Mental Health Struggles and Perceptions of Implementing Counseling Clinics on University Campuses: The Voices of Students

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ABSTRACT

The number of students with severe mental health problems is a growing concern in Nigerian higher institutions with little or no counselors to attend to their needs. This study described university students' experiences with mental health in academic settings through an interview. The findings revealed that university students deal with depression, anxiety, suicide, academic challenges, and addiction through qualitative interviews. To overcome these challenges, students must have mental health resources mainly received from the university to support these students. Therefore, as shown in this study, having a better understanding of these students' mental health challenges, university faculty and staff can recognize students' needs and effectively offer supportive campus counseling services. The university needs to be prepared to meet students academically, culturally, mentally, and emotionally. Implications of findings for educators, university administrators, and parents were discussed.

Introduction

Each year, thousands of Nigerian students from different tribes and socio-economic backgrounds across the states gain admission to various higher institutions (Aluh et al., 2018;

Ayinde et al., 2021; Chinawa et al., 2015; Redhwan & Dhekra, 2012). One in four Nigerian students has a mental illness, but help is hindered by the unavailability of funds, a lack of skilled staff, and awareness compared to developed countries (Esan et al., 2019). University calls for a significant transition, where students experience many firsts, including new lifestyle, friends, roommates, exposure to new learning styles, and alternate ways of thinking (Ghosh et al., 2021). Some students are young and away from home for the first time, while others go back to school with familial responsibilities. Regardless of students' reasons for attending university, lessons learned and obstacles overcome can provide emotional growth and maturity (Macaskill, 2012). The college experience can also include issues and events that bring about overwhelming stress and psychological problems that affect the student's personal life and academic performance (Ibrahim et al., 2013; Oyeniyi et al., 2021; Sironi, 2012). At times, they bottle up many things in their minds, which affects their thought process and, ultimately, their academic performance (Bilican, 2014; Flora et al., 2016). It can be challenging for university students to speak with their parents, classmates, or friends (Chinawa et al., 2015; Ibrahim et al., 2013). However, counseling services are designed to assist students in addressing difficulties encountered and promoting greater overall wellness (Ghosh et al., 2021).

Students at higher risk commonly have a history of depression, previous suicide attempts, family history of psychiatric disorders, family disruption, and certain chronic or debilitating physical disorders or psychiatric illnesses (Pedrelli et al., 2015). Additional factors commonly found among university students who exhibit mental health issues include alcohol abuse, living out of the home, and a history of physical or sexual abuse (Mundia, 2014; Oyeniyi et al., 2021).

Furthermore, psychosocial problems and stresses, such as school difficulties, conflicts with parents, relationship breakup, social isolation, and physical ailments, are commonly reported or observed among university students (Pedrelli et al., 2015). Due to the problems listed above, we must have counselors in all Nigerian universities knowledgeable in current mental health practices. In Nigeria, university students' mental health issues may lead to academic performance problems that can be stressful physically, socially, or psychologically.

Literature Review

Nigeria, as the most populous country in Africa, has the highest caseload of depression and ranks 15th in the world in the frequency of suicide, according to World Health Organization (WHO, 2019). The university years mark a significant period of academic,

personal, psychological, and spiritual growth that can become stressful for students (Oyeniyi et al., 2016; Rujescu & Giegling, 2012).

Along with academic tasks, there are other life issues, concerns, and decisions confronting students, such as establishing a sense of identity, developing relationships, clarifying a personal value system, and planning a career (Ghosh et al., 2021; Mamman et al., 2022; Mastroleo & Logan, 2014). Although, facing these concerns can sometimes feel overwhelming. However, it can also provide significant growth opportunities (Oyeniyi et al., 2021). When dealing with these issues, many students benefit from counseling as a source of support: to learn new, more effective ways of coping, to help clarify their thoughts and feelings, and to make decisions in critical areas of their lives (Ghosh et al., 2021; Ibrahim et al., 2013). However, counseling services on campus provide confidential mental health counseling to help students work through and overcome those obstacles that may be hindering their ability to reach their full potential (Mundia, 2014, Newhart et al., 2021). Counseling services include short-term individual therapy, group therapy, educational workshops, consultation services, crisis intervention, and referral services (Redhwan & Dhekra, 2012). All aspects of counseling are strength-based, as counselors work collaboratively with students, staff, and community service officers to provide solution-focused therapy to enhance the quality of student life (Hunnicutt Hollenbaugh et al., 2019; Muijsenberg et al., 2021). Counselors are dedicated to empowering students to make informed, positive lifestyle choices, take responsibility for self-care, and achieve optimal levels of wellness to reach their full academic potential (Mastroleo & Logan, 2014).

In addition, college counselors promote and enhance the learning process for all students. One of the goals of the college counselor is to ultimately ensure students are capable of setting and achieving their personal and professional goals (Nadelson et al., 2021). Preferably, the college counselor helps students through their stay at the institution, offering practical support at each phase of the student's career growth (Karaman et al., 2021; Smith & Wood, 2020). This process often starts with career counseling planned to help students develop the awareness and self-knowledge of choices needed to choose an academic major or a tentative career path (Mastroleo & Logan, 2014). Students are directed in thinking about their interests, capabilities, values, and individual characteristics. Through exercise and conversation, students may realize previously unknown interests.

Career counseling is commonly offered one-on-one, although this service is sometimes offered through group workshops, classes, or computerized guidance systems (Christodoulou

et al., 2021; Gilfillan, 2018). Once a student is asked to start the assessment on a computer, an individual additional session with a counselor is normally encouraged. Career counseling regularly comprises standardized assessment instruments such as the Self-Directed Search, the Strong Interest Inventory, or other instruments to clarify personality, career interests, values, or self-identified skills (Nadelson et al., 2021).

As part of the career counseling procedure, students may be asked to research careers through interviews with professionals or reading (Ghosh et al., 2021; Ecker-Lyster & Niileksela, 2016). Therefore, a career resource library is necessary for the career counseling services office. These school libraries commonly involve books with different career options, job search instructions, and information on employers. Most information that may be provided in book form, such as directories of employers, is increasingly being delivered through Cyberspace (Ayinde et al., 2021). College counselors offer vital assistance and encouragement to ensure that every student has the tools to attain success during and after their time at school (Nadelson et al., 2021; Waroka, 2022).

Apart from the role of college counselors to support student career development, they can also help students manage their mental health successfully. Most college students just experience stress due to the trauma associated with school changes (Oyeniyi et al., 2016; van Heugten, 2012). The trauma may result from multiple factors. With COVID-19, the trauma of moving from face-to-face to virtual learning and counseling led to stress due to lack of connectivity for online counseling services and the challenges of working from home (e.g., lack of a confidential, quiet space), and loneliness (Nadelson et al., 2021). Another factor that further added to the stress was the challenges of continuing counseling activities in a virtual environment, making it difficult to offer some counseling activities, particularly for college students.

Most mental health disorders have their peak onset during young adulthood. Ecker-Lyster & Niileksela. (2016) observed that by the age of 25 years, 75% of those who will have a mental health disorder had their first onset. Among university students, the significant disruptions associated with attending higher institutions may worsen current psychopathology that first manifested in childhood or trigger its first onset (van Heugten, 2012).

Similarly, university students who may have to attend to the demands of their numerous roles (work and family) may experience exacerbating their symptoms or a relapse (Oyeniyi et al., 2021). Anxiety disorders are the most prevalent psychiatric problems among

university students, with approximately 10.9% of university students suffering from an anxiety disorder (Mastroleo & Logan, 2014; Stewart-Brown et al., 2000). Among the anxiety disorders, social phobia has an early age of onset (median age of onset between 7–14 years), while panic disorder, generalized anxiety disorders (GAD), and post-traumatic stress disorder (PTSD) have somewhat later starts (Flora et al., 2016; Vaingankar et al., 2012).

Another common mental health problem among university students is depression, with prevalence rates of 10 to 13 % (Al-Busaidi et al., 2011; Karl et al., 2013). Ibrahim et al. (2013) found in Hong Kong that over half of all cases of depression had a first onset during young adulthood. Similarly, others have shown an elevated risk for mood disorders beginning in the early teens, linearly increasing with age. In the National Comorbidity Survey-Replication study, Ghosh et al. (2021) reported that one out of every five individuals with depression had their first episode by 25 years. The onset of bipolar affective disorder (BAD) appears to follow a similar trend. Approximately 3.2 % of university students meet the criteria for BAD (Ghosh et al., 2021; Pedrelli et al., 2015). Emerging literature has shown that most adults with BAD have the onset of their disorder in child and adolescent years, with at least a third of adults with BAD having their onset before the age of 12 years (Downs & Eisenberg, 2012; Mekonen et al., 2017). Moreover, suicide is a significant problem among university students (Mastroleo & Logan, 2014). Among the major risk factors for suicide in this age group are substance abuse, hopelessness, and depression (Pedrelli et al., 2015). Moreover, eating disorders such as anorexia, bulimia, and binge eating are common and frequently onset during adolescence, with a rapid increase in risk during early adulthood (Eisenberg et al., 2011). For instance, a survey of 1 213 university students in the United States reported that 8.5% of students screened positive for an eating disorder with a greater proportion of females than males (11.5 vs. 3.3 %, respectively) (Allen & McKenzie, 2015; Mundia, 2014).

The use of alcohol and illicit drugs peaks during young adulthood and slowly decreases with age (Mekonen et al., 2017). Therefore, it is not surprising that the most prevalent problem among university students is the presence of substance use disorders. Approximately one in five university students meet the criteria for alcohol use disorder (AUD) in the previous year (10.5 % alcohol dependence and 7.8% alcohol abuse) Ecker-Lyster & Niileksela, 2016). Nearly half (48 %) of university students binge drink, and one in five engages in this behavior frequently (Mundia, 2014; Suerken et al., 2013). Among university

students, alcohol consumption is associated with motor vehicle accidents, another leading cause of death in this age group (Pedrelli et al., 2015). In addition, accidental injuries, sexual assaults, poor academic performance, and impairments in prefrontal cortex functions such as memory and attention may also occur (Blasco et al., 2018; Peltzer et al., 2016). Among university students, binge drinking and cannabis use often co-occur (Allen & McKenzie, 2015; Suerken et al., 2013). University students who drink heavily are approximately ten times more likely to use marijuana than light drinkers (Mastroleo & Logan, 2014; McCambridge et al., 2011). The increased risk for using illicit substances among binge drinkers has profound implications, given that alcohol use in combination with drug use is known to increase substance-related negative consequences (Mekonen et al., 2017; Young et al., 2013).

In addition to substance use and hazardous alcohol use, university students often engage in non-medical use (or misuse) of prescription medications, namely taking prescription medications without a prescription or taking more than prescribed (Babalola et al., 2014). Furthermore, in the past two years, the non-medical use of pain relievers among university students in Ethiopia has remained constant (Deressa & Azazh, 2011). According to the National Survey on Drug Use and Health, approximately one in ten university students reported non-medical use of pain relievers in the past year (Abiola et al., 2015; Chinawa et al., 2015). Data suggest that the most commonly misused medications among university students in Nigeria include benzodiazepines (sedative/hypnotics), amphetamine/methylphenidates (stimulants), and opioids, with 5-38 % of university students having misused stimulants (Muijsenberg et al., 2021). Nonmedical use of prescription medications often co-occurs with heavy alcohol use (Ayinde et al., 2021; Heather et al., 2011; Mastroleo & Logan, 2014; McCambridge et al., 2011; Peltzer et al., 2016; Young et al., 2013), a problematic occurrence given that alcohol taken in combination with analgesic opioids may further inhibit activity in the central nervous system, increasing the risk of respiratory depression and death. Looking at the negative impacts of anxiety, depression, eating disorders, stress, misuse of prescription medications, drug and alcohol use on the wellbeing and academic performance of university students, as well as overall growth in enrolment at Nigerian universities, the faculty and administrators need to consider having counseling clinics to meet the rising mental health needs of undergraduate and graduate students.

Table 1. Respondent Characteristics

State of Origin	Gender	Age	Academic Major	Length of Stay at the University
Abeokuta	Male	30	Law	2 years
Akwa Ibom	Male	35	Mechanical Engineering	2 years
Cross River	Male	22	Geology	18 months
Delta	Female	23	Economics	2 years
Edo	Female	36	Psychology	2 years
Imo	Female	40	Guidance and Counseling	18 months
Kwara	Male	28	Educational Management	18 months
Ogun	Female	29	Biochemistry	15 months
Osun	Male	21	Geography	2 years
Oyo	Male	26	Medicine	3 years

Method

Research Design

Qualitative case study approach was adopted because the purpose of this study was to understand in-depth the struggles encountered by the participants due to unavailability of counseling services on campus and the effects on their mental health. A case study is the most appropriate qualitative research method for the present study because it "focuses on experiential knowledge of the case and close attention to the influence of its social, mental, academic and other contexts" (Stake 2005, page 444).

Participants

Ten university students studying undergraduate and graduate programs in different universities in Nigeria volunteered for this study. Using convenience sampling, representativeness was limited in this study; however, the researcher controlled some demographic variables to generate more representativeness. For example, participants were selected from different states, such as Abeokuta, Akwa Ibom, Cross River, Delta, Edo, Imo, Kwara, Ogun, Osun, and Oyo. Having a similar background helped the researcher establish a relationship with the participants. Based on the rapport with all participants, I consider

myself a researcher from an insider perspective. This insider role allowed me to conduct research with a population willing to volunteer for the study and share their experiences. I share a similar identity, language with some participants, and experiential base with the participants. This role also allowed me a more rapid and complete acceptance by my participants. The participants were typically more open with me, allowing for a greater depth to gather the data. Throughout my study, I have developed a close relationship with my participants. I met my participants at university campus carnivals and banquet parties; therefore, this relationship allowed them to share their experiences about mental health issues and the unavailability of counseling clinics on most Nigerian university campuses in a non-judgmental manner. Table I lists the demographics of the ten students, and they were selected based on these criteria. (1) They enrolled in an undergraduate or graduate program in different universities in Nigeria. (2) The length of admission was at least eighteen months in the selected Nigerian universities. The length of admission may also influence the academic, social, or psychological difficulties, so this study focused on students who have spent their first academic year in these selected universities. (3) Students had experiences struggling with a mental health issue.

Data Collection

Interview sessions were held at the participants' school premises or participants' apartments if participants did not have anything to do on campus on the day of the interview. Each interview lasted an average of one and a half hours. Interviews were audiotaped or videotaped. The interview questions are related to students' experiences on mental health issues and their perceptions of the lack of counseling clinics on campus since they came to study in the universities. I adopted the semi-structured interview in this study; thus, each participant replied to the same research questions, and I can explore more information based on their responses. Using this approach is to understand the respondent's point of view rather than make generalizations about behavior. The value of this type of interview allowed for opportunities to explore areas I had not previously considered (Creswell, 2013). Interviews were conducted mainly in English. Interviews were transcribed immediately afterward. I also prepared the researcher's reflection and notes to compare with interview transcripts.

The researcher asked the following questions from the participants:

- Please tell me something about yourself (*e.g.*, name, gender, age, academic major, length of stay at the university, state of origin).
- What does mental health mean to you?

- Have you ever felt like talking to mental health or a career counselor about something going on in your personal life?
- What challenges have you encountered due to the unavailability of counseling services on campus, and how do you feel about it?
- How frequently do you experience the challenges?
- How has living with your mental health problem affected you and your education?
- What approach have you adopted to resolve any difficulties you have encountered on campus?
- What suggestions do you have for the university administrators regarding the counseling clinics on campus?

Data Analysis

Informed by many qualitative studies, data analysis was primarily inductive while guided by the literature (Creswell & Creswell, 2017; Miles et al., 2014). With the permission of the respondents, I audiotaped the interviews. Individual interviews were transcribed and reviewed. The data were coded through open coding, and emerging themes were analyzed both individually and across interviews for further analysis. The categories of coded transcripts were (1) struggles encountered by the participants due to unavailability of counseling services on campus and the effects on their mental health; (2) approaches adopted to resolve these difficulties; and (3) recommendations for Nigerian universities. Under each category, each theme is discussed, followed by potential strategies used and recommended by the participants. In this paper, I refer to the respondents only by their academic major, sex, and age to protect the respondents' identities.

Findings and Discussion

Findings

The findings revealed that university students encountered different mental health issues. They deal with depression, anxiety, family crisis, academic challenges, addiction, suicidal thoughts, and relationship break up on their own without the help of mental health counselors on campus. Findings will be categorized from academic, emotional, and social aspects. There were three themes related to their challenges on campus under academic struggle, four themes related to emotional struggle, and two themes related to social struggle.

Academic Struggle

Participants spent a significant proportion of time discussing academic-related challenges during interviews. Regardless of age or tribe, all participants claimed that sometimes they find it challenging to perform well academically. They stated that the difficulties were due to some circumstances such as classroom shyness, learning difficulties, lack of attention from professors, disabilities, and bullying.

Theme 1: Interaction with Professor

The communication difficulties happened in the classroom. This happened to students of both sexes and from different departments. For example, a participant (Excerpt 1) stated that it is hard to confront the professors when a topic is unclear. In addition, when summoning the courage to approach them, most of them don't respond with kindness, which makes most students feel ashamed (Excerpt 2).

Excerpt 1. I like to answer questions in class because other classmates don't like asking questions when a topic is unclear, but the professors will not respond as they care. Some will even shout at you. When you tell them the topic is not too clear, they ignore you and continue with the lectures (Geography - Male - Osun).

Excerpt 2. I tried to meet one of my professors three times to tell him the class he was teaching was unclear, and the exam was fast approaching. He was just talking negatively in the presence of his two other colleagues. I was so sad and felt like stopping going to school because that was my first year. I didn't expect a lecturer to behave that way. I always tried my best to listen in class, but some courses were complicated and emotionally drained (Economics, Female, Delta).

Theme 2: Bullying from Classmates

Bullying occurs when people treat others with unwanted and aggressive behaviors. University students in this study have encountered different unwanted behavior in class, hostels, and school environments. These students think there should be training for university students, especially in their first year, to inform them how their negative attitudes can affect others.

Excerpt 3. During my first year, I noticed a guy in my class knew the subject very well, and the course was one of the most challenging classes I needed to take. I tried to sit with him so he could be of help, but he asked me not to sit with him. [Researcher asked]: Why do you

think he did not want you to sit with him? I don't know the reason! He feels that way because he knows the course (Mechanical Engineering, Male, Akwa Ibom).

Excerpt 4. Some classmates will just start laughing once you raise your hands to ask a question from professors. This has discouraged many people I know personally (Educational Management, Male, Kwara).

Excerpt 5. My challenge now is "making friends" in class and on campus. Most of my course mates prefer to sit with their close friends whenever we have classes together. Some of them will tell you that you cannot sit on the same chair with them because you are not in their caucus. I don't know how to relate with people on campus or in the hostel (Psychology, Female, Edo).

Theme 3: Learning Difficulties

Learning difficulties significantly burden participants' mental health stability. Many participants said they are struggling with some courses and are confused about what strategies they can use to do better. Many participants have to spend extra money and time registering for the classes, which has been so disturbing when they don't pass a specific course.

Excerpt 6. I failed two courses last year, and I was so disturbed. Although the classes were unclear, I spent extra time studying for them. Yet, I failed them, which means I will have to register for them again. This is not easy, and I feel uncomfortable discussing that with my roommates or classmates because I think they might see it as my weakness. Possibly, I might change my course from the look of things. It is so discouraging, and I wish there were a trusted person one could talk to on campus (Geology, Male, Cross River)

Excerpt 7. I changed my course last year to another department because I didn't perform very well in my previous department. I was so disappointed and discouraged (Law, Male, Abeokuta).

Excerpt 8. I left medicine and changed to another program when I could not perform academically well in my first year. Although my parents forced me to go for medicine, which I know I might not be able to meet the requirements, my parent insisted I go for it because they would like to have a doctor in the family without considering what I could do. [Researcher

asked]: Have you ever tried to talk to your parents regarding what you are going through in school? I spoke to them, but they were unwilling to listen (Biochemistry, Ogun, Female).

Emotional Struggle

Theme 4: Anxiety

University students in Nigeria experience negative emotions in the classroom and all aspects of life. University students face frequent academic failure, leading to problems such as dropping out of school. For example, the lifestyle at home differs from school, especially for first-year undergraduate students. Sometimes, it is hard to combine life activities with school work, especially for those who have a family. Participants also stated that it is hard to open up to family members and friends, but they might prefer to talk to a professional if there is anyone available.

Excerpt 9. I always experience fear, especially when it is time for examinations, interviews, etc. Most time, I forget everything I have read before the exam. Since I was in secondary school, this has been happening to me, but I didn't take it seriously. This has been affecting me negatively because I failed some of my classes because of this issue. This is a critical issue I would have loved to discuss with a mental health professional assuming we have one (Psychology, Female, Edo).

Excerpt 10. I went for an interview for my Industrial Training, and that was my first interview since I started university. I was shaking and sweating when it was my turn for the interview. I have been struggling with what is affecting my performance (Mechanical Engineering, Male, Akwa Ibom).

Theme 5: Depressive Thoughts

When entering university, university students need to deal with different stress from academia, including financial worries and pressure to get a good job after school. Sometimes, it could easily cause emotional pain. Students shared their experiences regarding this theme.

Excerpt 11. In last year's second-semester examination, I lost my dad, which affected me. I felt like giving up because he was the one sponsoring my education. I was unable to process my loss easily together with my upcoming exam. I hope there was a way I could receive grief counseling at that time (Medicine, Male, Oyo).

Excerpt 12. While pursuing my master's program, I started a business, and it didn't work well. I lost the money I established, which is the only source of income I was used to

sponsoring my education. Sometimes, life can be challenging (Guidance and Counseling, Female, Imo).

Excerpt 13. I waited for two years without a job after my graduation. It was tough because I couldn't take care of myself until my uncle sponsored me for my master's program. I was so depressed even during my master's program because it's not easy without enough money to care for myself (Psychology, Female, Edo).

Theme 6: Relationship Problems

Participants stated that relationships during university education could be overwhelming. There are times in every relationship when a couple will have a disagreement which can distract them from schoolwork and add to stress levels. This statement noted that university students are willing to share their experiences to create awareness for mental health problems.

Excerpt 14. I went through a relationship breakup immediately I started my masters' program. It was so hard to the extent that I wanted to commit suicide. Nobody I could talk to because some of my friends added to my sorrow due to their unprofessional responses (Law, Male, Abeokuta).

Excerpt 15. Last semester, I had a misunderstanding with my girlfriend, and we could not resolve it. I was so devastated because our wedding introduction was close before the incident. It was a tough time combined with school work (Educational Management, Male, Kwara).

Excerpt 16. My boyfriend impregnated another lady, and I nearly committed suicide due to the heartbreak. It was such a difficult time that shouldn't happen to any student. I felt like opening up to someone, but no dependable one around (Economics, Female, Delta).

Excerpt 16. I experienced a breakup last year, and I know how it affected my emotional and psychological health and academic performance. I wish students could seek help on campus whenever they go through something like this (Mechanical Engineering, Male, Akwa Ibom).

Theme 7: Suicidal Thoughts

Participants shared their experiences related to suicidal thoughts. Many students come to university with prior history of mental health difficulties. They are not aware, especially in Nigeria, where people don't seek mental health treatment but may choose suicide as an option when things get out of control. Participants also stated that they have heard about many

suicide cases from different campuses, which shows that students are going through many struggles.

Excerpt 17. I was having suicidal thoughts last year because of my project. My supervisor made things hard for me, and I could not graduate with my mates. I was so tired of the situation of things and thought of committing suicide as an option (Educational Management, Male, Kwara).

Excerpt 18. My parents used to have misunderstandings, which commonly affected my academic performance. I had thought of committing suicide when they finally separated because things became so challenging for myself and my siblings (Law, Male, Abeokuta).

Excerpt 19. I nearly committed suicide last semester when I failed one of my compulsory courses. My roommates saw me with a knife in the middle of the night and reported the case to one of our professors in the department. I expected them to take drastic action, but they didn't even call me to confirm anything (Medicine, Male, Oyo).

Social Problems

Theme 8: Substance Abuse

Substance abuse is an excellent challenge in participants' mental health. Many participants indicated that substance abuse was a challenge for their academic and psychological growth. Substance abuse poses a serious risk to university students' physical health and growth.

Excerpt 20. I am still struggling to stop smoking Indian hemp for so long. I noticed it has been affecting my concentration on schoolwork. I wish I could talk to someone regarding this aspect of my life (Geology, Male, Cross River).

Excerpt 21. I stopped drinking and smoking for only one month, and unfortunately, I have started doing these two things again. I stopped in the first place because I was seriously sick, and the doctor advised me to stop, but I am still struggling to stop (Mechanical Engineering, Male, Kwara).

Excerpt 22. I don't think I can stop smoking and drinking. I have tried many times but no improvement. [Researcher asked] "Do you think a counselor can help if you have one on campus?" Maybe, but I have never visited a counselor since we don't have any on campus. I am ashamed to say this, but I have been raped three times due to drug and alcohol abuse. (Researcher asked): "I am so sorry to hear this. What about looking for a counselor outside the campus?" I am not sure if anyone is around (Economics, Female, Delta).

Theme 9: Drop Out

Tough times in university is unavoidable. Students can feel extremely lonely or trapped in their struggles when they hit. Students shared their experiences as related to mental health and dropped out of university.

Excerpt 23. I tried to drop out of school recently because of a financial problem. I was the one financing my education with the work I am doing with the block industry, but I lost the job. It's tough to pay tuition, accommodation, food, books, and so on in a country with nothing like student loans. I was so depressed because I didn't want to waste the last three years in the university (Medicine, Male, Oyo).

Excerpt 24. I planned to drop out of the university when I performed poorly in some of my courses. I tried to discuss it with my roommate and one of my professors, but their pieces of advice didn't help. [Researcher asked]: Since there's no counselor on campus, have you tried to seek counseling outside to help yourself? Yes, I did. But I cannot afford the one I got (Geology, Male, Cross-River).

This section presents the findings and provides further interpretations of them. Findings indicated that most university students faced different mental health challenges, and some of these students are finding it difficult to seek solutions to their various issues. The following section will discuss recommendations from this study for university administrators who coordinate student affairs.

Based on the findings of this study, recommendations for universities staff, parents, and administrators on how to assist university students emotionally, psychologically, and academically were generated. Firstly, universities should establish counseling units on each campus. Inability to share problems with professionals may affect students' academic excellence and mental development. Universities with guidance and counseling programs can use the practicum and internship students to deliver the activities, while those without guidance and counseling programs may employ counselors from outside. This will relieve students from depression, anxiety, and other mental health problems.

Secondly, the university should implement programs aimed at preventing mental health programs [*e.g.*, Individual psychotherapy/counseling, group therapy, recreational therapies, medication, medical supervision, complementary therapies (*e.g.*, yoga or meditation)] every semester for university students to identify factors leading to mental health issues. To achieve this goal, school officials can collaborate with non-governmental organizations for programs that can prevent students from mental distress.

Thirdly, parents, staff, and faculty should show more concern for the health status of students. Parents should help their children to feel secure and let them know they can talk to them whenever they are going through difficult times without losing their love and affection. The faculty should take great interest in students' well-being, notice performance issues or behaviors that could signal more profound suffering, and let them know the available resources to help their situations.

In the fourth place, students need to be more aware of the importance of career planning, career development, mentorship, internships opportunities, etc., and how these could contribute to their total and holistic well-being. A career plan will help students stay motivated during all the twists and turns their career path throws. This will also make students aware of their strengths and weaknesses and the skills and knowledge required to achieve their goals in the future.

Furthermore, residence staff members should be encouraged to use feedback forms to track any concerns they may have had about a student's mental health and follow up with outreach and advise them to meet the professionals. Additionally, experts should communicate with university students about the medical, psychological, ethical, emotional, addictive, or legal issues and prescription drug abuse. University should counsel the students to take their medications as prescribed and not give or sell their medications to others. Most importantly, University authorities should create awareness about mental health to new students during orientation and provide information about on-campus and outside counseling services availability whenever the need arises.

Conclusion

Using qualitative research methods, this research explored Nigerian undergraduate and graduate university students' academic, emotional and social struggles related to mental health. The findings indicated that some university students often face a series of challenges during their time in the university without the opportunity to seek mental health support.

On the other hand, these students continue to motivate themselves despite the situation of things and develop strategies to solve problems. Like any health issue, left undiagnosed and untreated, mental health conditions can worsen, and symptoms can become intense, making it hard to cope with the daily routine of life. Students may find themselves becoming increasingly isolated, failing or dropping out of university, or in the worst case, attempting or committing suicide. The university is usually the first place where mental health resources should be provided; thus, the university needs to focus on the mental health

challenges faced by university students and provide on-campus counseling clinic with trained mental health professionals who have the skills and education to observe and recognize the needs of students from different backgrounds.

The present study's findings should be carefully interpreted because this study focused on a particular Nigerian student studying at four universities. Thus, the generalizability of the findings beyond this group of Nigerian students is limited. Due to the time and word limit, this study did not further report other factors, such as increased social media use, physical ill health, and how they may contribute to mental health issues among students in Nigerian universities. Future studies should consider looking at other factors closely for these groups.

Declaration of Conflicting Interests

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