BARRIERS TO MENTAL HEALTH HELP-SEEKING AND PREVENTIVE STRATEGIES OF ANXIETY AMONG STUDENTS OF TERTIARY INSTITUTIONS

*[1]Kato, George Usman, [2]Igbokwe, Charles Chima, [2]

Department of Education Psychology, Bingham University, Karu, Nasarawa State, Nigeria.
Department of Human Kinetics and Health Education, University of Nigeria, Nsukka.

*Corresponding Author: george.kato@binghamuni.edu.ng (+234 803 450 4548)

Abstract

This study investigated the barriers to mental health help-seeking and preventive strategies of anxiety severity among students of tertiary institutions in the Federal Capital Territory (FCT), Abuja, Nigeria. Two research questions and two null hypotheses guided the study. The correlational research design was adopted for the study. The population for the study comprised 12,578 students of tertiary institutions. The multistage sampling procedure was used to draw a sample of 408 students from tertiary institutions. The Mental Health Problems Questionnaire (MHPQ) and Mental Health Problem Preventive Strategies Questionnaire (MHPPSQ) were used for the study. Five experts in Public Health Education validated the MHPQ. The MHPPSQ contained 13 items formulated based on the study's baseline findings. The formulated preventive strategies for mental health problems among students were validated by 10 experts in public health education. The research questions were answered using mean, standard deviation, and point-biserial correlation. Multiple regression analysis was used to test the null hypotheses at 0.05 alpha level. The results showed there that fear of self-discovery (beta = 1.365, $P < .001$), fear of stigma (beta = 1.270, $P < .001$) and fear of therapy (beta = .173, $P < 0.05$) were significant predictors of level of higher anxiety severity among students. Public health education experts considered the formulated preventive strategies for mental health problems among students of tertiary institutions appropriate. In conclusion, students had mild levels of anxiety. The authors recommended the conduct and implementation of health screening programmes to identify students at risk of anxiety severity by psychologists and mental health professionals.

Keywords: Perceived Barriers; Help-Seeking; Preventive Strategies; Anxiety; Students

Introduction

Anxiety is a public health concern among students of tertiary institutions globally. About 60 per cent of the students are reported to suffer from high levels of anxiety (American College Health Association [ACHA], 2019). It is reported that transitioning students to tertiary institutions is stressful (Dickson & Gullo, 2015; Lei et al., 2016). One-third of these students are considered particularly vulnerable to anxiety as they navigate a new and challenging stage in their lives (Thomas, 2020). Students of tertiary institutions in Nigeria appear to suffer from a high level of anxiety. The prevalence of anxiety among tertiary institution students ranges between 63.5 per cent (Aluh et al., 2020) and 61.7 per cent (Anosike et al., 2022).

There are severe symptoms of anxiety across different cultures (Schonfeld et al., 2016) which are assessed most commonly based on the severity. Several predictive factors can

determine the future of students' mental health and, by extension, their anxiety severity level. These are factors that predict health outcomes (Gidron, 2013), including students of tertiary institutions. These predictive factors include barriers to mental health help-seeking such as fear of therapy/treatment, fear of self-discovery and fear of stigma respectively.

Barriers to mental health help-seeking serve as predictor of mental health problems among students. There appears to be a disconnection between the need for treatment and unwillingness to seek mental health help among students, probably because of perceived barriers to help-seeking (Wimsatt et al., 2015: Dyrbye et al., 2015; Bohon et al., 2016). Only one-quarter of youth struggling with mental health problems within the general population seek professional care (Wilson & Deane, 2010). Figures from the United Kingdom (UK) suggest that 60 per cent to 80 per cent of students do not approach mental health services (Eisenberg et al., 2012; Lipson et al., 2015).

Fear of stigma is one of the most considerable barriers to help-seeking among students (Wilson & Deane, 2010; Wyatt & Oswalt, 2013). Also, fear of therapy and fear of self-discovery has been frequently reported among student populations, primarily manifesting as a lack of faith in treatment quality and effectiveness (Wilson & Deane, 2010), concern for confidentiality, a lack of perceived need for help (Wilson & Deane, 2010; Whitehill et al., 2012), and concern over having to admit to struggling with a mental health issue (Park et al., 2012). This study examined the relationship between barriers to mental health help-seeking (fear of therapy/treatment, fear of stigma, and fear of self-discovery) and anxiety among students of tertiary institutions in FCT, Abuja. These predictors could be curbed by some preventive measures.

Preventive strategies are crucial to averting the higher levels of anxiety among students. A preventive strategy targets risk factors and promotes mental health in individuals without a clinically diagnosable mental disorder (Arango et al., 2018). This aims at reducing the incidence, prevalence, and recurrence of higher anxiety levels and their associated disability among tertiary institution students.

The severity of anxiety among students has attracted great attention among policy makers and public health professionals (Mental Health Commission of Canada, 2012; Pearson et al., 2013; World Health Organization [WHO], 2014). Although the adverse effects of anxiety have been continually recognized among the student population of tertiary institutions elsewhere, gaps remain in the Nigerian literature. The available Nigerian studies (Adewuya et al., 2018; Amoko et al., 2021; Gureje et al., 2010; Nzeakah et al., 2022; Wada et al., 2021) have re relied on population-level data (i.e. not specific to students of tertiary institutions) or narrowly focused on individual factors, lacking in scope to consider multiple factors at the same time. To the best knowledge of the authors of this study, no study has examined the barriers to mental health help-seeking and formulated preventive strategies for anxiety severity among students of tertiary institutions students in FCT, Abuja. This is the gap this study attempted to fill.

Mental health is crucial for the well-being and academic success of students of tertiary institutions. It is central to providing accessible knowledge and skills for students; thus, there is no health without mental health. Tertiary institutions would normally provide students with

the necessary mental health support, such as counselling services, wellness and health promotion services, disability services, and stigma reduction initiatives. These services aim to improve students' mental health.

However, the mental health of tertiary institution students in Nigeria, including FCT, Abuja, is worrisome. Three in five students reportedly suffer from high levels of anxiety. One in three students also leaves tertiary education without attaining the degree for which they enrolled because they are unable to adapt appropriately to the anxiety related to school demands and expectations thereby posing as a risk factor for poor academic performance. This could lead to the onset of symptoms of anxiety. Alarming is that almost all tertiary institutions of FCT, Abuja, lack a mental health policy, let alone mental health services, such as counselling and treatment services.

A few Nigerian studies have relied on population-level data that are not specific to students of tertiary institutions, needing more scope to consider multiple factors that predict or influence students' anxiety levels. In view of these facts, the study aimed to investigate the barriers to mental health help-seeking and formulate preventive strategies for anxiety severity among students of tertiary institutions in FCT, Abuja. Specifically, the study assessed. relationship between the level of anxiety severity and perceived barriers to help-seeking (fear of therapy/treatment, fear of self-discovery, fear of stigma) factors of tertiary institution students in FCT, Abuja; and preventive strategies for anxiety severity among tertiary institution students in FCT, Abuja. The study hypothesized that perceived barriers (fear of therapy/treatment, fear of self-discovery, fear of stigma) factors are not significant predictors of the level of anxiety severity among students of tertiary institutions in FCT, Abuja ($p \leq .05$).

Materials and Methods

The study adopted the correlational research design and was conducted in the Federal Capital Territory (FCT), Abuja, Nigeria. The population of the study comprised 12,578 students of tertiary institutions during the 2019/2020 academic session. The sample size was 408 students of tertiary institutions in FCT, Abuja and 10 health experts. The sample size was determined using Taro Yamane's (1967) sample size determination Table while the multi-stage sampling procedure was employed to select the study sample. Therefore, 408 students were randomly selected from three tertiary institutions in FCT, Abuja. Public health experts with doctorate degrees were purposively sampled. The researcher-adapted Mental Health Problems Questionnaire (MHPQ) and Mental Health Problems Preventive Strategies Questionnaire (MHPPSQ) were used for data collection. The MHPQ is divided into two sections. Section A contained five items that elicited information on the demographic characteristics (age, gender, marital status, living arrangements, year of study) of the participants, while Section B contained the Generalized Anxiety Disorder (GAD-7), which is a seven-item, self-report questionnaire.

The MHPPSQ contained six strategies formulated based on the baseline findings of the study to prevent the onset of anxiety severity among students of tertiary institutions in FCT, Abuja. The copies of the MHPPSQ were given to 10 Public health experts who were asked to examine the appropriateness or inappropriateness of the formulated preventive strategies. The reliability coefficient of the MHPQ was determined using the Cronbach's alpha method, which yielded .87.

A letter of Introduction to embark on field work obtained from Head, Department of

Human Kinetics and Health Education, University of Nigeria, Nsukka seeking co-operation and permission was presented to the Heads of the selected Departments to make them give the researchers access to their students. Another letter assuring the respondents of the confidentiality of their responses and the purpose of the study was also attached to each copy of the instruments. The researchers administered 408 copies of the MHPQ to participants in their respective lecture halls. Copies of the completed questionnaires were collected on the spot after they had been filled out by the students. A total of 390 copies of the MHPQ were returned, which gave a return rate of 95.6 per cent. The returned MHPQ were duly filled out and used for analyses.

The point-biserial correlation was employed to determine the relationship between the level of anxiety and the socio-demographic characteristics of the students. Using Nwagu and Agbaje's (2017) estimates for weak, moderate and strong correlation coefficients, $\pm.00$ - .29 was interpreted as none (.00) to weak relationship, $\pm.30$ - .59 was interpreted as moderate relationship, and $\pm.60$ - 1.00 was interpreted as strong relationship. The normality of the data was checked through skewness, kurtosis, and the Kolmogorov–Smirnov (K-S) test. Mean and standard deviation was used to analyse and answer the descriptive data pattern, while the multiple regression analysis was used to test the null hypothesis at 0.05 level of significance.

Results

Table 1 **Point – Biserial Correlation showing the Relationship between Level of Anxiety Severity and Student Student's Barriers to Help-Seeking Behaviours (n=390)**

s/n	Variables	1.	2.	3.	4.
1.	Anxiety severity	1.00			
2.	Fear of therapy/treatment	.344	1.00		
3.	Fear of self-discovery	.366	.323	1.00	
4.	Fear of stigma	.389	.466	.423	1.00

Results in Table 1 show that there are positive moderate relationships between anxiety severity and students' fear of therapy/treatment (rbp = .34), fear of self-discovery (rbp =.36) and fear of stigma (rbp = .38) respectively. Furthermore, fear of self-discovery (rbp = .32 and fear of stigma (rbp = .46) show that they have links with students' fear of therapy/treatment.

Table 2 **Mean Responses of Experts on Preventive Strategies for Mental Health Problems among Students of Tertiary Institutions in FCT, Abuja (n = 10)**

S/N	Items	$\bar{X}$	SD
1.	Organization of school-based interventions by mental health educators and psychologists to identify students at high risk for anxiety and provide them with clinical support.	3.30	0.949
2.	Implementation of cognitive behavioural therapy (CBT) by mental health educators and psychologists. The CBT helps in changing thinking and behavioural patterns, helping individuals to understand the problem, and developing a coping or treatment strategy with the psychologists and other mental health experts.	3.50	0.850
3.	Organization and implementation of workshops that train students in anxiety coping strategies and resilience skills by public health educators	3.20	0.919
4.	Implementation of programmes that isolate and mitigate risk factors or conditions (e.g., poor hostels, decay facilities) that may embarrass students, which further exacerbates their anxiety levels by the school management.	3.30	0.823
5.	Mental health education about anxiety by health educators to improve knowledge of risk factors for anxiety among students and how to avert such factors.	3.20	0.919
6.	Stakeholders (university management, public health experts, mental health educators, psychologists and clinicians) development and implementations of viable strategies that reduce academic-related challenges or stressors, financial stress, and improve economic assistance, opportunities and create enabling school environment for students to prevent onset of anxiety.	2.80	1.135
	Grand Mean	**3.21**	**0.346**

Decision rule: $\bar{X} \geq 2.50$ = Appropriate Strategy; $\bar{X} < 2.50$ = Inappropriate Strategy

Results in Table 2 show that overall, health education experts considered the formulated preventive strategies for mental health problems among students of tertiary institutions appropriate ($\bar{X}$ = 3.22; SD = 0.93).

Table 3. **Summary of Multiple Regression Analysis Showing Barriers to Help-Seeking Behaviours as Predictors of Anxiety Level Severity among Tertiary Institution Students in FCT, Abuja (n = 390)**

Model	R	R²	AdjR²	F	β	t	P	95% CI for B LB	UB
(Constant)	0.224	0.050	0.218	37.080	-19.915		0.000	5.483	6.684
Fear of Therapy					0.173	3.363	0.001	0.526	2.008
Fear of Self-discovery					0.219	4.377	0,000	0.752	1.979
Fear of Stigma					0.216	4.028	0.000	0.650	1.890

Significant at P < 0.05

Note: β = Standard regression coefficients; F = ratio; R^2 = R square' ΔR^2 R^2variance; ΔF = F-ratio change/variance; C. I= confidence interval; t – t-test value, LB = Lower Boundary for β, µB = Upper Boundary for B

Table 3 shows that fear of self-discovery and fear of stigma are positively and significantly correlated with the level of anxiety severity, which indicates that students who

experience fear of self-discovery and fear of stigma and do not seek help tend to have higher anxiety severity scores. Also, the multiple regression model with all three predictors produced $R^2 = .224$, F (3,386) = 37.080, P< .001. The R^2 of .224 implies that the entire model explained 22.4% (i.e., .224 x 100) of the total variance in the dependent variable (i.e., anxiety severity scores). In this model, fear of self-discovery with a higher beta value (beta = 1.365, p < = 0.001) and fear of stigma (beta = 1.270, P< .001) were statistically significant, thereby not accepting a no relationship hypothesis between perceived barriers to mental health help-seeking behaviours and anxiety among students in FCT, Abuja, Nigeria.

Discussion

Table 3 showed that there is a positive moderate relationship between anxiety severity and students' fear of therapy/treatment, fear of self-discovery, and fear of stigma. This was expected because fear of stigma is one of the largest barriers to help-seeking among students (Wilson & Deane, 2010; Wyatt & Oswalt, 2013). This implies that tertiary institution administrators in FCT, Abuja, need to embark on stigma-reduction campaigns to create awareness around campuses and help remove stereotypes associated with mental health problems.

The WHO World Mental Health International College Student Initiative report found that students hesitate to seek help if needed (Eber et al., 2019). The lack of faith in treatment quality and effectiveness, concern for confidentiality, a lack of perceived need for help (Wilson & Deane, 2010; Whitehill et al., 2012), and concern for having to admit to struggling with a mental health issue (Park et al., 2012) are probably reasons why students experience fear of therapy/treatment, fear of self-discovery and fear of stigma in FCT, Abuja. Toptaya, Sahin, and Meydan (2017) found a relationship between students' anxiety severity level and fear of therapy/treatment, fear of self-discovery and fear of stigma due to the fear of being stigmatized by society, trust in the mental health professional, difficulties in self-disclosure, perceived devaluation and lack of knowledge as barriers to students' help-seeking behaviours.

Table 3 also showed that students' fear of self-discovery and fear of stigma are positively and significantly correlated with their level of anxiety. This may suggest students who experienced the fear of self-discovery and the fear of stigma did not seek appropriate mental health care which exposed them to higher anxiety severity levels. Theurel and Witt (2022) found that 50 per cent of students in their study sample disliked talking about their feelings, emotions, or thoughts while the most highly-rated stigma barrier was concern about what their friends might think, say or do, with 26.37 per cent. The administrators of tertiary institutions in FCT, Abuja should help students overcome these barriers by targeting reluctant students who may be willing to receive mental health services such as anonymous assessment and counselling via the internet.

Conclusion

This study investigated the barriers to mental health help-seeking and preventive strategies of anxiety severity among students of tertiary institutions in Federal Capital Territory (FCT), Abuja, Nigeria. Results showed a positive moderate relationship between anxiety severity and students' fear of therapy/treatment, fear of self-discovery and fear of stigma in

FCT, Abuja. Fear of self-discovery, fear of stigma and fear of therapy were also significant predictors of level of anxiety severity among students in FCT, Abuja.

Recommendations

1. Mental health educators, public health educators and psychologists at FCT, Abuja should identify students at high-risk for anxiety and implement preventive strategies as suggested in this study.

2. Public health educators, health educators, mental health educators and tertiary institution administrators in FCT, Abuja should embark on stigma-reduction campaigns to create awareness around campuses and help remove stereotypes associated with mental health problems.

References

Adewuya, A.O., Atilola, O., Ola, B.A., Coker, O.A., Zachariah, M.P., Olugbile, O., et al. (2018). Current prevalence, comorbidity and associated factors for symptoms of depression and generalised anxiety in the Lagos State Mental Health Survey (LSMHS), Nigeria Comprehensive   Psychiatry, 81, 60-5.

Aluh, D.O., Abba, A & Afeez Babatunde Afosi, A.B. (2020). Prevalence and correlates of depression, anxiety and stress among student pharmacy students in Nigeria. *Pharmacy Education. 20*(1), 236 – 248 https://doi.org/10.46542/pe.2020.201.236248

American College Health Association. (2019). *American College Health Association-National College Health Assessment II: Student Executive Summary Spring* 2019.   Silver Spring, MD: American College Health Association.

Amoko, A., Ayodapo, A.O., Dele, T.O., & Abitare, H. (2021). The prevalence of anxiety symptoms and associated factors among Nigerians newly posted for National Youth Service Corps programme in North-Western Nigeria. *Research Journal of Health Scie nces, 9*:3 http://dx.doi.org/10.4314/reijbs.v9i3.4

Anosike, C., Anene-Okeke, C.G., Ayogu, E.E., Oshigbo, M.C. (2022). Prevalence of depress ion and anxiety, and attitudes toward seeking help among first-year pharmacy, medi cal, and nursing students at a Nigerian university. *Currents in Pharmacy Teaching and Learning, 14*(6): 720-728 https://doi.org/10.1016/j.cptl.2022.06.002

Arango, Celso and Diaz-Caneja, Covadonga M. and McGorry, Patrick and Rapoport, Judith and Sommer, Iris E. and Vorstman, Jacob A. and McDaid, David and Marin, Oscar and SerranoDrozdowskyj, Elena and Freedman, Robert and Carpenter, William (2018) Preventive strategies for mental health. *The Lancet Psychiatry.* ISSN 2215-0366 (In Press) doi: 10.1016/S2215-0366(18)30057-9

Dickson, J.M., & Gullo, M.J. (2015). The role of brief CBT in the treatment of anxiety and depression for young adults at a UK university: A pilot prospective audit study. *The Cognitive Behaviour Therapist*, 8, 1-9 http://doi.org/10.1017/S1754470X15000240

Ebert D. D, Mortier P, Kaehlke F, Bruffaerts R, Baumeister H, Auerbach R.P. (2019). Barriers of mental health treatment utilization among first-year college students: First cross-

national results from the WHO World Mental Health International College Student Initiative. *Int J Methods Psychiatr Res. 28*(2):e1782. pmid:31069905

Eisenberg, D., Hunt, J., & Speer, N. (2012). Help-seeking for mental health on college campuses: Review of evidence and next steps for research and practice. Harvard review of psychiatry, 20(4), 222-232

Gidron, Y. (2013). Clinical predictors. In Gellman, M.D., Turner, J.R.. (eds). *Encyclopedia of Behavioral Medicine.* Springer, New York, NY. https://doi.org/10.1007/978-1-4419-1005-9_1368

Gureje, O., Uwakwe, R., Oladeji, B., Makanjuola, V.O., & Esan, O. (2010). Depression in adult Nigerians: Results from the Nigerian Survey of Mental Health and Well-being. Journal of Affective Disorders, 120(1-3), 158-64. https://doi.org/10.1016/j.jad.2009.04.030245

Lei, X. Y., Xiao, L. M., Liu, Y. N., & Li, Y. M. (2016). Prevalence of depression among Chinese university students. A meta-analysis. *PLoS One, 11*, e0153454

Lipson, S. K., Zhou, S., Wagner, B., Beck, K., & Eisenberg, D. (2016). Major differences: Variations in student and graduate student mental health and treatment utilization across academic disciplines. *Journal of College Student Psychotherapy, 30*(1), 23– 41. https://doi.org/10.1080/87568225.2016.1105657

Mental Health Commission of Canada (2012). *Making the case for investing in mental healthin Canada.* Retrieved from http://www.mentalhealthcommission. ca/sites/def ault/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf

Nwagu, E.N. & Agbaje, O.S, (2017). *Demographic and statistical methods in health, education and the social sciences.* Enugu State: Zion Press Nsukka.

Nzeakah C W, DadeMatthews A O, Onofa U O, DadeMatthews O D, Ogundare T. (2022). Crippled by fear: anxiety disorders among adolescents in Nigeria. *Int J Psychiatry 7*(2):103-115.

Park, H.L, Attenweiler, W.J., & Rieck, S.M. (2012). Creation of a mental health treatment fears and obstacles inventory for college students. *Journal of College Student Development, 53,* 750-759

Pearson, C., Janz, T., & Ali, J. (2013). *Mental and substance use illnesses in Canada*. (Catalogue no. 82-624-X). Retrieved from http://www.statcan.gc.ca/pub.82-624 x/2013001/article/11855-eng.htm#n12

Schonfeld, P., Braillovskaia, J., Bieda, A., Zhang, X.C., & Margraf, J. (2016). The effects of daily stress on positive and negative mental health: Mediation through self-efficacy. *International Journal of Clinical and Health Psychology, 16,* 1 – 10 http://dx.doi.org/10.1016/j.ijchp.2015.08.005

Theurel, A., & Witt, A. (2022). Identifying barriers to mental health help-seeking in french university students during the Covid-19 pandemic. *Creative Education, 13*, 437-449.https://doi.org/10.4236/ce.2022.132025

Thomas, P.B. (2020). *Depression, anxiety, and social anxiety as predictors of help-seeking behaviour among U.S. university students.* The Texas Medical Center. Library Digital Commons@TMC, UT School of Public Health Dissertations (Open Access).

Topkaya, N., Sahin, E., & Meydan, B. (2017). The development, validity, and reliability of the barriers to seeking psychological help scale for college students. *International Journal of Higher Education, 6*(1) doi:10.5430/ijhe.v6n1p4

Wada Y.H. Rajwani L Anyam., Karikari E., Njikizana M., Srour L., Khalid G.M. (2021). Mental health in Nigeria: A neglected issue in public health. *Public Health in Practice, 2*, 100166 https://doi.org/10.1016/j.puhip.2021.100166

Whitehill J.M., Brockman, L.N., & Moreno, M.A, (2012). Just talk to me: Communicating with college students about depression disclosures on Facebook. *Journal of Adolescent Health, 52*, 122-127

Wimsatt, LA, Schwenk, TL, Sen, A. (2015). Predictors of depression stigma in medical students: potential targets for prevention and education. *American Journal of Preventive Medicine, 49*, 703–14. https://doi.org/10.1016/j.amepre.2015.03.021

World Health Organization (2013). *Health 2020: A European policy framework* and strategy for the 21st century. Copenhagen. Author. http://www.euro.who.int/_data/assets/pdf_file/0011/199532/health2020-long.pdf