

Perceptions of barriers and support to mental health help-seeking among undergraduates in Nigeria: A qualitative study

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Introduction

Mental disorders affect a significant number of university students globally including Nigeria. It is estimated that over a third of university students experience mental health problems and over time, these disorders have evolved in severity from mild complaints about relationship problems to more complex difficulties such as anxiety, depression, suicide ideation and substance related disorders (Hunt & Eisenberg, 2010; Mowbray et al., 2006; Pedrelli, Nyer, Yeung, Zulauf & Wilens, 2015). Unfortunately, despite advances in the management and treatment of mental disorders, many university students are not getting the necessary help for their mental health problems, especially in developing countries (Auerbach et al., 2016; Zivin, Eisenberg, Gollust & Golberstein, 2009). In a recent cross-national survey, about 80% of the university student participants did not utilize any form of mental health services within a one-year period. Of those

who did, 23% were from developed countries compared to about 7% from less developed countries (Auerbach et al., 2016).

Help-seeking is the process of acquiring information, advice and treatment, usually from a professional, that is useful for the management of mental disorders (Rickwood, Deane, Wilson & Ciarrochi, 2005). Seeking help for a mental health problem during the university years is critical for individual well-being, academic achievement, and retention rates (Kitzrow, 2003). For example, help-seeking for suicide ideation has been linked to risk reduction for suicidal behaviors (Rickwood et al., 2005). However, while attitudes towards mental health help-seeking and treatment appear to be improving among university students, significant delays and reluctance to receive treatment for mental disorders persist within this population (Vidourek, King, Nabors & Merianos, 2014). In one study, 60% of the students who presented with positive screens for a diagnosable mental disorder did not receive any treatment up to two years later (Zivin et al., 2009). These findings are concerning considering that untreated mental disorders adversely affect students' academic, social and economic outcomes. Lack of treatment has been linked to poor academic performance, increased risks of attrition and dropout, relapse, and the likelihood of developing additional symptoms (Hunt & Eisenberg, 2010; Zivin et al., 2009). Thus, it is pertinent to learn about the factors which deter and facilitate access to treatment in efforts to improve detection, prevention, and treatment rates among students.

Previous research has identified barriers which are associated with lower help-seeking among university students, but most of these studies focused on western developed societies. In some studies, factors including denial and stigma, lack of trust in the therapeutic rela-

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tionship and discomfort discussing mental health issues reduced the tendency that university students would seek professional help for a mental disorder (Gulliver, Griffiths & Christensen, 2010; Vidourek et al., 2014). In contrast, other investigators reported that perception of stigma was unrelated to help-seeking and the use of mental health services (Golberstein, Eisenberg & Gollust, 2009). Further, Eisenberg, Speer and Hunt (2012) noted that lower perceived stigma and favorable attitudes towards treatment did not improve treatment rates among students. The inconsistency of these findings suggests that more research is needed to ascertain the specific factors limiting treatment in university student populations.

In addition, there are considerable differences across societies in terms of socio-cultural attitudes towards mental health, availability of mental health resources, and the structural challenges to treatment which may have implications for help-seeking behavior in different populations (Boyd et al., 2007). For instance, mental health resources are considerably scarcer in developing societies than in developed societies. Thus, lack of finance is less perceived as a barrier in some societies such as the United States due to the availability of insurance, compared to a developing society like Nepal where it poses a major hindrance to treatment (Eisenberg et al., 2007; Liutel, Jordan, Kohrt, Rathod & Komproe, 2017). Consequently, findings from previous studies may not be representative of the barriers encountered by students in developing societies. Hence, one of the goals of this study is to shed light on the factors underpinning low treatment rates among students in sub-Saharan Africa, specifically Nigeria.

Relatedly, concerns over the shortage of human and material resources to meet up the growing mental health needs among students has aroused interests in identifying more efficient ways to support mental health on university campuses (Hunt & Eisenberg, 2010; Mowbray et al., 2006). Studies have shown that when mental health is adequately supported, university students' academic and mental health outcomes are improved (Warwick, Maxwell, Statham, Aggleton & Simon, 2008). Moreover, it has also been established that university students prefer informal sources of help such as family and friends over formal sources when they do seek help (Eisenberg, Hunt, Speer & Zivin, 2011). Consequently, scholars have

advocated for collaborations between mental health professional and non-professionals within the university community to bridge the gap created by inadequate infrastructure (Hunt & Eisenberg, 2010; Kitzrow, 2003).

Interestingly, University staff report that they frequently encounter students with various mental health problems that are sometimes life-threatening (Stanley & Manthorpe, 2001), thus placing them in a unique position to provide mental health support. Unfortunately, informal helpers tend to lack the requisite skills and expertise to attend to student needs and are often unknowledgeable about their role and that of mental health professionals in helping students (Stanley & Manthorpe, 2001). Furthermore, university students' decision to seek help from an individual is influenced by certain characteristics of the potential helper (Gulliver et al., 2010). Helpers whom students perceive as available, non-judgmental and trustworthy are often preferred (Boyd et al., 2007). Conversely, studies among high school students indicate that school personnel who are rigid, not relatable and emotionally distant are avoided for help (Helms, 2003).

The perceptions of teachers in student mental health support has been examined (Mazzer & Rickwood, 2015), but less is known about the characteristics and actions which are considered helpful and supportive of help-seeking by students themselves. Also, previous studies have mainly focused on high school student populations and little is known about their university student counterparts (Lindsey & Kalafat, 1998). Thus, another goal of this study is to examine university students' views of support on campus; what supports are preferred by students experiencing mental disorders, and what individuals and groups in the university community can provide this support.

Theoretical Framework

Help-seeking for mental disorders is influenced by individual, social and structural factors (Baker, Olu-koya & Aggleton, 2005). Thus, the ecological systems theory provides a framework for assessing the barriers and facilitators to mental health help-seeking among university students at multiple levels. According to this theory, mental health is determined by the interrelations between the individual and their physical, social and cultural surrounding (McLaren & Hawe, 2005). Specifically, Bronfenbrenner's (1979) ecological model posits that psychological development occurs through interactions

between the person and their environmental contexts which range from close relationships referred to as the microsystem to broader cultural and societal norms of the macrosystem. Based on this principle, mental health in university is conceptualized as the function of a network of influences ranging from the student to the social (friends, classmates, family) and cultural climate (faculty, staff, university management) of the campus. The ecological systems theory has been used in previous studies to examine the multilevel contributors to mental distress among students (Byrd & McKinney, 2012).

The Present Study

Aside from the psychological and emotional challenges students experience during the university years, undergraduate students in Nigeria encounter many environmental stressors which may precipitate or exacerbate symptoms of mental disorder (Peretmode & Ugbomeh, 2013). Approximately one-third of Nigerian undergraduates suffer from serious mental distress (Adayonfo, 2015; Uwadiae & Osasona, 2016), and compared to their western counterparts, Nigerian students are less likely to utilize mental health services (Auerbach et al., 2016; Wang et al., 2007). Yet, research highlighting the challenges they face to help-seeking and how their mental health can be supported are scarce, especially from the students' point of view. Taking the students' accounts into consideration may help to uncover nuanced and salient factors that are otherwise not accessed by surveys (Gulliver et al., 2010). Further, such research is useful for generating evidence-based information that aid interventions tailored towards students' specific needs, thus increasing the likelihood of adherence and utilization (Mowbray et al., 2006).

The qualitative approach was deemed appropriate for investigating the barriers and facilitators of help-seeking among Nigerian students owing to the paucity of background data in this population. Similar methods have been employed in prior studies of help-seeking and perception of support among adolescents (Boyd et al., 2011; Kyngas, 2004). Specifically, three key research questions were posed: (a) What is the current state of mental health of university students in Nigeria, and to what extent do self-rated mentally distressed students perceive a need for help? (b) What micro and macro barriers prevent students from seeking help for mental distress? (c) What forms of support are considered helpful for help-seeking by mentally distressed students?

Methods

Design and Setting

A qualitative method was used to assess students' opinions of the barriers to help-seeking and the types of support needed to promote mental health help-seeking on campus. The study was set at a large public university in the north-central region of Nigeria. The school attracts students from across the country, especially the northern region.

Participants and Procedure

This research was part of a large study on the mental health concerns of university students in Nigeria which obtained ethical approval from the institutional review board and the relevant school authorities for use of both quantitative and qualitative data. A total of 16 undergraduate students were recruited via purposive and convenience sampling from a pool of 25 potential participants. The students were eligible if they scored 16 or more on the GHQ-12 in a preliminary study, and provided their contact information. A non-clinical sample of psychologically distressed students was used due to the low rate of formal diagnosis of mental disorder in Nigeria (Wang et al., 2007). Also, we anticipated that the opinions of mentally distressed students would stem from their own experiences.

Potential participants were contacted via phone calls for follow-up interviews. Those who confirmed their participation were allotted date and time slots for the interview which was conducted at a secluded location in the university premises. Participants endorsed a written consent form which explained the study's intent, confidentiality assurance and voluntary withdrawal of participation. The interview sessions were private and digitally recorded. Respondents were encouraged to talk freely, give reasons for their responses, and use examples where possible. Additional notes highlighting key observations and the researcher's own thoughts were written down.

To guard against defensiveness and socially desirable responding that is inherent in self-report methods, some interview questions asked about participants' general opinions on the issue of focus rather than their personal experiences. Each session lasted 30 minutes on average and participants were informally debriefed afterwards. Each participant received a token fee of #500 in appreciation for their time. The sessions reached saturation after

16 students had been interviewed; at this point, no new information was forthcoming.

As presented in Table 1, the final sample is comprised of 12 males (77%) and 4 females (25%) aged from 22 to 37 years ($M = 27.87, SD = 4.73$). All the students lived privately off-campus and were mostly single (81%). The majority were in their fourth (44%) and third (50%) year of study. Each participant is assigned an ID number starting from P1 to P16 for identification purposes.

Instrument.

An interview schedule was designed around the conceptual issues raised in the literature. It comprised of eleven items, nine of which were open-ended. The questions covered three domains of mental health among students: (a) self-rated mental health and perception of treatment need. For example, “how would you describe the state of your mental health in this school year?” Probing questions included: “how would you rate your level of mental distress: mild, moderate or severe?” (b) barriers to help-seeking examined students views on the factors which deter them and others from accessing treatment such as “Generally, why do you think students may not seek help for a mental health problem?”, and (c) perception of mental health support assessed students opinions about what forms of support would facilitate mental health help-seeking and recovery among students: for example, “If a student is experiencing mental distress, in

your opinion, what can significant others (friends, classmates, family) do to support their recovery?” Probes were used to be more specific when necessary. Additional probes such as “can you explain what you mean by that?”, “Could you give an example?” were also used to clarify the participants’ responses. Demographic information such as age, gender, year of study, marital and residential status was also provided by participants.

Data Analysis

Qualitative content analysis was used to analyze the interview transcripts. Content analysis is a method utilized to gain a clearer perspective on sensitive and complex subjects by condensing an originally large amount of data into meaningful categories (Elo & Kyngas, 2008; Erlingson & Brysiewicz, 2017). Codes are systematically generated and then transformed into representative categories that capture the essence of participants’ narratives (Hsieh & Shannon, 2005). In the current study, content analysis which focused on exploring the manifest content of participants’ opinions on help-seeking and mental health support was manually performed.

Data immersion was accomplished by reading the interview transcripts repeatedly; alongside, the audio recordings were replayed several times and the field notes were reviewed to ensure that nothing was missed. During this process, meaning units including words and phrases related to help-seeking and mental health support were

Table 1 *Demographic and background characteristics of participants*

Participant ID	Raw data						Summary			
	Ghq-12	Age	Gender	School Year	Marital Status	Residence	Participants	<i>n</i>	%	<i>M(SD)</i>
Participant 1	31	22	Male	Third	Single	Off campus	Gender			
Participant 2	21	29	Male	Third	Single	Off campus	<i>male</i>	12	75	
Participant 3	21	29	Male	Fourth	Single	Off campus	<i>female</i>	4	25	
Participant 4	18	27	Male	Fourth	Single	Off campus	School year			
Participant 5	16	29	Female	Fourth	Married	Off campus	<i>first</i>	0	0	
Participant 6	36	34	Male	Third	Married	Off campus	<i>second</i>	1	6	
Participant 7	16	22	Male	Third	Single	Off campus	<i>third</i>	8	50	
Participant 8	21	36	Male	Third	Single	Off campus	<i>fourth</i>	7	44	
Participant 9	20	27	Female	Third	Single	Off campus	Marital status			
Participant 10	20	28	Male	Third	Single	Off campus	<i>single</i>	13	81	
Participant 11	17	22	Female	Third	Single	Off campus	<i>married</i>	3	19	
Participant 12	17	27	Male	Fourth	Single	Off campus	Residence			
Participant 13	17	26	Female	Fourth	Single	Off campus	<i>hostel</i>	0	0	
Participant 14	31	22	Male	Second	Single	Off campus	<i>off campus</i>	16	100	
Participant 15	18	29	Male	Fourth	Single	Off campus	Age			27.8(4.73)
Participant 16	16	37	Male	Fourth	Married	Off campus	GHQ-12			21.0(6.15)

highlighted, coded and organized into similar groups to form content-related categories.

To ensure trustworthiness, the analysis was performed by the first researcher, a PhD student of clinical psychology. The resulting output was meticulously vetted for representativeness by the second researcher who is a professor of psychology with experiences in teaching and research on mental health. The final categories were agreed upon following extensive deliberations by both researchers to reduce the tendency for personal bias (Hsieh & Shannon, 2005). Furthermore, a hermeneutic spiral was performed at regular intervals during the analysis process to ascertain that the emergent codes and categories mirrored the participants' original thoughts (Erlingsson & Brysiewicz, 2017). The resultant categories were conceptualized within the framework of the ecological systems theory to make sense of the data. Quotes and illustrative excerpts included in the results were selected by agreement of both researchers.

Results

Table 2 summarizes participants ratings of their current mental health, perceptions of treatment need and whether they intend to seek help for a mental health problem.

Student mental health ratings. 94% of the participants ($n = 15$) experienced a moderate level of mental distress while 6% ($n = 1$) indicated that they suffered from high distress. Generally, in their own words, participants described their mental health as less than optimal. The most common stressors implicated for their mental distress were academic pressures, personal and family

challenges, substance abuse, financial difficulties and a stressful learning environment as illustrated by the following narratives:

It [mental health] has been unstable because the first semester was hectic, and I had some personal issues from my family that were really affecting my stay in school. The second semester was even worse because towards the end, I lost my father and brother, so it's been a very difficult time (P3). I have not been finding things easy...when I resumed this institution in 100 level [first year], I thought everything was more of a bed of roses. I thought I'd perform the same way I used to back in secondary school ...but during my first semester, I received a heavy blow in my results... When I saw my final GPA in 100 level, I was very, very disappointed in it (P14).

When I first came to school I was having problems...I found out that I was pregnant and so I was trying to terminate the pregnancy. ... I was not really concentrating in class; I was drinking and taking different drugs... I was under a lot of stress (P13).

Perceived need for help. 50% ($n=8$) of the participants indicated that they do not need professional intervention for their mental distress, while the remaining 50% stated that they require assistance to manage their mental health symptoms. Of the latter, only 12.5% ($n=2$) had initiated attempts to seek some form of professional guidance, whereas 44% ($n = 6$) of those who said that they do not need help added that they occasionally think about getting help.

Intentions to seek help. 15 participants (94%) re-

Table 2 *Self-rated mental health, treatment need, and help-seeking intentions.*

	<i>n</i>	<i>%</i>
How would you rate your level of mental distress in this school year?		
Mild distress	0	0
Moderate distress	15	94
Severe distress	1	6
Have you felt the need to seek professional help for emotional or mental health difficulties in this school year?		
Yes (and I have)	2	12.5
Yes (but I have not)	6	37.5
No (I do not)	1	6
No (but I think about it)	7	44
Would you seek professional help if you thought you had an emotional or mental health problem?		
Yes	15	94
No	1	6

sponded that they would seek help if they feel convinced that they have a mental disorder and only 1 participant (6%) stated otherwise. Among those who showed a willingness to seek help, some participants made a distinction between mental and emotional problems. As one participant expressed: “I can seek help if I think I have a mental health problem, but not for an emotional problem” (P1).

Qualitative Content Analysis

Content analysis was used to assess participants responses on two domains of mental health namely, barrier to mental health help-seeking and mental health support.

An excerpt of the content analysis process for barriers to help-seeking and mental health support is provided in Table 3. Codes were first extracted from meaning units and then sorted into groups with common themes to form sub-categories and overarching categories.

Figure 1 depicts the emergent categories following content analysis. Three broad barriers to help-seeking, each consisting of a varying number of sub-categories were identified. (a) Individual factors include four sub-categories: lack of insight, age, poor social skills and a busy schedule. (b) Confidentiality concerns consist of privacy and stigma sub-categories. (c) Institutional inadequacies comprise two sub-categories: poor facilities and lack of information. Similarly, three categories of mental health support emerged: intrapersonal support, interpersonal support, and institutional support. Each of these categories comprised of several sub-categories: introspection and positive actions; being observant, involved, and sensitive; and, relational, information and advisory, infrastructural, and policy support, respectively. These categories are described in more details and sup-

ported by illustrative quotes.

Barriers to Help-seeking

Individual factors. This category centers on the physical and psychological factors emanating from students themselves, which in participants’ views restricts their willingness to seek help for mental disorders. They include lack of insight, age, deficient social skills, and a busy schedule.

Lack of insight. Participants revealed that many students in the university do not know how to identify the symptoms of mental disorders. Moreover, considering that these signs and symptoms are somewhat difficult to recognize, students may mistake their symptoms for the normal stresses of school life. As one participant explained: “Well, some students do not actually understand that they have a problem, they think that what is happening to them is normal” (P4).

Alternatively, other participants opined that some students may recognize their symptoms but live in denial of them; as one participant puts it, “they are scared of facing the truth”. Also, some students underestimate the seriousness of their mental distress by thinking that it is short-lived and would resolve on its own or that they can handle their difficulties by themselves without external help.

Some [students] feel they know the cause of their problem and the solution to it already. They feel maybe if they sit back, they will be able to conquer their challenges and the problem will just disappear... (P2).

Because psychological intervention often involves the “talking cure”, some participants were of the view that

Table 3 *Process of generating the codes, subcategories and categories*

	Meaning unit	Code	Subcategory	Category
Barriers to help-seeking	open up to close friends (P1)	confidants	privacy	Confidentiality concerns
	prefer friends (P8)	confidants		
	personal problem (P9)	private		
	keep it to themselves (P10)	non-disclosure		
	don't want a third party (P16)	confidential		
Mental health support	discover their gifts and talents (P1)	find a passion	positive actions	Intrapersonal support
	find a hobby (P1)	recreation		
	be willing to seek help (P3)	take-action		
	relaxation techniques (P5)	useful skill		
	what they love (P10)	passion		
	eat, sleep, worry less (P14)	self-care		

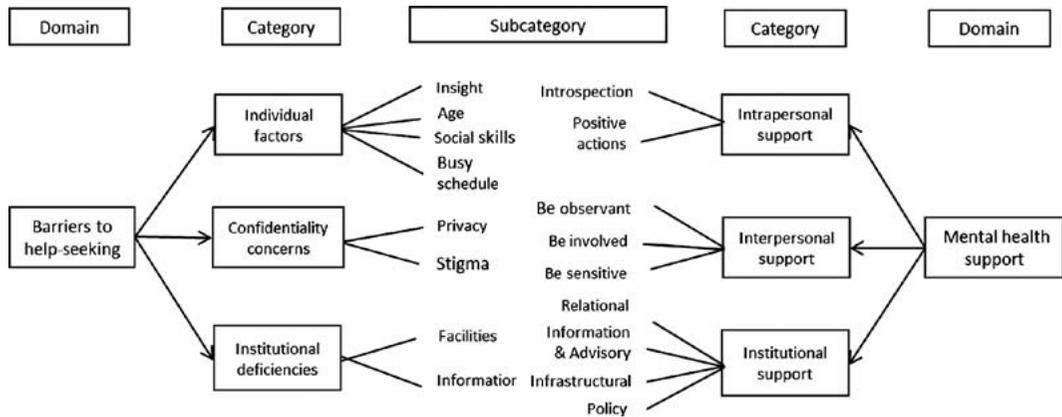


Figure 1 Categories and subcategories of barriers and facilitators of help-seeking among university students.

many students do not perceive that it has any benefits or effects on their mental health problems. Hence, if at all they feel the need to talk about their distress, they would prefer to talk to a friend. Furthermore, participants narrated that some students tend to attribute the origin of their mental distress to spiritual or cultural forces, thus they would rather seek help from alternative non-medical sources.

They [students] may think that it is a spiritual issue or that it can be traced to some cultural forces. So, they may go to spiritualist and do things like spiritual baths to cure themselves (P10).

Adolescence. Age was cited as a hindrance to help-seeking among students. Participants believed that younger students, particularly those within the adolescent age group, were less likely to seek help for mental distress. Adolescence is a developmental period when young people try to establish their identity and independence from others. Consequently, they prefer to handle their challenges including mental and emotional problems by themselves.

If you look at it, most students are adolescents, and at this stage, they feel they know everything. So basically, we feel we can handle issues on our own and don't need anybody to counsel us (P7).

Poor social skills. Many of the participants described various interpersonal deficits that prevent students from accessing treatment for a mental disorder. These include: social ineptitude, shyness and feeling uncomfortable during interactions, especially with unfamiliar people. One participant explained it this way:

I might not feel free with a professional ...I would find it hard to open up to a professional whom I am just meeting for the first time, who doesn't even know who I am (P1).

Since many mental health symptoms involve abstract feelings and experiences which are often out of an individual's conscious awareness, participants opined that some students believe that they would not be understood because they lack the communication skills needed to describe their experiences and feelings coherently to a counselor. Due to this perceived lack of communication skill, they tend to avoid situations that may be potentially awkward and embarrassing to them.

They [students] feel embarrassed and self-conscious. They may feel, "how do I go and sit down and be explaining such things to someone else" (P14).

Busy schedule. The academic workload also emerged as a hinderance to help-seeking. Depending on the level (school year) and the mode of entry into the university, some students take many courses per semester. In addition, some students are self-sponsored and must juggle their academic life with work to support themselves financially, so they barely have time for anything else including attending to their mental health needs.

Most of us students have things we are engaged in doing after school or during the holidays. I will use myself as an example...I sometimes skip my classes to go and do some barbing job to make ends meet... (P2).

As for me, I will seek help eventually, but right

now I am too busy and do not have the time to do so" (P6).

Confidentiality concerns. This category addresses students' concerns that are related to other people's perception of their mental disorder. It is characterized by two sub-categories: concerns about privacy and the fear of stigma.

Privacy concerns. Several participants were of the view that mental health problems are personal and private matters. They expressed doubts about the secrecy of the therapeutic relationship. The students explained that by talking to a mental health professional, other people may find out about their mental health challenges.

They [students] are scared of meeting a professional because they think it lacks confidentiality somehow (P11).

For example, one student expressed fears that if she sought intervention, her parents will be contacted and informed about her challenges: "They [professionals] would add to your problem by asking your parents to come and take you away (P13)". Because of this distrust, students prefer to confide in a close friend rather than a professional to ensure that their secret is safe.

I would feel more open to my friends because they know me, and I have been with them for a very long time (P1).

Stigma. The fear of disclosure seems to be related to concerns about stigma and discrimination. Several participants explained that stigma exists in the university community and many students fear that they would be perceived negatively if others know that they suffer from a mental disorder.

...whenever you mention mental health, people look at you weirdly as if you are talking of someone that needs to go to a psychiatric hospital or maybe the person is going mad... (P12).

The notion that they would be ridiculed, judged, labeled and even ostracized pervaded many of the narratives. Participants narrated that other students would keep away from them because of the misconception that people who suffer from mental disorders are violent and erratic. They felt that others may mock their condition or spread gossip about them, making insinuations about the cause(s) of their mental health problems.

[Students] don't want to open up so people would know their problem because the impression of

people towards them will be different; they may conclude that they are addicts, or they have some psychological problems (P10).

One participant recounted his friend's experience when some classmates discovered that he had been hospitalized for mental health problems:

My friend hardly comes to class because he knows that we know the problem. Some people will see him and be pointing hands at him, which is very bad. And he knows that they are saying the wrong things about him (P3).

Institutional inadequacies. Institutional inadequacies focus on barriers that pertain to the university administration. Two sub-categories were identified in the participants' narratives: lack of mental health facilities and the paucity of information on the operations of the mental health center.

Facilities and resources. One of the profound reasons given for the low level of utilization of mental health services is the paucity of an organized and well-equipped mental health facility with an adequate number of professionals and office staff to attend to students. This sentiment was echoed by many participants. They described the current mental health center as grossly inefficient, and not centrally located so that it is easily accessible to students from all campuses and hostels in the university.

I believe the mental health center is not functional at all. It needs to be well equipped and funded so it can function well (P14).

One participant compared the facilities on campus with those found in private universities and concluded that the mental health service on campus was subpar:

I can remember I read some things about ABTI [a private university in Nigeria]. That there when students have problems they can go meet the counselor and they chat one on one...the counselor tries to understand their problem... it then dawned on me that this university needs to create that same atmosphere...because I have not yet seen such facilities here (P7).

Some students mentioned that there are other places on the campus which appear to provide a relatively adequate level of counseling, but they are geared towards other issues such as educational, career, or sexual and reproductive health counseling. Thus, they lack the expertise to handle serious mental health concerns.

I have heard about a counseling unit at NACA (National Agency for the Control of AIDS), though it seems they provide a more general counseling... (P15).

Information. In addition to inadequate facilities and resources, participants reported that information about what to do or where to go when a student is experiencing symptoms of mental distress is poor. Information on the operations and types of mental health services provided on campus is also sketchy. This has prevented many students from trying to seek help because without the necessary information, they may have to resort to asking questions which would raise suspicion and curiosity from others.

Since I came to this school in my first year, I've heard that there is a clinic [mental health center] but I don't know where it is or how to go about getting help. Most students would not bother trying to look for such places on their own (P4).

Participants also stated that they were unsure of the financial implications of treatment. For instance, many students did not know whether they would be charged for treatment. They also expressed concerns about the potential cost of medications and medical procedures that may be involved in getting treatment:

Mental health problems may require special treatment that is more than counseling alone. They [students] may need to go to the hospital, do some exams and buy drugs, but many students can't afford all of these (P10).

Mental Health Support

Intrapersonal support. Intrapersonal support refers to the resources and characteristics that students themselves require to be able to manage their mental distress. It includes two sub-categories: introspection and positive actions.

Introspection. Gaining a deeper understanding of themselves and their experiences was considered essential for promoting help-seeking and recovery from mental health problems. Participants perceived that if students learned to be "in tune" with their inner emotions, they would know the types of emotional states that are normal for them. Consequently, any unusual or abnormal feeling would be easily detected and addressed. Also, participants suggested that engaging in meaningful reflection on the circumstances and events which led to their

mental distress may help students to gain some clarity on their experiences and may lead them to find a solution.

It is good to think about what is actually disturbing you and the likely cause of your [mental health] problem. If you go back to the root of your problem, then you will be able to at least understand how to tackle it (P7).

Some participants stated that introspective questions can be used to understand and clarify their feelings. For example, asking themselves some core questions may lead the students to realize that certain habits or addictions are responsible for their mental disorders. As one participant suggested:

...They [students] should look at their lives and ask themselves, where was I before? Where am I now? If I continue this way, where would I be tomorrow? ...these three questions may help them decide to seek treatment or they may see improvements that would encourage them to continue with treatment (P9).

Others shared that it is important for students experiencing mental health problems to be sensitive to their own thought so that they would be able to nip negative and discouraging thoughts in the bud before they snowball into bigger obstacles to help-seeking.

Sometimes they [students] think they can't be good at anything and that's part of the problem that will hinder them! Their thought patterns may need to change (P4).

Positive actions. Participants explained that the essence of introspection is to propel students into making decisions that are favorable for the flourishing of their mental health. They described various actions which students could take to manage their mental health symptoms such as maintaining a positive attitude in the face of problems and stressors; surrounding themselves with positives influences including friends; engaging in mentally rewarding extracurricular activities and hobbies; learning how to de-stress through relaxation techniques; taking good care of themselves and their physical needs; talking about their problems to someone who is willing to listen and having a sense of determination instead of despondency.

Actually, it depends on the student, if they have discovered the gifts and talents they have. As for me, I would usually read a book, write poetry or

play the guitar...things like that make me feel better (P1).

I see myself in these pictures...what I usually do when I am distressed is, when I get home, I eat good food and try to take a rest. I try not to worry and do away with things that will cause me to over think...I may also visit my friends or read a book (P14).

Interpersonal support. Three sub-categories indicating support from significant others including friends, classmates and family emerged: being observant, involved and sensitive.

Be observant. Participants opined that significant others should be more attentive to a student's behavior so that changes in their moods and emotional states would not go unnoticed. Since many students travel away from home to attend university, they believed that peers, especially friends and classmates, are in the best position to notice behavioral changes that could be indicative of mental distress since they spend a lot of time together.

...If we are friends, definitely, I should be aware of changes in their [student(s)] behavior, and when I start seeing changes, before it gets out of hand I would let them know (P3).

Be involved. Several participants reckoned that it is not enough for significant others to be sensitive to changes in behavior, but they should be willing and prepared to do something about their observations. When changes become evident, such as regular absence from school, they should bring it to the student's attention in a discreet manner. Others stated that significant others should encourage the student to seek professional help and even go with them to provide moral support if they welcome the idea.

If there are bad habits, note and bring their attention to it. For example, they may be missing class; their friends can draw their attention to it by asking questions (P12).

Another aspect of supportive involvement described by the participants is to intervene where necessary, particularly if the students' condition continues to deteriorate and they persist in their refusal to seek help. However, significant others should bear in mind that this move may cause some friction in the relationship as one participant narrated from his experience:

...If he [the student] refuses advise, I will inform the level coordinator. We have done that for one of my friends. Sometimes, they may become provoked and angry about the whole thing, but it is worth helping them as a friend (P3).

Some participants suggested ways that friends and family can support students experiencing mental health problems including listening to their concerns when they feel like talking; offering words of encouragement to boost the student's morale which may likely be low; joining them in recreational activities so they do not feel lonely, and resolving interpersonal conflicts that could exacerbate their mental distress in a non-confrontational manner.

When I was experiencing difficulties, some people who were dear to me advised and encouraged me... 'don't worry, all these things will be over'. Although I also received criticisms from others, but I was able to ignore it because of the encouragement of friends (P13).

It may be that the family has an issue that is causing the distress, so they should try on their part to sort out hidden issues...they should show them love so that he [student] would know that he is wanted, and people care about him (P11).

Be sensitive. Another critical area of support from significant others is empathy. Students explained that friends and family members often demonstrate a lack of understanding of their predicament by making insensitive remarks about mental health problems which may aggravate a student's mental distress and discourage them from seeking help. Several participants shared that parents, especially, tend to blame the student for their predicament and assume that their mental health problem is the consequence of indulging in social vices such as the use of illicit substances.

Sometimes the problem even worsens because of the family's reaction. Because if you have a mental health challenge, they just count you out which is very, very bad! (P3).

Some students narrated that discouraging statements such as "I don't see anything good in you" or "you can't ever get anything right", and discriminatory behaviors should be avoided by significant others, especially family members because such actions are in themselves detrimental to a student's psyche. Participant thus recom-

mended that friends and family should be more patient, understanding and tolerant instead of expecting the student to “just snap out of it!”

They should learn to be supportive and embrace the person, letting him understand that they understand the situation instead of reminding him of earlier warnings (P3).

There should be no discrimination. If the group of friends is going out, they should involve the person... (P14).

According to participants, part of showing understanding is to give the student some space if they indicate that they prefer to be alone. The student should not be forced to attend recreational and social activities: “...they need to understand him [student] if he is not interested and not keep insisting. He may see their insistence as nagging or showing too much interest (P14)”. One participant stated that sometimes, solitude is necessary and useful for managing one’s mental health:

Let me use myself as an example. When I am distressed, I just tell them [friends] “I don’t need anybody’s companionship”; I just want to be left alone to listen to music, so I can calm down (P2).

Institutional support. This category addresses support from within the university community, comprising the staff and management. Four sub-categories of support were identified: relational, information and advisory, infrastructural, and policy support.

Relational support. Participants professed that a genuine relationship between university staff and students is an important first step to supporting mental health and promoting help-seeking tendencies in the university community. Generally, the participants lamented the lack of a cordial relationship between lecturers and students. Feelings of disappointment over the lecturers’ perceived lack of interest and concern for their well-being were evident in their narratives. One student put it this way: “Building a very good relationship with students is very important, but the major problem is that there is a gap between the lecturers and students (P3)”. Nonetheless, some lecturers were said to be relatable and this has helped to relieve some of their own anxieties, as one student explained:

“Only a few among them [lecturers] show concern for students ...You will even see that students that have good relationships with their lecturers

pass their courses well...those lecturers speak about their own personal experiences in class and it helps us, students, to understand ours and feel better (P1).

Several participants suggested that while performing their duties, teaching staff should try to establish rapport with students by being friendly and showing interest in their well-being by asking questions in this regard. Others stated that staff should be approachable so that students suffering mental distress would be more willing to open up to them.

Even without noticing anything, sometimes, just by them [lecturers] engaging the student in a conversation and asking, “how are you feeling?”; “do you have any problem?” “Are you having any challenges in school or with your courses?” may be all that they [students] need to hear (P3).

One of my lecturers knows almost every student in the class by name. He is nice to his students and tries to understand us...when my father passed away, I called his phone line and told him, and he was very sympathetic (P7).

Participants also recommended that university staff, particularly the lecturers should allot a specific time in their work schedule to attend to students’ academic or personal concerns and then follow-up on those whom they perceive need further attention. This sentiment was summed up by a participant:

If I am coming to meet you [lecturer], I should know your free time so that I can approach you in your office to express myself because the timing is very important. The thing with mental distress is, as of the moment you’re down, if you meet the right person you want to express yourself to, you will feel some relief, but once you don’t meet that person, you will feel sad for the rest of the day... But if you want to see them [lecturers], you don’t know when to approach them, and some will tell you not to call them (P2).

Two groups of people specifically singled out by the students for providing relational support were level coordinators and the women who clean the hostels. Several participants narrated that they view these middle-aged women as mother figures and their friendliness has helped them to get through difficult periods. They explained that the women always check up on them,

inquire about their well-being, listen to their worries and offer encouraging advice which uplifts their spirits when they feel down.

I remember before we started our exams, me and some other students interacted with the women who sweep the hostel after their work...They know the kind of experiences students normally pass through, and they were able to encourage us on our student life... (P2).

Participants proposed that many students would benefit if level coordinators were to play a similar role since officially, they are the closest to students compared to other members of staff.

I will focus more on the level coordinators because they are closer to students. They know your profile, performance, and things like that. It is their duty to call them [students], talk to them, check his performance to know if they are doing better...and encourage him (P10).

Information and advisory support. Participants spoke about the need for mental health information in the university community. They advocated for mass education on identifying symptoms of mental distress, its effects, and the procedure(s) to follow if a student suspects that they have a mental disorder. They also outlined how the university management can disseminate such information to students. For instance, some opined that mental health providers should organize discussion forums for staff and students, and others said that teaching staff should include mental health topics in their lessons. Furthermore, they suggested channels through which mental health information could be disseminated such as placing posters, notices and billboards in strategic locations around the campus and partnering with the university's radio station and various student bodies to publicize mental health programs and events.

It is one thing to establish it [mental health center] and another thing for it to be known. Because even if they establish it and the students don't know about it, it is as good as not being established. So, it should be publicized (P9).

...There should be signposts concerning the symptoms of mental distress placed around the campus, and they should have information on where to go for help (P15).

Some participants opined that level coordinators are

in an advantageous position to detect students at risk of mental disorder from their academic history. Thus, it should be part of their responsibilities to reach out to such students and set up private discussions to inquire about their school life and well-being. Based on their findings, they should offer advice, refer them for counseling, and follow-up to ensure that they are making progress.

There should be a system or procedure for identifying such students from the departmental level and then make referral to a professional (P6).

The level coordinators should be very observant, especially when a student starts well but then begins to perform poorly. They should call such students and ask them questions to know where the problem lies, and then try to proffer solutions (P13).

Another student narrated how such an intervention from a level coordinator has helped her:

...in my own case, when I started, I wasn't doing that good but with the help of my level coordinator, I have improved a lot. I can even see and feel the improvement even in my results... (P9).

Infrastructural support. Infrastructure in the form of facilities and programs were considered a necessity to support mental health help-seeking among students in the campus. Participants lamented the poor state of the current mental health facility and suggested that it should be upgraded and equipped so that it can be fully functional.

They should at least establish a befitting mental health center with facilities, and provide more counselors and therapists that will treat students (P11).

Other suggestions included establishing more centers around the university, especially in the hostels. They also expressed the need for more psychologists and mental health practitioners with diverse expertise to handle the varying needs of students on the campus. One participant suggested that if possible, each department in the university should have a mental health professional attached to it, who would be responsible for the students there:

...in each department, there should be a psychological expert who will be responsible for students in that department. They should go from level to level at specific times and work hand-in-hand with

the level coordinators (P3).

Several students felt that it is equally important to improve the academic environment which they described as un conducive for learning and mental health. They identified stressors that needed to be addressed by the school management such as noise in the lecture hallways, clashes in the timetable, large class sizes, complicated registration procedures, problems with the school fees payment system, scheduling of examinations at unrealistic times such as on sanitation days when movement is restricted, the general security situation on campus and harassment from university security personnel.

...a more conducive study environment is important. Because whenever we are receiving lectures, there is so much noise that you can't even focus, and you know, there is no ventilation, and this can affect students (P5).

Sometimes the timetable is confusing, and people are running all over the place just to get a class. The learning environment should be improved to promote the welfare of students (P16).

Another aspect of infrastructural support is the implementation of programs that are supportive. Participants were of the view that the silence surrounding mental health issues on campus needs to be addressed. The programs prescribed by the participants include: workshops and discussion forums where staff and students would engage in open discourse about mental health; mentoring programs between older-year students and new students, particularly those who are experiencing adjustment difficulties; and support groups for students who are experiencing a mental disorder.

I can't remember what it is called...but I think there is this kind of talk where people with particular mental health issues sit together and talk... somebody comes and speaks when it is their turn, and then everybody listens. Day after day, if they do these things I think together they will get better; the burden will be lifted when they discuss such things with other people. Such groups should be put in place (P1).

Also, some participants mentioned that the university management should promote recreational programs between members of the university community such as football matches and social events. They believed that this will accomplish two purposes: (a) it will help them

to relieve stress, and (b) nurture feelings of camaraderie between the staff and students that may encourage students to seek their help when they encounter mental distress.

...programs, games and interaction between staff and students would go a long way to help. When students are engaged in such activities they tend to forget about their problems (P7).

Policy support. Participants in the study observed that the university management needs to devise guidelines and strategies for addressing the mental health situation on campus. Some participants explained that a well thought out policy which includes both long and short-term goals for the university community is essential.

They [university management] are supposed to sit down, and then draft out new policies on how to help these students (P3).

As part of the policy, participants advocated for mandatory mental health screening for students and that mental health lectures should be incorporated in the school curriculum and made compulsory for all new students as a general studies course.

Mental health evaluation is needed when students resume the university because we have too many issues of mental distress these days...I think if it is possible, the GST (General Studies) in the 100-level curriculum should include mental health education. It should be part of the school curricula too to teach about mental health (P11).

Participants also expressed concerns about the use of illicit substances on campus and advocate for stricter regulations and sanctions. Several participants were of the view that alcohol and other intoxicating substances such as "wee-wee" (marijuana) should be controlled on campus, citing that it is damaging to mental health and is responsible for certain vices such as wild parties, gang bullying and cult intimidation experienced on campus. This view was corroborated by one participant.

I have suffered a lot of mental distress because in the past, I abused certain drugs and I found it difficult to withdraw on my own...it has been a gradual process (P10).

The sale of illicit and intoxicating drinks and substances should be curtailed on campus...they should enforce strict age restrictions guiding alcohol consumption on campus and reduce the rate

at which parties are held... (P14)

Discussion

Low treatment rates for mental disorders have been recorded among university students in low-income countries. The present study to our knowledge is the first attempt to understand the challenges and facilitators to help-seeking among Nigerian university students. The findings of this study should be interpreted bearing in mind certain limitations. First, the study was conducted at one public university in Nigeria and therefore may not be entirely representative of university students in Nigeria. Second, mental health was assessed in both the baseline and present study using a non-diagnostic tool that is not a substitute for a clinical examination by a professional. Third, the sample was limited to only students who volunteered for the follow-up interview and may thus have been biased. Fourth, given the large amount of data often generated in semi-structured interviews, reporting every single idea shared by the respondents on the subject matter was impracticable due to space constraints.

Notwithstanding these limitations, we endeavored to capture the essence of the participants' opinions in a systematic and transparent manner. The ensuing discussion considers the major findings of this study in three parts: students' current mental health and perception of treatment need; barriers to help-seeking; and, mental health support for help-seeking.

Students' Current Mental Health and Perception of Treatment Need

We found that all the participants in the study experienced some level of mental distress, ranging from moderate to severe. This finding corroborates the results of the GHQ-12 obtained in the baseline survey from which the sample was drawn, and multiple studies which reported that mental disorders are prevalent among university students (Adayonfo, 2015; Blanco et al., 2008). Furthermore, numerous stressors including academic pressures, family problems, the experience of loss and substance abuse were implicated in the students' mental distress. Previous studies found links between stressors at university and poor mental health among students (Hunt & Eisenberg, 2010). Nigerian students, in particular, are confronted by

a plethora of environmental challenges such as cumbersome registration processes, inadequate classrooms and study resources, and poor amenities including water and electricity right from when they enroll in the university until graduation (Peretmode & Ugbomeh, 2013). When these factors are combined with the typical social, emotional and academic difficulties of university life, students' susceptibility to mental disorders is increased.

Also notable is that our sample consisted of a significant proportion of non-traditional students in terms of age and marital status. Non-traditional students face the arduous task of balancing their academic life with multiple roles such as career and family responsibilities which may contribute to their stress (Pedrelli et al., 2015). It may be useful therefore to research more about the stressors encountered by traditional and non-traditional students and how these relate to differences in their experiences of mental distress in the university.

Regarding help-seeking intentions, 94% of the students indicated that they would seek help if they thought that they had a mental health problem. We also found that half of the students perceived a need for help, but less than 13% sought professional help for their mental disorder. This widespread lack of treatment is consistent with findings from Auerbach et al.'s (2016) study. Attitudes towards mental health treatment may be improving in student populations, but actual help-seeking is still comparatively low. This reasoning aligns with the study conducted by Zivin et al. (2009) which found that among students diagnosed with a mental health problem, perception of treatment need increased by 50% within a two-year period, but actual treatment only increased by 26% within the same period. One way to explain the discrepancies between attitudes and actual help-seeking behavior is that certain environmental barriers prevent students from taking further steps to get help for their mental health problems. It may also be that many students do not perceive treatment as urgent (Eisenberg et al., 2012).

Barriers to Help-Seeking

In response to questions about what factors impede help-seeking behavior on campus, several factors which are grouped into three categories were identified in our study. First, consistent with previous studies, we found that personal factors including lack of insight into the problem, age, poor social skills and a busy schedule were

barriers to seeking help for mental disorders among students (Eisenberg et al., 2011; Pedrelli et al., 2015). For instance, Boyd et al. (2011) showed that help-seeking is lower among younger individuals and tends to increase with age. In adolescence, the focus of development is to establish an identity that is separate from parents and other adults, thus not asking for help may be perceived as a sign of maturity and independence by the adolescent. In addition, the inability to recognize the symptoms of mental disorders or denying its existence has been linked to lower treatment rates (Gulliver et al., 2010). It may also be that student's failure to prioritize treatment over the other activities in their schedule is a form of denial.

Concerns about confidentiality were also noted as a deterrent to help-seeking in this study. In this regard, the fear of stigma and discrimination was a common theme across many of the students' narratives. Stigma is arguably one of the most prominent reasons for the refusal to seek help among university students (Gulliver, et al., 2010; Vidourek et al., 2014). Stigma appears to be fueled by the misinformation and mystery surrounding mental disorders which is possibly a consequence of the silence regarding mental health issues within university communities (Vidourek et al., 2014; Wynaden et al., 2014). Also consistent with previous research are concerns about privacy (Gulliver et al., 2010). Considering that the university campus is a tight-knit community that encompasses the students' academic and social circles, many students worried about the privacy of any information shared with potential helpers. Findings from research among young people indicate that they tend to ignore help from untrusted sources which may be due to negative past experiences, but are willing to accept help from familiar and trusted individuals such as family and friends (Baker et al., 2005). Several studies have established that negative experiences in the past could hamper prospective help-seeking behavior (Rickwood et al., 2005).

Lack of facilities including infrastructure, mental health personnel, material resources, and information about service utilization was identified by the students as a hindrance to help-seeking on campus. Research has reported that lack of mental health facilities and personnel is a fundamental problem in Nigeria (Jack-Ide & Uys, 2013) and may be partly responsible for the continued widely held belief in spiritual causes of mental disorders

and patronage of unorthodox healers by a significant proportion of the populace (Gureje, Acha & Odejide, 1995).

Perception of Mental Health Support

Three forms of support which increase the likelihood that students would seek help for mental disorders were identified in this study: intrapersonal support, interpersonal support and institutional support.

Participants indicated that the ability to introspect and take positive actions such as managing one's emotions and thought processes, deliberately surrounding one's self with a supportive network of friends and taking care of both their physical and mental health needs are important intrapersonal skills that may propel an individual on the path of help-seeking and recovery. Personal factors are as important as social and cultural factors in impacting psychological well-being (Bronfenbrenner, 1979). For example, Ciarrochi and Deane (2001) found that emotional competence was correlated to help-seeking from formal and informal sources. In their study, students high in self emotional management skills and social skills had a higher likelihood of seeking professional help for suicidal tendencies and accepting help from others (Ciarrochi & Deane, 2001). Also, given that friends have a strong influence on a young person's behavior, having the right kind of friends who encourage rather than stereotype mental disorders is very important for individuals experiencing mental distress. Further studies may be necessary to determine in more detail the specific personal factors which are supportive of help-seeking tendencies among students.

Social support from friends, classmates and family also emerged as a contributor to mental health help-seeking. Significant others who are observant to detect changes in mood and behavior, sensitive about what they say and how they say it, and involved through encouraging support could have a profound influence on a student's decision to seek help. Encouraging support may take the form of advice, kind words, visitation, getting involved in recreational activities and accompanying the student for their mental health appointment when possible. In a study by Eisenberg et al. (2011), several students revealed that they sought help because they were either encouraged or pressured by family, friends or university staff. Another study found that friends were an important source of information regarding a student's mental health

difficulties (Stanley & Manthorpe, 2001).

On the other hand, friends and family should avoid actions and language that are stigmatizing. Parents, especially, should refrain from blaming the student for their problem as this can cause them to withdraw and be unreceptive to help. Mowbray et al. (2006) noted that stigma causes fear, shame and guilt, thus students may avoid disclosing their problems to members of their social network if they perceive that they would be treated negatively.

In addition, support from the institutional body which is comprised of faculty, non-teaching staff and the university management was identified. Relational support between students and university staff is very important. When faculty members are amiable, easily accessible and show genuine concern, students are encouraged to self-disclose their mental health challenges. Conversely, busyness and showing hostility towards students were regarded as put-offs. This is consistent with previous findings that young people place great importance on the attitude of the potential helper to determine if they would approach them for help (Gulliver et al., 2010). Another way to provide institutional support is through information and advisory services. Many university students fail to seek help because they lack vital information such as the location and cost of treatment. Notably, the students singled out level coordinators and hostel cleaning staff for advisory support. They based this decision on the proximity, familiarity and cordiality between students and these sets of individuals.

Infrastructural support including providing physical facilities and initiating various mental health programs are important influencers of mental health help-seeking. Findings indicate that mental health service utilization is higher in private and small-sized institutions than large-sized institutions due to less pressure and competition for the available limited resources (Eisenberg et al., 2011). Thus, providing the relevant infrastructure and resources that can serve the growing number of students experiencing mental health problems is a fundamental first step towards promoting mental health on campus.

In terms of policies, it was revealed that guidelines regarding mandatory mental health screening for students, curriculum review to incorporate compulsory mental health education as part of students' coursework, and regulations pertaining to the sale and use of intoxicating

substances on campus are needed to promote mental health. Programs and policies which address specific support needs of young people have shown some success in increasing treatment rates (Baker et al., 2005), however, many schools still lack policies to guide the mental health of students (Warwick et al., 2008).

Implications for Interventions and Future Directions

The findings of this study have several salient implications for mental health intervention and promotion among university students.

First, our study underscores the need for an integrated approach to mental health intervention which addresses challenges at the micro and macro levels of the students' ecology and encourages a supportive university environment where all members of the university community including students, parents, teaching and non-teaching staff, and university administrators play a specific role. Fundamentally, both demand side (encouraging increased use of mental health services) and supply side (providing mental health resources) interventions are required to improve treatment rates (Barker et al., 2005). However, given the paucity of mental health infrastructure including facilities, clinical and administrative staff, information and policies that was revealed in this study, a top-down strategy is proposed for intervention among university students in Nigeria. This implies that, as a matter of priority, university administrators should focus attention on improving the state of infrastructure through increased funding in order to provide better facilities and free or low-cost treatment for students. Also essential is employing more professionals with expertise in various fields of clinical work to ensure best practices. Any intervention attempts targeted at the individual and interpersonal levels without addressing institutional deficiencies such as the issue of poor facilities to support the growing demand for mental health services may be futile.

Second, information regarding mental health services such as location, office hours, types and duration of available treatment, cost of treatment and other relevant details are needed on campus. Since most students will not go out of their way to search for these information, public campaigns through multiple media platforms such as the university's website, departmental offices, notice boards, mental health brochures and collaborations with the various student bodies including religious and social groups should be utilized to disseminate information.

Third, there is a need to address students' confidentiality concerns. Programs which encourage open discussions about mental disorders such as seminars, workshops, call-in radio programs and helplines where students can have their questions and concerns about mental health answered by experts have the potential of reducing stigma on campus. In addition, it may be necessary for university mental health providers to cultivate a friendly relationship with students by paying regular visits to departments and classes with the aim of building trust and familiarity with each other. Also, it may be useful to situate university mental health services in a central but secluded part of the campus, and to design counseling rooms in such a way that conversations are inaudible to third parties and the privacy of students is safeguarded. Technology-based interventions which guarantee privacy and anonymity such as web consultations should also be considered.

Fourth, community-based interventions are needed. It is pertinent to build a collaborative network between those who are closest to students based on the official hierarchy such as level coordinators and hostel staff and mental health services. Hence, gatekeeper training programs for non-professionals in the university community, especially level coordinators and hostel cleaning staff are important. These individuals may provide advisory and referral information, especially to high risks students. Early detection of mental disorders, referral and treatment is associated with better recovery outcomes and gatekeeper programs have shown some promise for increasing the trainee's knowledge, ability to identify students in need of help and confidence to offer help (Lipson, Speer, Brunwasser, Hahn & Eisenberg, 2014).

Similarly, mental health literacy training programs for students and interested parents, and programs specifically targeted at individuals experiencing difficulties such as self-help and support groups, and mentoring programs between older-year students and first-year students to help those struggling with adjustment difficulties may have beneficial impacts on students with mental disorders and improve help-seeking rates. Previous studies in Nigeria indicate that even among individuals with formal knowledge about mental disorders, misconceptions are still prevalent (Ukpong & Abasiubong, 2010), pointing to the importance of mass education.

Fifth, regular screening of students to detect those

with mental health problems or at risk of developing one is essential. One way to do so is by asking students whether they need help for mental health difficulties. This notion is based on research which suggests that students who perceive a need for help are at a higher risk of reporting future mental health problems (Zivin et al., 2009). Also, these findings underscore the importance of mental health education, especially among younger students. Teaching students how to identify the signs and symptoms of mental disorders may reduce the likelihood that they would ignore warning signs or underestimate its seriousness. Further, public health campaigns which educate students about the harmful effects of substance abuse on mental health should be an important priority of university administrators and mental health providers. Many students would also benefit from programs designed to teach personal skills such as stress management and relaxation techniques, emotion management training, social skills and competence in dealing with others, including help providers. Improving the academic environment by addressing problems of inadequate classrooms, excessive noise and insufficient teaching aids, and unfriendly security guards may also be beneficial for mental health promotion on campus.

In summary, the findings of this study contribute to the literature in two major ways: (a) it confirms previous findings on low treatment rates among university students using qualitative data from a non-western population, and (b) it extends previous knowledge by uncovering the micro and macro factors that both impede and facilitate help-seeking, thus revealing that university students access to mental health treatment is undermined by the interrelations of personal, social and institutional factors rather than just single independent factors.

Future studies should include students from more universities in different regions of Nigeria to establish these results. Also, it would be useful to examine whether help-seeking behavior and perceived barriers vary across different characteristics such as gender, type of university (private or public), religious, ethnic, and socio-economic background. It is also important for future research to include questions about the use of informal sources of help in their assessment. Further, cross-cultural comparisons to ascertain the influence of culture on the barriers and facilitators of mental health help-seeking and how this relates to treatment rates are warranted.

Conclusions

Overall, it is evident from our findings that low treatment rates among university students are sustained by micro and macro level barriers in the university which discourage students from seeking help. Supporting university student's mental health, therefore, requires a multifaceted approach and supportive collaborations between mental health providers and the rest of the university community. Educational and gatekeeper training programs for students and staff, increased funding for university mental health centers, and deliberate policies and guidelines on mental health are potentially beneficial intervention points to consider.

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ABSTRACT

Perceptions of barriers and support to mental health help-seeking among undergraduates in Nigeria: A qualitative study

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The problem of untreated mental disorders is serious and appears to be worsening in university student populations, especially in developing countries. Although resources are considerably scarce in low-income societies, there appear to be other challenges to mental health help-seeking on university campuses. The present study employed face-to-face semi-structured interviews to explore the array of factors that impede and promote help-seeking behavior among university students in Nigeria. The participants were 16 mentally distressed students at a public university in the central region of Nigeria. The interview schedule addressed the key study variables as well as the students' perceptions of their current mental state, treatment need, and intentions to seek help. The collated data revealed that all the participants were either moderately or severely mentally distressed. Even though the majority of the students (94%) were willing to seek help for a mental disorder, only 50% indicated that they currently need help for their mental distress. Of the latter, only about 13% had initiated actual attempts to seek professional guidance. Qualitative content analysis of the interview transcripts highlighted three major barriers to help-seeking, namely: individual factors, confidentiality issues, and institutional inadequacies. Similarly, three sets of support were relevant for facilitating help-seeking including intra-personal support, interpersonal support and institutional support. Interpreting these findings in accordance with the ecological systems theory suggested that the barriers and facilitators to mental health help-seeking are multifaceted and encompass individual, social and institutional domains. Interventions targeting the micro and macro level barriers in university and support for students' help-seeking needs through a top-down strategy which prioritizes the provision of better mental health infrastructure, adequate number of professionals, effective mental health policies, and gatekeeper training for members of the university community are potentially beneficial for improving treatment rates among students in developing countries.

Key words: university students, help-seeking, barriers, mental health support, Nigeria