Attributes of Students

Inclusion criteria

Age of the participants was within 23-30 year.

Students consent that they were willing to fill the Performa thoughtfully.

Exclusion criteria

Students with any major medical ailment, already diagnosed psychiatric

Illness, abusing substance or drugs was excluded. Moreover students who did not give the consent to fill the Performa seriously and thoughtfully were excluded.

Location of the study

The study was conducted in district Patiala and New Delhi. At Patiala, Vidya Sagar Institute of IAS (Indian administrative services) Training and Interaction IAS Study Circle at New Delhi were the places where students were interviewed personally.

Instruments for the Study

Personal biodata performa

The Performa included items or variables to study. The sociodemographic profile of the students. The variables included age, education, category, domicile, marital status, academic record, and economic status of parents, educational and occupational profile of parents, time and expenditure in academic and non- academic activities and choice of subject made by the students (Table 2).

Choice of subjects		Group I				Group II				Level of significance
		F	R	Total	%age	F	R	Total	%age	
Who chose subject	Self	47	11	58	77.33	35	40	75	100	X2 = 20.200 p < 0.001 HS
	Parents/ others	11	6	17	22.67	-	-	-	-	
Liking for subject	Yes	54	17	71	94.67	35	40	75	100	X2 = 4.358 p < 0.05 S
	No	4	-	4	5.33	-	-	-	-	
Success in mission	Very sure	39	12	51	68.00	30	29	59	78.67	X2 = 2.181 p < 0.05 NS
	Somewhat sure	14	5	19	25.33	4	9	13	17.33	
	Not sure	5	-	5	6.67	1	2	3	4	

Table 2: Choice of subject made by Students

Symptom check list-80 (SCL-80)

It consisted of 80 items. These 80 items are further divided into nine subscales namely:

1. Depression subscale (13), Anxiety subscale (10), Interpersonal sensitivity subscale (10), Somatization subscale (12), Phobic anxiety subscale (7), Obsessive compulsive neurosis subscale (l0), Anger hostility subscale (6), Paranaid ideation subscale (8), Additional symptoms subscale (7).

The items included in each subscale are listed in the scoring key. The sum total of all the students was computed out of a maximum of 320. Each item had maximum score of four, depending cone the severity of symptom. The score one was given when student complained of a little hit of symptom, score four for extremely severe. The severity of symptom in each subscale was divided into Absent/Mild/Moderate and severe depending upon the total score obtained by a given subject in the said subscale. For this purpose, maximum score obtained by any given subject was taken into consideration. If a given subject scored between 25-50% of the maximum score, he/she was placed in the category of mild. If the score was between 50-75%, she was placed in the category of moderate, if the score obtained was 75-100%, he/she was placed in the category of severe. If the score obtained by a given subject was 0-25%, he/she was placed in the category of absent (Tables 3 and 4).

Amount spent on	Amount spent (in Rs.)	Group I				Group II				Level of significance
		F	R	Total	%age	F	R	Total	%age	
Tution and coaching (in total)	<10000	1	1	2	2.67	-	-	-	-	X2=35.813 p < 0.001 NS
	10000-20000	57	14	71	94.66	25	17	42	56	
	20000-30000	-	2	2	2.67	8	18	26	34.67	
	>30000	-	-	-	-	2	5	7	9.33	
Books (in total)	<1000	-	-	-	-	-	-	-	-	X2=41.147 p > 0.001 NS
	1000-3000	56	10	66	88	17	11	28	37.33	
	3000-6000	2	5	7	9.33	14	20	34	45.34	
	6000-9000	-	2	2	2.67	4	6	10	13.33	
	>9000	-	-	-	-	-	3	3	4	
Conveyance (in total)	<1000	-	-	-	-	-	-	-	-	X2=80.422 p < 0.001 HS
	1000-3000	55	8	63	84	1	-	1	1.33	
	3000-6000	3	7	10	13.33	14	5	19	25.33	
	6000-9000	-	2	2	2.67	10	15	25	33.34	

| | >9000 | - | - | - | - | 10 | 20 | 30 | 40 | |

Table 3: Total expenditure on coaching books and conveyance

Activity	Time spent	Group I				Group II				Level of significance
		F	R	Total	%age	F	R	Total	%age	
Self study	0-3 hours	10	1	11	14.67	5	1	6	8.0	$X2=7.870$ $p<0.02$ HS
	4-6 hours	24	6	30	40.0	14	4	18	24.0	
	7-9 hours	23	8	31	41.33	13	29	42	56.0	
	>9 hours	1	2	3	4.0	3	6	9	12.0	
Coaching (in hrs.)	0-3 hours	22	2	24	32.0	2	2	4	5.33	$X2=3.00$ $p<0.05$ NS
	4-6 hours	21	10	31	41.336	16	25	41	54.67	
	7-9 hours	15	5	20	26.67	17	10	27	36.0	
	>9 hours	-	-	-	-	6	3	3	4.0	
Others Related Journal Newspaper Magazine	<1 hour	47	3	50	66.66	22	27	49	65.33	$X2=0.101$ $p>0.05$ NS
	1-2 hours	7	13	20	26.67	10	10	20	26.67	
	2-3 hours	4	1	5	6.67	3	3	6	8.0	

Table 4: Time spent in academic activities

PGI health questionnaire N-1(PGI-HQ 1)

It consists of two areas

Area A: Area A has 16 items

Area B: Area B has 22 items.

The subject was required to put a (√) against questions/item he/she agreed with. The number of ticks en section A and B indicated the respective scores, which were then added to give a total score. If a candidate ticked more than 10 items (question) he/she was considered to be neurotic or had marked propensity to develop neurotic symptoms under stress (Table 5).

Social life	Group A				Group B				Level of significance
	F	R	Total	%age	F	R	Total	%age	
<10 non-neurotic	26	7	33	44	24	28	52	69.33	$X2=9.800$ $p>0.001$ HS
>10 Neurotic	32	10	42	56	11	12	23	30.67	
Range	0-27				1-58				$t=2.30$, $p>0.05$ NS
Mean ± SD	11.36 ± 5.86				8.80 ± 7.59				

Table 5: Showing score on PGI HQ-1

Data Collection and Analysis

All the instruments were administered personally to the subjects. Any queries regarding any question were also explained. At the beginning a number of socio-demographic variables were noted down in a personal biodata Performa, Then, symptom check list-80 and PGI Health Questionnaire-1 were administered. Again, the symptoms were assessed clinically according to ICD-10 (international classification and statistical manual of disease) criteria. The data collected was subjected to statistical analysis and chi square and t test were applied to test the statistical significance.

Results

Mean age of students in both groups was 24 to 25 years. In preliminary group, number of male and female candidates was equal but in mains group number of male students were significantly ($p<0.001$) more than female students. Further students in mains group were significantly more ($p<0.001$) from rural area and reserved category. Students from mains group in significant numbers ($p<0.01$) chose subject at their own and liked the subject, yet only 80% were sure of their success in mission. But analyzing academic records in past, > 90% of all students scored first division in all exams from 10th onwards.

Comparing sociodemographic attributes of parents of students, it was found that father in>60% cases had graduate degree and only 10-20% were earning<1 lac per year and rest of them were earning between 1-3 lac in most cases. Mean income of parents in mains group was significantly more (p<0.05) among fresher's. Father of students in 5-8% cases were in administrative jobs i.e IAS/PCS and only 4-10% were having professional degrees i.e. doctor/ engineers. Similarly mother of students in > 50% of cases were having graduate degree yet in>65% cases were not doing any job i.e. house wife. Comparing total expenditure on studies, it was found students in mains group had to spend almost double the amount than preliminary group of students and repeaters spent double the amount than fresher students. Students in preliminary group spent in majority of cases (88-94%) Rs. 10,000 to 20,000 on coaching, Rs 1000-3000 each on books and conveyance vs. mains group students spent Rs. >30,000 on coaching in 40% of cases, Rs 6000-9000 each on books and conveyance in 17% and 70% respectively. Comparing the time table of students in daily activities in last one year it was found that significantly higher (p<0.001) number of students from mains group in 56% cases spent 7-9 hours/ day in self studies, 54.67% spent 4-6 hours/day on coaching while only 41% in preliminary group spent 7-9 hours/day in self studies and 4-6 hours/day on coaching respectively. Further repeaters from both the groups spent more time in self studies i.e. 7-9 hours/day in about half of cases while fresher spent more time on coaching i.e. 6-8 hours/day in>60% cases. Although almost>80% of all students had sleep of 7-9 hours /day but had only 1-2 hour/day left for their recreational and other activities.

Score on PGI-HQ-1 used to assess psychiatric morbidity showed that in preliminary group of students score was significantly higher (p<0.05) than those of mains students showing that preliminary group of students had more neurotic symptoms as their mean score were 11.36 ± 5.86 and 8.80 ± 7.59 respectively. On SCL-80 scale administered to determine the psychiatric morbidity, it was found that almost all the students were found to have some psychiatric symptoms though degree of their symptoms was less in students of mains group as 75% had their aggregate score on SCL-80 scale below 80 vs. 60% of the students of preliminary group who scored below 80. Analyzing the individual symptoms on SCL-80 scale, it was found that significantly higher (p< 0.05) number of students in preliminary group had higher symptoms on following subscales:

On anxiety subscale, significant number (p< 0.01) of preliminary students had symptoms of anxiety in about 31% cases vs. 19% of mains students.

On interpersonal sensitivity and anger hostility, significant number (p<0.05) of preliminary students in 26.67% and 36% had symptoms, though mild vs. 13.34% and 14.67% of students from mains group.

Comparing fresher and repeaters in both groups, repeaters from preliminary group in significant number (p< 0.05) had higher severity of symptoms than fresher as their mean score were higher on depression (19.23 vs. 11.65), somatization (16.29 vs. 10.13) and anger hostility (17.35 vs. 6.55). Further repeaters from preliminary group in 35.29% cases had anxiety symptoms than only 13.79% of fresher, which was significant (p<0.05).

Clinical diagnosis on ICD-10 revealed that significantly more (p<0.05) depression (F32) among preliminary students in 28% cases vs. 16% of mains student. Further on clinical diagnosis on ICD-10, no significant difference was observed among fresher and repeaters (Tables 6, 7 and 8).

SCL-Score	Group I				Group II			
	F	R	Total	%age	F	R	Total	%age
<20	2	0	2	2.67	4	5	9	12.0
21-40	17	3	20	26.67	12	8	20	26.67
41-60	10	2	12	16.0	8	6	14	18.67
61-80	9	3	12	16.0	6	7	13	17.33
80-100	5	-	5	6.67	3	1	4	5.33
101-120	5	0	5	6.67	1	3	4	5.33
121-140	4	2	6	8.0	1	-	1	1.33
141-160	3	1	4	5.32	-	2	2	2.67
161-180	2	4	6	8.0	-	2	2	2.67
181-200	-	2	2	2.67	-	1	1	1.33
201-220	1	-	1	1.33	-	2	2	2.67
221-240	-	-	-	-	-	2	2	2.67
241-260	-	-	-	-	-	1	1	1.33
261-280	-	-	-	-	-	-	-	-
Range (m)	20-216				6-240			

Mean ± SD	80.82 ± 47.23				70.04 ± 58.91				
t & p value	t = 1.23 p>0.05 NS								

Table 6: Showing total score on SCL-80

			Group I				Group II				Level of significance
			F	R	Total	%age	F	R	Total	%age	
Somatization	Absent	0-12	42	9	51	68.0	30	27	57	76	X2=1.969 p<0.05 HS
	Mild	13-24	10	4	14	18.67	3	5	8	10.67	
	Moderate	25-36	5	2	7	9.33	-	3	3	4.0	
	Severe	37-48	1	2	3	4.0	2	5	7	9.33	
Depression	Absent	0-13	35	7	42	56.0	28	26	54	72.0	X2=5.212 p>0.05 NS
	Mild	14-26	17	5	22	29.34	5	6	11	14.67	
	Moderate	27-39	6	4	10	13.33	1	2	3	4.0	
	Severe	40-52	0	1	1	1.33	1	6	7	9.33	
Paranoid	Absent	0-6	40	11	51	68.0	25	29	54	72.0	X2=0.342 p > 0.05 NS
	Mild	7-12	15	4	19	25.33	6	10	16	21.34	
	Moderate	13-18	1	2	3	4	2	0	2	2.66	
	Severe	19-24	2	-	2	2.67	2	1	3	4	
Inter persensity	Absent	0-9	35	9	44	58.67	26	25	51	68	X2 = p<0.05 HS
	Mild	10-18	16	4	20	26.67	5	5	10	13.34	
	Moderate	19-27	6	2	8	10.66	2	10	12	16	
	Severe	28-36	-	1	1	1.33	2	0	2	2.66	
Phobia	Absent	0-4	35	10	45	60.0	27	25	52	69.33	X2=1.441 p>0.05 NS
	Mild	8-14	16	4	20	26.67	5	10	15	20.0	
	Moderate	15-21	6	2	8	10.66	2	5	7	9.33	
	Severe	22-28	1	1	2	2.67	1	0	1	1.33	
Anxiety	Absent	0-10	44	8	52	69.33	30	31	61	86.67	X2=6.325 p<0.05 HS
	Mild	11-20	8	6	14	18.67	2	2	4	5.33	
	Moderate	21-30	4	2	6	8.0	2	1	3	4	
	Severe	31-40	2	1	3	4.0	1	6	7	9.33	
CCD	Absent	0-10	40	9	49	65.33	25	23	48	64.0	X2=0.180 p<0.05 HS
	Mild	11-20	12	5	17	22.67	7	12	19	25.34	
	Moderate	21-30	6	3	9	12.0	1	-	1	1.33	
	Severe	31-40	-	-	-	-	2	5	7	9.33	
Anger Hostility	Absent	0-6	30	11	41	54.67	28	28	56	74.67	X2=9.123 p<0.05 HS
	Mild	7-12	23	4	27	36.0	5	6	11	14.67	

	Moderate	13-18	1	1	2	2.67	1	4	5	6.66	
	Severe	18-24	4	1	5	6.66	1	2	3	4.0	
Additional	Absent	0-7	30	8	38	50.66	21	21	42	56	X2=p<0.05 HS
	Mild	8-14	20	7	27	36	8	12	20	26.67	
	Moderate	15-21	4	1	5	6.67	5	3	8	10.66	
	Severe	22-28	4	1	5	6.67	1	4	5	6.67	

Table 7: Showing score on individual SCL-80 subscales

Discussion

Civil services is the most highly ranked job perspective and students are more attracted towards this respectable and lucrative job in spite of attaining excellence with fields like medical, engineering and humanities. But becoming an IAS, IPS, IRS or IFS Officer is not an easy job. It needs a lot of hard work, patience, long study hours and lots of sacrifices in their social and recreational life. In the year 2002, more than 3 lac students appeared for the Civil services examination against just 286 seats including 88 belonging to OBC, 38 to Scheduled caste and 22 to Schedule tribes. (http://www.upsc.gov.in). These seats include appointments to Indian administrative Services (lAS), Indian Foreign Services (IFS), Indian Police Services (IPS) and Dental Services Gp. 'A' and 'B'. This examination is conducted by UPSC (Union Public Service Commission), New Delhi every year in two parts,one preliminary civil services exam usually held in month of April- May and other is mains civil services examinations usually held in month of October.. Students were interviewed at a period just few days before their respective examination, which is most stressful period for students. Gakhar studied 50 each students from commerce, arts and science to compare emotional stability, imaginative skills self sufficiency and academic skills among them.7 we studied 75 each students due to appear in preliminary and mains examination of civil services respectively. Each category of students was subdivided into fresher and repeater students. Trivedi studied 100 students of science faculty to study the neuroticism in students [8].

		Group I				Group II				Level of significance
		F	R	Total	%age	F	R	Total	%age	
F32 (Depression)	Mild	8	2	10	13.30	2	2	4	5.33	X2=p < 0.05 HS
	Moderate	2	2	4	5.33	-	-	-	-	
	Severe	2	1	3	4.30	1	5	6	8.0	
	Total	12	5	17	22.63	3	7	10	13.33	
F41.1 (GAD)		5	2	7	9.33	1	4	5	6.67	X2=p < 0.05 HS
F45 (Somatization)		4	2	6	8.0	2	2	4	5.33	X2=p<0.05 HS
F40 (Phobic anxiety)		3	1	4	5.33	-	-	-	-	X2=p<0.05 HS
F42 (OCD)		1	1	2	2.67	1	2	3	4.0	X2=p<0.05 HS
Total		27	13	40	53.33	8	16	26	32	X2=p<0.05 HS

Table 8: Showing clinical diagnosis according to ICD-10

Dependence proneness and sex has significant effect on academic achievement as correlates was studied in 80 undergraduate students by Saeeduzzafar and Alam [9]. Collins too studied medical students at entry into medical college comparing their age, residence and economic status [10]. In our study, the mean age of students were in the range of 24.94 ± 1.56 and 25.44 ± 2.18 respectively in both groups and more male students were there in mains group (p<0.001). Number of students in mains group was more from rural area and reserved category. Dogmatism in students between 18-24 year of age was significantly (p<0.01) related to both to economic class and rural - urban background [11]. Rao and Begum found psychiatric morbidity was more in college students in 5.1% vs. 3% illiterate youth and more

in males (88%) and from rural areas (16%). Stress factor in students was mainly education and non fulfillment of ambition where as family factors dominated in illiterate youth [12]. Considering role of career counseling, it was found that difference between counseled aid and non- counseled students was significant (p<0.05) in only one of eight factors of parents advice. Non-counseled (13.29%) were more than counseled students (17.49%) who chose subject with regard to parent's advice. It was further hypothesized that previous academic achievement had no effect on the choice made by students [13]. Our study concludes that>90% of students in both groups score first division throughout. However, the number of students from mains group were significantly more (p<0.001), who chose subject by themselves and liked the subject yet only 80% of them were sure of their success in mission. Valgum found that students who chose medicine were very Person Oriented and were influenced by many external factors, the most effective being parents advice, liking teacher, and friend's influence, their success in examination career master and counselor's assistance [14].

It has been further found that academic achievement of students is significantly (P<.001) and directly related socio-economic status of parents of students [15]. We concluded that in both groups, father in >60% cases had graduate degree and were earning between 1-3 lac/year in most cases though mean income of parents in mains group was significantly higher (p.<0 05) among fresher's Father. 5 to 8% parents were in administrative jobs while majority in both group were either government clerical officials or businessmen. Mothers in >65% cases were house wives in both the groups. Other studies have found highly significant (p<0.01) relationship between economic conditions and academic ability of students [16]. We found expenditure on studies of students in mains group was almost double the amount than preliminary group of students and significantly more (P<0.0l) repeater students than fresher in both groups on conveyance, books and coaching.

Score on PGI-HQ-1showed that preliminary group were having neurotic symptoms with mean score of 11.36 ± 5.86 vs. 8.80 ± 7.59 respectively, while comparable score on PGI HQ-I among fresher and repeater in both groups (p>0.05). Comparable results were found in 100 undergraduates that high achieving students have significantly (P<0.01) low neurotism score on Eysenck personality inventory then achieving students and high anxiety levels in low achievers [8].

Li and Yen concluded in their study that depression, anxiety, impulsivity, paranoia, obsessions were most common psychiatric symptoms. 70% students felt blue, 48% reported urge to injure someone and 25% felt tense. 5-10% students have psychiatric symptoms. Stress from school work and peer relationship were important predictors of psychiatric symptoms [17]. Our results on Individual scores on SCL-80 subscale were significantly more in preliminary students as compared to mains student on interpersonal sensitivity (p<0.05), anxiety (P<0.05) and anger hostility (P<0.01). Similar results using Coronell Medical Index on medical students have concluded that 24% had depression 17.3% had anxiety, 5.8% had OCD, 5.8% had OCD, schizophrenia and 9.2% have psychosomatic illness [18]. Telch et al. found approx 12% of college students experienced at least one panic attack and 2.36% met DSM-III R criterion for panic disorders [19]. In our study Clinical diagnosis on 1CD-10 revealed that significantly more (p <0.05) depression (F32) among preliminary students in 28% vs. 16% of mains students, in whom 13.3% had mild. 10.67% had moderate and 4% had severe depression vs. 5.33%, 2.67% and 8% of mains students respectively.

Carson too found 17% of science students had symptoms of psychological morbidity of substance abuse, insomnia; anxiety and depression which would be benefitted from treatment of students have psychological distress on feeling of success and career salience that remitted spontaneously [20]. Italian high school students to found nail biting and rumination as most prevalent obsessions with female showing more symptoms and interference on personal functioning then males [21]. Thus these young students which are subject to lot mental stress, who spent all their energy, time and money to achieve this goal; hence they suffer from mental stress appearing in civil services examinations should be dealt with high anticipation and timely management to avoid grievous consequences on their psychology, before it is too late.

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