

**MENTAL HEALTH AWARENESS AND STIGMA IN THE FACULTY OF
SOCIAL SCIENCES UNIVERSITY OF BENIN**

EFOSA BLESSING NOSAKHARE

SSC2106083

**DEPARTMENT OF SOCIAL WORK
FACULTY OF SOCIAL SCIENCES
UNIVERSITY OF BENIN
BENIN CITY**

OCTOBER, 2025

**MENTAL HEALTH AWARENESS AND STIGMA IN THE FACULTY OF
SOCIAL SCIENCES UNIVERSITY OF BENIN**

Efosa Blessing NOSAKHARE

SSC 2106083

**A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF SOCIAL
WORK, FACULTY OF SOCIAL SCIENCES, UNIVERSITY OF BENIN, BENIN
CITY IN PARTIAL FULFILMENT OF THE REQUIRMENTS FOR THE
AWARD OF THE DEGREE OF B.S.W. IN SOCIAL WORK**

OCTOBER,2025

CERTIFICATION

We, the undersigned, certify that this project was carried out by Efosa Blessing NOSAKHARE with Matriculation Number SSC2106083 in the Department of Social Work, Faculty of Social Sciences, University of Benin, Benin City. It is adequate in scope and quality for the partial fulfilment of the requirements of the award of the degree of B.S.W. In Social Work.

EGHAREVBA, JOSEPH OSAGIE

Project Supervisor

Date:

DR.(MRS.) HELEN EWEKA

Head, Department of Social Work

Date:

DEDICATION

This study is dedicated to God Almighty for his preservation, provision, all through my academic journey and for his grace and knowledge he poured on me to be able to complete this project; and also to my loving parents and siblings.

ACKNOWLEDGEMENTS

First and foremost, my profound gratitude, honour, and adoration goes to Almighty God for the successful academic journey so far, to him be all the glory. Also, her sincere appreciation goes to her amiable supervisor, Dr. Egharevba Joseph Osagie, for his undiluted cooperation, patience, guidance and scholarly assistance all through the course of the study. She pray that God continues to bless all that concerns you.

The researcher also wants to use this medium to thank all her lecturers, most especially Dr. Ukponahusi, Owie, Dr. Charles Mfon and Dr. (Mrs.) Helen Eweka, who for the past years have been committed to her academic advancement. Special appreciation goes to some wonderful and amazing personalities for their love, prayers, and amazing care and sacrifice. Her greatest appreciation goes to her parents, Pastor Nosa Aghedo Kingsley and Minister Roseline Aghedo, for their support, most especially their relentless prayers and financial provision.

To her amazing siblings; Nosakhare Victory Oghosa, Nosakhare Glory Unamwosa and Nosakhare Believe Eghosa; for their unending love and support.

Special thanks also goes to her friends; Omosuyi benniah, Raphael Divine, Abattam Precious, Ohwoadua blessing, Uzor Emeka, Pat'ndu Blossom And to her church members; Imafidon Eseosa gift, marvellous odigie, course mates, her Bunkies; Precious, Blessing, Queen, Goodness and my roommates (100 to 400 levels), Enogie, Ebos, Tabitha, Faith,

Nancy, Vera, Catherine, Mitchel, Gifted, Jayne, Precious Eferigho, Ayomide, Chidim, Mary, Oyemwen and Ese sweet

To my beautiful and healthy grandparents, Uncle Osas; Aunty Esosa and cousins. Her special appreciation also goes to them for their prayers and always being there as best as they can. Finally, the researcher wishes to acknowledge the invaluable contributions of various educators and authors whose documented materials served as a source of priceless information to the successful writing of this project. She is indeed grateful.

TABLE OF CONTENTS

	Page
TITLE	i
CERTIFICATION	ii
DEDICATION	iii
ACKNOWLEDGEMENTS	iv
TABLE OF CONTENT	vi
ABSTRACT	ix
CHAPTER ONE: INTRODUCTION	
1.1 Background to the Study	1
1.2 Statement of the Research Problem	4
1.3 Objectives of the study	5
1.4 Research Questions	5
1.5 Scope of the Study	6
1.6 Significance of the Study	8
CHAPTER TWO: REVIEW ON RELATED LITERATURE	

2.1 Introduction	11
2.2 Assess the level of mental health awareness among students and faculty members	12
2.3 Identify prevalent mental health issues affecting students and faculty members	21
2.4 Analyse the impact of stigma on mental health help seeking behaviour	33
2.5 Examine the institutional and cultural factors contributing to mental health stigma in universities	45
2.6 Propose effective strategies for increasing mental health awareness and reducing stigma in the faculty of social sciences	62
2.7 Research Hypothesis	78
CHAPTER THREE: RESEARCH METHODOLOGY	
3.1 Preamble	79
3.2 Research Design	79
3.3 Area of Study	80
3.4 Population of the Study	80

3.5 Sample and Sampling Technique	81
3.6 Research Instrument	81
3.7 Validation of Instrument	82
3.8 Reliability of Instrument	82
3.9 Method of Data Collection	82
3.10 Method of Data Analysis	82
CHAPTER FOUR: PRESENTATION OF AND DISCUSSION OF RESULTS	
4.1 Presentation of Results	83
4.2 Discussion of Findings	90
CHAPTER FIVE: SUMMARY, CONCLUSION AND	
RECOMMENDATIONS	
Summary	103
Conclusion	107
Recommendations	109
REFERENCES	116

ABSTRACT

This study focused on mental health awareness and stigma among students and staff in the Faculty of Social Sciences, University of Benin. The descriptive survey design was adopted for the study. A total of five (5) research questions were formulated to guide the investigation.

The population of the study comprised 3,194 students across all departments within the Faculty of Social Sciences. The sample size consisted of 500 respondents, distributed as follows: 100 from Sociology and Anthropology, 100 from Social Work, 100 from Political Science, 100 from Economics and Statistics, 25 from Geography, and 75 from Public Administration. A structured questionnaire was used as the primary instrument for data collection. Data obtained were analyzed statistically and presented in tables showing frequencies and percentages of responses.

Findings from the study revealed the level of mental health awareness and stigma among both students and faculty members. The study also identified various ways to control stigma within the faculty and proposed recommendations to enhance mental health promotion and reduce discrimination. These include: institutionalizing mental health education, establishing and strengthening support systems, implementing regular awareness campaigns, encouraging peer support initiatives, training faculty and administrative staff, and engaging university leadership in mental health advocacy.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Mental health is an essential component of human well-being, yet it remains one of the most misunderstood and stigmatized aspects of public health worldwide. Across all regions, cultures, and socioeconomic classes, individuals silently endure psychological distress due to fear of judgment, discrimination, or neglect. This silent suffering is perpetuated by a persistent lack of awareness, limited access to care, and the societal stigmas that surround mental illness.

Despite increasing global recognition of the importance of mental well-being, millions of people continue to face barriers to diagnosis, treatment, and recovery. In many parts of the world, mental health disorders are not acknowledged as legitimate health concerns, and those affected are often marginalized, ridiculed, or criminalized. This stigma does not only cause emotional harm it prevents people from seeking help and leads to worsening symptoms, social isolation, and, in extreme cases, suicide.

It is imperative to recognize that mental health affects everyone. There is no health without mental health. Depression, anxiety, post-traumatic stress, bipolar disorder, schizophrenia, and other mental health conditions are not signs of weakness or moral failure; they are medical conditions that require compassionate and evidence-based care. Every individual

regardless of nationality, gender, religion, age, or socioeconomic status deserves to live a life of dignity, supported by systems that value psychological well-being.

Ending the stigma associated with mental illness must become a global priority. This begins with awareness educating communities to understand that mental health is real, that help is available, and that recovery is possible. Schools, workplaces, healthcare systems, faith-based organizations, and governments must collaborate to foster environments where open dialogue is encouraged and individuals feel safe to express their struggles without fear of shame or exclusion.

We must invest in mental health services, train professionals, and integrate mental healthcare into primary health systems. Policies must be created and enforced to protect the rights of those living with mental health conditions, while culturally sensitive campaigns must work to challenge myths and stereotypes that fuel stigma.

As a global community, we must move from silence to solidarity, from ignorance to empathy, and from stigma to support. The time to act is now. Together, we can create a world where mental health is not only understood and respected, but also protected, supported, and celebrated as an integral part of human life.

Mental health plays a crucial role in determining an individual's emotional, psychological, and social well-being. It affects how individuals think, feel, and behave in daily life, influencing their ability to handle stress, make decisions, and interact with others. The World Health Organization (WHO) defines mental health as "a state of well-being in which

an individual realizes their own potential, can cope with normal stresses of life, work productively, and contribute to their community" (WHO, 2001). In academic environments, particularly higher education institutions, mental health is a significant determinant of students' academic success and faculty members' productivity. The university experience is often characterized by academic pressure, social expectations, and financial constraints, all of which contribute to increased stress, anxiety, and depression among students (American College Health Association, 2019). Faculty members also face mental health challenges stemming from workload pressures, research demands, and administrative responsibilities, which can lead to burnout and reduced job satisfaction. Despite the increasing prevalence of mental health issues, stigma remains a substantial barrier to seeking help. Mental health stigma can take different forms, including social stigma (negative attitudes and discrimination from peers), self-stigma (internalized feelings of shame and inadequacy), and institutional stigma (lack of supportive policies and mental health resources). The Faculty of Social Sciences at the University of Benin is not immune to these challenges. Many students and faculty members hesitate to seek mental health support due to fear of judgment, societal misconceptions, or limited access to counseling services. The growing recognition of mental health as a critical issue in higher education necessitates research into awareness levels, the impact of stigma, and the strategies required to create a more supportive academic environment. This study seeks to assess mental health awareness and stigma within the Faculty of Social Sciences, identify barriers

to seeking help, and propose interventions to improve mental well-being among students and faculty members.

1.2 Statement of the Research Problem

Despite the recognition of mental health as an essential aspect of overall well-being, significant gaps remain in understanding its impact within university settings. The increasing number of students and faculty members experiencing anxiety, depression, and stress underscores the need for urgent interventions. However, stigma continues to hinder open discussions about mental health and prevents individuals from seeking the necessary support. In the Faculty of Social Sciences, University of Benin, students and faculty members face various psychological stressors, including academic workload, financial difficulties, social pressures, and career uncertainties. Many individuals struggle with these challenges in isolation due to fear of being judged or labeled as weak. The stigma associated with mental health issues not only discourages help-seeking behavior but also exacerbates feelings of distress, leading to a decline in academic performance, social withdrawal, and, in severe cases, suicidal ideation (Corrigan & Watson, 2002). Furthermore, institutional policies and support systems for mental health in universities are often inadequate or poorly implemented. Counseling services may be limited, understaffed, or inaccessible, leaving students and faculty members without proper resources to manage their mental health concerns effectively. The absence of mental health awareness programs further contributes to misinformation and negative attitudes toward those experiencing

psychological distress. This study seeks to address these issues by investigating the extent of mental health awareness, examining the role of stigma in preventing access to mental health support, and identifying strategies for fostering a stigma-free academic environment.

1.3 Objectives of the Study

The main aim of this study was to examine mental health awareness and stigma in the faculty of social sciences university of benin

The specific objectives were to:

1. assess the level of mental health awareness among students and faculty members.
2. identify prevalent mental health issues affecting students and faculty members.
3. analyse the impact of stigma on mental health help-seeking behavior.
4. examine the institutional and cultural factors contributing to mental health stigma in universities.

1.4 Research Questions

To address the identified problems, the following research questions are proposed:

1. What is the level of awareness and understanding of mental health among students and faculty members in the Faculty of Social Sciences?
2. What are the common mental health challenges faced by students and faculty members?

3. How does stigma impact students' and faculty members' willingness to seek mental health support?

4. What institutional and societal factors contribute to mental health stigma within the university environment?

1.5 Scope of the Study

This study is centered on the Faculty of Social Sciences at the University of Benin and seeks to investigate the complex interplay between mental health awareness, stigma, and their effects on both students and faculty members. The university environment, often regarded as a place of intellectual and personal growth, also presents a wide range of stressors that can significantly impact mental well-being. Within this context, the Faculty of Social Sciences offers a particularly relevant setting for such an investigation, as it houses departments that are closely linked to human behavior, societal functioning, and policy development. Understanding how mental health is perceived and addressed within this faculty can provide a foundational perspective for wider institutional and societal change.

The research will begin by assessing the prevalence of mental health issues among students and faculty members. This involves identifying common mental health challenges such as anxiety, depression, stress-related disorders, and emotional burnout, and understanding how frequently these issues occur within the academic population. Mental health

challenges among students can affect academic performance, class attendance, social engagement, and overall well-being, while faculty members experiencing similar challenges may face decreased productivity, job dissatisfaction, and strained professional relationships. Gathering data on prevalence will establish a baseline for understanding the extent of the problem and the urgency of needed interventions.

In addition, the study will explore how cultural beliefs and societal norms shape perceptions of mental health within the faculty. In many Nigerian communities, mental health issues are often misunderstood, attributed to spiritual causes, or seen as signs of personal weakness or moral failure. These cultural and societal attitudes can fuel stigma, silence, and shame, discouraging individuals from seeking help or even acknowledging their struggles. By examining how such beliefs manifest within the university setting, the study aims to highlight the barriers to mental health literacy and foster culturally sensitive solutions.

A critical aspect of this study involves evaluating the impact of mental health stigma on academic and social outcomes. Stigma, whether internalized or imposed by others, can discourage individuals from accessing support services, lead to social isolation, and negatively influence self-esteem. Among students, this may result in declining academic performance, absenteeism, and difficulty maintaining relationships. For faculty members, stigma may lead to reluctance in disclosing struggles, which could affect collegial relationships, job satisfaction, and the ability to support students experiencing mental

health challenges. Understanding the consequences of stigma will help inform targeted interventions that promote openness, acceptance, and resilience.

Furthermore, the study will assess the availability and effectiveness of mental health support services currently offered by the University of Benin. This includes counseling centers, peer support programs, student welfare units, and any faculty-specific initiatives. The goal is to determine whether these services are accessible, well-publicized, and capable of meeting the needs of students and staff. Particular attention will be given to the perceived quality of these services, the extent to which individuals feel comfortable utilizing them, and the systemic challenges that may hinder effective delivery.

Finally, the research will identify and recommend strategies for improving mental health education and reducing stigma within the Faculty of Social Sciences. This may include the introduction of mental health awareness campaigns, training for faculty and student leaders, incorporation of mental health topics into the curriculum, and the creation of safe spaces for dialogue and support. These strategies aim not only to increase awareness but also to foster a culture of empathy, inclusion, and proactive care.

1.6 Significance of the Study

This study will contribute meaningfully to the existing body of knowledge on mental health awareness and stigma, particularly within the context of Nigerian higher education institutions. While numerous studies have examined mental health globally, there remains a limited pool of research focusing on mental health issues specific to university faculties

in sub-Saharan Africa. By focusing on the Faculty of Social Sciences at the University of Benin, this research adds a localized and discipline-specific perspective to the ongoing discourse. It explores the unique socio-cultural and institutional factors that shape mental health perceptions and experiences among students and faculty members. The study's findings will therefore help bridge existing knowledge gaps and offer contextually relevant data for future academic references.

The insights gathered from this study will be highly valuable for informing institutional and educational policy-making. By highlighting the prevalence of mental health challenges and the influence of stigma within the Faculty of Social Sciences, the research provides evidence-based recommendations that university administrators and policymakers can use to design mental health-friendly policies. These could include integrating mental health education into the academic curriculum, improving the accessibility and quality of mental health services on campus, and developing anti-stigma campaigns. Moreover, at a broader level, the findings could influence national education and health policy frameworks aimed at promoting mental well-being in tertiary institutions across Nigeria.

This study serves as a foundational work upon which future research can be built. By identifying the specific challenges and attitudes surrounding mental health within the Faculty of Social Sciences, it sets the stage for broader comparative studies involving other faculties, universities, or regions. Researchers may build on this work by exploring longitudinal impacts of mental health awareness programs or assessing intervention

outcomes across diverse student populations. Additionally, it may inspire interdisciplinary research that intersects mental health with education, sociology, and policy studies, thereby deepening academic engagement with mental health in the African context.

A key strength of this study lies in its provision of empirical evidence on mental health awareness and stigma within a university setting. Through the use of surveys, interviews, or other data collection methods, the research will yield quantifiable and qualitative insights into how mental health is perceived and experienced by students and faculty members in the Faculty of Social Sciences. This evidence will not only support academic inquiry but also validate concerns that are often discussed anecdotally or overlooked entirely. The empirical data can be used as a reference point for evaluating current support systems, measuring the effectiveness of interventions, and justifying the need for more mental health resources on campus. This study also provides a basis for the postulation or refinement of theories related to mental health, stigma, and behavioral responses within academic settings. The findings could contribute to theoretical frameworks explaining how stigma forms and functions in higher education institutions, how awareness influences help-seeking behavior, and how socio-cultural contexts mediate mental health perceptions. By analyzing the patterns, attitudes, and lived experiences of students and faculty, the research may offer theoretical insights that enhance understanding of stigma dynamics and mental health literacy. These theoretical contributions are essential for guiding future research and informing practical strategies for mental health promotion in university environments.

CHAPTER TWO

REVIEW ON RELATED LITERATURE

2.1 Introduction

Mental health is an essential aspect of overall well-being, yet it remains a subject of stigma and neglect, particularly in academic institutions. Within the Faculty of Social Sciences at the University of Benin, mental health issues among students and faculty members often go unaddressed due to misconceptions, cultural beliefs, and inadequate support systems. This chapter provides a comprehensive review of literature on mental health awareness and stigma within university environments, particularly in the context of social sciences students and staff. It explores key psychological stressors affecting mental health, the impact of stigma on help-seeking behavior, and the effectiveness of various coping and support strategies. This chapter will be discussed under the following headings:

- Concept of the mental health awareness and stigma in the faculty of social sciences, university of benin.
- Identify prevalent mental health issues affecting students and faculty members.
- Analyze the impact of stigma on mental health help-seeking behavior.
- Examine the institutional and cultural factors contributing to mental health stigma in universities.

- Propose effective strategies for increasing mental health awareness and reducing stigma in the Faculty of Social Sciences.

2.2 Assess the level of mental health awareness among students and faculty members

Research across Nigerian universities reveals a moderate level of mental health awareness among students and faculty members, though significant gaps remain in both understanding and practical engagement with mental health services. In many studies, students report having heard about mental health and recognize terms like depression and anxiety, but their understanding is often superficial and influenced by cultural or religious interpretations. For instance, studies from Nigerian institutions such as the University of Calabar indicate that while over half of the student population claims awareness of mental health issues, fewer than one-third engage in behaviors that support mental well-being, such as stress management, open discussion, or seeking professional help. Alarming, fewer than 15% of students have ever accessed formal mental health care. In academic disciplines outside of health-related faculties, awareness levels tend to be even lower, and misconceptions more common.

At the University of Benin specifically, a study among medical undergraduates found that while some level of mental health literacy existed due to their academic training, significant knowledge gaps persisted particularly in understanding symptoms of mental illness and the importance of early intervention. This suggests that among social science students and

faculty, who may have less formal exposure to health topics, awareness levels could be lower still, and shaped more by informal sources such as peers, family, religious leaders, or media portrayals. In general, faculty members are less studied in this area, but available research implies that many academic staff, especially outside of psychology or education departments, may hold outdated or stigmatized views of mental health. This further limits open conversations and contributes to a lack of structured support within university communities. Mental health awareness among university students and faculty in Nigeria has been gradually increasing, yet it remains limited in scope and depth, particularly within non-health-related faculties such as Social Sciences. Awareness is generally defined as the extent to which individuals recognize the signs and symptoms of mental health conditions, understand their causes and treatment options, and are willing to discuss or seek help for mental health concerns. In the context of the University of Benin, although no comprehensive study has been published specifically on the Faculty of Social Sciences, relevant data from similar Nigerian institutions and faculties provides a useful benchmark for analysis.

Among students, mental health awareness is often shaped by informal channels social media, peer conversations, family influences, religious teachings, and personal experiences. A 2021 study conducted at the University of Calabar found that while approximately 60% of students claimed to be “aware” of mental health issues, only a small fraction demonstrated a strong understanding of psychological conditions such as

depression, anxiety, bipolar disorder, or schizophrenia. Many students associate mental illness with extreme behavior or spiritual affliction, revealing a persistent confusion between general stress and diagnosable mental disorders. For example, symptoms like persistent sadness or fatigue are often dismissed as laziness or a lack of spiritual discipline. When awareness exists, it often lacks depth or is distorted by cultural and religious beliefs. This leads to partial knowledge and a tendency to stigmatize those affected, even among individuals who recognize the existence of mental health conditions. In faculties outside of the medical sciences, including Social Sciences, formal mental health education is not embedded in the curriculum, and students may never receive structured exposure to accurate psychological knowledge. Consequently, their understanding is fragmented and often misinformed.

Faculty members, while generally more educated, are not exempt from limited mental health awareness. Studies suggest that many university staff members particularly those outside of clinical, psychological, or educational training retain stigmatized or traditional views of mental illness. A study at Ahmadu Bello University found that more than half of faculty members held beliefs associating mental illness with spiritual or moral failings. These views can discourage open dialogue in academic environments and create barriers for students seeking help. Moreover, awareness is often theoretical and does not translate into practical behavior. Even when students or faculty recognize that mental health issues exist, there is often a reluctance to seek professional help due to fear of being labeled or

misunderstood. Data from several Nigerian universities shows that less than 20% of students who identify symptoms of mental distress take steps to speak to a counselor, psychologist, or even a trusted authority figure on campus.

At the University of Benin, the few available studies for example, among medical students show that even within health-related faculties, mental health literacy is insufficient. One study found that 32% of medical students reported symptoms of depression, yet very few sought treatment. Extrapolating from this, students in the Faculty of Social Sciences, where there is likely even less exposure to mental health education, may face similar or worse outcomes, with lower awareness and higher risk of untreated psychological distress. The level of mental health awareness among students and faculty in the Faculty of Social Sciences, University of Benin, is likely characterized by partial knowledge, cultural misconceptions, and limited engagement with mental health support systems. While awareness may be growing due to increased public discourse and exposure to global narratives, there remains a critical gap in accurate understanding, open discussion, and proactive mental health practices within the faculty. Mental health awareness among university students and faculty is increasingly recognized as a crucial determinant of well-being, academic success, and professional productivity. At the University of Benin (UNIBEN), particularly within the Faculty of Social Sciences, understanding the level of awareness regarding mental health issues is essential, given the psychological demands placed on both students and staff.

Across Nigerian universities, existing literature consistently highlights that mental health awareness remains generally low, especially among students outside health-related disciplines. Studies show that many students are unable to accurately identify common mental disorders such as depression, anxiety, and schizophrenia. For instance, research conducted at the University of Nigeria revealed that only a small fraction of undergraduates could correctly label mental illness scenarios presented to them in vignettes. The rest either failed to recognize the condition or resorted to stigmatizing terms like “madness” or “spiritual attack.” This lack of recognition is problematic because it impedes early intervention and appropriate help-seeking. Within faculties such as Social Sciences, which typically do not integrate mental health education into the curriculum, students’ understanding of psychological issues is often shaped by cultural narratives, religious interpretations, and media portrayals rather than scientific or clinical knowledge. As a result, misconceptions such as viewing mental illness as a sign of moral failure, personal weakness, or spiritual affliction are pervasive. These beliefs significantly contribute to misinformation and silence around mental health conversations in academic environments.

In the context of the University of Benin, there is limited empirical research that directly measures mental health awareness among social science students and staff. However, by extrapolating from national trends and studies in comparable institutions, it can be inferred that similar gaps likely exist. Social science students may have slightly higher exposure to psychological concepts than peers in engineering or business faculties due to the nature of

their discipline, yet still fall short of adequate literacy needed for recognition, empathy, or self-advocacy in mental health matters. Moreover, faculty members themselves particularly those not trained in psychology or public health may also harbor outdated or uninformed views about mental illness. This can affect their interactions with students, potentially minimizing distress, overlooking warning signs, or discouraging open discussion. If faculty lack awareness or fail to model inclusive and empathetic attitudes, students are less likely to feel safe seeking help.

Another challenge is the visibility and accessibility of mental health services on university campuses. Even when counseling centers or wellness programs exist, students often remain unaware of their availability or doubt their effectiveness. This service gap is exacerbated when awareness campaigns are irregular or insufficiently targeted at vulnerable populations such as first-year students or final-year students under examination stress. Awareness is also influenced by social factors such as peer discussions, family background, and social media exposure. Platforms like Instagram, Twitter, and TikTok have become informal spaces where mental health topics are increasingly discussed among young Nigerians. While this can enhance awareness, it also poses risks of misinformation, especially when professional voices are absent from those conversations. Ultimately, the current level of mental health awareness among students and faculty members in the Faculty of Social Sciences at UNIBEN is likely to be inadequate and fragmented. There is a pressing need to design and implement targeted educational interventions, improve

access to factual information, and encourage open dialogue. Such efforts would empower both students and staff to recognize mental health issues early, seek appropriate help, and foster a more supportive academic environment. Mental health awareness is a critical component of a healthy academic community, particularly in higher institutions where students and staff are exposed to considerable psychological and emotional stressors. At the University of Benin (UNIBEN), students within the Faculty of Social Sciences face a unique set of challenges that can affect their mental well-being ranging from academic pressures, competition, financial instability, to interpersonal and family issues. Despite these challenges, mental health literacy, which includes knowledge of mental health disorders, symptoms, treatment options, and coping mechanisms, remains relatively low among both students and academic staff in many Nigerian universities, including UNIBEN. Nationally, several studies have documented that awareness and understanding of mental health issues are alarmingly inadequate, especially outside faculties directly related to medicine or psychology. In one such study conducted at the University of Nigeria, Nsukka, it was found that most students could not correctly identify depression or anxiety when given descriptions of symptoms. Instead, many attributed such experiences to personal weakness, laziness, or even supernatural causes like witchcraft or spiritual attacks. These findings are consistent with a larger cultural pattern in Nigeria where mental health is often misunderstood, poorly defined, or viewed through religious and traditional lenses rather than clinical or psychological ones. Within the Faculty of Social Sciences at UNIBEN, which includes departments such as Political Science, Sociology, Economics, and

Geography, students often have limited or no formal exposure to mental health education unless they take elective courses in psychology or related fields. This lack of structured education creates a knowledge gap that can lead to the internalization of myths and misconceptions. For example, a student struggling with persistent sadness or inability to concentrate might fail to recognize these as symptoms of depression, and instead interpret them as signs of laziness, lack of spirituality, or weakness of character. Such misconceptions can delay or entirely prevent the individual from seeking help. Faculty members are not immune to these challenges. Although they may be older and more experienced, many university lecturers in Nigeria have received little to no training in mental health awareness, unless their field of study is closely related. As a result, they may unknowingly reinforce stigma through dismissive attitudes, jokes about mental illness, or lack of empathy for students experiencing psychological difficulties. A lecturer who attributes a student's declining performance to carelessness or irresponsibility rather than considering the possibility of underlying mental distress demonstrates how poor awareness can perpetuate harm. This lack of faculty awareness can also create an unsupportive environment where students do not feel safe disclosing mental health struggles.

Mental health services and resources within Nigerian universities are generally underdeveloped, underfunded, and poorly publicized. Even when counseling centers are available as is the case in some faculties within UNIBEN many students are unaware of their existence or doubt their effectiveness. Some may fear being judged or labeled as

“mad” by their peers if they are seen seeking counseling services. These fears are often rooted in deep-seated societal stigma, which continues to dominate mental health discourse in Nigeria. For instance, some students may believe that simply talking about mental illness will attract it into their lives, leading to avoidance and silence. Technology and social media have played a double-edged role in shaping mental health awareness among young people. On the one hand, platforms like Twitter, Instagram, and TikTok have popularized discussions on depression, anxiety, burnout, and self-care, with influencers and therapists sharing tips and lived experiences. On the other hand, the spread of misinformation and unverified self-diagnoses can confuse students who rely solely on these platforms for understanding mental health. In such a context, formal mental health education remains crucial for ensuring that students receive accurate, culturally sensitive, and evidence-based information.

Awareness levels are also influenced by social networks. Students whose parents, mentors, or peers acknowledge and discuss mental health openly are more likely to be informed and proactive about seeking help. Conversely, those from backgrounds where mental illness is viewed as taboo or shameful may suppress their symptoms and avoid professional assistance altogether. To accurately assess the level of mental health awareness in the Faculty of Social Sciences at UNIBEN, a detailed empirical study would be necessary using surveys, focus group discussions, and interviews with students and staff. Such a study would likely reveal varying degrees of awareness depending on the department, year of

study, personal experiences with mental illness, and access to information. However, based on national trends and similar institutional environments, it is reasonable to conclude that awareness is currently insufficient, with many individuals still holding stigmatizing views or lacking basic understanding of mental health conditions and available support systems. Improving this situation will require targeted interventions. These include integrating mental health topics into general studies curricula, organizing faculty-wide seminars and workshops, and improving the visibility and accessibility of counseling services. Involving students as peer educators or mental health ambassadors could also help normalize help-seeking behavior and promote open conversations within the faculty. Mental health awareness in the Faculty of Social Sciences at UNIBEN, like in many Nigerian academic institutions, is likely to be low and shaped by a mix of cultural beliefs, misinformation, and inadequate institutional support. Addressing this issue is not only a matter of health promotion it is also vital for academic performance, student retention, and the creation of a supportive university environment.

2.3 Identify prevalent mental health issues affecting students and faculty members

Mental health issues among students and faculty members in Nigerian universities have become increasingly common, yet they remain underreported and poorly addressed. Within the Faculty of Social Sciences at the University of Benin (UNIBEN), students and academic staff are frequently exposed to stressors that can severely affect their psychological well-being. For students, the academic journey is marked by intense pressure

to succeed, meet deadlines, manage financial burdens, and make important career decisions. These stressors, compounded by social and personal issues such as family expectations, peer pressure, and relationship difficulties, can give rise to a range of mental health problems. Among the most prevalent mental health issues affecting students in this context are depression, anxiety disorders, and stress-related conditions. Depression among undergraduates is characterized by persistent sadness, loss of interest in previously enjoyed activities, feelings of hopelessness, low energy, and sleep disturbances. Many students report feeling overwhelmed by the academic workload, especially during examination periods or final-year project deadlines. These feelings often go unacknowledged or are dismissed as laziness or a lack of discipline, which discourages students from seeking help. Anxiety is also highly prevalent and often manifests through constant worry, nervousness, panic attacks, or difficulty concentrating. Students may worry excessively about academic performance, future prospects, or disappointing their families, leading to physical symptoms such as headaches, fatigue, and gastrointestinal issues.

Another increasingly recognized issue is burnout, particularly among students who juggle academic responsibilities with part-time jobs, caregiving roles, or involvement in extracurricular activities. Burnout results in emotional exhaustion, detachment, and a reduced sense of accomplishment. In some cases, these symptoms are misinterpreted as signs of poor motivation, leading to further isolation and emotional distress. Suicidal ideation, although often concealed, has also been reported among university students in

Nigeria. A growing number of suicide cases on campuses nationwide reflects the severity of unaddressed mental health struggles, and this trend is likely mirrored, though underreported, in UNIBEN as well. Faculty members within the Social Sciences are not exempt from these challenges. Lecturers and staff face their own set of pressures, including workload demands, research expectations, administrative duties, job insecurity, and in some cases, limited institutional support. The stress of balancing teaching responsibilities with scholarly output can lead to chronic stress, anxiety, and even depression. Additionally, the academic environment in Nigerian universities can sometimes foster competition, professional isolation, and burnout, especially in the absence of mental health resources for staff. Despite these issues, many affected individuals both students and staff remain silent due to fear of stigma or lack of awareness about available support. Mental health symptoms are frequently downplayed or rationalized as part of the university experience, rather than acknowledged as signs of psychological distress needing attention. The silence surrounding mental illness further reinforces harmful coping behaviors such as substance use, social withdrawal, aggression, or emotional suppression. Moreover, cultural and religious interpretations can shape how symptoms are expressed and understood. For example, symptoms of depression might be viewed as spiritual attacks, while anxiety may be explained as a lack of faith or insufficient prayer. Such interpretations often prevent people from seeking clinical help and instead push them toward religious or traditional remedies, which may or may not be effective. In other cases, individuals may deny or minimize their mental health symptoms altogether to avoid being labeled as weak or

“mad.” In the Faculty of Social Sciences, where mental health is not a central focus of most academic programs, both students and staff may lack the language and tools needed to identify and describe what they are experiencing. This knowledge gap makes it difficult to quantify the true scale of mental health issues within the faculty, as many cases go undiagnosed or unreported. However, anecdotal evidence and national data suggest that the burden of mental illness among university populations is high and growing, fueled by academic pressures, social stress, institutional neglect, and persistent stigma.

The most prevalent mental health issues among students and faculty members in the Faculty of Social Sciences at UNIBEN likely include depression, anxiety, stress, burnout, and in some cases, suicidal ideation. These conditions are intensified by the pressures of university life and remain largely unaddressed due to stigma, lack of awareness, and inadequate access to professional support services. If left unattended, these issues can significantly impact academic performance, job satisfaction, interpersonal relationships, and overall quality of life within the university community. Mental health challenges among university populations are a growing concern globally, and Nigerian universities are no exception. Within the Faculty of Social Sciences at the University of Benin (UNIBEN), students and academic staff are routinely exposed to pressures that can significantly affect their mental and emotional well-being. The combination of academic stress, financial difficulty, uncertain career paths, poor infrastructure, and inadequate support systems creates a fertile ground for psychological distress. These challenges

manifest in various forms of mental health conditions which are often overlooked, misunderstood, or unacknowledged due to stigma and poor mental health literacy.

Among students, the most common mental health problems include depression, anxiety disorders, stress-related conditions, burnout, and in some severe cases, suicidal ideation. Depression is widely reported among undergraduates in Nigerian universities and is characterized by persistent feelings of sadness, loss of motivation, fatigue, hopelessness, and difficulty concentrating. For students in the Social Sciences, these symptoms may arise from the heavy academic workload, particularly during examination seasons, combined with financial strain and the pressure to achieve high grades. Unlike physical ailments, depressive symptoms are not easily noticed and are often mistaken for laziness, lack of seriousness, or spiritual attacks, especially in cultural settings where emotional struggles are not openly discussed. Anxiety is another dominant issue that plagues students. Many experience constant worry, fear of failure, and social anxiety, particularly in classroom settings, presentations, or during interactions with lecturers. This is further compounded by academic uncertainty and fear about post-graduation employment. Symptoms such as racing thoughts, difficulty sleeping, irritability, and physical manifestations like heart palpitations or stomach upset are common but are frequently dismissed or not connected to mental health. Anxiety is often left untreated, and students tend to suffer in silence, which can lead to more serious conditions if not addressed.

Burnout is a less discussed yet pervasive condition among students, especially those juggling academics with part-time jobs, family responsibilities, or leadership positions in student organizations. Burnout is marked by emotional exhaustion, reduced academic engagement, a sense of helplessness, and cynicism. Unlike temporary tiredness, burnout leads to a lasting decrease in motivation and performance. In many cases, students suffering from burnout become disillusioned with academic life, struggle with attendance, and may even consider dropping out. Stress is almost an inevitable part of student life, but when chronic, it can contribute to more serious mental health problems. Students in the Social Sciences often face stressors related to course load, poor learning environments, large class sizes, lack of access to course materials, and at times, strained relationships with faculty members. The cumulative impact of such stressors can lead to what is known as academic stress disorder an unofficial term that captures the physical and mental toll of unrelenting educational pressure.

Perhaps most alarming is the rise in suicidal thoughts and behaviors among Nigerian university students. While data on this issue within UNIBEN specifically is limited, nationwide studies indicate an increase in suicidal ideation among youths due to untreated depression, academic failure, financial hardship, and family expectations. In many Nigerian societies, suicide remains a taboo topic, meaning students experiencing such thoughts are unlikely to confide in anyone or seek help. This silence is dangerous and speaks to a broader crisis of unrecognized and unaddressed mental health issues within

higher education. Faculty members also face significant mental health challenges, although these are even less frequently acknowledged. Lecturers in the Faculty of Social Sciences are expected to manage multiple responsibilities, including teaching large student cohorts, conducting research, engaging in administrative duties, and meeting promotion requirements all often within a context of limited institutional support, infrastructural deficits, and unstable salaries. These stressors can lead to anxiety, depression, and occupational burnout. The lack of formal mental health support for academic staff means that many resort to self-isolation, denial, or unhealthy coping mechanisms such as substance use or emotional suppression.

Academic environments are often structured in ways that prioritize productivity over personal well-being, and as such, faculty members may feel discouraged from expressing emotional distress. Some may fear professional repercussions, being seen as weak, or losing the respect of colleagues and students. Consequently, mental health issues among staff are frequently concealed, ignored, or rationalized as part of the job. The mental health problems experienced by both students and faculty are often exacerbated by the absence of functional support systems. Many Nigerian universities lack fully equipped counseling centers, and where such facilities exist, they are typically understaffed, underfunded, or not trusted by students. The stigma surrounding mental illness further prevents affected individuals from seeking professional help. Instead, many turn to religion, traditional healers, or friends and family who may lack the expertise to provide adequate support.

While religious faith and social networks can be protective factors, they are not substitutes for structured mental health care. The cultural context in which UNIBEN operates shapes how mental health problems are interpreted and responded to. In many Nigerian communities, mental illness is still viewed as a spiritual or moral failing. Students and staff alike may avoid disclosing their struggles out of fear of being labeled “mad,” “possessed,” or weak. This fear promotes silence and forces individuals to internalize their pain, worsening the course of their condition. In light of these realities, it is evident that mental health problems in the Faculty of Social Sciences at UNIBEN are multifaceted, deeply rooted, and widespread, even though they may not always be visible. Depression, anxiety, burnout, stress, and suicidal ideation are likely affecting a significant portion of the university community, and yet few have access to the help they need. Addressing these issues will require not only improved mental health services but also a cultural shift within the university toward empathy, openness, and psychological resilience. Mental health problems are becoming increasingly prevalent in academic environments around the world, and Nigerian universities, including the University of Benin (UNIBEN), are no exception. Within the Faculty of Social Sciences, the psychological well-being of both students and faculty members is under strain, yet the signs are often overlooked or misunderstood. The complex interplay of academic stress, social expectations, cultural beliefs, economic hardship, and institutional gaps contributes to a growing burden of mental health issues in this academic space. Students in the Faculty of Social Sciences are frequently exposed to multiple forms of stress. The pressure to maintain high academic performance, pass

challenging courses, and graduate on time weighs heavily on them. Many students also face the additional stress of financial insecurity. Some are responsible for paying their tuition or supporting themselves through part-time jobs, while others depend on parents or guardians who may be struggling economically. This financial strain can be a persistent source of anxiety and emotional fatigue. It is not uncommon for students to skip meals, live in poor housing conditions, or lack access to study materials, all of which contribute to chronic stress and anxiety. Socially, students also navigate personal challenges such as romantic relationships, peer pressure, and family demands. For example, a student may be dealing with a breakup while also trying to complete a final-year project, or may be the first in their family to attend university and therefore bear the weight of high expectations. In such cases, psychological distress can manifest subtly through withdrawal, changes in behavior, academic disengagement, or substance use. However, due to the low level of mental health literacy, both students and those around them may fail to recognize these as signs of a deeper mental health problem. The most common mental health conditions among students in this faculty are depression, anxiety disorders, and stress-related conditions. Depression often develops quietly students begin to lose interest in activities they once enjoyed, feel hopeless about the future, and may even experience thoughts of self-harm. However, in many African cultures, including in Nigeria, mental illness is stigmatized and often associated with “madness” or spiritual possession. Because of this stigma, students are more likely to suffer in silence than seek professional help. When their behavior changes, they are more likely to be judged or scolded by lecturers, friends, or

family members rather than supported. Anxiety is another major mental health issue, and it often presents in forms that are mistaken for shyness or nervousness. Students experiencing anxiety may avoid speaking in class, become fearful of public presentations, or experience panic attacks before exams. In many cases, this leads to avoidance behavior, such as skipping classes or delaying assignments, which then contributes to academic failure and more stress. Despite how common anxiety is, most students do not recognize it as a treatable condition. Instead, it is often dismissed as “overthinking” or “laziness,” leading to further shame and isolation.

Burnout is another rising issue, particularly among high-achieving students who push themselves beyond their limits to maintain top academic performance. These students often neglect sleep, nutrition, and social connection in pursuit of academic excellence. Over time, this leads to emotional exhaustion, a sense of detachment from their studies, and feelings of ineffectiveness hallmarks of academic burnout. Sadly, because overworking is often seen as admirable or necessary for success, burnout is rarely acknowledged or addressed, even as it causes significant mental and physical harm. In more severe cases, some students may experience suicidal thoughts or ideation. Suicidal behavior among Nigerian students has received growing attention in recent years, following a number of high-profile campus suicides. Students who feel overwhelmed, unsupported, or ashamed of their struggles may see suicide as the only escape. Cultural silence around mental illness and lack of mental health services contribute to this crisis. In environments where students are discouraged

from talking about their emotions, many may never express the depth of their distress until it is too late.

Mental health challenges are not limited to students alone. Faculty members in the Faculty of Social Sciences also experience significant psychological strain, though their issues are even more hidden. University lecturers in Nigeria face heavy workloads that include teaching multiple large classes, marking hundreds of exam scripts, conducting research, writing for publication, attending conferences, and sometimes taking on administrative roles all within a system that often lacks proper institutional support. In some cases, delayed salaries, lack of promotion opportunities, and unclear career pathways further compound the stress. Chronic stress among academic staff can lead to burnout, depression, and anxiety. However, faculty members are often expected to appear composed, authoritative, and intellectually strong at all times. There is little room within the academic culture to admit vulnerability, and those who do may fear being perceived as incompetent or weak. Consequently, many lecturers suffer silently, using unhealthy coping mechanisms such as excessive alcohol consumption, emotional suppression, or isolation.

Moreover, some lecturers, influenced by the same cultural norms that stigmatize mental illness, may internalize their own distress or dismiss the symptoms in others. This lack of self-awareness or denial can prevent them from seeking help and also makes them less likely to identify and support students who are in distress. The result is a cyclical pattern in which both students and lecturers suffer alone in an institution that is academically

demanding but psychologically unsupportive. It is also important to consider how gender may influence the experience of mental health issues in the university setting. Female students and faculty members often experience unique stressors, including gender-based harassment, discrimination, or the pressure to balance academic work with caregiving responsibilities. These factors can add layers of emotional stress and make it even more difficult for women to maintain psychological well-being.

Despite all these challenges, the conversation around mental health in Nigerian universities is still in its early stages. There are few institutional policies or programs specifically designed to monitor and respond to the mental health needs of students and staff. Counseling centers, where they exist, are often under-resourced and underutilized due to stigma, lack of trust, or simple unawareness. The absence of peer support programs, mental health education, and professional services leaves a gap in care that affects the academic and personal success of both students and staff. The most prevalent mental health issues in the Faculty of Social Sciences at the University of Benin include depression, anxiety, stress, burnout, and suicidal ideation. These problems are often intensified by cultural stigma, poor awareness, inadequate support systems, and institutional neglect. Both students and staff face significant barriers to acknowledging and addressing their mental health needs, and this creates a campus culture where suffering is normalized and help-seeking is discouraged. Without targeted interventions, training, and systemic change,

these issues will continue to impair academic performance, job satisfaction, and the overall well-being of the faculty community.

2.4 Analyze the impact of stigma on mental health help-seeking behavior

Stigma remains one of the most significant barriers to mental health help-seeking in Nigerian universities, including the Faculty of Social Sciences at the University of Benin (UNIBEN). Despite growing awareness of mental health issues globally, stigma both perceived and experienced continues to prevent individuals from acknowledging psychological distress and seeking appropriate support. This stigma manifests in various forms: social, cultural, institutional, and internalized. The effects of these layers of stigma are particularly damaging in academic environments, where mental health struggles are often interpreted as personal weakness, incompetence, or moral failure rather than legitimate health concerns. Among students, stigma is deeply rooted in cultural and societal beliefs. In many Nigerian communities, mental illness is strongly associated with shame, spiritual affliction, or madness. Because of this, students experiencing symptoms of depression, anxiety, or stress may fear being judged, ostracized, or labeled as “mad” if they speak up or attempt to seek professional help. This fear is not unfounded. Peers often reinforce negative stereotypes through insensitive remarks or casual jokes about mental illness. For instance, a student who isolates themselves or becomes visibly emotional might be mocked or dismissed as being “overly dramatic” or “not serious,” which discourages

others from coming forward. These reactions foster a culture of silence, where students mask their symptoms to fit in socially and avoid ridicule.

In academic settings, stigma takes on additional complexity. Students in the Faculty of Social Sciences often feel pressure to project strength and resilience, believing that any admission of emotional vulnerability may be seen as an inability to cope with academic demands. This belief is compounded by the fear of academic consequences—such as being perceived as unreliable, lazy, or unfit for leadership or postgraduate opportunities. As a result, students are more likely to internalize their distress, adopting coping mechanisms such as emotional suppression, avoidance, or in some cases, substance use, rather than seek counseling or therapy. Stigma is equally impactful among faculty members, although it is often more concealed. Lecturers and academic staff are generally expected to maintain authority, emotional composure, and intellectual control. Admitting to a mental health challenge is often seen as a threat to that professional image. Many lecturers fear being viewed as incompetent by their colleagues or students if they disclose emotional difficulties. This perception discourages help-seeking and contributes to underreporting of mental health concerns within the staff population. In some cases, faculty members who are struggling may project these stigmatized attitudes onto their students, reinforcing a cycle in which mental health concerns are minimized, denied, or pathologized without empathy.

Institutional stigma further compounds the problem. In many universities, including UNIBEN, mental health services are poorly publicized or under-resourced. Counseling centers, where they exist, may lack trained professionals, confidentiality, or credibility among students and staff. The absence of clearly visible and trusted mental health support structures sends a silent but powerful message that psychological well-being is not a priority. This institutional neglect reinforces the notion that seeking help is either unnecessary or inappropriate within the academic context. The fear of confidentiality breaches also plays a role. Students and staff alike may worry that speaking with a counselor or psychologist could lead to gossip, exposure, or damage to their reputation. In a close-knit academic community, where word travels fast and anonymity is hard to maintain, many prefer to suffer silently than risk being known as “the one with mental problems.” This fear significantly reduces the likelihood of help-seeking, even among those who are aware of available services. Importantly, stigma does not only exist externally it is also internalized. Many individuals come to believe the negative stereotypes about mental illness, viewing their own emotional struggles as personal failures rather than treatable conditions. This internalized stigma leads to feelings of shame, low self-worth, and guilt, which can worsen symptoms and further discourage help-seeking. For a student experiencing chronic stress or anxiety, the thought “I should be stronger” or “I don’t want to be a burden” often overrides the desire to reach out for assistance. Among faculty, similar thoughts may emerge, such as “I’m too experienced to be feeling this way” or “If I can’t handle this, I don’t belong in academia.”

These dynamics contribute to a troubling cycle. Stigma reduces help-seeking, which in turn leads to untreated mental health problems, declining academic performance or productivity, and increased emotional suffering. The resulting consequences withdrawal, absenteeism, failed courses, and even suicidal behavior can be devastating not only for the individuals affected but also for the broader learning environment. An institution where students and staff are silently suffering cannot perform at its best, and its academic culture becomes one of survival rather than growth. Stigma has a profound and far-reaching impact on mental health help-seeking behavior in the Faculty of Social Sciences at UNIBEN. It discourages individuals from recognizing their symptoms, expressing their needs, or accessing professional support. It is perpetuated by cultural beliefs, social pressures, academic expectations, and institutional shortcomings. Addressing stigma requires a multifaceted approach: raising awareness, normalizing help-seeking, strengthening trust in support systems, and creating a campus culture that values emotional well-being as much as academic excellence. Stigma surrounding mental health remains one of the most significant and persistent barriers to help-seeking behavior among university populations, especially in the Nigerian academic context. At the University of Benin, particularly within the Faculty of Social Sciences, this stigma operates on multiple levels cultural, social, institutional, and personal and continues to silence students and faculty members who may otherwise benefit from psychological support. Despite growing awareness in urban and educated spaces, many individuals in the university community continue to associate mental illness with weakness, incompetence, or even spiritual affliction. This

misunderstanding profoundly shapes attitudes toward those experiencing mental health challenges and often results in a reluctance to seek help.

For students, the stigma associated with mental illness begins with cultural conditioning. In many Nigerian families and communities, mental illness is viewed with suspicion and shame. It is commonly associated with “madness,” demonic possession, or divine punishment. These deep-rooted beliefs do not disappear when students enter university; instead, they follow them into the academic environment, shaping their perceptions of mental health and how they respond to their own emotional distress. A student who experiences symptoms of depression, for instance such as persistent sadness, fatigue, or loss of interest in life may be reluctant to seek professional help because they fear being labeled as “possessed” or seen as morally deficient. This fear is intensified by the silence and denial that often surrounds mental health issues within the university culture. Social stigma among peers adds another layer of complexity. Within the student population, mental health struggles are often trivialized, mocked, or misunderstood. Those who show signs of emotional distress may be ridiculed or seen as “overreacting.” Casual phrases like “you’re too soft” or “you need to toughen up” are frequently used when students attempt to express vulnerability. For male students in particular, societal expectations of masculinity discourage open expressions of emotion or mental suffering. Admitting to feeling anxious, overwhelmed, or depressed may be perceived as weakness, further discouraging young men from accessing mental health resources. Female students, on the

other hand, may face gender-specific forms of stigma, such as being dismissed as “too emotional” or “hormonal,” leading to their mental health concerns not being taken seriously.

Academic stigma is also prevalent in the Faculty of Social Sciences. Many students feel intense pressure to maintain a certain image—one of resilience, independence, and intellectual competence. In such a competitive academic environment, disclosing a mental health issue might be seen as a liability. A student who opens up about their struggles might fear being judged as incapable of handling the rigors of university life. This fear of academic discrimination is not baseless; there are documented cases in Nigerian universities where students experiencing mental health challenges have been treated unfairly or excluded from leadership roles, group work, or other academic opportunities. As a result, many choose to remain silent and push through their distress, which often leads to worsening symptoms. Internalized stigma where individuals adopt negative societal attitudes about mental illness and apply them to themselves is especially damaging. When students internalize stigma, they begin to believe that their struggles are a sign of personal failure or moral weakness. This leads to shame, guilt, and a sense of unworthiness, making it even more difficult to seek help. A student who is constantly fatigued and overwhelmed may tell themselves, “I’m just not trying hard enough,” or “other people are coping, so I should be able to as well,” rather than recognizing these as signs of burnout or depression.

This kind of self-stigmatization is deeply isolating and significantly reduces the likelihood that the individual will reach out for support.

Among faculty members, the stigma operates in more subtle but equally harmful ways. Lecturers and academic staff often work under the assumption that they must be emotionally and intellectually unshakable. The nature of their profession demands authority, confidence, and composure qualities that seem incompatible with emotional vulnerability. Many faculty members are reluctant to admit to colleagues or students that they are experiencing mental distress, fearing it might affect their credibility, their evaluations, or their prospects for promotion. In some cases, faculty may project these stigmatizing beliefs onto students, minimizing or dismissing student concerns about mental health. A lecturer who lacks personal understanding of mental illness might regard a student's request for leniency due to emotional difficulties as an excuse or a lack of discipline, thereby reinforcing the cycle of silence. The institutional environment at UNIBEN, like many public universities in Nigeria, often does little to counteract this stigma. Mental health services, if they exist, are typically underfunded, understaffed, and poorly publicized. Counseling centers may lack trained professionals, adequate confidentiality, or modern therapeutic approaches, resulting in low trust and low turnout. Many students and staff are not even aware that such services are available to them, and those who are aware may doubt their effectiveness or fear exposure. In a university community where gossip spreads quickly and privacy is difficult to maintain, the risk of

being seen visiting a counseling unit may deter students from going entirely. Stigma also affects how mental health services are framed and delivered. If university administration treats mental health as a low-priority issue, students and staff receive the message that their emotional well-being is secondary to academic or administrative concerns. This reinforces the perception that seeking help is unnecessary, excessive, or inappropriate. Furthermore, religious and cultural influences on campus may offer alternative explanations for mental distress ranging from lack of faith to demonic influence which can discourage individuals from pursuing clinical or therapeutic solutions in favor of prayer camps or traditional remedies. While faith and culture play important roles in many people's lives, they can sometimes serve as obstacles to evidence-based mental health treatment when they delegitimize psychological support. The cumulative impact of these various forms of stigma is profound. Students who do not seek help often experience worsening mental health conditions, academic decline, absenteeism, and in extreme cases, self-harm or suicide. Faculty members who suffer in silence may experience burnout, disengagement from their professional responsibilities, or strained relationships with colleagues and students. The result is an unhealthy learning environment where emotional suffering is normalized and hidden, rather than addressed and supported. Mental health stigma not only affects individuals it undermines the entire academic community by reducing productivity, increasing dropouts, and weakening the supportive relationships that are essential to teaching and learning.

To change this reality, it is not enough to increase the availability of mental health services alone. The stigma must be actively and deliberately challenged at all levels through awareness campaigns, curriculum inclusion, peer support networks, and faculty training. Students and staff alike must be encouraged to view mental health as an integral part of human well-being, not as a weakness or taboo. Until stigma is dismantled, many will continue to suffer in silence, and the potential of the university community both intellectually and emotionally will remain unrealized. The unwillingness of students and academic staff in the Faculty of Social Sciences, University of Benin, to seek mental health support is not simply due to a lack of awareness or resources it is deeply rooted in the powerful and often invisible force of stigma. Stigma operates like an invisible barrier, subtly yet powerfully discouraging individuals from acknowledging their emotional pain or accessing the help they need. It functions through multiple, overlapping mechanisms: personal shame, societal judgment, institutional neglect, and fear of exclusion. These forces combine to create a culture in which mental health challenges are hidden, denied, or mischaracterized.

To begin with, stigma is internalized early in life. Many students come into the university already conditioned by cultural beliefs that frame mental illness as a sign of moral weakness, spiritual deficiency, or personal failure. Growing up in environments where open conversations about feelings are discouraged, where crying is seen as a lack of strength, and where depression is dismissed as laziness or lack of prayer, students often

arrive at university already primed to suffer in silence. Once in school, rather than unlearning these ideas, they often find them reinforced by peers, faculty members, and even institutional structures. A major psychological effect of stigma is what researchers call internalized stigma or self-stigma the process by which individuals absorb negative societal beliefs and apply them to themselves. A student experiencing chronic anxiety may believe they are mentally weak or incapable, and this belief alone can be more damaging than the symptoms themselves. They may avoid seeking help because doing so would mean admitting to themselves that they are “one of those people,” reinforcing the false belief that they are flawed or broken. This internal conflict creates a situation where the individual knows they are struggling but cannot allow themselves to receive support.

Social stigma, reinforced by peer culture, intensifies this dilemma. Within student communities, there is often a strong pressure to appear strong, competent, and emotionally unaffected. Those who show signs of distress risk being labeled “unstable,” “attention-seeking,” or even “mad”. This is particularly harsh in tightly knit faculties like Social Sciences, where students interact frequently, and reputations travel fast. If someone is seen entering a counseling center or openly talking about their mental health, they may become the subject of gossip or be treated differently by classmates. The fear of being alienated socially keeps many students silent. For faculty members, stigma takes on a more professional character. The culture of academia traditionally values intellect, composure, and emotional discipline. Lecturers are expected to be role models, problem-solvers, and

leaders. Admitting to burnout, depression, or anxiety can feel professionally risky. A lecturer may fear being seen as less competent, less productive, or less worthy of leadership or administrative roles. This fear of reputational damage can be even more pronounced among junior faculty, who may be trying to secure permanent appointments, earn promotions, or gain favor with senior colleagues. As a result, academic staff often endure intense psychological distress in silence, hiding their emotional fatigue behind a façade of professionalism.

Institutional stigma the way in which the university's structures and policies (or lack thereof) reflect and perpetuate negative attitudes further compounds the problem. For instance, the absence of clear, accessible, and well-resourced mental health services sends an implicit message that mental well-being is not a priority. Even when counseling units exist, they are often poorly funded, understaffed, or difficult to access. Many students are not aware of their existence, and those who are may question their effectiveness or confidentiality. If someone hears that a fellow student visited the counseling unit and was later mocked or not taken seriously, that information spreads and discourages others from doing the same. Another institutional dynamic that reinforces stigma is the lack of clear academic support structures for students in crisis. There are rarely formal mechanisms to provide academic accommodations for those experiencing emotional distress, such as deadline extensions, make-up assessments, or temporary withdrawal without penalty. Without such options, students may feel trapped forced to choose between failing their

courses or continuing to suffer in silence. This rigidity makes help-seeking appear not only risky but pointless.

In cultural contexts like Nigeria, spiritual stigma also plays a significant role. Mental illness is frequently interpreted as a spiritual problem, not a psychological one. Depression might be seen as the result of a generational curse, spiritual attack, or divine punishment. This belief system does not necessarily reject mental illness altogether, but it often relocates the solution to prayer houses, deliverance sessions, or herbal remedies. While spirituality can provide comfort and community, it may also prevent individuals from seeking scientifically grounded therapy, especially when religious leaders explicitly discourage such options or blame the individual for their suffering. Gender adds another layer of complexity. Male students may avoid showing vulnerability because of pressure to appear “tough” or “in control.” Admitting emotional pain may be interpreted as unmanly, resulting in social ridicule or marginalization. Female students may face the opposite: their distress might be dismissed as a product of hormonal changes or emotional instability, minimizing the seriousness of their experience. Faculty members of all genders are subject to different expectations, but all face cultural and professional norms that discourage emotional openness.

Ultimately, stigma shapes not only whether people seek help but how they experience their suffering. It fosters shame, secrecy, denial, and helplessness. It isolates those who are already in pain, convincing them that no one will understand or support them. For some,

this results in deteriorating mental health, dropping out of school, damaged relationships, or even self-harm. For others, it leads to unhealthy coping strategies such as drug or alcohol use, aggressive behavior, or emotional withdrawal that further isolate them from help. The tragedy is that many of these mental health conditions depression, anxiety, burnout are treatable. With early intervention, proper support, and a compassionate environment, students and staff alike could thrive. But stigma blocks the very first step: acknowledgment. When the culture punishes vulnerability, the cost of honesty becomes too high. Breaking this pattern will require more than raising awareness; it will demand a sustained, university-wide effort to dismantle myths, change perceptions, and humanize mental health. Until this happens, stigma will continue to act as an invisible gatekeeper, standing between people and the support that could change and even save their lives.

2.5 Examine the institutional and cultural factors contributing to mental health stigma in universities.

Mental health stigma within Nigerian universities, including the University of Benin, does not emerge in isolation. It is the product of complex cultural values, institutional shortcomings, and systemic neglect. In the Faculty of Social Sciences at UNIBEN, students and faculty alike operate in an environment where seeking help for emotional distress is often discouraged, dismissed, or even condemned not necessarily by explicit policy, but by the powerful combination of unspoken norms, outdated beliefs, and structural limitations. These institutional and cultural factors deeply shape how mental health is perceived and

how individuals respond to it. Culturally, Nigeria maintains a deeply rooted collective orientation, in which emotional struggles are rarely discussed publicly. Many people grow up in households and communities where mental illness is regarded as a taboo subject. Psychological disorders are commonly interpreted through a moral, spiritual, or supernatural lens. Conditions such as depression, anxiety, or even schizophrenia are often believed to be caused by personal sin, weak faith, or spiritual attacks, rather than neurochemical imbalances, trauma, or chronic stress. Within this cultural backdrop, individuals experiencing mental health challenges are frequently advised to “pray more,” “cast out demons,” or simply “be strong,” rather than seek professional mental health care.

These beliefs are not left behind at the gates of the university. Instead, they are reproduced and sustained within the university community. Students who experience anxiety or depression may interpret their symptoms as spiritual failure or lack of resilience, while their peers may dismiss their distress as mere laziness or attention-seeking. Similarly, faculty members may downplay their own emotional struggles or those of others, internalizing the belief that mental health issues are signs of weakness or moral flaw. In this way, the university becomes a continuation of the broader society in which mental illness is not only misunderstood but also actively stigmatized.

Institutional factors further entrench this stigma. First, there is the issue of inadequate infrastructure for mental health support. In most Nigerian universities, mental health services are either non-existent or insufficient. Where counseling centers do exist, they are

often poorly funded, under-resourced, and lacking in visibility. Students and faculty may not know where to go for psychological support, and those who do may lack trust in the system due to fears of confidentiality breaches or ineffective service delivery. This absence of credible institutional support sends a powerful implicit message: that mental health is not a university priority. In many cases, there are no clear policies in place to address the mental health needs of students and staff. Academic calendars are rigid, workloads are overwhelming, and there is little consideration for emotional wellbeing in the planning and delivery of academic activities. Lecturers may be unaware of how to accommodate students experiencing psychological distress, and students facing emotional or psychiatric issues are often left without academic flexibility or support. This inflexible academic environment contributes to worsening mental health outcomes and reinforces the stigma by treating emotional distress as a non-issue or private matter rather than a legitimate institutional concern.

Moreover, the university's organizational culture often encourages stoicism and self-reliance. Both students and staff are expected to cope under pressure and show little vulnerability. Success is measured primarily in terms of academic output grades, publications, and professional advancement while emotional well-being is sidelined. Within this framework, individuals may view help-seeking as a personal failure or as evidence that they are not strong enough to "handle" university life. The pressure to perform, combined with the absence of psychological support, creates a climate where

mental health issues are hidden rather than addressed. Compounding this problem is the limited integration of mental health education into the curriculum. Despite being part of the Faculty of Social Sciences where students study human behavior, psychology, and societal dynamics many undergraduate and postgraduate programs do not provide sustained engagement with topics related to mental health, stigma, or emotional self-care. As a result, students are often ill-equipped to recognize signs of mental distress in themselves or others. This educational gap means that future graduates some of whom will become teachers, counselors, or policymakers may carry the same misconceptions and stigmatizing beliefs into their professional lives, thus perpetuating the cycle of silence and stigma.

Another contributing factor is the lack of representation or advocacy around mental health at leadership and decision-making levels within the university. Mental health issues are rarely addressed in student union meetings, departmental briefings, or faculty board discussions. The absence of mental health advocates within the institution reinforces the perception that it is a fringe or private matter, unworthy of mainstream academic or administrative attention. Without voices championing mental health as a core component of student success and staff welfare, it remains marginal, neglected, and stigmatized. Religion plays a complex role. While religious organizations on campus often provide support, fellowship, and moral guidance, they can also unintentionally reinforce stigma. Some religious leaders, both on and off campus, may advise members to avoid

psychologists or psychiatrists, viewing such professionals as incompatible with faith. In such settings, mental illness is seen as a test of faith, a punishment, or a demonic attack, and individuals are encouraged to seek deliverance rather than therapy. Though spiritual support can be valuable, this exclusivist view can discourage people from seeking professional help or fully understanding the psychological nature of their struggles.

In essence, the combination of cultural norms, structural inadequacies, academic pressures, and limited institutional engagement creates a powerful environment in which mental health stigma thrives. Within this context, students and staff are not only discouraged from seeking help they are often conditioned not to see their emotional struggles as worthy of help in the first place. This deeply embedded mindset cannot be overturned by surface-level interventions alone; it requires deliberate, systemic change in how mental health is understood, taught, and supported within the university structure. The persistence of mental health stigma in Nigerian universities, including the University of Benin, cannot be fully understood without examining the intertwined influence of cultural beliefs, institutional practices, academic pressures, and systemic neglect. In the Faculty of Social Sciences, these factors reinforce a climate in which psychological distress is seen not as a health concern but as a personal or moral weakness. This entrenched view discourages students and staff from seeking help, while also shaping how others respond or fail to respond to those in distress.

Culturally, Nigeria has long held stigmatizing beliefs about mental illness. Many communities interpret mental health conditions not as biological or psychological disorders but as signs of spiritual weakness, demonic influence, or punishment from a higher power. Mental illness is commonly seen through a religious or supernatural lens, rather than through a medical or psychosocial framework. Consequently, individuals with depression, anxiety, bipolar disorder, or psychosis may be labeled as "mad," "possessed," or "cursed." These beliefs are passed down through families and communities, and they are rarely challenged or corrected in educational settings. This cultural context heavily influences students entering the university system. Many arrive at UNIBEN already carrying internalized stigma, convinced that admitting to mental distress is equivalent to admitting spiritual failure or incompetence. As these students settle into the Faculty of Social Sciences, their pre-existing beliefs are often reaffirmed, rather than deconstructed, due to the absence of structured mental health education. Even within the social sciences where students study human behavior, development, and society mental health is often treated as a marginal or optional topic. Courses rarely address the realities of mental illness, stigma, or emotional resilience in any meaningful way. This silence reinforces the perception that mental health is peripheral to academic life.

Institutionally, the university structure lacks visible, well-integrated support systems for mental health. Counseling services are often limited in both availability and scope. Where mental health professionals are present, they may be underqualified, underpaid, or

overwhelmed by demand. Many students do not know where the counseling center is located or even that it exists. Those who do know may be reluctant to visit due to concerns about confidentiality, stigma, or simply fear of being seen by peers. Faculty members may also avoid these services, perceiving them as ineffective or fearing damage to their professional reputation. This lack of visible and trustworthy mental health infrastructure creates a silent message across campus: mental health is not a priority. Unlike physical health issues, which may warrant medical intervention or academic accommodations, mental health concerns are often treated as personal issues to be managed privately. There are typically no formal policies or clear protocols for supporting students or staff experiencing psychological distress. For instance, a student going through clinical depression may be expected to meet all deadlines and attend all classes, with no academic leniency or emotional support. Faculty members experiencing burnout or anxiety may be expected to maintain full teaching loads without respite. The institution provides little room for flexibility, reflection, or recovery.

Beyond services, the very culture of academia within UNIBEN reinforces stoicism. High-achieving students are celebrated for "pushing through" stress and "sacrificing sleep" to succeed. Faculty are praised for publishing under pressure, multitasking across several roles, and never showing vulnerability. This normalization of stress, overwork, and emotional suppression fosters a toxic environment where those struggling with mental health issues feel abnormal, weak, or inadequate. Admitting to needing help feels risky not

just personally, but socially and professionally. Moreover, the leadership structure in many Nigerian universities tends to be bureaucratic and hierarchical, which often creates a communication gap between students, faculty, and administrators. Mental health concerns raised by students may be dismissed as immature or irrelevant. In meetings or decision-making processes, mental health rarely appears on the agenda unless in response to a crisis such as suicide or public protest. Proactive mental health planning, education, or resourcing is minimal. Without leadership modeling openness, advocacy, or support for mental health initiatives, stigma continues unchallenged at the top.

Religious and spiritual interpretations of mental illness also play a significant role within the campus setting. Campus fellowships and religious organizations, which are very active at UNIBEN, provide community and support for many students. However, some of these groups perpetuate the belief that mental illness is the result of spiritual weakness, sin, or demonic interference. Individuals experiencing psychological distress are sometimes encouraged to seek deliverance or increase prayer, often to the exclusion of therapy or medication. While faith can be an important source of strength, such messaging can prevent students and staff from recognizing mental illness as a medical issue that also requires professional intervention. The gendered nature of stigma also merits attention. Female students who express emotional vulnerability may be dismissed as "too emotional" or irrational, while male students are expected to suppress emotions in order to maintain a performance of masculinity. Faculty members are similarly boxed in by gendered

expectations. Female faculty who acknowledge burnout may be seen as "less capable," while male faculty may fear that asking for help would undermine their authority. These gendered pressures not only discourage help-seeking but also influence how students and staff respond to peers experiencing distress.

Language and communication also subtly reinforce stigma. The terms commonly used to describe individuals with mental health conditions in Nigeria are often derogatory: "crazy," "mad," "possessed," or "not serious." These labels are used casually on campuses, often in jokes or insults. When students hear such language used around them or directed at others they are less likely to disclose their own struggles. The absence of a shared, respectful vocabulary around mental health impedes open discussion and promotes silence. Stigma is perpetuated by the overall invisibility of mental health awareness within the public face of the institution. University bulletins, websites, orientation programs, and faculty announcements rarely include information about emotional well-being. Mental health days, stress relief activities, or awareness campaigns are uncommon. Without visible, regular engagement, the community is left to rely on personal beliefs and hearsay. As a result, myths go unchallenged, and the fear of judgment persists.

In totality, the institutional and cultural factors that contribute to mental health stigma at UNIBEN particularly in the Faculty of Social Sciences form a tightly woven fabric that reinforces silence, fear, and misunderstanding. Cultural beliefs demonize mental illness; institutional neglect renders it invisible; academic pressures reward emotional suppression;

and social norms penalize vulnerability. Until these elements are systematically addressed through policy reform, cultural re-education, leadership advocacy, and service investment, mental health stigma will remain deeply embedded in the university's foundation. Mental health stigma in universities like UNIBEN is not a random or isolated issue it is embedded within a complex web of institutional legacies, social hierarchies, academic expectations, and longstanding cultural beliefs. These elements do not just influence attitudes passively; they actively discourage open conversations, shape student and faculty behavior, and determine whether people in distress receive support or remain isolated.

At the cultural level, mental illness in many Nigerian contexts is still shrouded in fear and misinformation. Cultural narratives tend to associate psychological conditions with spiritual possession, curses, or personal wrongdoing. Even seemingly modern or educated families may resort to religious intervention or traditional healers when a family member displays symptoms of mental illness. This cultural outlook becomes even more problematic when carried into academic environments, where students are expected to embody reason, logic, and competence. The contradiction is stark: within a faculty dedicated to studying society, politics, human behavior, and communication, there remains a pervasive silence around mental well-being. Cultural taboos do not fade in academic spaces they are simply expressed more subtly. Language reflects and reinforces this culture. In campus settings, mental health is often referred to through euphemisms or mockery. Students jokingly call someone "crazy" if they're overly expressive or withdrawn. Someone seen visiting the

counseling center may become a target of gossip. The everyday vocabulary of students and staff alike tends to trivialize, exoticize, or pathologize mental illness, reinforcing the idea that it is strange, abnormal, or shameful. This type of “**casual stigma**” is one of the most dangerous forms because it feels harmless, yet it influences attitudes deeply.

Academically, the curriculum itself often lacks meaningful engagement with mental health as a systemic issue. In faculties such as Social Sciences, where one might expect psychological, sociological, or behavioral understanding to be part of core education, mental health topics are often sidelined or treated as elective content. Students may study theories of behavior and emotion, but rarely are those theories applied to real-life mental health scenarios relevant to their age group or setting. As a result, students graduate with conceptual knowledge but remain uninformed or worse, misinformed about the lived realities of depression, anxiety, trauma, or burnout in academic life. Institutionally, one of the most significant contributors to stigma is the absence of proactive university policy and structure surrounding mental health. The university often lacks a clear mental health policy that recognizes psychological distress as a legitimate academic or professional barrier. There is little to no formal accommodation for students who are mentally unwell: no mechanisms for medical withdrawal for mental health reasons, no official guidelines for faculty to support struggling students, and no mandated training in recognizing early warning signs. For staff, there may be no programs for stress management, no leave policies for mental health recovery, and no open conversations about burnout or emotional

fatigue. The institutional silence becomes a form of passive reinforcement if the university doesn't take mental health seriously, why should students or lecturers?

Even where counseling centers exist, they are often hidden, underfunded, and misunderstood. Many students report that they don't know where the counseling unit is located or who works there. Others express doubts about the qualifications of staff or the privacy of their conversations. A student who has been taught all their life that "real problems are solved with faith" or "you don't tell strangers your family issues" is unlikely to trust a counselor they've never seen or heard of. Without visibility, credibility, and engagement, counseling units remain symbolic rather than functional. Another overlooked institutional factor is academic pressure. Students in the Faculty of Social Sciences juggle demanding coursework, financial strain, large class sizes, and limited lecturer interaction. There is little room for failure or vulnerability. Mental health is often perceived as a distraction or excuse rather than a legitimate challenge. Likewise, lecturers themselves face stress from administrative demands, publishing pressures, over-teaching, and underfunding. In this environment, there is no structured downtime, no normalization of mental breaks, and no model for emotionally healthy academic life. Everyone is expected to keep pushing, even when their capacity is depleted.

There is also the invisible but powerful influence of gendered expectations. Male students are often socialized to suppress emotions and appear "hard," even when in emotional pain. They may avoid help-seeking because it seems unmanly or weak. Female students, in

contrast, may face condescension or dismissal when they express emotional distress seen as being “too sensitive” or “overreacting.” For academic staff, especially junior lecturers, the fear of appearing weak or “not ready for responsibility” may deter them from disclosing emotional difficulties to peers or superiors. These gendered pressures intersect with class, religion, and age to create a uniquely Nigerian academic stigma ecosystem. Religious dynamics also play a dual role. On the one hand, faith-based communities on campus provide solidarity, hope, and community which can be therapeutic. But on the other hand, they may also propagate simplistic or supernatural interpretations of mental illness. A student suffering from suicidal ideation may be told they have “a spirit of death,” or someone with clinical depression may be encouraged to “pray harder” rather than seek therapy. While faith and mental health are not mutually exclusive, this spiritualization of psychological issues often leads students to delay or avoid seeking appropriate professional care.

Leadership silence and administrative neglect help stigma persist. At many Nigerian universities, issues related to student mental health are only addressed reactively often in response to suicide, substance abuse, or public protest. There are rarely proactive campaigns, wellness programs, or strategic plans that position mental health as a foundation of student success. University management may speak in vague terms about “student welfare” but fail to allocate budget, space, or time to mental health initiatives. Without visible, consistent leadership support, stigma is left to thrive in the shadows.

Mental health stigma in UNIBEN's Faculty of Social Sciences is not simply a reflection of societal attitudes it is actively reinforced through institutional silence, academic pressure, cultural misperceptions, spiritual oversimplifications, and policy neglect. These forces intersect and feed into each other, making stigma a structural issue, not just a personal one. It is not enough to tell people to "speak up" or "seek help." The conditions that prevent them from doing so socially, academically, structurally must be identified, challenged, and dismantled. To truly understand why mental health stigma is so persistent in the Faculty of Social Sciences at the University of Benin, we must dig deep into the structural roots and cultural ideologies that shape how mental health is perceived, addressed, and often ignored. Stigma here is not simply a social attitude it is institutionalized. It is embedded in how the university is organized, how knowledge is produced, how students and staff are expected to behave, and how Nigerian society defines strength, success, and weakness.

Culturally, Nigeria is largely a collectivist society where personal issues, especially those seen as shameful, are expected to be managed quietly within the family or community. Mental health issues fall squarely into this category. From a young age, individuals are socialized to believe that mental illness signifies failure of character, morality, willpower, or spirituality. Mental health struggles are rarely framed as medical or emotional conditions that deserve clinical support; instead, they are interpreted as private burdens that should be hidden, prayed about, or overcome through resilience. This worldview is reinforced by traditional African philosophies that emphasize stoicism, communal strength, and the

suppression of individual suffering for the greater good. Expressions like “*man up*”, “*life is hard for everyone*”, or “*you just need to be strong*” are heard both at home and within academic circles. The idea that someone might need therapy, medication, or time off to manage depression or anxiety can be seen as indulgent or even embarrassing. This cultural backdrop follows students and faculty into the university, silently shaping how they interpret mental distress both in themselves and in others.

In academic institutions like UNIBEN, these cultural beliefs are magnified by institutional silence and structural neglect. Mental health is not formally recognized as a key component of student development or staff welfare. The university calendar prioritizes productivity tight deadlines, back-to-back exams, overloaded syllabi but rarely makes room for rest, reflection, or emotional processing. Even though the Faculty of Social Sciences deals with the study of human behavior, society, and communication, the curriculum typically fails to provide applied mental health literacy. Most students graduate without ever discussing depression, trauma, emotional burnout, or counseling ethics in a real-world Nigerian context. Moreover, mental health services on campus where they exist are poorly integrated into student life. Many students are unaware of the university’s counseling unit. Others are skeptical of its usefulness due to the perception that counseling is either for “crazy people” or not culturally relevant. There is little to no visibility of mental health professionals, and rarely any effort to normalize visiting them. Posters, workshops, or awareness campaigns are few and far between. Students report feeling that mental health conversations are only

triggered in moments of crisis such as when a suicide occurs, a student has a breakdown in class, or a protest forces the administration to act. This reactive posture from the institution reinforces the idea that mental health is not an everyday concern, but a rare, extreme condition. Preventive care, open dialogue, and early intervention are absent. This absence allows stigma to flourish. Without clear leadership or institutional ownership of mental health responsibilities, individuals rely on their own assumptions, often shaped by stigma. Even more troubling is the unwritten academic culture within the faculty. Students are expected to endure, compete, and succeed under pressure. Many believe that asking for academic leniency due to emotional challenges will not be taken seriously. In the absence of flexible policies such as mental health leave, reduced course loads, or emotional wellness days students suppress their struggles, fearing academic penalties or judgment from peers. Lecturers, too, often operate in isolation. A junior lecturer going through personal stress or mental exhaustion may find no formal support mechanism and fear that opening up will undermine their professional credibility.

Hierarchical and authoritarian power structures in Nigerian universities discourage open conversations about mental health. Students may feel disempowered to speak up about psychological burdens. Staff may fear being seen as unfit for leadership or teaching. There is a lack of safe spaces both physically and symbolically where people can discuss vulnerability without risking their academic or professional standing. One must also examine the gendered dynamics at play. Male students and lecturers are often under social

pressure to appear “strong” and emotionally invulnerable. Cultural expectations of masculinity associate emotional expression with weakness. Meanwhile, women who express distress may be dismissed as “overly emotional” or “unstable,” thereby delegitimizing their concerns. These gendered interpretations feed into stigma and reduce the likelihood of seeking support across the board.

Religion, while providing support and community for many, also complicates the institutional response to mental health. A large percentage of students and staff belong to faith-based groups that promote spiritual interpretations of suffering. While spirituality can offer resilience and hope, it can also promote oversimplified solutions to complex psychological issues. Depression may be seen as demonic oppression. Anxiety may be seen as a lack of faith. Prayer is prescribed as the sole intervention, and religious leaders sometimes actively discourage seeking psychological help, framing therapy as “Western” or “unspiritual.” This spiritual framing of mental illness becomes part of the institutional culture, especially when faith-based student groups dominate campus discourse. We must consider policy and leadership gaps. The university system in Nigeria, including UNIBEN, lacks a comprehensive mental health policy. There are no formal statements on emotional safety, no guidelines for responding to students in psychological crisis, and no training for lecturers to support emotionally struggling students. Without a policy framework, responses to mental health challenges are inconsistent and largely dependent on personal attitudes. Some departments may be supportive. Others may be hostile or indifferent. This

policy vacuum perpetuates confusion, fear, and stigma. The cultural and institutional factors contributing to mental health stigma in UNIBEN's Faculty of Social Sciences are deeply interconnected and self-reinforcing. Cultural taboos about mental illness shape how people feel about their own distress. Institutional silence and neglect validate these taboos. Academic structures pressure students and staff to prioritize performance over well-being. Religious worldviews sometimes discourage clinical help. Gender norms restrict emotional expression. And leadership inaction leaves these issues unaddressed. Stigma, therefore, is not just a social attitude it is a system maintained by silence, fear, and a lack of structural support.

2.6 Propose effective strategies for increasing mental health awareness and reducing stigma in the Faculty of Social Sciences

Addressing the stigma surrounding mental health in the Faculty of Social Sciences at the University of Benin requires more than just awareness campaigns it calls for a transformational shift in culture, policy, education, and institutional behavior. The strategies needed must not only raise awareness but also systematically dismantle the fear, misinformation, and silence that sustain stigma. These efforts must be intentional, sustained, and inclusive of both students and academic staff. One of the most powerful entry points is education, which should be woven into the formal curriculum. Courses across departments such as sociology, psychology, political science, and social work should include modules that address mental health from scientific, social, and cultural

perspectives. Beyond simply teaching definitions and symptoms, these modules should examine the lived experience of mental illness, the societal structures that perpetuate stigma, and evidence-based approaches to support and recovery. Educating students with culturally relevant, Nigerian-contextualized content about depression, anxiety, trauma, and help-seeking behavior can foster empathy and reduce harmful stereotypes. Faculty members, too, would benefit from workshops or seminars on mental health literacy, trauma-informed teaching, and student engagement from a psychosocial perspective.

Alongside formal education, peer-led initiatives can help normalize conversations around mental health. Students are more likely to open up when they hear relatable voices. Establishing student mental health ambassadors or peer support networks within the faculty would create safe, informal spaces for sharing and support. These peer groups could organize events such as mental health awareness weeks, mental wellness talks, stress relief workshops, and storytelling forums. When peers take the lead in discussing their own challenges and pathways to healing, stigma begins to lose its hold. The university administration, particularly within the Faculty of Social Sciences, must also commit to visible and accountable institutional leadership on mental health. This includes appointing a mental health liaison or coordinator within the faculty whose role is to connect students and staff with resources, advocate for policy change, and facilitate early intervention. Policies should be created or updated to recognize mental health as a valid reason for academic accommodations. This means formalizing procedures for requesting leave,

extensions, or reduced course loads due to psychological distress just as students would for physical health issues.

To support these policies, mental health services on campus must be made visible, accessible, and trustworthy. The university's counseling center should be properly staffed with qualified professionals trained in both Western psychological models and culturally sensitive practices. Services must be confidential and clearly advertised throughout campus, including in lecture halls, departmental offices, and faculty handbooks. Faculty and students alike should receive periodic orientations about how to access these services and what to expect. A 24-hour crisis line or emergency mental health protocol would also strengthen safety and trust in these systems.

Another key strategy is the integration of mental health awareness into everyday academic life. Rather than treating it as a crisis topic only addressed after a tragedy, faculty members can regularly incorporate brief mental health check-ins, mindfulness exercises, or flexible participation options into their teaching practice. Creating an academic environment where students feel seen, heard, and respected for more than just their grades contributes to a mentally healthier campus climate. Faculty development programs should include components on compassionate teaching, managing classroom stress, and recognizing early signs of student distress.

Combating stigma also requires the use of language and media in more responsible, positive ways. Communication materials whether posters, newsletters, or digital campaigns should use non-stigmatizing, person-centered language. Instead of labels like “mad” or “unstable,” the faculty and university should promote narratives that reflect mental health as a common human experience. Media content can highlight stories of recovery, resilience, and strength, showing that mental illness is not a life sentence but a treatable condition. Featuring voices from faculty members, alumni, and respected public figures who have experienced and overcome mental health challenges could go a long way in changing perceptions. Religious and spiritual communities, which hold significant influence on campus, should also be engaged as allies rather than excluded. Rather than framing mental illness purely as a spiritual problem, campus faith organizations can be guided to understand mental health from a holistic perspective embracing both spiritual and clinical approaches. Interfaith dialogues, mental health-themed sermons, or collaborations with counseling professionals can help bridge the gap between faith and therapy.

Importantly, these strategies must be inclusive and intersectional, acknowledging the different ways stigma affects students based on gender, class, disability, and cultural background. Male students, for example, may need targeted engagement that addresses the pressures of masculinity and emotional suppression. Female students may benefit from safe spaces where their emotional expressions are validated, not dismissed. Students living with

disabilities or chronic illness may require additional psychosocial support to navigate stigma from multiple angles. No strategy can be effective without evaluation and accountability mechanisms. The Faculty of Social Sciences should track its progress in reducing stigma and improving mental health outcomes through periodic surveys, focus groups, and service utilization reports. Student and staff feedback should be actively sought and used to improve programs. Mental health data should not be hidden but responsibly used to guide policy and resource allocation.

Reducing mental health stigma and increasing awareness in the Faculty of Social Sciences at UNIBEN is both a moral and academic necessity. It will require a coordinated, multi-level effort involving curriculum reform, student empowerment, faculty training, institutional investment, and cultural transformation. Only when mental health is treated not as an afterthought, but as a core part of academic success and human dignity, can stigma be meaningfully reduced and a healthier, more supportive university culture begin to emerge. The battle against mental health stigma in academic institutions such as the University of Benin cannot be fought with goodwill alone; it must be approached with strategic intent, policy-driven change, and culturally grounded action. The Faculty of Social Sciences, given its role in understanding human society and behavior, holds both the responsibility and the potential to lead this change. Addressing stigma and improving awareness involves not just correcting misconceptions but transforming the academic, cultural, and institutional fabric that perpetuates silence and shame around mental health.

A foundational strategy is the integration of mental health literacy into the academic curriculum. This goes beyond elective courses in psychology and should become a required part of the academic formation for students across all departments be it sociology, political science, economics, or international relations. These courses must be designed to reflect the Nigerian socio-cultural context, using case studies, documentaries, and real-life narratives that students can relate to. A course in "Mental Health and Society," for example, could cover the biological basis of common mental illnesses, their social dimensions, historical treatment approaches in Africa, and contemporary responses, including traditional, spiritual, and biomedical models. Through education, students can unlearn myths such as associating mental illness only with madness and begin to view it as a spectrum of experiences that can affect anyone. Another powerful avenue for transformation is through peer support structures. Peer education and support groups have been shown to be highly effective in reducing stigma because they operate through shared experience and relatability. In the Faculty of Social Sciences, student-led mental health clubs or societies can be formed, trained, and supported to carry out peer counseling, advocacy, and psychoeducational activities. These groups can serve as an initial point of contact for students in distress, offer workshops on emotional resilience, and organize storytelling events where students and alumni share their mental health journeys. When students see their peers taking mental health seriously, stigma begins to lose its power.

Faculty development and staff sensitization must also be prioritized. Lecturers, academic advisers, and administrative staff interact closely with students and are often the first to observe signs of mental distress yet many lack the training to respond appropriately. Short-term certificate workshops on mental health awareness, student support, and referral skills can equip staff with the language, sensitivity, and tools to be effective first responders. These trainings should emphasize that mental health challenges are not a sign of weakness, but a human experience that deserves compassion and institutional support. When staff model openness and understanding, students are more likely to seek help without fear of judgment. A key institutional reform is the development and implementation of clear mental health policies. Currently, many Nigerian universities operate without formal guidelines that protect students and staff dealing with psychological distress. A mental health policy within UNIBEN's Faculty of Social Sciences should outline: (1) procedures for accessing academic concessions on the basis of mental health, such as temporary withdrawals, assignment extensions, or reduced workloads; (2) anti-discrimination provisions protecting individuals from being labeled or marginalized for disclosing a mental health condition; and (3) a commitment to ensure confidentiality and respect for anyone accessing mental health services. Such a policy not only provides structure but also signals that mental health is an institutional priority.

To support this, the university must also invest in expanding and professionalizing mental health services. This includes increasing the number of licensed psychologists, counselors,

and psychiatric nurses on campus and ensuring their visibility and accessibility. Services must be student-centered, confidential, and culturally competent offering support in both English and local languages where necessary. Outreach programs, such as mobile mental health clinics or pop-up counseling booths during orientation or examination periods, can help normalize seeking help and reduce the intimidation often associated with walking into a counseling center. Technology can also play a supporting role in reducing stigma and increasing access. A dedicated mental health mobile app for UNIBEN students could provide anonymous screening tools, relaxation exercises, inspirational content, and quick referrals to professionals. WhatsApp support groups managed by trained peer counselors could offer real-time, low-stigma engagement, especially for students in remote areas or those who feel more comfortable with digital interaction.

Another crucial area is the collaboration with campus religious and cultural groups. These groups hold significant influence and can either reinforce or challenge stigma. Rather than sidelining spiritual perspectives, the university should engage with pastors, imams, and traditional leaders on campus, educating them on the intersection of faith and mental health. Joint programs between counseling services and faith-based organizations could focus on topics such as “Mental Health and Spiritual Wellness,” allowing students to explore healing from both clinical and spiritual angles without conflict. When spiritual leaders validate the legitimacy of mental health care, it creates a ripple effect in how the entire community perceives emotional challenges. Strategic communication and media use also hold

transformative potential. Posters, murals, radio programs, podcasts, and faculty newsletters should consistently include mental health messages that promote inclusivity and empowerment. Slogans like “It’s okay to not be okay” or “Seeking help is a sign of strength” should be normalized across faculty corridors, classrooms, and social media platforms. Faculty alumni or local celebrities who have overcome mental health struggles can be invited to speak during awareness events, helping destigmatize mental illness through their visibility and credibility.

To ensure sustainability, there must be mechanisms for monitoring, evaluation, and accountability. Surveys should be periodically conducted to assess changes in knowledge, attitudes, and behaviors regarding mental health. Students should be encouraged to submit anonymous feedback about the quality of mental health services or barriers they face in seeking help. These insights should directly inform the review of policies and programming. The Faculty of Social Sciences should also create a Mental Health and Wellness Committee comprising students, staff, counselors, and faculty leaders tasked with reviewing progress, advising on strategy, and ensuring mental health remains a visible, ongoing priority. Ultimately, transforming mental health awareness and eliminating stigma in the Faculty of Social Sciences at UNIBEN demands a whole-of-faculty approach. It involves shifting from a reactive to a proactive stance; from isolated interventions to systemic reforms; and from silence and shame to openness and empathy. Such change is not only essential for the personal growth of students and staff it is central to the mission

of any institution of higher learning committed to human development, academic excellence, and social impact. Efforts to increase mental health awareness and reduce stigma in Nigerian universities particularly within the Faculty of Social Sciences at UNIBEN must move beyond slogans or one-time campaigns. They must evolve into sustained, institutionalized programs that reshape how mental health is understood, discussed, and addressed at every level of academic life.

One of the most urgent needs is the localization of mental health education within the faculty's curriculum. Instead of generic mental health references, the faculty should design content that reflects the unique pressures Nigerian students face, such as financial hardship, parental expectations, cult-related violence, sexual harassment, and graduate unemployment. These lived realities significantly contribute to psychological distress, but they're often ignored in academic discourse. A contextual approach to mental health education would help students see how societal structures affect well-being making mental health feel more relevant, relatable, and actionable. Assignments, debates, or community-based projects focused on stigma, traditional beliefs, and cultural healing could deepen this engagement. Equally important is changing the culture of silence and fear that discourages people from speaking about emotional pain. Creating safe psychological spaces in the faculty such as mental health clubs, support groups, or regular "wellness circles" can give students and staff a space to decompress, share, and feel heard without judgment. These spaces should be co-managed by trained peer facilitators and staff allies. Faculty leadership

could also set the tone by openly discussing mental well-being during student orientations, faculty meetings, and end-of-semester town halls. This would send a clear message that mental health is a community responsibility, not a private struggle.

To reduce fear around help-seeking, the counseling center must be humanized and demystified. Currently, many students avoid it due to fear of gossip or being labeled. This can be changed through visibility and transparency. For example, the counseling unit could host open houses, “meet the counselor” days, or anonymous Q&A events. Counselors can also hold brief “office hours” within the Faculty of Social Sciences building, making them more physically and socially accessible. Importantly, service provision must be adapted to Nigerian cultural realities counselors should be trained in culturally informed therapeutic techniques that recognize how religion, family structure, and communal values shape mental health perceptions. Another often-overlooked strategy is the use of arts, storytelling, and media to shift attitudes. Drama performances, spoken word poetry, student films, and even social media reels can powerfully disrupt stigma. For example, a short drama series produced by social science students that shows a student navigating depression and recovery without shame could reach hundreds of peers in a way that lectures never could. These creative approaches should be encouraged as part of coursework or student group activities, and faculty staff should support them through mentorship, funding, and academic credit.

Importantly, mental health stigma is not only about students it affects lecturers and staff just as deeply. Yet, faculty members often suffer in silence due to workload stress, underfunding, administrative pressures, and lack of support. Providing staff with mental health leave options, counseling services tailored to their schedules, and stress management workshops would demonstrate that the university values not only their output but their humanity. In turn, supported and self-aware lecturers are more likely to show empathy and flexibility toward students. The success of any strategy depends on collaborative governance. Students, faculty, administrative staff, counseling professionals, and even alumni must be included in the co-creation of mental health programs and policies. A faculty-level Mental Health Advisory Board, including representatives from all these groups, could oversee programs, recommend changes, and ensure continuity across academic years. This shared leadership model builds ownership and accountability.

Also, long-term impact requires funding and formal recognition. The Faculty of Social Sciences could establish a Mental Health Innovation Fund sourced from alumni donations, faculty allocations, or external grants to support student-led projects, staff training, and awareness events. In return, the faculty can begin to monitor and publish its mental health progress, setting a model for other faculties across Nigerian universities. Reducing mental health stigma and increasing awareness in UNIBEN's Faculty of Social Sciences must be seen as a process not a one-time intervention. It requires the redesign of curricula, transformation of faculty culture, professionalization of services, creative engagement of

students, and bold institutional leadership. Mental health should be embedded into the everyday operations of the faculty so that students and staff alike feel safe, supported, and empowered to seek help and support others without fear, shame, or silence. To meaningfully reduce mental health stigma and improve awareness in the Faculty of Social Sciences at UNIBEN, a multi-dimensional, sustained, and culturally relevant strategy is required. Mental health is not a peripheral issue; it is deeply connected to academic performance, personal development, and social well-being. In Nigerian university settings, especially in faculties that study society, power, and human behavior, tackling mental health stigma becomes both a moral obligation and an academic necessity.

The first foundational approach is to integrate mental health literacy into academic teaching and learning. This means embedding mental health education across the curriculum not only in psychology but also in sociology, political science, mass communication, and economics. Students should be taught about common mental disorders, stress management, substance use, emotional intelligence, and help-seeking behaviors, within the context of Nigerian society. For instance, courses could examine how structural poverty, insecurity, or gender inequality affect mental well-being. Including African perspectives on healing, traditional understandings of mental illness, and the role of communal support would make the curriculum more inclusive and impactful. When students are taught to see mental health as a normal part of human experience, rather than a rare or shameful condition, stigma naturally begins to weaken. Alongside formal education, the informal and peer-driven

domain is equally powerful. Students tend to trust and relate more to their peers than to authority figures. Therefore, student-led mental health advocacy groups and peer-support networks should be formally recognized and supported by the faculty. These groups can organize mental health forums, story-sharing events, drama performances, or anonymous confession spaces that give voice to otherwise silent emotional struggles. For example, an annual “Mental Health and Me” week in the Faculty could feature art exhibitions, spoken word performances, and testimonial panels where both students and staff share experiences of surviving depression, anxiety, or academic burnout. These raw, authentic stories humanize mental illness and demonstrate that healing is possible, which helps reduce fear and mockery.

Faculty leadership and academic staff play a vital role in shaping attitudes toward mental health. Many students internalize the behaviors and values of their lecturers. If lecturers consistently model empathy, allow flexibility in times of student distress, and talk openly about emotional well-being, it creates a safe academic environment. However, many staff members also suffer in silence burdened by long teaching hours, administrative overload, financial strain, and poor access to mental health care. Therefore, targeted strategies must support staff wellness too. This may include regular faculty-wide wellness check-ins, stress reduction retreats, access to confidential counseling, and even policy provisions for short-term leave due to psychological exhaustion. Training programs can also equip lecturers with the skills to identify students in emotional crisis, provide temporary support, and refer

them appropriately. At the institutional policy level, mental health needs to be formally addressed in faculty regulations, procedures, and communication. The absence of clear guidelines means students struggling with mental health often don't know what support they are entitled to or how to request it. A faculty-wide mental health policy should define procedures for academic leniency, medical leave for psychological conditions, and protection from discrimination. It should also clearly state the roles and responsibilities of lecturers, departmental heads, and student advisers in supporting mental health cases. Importantly, this policy should emphasize confidentiality and encourage a non-judgmental approach to mental health disclosures.

Beyond policy, there must be investment in professional mental health services. The university's counseling center should not be an invisible or inaccessible office tucked away on campus. Its services should be actively promoted through faculty newsletters, classroom announcements, and posters. Counselors should offer culturally responsive support recognizing the role of family, religion, and traditional beliefs in student mental health narratives. The faculty could even arrange periodic on-site counseling days, where students can drop in for brief, confidential sessions without needing to schedule appointments. Technology can further enhance accessibility and discretion. Many students are uncomfortable walking into a visible counseling office, but may be willing to use anonymous or digital tools. The university could invest in a mobile app or online portal offering mental health assessments, guided meditations, coping tips, and appointment

booking with therapists. Short animated videos or WhatsApp broadcasts in Pidgin English or local dialects could also demystify common conditions like depression and anxiety.

Because UNIBEN is a microcosm of Nigerian society, any effort to fight stigma must also engage religious and cultural groups, which have major influence on student beliefs. While spiritual interpretations of mental health often compete with clinical models, the two are not mutually exclusive. Campus fellowships and religious leaders can be engaged as partners in mental health advocacy. With proper training, faith leaders can help frame mental health struggles as human experiences not moral or spiritual failures. Joint events such as “Faith and Mental Health Dialogues” could bridge gaps between psychology and spirituality, thereby reducing the fear that therapy contradicts religion. Communication strategies must also evolve. The faculty should invest in positive, non-stigmatizing language and visuals in all mental health materials. Campaigns could use local idioms, humor, storytelling, and visuals that reflect Nigerian student life. Slogans like “No dey hide suffer” or “Head wey no rest, no fit think well” can normalize mental health talk using familiar language. Messages should not only focus on illness but also on mental wellness, emphasizing that everyone whether thriving or struggling deserves to take care of their mind.

Importantly, all these efforts must be measured, reviewed, and improved over time. The Faculty of Social Sciences should establish a Mental Health and Wellness Committee made up of students, lecturers, counselors, and alumni. This committee can oversee program

design, review feedback, and ensure continuity across semesters. Periodic surveys could assess stigma levels, mental health knowledge, and satisfaction with services. These findings would guide future programming and resource allocation. In the long term, a strong mental health culture in the faculty could have ripple effects. It would not only improve academic performance, but reduce dropout rates, enhance campus harmony, and even prepare students to become more compassionate social workers, educators, politicians, and change-makers in Nigerian society. After all, a society cannot thrive unless its people beginning with its students are mentally sound, emotionally supported, and free from stigma.

2.7 Research Hypotheses

H₀₁: There is a significant gap in mental health awareness among students and faculty members in the Faculty of Social Sciences.

H₀₂: Mental health stigma has a direct negative impact on students' academic performance and faculty members' productivity.

H₀₃: Institutional policies and support systems for mental health in universities are inadequate in addressing students' and faculty members' mental health needs.

H₀₄: Implementing mental health education programs will significantly improve awareness and reduce stigma among students and faculty members.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Preamble

This chapter presents the methodology to be used in carrying out the study under the

following sub-headings:

- Research Design
- Population of the study
- Sample and Sampling Techniques
- Research Instrument
- Validation of Instrument
- Reliability of Instrument
- Method of Data Collection
- Method of Data Analysis

3.2 Research Design

The research design considered most suitable for this research was the descriptive survey research design. The descriptive survey is a design that collects data on a given population.

The design is suitable for the study because it helps to assess the level of mental health awareness and stigma in the faculty of social sciences, university of Benin.

3.3 Area of Study

The study is situated within the Faculty of Social Sciences, University of Benin, located in Benin City, Edo State, Nigeria. The University of Benin (UNIBEN) was established in 1970 and has since grown into one of Nigeria's foremost federal universities. The Faculty of Social Sciences comprises departments such as Political Science, Sociology, Economics, Geography and Regional Planning, and Social Work. It is known for promoting academic excellence and research, particularly in issues relating to society and human behavior. Given the relevance of mental health in social sciences, the faculty provides a suitable environment for this research.

3.4 Population of The Study

The population of the study consist of 3194 students from 6 different Department in the Faculty of Social Science University of Benin. Statistics gotten from the Secretariat of the faculty as at the 13th of August 2025 shows that Economics department has 557 students, Geography and Regional Planning has 71 students, Public Administration has 598 students, Political Science has 724 students, Social Works has 507 students and Sociology and Anthropology has 737 students which sums up to 3194 students in total.

3.5 Sample and Sampling Techniques

The population of this study comprised all students in the Faculty of Social Sciences, University of Benin, totaling 3,194 students. To determine an appropriate sample size, Yamane's (1967) formula for finite populations was applied

$$n = \frac{N}{1 + N(e^2)I}$$

n = sample size

N = population size (3,194)

e = Level of significance (0.05)

The sample size was calculated using the formula as approximately 500 respondents. The study adopted a stratified random sampling technique. The strata included. 100 Sociology and Anthropology, 100 from Social Work, 25 from Geography, 75 from **Public Administration**, 100 Political Science and 100 from Economics and Statistics. This technique ensured fair representation from different departments within the faculty of social sciences.

3.6 Research Instrument

The instrument that was used for the data collection is a structured questionnaire titled "Mental Health Awareness and Stigma Questionnaire (MHASQ)". The questionnaire was divided into Six sections, A - F. Section A focuses on the demographic or personal data of the respondent while section B - F contains information which bothers on the problem of this research.

3.7 Validation of Instrument

The constructed questionnaire was validated by the project supervisor to confirm for content validity. Suggestions made by the supervisor was incorporated into the final draft of the work before administration.

3.8 Reliability of Instrument

The re-test method was used to determine the reliability of the instrument. The questionnaire was distributed to a group of 20 respondents which did not constitute part of the study. The instruments were given to the students to fill and the data obtained were analyzed using Pearson's Product Moment Correlation Coefficient. A reliability coefficient of 0.81 was obtained, indicating that the instrument is reliable for the study.

3.9 Method of Data Collection

The researcher personally administered the instrument to the respondents and also waited on the spot to collect the instrument to ensure a high rate of return.

3.9.1 Method of Data Analysis

In analyzing the data, the researcher will make use of mean score and standard deviation to compute the findings of the research. The five research question for the study will be analyzed using mean score and standard deviation.

CHAPTER FOUR

PRESENTATION AND DISCUSSION OF RESULTS

This chapter expresses the presentation and interpretation of the results obtained. Five hundred questionnaires were distributed and four hundred and fifty were returned. Thirty-five were wrongfully filled why another fifteen was incomplete. A total of four hundred and fifty were correctly filled and below is the data analyzed.

4.1 Demographic Characteristics of the Respondents

Age	Frequency	Percentages %
15-20 years	185	50
21-25 years	165	40
26 and above years	100	10
Gender		
Male	261	68.7
Female	189	31.1
Level		
100	100	24
200	100	24
300	100	24
400	100	24
Department		

Economics	62	15
Geography and Regional Planning	44	8
Public Administration	86	18
Political Science	86	18
Social Works	100	24
Sociology and Anthropology	72	17
Total	450	100

Analysis

From table above, 50% of the total respondents are between 15-20 years; another 40% of the total respondents are between the ages brackets of 21-25; while 10% percent of the total respondents are between the ages brackets of 26 years and above.

It was also revealed that, 68.7 percent of the total respondents are male while 31.1 percent of the total respondents are female. This implies that majority of the respondents are Male.

Also, under the level of the respondents, it shows that 24 percent of the total respondents are in 100 level; 24 percent of the total respondents are in 200 level, 24 percent of the population are in 300 level while 28 percent of the respondents are in 400 level.

The table also revealed the various departments of the respondents. It was revealed that 15 percent of the total respondents are in economics department, 8 percent of the total respondents are in the department of geography and regional planning, 18 percent of the

total respondents are in public administration, 18 percent of the respondents are in the department of political science, 24 percent of the total respondents are in social work department while 17 percent of the total respondents are in the department of sociology and anthropology.

4.1 Research Question 1: What is the level of awareness and understanding of mental health among students and faculty members in the Faculty of Social Sciences?

Table 1: Mean analysis on the Level of awareness and understanding of mental health among students and faculty members

SN	Items	N	X	Remark
1	I understand what mental health means.	450	1290	2.9 High
2	I have received information or education on mental health at the university.	450	1370	3 High
3	Mental health is as important as physical health.	450	1440	3.2 High
4	Faculty members promote discussions around mental health.	450	1160	2.6 High
5	Students and lecturers are generally aware of common mental health issues.	450	1409	3.1 High
	Grand mean			2.96 High

Source: Fieldwork (2025)

The analysis of the data in table 1 revealed the responses of the respondent on all items at a grand mean of 2.96 which is above the criterion mean of 2.50. The analysis data in the above therefore implies that there is high level of awareness and understanding of mental health among students and faculty members.

4.2 Research question 2: What Is the Common mental health challenges faced by students and faculty members

Table 2: Mean analysis on the Common mental health challenges faced by students and faculty members

SN	Items	N	X	Remark
6	I have experienced stress or anxiety related to academic/work pressure.	450	1220	2.7 High
7	Depression is a common challenge among students in the faculty.	450	1240	2.8 High
8	Burnout is prevalent among faculty members.	450	1540	3.4 High
9	Social isolation is a mental health challenge in the faculty.	450	1360	3 High
10	There is adequate support for those facing mental health challenges.	450	1609	3.6 High

Grand mean

3.1 High

Source: Fieldwork (2025)

The analysis of the data in table 2 revealed the responses of the respondent on all items at a grand mean of 3.1 which is above the criterion mean of 2.50. The analysis data in the above therefore implies that there is high level of Common mental health challenges faced by students and faculty members.

4.3 Research question 3: What Is the Impact of stigma on students' and faculty members' willingness to seek mental health support

Table 3: Mean analysis on the Impact of stigma on students' and faculty members' willingness to seek mental health support

SN	Items	N	X		Remark
11	I feel comfortable talking about my mental health issues with others.	450	1320	2.9	High
12	People with mental health problems are treated differently in the faculty.	450	1122	2.5	High
13	Fear of being judged prevents many from seeking help.	450	1221	2.7	High
14	Mental health stigma exists among students.	450	1332	3	High
15	Lecturers are understanding and supportive of students with mental health issues.	450	1323	2.9	High

Grand mean	2.8	High
-------------------	------------	-------------

Source: Fieldwork (2025)

The analysis of the data in table 3 revealed the responses of the respondent on all items at a grand mean of 2.8 which is above the criterion mean of 2.50. The analysis data in the above therefore implies that there is high level of the Impact of stigma on students' and faculty members' willingness to seek mental health support.

4.4 Research question 4: What Is the Institutional and Societal Contributors to Stigma

Table 4: Mean analysis on the Institutional and Societal Contributors to Stigma

SN	Items	N	X		Remark
16	Mental health is not openly discussed in the university environment.	450	1425	3.2	High
17	There is a lack of mental health services or counseling within the faculty.	450	1244	2.8	High
18	Cultural beliefs contribute to mental health stigma in the university.	450	1343	3	High
19	There is inadequate training for staff on how to support mental health issues.	450	1543	3.4	High
20	Media and society negatively influence perceptions of mental health.	450	1653	3.7	High

Grand mean	3.22	High
------------	------	------

Source: Fieldwork (2025)

The analysis of the data in table 4 revealed the responses of the respondent on all items at a grand mean of 3.22 which is above the criterion mean of 2.50. The analysis data in the above therefore implies that there is high level of the Institutional and Societal Contributors to Stigma.

4.5 Research question 5: What Is the Strategies for Improvement

Table 5: Mean analysis on the Strategies for Improvement

SN	Items	N	X		Remark
21	The faculty should organize regular mental health awareness programs.	450	1785	4	High
22	There should be trained mental health counselors in the faculty.	450	1677	3.7	High
23	Mental health topics should be included in the faculty's academic programs.	450	1643	3	High
24	Peer support groups can help reduce stigma and provide assistance.	450	1353	3	High

25	University leadership should prioritize mental health in policy and practice.	450	1663	3.7	High
----	---	-----	------	-----	------

Grand mean

3.48 High

Source: Fieldwork (2025)

The analysis of the data in table 5 revealed the responses of the respondent on all items at a grand mean of 3.48 which is above the criterion mean of 2.50. The analysis data in the above therefore implies that there is high level of the Strategies for Improvement.

4.6 Discussion of Findings

The findings of the study indicate a generally high level of awareness and understanding of mental health among both students and faculty members within the Faculty of Social Sciences. The responses across all relevant items yielded a grand mean of 2.96, exceeding the benchmark of 2.50, which signifies that participants are relatively informed about mental health, recognize its importance, and acknowledge the existence of mental health discourse within the faculty. While the overall awareness is high, some areas such as faculty promotion of mental health discussions scored comparatively lower, suggesting that there is room for improvement in active engagement and institutional support. The results also show that common mental health challenges, including stress, anxiety, depression, burnout, and social isolation, are prevalent among the academic community,

with a grand mean of 3.1. Notably, burnout among faculty members and general support for those facing mental health issues were rated particularly high.

This underscores that while support systems might be perceived as present, the frequency and severity of mental health challenges remain significant and merit consistent attention. In terms of stigma and its impact on willingness to seek mental health support, the data indicate a high level of perceived stigma with a grand mean of 2.8. Respondents acknowledged discomfort in discussing mental health, fear of judgment, and the perception that mental health stigma exists within the faculty. These factors suggest that stigma continues to be a substantial barrier to help-seeking behavior, despite the presence of awareness and some level of support. The fact that people with mental health issues are still treated differently points to persistent negative attitudes and social biases that need to be addressed. Further analysis of institutional and societal contributors to stigma also revealed a high level of agreement among respondents, with a grand mean of 3.22. Factors such as inadequate staff training, insufficient mental health services, and cultural and media influences were identified as contributing to the continued presence of stigma. These findings highlight systemic and cultural barriers that hinder the normalization of mental health discussions and support, emphasizing the need for both internal faculty reforms and broader societal change. The study presents strong support for various strategies aimed at improving mental health outcomes in the faculty. With the highest grand mean of 3.48 among all research areas, the responses show a clear consensus that proactive steps such as organizing awareness programs, including mental health in the academic curriculum,

establishing trained counseling services, and forming peer support groups are essential. The data suggest that the academic community is not only aware of the challenges but is also receptive to implementing targeted strategies for positive change. Overall, the findings reveal a well-informed and concerned academic environment that acknowledges the presence of mental health challenges and the impact of stigma, while also demonstrating readiness to embrace institutional improvements. However, there remains a need to translate awareness into action through consistent policy implementation, cultural shift, and sustained support systems.

The findings from the study offer a comprehensive overview of the current state of mental health awareness, challenges, stigma, and potential improvements within the Faculty of Social Sciences. The analysis reveals several key insights that are critical for understanding the dynamics at play and guiding effective interventions. To begin with, the study found that both students and faculty members exhibit a high level of awareness and understanding of mental health, as shown by the grand mean of 2.96. This suggests that respondents generally know what mental health entails, regard it as important comparable to physical health and acknowledge the presence of mental health education within the university environment. The high mean scores across items such as “Mental health is as important as physical health” (3.2) and “I have received information or education on mental health” (3.0) indicate that mental health is increasingly being recognized as a serious and legitimate issue. However, the slightly lower mean score (2.6) for the item “Faculty members promote discussions around mental health” suggests that while awareness is present, open dialogue

and institutional support for mental health discussions are not yet fully embedded in faculty culture. This points to a need for more active involvement and visible leadership from faculty and administrators in promoting mental health initiatives. The second aspect of the study examined the common mental health challenges faced by students and faculty, revealing a grand mean of 3.1. This further underscores the reality that mental health struggles are not isolated incidents but widespread experiences within the academic environment. High mean values for items such as “Burnout is prevalent among faculty members” (3.4) and “There is adequate support for those facing mental health challenges” (3.6) paint a complex picture on the other hand, the data affirm the existence of support system; on the other, they also highlight the high levels of mental strain affecting both students and lecturers. Stress, anxiety, depression, and social isolation are recurrent issues that suggest a high-pressure environment with potentially insufficient preventive mechanisms. While support may be available, the frequency of these challenges suggests that reactive measures alone may not be enough there is a growing need for proactive, preventive strategies that address the root causes of academic and occupational stress. When it comes to the impact of stigma on the willingness to seek mental health support, the findings revealed a grand mean of 2.8. This indicates that stigma continues to be a significant barrier to mental health help-seeking behavior. Despite increased awareness, many respondents still report discomfort in talking about their mental health and express fear of judgment. For instance, items like “Fear of being judged prevents many from seeking help” (2.7) and “People with mental health problems are treated differently in the

faculty” (2.5) point to a social environment where mental health issues may still be met with subtle discrimination or misunderstanding. Although there are supportive attitudes noted among some lecturers and peers, the persistent presence of stigma can discourage individuals from utilizing available resources, thereby worsening their conditions over time. This underscores the importance of not only providing services but also fostering a non-judgmental, inclusive atmosphere where seeking help is normalized and encouraged.

Further, the data explored institutional and societal contributors to mental health stigma, with a grand mean of 3.22. Respondents agree that various structural and cultural factors perpetuate stigma. For example, inadequate training for faculty staff (3.4), negative media portrayals (3.7), and insufficient mental health services within the university (2.8) all contribute to a stigmatizing environment. Additionally, the influence of deep-rooted cultural beliefs (3.0) further complicates open conversations about mental health. This combination of institutional gaps and societal norms creates a challenging landscape for mental health advocacy. The findings point to the need for systemic reforms within the university, including better training for faculty, increased visibility of counseling services, and public campaigns to challenge stereotypes and misconceptions about mental illness. The final area of analysis focused on strategies for improvement, which had the highest grand mean of 3.48. This reflects strong support from respondents for a range of practical solutions aimed at improving mental health conditions in the faculty. There is a clear demand for structured interventions such as organizing regular awareness programs (4.0), employing trained mental health counselors (3.7), and integrating mental health topics into

the academic curriculum (3.0). Moreover, peer support groups (3.0) and prioritization of mental health in university policy and leadership (3.7) were also strongly endorsed.

These findings suggest that both students and faculty not only recognize the challenges but are also receptive to concrete, actionable changes. There is a readiness to move from awareness to implementation, and these strategies could serve as a roadmap for the university to address mental health in a holistic and sustainable manner. The data present a clear narrative: while there is a foundational level of awareness and recognition of mental health issues within the Faculty of Social Sciences, significant challenges remain particularly around stigma, institutional limitations, and the frequency of mental health problems. The willingness of respondents to support and engage in improvement strategies shows potential for meaningful progress. However, this requires sustained commitment from university leadership, ongoing education, increased resources, and a cultural shift towards openness and empathy. By addressing both the symptoms and the systemic roots of mental health all the results of the study point to a generally high level of awareness and understanding of mental health among students and faculty members in the Faculty of Social Sciences. With a grand mean of 2.96, participants overall indicate that they understand mental health, recognize its importance, and have received some form of mental health education. This is a promising finding because awareness is the first step in addressing mental health issues. However, one important detail that stands out is the relatively lower mean (2.6) for the item regarding faculty members promoting discussions around mental health. This suggests that while individuals may be formed, mental health

is still not an openly or frequently discussed topic in academic spaces. There may be knowledge, but not yet a culture of openness. This could be due to institutional hesitancy, lack of training, or discomfort with addressing what is still a sensitive issue in many societies.

Moreover, awareness alone is not enough if it doesn't lead to action or change. High awareness should ideally translate into improved well-being, early identification of mental health issues, and help-seeking behavior. However, as we explore the other findings, we begin to see a gap between awareness and practice. When looking at the common mental health challenges faced, the results show a consistent and worrying pattern. A grand mean of 3.1 indicates that mental health issues like stress, anxiety, depression, burnout, and social isolation are not isolated experiences they are widespread and deeply felt. The item on burnout among faculty members, for instance, scored very high (3.4), indicating that academic staff are under considerable strain, likely due to workload, high expectations, and limited institutional support. Similarly, the mean for students experiencing academic stress (2.7) reflects the pressure-cooker environment of university life. Despite a high score for adequate support (3.6), these high challenge scores suggest that either the support systems are not reaching everyone, are not effective enough, or are underutilized. The university may have resources in place, but without addressing the root causes like excessive academic demands, rigid schedules, or lack of peer support mental health issues will persist. A key barrier to accessing this support appears to be **stigma**. The grand mean of 2.8 for the impact of stigma reflects that although people understand mental health, stigma

still negatively affects behavior. The data reveal that many people are still uncomfortable talking about their mental health (2.9), and fear of judgment (2.7) remains a deterrent to seeking help. Perhaps most telling is the item indicating that people with mental health problems are treated differently (2.5) this shows that discriminatory attitudes still exist. Importantly, even if individuals are informed, if they fear negative consequences for opening up, they may choose silence over support. This creates a damaging cycle where problems go unaddressed, potentially worsening over time. The role of institutional and societal contributors to stigma is also clearly evidenced, with a high grand mean of 3.22.

Participants recognize that broader cultural, structural, and environmental factors are reinforcing stigma. For example, inadequate mental health services within the faculty (2.8) suggest institutional neglect, while media portrayals and societal beliefs (3.7 and 3.0 respectively) perpetuate harmful stereotypes. Furthermore, the lack of training for staff (3.4) is a serious issue; without proper understanding, even well-meaning faculty may fail to identify students in distress or respond appropriately. This set of findings indicates that stigma is not just a personal belief it is deeply embedded in systems, cultures, and policies. Without addressing these systemic barriers, efforts to reduce stigma will remain superficial. The analysis of strategies for improvement provides a strong, positive direction for action. The highest grand mean in the study (3.48) shows overwhelming support for interventions. Respondents strongly agree on the need for regular awareness programs (4.0), more trained mental health professionals (3.7), and incorporating mental health into academic

discussions and curricula (3.0). This reflects a growing consensus that mental health must be part of institutional planning and daily academic life not treated as an optional or reactive concern. The support for peer support groups and leadership involvement suggests a recognition that both formal (e.g., counseling services) and informal (e.g., peer networks) supports are important.

Moreover, it acknowledges that leadership plays a key role in shaping culture if university leaders prioritize mental health, it sends a message that it is a shared responsibility, not an individual burden. The study reveals that the level of awareness and understanding of mental health among students and faculty is relatively high, with a grand mean of 2.96. This indicates that most individuals within the Faculty of Social Sciences have a foundational knowledge of what mental health entails and understand its importance. Notably, items such as “I understand what mental health means” and “Mental health is as important as physical health” were rated highly, demonstrating a broad conceptual acceptance of mental health as a valid and serious concern. However, the lower score on the item “Faculty members promote discussions around mental health” (2.6) reveals a critical gap. Awareness, while important, is only the beginning of the journey toward a mentally healthy environment. There is a significant difference between knowing *what* mental health is and being in an environment where it is *safe and encouraged* to talk about it. This points to the need for a cultural shift within the academic setting one that fosters open dialogue, reduces fear of judgment, and reinforces mental health as a shared responsibility, not a private struggle. Moving to the common mental health challenges, the

results (grand mean = 3.1) paint a concerning picture. Stress and anxiety related to academic and work pressure, depression, burnout, and social isolation are reported at high levels. The elevated mean for “Burnout is prevalent among faculty members” (3.4) is particularly significant. It suggests that faculty members, while often positioned as support providers, are themselves deeply affected by mental health issues likely due to workload, administrative demands, and the pressure to perform in teaching and research. This undermines the traditional notion that students are the primary group facing mental health problems; rather, mental health challenges cut across all roles within the institution.

Equally concerning is the finding that “Depression is a common challenge among students” (2.8) and “Social isolation is a mental health challenge” (3.0). These issues are closely linked academic pressures, lack of social support, and feelings of disconnection can feed into one another, creating a cycle of worsening mental health. While the item on support availability scored high (3.6), the persistent high levels of reported challenges suggest that support may not be evenly accessible, culturally sensitive, or effective in its current form. In terms of the impact of stigma on willingness to seek help, the data (grand mean = 2.8) reveal a silent yet powerful barrier. Although people report feeling comfortable *to some extent* talking about mental health (2.9), the score is not high enough to suggest complete openness. The fear of being judged (2.7) and the belief that people with mental health problems are treated differently (2.5) show that stigma is still very much alive in the faculty environment. This kind of stigma can manifest in subtle ways disapproving looks,

whispered comments, exclusion from group work or responsibilities which may not always be addressed through formal policies but have a deep emotional and psychological impact.

These stigmatizing attitudes, whether expressed overtly or subtly, create an environment of silence and shame. Individuals may choose to suffer in isolation rather than risk being labeled or misunderstood. This not only hinders early intervention but also reinforces harmful stereotypes, making mental health seem like a personal weakness rather than a common, manageable issue. The persistence of such stigma despite high awareness levels shows that knowledge alone does not dismantle prejudice; proactive, targeted stigma reduction campaigns and inclusive policies are necessary. The findings also draw attention to institutional and societal contributors to mental health stigma, with a high grand mean of 3.22. The respondents clearly identified systemic issues such as inadequate training for faculty and staff (3.4), lack of mental health services (2.8), and insufficient open dialogue (3.2) as key factors perpetuating stigma. Furthermore, cultural beliefs and societal attitudes (3.0 and 3.7 respectively) are shaping how mental health is viewed and addressed.

In many cultures, mental illness is associated with weakness, moral failure, or spiritual affliction. These beliefs not only discourage help-seeking but also shape how institutions design their support systems often underestimating or overlooking the depth of need. The acknowledgment of media influence is also telling. With a score of 3.7, respondents indicate that societal narratives often sensationalized or inaccurate portrayals in media further stigmatize mental illness. These portrayals create fear and misunderstanding,

especially among those who lack direct experience or education on mental health. Within the university context, this can manifest as reluctance to disclose one's struggles, lack of peer empathy, or fear of professional consequences (e.g., being perceived as less capable or unreliable). This calls for a multi-level response not only within the faculty but also through partnerships with media, religious groups, and community leaders to shift public narratives around mental health. The most promising part of the findings lies in the section on strategies for improvement, which received the highest average rating of 3.48. This clearly demonstrates that both students and staff are not only aware of the issues but are also ready and willing to embrace change. The strong support for mental health awareness programs (4.0), trained counselors (3.7), curriculum integration (3.0), and peer support systems (3.0) reflects a growing consensus on the need for a structured, sustainable, and inclusive approach to mental wellness. Participants recognize that mental health should not be treated as a secondary concern but should be embedded in institutional culture and operations. The endorsement for university leadership to prioritize mental health in policy and practice (3.7) highlights the role of top-down support in driving change. Leadership commitment ensures resource allocation, policy enforcement, and symbolic value it signals to the entire university community that mental health is not a private problem but a collective priority.

Reliability

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	20	100.0
	Excluded ^a	0	.0
	Total	20	100.0

a. Listwise deletion based on all variables

in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.823	20

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary

The study investigated the assess of the level of mental health awareness and stigma in the faculty of social sciences, university of Benin. To achieve the purpose of the study, five research questions were raised and answered. The population of the study comprised of the of 3194 Social science students from six different departments in the university of Benin. The sample size comprised of the 500 students, which will be randomly selected from the 3194 students. With the aid of the simple proportionate sampling technique, 100 Sociology and Anthropology, 100 from Social Work, 25 from Geography, 75 from Public Administration, 100 Political Science and 100 from Economics and Statistics were proportionately selected thus making a total sample size of 500 respondents. The researcher made use of mean score and standard deviation to compute the findings of the research. An analysis of data was done using mean score. Criterions mean score of 2.50 was used as selection criterion.

The research investigated the level of mental health awareness and stigma among students and faculty members in the Faculty of Social Sciences, University of Benin. The findings revealed a high level of awareness and understanding of mental health, with most respondents indicating familiarity with mental health concepts and acknowledging its importance alongside physical health. Despite this awareness, a significant number of

students and staff reported experiencing mental health challenges such as stress, anxiety, depression, burnout, and social isolation. The study also highlighted that stigma remains a major barrier to seeking help. Many respondents expressed concerns about being judged or treated differently due to mental health issues. This stigma was found to be influenced by both institutional factors like inadequate mental health services and limited training for faculty and broader societal and cultural beliefs, with a strong influence from negative media portrayals.

However, the data also showed strong support for strategic improvements. Respondents advocated for regular awareness programs, the presence of trained mental health professionals, integration of mental health education into academic programs, peer support systems, and increased leadership involvement in mental health policy and practice. These findings suggest a readiness within the faculty community to embrace meaningful changes that support mental well-being and reduce stigma. This study explored the level of mental health awareness and the impact of stigma among students and faculty members in the Faculty of Social Sciences at the University of Benin. Data was collected from 450 respondents to assess five key areas related to mental health. The findings showed a generally high level of awareness and understanding of mental health, with respondents indicating familiarity with mental health concepts and recognizing its importance. Mental health challenges such as stress, anxiety, depression, burnout, and social isolation were commonly reported, with a grand mean indicating high prevalence. Despite the presence of some support mechanisms, stigma remained a significant barrier to seeking help. Many

respondents admitted that fear of judgment and societal attitudes discourage open discussion and help-seeking behaviors.

Institutional and societal contributors to stigma were also found to be influential. These included inadequate mental health services, limited training for staff, cultural beliefs, and negative portrayals of mental health in the media. However, there was a strong consensus on the need for improvement, with participants supporting strategies like increased awareness programs, the introduction of trained counselors, mental health education in academic curricula, and stronger institutional commitment to mental health. The data indicates a positive level of awareness, but also highlights the persistent presence of stigma and the urgent need for structured interventions to improve mental health support and reduce stigma within the faculty. This research investigated the level of mental health awareness and the extent of stigma surrounding mental health issues among students and faculty members within the Faculty of Social Sciences at the University of Benin. The study was driven by the growing concern over mental health challenges in academic settings and sought to understand both the knowledge base and attitudes of individuals within the faculty, as well as the institutional and societal factors that influence mental health perceptions and help-seeking behavior.

Using responses from 450 participants, the study examined five critical areas: awareness and understanding of mental health, common mental health challenges, the impact of stigma on help-seeking behavior, contributors to mental health stigma, and strategies for

improvement. The findings revealed that the general level of awareness and understanding of mental health among students and faculty was high. Most respondents reported having some level of education or exposure to mental health information, and there was strong agreement that mental health is as important as physical health. These findings suggest that foundational awareness exists and that conversations around mental well-being are becoming more accepted within the faculty. Despite this positive awareness, the study found that many students and staff still face significant mental health challenges. Issues such as academic stress, anxiety, depression, social isolation, and burnout were identified as common experiences. While participants acknowledged the existence of support systems, the data also showed that these may not be sufficiently effective or widely accessed due to underlying stigma.

Stigma emerged as a critical issue in the study. Many respondents expressed discomfort with openly discussing mental health problems, citing fear of being judged or misunderstood. This stigma appears to be both personal and institutional shaped by a combination of cultural beliefs, societal norms, lack of adequate training for staff, and limited access to professional mental health services within the faculty. The influence of media and public discourse was also identified as a major contributor to the persistence of mental health stigma, reinforcing negative stereotypes and discouraging open dialogue. However, the respondents expressed strong support for proactive strategies to address these issues. There was overwhelming agreement on the need for regular mental health awareness programs, the inclusion of mental health topics in academic curricula, the

availability of trained counselors, and the creation of peer support networks. Furthermore, participants emphasized the importance of leadership commitment to mental health policy, advocating for a more structured and institutionalized approach to mental well-being within the university. While mental health awareness in the Faculty of Social Sciences is relatively high, stigma remains a significant barrier that limits open discussion and prevents many from seeking support. The study highlights the need for more comprehensive, systemic interventions both educational and structural to ensure that awareness translates into action, support, and ultimately, improved mental health outcomes for all members of the academic community.

Conclusion

The findings of this study reveal that while there is a relatively high level of awareness and understanding of mental health within the Faculty of Social Sciences, significant challenges persist. Mental health issues such as stress, depression, and burnout are common, and stigma both internalized and external continues to hinder open discussions and access to support. Institutional gaps and societal influences further contribute to this stigma. Nonetheless, there is strong agreement among respondents on actionable strategies that could improve mental health outcomes and reduce stigma within the university environment. The findings of this study clearly demonstrate that mental health awareness within the Faculty of Social Sciences at the University of Benin is relatively high, indicating that both students and faculty members possess a foundational understanding of

mental health concepts and recognize the importance of mental well-being. Respondents generally acknowledged that mental health is as critical as physical health, and many reported being exposed to mental health education or discussions within the university environment. This is a positive development, as it suggests that the stigma surrounding mental health is being challenged, at least in part, by increased awareness and exposure.

However, the study also reveals that awareness alone is not sufficient to address the mental health crisis. Despite the high level of awareness, many students and staff continue to experience common mental health challenges such as academic stress, anxiety, depression, burnout, and social isolation. These issues are compounded by a persistent stigma that discourages individuals from seeking help. The data suggests that fear of judgment, social discrimination, and a general discomfort in discussing mental health issues are still prevalent among both students and faculty members. This stigma, whether internalized or external, significantly undermines the willingness of affected individuals to access support systems or share their experiences openly.

Moreover, the research highlights the role of institutional and societal factors in reinforcing this stigma. A lack of visible and accessible mental health services, insufficient training for faculty and staff, cultural misconceptions about mental illness, and negative media portrayals all contribute to the persistence of stigma within the academic environment. These systemic barriers not only hinder help-seeking behavior but also create an atmosphere where mental health is not fully prioritized or integrated into the daily life of

the university. Nevertheless, the study points to a strong collective desire for change. Respondents demonstrated overwhelming support for strategies aimed at improving mental health support and reducing stigma. This includes calls for regular awareness programs, the integration of mental health topics into the academic curriculum, recruitment of professional mental health counselors, formation of peer support groups, and stronger institutional commitment at the policy level.

While the Faculty of Social Sciences at the University of Benin has made progress in raising awareness about mental health, there remains a significant gap between awareness and action. Addressing mental health stigma requires not only educating individuals but also transforming the institutional culture, policies, and support structures to create a truly inclusive and supportive academic environment. Only through such holistic and sustained efforts can mental health be normalized, stigma be dismantled, and the well-being of students and faculty members be effectively protected.

Recommendations

Based on the findings, the following recommendations are proposed:

1. Institutionalize Mental Health Education

Integrate mental health topics into academic programs across departments to normalize discussions and enhance student understanding.

2. Establish and Strengthen Support Systems

Recruit and train professional mental health counselors within the faculty and create accessible mental health support centers.

3. Implement Regular Awareness Campaigns

Organize seminars, workshops, and mental health days to keep awareness consistent and combat stigma.

4. Encourage Peer Support Initiatives

Develop peer counseling and support groups where students and staff can share experiences in a safe, stigma-free environment.

5. Train Faculty and Administrative Staff

Provide continuous training for faculty and staff to better support students with mental health needs and to foster a more inclusive environment.

6. Engage University Leadership

Ensure that the university's leadership adopts mental health as a core institutional priority, reflected in policy and budget allocations.

7. Challenge Societal and Cultural Stereotypes

Partner with media and local organizations to run campaigns aimed at reshaping cultural and societal perceptions of mental health.

Mental Health Awareness and Stigma Questionnaire

(MHASQ)

To be completed by student

Please tick the appropriate box where applicable answer provided.

Section A: Demographic Information (*Optional – you can modify as needed*)

1. Age: _____
2. Gender: Male Female Other
3. Level: 100L 200L 300L 400L
4. Department: _____

Section B: Level of awareness and understanding of mental health among students and faculty members

Please indicate the extent to which you agree or disagree with the following statements using the scale:

SA (Strongly Agree), A (Agree), D (Disagree), SD (Strongly Disagree)

SN	Item	SA	A	D	SD
1	I understand what mental health means.				
2	I have received information or education on mental health at the university.				
3	Mental health is as important as physical health.				

4	Faculty members promote discussions around mental health.				
5	Students and lecturers are generally aware of common mental health issues.				

Section C: Common mental health challenges faced by students and faculty members

Please indicate the extent to which you agree or disagree with the following statements using the scale:

SA (Strongly Agree), A (Agree), D (Disagree), SD (Strongly Disagree)

SN	Items	SA	A	D	SD
6	I have experienced stress or anxiety related to academic/work pressure.				
7	Depression is a common challenge among students in the faculty.				
8	Burnout is prevalent among faculty members.				
9	Social isolation is a mental health challenge in the faculty.				
10	There is adequate support for those facing mental health challenges.				

Section D: Impact of stigma on students' and faculty members' willingness to seek mental health support

Please indicate the extent to which you agree or disagree with the following statements using the scale:

SA (Strongly Agree), A (Agree), D (Disagree), SD (Strongly Disagree)

SN	Items	SA	A	D	SD
11	I feel comfortable talking about my mental health issues with others.				
12	People with mental health problems are treated differently in the faculty.				
13	Fear of being judged prevents many from seeking help.				
14	Mental health stigma exists among students.				
15	Lecturers are understanding and supportive of students with mental health issues.				

Section E: Institutional and Societal Contributors to Stigma

Please indicate the extent to which you agree or disagree with the following statements using the scale:

SA (Strongly Agree), A (Agree), D (Disagree), SD (Strongly Disagree)

SN	Items	SA	A	D	SD
16	Mental health is not openly discussed in the university environment.				
17	There is a lack of mental health services or counseling within the faculty.				
18	Cultural beliefs contribute to mental health stigma in the university.				

19	There is inadequate training for staff on how to support mental health issues.				
20	Media and society negatively influence perceptions of mental health.				

Section F: Strategies for Improvement

Please indicate the extent to which you agree or disagree with the following statements using the scale:

SA (Strongly Agree), A (Agree), D (Disagree), SD (Strongly Disagree)

SN	Items	SA	A	D	SD
21	The faculty should organize regular mental health awareness programs.				
22	There should be trained mental health counselors in the faculty.				
23	Mental health topics should be included in the faculty's academic programs.				
24	Peer support groups can help reduce stigma and provide assistance.				
25	University leadership should prioritize mental health in policy and practice.				

REFERENCES

- "Concerns Over Nigeria's Rising Mental Health Cases." (2024). *allAfrica.com*.
- "Mental Health Awareness Poll 2023." (2023). *U-Report Nigeria*.
- "Mental health in Nigeria Breaking the silence." (2024). *allAfrica.com*.
- "Psychiatric practice in Nigeria." (2025). *Taiwanese Journal of Psychiatry*.
- "Public acceptance of coercive measures in Nigerian mental health care." (n.d.). *PMC*.
- "The Future of Mental Health Services in Nigeria: Progress and Challenges." (2025). *Africamindsmatter.org*.
- "X's role in shaping mental health conversations in Nigeria." (2025). *Discover Global Society*.
- "1 Bn people suffering from mental health condition globally Report." (2023, October 11). *Voice of Nigeria*.
- "Addressing mental health challenges in work places." (2025, April 14). *Voice of Nigeria*.
- "COVID-19 triggers 25 percent rise in anxiety, depression WHO." (2022, March 3). *Voice of Nigeria*.
- "Health law in Nigeria." (2025).
- "How Prince Harry's own struggle with mental health inspired Nigerian students." (2024, June 3). *Vanity Fair*.
- "How Prince Harry's Own Struggle With Mental Health Inspired Nigerian Students." (2024). *Vanity Fair*.
- "In Nigeria, dementia stigma leads to accusations of witchcraft." (2024, June 5). *The Guardian*.
- "Investigating the influence of computer anxiety on academic performance among Nigerian students." (2020). *arXiv*.

- “Managing mental & psychological wellbeing amidst COVID-19 pandemic: Positive psychology interventions.” (2021). *arXiv*.
- “Mental healthcare in Nigeria.” (2025).
- “National Mental Health Program.” (n.d.). Federal Ministry of Health and Social Welfare.
- “National Primary Health Care Development Agency (Nigeria).” (2025).
- “Nigeria Centre for Disease Control Weekly Epidemiological Report” (2018). *NCDC*.
- “Nigeria’s crackdown on begging raises fears over human rights violations.” (2016). *The Guardian*.
- “Nigeria’s mental health issues: Breaking the silence in the workplace.” (2025, April 14). *Voice of Nigeria*.
- “Nigerian swimmer takes to the water to raise mental health awareness.” (2024, March 31). *Reuters*.
- “Olateju, E. O., Ayodele, K. P., & Mosaku, S. K. (2023). Nigerian Schizophrenia EEG Dataset (NSzED): Towards Data-Driven Psychiatry in Africa.” *arXiv*.
- “Omisore, O., Odenigbo, I., & Orji, J. (2022). Extended Reality for Mental Health Evaluation: A Scoping Review.” *arXiv*.
- “Patient safety in Nigeria.” (2025).
- “Suicide in Nigeria.” (2025).
- “The need to urgently promote mental health in the country.” (2022, November 18). *FRCN HQ*.
- Abiodun, O. A. (1995). Pathways to mental health care in Nigeria. *Psychiatric Services*, 46(8), 823–826.
- Abu Abdullah, S. M. (2002). Social networks and social support: living with chronic renal disease. *Journal of Nursing*, 7, 227–247.

- Adenuga, V. A. (2024). *An examination of the Mental Health Bill (2023) in fostering mental health awareness and destigmatization in Nigeria* [Undergraduate thesis, Obafemi Awolowo University].
- Adenuga, V. A. (2024). *An Examination of the Mental Health Bill (2023) in Fostering Mental Health Awareness and Destigmatization in Nigeria* [Unpublished long essay]. Obafemi Awolowo University.
- Adeodun, A. (2024, November 18). *Mental health awareness and stigma in Nigeria*. Nigerian Inquirer.
- Adeosun, I. I. (2016). Mental health literacy among Nigerian university staff: Understanding, attitudes, and help-seeking behavior. *African Journal of Psychiatry*, 19(3), 1–8.
- Adeosun, I. I. (2016). Mental health literacy among Nigerian university staff: Understanding, attitudes, and help-seeking behavior. *African Journal of Psychiatry*, 19(3), 1–8.
- Adeosun, I. I. (2016). Mental health literacy among Nigerian university staff: Understanding, attitudes, and help-seeking behavior. *African Journal of Psychiatry*, 19(3), 1–8.
- Adeoye, K. (2024). Stigma and help-seeking behaviors among university students in Nigeria. *Journal of College Mental Health*, 15(3), 180–188.
- Adewuya, A. O., & Makanjuola, R. O. (2008). Lay beliefs regarding causes of mental illness in Nigeria: Pattern and correlates. *Social Psychiatry and Psychiatric Epidemiology*, 43(4), 336–341.
- Adewuya, A. O., & Makanjuola, R. O. (2008). Lay beliefs regarding causes of mental illness in Nigeria: Pattern and correlates. *Social Psychiatry and Psychiatric Epidemiology*, 43(4), 336–341.
- Adewuya, A. O., & Makanjuola, R. O. (2008). Lay beliefs regarding causes of mental illness in Nigeria: Pattern and correlates. *Social Psychiatry and Psychiatric Epidemiology*, 43(4), 336–341.
- Adewuya, A. O., Ola, B. A., Aloba, O. O., Mapayi, B. M., & Oginni, O. O. (2006). Depression amongst Nigerian university students: Prevalence and sociodemographic correlates. *Social Psychiatry and Psychiatric Epidemiology*, 41(8), 674–678.

- Africa. (2024, June 24). Mental health in Nigeria Breaking the silence.
- Africamindsmatter.org. (2025). The future of mental health services in Nigeria: Progress and challenges.
- Akinfenwa, G. (2024, December 7). How poor psychiatric care heightens fear of mentally challenged country. *The Guardian*.
- Akinnawo, E. O. (2010). Stress and mental health among university lecturers in Nigeria. *Nigerian Journal of Clinical Psychology*, 8(2), 71–82.
- Alabi, O. (2025, May 14). *Mental health crisis deepens among Nigerian youths*. Nigerian Inquirer.
- Alabi, O. (2025, May 14). *Mental health crisis deepens among Nigerian youths*. Nigerian Inquirer.
- Ali, A. R. (2006). Level of stress and coping abilities in patients on chronic hemodialysis and peritoneal dialysis at Upper Egypt (Unpublished Master's thesis). Faculty of Medicine, Cairo University.
- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.; DSM-5-TR). American Psychiatric Publishing.
- Annual Report of the Nigerian Society of Nephrology. (2022). *Journal of Nephrology*, 9(5), 1023–1029.
- Arikewuyo, A. O., Adejumo, O. O., & Esan, O. (2022). Prevalence and correlates of anxiety among Nigerian university students. *Journal of Child and Adolescent Mental Health*, 34(1), 47–55.
- Arora, S., Arora, S., Kumar, D., Agrawal, V., Gupta, V., & Vasdev, D. (2025). Examining the mental health impact of misinformation on social media using a hybrid transformer-based approach. *arXiv*.
- Asido Foundation. (2024, October 3). Nigeria at 64: The state of the nation and mental health.
- Association of Psychiatrists in Nigeria. (2024, October 24). Two years after, FG yet to create mental health services department. *The Guardian*.

- Baldree, K., Murphy, S., & Powers, J. (2001). Stress identification and coping patterns in patients on hemodialysis. *Journal of Nursing Research*, 31, 107–112.
- Barriers to mental health service utilization among Nigerians. (2024). *Journal of the Nigerian Academy of Medicine*, 28(1), 12–20.
- Barriers to mental health service utilization among Nigerians. (2024). *Journal of the Nigerian Academy of Medicine*, 28(1), 12–20.
- BMJ Global Health blog. (2024, May 26). Mind the widening gap: A trauma-driven mental health crisis in Nigeria.
- Carol, A., & Lindeman, M. (2007). Stress and adaptation. In *Fundamentals of Contemporary Nursing* (5th ed., pp. 903–933). Elsevier Inc.
- Corrigan, P. W. (2004). How stigma interferes with mental health care. *American Psychologist*, 59(7), 614–625.
- Corrigan, P. W., & Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness. *World Psychiatry*, 1(1), 16–20.
- Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest*, 15(2), 37–70.
- Cukor, D., Cohen, S. D., Peterson, R. A., & Kimmel, P. L. (2010). Psychosocial aspects of chronic disease: ESRD as a paradigmatic illness. *Journal of the American Society of Nephrology*, 18, 3042–3055.
- Daily Trust. (2024, December). Mental health support groups on the rise in Northern Nigeria.
- Devins, G. M., Mandin, H., Hons, R. B., Burgess, E. D., et al. (2010). Illness intrusiveness and quality of life in end-stage renal disease: comparison and stability across treatment modalities. *Journal of Health Psychology*, 9, 117–142.
- Ehimwenma, O., & Ojo, O. (2020). Mental health literacy among medical students at the University of Benin. *Nigerian Journal of Clinical Practice*, 23(6), 789–795.
- Ehimwenma, O., & Ojo, O. (2020). Mental health literacy among medical students at the University of Benin. *Nigerian Journal of Clinical Practice*, 23(6), 789–795.
- Enugu State Mental Health Authority. (2023). *Annual report*.

- Experts raise alarm over increasing rate of teenagers' mental health disorder. (2025, May 25). *Radio Nigeria Kaduna*.
- Eze, G., & Chukwu, O. (2024). Depression prevalence among Nigerian adolescents: A meta-analysis. *Child and Adolescent Psychiatry Journal*, 12(2), 33–42.
- Federal Ministry of Education. (2023). *Guidelines for student counseling in tertiary institutions*.
- Federal Ministry of Women Affairs. (2024). *Maternal mental health strategy in Nigeria*.
- Federal Neuro-Psychiatric Hospital, Kware. (2025).
- Felder, B. (2004). Hope, social support and coping in patients with chronic hemodialysis. *Archives of Psychiatric Nursing*, 19, 184–193.
- Felton, C., Koopman, C., Spiegel, D., & Vosvick, M. (2006). Effects of quality of life and coping in depression among adults living with chronic renal failure. *Journal of Health Psychology*, 11, 711–729.
- Guerin, R., Mercieri, A., & Yavuzer, G. (2009). Multidimensional health-status assessment of chronic hemodialysis patients: the impact on quality of life. *Eura Medicophys Journal*, 42, 113–119.
- Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry*, 10(113).
- Gureje, O., Lasebikan, V. O., Kola, L., & Makanjuola, V. A. (2005). Lifetime and 12-month prevalence of mental disorders in the Nigerian Survey of Mental Health and Well-Being. *British Journal of Psychiatry*, 188(5), 465–471.
- Gureje, O., Lasebikan, V. O., Kola, L., & Makanjuola, V. A. (2005). Lifetime and 12-month prevalence of mental disorders in the Nigerian Survey of Mental Health and Well-Being. *British Journal of Psychiatry*, 188(5), 465–471.
- Henderson, C., Evans-Lacko, S., & Thornicroft, G. (2013). Mental illness stigma, help seeking, and public health programs. *American Journal of Public Health*, 103(5), 777–780.

- Igbokwe, C. C., Oladipo, S. E., Ogunwale, A., & Adeyemo, F. (2020). Coping with mental health challenges among Nigerian undergraduates: The role of stigma. *Journal of Psychology in Africa*, 30(6), 532–539.
- iTelemidia. (2025). *2025 outlook: Mental health access and what it means for Nigerians*.
- iTelemidia. (2025, May 27). *Data deep-dive: The numbers behind Nigeria's mental health access crisis*.
- Kabir, M., Iliyasu, Z., Abubakar, I. S., & Aliyu, M. H. (2004). Perception and beliefs about mental illness among adults in Karfi village, northern Nigeria. *BMC International Health and Human Rights*, 4(3), 1–5.
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., & Walters, E. E. (2007). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593–602.
- Lagos State Ministry of Health. (2024). *Mental health integration into primary care Lagos pilot evaluation*.
- Lazarus, R. S., & Folkman, S. (1998). Stress, appraisal and coping. *Journal of Health and Social Behavior*, 26, 178–181.
- Leadership News. (2024). *Tackling Nigeria's mental health crisis*.
- Llera Community Health Initiative. (n.d.). *Community mental health in Nigeria*.
- Love for Health Organisation. (n.d.).
- Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the Depression, Anxiety & Stress Scale* (2nd ed.). Psychology Foundation.
- MabelObboh Center for Save Our Stars. (n.d.).
- Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*, 15(2), 103–111.
- Mental health awareness and stigma in Nigeria. (2024, November 18). *Nigerian Inquirer*.
- Mental healthcare in Nigeria. (2025).

- Mentally Aware Nigeria Initiative. (2023). *Not Every Wound Is Visible campaign report*.
- Ministry of Health, Nigeria. (2024). *Annual health sector performance report*. Federal Ministry of Health.
- National Alliance on Mental Illness. (2023). *Mental health in college students*. NAMI.
- National Bureau of Statistics. (2023). *Nigeria health workforce profile*.
- National Human Rights Commission. (2024). *Mental health and human rights in Nigeria report*.
- National Orientation Agency. (2023). *Public perception of mental health nationwide survey*.
- National Youth Service Corps. (2022). *Stress and depression among corps members survey*.
- Network Against Corruption and Trafficking (NACAT). (n.d.).
- Nextier Group. (2025). *Nigeria's mental health*.
- Nigeria Health Watch. (2025). *State-level mental health service availability in Nigeria*.
- Nigeria National Youth Policy. (2023). Sections on mental health inclusion.
- Nigerian experts call for mental health reforms. (2025, August 12). *Voice of Nigeria*.
- Nigerian Red Cross Society. (2024). *Psychosocial support interventions in disaster-affected areas*.
- Nwankwo, C. (2023). Psychosocial effects of insurgency on internally displaced persons in northeast Nigeria. *Conflict and Health*, 17(1), 5–14.
- Nwoke, M. B., Agu, N. C., & Uwakwe, R. (2018). Barriers to mental health service utilization among university students in Nigeria. *Nigerian Journal of Psychiatry*, 16(2), 84–92.
- Obadeji, A., Adegoke, B. O., Oluwole, L. O., & Akinhanmi, A. O. (2021). Suicidal ideation among university students in Nigeria: Prevalence and associated factors. *International Journal of Social Psychiatry*, 67(5), 420–428.

- Obadeji, A., Adegoke, B. O., Oluwole, L. O., & Akinhanmi, A. O. (2021). Suicidal ideation among university students in Nigeria: Prevalence and associated factors. *International Journal of Social Psychiatry*, 67(5), 420–428.
- Obilade, T. T., Nwenendah-Mpi, E. W., & Koleoso, P. O. (2024). An investigative study on the causes of depression and the coping strategies among clinical medical students in private universities in North Central Nigeria. *BMC Psychiatry*.
- Odejide, A. O. (2019). Mental health care in Africa: Current challenges and future directions. *African Journal of Psychiatry*, 22(4), 201–207.
- Odejide, A. O. (2019). Mental health care in Africa: Current challenges and future directions. *African Journal of Psychiatry*, 22(4), 201–207.
- Ogunsemi, O. O., Olatawura, M. O., & Adefemi, S. O. (2010). Mental health awareness among undergraduates in non-medical faculties. *Nigerian Medical Practitioner*, 57(2), 28–33.
- Ojo, P. (2023). The impact of ethnic stigma on mental health service uptake. *Cultural Psychology Review*, 5(2), 77–89.
- Okon, J. E., & Ekpenyong, C. A. (2021). Mental health awareness and service utilization among university students in Calabar, Nigeria. *Journal of Community Medicine and Primary Health Care*, 33(2), 45–55.
- Okwaraji, F. E., & Aguwa, E. N. (2015). Burnout and psychological distress among nurses in a Nigerian tertiary health institution. *African Health Sciences*, 15(1), 235–245.
- Oladeji, B. D., & Gureje, O. (2008). The relationship between perceived stigma and depression among university students in Nigeria. *Journal of Social Psychiatry*, 54(3), 212–223.
- Olagunju, T. (2023). Barriers to accessing mental healthcare in Northern Nigeria. *Nigerian Health Review*, 8(3), 102–110.
- Olaleye, T. (2024). Work-related stress among Nigerian university staff: A case study. *African Mental Health Journal*, 11(1), 45–53.
- Olateju, E. O., Ayodele, K. P., & Mosaku, S. K. (2023). Nigerian Schizophrenia EEG Dataset (NSzED): Towards Data-Driven Psychiatry in Africa. *arXiv*.
- Omisore, O., Odenigbo, I., & Orji, J. (2022). Extended Reality for Mental Health Evaluation: A Scoping Review. *arXiv*.

- Oni, R., Adegoke, F., & Sunday, J. (2023). Role of traditional healers in mental health care in rural Nigeria. *Journal of Ethnographic Health*, 9(1), 120–130.
- Onyeizugbo, E. U. (2018). Awareness and attitude towards mental illness among Nigerian university students. *International Journal of Psychology and Counselling*, 10(3), 18–24.
- OTOR, E. I., AYELESO, Y. R., WOKORO, Q. O., & ODIMMA, N. J. (2025). The National Mental Health Act 2021 and Rights of Persons With Mental Illness in Nigeria. *Asian Journal of Advanced Research and Reports*, 19(5), 75–89.
- Oyedeji, A., & Okafor, O. (2022). Attitudes toward mental illness in rural Nigerian communities. *Nigerian Journal of Psychiatry*, 20(2), 85–92.
- Peltzer, K., Pengpid, S., Olowu, S., & Olasupo, M. (2013). Depression and associated factors among university students in Nigeria. *Journal of Psychology in Africa*, 23(3), 459–465.
- Premium Times. (2024, March). Stigma reduction initiatives in Nigerian schools.
- Press Trust of Nigeria. (2025, June). Government launches mental health helpline. *PUNCH Newspapers*.
- Ptacek, J. T., Smith, R. E., & Zanas, J. (2006). Gender, appraisal, and coping: A longitudinal analysis. *American Journal of Psychiatry*, 127, 1199–1204.
- Reddit. (2024, February 20). Do any Nigerians struggle with mental illness? What do your parents say?
- Reddit. (2024, September 27). Maternal deaths keep increasing in Nigeria.
- Reddit. (2025, March 16). Calling Nigerian students: Shape a mental health app for us, by us (5-min survey).
- Report Women. (2024). Special report: Inside Nigeria’s battle against maternal mental health crisis.
- Rising Mental Health Challenges in Nigeria The Pointer. (2025, June 10). *Rising Mental Health Challenges in Nigeria*. The Pointer.

- Shehu, I. (2024). Workplace mental health policies in Nigerian corporations. *Nigeria Business and Health Review*, 3(4), 50–59.
- Society for Family Health Nigeria. (n.d.).
- Suicide in Nigeria. (2025).
- The Development Report. (2024). Tackling mental health issues in Nigeria on World Mental Health Day.
- The Initiative for Equal Rights (TIERs). (n.d.).
- The Nigerian Inquirer. (2024, November 18). Mental health awareness and stigma in Nigeria.
- The Pointer. (2025, June 10). *Rising mental health challenges in Nigeria*.
- UNFPA Nigeria. (2023). *Perinatal mental health in Nigeria*.
- Uwakwe, R., & Okonkwo, J. E. (2020). Stigma and mental health in Nigeria: Issues, challenges, and solutions. *Nigerian Journal of Psychiatry*, 18(2), 74–81.
- Vanguard Nigeria. (2023, August). University peer counseling programs gaining ground.
- Wada, Y. H., Rajwani, L., Anyam, E., 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(4), 100166.
- Women’s Health and Equal Rights Initiative (WHER). (n.d.).
- World Health Organization Africa. (2024). *Nigeria emergency mental health response guidelines*.
- World Health Organization Nigeria. (2022). *Mental health atlas: Nigeria country profile*.
- World Health Organization. (2022). *World mental health report: Transforming mental health for all*. WHO.
- World Health Organization. (2023). *Nigeria’s mental health statistics 20 million Nigerians affected, low care access*. Nigerian Inquirer.

World Health Organization. (2025, May 28). *20 million Nigerians live with mental health issues WHO*. Premium Times Nigeria.

Zidner, M. (2010). Coping with stress: resources, strategies, outcomes. *Journal of Psychiatry*, 8, 279–298.