UNDERSTANDING UNIVERSITY COMMUNITY'S MENTAL HEALTH NEEDS AND THE DETERMINANTS OF WELLBEING SEQUALA: A QUALITATIVE STUDY

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Abstract

Mental health among university students is on the increase every day, therefore this study investigates mental health needs and determinants of psychological well-being of the university community. This explanatory qualitative research design used a purposive sampling technique to sample 13-participant (with age-ranged between 21 to 57years; age mean=30.7years) at the University of Ilorin, Nigeria. Data was gathered using a key informant interview. Themes emerged from the data analysis, and excerpts from the participant interviews were used to illustrate the themes. Following data analysis, the research study found that the age of adolescents with emotional dysregulation, poor lecturers/students relationships, study life imbalance, and inaccessibility to counseling services were shown as the determinants of mental health among university students. Results revealed that there is a lack of substance abuse screening and audio/visual display facilities. Furthermore

ationships, study life imbalance, and inaccessible counseling services are determinants of psychological distress. Therefore, insightful and rebranded interventions like e-mental health services and awareness programs are required to restore psychological wellbeing on the university campus.
Keywords: mental health needs, psychological wellbeing, preference for counseling service, university

Introduction

In most African countries, mental health is over-simplified with so many erroneous beliefs and fallacies, especially in a country like Nigeria. These misconceptions have negative effects on the awareness of the mental illness and the utilization of mental health facilities to a near inexistence. The university tasks pose stress to students due to various challenges they might have witnessed during their academic and daily activities (Buhari, Ogunmodede, Bolarinwa, Adegunloye, Adegoke, & Oguntayo, 2021a). However, many students struggle to adjust to university life at all costs (Gall, Evans, & Bellerose, 2000; Atilola, Ayinde, Obialo, Adeyomo, Adegbaju, & Anthony, 2022), though it is mainly the "survival of the fittest" (Richardson, King, Garrett, & Wrench, 2012). For instance, an undergraduate-based study conducted in the USA, revealed serious mental distress and low psychological adjustment at the midpoint of the first year than participants in the week before starting university, with minute acclimatization by the end of the academic session (Conley, Shapiro, Huguenel, & Kirsch, 2020). However, a study found that distress rates among students have never balanced with those distress experiences reported before they enter university (Bewick, Koutsopoulou, Miles, Slaa, & Barkham, 2010). Meanwhile, a study suggested that the university life study experience imbalance with other activities presents significant challenges for students (Conley et al., 2020).

Forming balancing resilience and adjustment skills to university demands have been described as a "loss experience" that is, feeling a loss of the former identities, secondary school social networks, and even a sense of environment, with future challenges associated with identifying with university environment (Herpen, van, Adriaan, Hofman, & Severiens, 2020; Scanlon, Rowling, & Weber, 2007). A study discovered that demands and expectations during university years increase each year as of the degree (Macaskill, 2018; Atilola et al., 2022). In addition, research conducted among non-regular undergraduate students in Scotland found that students' comprehension of academic needs changed over some time, while in later years they

have mastery of managing themselves better (Tett, Cree, & Christie, 2017). Also, Conley et al. (2020)'s findings revealed that students' psychological functioning was worst in the first 2-year of study, while there were improvements in the final 2-year among students in the USA on a 4-year degree program because their needs were recognized.

Certain factors beyond overcrowding, haphazard lectures schedule, and stress have been cited in a recent study conducted in Nigeria. For instance, being female, having a dyadic relationship with parents, employment status of

parents, family structure, being on scholarship, studying non-preferable courses poor relationships with peers and lecturers were found to relate to mental illness among university undergraduates (Ogunmodede, Adegunloye, Oguntayo, Ajokpaniovo, Buhari, Bolarinwa, Malomo et al., in press). Meanwhile, about 46.6% of those participants were willing to utilize internet-based mental health intervention facilities instead of face-face traditional methods of counseling on the university campus (Buhari et al., 2021b). Another study from Nigeria has found reasons to investigate students' needs for mental health literacy, mental health service utilization, and feedback (Buhari et al., 2021a). The study further suggested that university students with the highest mental health literacy were more willing to use internet-based intervention if provided. The less stigmatizing attitudes to mental health individuals were found to have higher help-seeking behavior and were willing to

studies from the Western world that have shown Maslow's theory has been cited in the literature on recovery from serious mental illness and that it is sufficient enough to explain how deprivation or inadequacy of needs can lead to mental illness, the authors of the current study observed that a theoretically based explanation for mental health needs has not been enough in university-based studies (Henwood, Derejko, Couture, & Padgett, 2015; Kenrick, Griskevicius, Neuberg, & Schaller, 2010).

A well-known theory of motivation called Maslow's "hierarchy of needs" places needs in descending order of perceived significance for each individual. The needs are pictured as a pyramid, with the most important at the base and the least important at the top. Although Maslow eventually acknowledged that there might be exceptions depending on outside events or personal characteristics, his original theory was that humans are often motivated to meet their lower

fundamental requirements before satisfying their higher human needs (Henwood et al., 2015; Padgett. Smith, Henwood, & Tiderington. 2012). Maslow's theory is frequently represented as a pyramid, with physiological needs (air, water, food, shelter, sex, health, and sleep, etc.) at the base, followed by safety needs (protection, financial stability, law, order, freedom, etc.), belonging needs (friendship, trust, intimacy, acceptance, loving and feeling loved in return, being part of a group (friends, family, coworkers), and esteem needs (dignity, self-fulfillment, master (Kenrick et al., 2010). The need for self-actualization, often known as the desire to "become everything that one is capable of becoming," is at the summit of Maslow's hierarchy of needs (Maslow, 1943 in Henwood et al., 2015). When people strive for something and it is not forthcoming, it can lead to mental illness, or when they achieve their full potential, it may predispose them to greater wellbeing. This has startling implications for the overarching goal of mental health wellness and deterioration as well as the recovery paradigm of illness (Henwood et al., 2015; Padgett et al., 2012).

Knowing one's needs and making sure they are met can improve a person's chances of being healthy. There is a concession in the majority of past studies that meeting basic needs fosters or supports overall health; also, the degree of basic needs fulfillment was correlated with neuroticism scores and confidence in an internal locus of control (Padgett et al., 2012; Shoib, Amanda, Menon, Ransing, Kar, Ojeahere, , stress, and other conditions reveal that meeting one's fundamental requirements has a direct impact on one's psychological health and capacity to handle stressors (Henwood et al., 2015; Shoib et al., 2022). According to the original Maslow's hypothesis, all five levels of human needs are interrelated, and a change in one level's need could have an impact on the satisfaction of one or more wants at the same or other levels, which could have an impact on an individual's mental health Maslow, 1943 in Henwood et al., 2015. According to this theory, when a person's basic needs and other needs—such as safety, a sense of belonging and love, respect, and life actualization—are not met, whether they be physical or emotional, it negatively affects their ability to recover and worsens people's mental health as a whole (Henwood et al., 2015; Padgett. Smith, Henwood, & Tiderington. 2012).

There is a paucity of literature on the factors that influence undergraduates' mental health, and theoretical justifications and interventions in Nigeria (Atilola et al., 2022). Meanwhile, recent research on university students revealed a high prevalence of mental distress in this group. (Buhari et al.,2021a; Buhari et al., 2021b; Ogunmodede et al., in press). Therefore, the need to explore factors

hampering mental healthiness and treatment options and patronage in this university community becomes a necessity. Therefore, an explanatory study like this would be of help in addressing determinants of mental health and needs that will inform effective intervention. This is because, no matter how reliable and valid the intervention is, if not acceptable by the consumer (clients) it would be of no use and the essence would be futile. Building on the past research summarized above, this study came up with the following research questions (RQs): RQ1:In what ways do respondents understand undergraduates' mental health needs and possible causes of psychological distress while going through various, and frequent academic life events?

RQ2: do university undergraduate students seek and receive support for their mental health needs on campus while going through various life events as they pursue academics?

peculiar needs during their academic life events?

Method

This study adopted an explanatory qualitative research design using a blend of key informant interviews. This is because the researcher intends to increase the understanding that will bring a better conclusion on mental health determinants and the well-being needs of the university community to overcome or control mental health challenges. We conducted interviews with 13 stakeholders in the university community; 10 undergraduate students and 3 members of university staff stakeholders from the University of Ilorin using a semi-structured interview study. These calibers of staff were involved because they have firsthand knowledge about students generally, and those who might have been experiencing mental health challenges. Also, they are the nearest to students on the university campus.

The inclusion criteria involved participants who: (1) gave verbal informed consent, (2) voluntarily will speak about their personal and general experiences on psychological wellbeing in the university community, and (4) is a member undergraduate student union**;** is a member of the academic staff union, personnel of students' affairs and counseling unit of the University of Ilorin. We recruited these

participants through school-wide stakeholders outreach and word of mouth, and we ended the collection of data when data saturation was achieved.

Participants were purposively sampled and the key informants were identified through a campus-wide range of engagements and consultations. Each of the semi-structured interviews lasts between 45 to 90minutes. The present study involved 13-participant whose ages ranged from 21 to 57years (age mean=30.7years); there were 5 male and 5 female student respondents. While there was 1 stakeholder (male) from the Academic Staff Union of Universities (ASUU), 1 counselor (female), and 1 staff stakeholder from the students' affairs unit (male). All of the participants (13) wish to access mental health services but none has explored it in the past (Table 1 for details)

Participants were purposively selected among the groups of stakeholders nearest to students in the university community. The respondents were interviewed to explore and generate information about the research questions in this study. The choice of participants was informed by the previous studies of the researchers on this campus that showed a prevalence of mental illnesses among students of this institution, therefore the need to know specifically possible causes of this challenge and the need for a workable intervention necessitate this study (Buhari etal.,2020a; Buharietal., 2020b;Ogunbodede et al., in press). After identifying the relevant groups from which the respondents could be drawn. The respondents were then selected based on their willingness to respond, credibility, relevancy, and knowledge of mental health.

The interview sessions were conducted privately in a conducive office, after the introduction of the research team. The rationale behind the study was explained to each of the participants. The participants' consent was obtained and confidentiality was assured. The study followed IRB protocols, which state that if any symptoms or crises were noticed (e.g., major depression, acute threats, and suicidal signs), that participant would be immediately referred to the University Counselling Unit or seen by a member of the research team who was a trained mental health specialist and appropriate steps taken. The duration of each interview session ranged from approximately 45 to 90minutes. The interview question guide focused on the participants' process of recognizing their stressors and others, their experiences of seeking and utilizing counseling services, perceived needs, and social support of self or others on campus.

Data was gathered using audio recorded, jottings made on a notepad,

and an attempt was made not to lose body language and expressions during sessions (researchers also captured affective and cognitive aspects of the respondent's behavior during the interviews). The data was transcribed and content analyzed from major themes to subthemes. With collaborative efforts from six (6) key researchers, we explored, coded, compared, and revised the themes as the analysis progressed. The researcher revised the themes through a series of evaluations and iterations until a collective conclusion was reached.

Result

s Table 1. Demographic information about the study participants.

Participants	Age (Years)	Gender	StakeholderType Affiliation	Religion	Accessed Mental Health services	Wish to access Counseling services Before	effective number
P1	21	Male	Student	Christian	No	Yes	
P2	21	Female	Student	Muslim	No	Yes	
P3	22	Female	Student	Muslim	No	Yes	
P4	23	Female	Student	Christian	No	Yes	
P5	23	Male	Student	Muslim	No	Yes	
P6	24	Male	Student	Muslim	No	Yes	
P7	24	Female	Student	Muslim	No	Yes	
P8	26	Female	Student	Christian	No	Yes	
P9	27	Male	Student	Christian	No	Yes	
P10	30	Male	Student	Muslim	No	Yes	
P11	45	Male					

Students'	Muslim	No	Yes	
	Affairs Staff			
P12	56	Male	Counselor	

ASUU=

Age below 18 as the cause of Emotional Dysregulation Determining Mental Distress

The participants emphasized the perceived challenge of the age of adolescence as the cause of low emotional dysregulation that leads to mental breakdown among undergraduate students. We found that both the counselor and academic staff see this factor as the root cause of low resilience towards academic challenges that could trigger mental illness. Below, we describe how age affected the perceived problem of psychological distress in students. For instance, P13, who was an experienced lecturer for the past fifteen years on campus." He explained the following:

> "*As an experienced staff, I observed that one of the problems with some undergraduate students are still age and emotional maturity this is because, they are below adult age (18 years) and this makes them lack emotional capacity to withstand peer influence and environmental influences on university campus thereby make them easily susceptible to pressure, drug use, relationship breakdown, and other mental health-related crises*". (P13/57years old/ASUU Stakeholder/Male/Muslim)
>
> P11. "*I want to suggest that students below 18years should not be granted admission to university until they attain 18years because, from experience, they lack the emotional maturity to manage university stress in this part of the world, this should be integrated into university laws as it is being practiced in some universities in Nigeria".* (P11/45years old/Students affairs/Male/Muslim)

In explaining how age affects the severity of mental health challenges among undergraduates, we found that even counselors too affirmed the view of the academic staff that the age of students predefined the ability to withstand academic stress and general campus stress. For instance, P12 a counselor shared her view that:

> P12. "*From experience as a counselor. I noticed that some undergraduate students below adult age (18 years) lack*

among undergraduate students". (P12/56years old/Counselor/female/Christian)

From these views, it seems that there is a belief that when students have not attained adulthood, they may lack self-independence and the ability to manage situations (emotional competency) which makes them susceptible to psychological distress when encountering campus stressors. More so, other factors such as study life balance were suggested to be the cause of mental health challenges among students especially when they lack the emotions to manage the campus eventuality and tasks.

Study or Academic Life Imbalance

Generally, the respondents had similar views on their colleagues and themselves regarding study life balance as a trigger of mental health challenges though with varying factors. Most of them said that they were unable to balance academic tasks with events of life such as; being in a romantic relationship or having a broken relationship, involving in campus or students' politics, social activities (fellowship, sports, festivals, etc) among others were said to be factors causing distressing among students. These influencing factors are further expatiated by certain interviewees when this question was asked; *what are the possible causes of the incessant mental health challenges among students of this institution?* A member of the student union has this to say:

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P10. *"I grasped things quickly when I was at lower levels in university but these days I find it difficult to deal with both academic and other aspects of life, these pose psychological distress to me. For instance, balancing union activities and responsibilities with academic performance becomes a challenge to me".* (P10/30years old/Student stakeholder/Male/Muslim)

Another male student stakeholder shared his experience and ordeals thus:

"As one of the leaders of students' union. I faced much

n the

opportunity at the earlier phase of my stay at the university. (P1/21years old/Student Stakeholder/Male/Christian)

So also P3 has this to add:

> **"***As a student, romantic relationship crisis is also our challenge, many of our colleagues have problems managing their relationship with partners and when there is a crisis in this relationship, we find it difficult to cope with both academic tasks and other activities on campus".*
> (P3/22years old/Student stakeholder/Female/Muslim)

One view that is common among the interviewees is that study-life balance negatively influences psychological well-being. The students especially expressed an opinion that unbalances in study life interfered with their other patterns of life which causes distress at a point in time. Meanwhile, when the staff stakeholders were asked to share their opinion on determining factors of students' mental illness, they corroborated the students' views through different evaluations that low emotional intelligence interferes with the study-life balance to cause psychological distress in students. P11, P12, and P13 have these to say:

> P13, "*Most students left home to university without emotional regulation skills to be able to cope with university rigors of academic and romantic relationship as well as the campus social activities thereby got distracted; therefore, self-awareness is low among majority".* (P13/57years old/ASUU/Male/Muslim)
>
> P12. "*Most students left home to a university with immature emotional ability, so coping in university becomes a problem, especially managing academics with romantic relationships and campus social responsibilities. Also, these days, social media, the get-rich syndrome mantra, and social life are distractions to students, therefore, balancing up with academic life becomes a challenge to them. These make some break down when expectations are not met".* (P12/56years old/Counselor/female/Christian)
>
> P11. "*Students are involved in many activities which serve as [illegible] e up in their [illegible] un".*
> [illegible]

[illegible] ively [illegible]-life balance and low emotional competency mixed with other life events on campus. The interviewees expressed views that when social life and personal life interfere with academic tasks, it can lead to distress among students. It appeared that other campus life aside from academics when not managed well interfered with psychological wellbeing. Moreover, the expected good

relationships between the students and lecturers has gone down recently as observed by the stakeholders and this is affecting students' mental wellbeing.

Poor Students and Lecturers' Relationship

For students' perception of their relationship with their lecturers, during the interviews, we noticed that students already hold a belief that their lecturers are unaccommodating which is distressing to the majority of them as put by various student stakeholders thus:

> P8. "*We as students need to have access to our lecturers and we desire to share or get counseled by them, but they seem not to have enough time to listen to students these days and some do not want to accommodate students anymore".* (P8/26years old/Student stakeholder/Female/Christian)

Participant P9 shared his experience:

> "*I faced many social and academic challenges recently; in fact, I desire to share with an experienced person. Whereas relationship with our lecturers is also a problem; they are not approachable and we perceived they are afraid of relating with us as usual, so also we find it difficult to relate them or open up to them on some psychological challenges".* (P7/27years old/Student stakeholder/Male/Christian)

Researchers also found that being able to share their views with their lecturers was perceived as a better option to foster well-being too among students. Students' healthy relationship with level advisers (LA) and the perception that the LAs were also not responsive enough possess a threat to the learners and less equip them with the skills needed to deal with their social and psychological wellbeing or needs?

> P6**. "***Students-lecturers' relationships have been truncated; our lecturers are not friendly anymore; they do not play the motherly or fatherly roles expected of them as usual".* (P6/24years old/Student stakeholder/Male/Muslim).

Participant P4 shared his experience:

> "*I am socially and academically down recently. Even while I desire to share with my LA. The lecturer does not give a chance to relate or open up to him and the female lecturers are not accessible too".*

(P4/23years old/Student stakeholder/female/Christian)

The views of students showed that a good relationship between students and lecturers will promote mental health and wellbeing. However, one of the stakeholders in academics revealed probable reasons why some academic advisers or lecturers have not been responsive:

> "P13. "*The recent sexual harassment bills against lecturers make many of us very careful in interacting with students and formality becomes ways of dealing with students on campus to keep safe". Also, many have a home or personal challenges, academic rigors, and administrative responsibilities. In some instances, the stress is too much.* (P13/57years old/ASUU/Male/Muslim)

Lookingat this situation, many mixed reactions have continued to trail the university campus on the "Sexual Harassment Bill" recently passed by the Nigeria senate which was ostensibly purported to have been promulgated to check the increasing rate of sexual harassment trend in the country's tertiary institutions, but this turned out in other directions even affecting lecturers and students relationship which seems to be a cause to the recent surge in psychological distress among undergraduate students. Low manpower and work stress of lecturers might also cause this ill behavior that could mitigate mental healthiness.

It is believed that if lecturers could promote social acceptance and belongingness in their relationships with students; it may promote mental wellness among students. This is revealed by the opinions of the student stakeholders interviewed. The deviation of the connectedness between lecturers' and students' relationships was deduced to have been hampering the psychological wellbeing of the learners. On the other hand, respondents were asked if they have access to counseling services within the university community.

Accessibility to counseling services

The researchers intend to assess the rate of respondents' accessibility to counseling services on campus. This is to be sure that the university community has been receiving the professional help expected at the appropriate time particularly when they need it. Some of the student respondents have these to say:

> P1. *"Students keep hearing that there are faculty counselors, but we know none of them. Whereas we desire to access this facility".*
> (P1/21years old/Student stakeholder/Male/Muslim)
> P5. "*I wish I could see experts share my ordeals with, but we only keep hearing of faculty counseling, but I do not know them nor know their office in our faculty. We find it difficult to locate who we can reliably open up to, especially on some psychological*

challenges we are facing at the moment". (P5/23years old/Student stakeholder/Male/Christian)

P7. "*I know I need psychological professional bits of help but I could not share with the counseling unit because they seem inaccessible and faculty counselors are not there Students find it hard to go formally to the counseling center to open up, especially on some psychological challenges"*. (P7/24years old/Student stakeholder/Female/Muslim).

From these responses, we observed that despite the ranges of services purported to have been put in place in the counseling unit of the university, the individual respondents claimed that they could not access the services and that the quality expected are not met. Despite this inaccessibility, they still reported that they need mental health services, and such support could help them to manage their psychological distress and achieve a better study performance.

Mental Health Needs of the University Community

Internet-based services: The study also went further to investigate the mental health needs of the participants to be sure of what needed to be amended or restructured as well as put in place within the university community to meet their psychological needs. Some of the interviewed stakeholders suggested the following:

P2. "*We want to suggest a helpline on the university portal. Also, internet-based assessment and little virtual counseling will go a long way to help the majority of us while traditional counseling is inaccessible and readily*

adequately. These will go a long way to strengthen or encourage some of us. (P2/21years old/Student stakeholder/female/Muslim)

P4. *"I want to suggest an internet-based facility where quotable statements that could encourage us or give us assurance to cope or bounce back could be found"*. (P4/23years old/Student stakeholder/Female/Muslim)

P3. "*University authority should have an internet-based mental health assessment facility where students and staff could assess their state of mind and little virtual counseling, and the traditional method of counseling be much equipped than before"*. (P3/22years old/Student stakeholder/Female/Muslim)

An academic stakeholder explained that staff needed counseling services and that internet-based services would be appreciated, see his opinion:

> P10. *"As a staff, we have issues bothering us too, such as; financial crisis, covid-19 impacts, and work-life responsibilities, all these all together can cause a lot of psychological distress. We will also appreciate adequate counseling services that could benefit staff as we too are going through a lot. I suggest an internet-based interactive channel that could assess students' or staff mental health status and suggest further help or place of intervention on the university site. Most times, staff find it difficult to balance work life with other responsibilities outside the workplace; we need accessible counseling facility where valid help could be achieved".* (P13/57years old/ASUU/Male/Muslim)

Audiovisual: In exploring the needs of the university community to overcome mental health challenges and bounce back stronger make the respondents suggest the virtual means of e-mental health services. P1, p9, and p10 make certain proposals thus;

> *P1. "I want to suggest that some billboards with both audio and visual features be erected in some strategic places on campus with words of encouragement and assurance, this type of innovation could be useful in dealing with some psychological challenges".* (P1/21years old/Student stakeholder/Male/Muslim)
>
> P9. "*We want to suggest to you that some billboards with deep psychological tones or statements which could reduce our wrong thinking and help us to overcome our emotional distress even at distressing period. Those devices could be situated on campus across department, car park, relaxation centers, and other strategic places".* (P9/27years old/Student stakeholder/Male/Christian)
>
> P3**. "***Please be informed that staff also need mental awareness and services because a lot of them are going through a lot. The Counselling unit should be more accessible; we need more valid and effective psychological bits of help like quotable quotes, online mental health assessment, and treatment because many are going through a lot on this campus".* (P3/22years old/Student stakeholder/Female/Muslim)

Needs for coping skills/ coping Mechanisms

The university community stakeholders also desire to achieve a certain coping mechanism to overcome mental illness or even prevent it. Some respondents suggested and asked for these:

> P3. "*I suggest a town hall meeting for students and staff, where both staff and students can discuss issues bothering them and arrive at a solution. We need to have access to university*

counseling facility or better attendance where wellbeing could be achieved". (P3/22years old/Student stakeholder/Female/Muslim)

P5. "*As a leader of a union, I faced and have to solve so many problems at the same time; combined with academic tasks and leadership responsibilities. Relationship with our lecturers is also a problem; they are not approachable and we perceived they are afraid and so also we find it difficult to relate them or open up to them on some psychological challenges".* (P5/23years old/Student stakeholder/Male/Muslim)

A Counseling stakeholder from her wealth of knowledge makes some technical suggestions that welfare services such as part-time jobs within the school campus and entrepreneurial training with stipends are needed in the counseling unit to cater to those battling with social and economic distress situations. Respondent also, observed that substance abuse is a serious challenge on a university campus, and suggested that periodic assessment among students is needed to restore wellbeing and social security needed on campus. The respondent suggested thus:

P12 **"***As an experienced counselor, I am aware that the counseling unit needs to re-introduce the scheme that allows a few indigent students with welfare issues to get paid jobs within the school campus to get rid of economic distress that comorbid psychiatric challenges most times among students. Substance use is a serious challenge too here among students to restore wellbeing security periodic assessment is needed on campus".* (P12/56years old/Counselor /Female/Christian)

An academic stakeholder also buttresses the suggestions of P12 that:

P13. *"I want to suggest that students should always be allowed to work on campus on a part-time base. At least to get some token to support themselves and that the job should be such that it doesn't interfere with students' academics or lectures time schedules".* (P13/57years old/ASUU stakeholder/Male/Muslim)

For students, they agree with the suggestions of staff stakeholders. They suggested periodic bio-psychological assessment.

P7. *"Let there be a periodic assessment for drug use and orientation program to manage mental health".* (P7/24years old/student stakeholder /Female/Muslim)

P8. *"We want to suggest this to the mental health research team.*

There is a need for a periodic assessment for mental health, especially regarding substance use among us". (P8/24years old/Student stakeholder/Male/Christian).

Need for Empowerment of Stakeholders and Restructuring of Mental Health Services on Campus

Respondents suggested the need to empower the counseling unit, in a matter of periodic training, staff development, and availability of resources for counseling services. Also, the traditional method of counseling could be blended with modern technology. It was suggested that staff too should be allowed to access counseling services and that counselors should be retrained on the use of technology to discharge their duties if human resources are not enough. Among students, it was opined that mental health modules should be integrated into the university's general study curriculum to create awareness and empower students with psychological first aid for managing or preventing mental health. Some of the participants have these to say:

P1. "*We will also appreciate adequate counseling services that could benefit both staff and students. We noticed that attention is shifted to students alone, whereas both staff need to be mental health including the counselor. They need to be retrained to accommodate us in line with our various mental health challenges as we too are going through a lot. We know that some of them also need mental health support for themselves to be able to carry out the task of supporting students too.*

Also, we are in the computer age; internet interaction could be utilized as a step further for restructuring. We suggest some periodic town hall meetings with both the students, stakeholders, and staff to discuss mental health needs as preventive measures. Mental health modules should be integrated into university general study curriculum". (P13/57years old/ASUU stakeholder/Male/Muslim)

A stakeholder from the counseling unit opined that the LAs should also be

trained on first aid counseling skills to better their social and emotional intelligence in dealing with students and in discharging their duties. Counselor respondents also support that mental health studies be integrated into the university general studies (GNS) curriculum to empower them on subtle ways of dealing with mental health by teaching them in class. Here are the respondent's suggestions:

P12. "*As a counselor, we need more empowerment from the management as more facilities are needed to take care of all these students. Insufficient staff and adequate training with continuous*

education have not been favorable. Staff development, on-the-job training, and other new facility and exposures could also be of help. Thirdly, both the counselors and level advisers should also be trained on first counseling and better social and emotional intelligence in dealing with students and discharging their duties. Mental health basic knowledge should be integrated into the university general study curriculum to create awareness of subtle symptoms and first aid psychological management of this challenge could be taught among students in the class". (P5/65years old/ Counselor/Female/Christian)

A student stakeholder suggested that more facilities both human and material recourses should be provided in the counseling unit and internet-based services could be integrated as well. In addition, this student supported the inclusion of mental health modules into GNS. A respondent has this to say:

P3. "I *wish I could access counseling services where positive outcomes could be achieved and we students need a restructuring of the mental health facility where both traditional counseling and internet-based services could be accessed to cope or bounce back from issues bothering us students. We will appreciate it if mental health modules could be integrated into the university general study curriculum". This can include mental health, building resilience and basic self-care steps to be taken to avert mental illness.* (P3/22years old/Student stakeholder/Female/Muslim)

Discussion

This study sought to understand mental health needs and the possible determinants of wellbeing sequala in a university community in Nigeria. The results revealed that the age of adolescence with low emotional dysregulation could lead to mental breakdown among undergraduate students. This result is similar to a meta-analysis study that found that younger

youth witness emotional dysregulation which is associated with psychological distressing among adolescents (Paulus et al., 2021), such as substance use (Kun & Demetrovics, 2010), depressive symptoms (Darmadi & Badayai, 2021), anxious feelings, and other abnormalities (Cisler et al., 2010; Darmadi et al., 2021). From these findings, it is like there is a view that when undergraduate students have not attained the developmental milestone of adulthood, they may display less self-independence and the capability to manage stress or situations

(emotional competency) which predispose them to psychological distress when encountering campus stressors.

Secondly, this study found that study life imbalance could trigger mental health challenges though with varying factors. Such as the inability to balance academic tasks with romantic relationships or having a broken relationship, being involved in campus or students' politics, religion, and social activities (fellowship, sports, festivals, competition, etc.). Past findings obtained similar results and identified these as stressors among students (Double & Supriya, 2011; Hendriks, n.d). However, the most common factor agreed by staff stakeholders that negatively influences the mental health of students is study-life balance perceived as mediated by low emotional competency. This is also in line with a past study (Hendriks, n.d). Though studies exploring the impact of study life balance on the mental health of students are limited, some aspects might be related to those of studies that assess employees' work-life balance impacting mental health (LaMontagne, Keegel, Louie & Ostry, 2010; Stallman, 2012). However, the life of students studying at higher institutions and the life of workers in an organization could be widely different. From our observations on work-life balance studies referenced above, study life imbalance has been found a stressor for psychological distress.

The study also found that students' and lecturers' relationships have gone down among the focused university campus recently which negatively impacts students' mental wellbeing. A study focusing on these constructs in Nigeria is not available as far as the researchers of this study are concerned however, a university-based study conducted in Ghana found a related result (Nyadanu et al., 2015) that, lecturer-student relationships negatively correlated with the psychological wellbeing of students. So also a study conducted in Canada obtained similar findings (Halladay et al., 2020). This is an indication that the dyadic lecturer-student relationship could determine the psychological distress among students of tertiary institutions.

Responses from this study revealed that the individual respondents viewed that they have no adequate access to the services of counselors on campus. Despite this inaccessibility, they were still counting on this as a need to sustain their mental health. A Nigeria university-based study found that mental health challenges are prevalent among students in Nigerian universities because, screening tools and counseling services are not easily accessible to the students (Dabana & Gobir, 2018). Counseling professional support could help students to manage their psychological well-being therefore we observed that it is an essential need of undergraduate students. The need to restructure this

facility for accessibility in modernized ways cannot be overemphasized.

The results from the interviews revealed the need for internet-based mental health services, audio/visual display, empowerment of counseling unit (continuous education training, students stipend based on-campus work and students financial aids) and empowering academic staff with counseling skills, periodic workshop/seminar for coping strategies and integration of mental modules with students' GNS curriculum to help university community to maintain their psychological wellbeing and prevent distress. Also, it was viewed that substance abuse is a serious challenge on the university campus and that there is a need for periodic bio-psychological assessment and rigorous research to curb the menace on campus. Studies on mental health needs in university communities abroad have been growing, in some of these studies, mental health services, wellness information, e-wellbeing services, and primary mental health care have been found as the leading needs of undergraduate students (Coduti, Hayes, Locke, & Youn, 2016; Conley et al., 2020; Geary, Nardi, Smith, & Kremer, 2005), however, low-cost and accessibilities of this mental health services were emphasized as the most significant needs. The structure of counseling and supportive services in tertiary institutions is such that only minute numbers of students enjoy these services (Conley, Durlak, & Kirsch, 2015). "Approximately half of all college students with mental health problems did not register with their campus' counseling services" (Coduti et al., 2016, p. 94), and "only 20% - 40% of such learners who experience psychological distress seek for treatment while in school, and this rate is even underemphasized among undergraduate students" (Ashwood, Stein, Briscombe, Sontag-Padilla, Woodbridge, May, et al., 2015, p. 1; Conley et al., 2015). This is an indication that a higher population of students who need psychological help and support services are not utilizing them (Buhari et al., 2021b; Czyz, Horwitz, Eisenberg, Kramers, & King, 2013).

Students are faced with barriers to utilizing campus counseling services, most common are the barriers of stigma and illness denial; erroneous beliefs about mental health; time or duration, and preference for services (traditional face-to-face or e-mental health services); and awareness, and perceived availability of the expected services. From our study, we observed that respondents have realized their needs and also wish to receive (mental health and social support

services) such as; internet-based mental health services, audio/visual display, and empowerment of counseling personnel, academic staff, and students. Therefore, there is a likelihood that these individuals will utilize these needs facilities having exhibited the help-seeking behaviors of professionals in this study.

Intervention Design Implications

We examined university students' determinants of mental illness and the need to maintain their psychological wellbeing. This study is suggestive of the importance of students' needs in building their psychological wellbeing through self-reflection, evaluation, and feedback from stakeholders to help restructure the available intervention facility. To that end, ideal e-mental health systems should be designed in more inclusive ways that allow self-reflection to support students in managing their mental health in an informal, casual and positive manner, rather than approaching the challenge from a usual formal traditional mental health angle. To the best of our knowledge, very few existing strategic interventions support students' mental health like this exist in Nigerian universities.

The lineup strategies discovered in this study will go a long way in helping to track students' state of mental health and emotional social support. For instance, a substance abuse screen tool kit and integration of mental health modules into GNS will help to discover drug users and individuals living with mental illness will gain insight earlier and management be fostered to forestall escalation which has immediate and long-term impacts on the users and university community. Also, building short interactive assessment tools online, billboard and toll-free internet interactive line would be less expensive, proactive and serves as track measures for students' emotions this tool also served as a self-healing tool by providing a moment of mindfulness, rather than as an automatic sensing tool to detect negative emotions and erroneous beliefs that trigger mental illness.

Our investigation considered the feedback on existing traditional counseling services and their efficacy on the general university population, it did not meet their expectation and the staff are not accessible, this could be as a result of insufficient staff or stigma attached to visiting therapists in Nigeria community while they perceived it as a necessity. University needs to design a self-reflective and self-evaluative mechanism for students' mental wellbeing. For example, existing community intervention, such as Expressive Art Therapy (EAT), which gives individuals the means of expressing and displaying creative arts inform as singing, echoing poetry, writing an artistic or reflective image on a billboard, a dance that bread smiling or

high mood, or performance to reflect on and identify what the root of one's challenge is and building mindfulness to resolving them, building self-awareness, forming healthy social relationships, and foster emotional intelligence growth and development among the students and staff through a town hall meeting at least once in a semester. EAT is user-friendly and it can even be integrated into existing everyday activities and applications to achieve nonclinical treatment outcomes (Riessman, 1965; Park, Andalibi, Zou, Ambulkar, & Huh-Yoo, 2020).

Furthermore, integrating these approaches with Neeeds' theory of Maslow and Positive Psychology (Fredrickson, 2001; Henwood et al., 2015; Park et al., 2020) could go a long way to help students release their stress and discover positive emotional regulations and powers, instead of focusing on the existing or looming social problems and the distortive thinking. For instance, involving enabling platforms on e-service to suggest recording a thankful moment for users using a photo, writing up, or image and sharing it with friends on other social media platforms or groups or co-creating humorous internet memes with friends to boost positive mood booster. These are capable of building emotional strengths, increasing social intelligence in kinds of relationships, empathy and resilience to bounce back strongly (Park et al., 2020; Jack & Oguntayo, 2020). These outcomes will eventually help the university community to define their own perceived meaning of mental healthiness and receive proper ways of seeking when needed.

The Counselling unit should also collaborate with the behavioral sciences, psychology department, university health center, and other related allied departments to create a holistic approach to managing the university community's mental health. Upon developing this intervention, we believe that it will facilitate the involvement of all the relevant community stakeholders in supporting the awareness of mental wellness maintenance. In addition, collaboration with existing mental health groups on campus to become helpers to create periodic awareness on mental health to keep the community informed of both the short-term and long-term positive outcomes of addressing a psychological problem through the available facility will feedback, thus alleviating challenges related to stigma and helping to rebuild and maintain healthy university community.

Limitations

We identify certain limitations within this research. The first is that all interviewed stakeholders in the study were from the same university, meanwhile educational model is not the same in all universities, a consequence of this is that the findings gathered in this study, especially on determinants and needs of mental health could be different compared

to

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other universities. Also, response bias cannot be fully ruled out in a study like this. Many rigorous results might have been achieved if both qualitative and qualitative data were used in this study.

Conclusion

This study concludes that adolescence age could initiate emotional dysregulation that may lead to psychological distress; poor lecturers and students' relationships, study life imbalance, and inaccessibility to counseling services might determine mental health among university students. Moreover, the needs for internet-based mental health services, virtual/audiovisual display, empowerment of students, lecturers, counselors, and Students affairs staff, and periodic workshops/seminars on mental health awareness and coping strategies among the university community were found to their needs as well as integration of mental modules with General Studies curriculum to help university community to be resilient and develop coping skills in managing and preventing their psychological distress. Also, periodic substance abuse screening among students and rigorous research on mental health are needed to curtail psychological breakdown among undergraduate students.

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Conflict of Interest

The authors declared no conflicts of interest.

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