Mental Health Challenges and Coping Mechanisms among Undergraduates of the University of Nigeria, Nsukka

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Abstract
Mental health is a crucial factor in overall well-being, affecting cognitive function, emotional stability, and social interactions. Globally, disorders like depression, anxiety, and substance abuse are rising, significantly impacting quality of life and productivity. University students, particularly in Nigeria, face stressors such as academic pressure, financial strain, and social adaptation, which contribute to mental health challenges. This study investigates mental health challenges and coping mechanisms among undergraduates of the University of Nigeria, Nsukka. It assesses students' mental health status, identifies contributing factors, and evaluates coping strategies for mental health challenges among undergraduates of the University of Nigeria, Nsukka. A cross-sectional survey design was used, with data collected from 367 students across three faculties. A structured questionnaire and two adapted questionnaires were employed for data collection. Data analysis was conducted using Statistical Products for Service Solution (SPSS, version 23.0). The findings of the study revealed moderate rates of anxiety (39.2%), depression (61%), panic disorder (58.9%), and social anxiety disorder (60.2%), with academic pressure (60.2%), family issues (51.8%), poor time management (54.5%), and stress (69.5%) exacerbating these problems. Eating disorders were relatively less prevalent among respondents than other conditions, as 66.2% reported low levels of the disorder. Strategies the respondents use to cope with mental health challenges include talking to friends and family (68.9%), meditation and mindfulness (62.4%), and engaging in hobbies (65.9%). The study underscores the need for mental health programs and support services to enhance student mental well-being.

Keywords: mental health, panic disorders, anxiety, depression, coping mechanisms, undergraduates.

Introduction
Mental health is a fundamental aspect of overall well-being, encompassing an individual's emotional, psychological, and social stability. According to the World Health Organization (WHO, 2004), mental health is a state of well-being in which individuals realize their potential, can cope with normal life stresses, work productively, and contribute meaningfully to their communities. This definition underscores the crucial role mental health plays in daily life, affecting not only personal well-being but also

productivity and societal development. A person's mental health influences how they think, feel, and behave, as well as how they handle stress, relate to others, and make decisions. It does not simply imply the absence of mental illnesses but also reflects an individual's ability to function effectively and maintain a positive outlook on life.

Mental health disorders, also referred to as mental illnesses, are conditions that significantly impair cognitive function, emotional regulation, and behavior. These disorders reflect dysfunctions in psychological, biological, or developmental processes, often requiring medical or psychological intervention (American Psychiatric Association, 2013). Globally, mental health disorders contribute significantly to the burden of disease. The World Health Organization (WHO) estimates that approximately 970 million people worldwide were living with a mental disorder in 2019, with anxiety and depressive disorders being the most common (WHO, 2022). A more recent study reported by Queensland Brain Institute (2024) estimated that one in two people worldwide may have a mental health issue at some point in their lives. Furthermore, the COVID-19 pandemic exacerbated mental health challenges, leading to a 25% increase in the prevalence of anxiety and depression globally during 2020–2021 (WHO, 2022).

In Nigeria, mental health disorders represent a significant public health challenge, yet they receive inadequate attention. The prevalence of mental health disorders among adolescents in Nigeria varies between about 10% and 37%, highlighting mental health disorders as a significant public health concern (Kinrinde et al., 2024). Despite this high prevalence, mental health services in Nigeria are grossly underdeveloped, with limited access to psychiatric care and a significant treatment gap. Stigma and cultural misconceptions further complicate the situation, discouraging individuals from seeking professional help. A study in Nigeria found that 14.4% of individuals aged 15 to 64 years have a substance use disorder, with drug and alcohol abuse being major contributors to mental health issues (Adayonfo, 2023). These statistics underscore the urgent need for comprehensive mental health policies and increased public awareness.

Mental health disorders encompass a broad spectrum of conditions, including depression, anxiety, panic, social anxiety, and eating disorders. Several mental health disorders are particularly prevalent and have profound effects on individuals and society. Depression, affecting approximately 280 million people globally, is characterized by persistent sadness, loss of interest in activities, and an inability to perform daily functions (WHO, 2021). According to the American Psychiatric Association (2022), anxiety disorders, which include generalized anxiety disorder, panic disorder, and social anxiety disorder, are among the most common mental illnesses worldwide and affect nearly 30% of adults at some point in their lives. Anxiety disorders are characterized by excessive nervousness, fear, apprehension, and worry which can significantly affect quality of life; panic disorder causes repeated panic attacks accompanied by sudden periods of intense fear, discomfort, or a sense of losing control; social anxiety is a mental health condition wherein one experiences intense and ongoing fear of being judged negatively and/or watched by others. Eating disorders are another common mental disorder characterised by severe

behavioral problems that cause persistent disruptions in eating behaviors, impacting physical, psychological, and social function. Examples include anorexia nervosa, bulimia nervosa, binge eating disorder, and pica and rumination disorder (American Psychiatric Association, 2022). Bipolar disorder, marked by extreme mood swings ranging from manic highs to depressive lows, affects around 45 million people globally (WHO, 2021). Schizophrenia, a severe mental disorder involving distortions in thinking, perception, and sense of self, impacts approximately 24 million people worldwide (WHO, 2022). Substance use disorders, which involve excessive and harmful consumption of drugs and alcohol, further exacerbate the mental health crisis and contribute to other social and economic problems.

Mental health disorders can severely impact an individual's emotional, physical, and social well-being. People suffering from mental illnesses often experience persistent sadness, feelings of hopelessness, and difficulty managing emotions. The physical consequences of mental health disorders can include an increased risk of cardiovascular diseases, weakened immune function, and chronic illnesses. Socially, individuals with mental health conditions may experience strained relationships, social withdrawal, and isolation. Moreover, mental health disorders often interfere with occupational functioning, reducing work performance, productivity, and career stability.

University students are particularly vulnerable to mental health disorders due to the significant challenges and transitions they face. Higher education presents students with intense academic demands, social pressures, and professional uncertainties, all of which can significantly contribute to mental health challenges (Gueldner et al., 2020). The shift to university life involves increased academic demands, adaptation to new social environments, and, for many, living away from family for the first time. These factors contribute to heightened stress levels, making students susceptible to anxiety, depression, and other mental health conditions. The ability to successfully adapt to these pressures is critical not only for academic success but also for the overall mental well-being of students. However, many students struggle to cope with these demands, leading to anxiety, depression, and stress, which, in turn, affect their academic motivation, cognitive functioning, and class attendance.

There has been an increase in the prevalence of mental health issues among students in higher institutions of learning all over the world. According to Lipson et al. (2022), in the most recent year of Healthy Minds data (2020–2021), over 60% of students met criteria for one or more mental health problems, a nearly 50% increase from 2013. Regular mental health issues seen among school undergraduates include low certainty, distress, uneasiness, self-mutilation, anxiety, and depression (cook et al., 2007; Tayama et al., 2019). In Nigeria, a study at Afe Babalola University found that 9.6% of students experienced mental health problems, with depression being the most prevalent at 32.4%, followed by anxiety at 14.7%, and schizophrenia at 8.8% (Orok et al., 2023). These statistics highlight the growing concern about students' mental well-being and the need for institutional support.

Several factors contribute to the high prevalence of mental health disorders

among university students. Academic pressure is a significant factor, as students face the demands of coursework, examinations, and maintaining high grades, all of which can lead to stress and anxiety. Exam and course work pressure are associated with perceived stress and poor mental health (Campbell et al., 2022). Social challenges, including forming new friendships and dealing with feelings of isolation, also contribute to mental health struggles. Financial strain, caused by tuition fees, living expenses, and the pressure to sustain oneself financially, can exacerbate stress and anxiety. Factors contributing to the high prevalence of mental health issues included social, economic, and cultural contexts, such as poverty, unemployment, and stigma associated with mental illness (Igba, 2024). Additionally, some students engage in substance use as a coping mechanism, which can lead to substance use disorders and worsen existing mental health conditions. A lack of social support, particularly for students studying far from home, further increases vulnerability to mental health issues. Students at different academic levels encounter varying stressors. Those in lower-level courses often experience adaptation stress as they transition into a new academic environment, struggle to meet course requirements, and establish social relationships. In contrast, upper-level students usually face pressures related to complex research tasks, thesis and dissertation completion, and career planning after graduation (House et al., 2020). These stressors, if not effectively managed, contribute to the growing prevalence of mental health disorders among undergraduate students.

Mental health disorders are a pressing global and national concern, significantly affecting individuals' well-being and societal progress. The high prevalence of these disorders among university students, particularly in Nigeria, underscores the need for urgent interventions. Addressing mental health disorders has become critical in university settings, where they can significantly impact student well-being. Anxiety, depression, and stress not only impair cognitive functioning but also lead to absenteeism, lower grades, and, in severe cases, withdrawal from academic programs. Without adequate support, many students struggle in silence, resulting in long-term consequences for their education and future careers. Therefore, this study seeks to assess students' mental health status, identify contributing factors, and evaluate coping mechanisms for mental health challenges among undergraduates of university of Nigeria, Nsukka.

The specific objectives of the study were to,

1. determine the mental health status of undergraduates of the University of Nigeria, Nsukka;
2. identify the causative factors associated with mental health disorders among the students; and
3. determine the coping mechanisms for mental health challenges of the students.

Methodology

Design of the study: A cross-sectional survey research design was adopted for this study. Cross-sectional surveys are a research method that collects data from a population (in this case, students) at a specific point in time. This design was chosen for its ability to provide a snapshot of the prevalence of mental health disorders among undergraduates and their adopted coping mechanisms as well

as its cost-effectiveness and relatively quick implementation (Levin, 2006).

Population of the study: The study population consists of 39,295 undergraduate students from the ten faculties in Nsukka campus namely: Arts, Biological Sciences, Physical Sciences, Agriculture, Education, Engineering, Pharmaceutical Sciences, Social Sciences, Vocational Technical Education, and Veterinary Medicine in Nsukka campus during the 2023/2024 academic session.

Sample size and Sampling Technique: The sample size consisted of 367 undergraduate students drawn from three faculties (i.e 30% of the 10 faculties). The study adopted a multi-stage sampling technique in selecting the samples. The first stage involved using simple random sampling through balloting without replacement to select 30% (three) of the nine faculties at UNN, Nsukka Campus. The faculties selected were Veterinary Medicine, Engineering, and Agriculture. The Faculty of Veterinary Medicine had 10 departments with a student population of 497. The Engineering faculty has eight departments and 3,040 students, and the Faculty of Agriculture has eight departments and 552 students. These gave a total sampling frame of 4,089 students.

In the second stage**,** proportionate sampling was used to determine the number of students to be selected from each faculty using the formula.

$$\frac{\text{School population}}{\text{Total population}} \times \frac{\text{Sample Size}}{1}$$

This calculation gave a final sample size of 367 students comprising 45 students from Veterinary Medicine, 272 from Engineering and 50 from Agriculture.

In the final stage, a simple random technique was used to select 50% of the departments in each faculty. The sample size computed for each faculty was selected from the departments. Only final year students in the randomly selected departments and faculties who were available during the data collection period and gave their consent participated in the study. This group of undergraduate students was used for the study due to their unique characteristics related to complex research tasks, course work requirements, and career planning after graduation.

Instrument for data collection: Data were collected using a structured questionnaire and two adapted questionnaires. The first adapted questionnaire, called the General Anxiety Disorder (GAD 7) adapted from Spitzer et al. (2006), and the Patient Health Questionnaire (PHQ 9) adapted from Kroenke et al. (2001). The GAD contained seven items, and the PHQ, containing nine items, was used to measure undergraduates' mental health status on Anxiety and Depression disorders respectively. The respondents were asked to rate how frequently they experienced their symptoms in the past month such as '*Feeling nervous, anxious, or on edge*' (item 1) and '*Having little interest or pleasure in doing things*' (item 8). Modification was made on the responses; the original questionnaire has ratings such as "not at all," "several days," "more than half the days," and "nearly every day", but for this study, a 4-point scale from never (0) to always (3) was used. The second adapted questionnaire, titled Panic, Social Anxiety, and Eating Disorder Questionnaire (PSAED-Q). The questionnaire is a 20-item questionnaire that combines 5 items of the Panic Disorder Screener (PADIS) adapted

from Batterham et al. (2015), 8 items of the Social Phobia Inventory (SPIN) adapted from Connor et al. (2000) , and 7 items of the Eating Disorder Examination Questionnaire (EDE-Q) adapted from Fairburn and Beglin (1994).   The researchers modified them in terms of content by merging or removing similar ideas in the items as well as their responses to suit the objectives and population of the study. The responses are given on a 4-point scale from never (0) to always (3). The structured question was used to elicit responses on factors associated with mental health disorders (12 items) as well as the coping mechanisms adopted in coping with mental health challenges (7 items). The responses were given on a 4-point scale from never (0) to always (3).

Validation and Reliability of the instrument: The modified structured questionnaire was validated by three lecturers from the Department of Home Science and Management, University of Nigeria, Nsukka for both face and content validity. Their suggestions and observations were used to improve the final questionnaire items used for the study. The reliability scores were obtained using Cronbach's Alpha reliability test. The questionnaire was administered to 20 respondents from two departments that were not part of the study sample. The reliability coefficients of the instrument on the Patient Health Questionnaire (PHQ-9) was 0.80 and General Anxiety Disorder (GAD-7) was 0.84; the score for the Panic, Social Anxiety and Eating Disorder Questionnaire (PSAED-Q) was 0.76, while that of the structured questionnaire was 0.79 and the overall reliability of the instrument was 0.79, which falls within an acceptable reliable coefficient. Thus, the

instrument was used for data collection purposes.

Informed consent: A written informed consent form was used to get the respondents' consent to be part of the study. The researchers explained the study's protocol to the participants, and questions were answered to the participants' satisfaction. The respondents were given the informed consent form to sign. Only willing participants were enlisted for the study.

Method of data collection: Data for the study was collected with the help of two trained research assistants. The researcher and the two assistants, hand-distributed 367 copies of the questionnaires to the respondents in their various departments and retrieved them immediately after completion. This data collection was done within four weeks, and there was 100% return rate for the instrument.

Data and statistical analysis: The data collected were coded into the computer software; statistical products for service solution SPSS (version 23.0) and analyzed using descriptive. In analyzing the collected data, the descriptive statistics of frequencies and percentages were applied. For the GAD-7, the scores were categorized into four severity levels: minimal anxiety for scores ranging from 0 to 4, mild anxiety for scores between 5 and 9, moderate anxiety for scores from 10 to 14, and severe anxiety for scores from 15 to 21.

The PHQ-9 scores were grouped into five severity levels for depression: minimal depression for scores from 0 to 4, mild depression for scores ranging from 5 to 9, moderate depression for scores between 10 and 14, moderately severe

depression for scores from 15 to 19, and severe depression for scores between 20 and 27. For the PSAED-Q, a score ranging from 0 to 10 indicates minimal or no indication of the condition, while scores between 11 and 25 suggest a mild level. A moderate manifestation is indicated by scores from 26 to 40, and scores from 41 to 60 signify a severe level of the condition. The items of the factors associated with mental health disorders, and the coping mechanisms are deemed major or common if 50% or more of students responded "Sometimes/ Always" to the item.

Results

### Demographic characteristics of the respondents

The demographic characteristics of the surveyed undergraduate students of the University of Nigeria, Nsukka, focused on their age, gender, academic discipline, and relationship status. Majority of the respondents (40.3%) were between 21-25 years, followed by 26-30 years (35.1%). Younger students aged 16-20 years accounted for 17.4%, while a small proportion (7.1%) were over 30 years. The study had more female participants (63.5%) than males (36.5%). Most students were single (67.8%), while 20.2% were in a relationship. Married students made up 9.8%, and a small fraction (2.2%) was divorced.

Mental Health Status of the Respondents

Figure 1 shows the prevalence of anxiety, depression, panic disorder, social anxiety disorder, and eating disorders among the respondents. Most of them (47.1%) showed low levels of anxiety disorder, while 39.2% showed moderate levels, and 13.6% showed high levels of anxiety disorder. Depressive symptoms were prevalent as the majority (61.0%) of the respondents were moderately depressed, and 14.2% had high levels of depression. Only about a quarter (24.8%) had low levels of depression. The symptoms of panic disorder were present among respondents; 58.9% had moderate levels of panic disorder and 12.5% had high levels while 28.6% had low levels of panic disorder. Social anxiety symptoms were also present among the respondents as 60.2% had moderate levels, 13.9% had high levels, while 25.9% had low levels of social anxiety disorder. For disordered eating behaviors among the respondents, 66.2% of the respondents showed low levels of eating disorder, 19.1% showed moderate levels of eating disorder and 14.7% had high levels of eating disorder.

Figure 1: Prevalence of anxiety, depression, panic, social anxiety, and eating disorders among the respondents
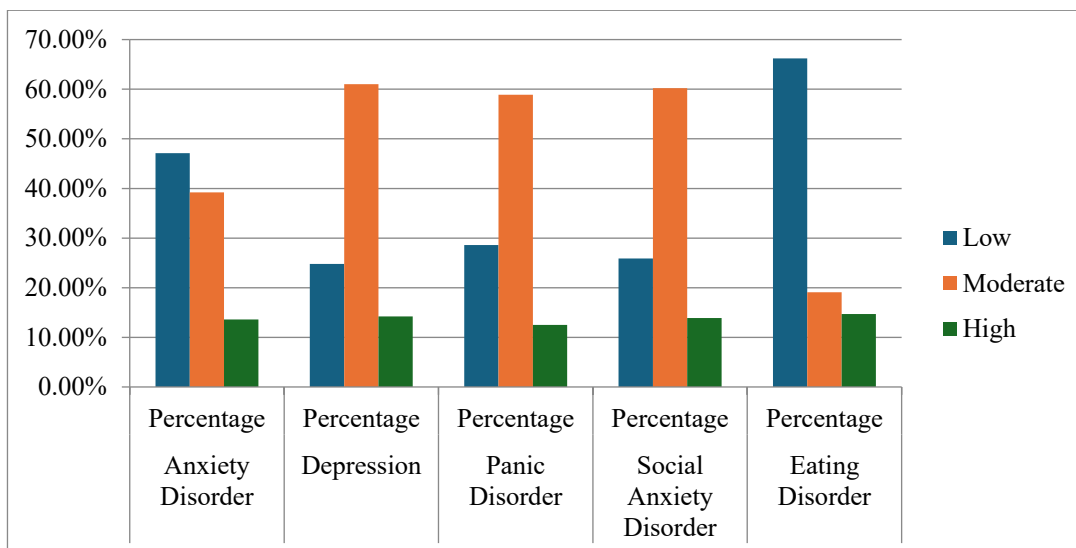
Perceived Factors Associated with Mental Health Disorders

Table 1 presents the frequency and percentage distribution of factors associated with mental health disorders among the respondents. Notably, 69.5% of respondents experienced stress, making it a major contributing factor. Procrastination (64.3%), academic pressure (60.2%), poor time management (54.5%), and family problems (51.8%) also contribute significantly, with a substantial percentage of students reporting occasional or frequent struggles and further impact mental health. However, poverty (31.6), peer pressure (31.0), relationship issues (32.2), poor sleep habits (29.2), and social media problems (37.6) were reported to have a minor impact on the mental health of the respondents.

Table 1: Frequency and percentage responses on the factors associated with mental health disorders

Variable	Never/Rarely F (%)	Sometimes/Always F (%)	Remark
Academic Pressure	146(39.8)	221(60.2)	Major
Family Problems	177(48.2)	190(51.8)	Major
Relationship Issues	249(67.8)	118(32.2)	Minor
Poor Sleep Habit	223(60.8)	144(29.2)	Minor
Social Media Problems	226(62.4)	141(37.6)	Minor
Peer Pressure	253(69.0)	114(31.0)	Minor
Poor Time Management	167(45.5)	200(54.5)	Major
Procrastination	131(35.7)	236(64.3)	Major
Poverty	212(68.4)	155(31.6)	Minor
Stress	112(30.5)	255(69.5)	Major

Key: F (%) = Frequency (Percentage)

Coping Mechanisms for Mental Health Disorders among the Respondents
Table 2 presents the strategies students use to manage mental health challenges by the respondents. The responses ranged from "Never" to "Always", indicating how frequently students rely on different coping methods. The most common coping strategies are as follows: talking to friends/family used by 68.9% of students, Religious/spiritual activities used by 66.2% of students, Hobbies (65.9%), and Meditation/Mindfulness (62.4%). Exercise (49.0%), counseling services (43.9%), and seeking professional help (32.7%) were the least used coping mechanisms, as most students rarely or never use them.

Table 2: Coping Mechanisms for Mental Health Disorders among the Participants

Variable	Never/Rarely F (%)	Sometimes/Always F (%)	Remark
Exercise/Sports	187(51.0)	180(49.0)	Uncommon
Meditation/Mindfulness	138(37.6)	229(62.4)	Common
Counselling Services	206(56.1)	161(43.9)	Uncommon
Talking to Friends/Family	114(31.1)	253(68.9)	Common
Religious/Spiritual Activities	124(33.8)	243(66.2)	Common
Hobbies	125(34.1)	242(65.9)	Common
Professional Help	234(67.3)	133(32.7)	Uncommon

Discussion
Mental Health Status of Undergraduates
Anxiety and depression symptoms were common among the respondents, with moderate levels being most frequently reported. Anxiety and depression disorders are characterized by excessive worry, nervousness, fear, as well as persistent feelings of sadness, hopelessness, and loss of interest in activities that interfere with daily life. Moderate levels of panic disorder and social anxiety disorder symptoms were also reported. These disorders are characterized by recurring and intense episodes of fear that peak within minutes, as well as excessive, persistent fear in social situations. Experiencing moderate or even low levels of these disorders can still significantly impact daily life, relationships, academics, and overall well-being negatively. Eating disorders are relatively less prevalent among respondents than other conditions. Eating disorders are disorders that involve emotions, attitudes and behaviors surrounding weight, food, and size that severely impair functioning in major areas of life (American Psychiatric Association, 2022). Eating disorders, while severe and often life-threatening (Hambleton et al., 2022), impact a smaller percentage of the population compared to anxiety, depression, and panic disorders. The implication of this is that eating disorders might receive less widespread public attention and understanding compared to anxiety and depression, which are more commonly discussed. This can contribute to a lack of awareness about symptoms, risks, and available help.

While a small number of respondents reported high symptom levels, a substantial proportion indicated serious mental health issues that were prevalent across various conditions. This implies

that the majority of respondents experienced moderate levels of symptoms, which can still impact their physical health such as an increased risk of cardiovascular diseases, weakened immune function, and chronic illnesses, as well as their social lives through strained relationships, social withdrawal, and isolation and even occupational lives, including reduced work performance, productivity, and career stability. Thereby necessitating a need for mental health support services, awareness programs, and counseling to help students manage their emotional and psychological challenges. These support the findings of Isiogugu et al. (2022), which showed that students at different levels show different characteristics of mental illness, which include anxiety, depression, and panic disorders. Regular mental health issues seen among university undergraduates include low certainty, distress, uneasiness, self-mutilation, anxiety, and depression (Cook et al.,2007; Tayama et al.,2019).

Factors Associated with Mental Health Disorders

Most students experienced academic pressure as well as stress, family problems, procrastination, and poor time management, which they believe contribute to mental health challenges. Stress is a reaction to change or to situations that are perceived to be threatening. Stress has a psychological impact that can manifest as irritability or aggression, a feeling of loss of control, insomnia, fatigue or exhaustion, sadness or tears, concentration or memory problems, or more. Prolonged stress can trigger or worsen anxiety, leading to panic attacks, generalized anxiety disorder, and social anxiety (Pietrangelo, 2025).

Academic pressures such as a demanding curriculum, extensive study requirements, the need for effective time management, and a competitive classroom environment can impact one's mental health. This implies that as students navigate the demands of coursework, examinations, and maintaining high grades, they are likely to experience increased stress and anxiety which, if left unaddressed, can impact academic and professional progress, relationships, and overall well-being. These are in line with the findings of Campbell et al. (2022), which posited that exam and coursework pressure are associated with perceived stress and poor mental health.

Family problems manifesting as ongoing family conflict, disagreements, or an unstable home environment can create a constant state of tension and insecurity. This chronic stress can lead to generalized anxiety, making individuals feel constantly on edge, worried, and overwhelmed. Also, unresolved family disputes, lack of support or emotional strain within the family can contribute to feelings of sadness, hopelessness, and isolation, which are common symptoms of depression. This is in line with the findings of Kim et al. (2020), which posited that there is a direct and positive association between family stress and negative mental health problems.

When tasks pile up and deadlines loom due to ineffective time management, individuals experience heightened stress and anxiety. The feeling of being overwhelmed and lacking control can be significant. Constantly feeling behind or rushed can lead to emotional and physical exhaustion, a common sign of burnout. While procrastination might offer temporary relief from an unpleasant task,

it inevitably leads to increased stress and anxiety as deadlines approach, and the consequences of delay become more apparent. The cycle of delaying tasks, experiencing negative consequences, and feeling bad about it can contribute to or worsen symptoms of depression, such as low motivation, hopelessness, and dissatisfaction. This is supported by the findings of Johansson et al. (2023), that higher levels of procrastination were associated with worse subsequent mental health (depression, anxiety, and stress symptom levels), unhealthy lifestyle behaviors (poor sleep quality and physical inactivity), and worse levels of psychosocial health factors (higher loneliness and more economic difficulties).

These factors often create a downward spiral. For example, family problems can lead to stress, which then impairs time management, leading to procrastination and ultimately, a decline in mental well-being. Addressing any of these contributing factors can often have a positive ripple effect on the others and on overall mental health. Also, seeking support and developing healthy coping strategies can help mitigate these effects.

Coping mechanisms of mental health disorders

The findings of the study show that social support, self-help, and faith-based coping are common strategies adopted by the students for mental health challenges. Social support involves seeking care and assistance from people within one's social network, such as talking to family members, friends, and colleagues. Strong social support is beneficial for mental health because it offers useful information and feedback sharing, practical help, emotional support, esteem support, social integration, or network support necessary for navigating stressful experiences (Drageset, 2021).

Self-help coping involves individuals actively engaging in strategies such as exercise and mindfulness and resources independent of formal professional intervention or direct external assistance from their social network. Just as social support provides useful information and feedback, sharing or emotional support through others, self-help involves the individual providing these elements to themselves or accessing resources that empower them to do so. Practicing self-help coping such as mindfulness can reduce stress, improve focus, and encourage mental growth (Cronkleton, 2022).

Faith-based coping, like religious/spiritual activities, is one of the primary mental health strategies among the respondents. Faith-based strategies can provide students with emotional support, practical help, and a sense of belonging, thereby promoting personal growth and coping mechanisms. While these alternative approaches can be beneficial, professional help and counseling services that offer more comprehensive and personalized support, tailored to individual needs, with expertise and evidence-based treatments, are often necessary for severe or complex mental health issues, providing a safe and confidential space for students to address their concerns.

The study found that students preferred informal support systems over professional mental health care. This could be a result of mental health stigma associated with professional strategies of coping with mental health disorders or the financial cost associated with using the professional coping mechanism. Igba

(2024) highlights the critical need for improved mental health literacy, supportive services, and proactive interventions to address the mental health challenges faced by adolescents at the University of Nigeria, Nsukka, using all possible media available such as online, agents, etc. Findings by Obudo (2019) showed a lack of awareness and accessibility as a barrier to seeking professional help, potentially affecting students' academic performance and overall well-being.

Conclusion

Mental health challenges among undergraduate students of the University of Nigeria, Nsukka, are a significant concern. This study has highlighted various mental health challenges such as depression and anxiety, as well as panic and social anxiety disorders. These challenges could have devastating effects on the students' academic success, and the pressure of academic expectations could further exacerbate the conditions, leading to a vicious cycle of increased stress, anxiety, and decreased motivation, ultimately threatening their overall well-being and educational outcomes. Several factors contribute to the prevalence of mental health disorders among undergraduates, including academic pressure and stress. Understanding the interplay between these factors is crucial for developing effective strategies to promote mental wellness and support undergraduates in achieving their academic and personal goals. Students tend to favour informal support networks, such as self, friends, and family, over professional mental health services. Notably, there is a significant underutilization of professional mental health strategies, highlighting a concerning gap in seeking formal help for mental health concerns. By integrating mental health support systems within the university framework, students can receive the help they need to thrive both academically and personally.

Recommendations

The following recommendations were made based on the findings of the study:

1. The government should implement educational events such as collaborative dialogue workshops and integration of mental health topics into the curriculum to improve mental health literacy and develop culturally sensitive coping strategies among university students.
2. The university authority should train faculty and administrative staff to recognize signs of mental health struggles and how to respond appropriately.
3. The university should ensure that counseling services are available, accessible, and confidential, and create awareness about their availability and benefits through various channels.
4. The school authority should leverage faith-based coping strategy by partnering with churches and religious organisations on campus in providing counseling services to the students.

References

Adayonfo, E. (2023). Mental health disorders in Nigeria: Prevalence and challenges. *Journal of Public Health*, 45(3), 234–245.

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed.) text revision (DSM-5-TR). American Psychiatric Publishing.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental*

disorders (5th ed.). American Psychiatric Publishing.

Batterham, P.J., Mackinnon, A.J., & Christensen, H. (2015). The Panic Disorder Screener (PADIS): Development of an accurate and brief population screening tool. *Psychiatry Research, 228*, 72-76.

Campbell, F., Blank, L., Cantrell, A., Baxter, S., Blackmore, C., Dixon, J., & Goyder, E. (2022). Factors that influence mental health of university and college students in the UK: a systematic review. *BMC Public Health* 22, 1778 https://doi.org/10.1186/s12889-022-13943-x

Connor, K. M., Davidson, J. R., Churchill, L. E., Sherwood, A., Weisler, R. H., & Foa, E. (2000). Psychometric properties of the social phobia inventory (SPIN). *The British Journal of Psychiatry*, *176*(4), 379-386.

Cook, L. J., Evans, P., & Simons, D. (2007). Understanding mental health issues in university students. *Journal of Higher Education, 78*(4), 567–580.

Cronkleton. E. (2022). Mindfulness and emotional wellbeing strategies. https://www.medicalnewstoday.com/articles/mindfulness-for-mental-wellbeing

Drageset, J. (2021). Social support. In *Springer eBooks* (pp. 137–144). https://doi.org/10.1007/978-3-030-63135-2_11

Fairburn, C. G., & Beglin, S. J. (1994). Eating Disorder Examination Questionnaire (EDE-Q). *APA PsycTests*. https://doi.org/10.1037/t03974-000

Gueldner, B.A., Feuerborn, L.L., & Merrell, K.W. (2020). *Social and emotional learning in the classroom: Promoting mental health and academic success.* Guilford Publications.

Hambleton, A., Pepin, G. , Le, A., Maloney, D., National Eating Disorder Research Consortium,

Touyz, S., & Maguire, S. (2022). Psychiatric and medical comorbidities of eating disorders: Findings from a rapid review of the literature. *Journal of Eating Disorder,* 10, 132. https://doi.org/ 10.1186/s40337-022-00654-2

House, L. A., Neal, C., & Kolb, J. (2020). Supporting the mental health needs of first generation college students. *Journal of College Student Psychotherapy*, 34(2), 157–167. https://doi.org/10.1080/87568225.2019.1578940

Igba, N. (2024). Exploring common mental health problems among Nigerian adolescents: Identified challenges and recommendations for the future. *Journal of Adolescent Mental Health, 7*(2), 88–104.

Johansson, .F, Rozental, A., Edlund, K., Côté, P., Sundberg, T., Onell, C., Rudman, A. & Skillgate, E. (2023). Associations between procrastination and subsequent health outcomes among university students in Sweden. *JAMA Network Open,* 6(1), e2249346. https://doi.org/10.1001/jamanetworkopen.2022.49346.

Kim, D. H., Bassett, S. M., So, S., & Voisin, D. R. (2019). Family stress and youth mental health problems: Self-efficacy and future orientation mediation. *American Journal of Orthopsychiatry, 89*(2), 125–133. https://doi.org/10.1037/ort0000371

Kinrinde, D., Ayeni, S., Akande, D., & Adegbite, A (2024). Exploring common mental health problems among Nigerian adolescents: Identified challenges and recommendations for the future. https://bit.ly/3GuDahV

Kroenke, K., Spitzer, R.L., & Williams, J.B. (2001).The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9), 606-613.

Levin, K. A. (2006). Study design III: Cross-sectional studies. *Evidence-Based Dentistry, 7*(1), 24–25.

Lipson, S. K., Zhou, S., Abelson, S., Heinze, J., Jirsa, M., Morigney, J., Patterson, A. Singh, M., & Eisenberg, D. (2022). Trends in college student mental health and help-seeking by race/ethnicity: Findings from the national healthy minds study, 2013–2021. *Journal of Affective Disorders.* 306, 138-47. https://doi.org/10.1016/j.jad.2022.03.038

Mathers, C. D., & Loncar, D. (2015). Projections of global mortality and burden of disease

from 2002 to 2030. *PLoS Medicine, 3*(11), e442.

Okorie, C., Ugwuanyi, T. C., & Eze, I. J. (2020). A historical perspective on the University of Nigeria, Nsukka: Growth, challenges, and prospects*. Nigerian Journal of Higher Education*, 18(2), 112–125.

Orok, E., Okuoru, W., Oni,O., Ojo, T., Oluwadare, T., Bamitale, T., Jaiyesimi, B., Akinjisola, A., & Apara, T. (2023). Prevalence and factors associated with mental health problems among undergraduates in a Nigerian university. *Research Square.* https://doi.org/ 10.21203/rs.3.rs-3542029/v1

Pietrangelo, A. (2025). The Effects of Stress on Your Body.https://www.healthline.com/health/stress/effects-on-body

Spitzer R.L., Kroenke, K., Williams, J.B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7.*Archives of Internal Medicine*, 166, 1092-1097.

Queensland Brain Institute. (2024, December 12). Half of world's population will experience a mental health disorder. *Harvard Medical School*. https:// hms.harvard.edu/news/half-worlds-population-will-experience-mental-health-disorder.

Ugwuanyi, T. C., Okorie, C., & Eze, I. J. (2022). Student demographics and academic outcomes: Evidence from the University of Nigeria Nsukka. *Journal of Higher Education Research, 16*(4), 200–214.

WHO. (2004). *Promoting mental health: Concepts, emerging evidence, practice*. World Health Organization.

WHO. (2016). *Adolescent mental health: Facts and figures*. World Health Organization.

WHO. (2017). *Mental health services in Nigeria: Challenges and opportunities*. World Health Organization.

WHO. (2019). *Suicide rates and mental health trends in Nigeria*. World Health Organization.

WHO. (2021). *Depression*. Health Topics. World Health Organization.

WHO. (2022). *Global prevalence of mental disorders: Key statistics and trends*. World Health Organization.