



ORIGINAL ARTICLE

COMPARISON OF PREVALENCE OF MENTAL DISTRESS, HELP-SEEKING BEHAVIOUR OF UNDERGRADUATES IN PUBLIC AND PRIVATE UNIVERSITIES IN OSUN STATE, NIGERIA.

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Keywords

Mental;

Distress;

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Public;

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Students

ABSTRACT

Objective: Mental distress is prevalent and increasing in tertiary institutions. This study compared the prevalence of mental distress and help-seeking behaviour among undergraduates in public and private universities in Osun State, Nigeria.

Methods: A comparative cross-sectional design was used to collect data from 910 respondents in one public and one private university of Osun State, using a multistage sampling technique. Data was collected with pre-tested, semi-structured, self-administered questionnaires. Data were analysed using IBM SPSS version 22. Univariate and bivariate analyses were conducted with a level of statistical significance set at $p < 0.05$. Ethical clearance was obtained from the Institute of Public Health Obafemi Awolowo University.

Results: The mean age and standard deviation for public university students was 20.74 ± 2.19 years and 19.02 ± 2.27 years for private university students ($p < 0.001$). The prevalence of mental distress was 40.4% in the public university and 43.6% in the private university ($p = 0.324$). All respondents with mental distress in both universities sought help in the preceding 12 months. Respondents in both institutions commonly sought informal sources of help from parents and friends. A significantly higher proportion of respondents in the private university (62.9%) sought help from formal sources in the 12 months prior to the study compared with respondents in the public university (37.1%) ($p = 0.012$).

Conclusion: The prevalence of mental distress is high in both universities with informal sources of help-seeking frequently reported. There is a need for university authorities to promote professional help-seeking in these universities.

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INTRODUCTION

The term mental health describes a state of well-being in which every individual is able to realize his or her own potential, cope with normal life stress, work productively and fruitfully, and contribute to society.¹ Mental distress, also known as psychological distress, is a mental health problem that manifests with different levels of depression, anxiety, panic, or somatic symptoms without the person being ill in a medical sense.^{2,3} Mental distress includes all non-specific psychological symptoms of depression

and anxiety that may not meet the standard diagnostic criteria for depressive and anxiety disorders in any of the classifying systems for mental disorders.³

Mental distress may resolve without any medical intervention depending on the level of distress and the duration. However, mental distress has the potential to degenerate into categorical depressive and anxiety disorders if left unresolved. Depressive and anxiety disorders are major contributors to the burden of

mental disorders which have been reported as one of the leading causes of morbidity among young people worldwide.⁴ Young people are classified as persons between the ages of 10-24 years, and university students constitute a part of this group.⁵ The consequences of mental distress among university students are enormous including, poor academic performances, relationship problems, substance abuse, school dropout and loss of potential to be a productive adult to one's family and society.⁶⁻¹¹ Therefore, the timely management of mental distress among young people in tertiary institutions cannot be overemphasized. The major challenge in the management of mental distress among young people is that they tend not to seek professional help.¹² Help-seeking is a critical step in the management of mental distress. Help-seeking defined as the behaviour of actively seeking help from other people is a critical step in the management of mental distress.^{13,14} In the mental health context, help-seeking is defined as an adaptive coping process that is, the attempt to obtain external assistance to deal with a mental health concern.¹⁵ Rickwood et al reported that young people are likely to seek help for mental health problems if they know about mental health issues and the sources of help, have a trust-based relationship with the source and feel emotionally capable to talk about their feelings.¹⁵ However, they are more likely to seek help from informal sources (such as their parents and friends) than from formal sources (professionals).¹⁵

Several studies have shown that mental distress is a prevalent and increasing problem among young people in tertiary institutions.¹⁶⁻¹⁹ A study in Australia showed that the prevalence of mental distress among university students was higher than that in the general population of the same age group. In that study, the prevalence for final-year law students, medical students and the general population aged 18-34 years were reported to be 68.5%, 54.8%, and 42.0% respectively.²⁰ In Pakistan, a high prevalence of mental distress of 52.6% with a range of 28.8% to 52.6% among university students was reported.²¹ Studies in Ethiopia also reported a high prevalence of mental distress among university students ranging from 21.0% to 49.0%.^{22, 23} In Nigeria, a study among undergraduates in the South-South zone reported an overall mental distress prevalence of 36.9%.²⁴

Not many studies have addressed help-seeking behaviour among mentally distressed undergraduates. A study done among university students in America in 2006 reported that less than 50% of the students who seriously considered suicide the previous year did not receive any form of professional help.²⁵ Another study conducted among law students in Australia reported that only about four in ten (39.1%) will seek

professional help if they were to experience depression.²⁰ A survey conducted in Australia among those aged 16-24 years revealed that 23% of the young persons reported a mental disorder but only 13% of these young men sought professional help, while for the females, 31% reported a mental disorder with only 30% of these young women seeking professional help.¹³ Although studies in developed countries showed an increasing trend in the help-seeking behaviour of young people in tertiary institution concerning their mental health problems.^{26,27} There is still a disproportionate match between the prevalence of students with mental health problems and their health service utilization which indicates the professional help-seeking behaviour of the students.^{15, 28,29}

Evidence from a report on the global burden of disease in young people by Gore et al shows that mental health problems are the leading causes of disability in young people in all regions.⁵ However, the mental health problems of young people in Nigeria have received little or no attention as the primary focus is on their reproductive health; as evident by the numerous reproductive health programmes and organisations in Nigeria but very few programmes on mental health.³⁰⁻³³ There is little or no information on help-seeking behaviour and mental distress among university students in Nigeria.

The few studies on mental distress among university students conducted in Nigeria were mostly addressing a specific aspect of mental distress; studies by Aniegbue et al, and Pletzter et al both focused on non-specific symptoms of depression among university students.^{24,34-35} Moreover, previous studies on mental distress among undergraduates in Nigeria were mostly conducted in public universities. The recent increase in the number of private universities, alongside the differences in the university environments (conducive nature and facilities available in health institutions) necessitate the need to conduct similar studies in private universities. There is a need to assess the help-seeking behaviour of those with mental distress as seeking help from appropriate sources has been noted to contribute to the quick restoration of a good mental state.^{36,37} This study compared the prevalence of mental distress and help-seeking behaviour of undergraduates with mental distress in public and private universities of Osun State in Nigeria.

METHODOLOGY

Study Setting and Design

The study was conducted at Obafemi Awolowo University (OAU), a federal university, and Bowen University (BU), a Baptist-owned private university, in Osun State of Nigeria. Both institutions have counselling units and a health clinic affiliated with a teaching hospital that offers referral services. However, the counselling unit at OAU was barely functional compared with Bowen's which offers both spiritual and professional counselling to students. This study used a comparative cross-sectional design with the study population comprising undergraduate students in the two selected universities (public and private) of Osun State.

Participants

The Inclusion criteria consist of undergraduate students, aged 15-24 years, who have been in the schools for at least six months irrespective of the place of residence. Students that have an obvious physical deformity or chronic medical conditions such as epilepsy, or sickle cell disease, and students that reported any current physical illness at the time of this study were excluded from the study.

Sample Size Determination

The minimum sample size was determined using the formula for calculating sample size for the comparison of two independent proportions.³⁸

$$N/\text{per group} = \frac{2(Z\alpha + Z\beta)^2 \times P(1-P)}{(P_0 - P_1)^2}$$

Where,

$Z\alpha$ = The standard normal deviate of α at 95% confidence interval, (i.e., the probability of making a type 1 error) = 1.96.

$Z\beta$ = The standard normal deviate of β i.e., the power is set at 90% = 1.28

P_0 = The prevalence of mental distress among students in a public university, 43.9%. (Study among students in a public university in Pakistan)²¹

P_1 = The prevalence of mental distress among students in private university, a value of 60.0% was used, (study among students in a private university in Pakistan)³⁷

Therefore:

$P_0 - P_1$ is the expected difference to be detected between the two groups.

$$P_0 - P_1 = 16.1\% = 0.161$$

Where $P_0 = 43.9\%$, therefore $P_1 = 60.0\%$

P is the arithmetic average of the two proportions = $\frac{P_0 + P_1}{2}$

$$= (43.9 + 60) / 2 = 51.95 = 52\%$$

$$1 - P = 1 - 0.52 = 0.48$$

$$\text{Minimum } n/\text{group} = \frac{2(1.96 + 1.28)^2 \times 0.52(0.48)}{(0.161)(0.161)} = 202.17$$

Inclusion of clustering factor = $2 \times 202.17 = 404.34$

Inclusion of non-response rate (nrr) of 10% = $n / (1 - \text{nrr})$
 $= (404) / (1 - 0.1) = 449.27$

Therefore, the estimated minimum sample size per group will be = 449.27
= 449

But because the population size of the students in the private university of study is less than 10,000, a correction factor for the finite population was introduced = $\frac{(n_0 \times N)}{n_0 + (N - 1)}$

Where n_0 = sample size, N = population of the students in private university of interest

$$= (449 \times 5000) / (449 + (5000 - 1)) = 412.08$$

The sample size was rounded up to 420 for the private university and 480 for the public university.

However, the total sample size used for the study was 910, (422 for the private university and 488 for the public university).

Sampling

There are eight universities located in Osun state, six private universities and two public universities. OAU and BU were purposively selected for this study to represent the public and private universities in Osun State respectively. The selection was based on years of existence and the presence of a main campus; both are the oldest universities for the different categories, and both had one main campus for all undergraduate studies as at the time of the study.⁴⁰ Next, a multistage sampling technique was used to select respondents from the two universities.

The first stage involved the selection of one department each from all the thirteen faculties using a simple random sampling technique (balloting) making a total of thirteen departments. All the levels of study of the selected departments were included in the study. The list of population size of students in the different levels in each of the selected departments was retrieved from the appropriate unit of the universities. Using the list, the proportion of students from each level in the selected department was determined from the estimated population size of each level.

In the second stage: a simple random sampling technique was used to select students from each level

in the selected departments. The list of students present in a particular class was generated on the day of the survey and students were allocated numbers. Using a simple random technique (Table of random numbers), students bearing the numbers generated from the table of the random number were selected for the study, while those selected and found to be ineligible were replaced.

Research Instruments

The first tool, the Kessler-10 psychological distress scale (K-10), is a standardised tool for measuring mental or psychological distress. It contained 10 questions, and the scoring system is easy to compute.^{41,42} The tool was used for this study because it focuses on mental distress and can be self-administered.⁴² The second tool was a semi-structured questionnaire adapted from General Help Seeking Questionnaire (GHSQ)⁴³ and the Actual help-seeking questionnaire (AHSQ).¹⁷ The help-seeking measurement framework by Rickwood et al, which addresses five elements for help-seeking was adopted with a focus on a) the time frame -past or next 12 months; b) process- intention and behaviour to seek help; c) source-formal or informal; and concern- in this case, mental distress.¹⁵

Pre-test

The second questionnaire was pre-tested among undergraduates in a different private university in the same state. The information obtained from the pre-test was used to rephrase ambiguous questions and all necessary corrections made. The reliability test score using Cronbach alpha for Kessler 10 psychological scale was 0.815.

Data Collection

Data was collected over a period of two weeks in each of the universities. The questionnaires were self-administered in the lecture rooms. The questionnaire administration was done in the first 15-20 minutes of the lecture times after seeking the permission of the lecturers and consent obtained from the students. The researcher and two trained research assistants facilitated questionnaire administration. The questionnaires were checked for completeness at the point of return.

Study Variables and Measurements

Scoring System for Kessler Psychological Distress Scale (K10)

The numbers attached to the participants, responses are added up and the total score is the score on the Kessler Psychological Distress Scale (K10). Scores ranged from 10 to 50. Respondents that score less than 20 are considered well; ²⁰⁻²⁴ are considered to have mild mental distress; ²⁵⁻²⁹ are considered to have moderate mental distress; ³⁰ and over are considered to have severe mental distress.

Absence or presence of mental distress in the last month prior to the study. The Kessler 10 scoring scale was used to determine the presence or absence of mental distress. Respondents that scored less than 20 were considered well while those that scored 20 and above were considered to have mental distress.

Help-seeking behaviour:

Formal or informal help-seeking behaviour of respondents was determined using dichotomous measurement (Sought help or did not seek help). For those that sought help; the source of help sought was either formal or informal.

Data Analysis

The data obtained were entered into an Excel spreadsheet and analysed using IBM SPSS (version 22). For univariate analysis, frequency and percentages were used to determine the prevalence of mental distress among respondents in public and private universities. Bivariate analysis using chi-square was used to compare the socio-demographic characteristics, the prevalence of mental distress and the help-seeking behaviour of students in public and private universities. The level of significance was set at $p\text{-value} \leq 0.05$.

Ethical Considerations

Ethical clearance was obtained from the Ethics and Research Committee of the Institute of Public Health, Obafemi Awolowo University, Osun State. Permission was obtained from the Directorate of Student Affairs of the selected universities before the study was conducted. After explaining the objectives of the study to the participants, and assuring confidentiality of the information given, written consent was obtained from all the participants including those below 18 years as they were considered mature minors. Identification numbers, rather than names of participants, were utilised to ensure confidentiality. Information on the computer was password-protected and made only

accessible to the researcher. The study did not constitute a risk of harm to the participants.

RESULTS

Four hundred and eighty-eight (488) undergraduates from the public university and 422 from the private university participated in this study; with a response rate of 100%. The mean age of respondents was 20.74 ± 2.19 years in the public university and 19.02 ± 2.27 years in the private university. ($p < 0.001$). There was a significantly higher proportion of female respondents in the private university (67.8%) compared with the public university (53.3%; $p < 0.001$). Most of the respondents in both the public 481 (89.6%) and the private 418 (99.1%) universities were single. The socio-economic status of the respondents' parents in the private university was significantly higher than that of respondents in the public university ($p < 0.00$; Table 1).

The prevalence of mental distress among the public and private respondents was 40.4% and 43.6% respectively ($p = 0.324$). (Table 2)

All the respondents with mental distress in both groups had ever sought help, had sought help in the 12 months prior to the study and had the intention to seek help when in mental distress in the future. There was no significant difference in the proportion of respondents with mental distress that had ever sought professional help (formal source) in both groups (public 13.7% vs private 15.8%) ($p = 0.571$). A significantly higher proportion of respondents in the private university had sought help from formal sources in the past 12 months (62.9%) compared with their counterparts in the public university (37.1%) ($p = 0.012$). About two-thirds of respondents in either of the universities had the intention to seek professional help if mentally distressed ($p = 0.874$) (Table 3).

A significantly higher proportion of respondents with mental distress in the public university sought help from spiritual leaders (58.4%) compared with their counterparts in the private university (41.6%; $p = 0.026$; Table 4)

DISCUSSION

The prevalence of mental distress among the respondents in this study was high (public university; 40.4% and private university; 43.6%). This supports reports of a high prevalence of mental distress among undergraduates from studies across the world; Ireland 41.9%; Turkey 27.8%; Pakistan 52.3%; Iran 44.0%;

Ethiopia 40.9%; Nigeria 36.0%. 6,21,44-46 The high prevalence of mental distress could lead to an increase in substance abuse as a coping mechanism, poor academic performance and increased dropout rate among university students. This study found no significant difference in the prevalence of mental distress between students of public and private universities ($p = 0.324$). This is similar to study findings by Chen et al among Chinese university students in three different universities which reported that the type of university was not significantly associated with depression.⁴⁷ This might be due to the complex interactions in the emotional, mental and social aspects of the life of university students within the university environment (whether public or private) which predisposes them to increased risk of mental/psychological distress.^{48,49}

The university environment offers different living arrangements from what obtains in most homes; students share rooms or at best share living spaces with whom they are not familiar. In addition, the university offers the opportunity for independence from close parental supervision and guidance, while this may appear welcoming for a young person; it might not augur well for some young people who have always been under parental guidance and supervision. Change of lifestyle especially with respect to feeding for one's needs; having to think of what to eat and how to get what to eat is a new responsibility that is bestowed on the young undergraduate. Adapting to the university culture, building new relationships, separation from old relationships, and exposure to unfamiliar educational curricula and work schedules are some of the changes that are associated with a typical university environment. Intense life skills and coping abilities are required to adapt to the university environment. Failure to adapt to this complex environment may predispose to mental distress.

All the respondents with mental distress in this study have sought help for mental distress in the last 12 months prior to the survey. However, the key point in help-seeking for mental distress and other mental health problems is not just seeking help, but the source of help sought.⁵⁰ The sources of help sought for mental distress in the 12 months prior to the survey in both universities were similar in pattern. The respondents in this study commonly sought informal sources for help; parents were the most sought, followed by friends, and spiritual leaders. Only a few of the respondents with mental distress in either university sought help from formal sources (professionals) in the 12 months prior to the survey. This finding is supported by a study among adolescents in Tel Aviv, Israel, which reported that young people are more disposed to seeking help from family and friends than

from professionals.⁵¹ This was also similar to the findings of Norm et al who reported that the majority of Australian law students would rather seek help from informal sources with family and friends as the leading options of sources of help-seeking.²⁰ Eisenberg et al also stated that university students are not inclined to seek professional help even when they are aware they need to.⁵² The implication of this finding of informal sources of help being the most sought in both universities is that students with mental distress may not be given the appropriate counsel needed; as seeking help from formal sources (professional help) has been reported to bring about quick resolution of mental distress compared with informal sources.^{36,37,53}

Professionals, by virtue of their training, have an in-depth understanding of mental distress and evidence-based effective strategies to manage mental health challenges. It could be that professional mental health services are not available for students, or it is available, but the students are either not aware, or not willing to use the services for fear of stigmatisation. The implication of our finding is that a lot needs to be done on the issue of professional help-seeking. There is a need to explore reasons for not seeking professional help among this group.

The proportions of respondents that have 'ever sought' help from formal sources in the two universities were similar. However, a significantly higher proportion of respondents with mental distress in the private university sought help from formal sources in the 12 months prior to the survey compared to their counterparts in the public university. This might be due to the functioning counselling services available in the private university as opposed to non-functional counselling services in the public university. Conversely, a significantly higher proportion of respondents in the public university sought help from spiritual leaders in the 12 months prior to the survey compared with those in the private university. The non-functionality of counselling services in the public university might leave the respondents in the public university with the alternative option of seeking spiritual help. While the need to create demand for seeking professional help cannot be over-emphasized, the supply aspect must also be given due attention, especially in the public university where the counselling unit is non-functional. Many universities in developed countries have recognised mental distress and mental health problems as a challenge among their students and responded by establishing mental health-related policies and protocols, and a mental health advisory committee to oversee the implementation and monitoring.^{54,55} Universities should prioritise the mental health of their students by putting in place structures to provide for their mental

health needs and make these structures easily accessible and acceptable to the students.

About two-thirds of respondents in both universities reported the intention to seek help from formal sources if they experience mental distress in the future. However, this does not agree with the finding that only about a third of the respondents with mental distress in the public university have sought help from formal sources in the past 12 months before the study. There is the possibility that they might not recognize that they have mental distress, or that they were providing answers as expected. Intention to seek help from formal sources in this study was higher compared with the findings of a study conducted among Australian law students which revealed that 4 in 10 were willing to seek help from professional (formal) sources when distressed in the future.²⁰ The reason for this difference might be due to the possibility of the respondents in this study providing answers as socially desirable.

Limitations

This study was a school-based survey; conducted in only one state in South-west Nigeria so findings cannot be generalized to all universities in Nigeria. The information given was self-reported and as such, the study is subject to recall and social desirability bias. However, the self-administered nature of the questionnaire and the assurance of confidentiality were expected to have minimised social desirability bias.

Conclusions

The prevalence of mental distress among the undergraduates in this study is high, irrespective of the type of university. Respondents sought help for mental distress, mostly from informal sources (parents, friends and spiritual leaders). However, two-thirds of affected respondents from both universities indicated their intention to seek professional help in the future.

CONFLICT OF INTEREST

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

AUTHOR CONTRIBUTIONS

B.O, O.A, conceived of the study, collected, analyzed, and interpreted the data, and drafted the manuscript, R.O, conceptualisation, and analysis, M.I, O.T

conceptualisation, interpretation of results, and provided critical feedback and drafting of the manuscript M.I, O.T, critically reviewed, edited and revised drafts of the paper: All authors contributed to subsequent drafts and approved the final manuscript.

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BU affects all ages and sexes, but most cases of the disease occur in children between the ages of 4–15

TABLES

Table 1: Socio-demographic characteristics of respondents

Socio-demographic characteristics		Public University (n=488)		Private University (n=422)		Test statistics, p-value	
		Freq	%	Freq	%		
Age (years)	15-19	169	34.6	274	64.9	$\chi^2=83.152$	p<0.001
	20-24	319	65.4	148	35.1	df=1	
Gender	Male	228	46.7	136	32.2	$\chi^2=19.809$	p<0.001
	Female	260	53.3	286	67.8	df=1	
Religion	Christian	432	88.5	407	96.4	$\chi^2=19.738$	p<0.001
	Others	56	11.5	15	3.6	df=1	
Marital status	Single	481	98.6	418	99.1	$\chi^2=0.449$	p=0.50
	Married	7	1.4	4	0.9	df=1	
Level of current study	1 st	119	24.4	90	21.3	$\chi^2=3.389$	p=0.335
	2 nd	114	23.4	102	24.2	df=3	
	3 rd	93	19.1	99	23.5		
	>4 th	162	33.3	131	31.0		
Socioeconomic status	Low	249	51.0	55	13.0	$\chi^2=206.255$	p<0.001
	Middle	168	34.4	138	32.7	df=2	
	High	71	14.5	229	54.3		

Table 2: Prevalence of mental distress among respondents in private and public universities in Osun State

Mental Distress	Public		Private		Total		Test Statistics	P value
	Freq	%	Freq	%	N=910	%		
Yes	197	40.4	184	43.6	381	41.9	$\chi^2=0.972$ df=1	p=0.324
No	291	59.6	238	56.4	529	58.1		
Total	488	100.0	422	100.0	910	100.0		

Table 3: Comparison of Timeframe, Process and Source of help-seeking among respondents in selected public and private universities in Osun State

Category of help seeking source	Public (n=197)		Private (n=184)		Test statistics p value
	Freq	%	Freq	%	
Ever sought help:					
Informal	170	86.3	155	84.2	$\chi^2=0.321$, p=0.571 df=1
Formal (professional)	27	13.7	29	15.8	
Sought help in the 12 months prior to the study:					
Informal	174	54.5	145	45.5	$\chi^2=6.329$, p=0.012 df=1
Formal (professional)	23	37.1	39	62.9	
Intention to seek help in future:					
Informal	67	34.0	64	34.8	$\chi^2 = 0.025$, p=0.874 df=1
Formal (professional)	130	66.0	120	65.2	

Table 4: Comparison of the Source of help sought in the 12 months prior to the study by respondents in public and private universities in Osun State (Multiple responses possible)

Source of help sought		Type of university				Test statistics
		Public (n=197)		Private (n=184)		p value
		Freq	%	Freq	%	
Friend	Yes	119	52.0	110	48.0	$\chi^2=0.015$
	No	78	51.3	74	48.7	df=1, p=0.901
Parent	Yes	134	50.6	131	49.4	$\chi^2=0.453$
	No	63	54.3	53	45.7	df=1, p=0.501
Relative	Yes	66	51.2	63	48.8	$\chi^2=0.023$
	No	131	52.0	121	48.0	df=1, p=0.879
Professionals	Yes	23	37.1	39	62.9	$\chi^2=6.329$
	No	174	54.5	145	45.5	df=1, p=0.012
Internet	Yes	51	53.7	44	46.3	$\chi^2=0.198$
	No	146	51.0	140	49.0	df=1, p=0.656
Lecturer	Yes	31	47.0	35	53.0	$\chi^2=0.717$
	No	166	52.7	149	47.3	df=1, p=0.397
Spiritual leader	Yes	94	58.4	67	41.6	$\chi^2=4.981$
	No	103	46.8	117	53.2	df=1, p=0.026
Others (God, bible, guardian, senior colleagues)	Yes	5	83.3	1	16.7	LR= 2.683
	No	192	51.2	183	48.8	df=1, p=0.101

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