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Abstract

Index terms—

1 I. INTRODUCTION

Many college students may experience the persistence, exacerbation, or first onset of mental health and substance use problems, while possibly receiving no or inadequate treatment. With the increasing recognition of child mental health issues and the use of more psychotropic medications, the number of young adults with mental health problems entering college has significantly increased. For example, in a survey of 274 institutions, 88 % of counseling center directors reported an increase in "severe" psychological problems over the previous 5 years including learning disabilities, self-injury incidents, eating disorders, substance use, and sexual assaults. Thus, there is an increase in demand for counseling and specialized services. However, the increase in demands has not always corresponded to an increase in staff. In particular, counseling centers are in need of psychiatrists with expertise in treating traditional as well as non-traditional college students, two groups with specific age-related characteristics and challenges. In this commentary, the prevalence of psychiatric and substance use problems in college students, as well as their common onset, will be described. Next, the worrisome persistent nature of mental health problems among college students and its implication will be discussed. Finally, important treatment considerations for traditional and non-traditional college students will be outlined. **??**Pedreli et al., 2015:503).

2 Purpose of the Study

The current study aims to build an objective tool using the computer to diagnose psychotic disorders and mental illness among university students, provided that the battery paragraphs are prepared from the exploratory study of measures of psychotic disorders and mental illness according to the fifth Diagnostic and Statistical Manual DSM-5.

3 The inventory will contain the following subtests:

? Scale of neurodevelopmental disorders.
? Scale of Bipolar and related disorders.
? Anxiety Disorders scale.
? Scale of Trauma and stressor-Related disorders.
? Dissociative Disorders.
? The scale of problem solving disabilities.
? Scale of Feeding and eating disorders.
? Scale sleep -Wake disorders.
? Scale of Disruptive impulsive-Control and Conduct Disorders.
? Neurocognitive Disorders Scale.
? Personality Disorders Scale.

4 Significance of the Study

Theoretical importance: The theoretical importance of the current study lies in its handling of a new concept in contemporary psychological literature, which is the assessment of psychotic disorders and mental illness using a computer, according to the fifth Diagnostic and Statistical Manual as follows:

? Scale of neurodevelopmental disorders.
? Scale of Bipolar and related disorders.
? Anxiety Disorders scale.
? Scale of Trauma and stressor-Related disorders.
? Dissociative Disorders.
? The scale of problem solving disabilities.
? Scale of Feeding and eating disorders.
? Scale sleep -Wake disorders.
? Scale of Disruptive impulsive-Control and Conduct Disorders.
? Neurocognitive Disorders Scale.
? Personality Disorders Scale.

Which the Arab studies did not adequately address -as within the limits of the researcher's knowledgeand because of the importance of this computerized scale in the diagnostic curve of psychotic disorders and mental illnesses, and what it entails in reducing the impact of these disorders at the university level.

5 Practical Importance

The applied importance of the current study lies in the possibility of using the list of psychotic disorders and computerized mental illnesses at the university stage, so that it can be developed and benefited from in the field of early diagnosis of these disorders and identifying their causes as a first step in diagnosis, and then preparing for the preparation of appropriate treatment programs and early intervention.

6 II. REVIEW OF LITERATURE

Attending college can be a stressful time for many students. In addition to coping with academic pressure, some students have to deal with the stressful tasks of separation and individuation from their family of origin while some may have to attend to numerous work and family responsibilities **??**Pedreli et al., 2015:503) Studies of the prevalence of personality disorders have been fewer and smaller-scale, but one broad Norwegian survey found a five-year prevalence of almost 1 in 7 (13.4%). Each year 73 million women are affected by major depression, and suicide is ranked 7th as the cause of death for women between the ages of 20-59. Psychotropic medications are available in Bangladesh but psychotherapy is hardly available Cadge et al. (2019) attempted to explore lay understanding and perceptions of schizophrenia in university students using Qualitative study using semi-structured interviews and thematic analysis at The University of Birmingham, West Midlands. The study was applied on 20 UK home students of white British (n=5), Indian (n=5), Pakistani (n=5), African Caribbean (n=4) and dual white British and African Caribbean ethnicity (n=1). Findings revealed a lack of knowledge about schizophrenia, particularly the negative symptoms that were not mentioned.

Kabir and Ashraful (2017) conducted a study that is an attempt to explore an empirical investigation on the search for psychological problems among the students in Bangladesh. The sample was composed of 300 respondents. A 2× 2×2 factorial design involving 2 levels of gender (male vs. female), 2 levels of residence (urban vs. rural) and 2 levels of students' category (science vs. humanities) were used. It was to study the psychological problems of 17 to 18 years old students. Four psychological problems such as anxiety, depression, obsessive compulsive disorder and eating disorder were found. These four problems are related with mentioned six categories at P at $P<0.01$ level and ANOVA were significant at $P<0.05$ level. It was found that students of humanities group were more vulnerable with these problems as compared to the students of science group.

On the other side, Furnham et al. (2011) had a study to explore the mental health literacy of students. This study is part of the growing interest in mental health literacy among young people. Design/methodology/approach -Over 400 university students indicated their knowledge of over 90 psychiatric illnesses labels derived from DSM:IV. They rated disorders on six questions concerning whether they had heard of the disorder; knew anybody with it; could define or describe it; knew what causes it; whether those with it can be cured; and whether it is common.

Findings -On average, participants had heard of just over one-third of the various illnesses. Those who rated the conditions as more common deemed them to have more known causes and to be more curable.

Emotionally intelligent, open-to-experience females who had studied relevant academic subjects claimed to be better informed. The participant's age and personality.

7 III. METHODOLOGY

The study will be carried out in university and will be applied on a sample of students with or without special needs. the study will adopt the descriptive method.

8 Study group:

The population of the study will be from university students Study sample: The researcher will choose two samples of university students: a group of university students with special needs, and a group of normal.

Tools: A battery of psychotic and mental illness using a computer that contains the following tests:
? Scale of neurodevelopmental disorders.

? Scale of Bipolar and related disorders.
? Anxiety Disorders scale.
? Scale of Trauma and stressor-Related disorders.
? Dissociative Disorders.
? The scale of problem solving disabilities.
? Scale of Feeding and eating disorders.
? Scale sleep -Wake disorders.
? Scale of Disruptive impulsive-Control and Conduct Disorders.
? Neurocognitive Disorders Scale.
? Personality Disorders Scale

9 Applied Study

This section discusses the descriptive analysis for study sample and study variable as following:

Descriptive analysis for study sample: A sample of 20 university students who suffer from mental disorders and developmental delays was selected as an experimental sample, and 20 university students from normal students were identified as a control sample, and in Table (1) a description of the two groups is presented. The previous table shows that the correlation coefficient of the lowest dimensions was 71.8%, means that the research tool is able to measure what it was designed to measure and reliable. The highest correlation coefficient was 88.3%, means that there is a strong relationship between all dimensions of the scale and purpose from measurement.

10 Descriptive Analysis for Study Tool Dimensions

Scale of neurodevelopmental disorders: The statistical analysis results of this dimension were as follow: Frequency and Chi-square tests: The results of descriptive tests show in table (4). The previous table shows that most elements have a lot of observation at mild disease level, but there are cases at middle and strong level, the chai square was at the level less than 5%, this means that there are significant deficiencies between Study Groups.

11 T-test for two Groups:

The T-test results shown in table (5) The previous table shows that most elements have a significant level less than 5%, this means that there are significant differences between Study Groups. It is clarify that the smallest mean was 1.2 for the normal group, but the greatest mean was 2.35 for students with special needs group, this means that the impact of drugs was strong on group two.

12 Scale of Bipolar and related disorders:

The statistical analysis results of this dimension was as follow:

Frequency and Chi-square tests: The results of descriptive tests show in table (**??**) From the previous table, the results show that most elements have a lot of observation at mild disease level, but there are cases at middle and strong level, the chai square was at the level less than 5%, this means that there are significant differences between Study Groups.

13 T-test for two Groups:

The T-test results shown in table (7). The previous table shows that most elements have a significant level less than 5%, this means that there are significant differences between Study Groups. We can show that the less mean was 1.2 for the normal group, but the greater mean was 2.00 for students with special needs group, this means that the impact of drugs was strong on group two.

14 T-Test Results for D2

15 Anxiety Disorders scale:

The statistical analysis results of this dimension was as follow: Frequency and Chi-square tests: The results of descriptive tests show in table (8). The previous table shows that most elements have a significant level less than 5%, this means that there are significant differences between Study Groups. We can show that the less mean was 1.30 for the normal group, but the greater mean was 2.45 for students with special needs group, this means that the impact of drugs was strong on group two.

16 Scale of Trauma and stressor-Related disorders:

The statistical analysis results of this dimension was as follow: Frequency and Chi-square tests. The results of descriptive tests show in table (10). The previous table shows that most elements have a significant level less than 5%, this means that there are significant differences between Study Groups. We can show that the less mean was 1.30 for the normal group, but the greater mean was 2.45 for students with special needs group, this means that the impact of drugs was strong on group two.

Dissociative Disorders: The statistical analysis results of this dimension were as follow: Frequency and Chi-square tests. The results of descriptive tests show in table (12). The previous table shows that most elements have a significant level less than 5%, this means that there are significant differences between Study Groups.

The scale of problem-solving disabilities: The statistical analysis results of this dimension was as follow: Frequency and Chi-square tests. The results of descriptive tests show in table (14). From the previous table results show that most elements have a lot of observation at mild disease level, but there are cases at middle and strong level, the chai square was at the level less than 5%, this means that there are significant differences between Study Groups.

17 T-test for two Groups:

The T-test results shown in table (15)

18 Scale of Feeding and eating disorders:

The statistical analysis results of this dimension was as follow: Frequency and Chi-square tests. The results of descriptive tests show in table (16). From the previous table results show that most elements have a lot of observation at mild disease level, but there are cases at middle and strong level, the chai square was at the level less than 5%, this means that there are significant differences between Study Groups.

19 T-test for two Groups:

The T-test results shown in table (17) The previous table shows that most elements have a significant level less than 5%, this means that there are significant differences between Study Groups.

Scale Sleep -Wake Disorders: The statistical analysis results of this dimension was as follow:

Frequency and Chi-square tests. The results of descriptive tests show in table (**??**8) The previous table shows that most elements have a significant level less than 5%, this means that there are significant differences between Study Groups. We can show that the less mean was 1.2 for the normal group, but the greater mean was 2.4 for students with special needs group, this means that the impact of drugs was strong on group two. The previous table shows that most elements have a significant level less than 5%, this means that there are significant differences between Study Groups. We can show that the less mean was 1.250 for the normal group, but the greater mean was 2.30 for students with special needs group, this means that the impact of drugs was strong on group two.

20 Scale of Disruptive

Neurocognitive Disorders Scale: The statistical analysis results of this dimension was as follow: Frequency and Chi-square tests. The results of descriptive tests show in table (22). The previous table shows that most elements have a significant level less than 5%, this means that there are significant shown between Study Groups. We can show that the less mean was 1.250 for the normal group, but the greater mean was 2.30 for students with special needs group, this means that the impact of drugs was strong on group two.

21 Personality Disorders Scale:

The statistical analysis results of this dimension were as follow: Frequency and Chi-square tests. The results of descriptive tests show in table (24). From the previous table results show that most elements have a lot of observation at mild disease level, but there are cases at middle and strong level, the chai square was at the level less than 5%, this means that there are significant differences between Study Groups.

22 T-Test for Two Groups:

The T-test results shown in table **??**25). The previous table shows that most elements have a significant level less than 5%, this means that there are significant differences between Study Groups. We can show that the less mean was 1.20 for the normal group, but the greater mean was 2.30 for students with special needs group, this means that the impact of drugs was strong on group two.

23 IV. CONCLUSION

It is clear from the results of the statistical analysis that the scale that was formulated during the study enjoys validity and stability, as the results of the Alpha Cronbach test indicate the reliability and validity of the scale, and the results of the correlation test indicate the validity and reliability of the scale and therefore it can be relied upon in completing the study and using it in diagnosis.

The results of the all dimensions of the scale indicate that the sample of students who suffer from disorders were more affected and vulnerable to problems resulting from drug abuse of various kinds, but the ordinary students were less affected and their problems did not worsen to the same degree, as the diagnosis was mostly at the level of mild disease.

The results of the chi-squared test also indicate that there are significant differences in the diagnosis of the control group from the test group, where the statistical significance of the test was less than 5%.

A T-test was conducted and the results for all dimensions of the scale indicated that there are fundamental differences between the diagnosis of each of the study groups, in favor of the first group, where the levels of problems and psychological and neurological disorders were higher in the experimental sample than the control sample, at a level of significance of 5%.

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Building

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Figure 1:

1

		Frequency	Percent
		20	50.0
		20	50.0
		40	100.0

Reliability Tests of the Study Tool: This part presents the

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Cases	Valid	38
	Excluded	2
	Total	40

From the previous table the Cronbach's alpha was 95% this means that the research tool is reliable, researcher can depend on it and complete the study procedures.

Consistency Tests of the Study tool: The consistency of research tool was test by correlation test to know how every dimension measure the objective which related it. The results of correlation test in table (3)

Building A Computerized Psychotic Disorders and Mental Illness Inventory for University Students wi d an Norma Accor ing to l d thf h

Fi t Statistica Diagnosis l

Figure 2: Table 1 :

3

	D1	D2	D3		D4	D5	D6	D7	D8	D9	D10	D11	Y
D1 Pearson Correlation	1												
D2 Pearson Correlation .729 **		1											
D3 Pearson Correlation .827 **		.720 **	1										
D4 Pearson Correlation .647 **		.614 **	.674 **	1									
D5 Pearson Correlation .746 **		.591 **	.759 **	.727 **	1								
D6 Pearson Correlation .409 **		.485 **	.573 **	.588 **	.552 **	1							
D7 Pearson Correlation .668 **		.620 **	.725 **	.596 **	.663 **	.348 *	1						
D8 Pearson Correlation .679 **		.727 **	.749 **	.747 **	.656 **	.492 **	.756 **	1					
D9 Pearson Correlation .596 **		.676 **	.667 **	.691 **	.730 **	.698 **	.534 **	.709 **	1				
D10 Pearson Correlation .629 **		.647 **	.704 **	.710 **	.709 **	.702 **	.540 **	.664 **	.799 * *				
D11 Pearson Correlation .647 **		.614 **	.674 **	1.000 **	.727 **	.588 **	.596 **	.747 **	.691 * *				
Y Pearson Correlation .803 **		.794 **	.866 **	.883 **	.857 **	.718 **	.759 **	.863 **	.860 **				

Figure 3: Table 3 :

4

Observed	Expected	Chi-Squa		Asymp.
		df		
N	N	re		Sig.

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Figure 4: Table 4 :

5

				T-Test for Equality of Means		
	Study Groups	N	Mean	T	Df	Sig. (2-Tailed)
Intellectual disabilities,	students with special needs	20	1.8500			
Intellectual development disorder	Normal	20	1.2000 3.193		38	.003
	students with special needs	20	2.1000 3.193 28.0			.003
Delayed overall growth						
	Normal	20	1.3500 3.241		38	.002
	students with special needs	20	2.3500 3.241 29.1			.003
Unspecified intellectual disability						
	Normal	20	1.2500 6.681		38	.000
	students with special needs	20	2.1500 6.681 35.3			.000
Communication disorders						
	Normal	20	1.3000 3.474		38	.001
Language disorder, Speech sound	students with special needs	20	1.4500 3.474 31.4			.002
disorder	Normal	20	1.3500	.531	38	.599
Infantile onset of stuttering	students with special needs	20	1.5000	.531	34.3	.599
fluency disorder, Practical social communication disorder	Normal	20	1.3000 .890		38	.379
Unspecified Communication	students with special needs	20	1.7500 .890 37.8			.379
Disorder, Autism spectrum disorder	Normal	20	1.2500 2.330		38	.025
Attention Deficit/Hyperactivity	students with special needs	20	1.7000 2.330 28.6			.027
Disorder, Other Specific Attention						
Deficit /Hyperactivity Disorder, Unspecified Attention	Normal	20	1.2000 2.337		38	.025
Deficit/Hyperactivity Disorder						
	students with special needs	20	1.9000 2.337 27.1			.027
Specific learning disorder						
	Normal	20	1.2500 3.025		38	.004

Figure 5:[8]Table 5 :

6

		Observed N	Expected N	Chi-Square	df	Asy Sig.
	mild disease	24				
			10.0			
	middle disease	13				
Exaggerated or grandiose	strong disease	2	10.0	35.0003 a		.000
self-esteem.			10.0			
	deep disease	1				
			10.0			
	Total	40				
	mild disease	26				
			10.0			
Decreased need for sleep (for	middle disease	10				
example, feeling rested after	strong disease	3	10.0	38.6003 a		.000
			10.0			
sleeping only 3 hours).	deep disease	1				
			10.0			
	Total	40				
	mild disease	22				
			10.0			
	middle disease	13				
More chatter than usual or	strong disease	3	10.0	26.6003 a		.000
pressure to keep talking.			10.0			
	deep disease	2				
			10.0			
	Total	40				
	mild disease	22				
			10.0			
	middle disease	13				
Flying ideas or a personal	strong disease	4	10.0	27.0003 a		.000
experience of racing ideas.			10.0			
	deep disease	1				
			10.0			
	Total	40				
	mild disease	25				
Distraction (easily diverting	middle disease	10	10.0			
attention to unimportant or	strong disease	3	10.0	33.8003 a		.000
irrelevant external stimuli).	deep disease	2	10.0			
As reported or observed.	Total	40	10.0			

Figure 6: Table 6 :

7

	Normal	20	1.150	3.00	25.20	.006
More chatter than usual or pressure to keep	students with special needs	20	1.900	2.17	38	.036
talking.	Normal	20	1.350	2.17	27.29	.039
Flying ideas or a personal experience of racing	students with special needs	20	2.000	3.76	38	.001
ideas.	Normal	20	1.200	3.76	27.25	.001
Distraction (easily	students with special needs	20	1.900	2.84	38	.007
diverting attention to unimportant or irrelevant external stimuli).	Normal	20	1.200	2.84	24.98	.009

Figure 7: Table 7 :

8

Observed	Expected		
	Chi-Square	df	Asymp. Sig.
N	N		

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Figure 8: Table 8 :

9

	Study Groups	T-Test for Equality of Means N Mean	T	Df	Sig. (2-Tailed)
Repeated excessive discomfort) of this view strongly.	students with special needs	20 1.7000	2.349	38	.024
	Normal	20 1.2500	2.349	31.307	.025
A separation anxiety disorder (Continuous and excessive fear that an unfortunate event will occur) such as being lost.	students with special needs	20 2.1000	3.048	38	.004
	Normal	20 1.2500	3.048	24.409	.005
separation from someone who is very attached to his middle, interval, foul) as disease, ratio, catastrophe, or the death.	students with special needs	20 2.0000	2.774	38	.009
	Normal	20 1.3000	2.774	30.701	.009
occurs Illness (will cause separation from a person with whom he is related)	students with special needs	20 2.1500	3.187	38	.003
	Normal	20 1.2500	3.187	24.262	.004
Continuous objection or refusal of an outsider to an outsider such as school, work or other places.	students with special needs	20 2.0500	2.806	38	.008
	Normal	20 1.3000	2.806	25.729	.009
Excessive persistent fear or reluctance, because we are alone or open At home or other places.	students with special needs	20 2.1500	3.204	38	.003
	Normal	20 1.3000	3.204	25.840	.004
	students with special needs	20 1.7000	1.125	38	.267
	Normal	20 1.4000	1.125	30.490	.269

Figure 9: Table 9 :

10

	mild disease	21	10.0		
	middle disease	12			
Feeling unusually restless.	strong disease	4	10.0	21.003 a	.000
			10.0		
	deep disease	3			
			10.0		
	Total	40			
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T-test for two Groups:The T-test results shown in table(11)

Figure 10: Table 10 :

11

	Study Groups	N	Mean	Std. Deviation	T-Test for Equality of Means		
					T	Df	Sig. (2-Tailed)
Feeling unusually restless.	students with special needs	20	2.1000	1.11921	2.746	38	.009
	Normal students with special needs	20	1.3500	.48936	2.746	26.009	.011
Difficulty concentrating due to anxiety.		20	1.9500	.94451	2.999	38	.005
	Normal students with special needs	20	1.2500	.44426	2.999	27.015	.006
Fear of something awful that might happen.		20	2.4000	.94032	4.430	38	.000
	Normal students with special needs	20	1.3500	.48936	4.430	28.588	.000
Feeling that the individual may lose control of himself		20	2.5500	.82558	5.592	38	.000
	Normal	20	1.3500	.48936	5.592	30.884	.000

Figure 11: Table 11 :

Figure 12:

12

Asymp.
Observed N Expected N Chi-Square df
Sig.

From the previous table results show that most elements have a lot of observation at mild disease level, but there are cases at middle and strong level, the chai square was at the level less than 5%, this means that there are significant differences between Study Groups.T-test for two Groups: The T-test results shown in table(13)

Figure 13: Table 12 :

13

T-Test for Equality of Means

	Sig.
T	Df
	(2-Tailed)

Figure 14: Table 13 :

14

Asymp.
Observed N Expected N Chi-Square Df
Sig.

Figure 15: Table 14 :

15

	Study Groups	N	Mean	T-Test for Equality T	Sig. Df (2-Tailed)
	students with special				
		20	1.8000	2.213	38
Difficulties in mathematical thinking.	needs				
	Normal	20	1.3000	2.213	28.755
	students with special				
Poor ability to use feedback to infer rules		20	1.9000 2.924		38
	needs				
and solve problems.					
	Normal	20	1.3000 2.924		31.005
Controversy that may escalate into the	students with special				
		20	2.1500	3.827	38
threat of physical violence, avoiding	needs				
problem solving.	Normal	20	1.3000	3.827	29.125
d an Norma Accor ing to l d	thef h Fi t Statistica Diagnosis l				

The previous table shows that most elements have a significant level less than 5%, this means that there are significant differences between Study Groups. We can show that the less mean was 1.30 for the London Journal of Research in Computer Science and Technology 34 | | © 2023 Great] Britain Journals Press Volume 23 Issue 2 ?"? Compilation 1.0

Figure 16: Table 15 :

16

Observed	Expected		
	Chi-Square	df	Asymp. Sig.
N	N		

Figure 17: Table 16 :

17

T-Test for Equality of Means	
	Sig.
T	Df
	(2-Tailed)

Figure 18: Table 17 :

18

Observed	Expected		Asymp.
	Chi-Square	df	
N	N		Sig.

From the previous table results show that most elements have a lot of observation at mild disease level, but there are cases at middle and strong level, the chai square was at the level less than 5%, this means that there are significant differences between Study Groups.

Figure 19: Table 18 :

19

T-Test for Equality of Means					
Study Groups	t	df	Sig. (2-tailed)	N	Mean

Figure 20: Table 19 :

20

Chi-Square		Asymp.
Observed N	Expected N	df
		Sig.

Figure 21: Table 20 :

21

		T-Test for Equality of Means	
Study Groups	N	Mean	
		T	Sig. Df (2-Tailed)

Figure 22: Table 21 :

22

Observed	Expected			
	Chi-Square	Df	Asymp.	Sig.
N	N			

Figure 23: Table 22 :

23

		Study Groups	T-Test for Equality of Means N	T (2-Tailed)	Mean Df	Sig.
This classification applies to cases in which		students with special needs	20		2.1500	2.891
symptoms neurocognitive clinically significant distress or impairment	characteristic of a disorder that cause					
in social, occupational, or other areas of functioning predominate, but do not satisfy		Normal	20		1.3500	2.891
The full criteria for diagnosing any of the		students with special needs	20		2.0500	2.915
disorders	fromthe category of					
neurocognitive disorders.		Normal	20		1.3000	2.915
The Unspecified Neurocognitive Disorder		students with special needs	20		2.1000	3.414
category is used in cases in which an exact						
etiology cannot be determined to make a		Normal	20		1.2500	3.414
firm diagnosis.						

Figure 24: Table 23 :

24

Observed N	Expected N	Chi-Square	df	Asymp. Sig.

Figure 25: Table 24 :

25

	Study Groups	N	Mean	T-Test for Equality of Means Sig. T (2-Tailed)	Df	
	students with special needs	20	2.0500	3.116	36	.004
Ignite an intentional purposeful fire on more than one occasion or opportunity.	Normal	20	1.2222	3.239	25.678	.003
	students with special needs	20	2.3000	3.955	38	.000
B Emotional tension or excitement before the action						
	Normal	20	1.2000	3.955	23.573	.001
	students with special needs	20	2.1500	3.971	38	.000
An increased sense of tension just before the theft was committed.	Normal	20	1.2000	3.971	25.366	.001
	students with special needs	20	2.3000	5.858	38	.000
The feeling of pleasure, satisfaction, or relief (relaxation) at the time of the theft.	Normal	20	1.2000	5.858 29.853	.000	

Figure 26: Table 25 :

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Figure 27:

d an Norma Accor ing to l d d l d the f h Fi t Statistica Diagnosis l f h l Fi t an Norma Accor ing to the Statistica Diagnosis

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Figure 28:

.1 ACKNOWLEDGEMENTS

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Students with Special Needs d l d f h l the an Norma Accor ing to Fi t Statistica Diagnosis

.2 Conflict of Interest

The researchers have no conflict of interest.

.3 Consent the Scientific Research Ethics Committee

The Scientific Research Ethics Committee at Taif University recently reviewed the request submitted by you to obtain the committee's approval of the research proposal shown below, knowing that the committee was approved by the National Bioethics Committee No. (O H A-O 2 -T -1 0 5). The proposal meets the requirements of Altaf University, and the ethical approval has been granted from the date (July 2022 -July 2023)

[London Journal of Research in Computer Science and Technology] , *London Journal of Research in Computer Science and Technology*

[Kabir ()] *A study on common psychological problems in intermediate college students in the perspective of Bangladesh. Submitted to Health Research*, Ashraful M Kabir . 2018. p. .

[American Psychiatric Association. The Diagnostic and Statistical Manual of Mental Disorders ()] *American Psychiatric Association. The Diagnostic and Statistical Manual of Mental Disorders*, 2013. Arlington: American Psychiatric Publishing, Inc. (Fifth Edition)

[Ohan et al. ()] 'Brief report: The impact of changing from DSM-IV 'Asperger's' to DSM-5 'autistic spectrum disorder' diagnostic labels on stigma and treatment attitudes'. J L Ohan , S E Ellefson , P W Corrigan . *Journal of Autism and Developmental Disorders* 2015. 45 (10) p. .

[Pedreli et al. (2015)] 'College Students: Mental Health Problems and Treatment Considerations'. Paola ; Pedreli , Maren ; Nyer , Albert ; Yeung , Zulauf , ; Courtney , Timothy Wilens . *Acad Psychiatry* 2015. 2015 October. 39 (5) p. .

[Diagnostic and Statistical Manual of Mental Disorders ()] *Diagnostic and Statistical Manual of Mental Disorders*, (Washington, DC) 2000. American Psychiatric Association. (Text Revision))

[Diagnostic and statistical manual of mental disorders ()] *Diagnostic and statistical manual of mental disorders*, 2013. Arlington, VA: American Psychiatric Association. (th ed.)

[Giles ()] 'DSM-V is taking away our identity': The reaction of the online community to the proposed changes in the diagnosis of Asperger's disorder'. D C Giles . *Health* 2013. 18 (2) p. .

[Krueger et al. ()] 'Externalizing psychopathology in adulthood: A dimensional-spectrum conceptualization and its implications for DSM-V'. R F Krueger , K E Markon , C J Patrick , W G Iacono . *Journal of Abnormal Psychology* 2005. 114 p. .

[Dinh et al. ()] 'Influence of the DSM-IV Outline for Cultural Formulation on Multidisciplinary Case Conferences in Mental Health'. N M Dinh , D Groleau , L J Kirmayer , C Rodriguez , G Bibeau . *Anthropology & Medicine* 2012. 19 (3) p. .

[Maneesriwongul and Dixon ()] 'Instrument Translation Process: A Methods Review'. M Maneesriwongul , J K Dixon . *Journal of Advanced Nursing* 2004. 48 (2) p. .

[Kupfer et al. ()] D A Kupfer , M B First , D A Regier . *A research agenda for DSM-V*, (Washington, DC) 2002. American Psychiatric Association.

[Mcmillan and Jarvis ()] Julie M& Mcmillan , Jane M Jarvis . https://www.researchgate.net/publication/259437995 *Mental Health and Students with Disabilities: A Review of Literature*, 2013.

[Furnham et al. ()] 'Mental health literacy among university students'. Adrian ; Furnham , Richard ; Cook , Neil ; Martin , Mark Batey . *Journal of Public Mental Health* 2011. 10 (4) p. .

[Ritvo ()] 'Postponing the proposed changes in DSM 5 for autistic spectrum disorder until new scientific evidence adequately supports them'. E R Ritvo . *Journal of Autism and Developmental Disorders* 2012. 42 (9) p. 2022.

[PTSD prevalence and symptom structure of DSM-5 criteria in adolescents and young adults surviving the 2011 shooting in Norw *PTSD prevalence and symptom structure of DSM-5 criteria in adolescents and young adults surviving the 2011 shooting in Norway Journal of Affective Disorders*, 2014. 169 p. .

[Dsm-5 ()] *PTSD's symptom dimensions and relations with major depression's symptom dimensions in a primary care sample Psychiatry Research*, Dsm-5 . 2014. 215 p. .

[Bäärnhielm and Rosso ()] 'The Cultural Formulation: A Model to Combine Nosology and Patients' Life Context in Psychiatric Diagnostic Practice'. S Bäärnhielm , Scarpinati Rosso , M . *Transcultural Psychiatry* 2009. 46 (3) p. .

[Liu et al. ()] 'The underlying dimensions of DSM-5 posttraumatic stress dis1388 BOVIN ET AL. order symptoms in an epidemiological sample of Chinese earthquake survivors'. P Liu , L Wang , C Cao , R Wang , J Zhang , B Zhang , J D Elhai . 10.1016/j.janxdis.2014.03.008. http://dx.doi.org/10.1016/j.janxdis.2014.03.008 *Journal of Anxiety Disorders* 2014. 28 p. .

[Cadge et al. ()] 'University students' understanding and perceptions of schizophrenia in the UK: a qualitative study'. Charlotte ; Cadge , Connor , Sheila Greenfield . *BMJ Open* 2019. 2019. 9 (4) p. 25813.

[Kirmayer et al. ()] 'Use of an Expanded Version of the DSM-IV Outline for Cultural Formulation on a Cultural Consultation Service'. L J Kirmayer , B D Thombs , T Jurick , G E Jarvis , J Guzder . *Psychiatric Services* 2008. 59 (6) p. .

[Frazier et al. ()] 'Validation of proposed DSM-5 criteria for autism spectrum disorder'. T W Frazier , E A Youngstrom , L Speer , R Embacher , P Law , J Constantino . *J Am Acad Child Adolesc Psychiatry* 2012. 51 p. .