

FACILITATORS AND BARRIERS TO MENTAL HEALTH
SEEKING INTENTIONS AMONG STUDENTS AT
MULUNGUSHI UNIVERSITY-KABWE DISTRICT

BY

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A dissertation submitted in partial fulfilment for the award of the Degree of Master of Master
of Science in Mental Health and Psychiatric Nursing at the University of Zambia.

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We, Dr Marjory Makukula and Mr Kestone Lyambai having supervised and read this Dissertation and are satisfied that this is the original work of the author under whose name it is being presented. We confirm that the work has been completed satisfactorily and approve it for final submission.

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CERTIFICATE OF APPROVAL

The University of Zambia approves this Dissertation by Jamia Milanzi on “Facilitators and Barriers to mental health seeking intentions among students at Mulungushi University” in partial fulfilment of the requirements for the award a Master of Science in Mental Health and Psychiatry Nursing.

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ABSTRACT

Background: Mental disorders are common among university students, however most students are reluctant to use available mental health services such as student counselling services. Substantial amount of literature suggest that delayed treatment negatively impacts academic performance and life in general. At Mulungushi University 17 cases of mental disorders were recorded among students in the past five years and the proportion of students seeking counselling dropped to 6.8% in 2018 and 5.4% in 2020. Further, one student dropped out of school due to a mental disorder. This study aimed at determining the mental health seeking intentions, facilitators and barriers to mental health seeking intentions among students at Mulungushi University.

Methodology: An analytical cross sectional quantitative design was used with the help of a self-administered questionnaire adapted from 5 validated tools namely; General Help-Seeking Questionnaire (GHSQ), Mental Health Knowledge Schedule (MHKS), Multidimensional Scale of Perceived Social Support (MSPSS), Perception of stigmatization of others for seeking help scale (PSOSH) and Barriers to Access Care Evaluation (BACE-3). 137 Nursing and Pharmacy students were randomly selected after meeting the inclusion criteria. Informed consent to participate in the study was obtained from the respondents. Data was analysed using version 23 of the Statistical Package for Social Sciences (SPSS). Chi Square tests were used to determine the association between variables and Binary Logistic Regression Analysis was used to identify predictors of mental health seeking intentions.

Results: The results of the study showed that mental health seeking intentions were weak, 69% of students indicated that they were unlikely to seek help. Further, university sources of help were the least preferred by students, 60% of students indicated that they were unlikely to seek help from university-based sources. The study also showed that stigma was associated with poor mental health seeking intentions (OR=3.190, CI=0.8-11.339, P=0.041), students who were perceiving stigma were 3.19 times less likely to seek help than those who were not perceiving stigma. Although barriers to care showed no significant effect at a 5% level of significance, the odds showed that those who were perceiving barriers to access care were 1.41 less likely to seek help compared to those who were not perceiving barriers to access care. (OR=1.418, CI=0.623-3.230, P=0.404). The study also revealed that there was an association between gender and mental health seeking intentions. (OR=0.90, CI=0.3826-2.137, P=0.003), females showed stronger intentions to seek help seeking than males. The examined facilitators

were social support and mental health literacy and no significant relationships were observed between mental health literacy, social support and mental health seeking intentions.

Conclusion; Based on these findings, the study recommends that efforts should be channelled towards overcoming stigma and site-specific barriers to access care which are contributing to poor mental health seeking intentions among students. Further, special consideration must be placed on males through these interventions since they showed lower health seeking intentions than females.

Key words; *Help seeking intentions, mental health literacy, Social support, Stigma and Barriers to care.*

DEDICATION

This work is dedicated to my husband Clement John Kabungo and our daughter Kasuba Chalwe Kabungo for the support they rendered to me throughout this program.

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ACRONYMS

BACE	Barriers to Access Care Evaluation
GHSQ	General Help-Seeking Questionnaire
HBM	Health Belief Model
MAKS	Mental Health Knowledge Schedule
MHLS	Mental health literacy scores
MSPSS	Multidimensional Scale of Perceived Social Support
PSOSH	Perception of stigmatization of others for seeking help Scale
WHO	World Health Organisation

CHAPTER ONE: INTRODUCTION

1.1 Background

Mental disorders are common among students around the world with only 16.4 percent of students receiving treatment and the treatment rate is even lower in low-income countries. (WHO, 2017). Substantial literature indicates that university years are a peak period for onset of many common mental disorders (DeGirolamo et al. 2012; Eskin et al. 2016; Rashid, Othman & Ibrahim, 2018). Numerous mental health issues experienced by college students include anxiety, depression, mood swings, eating disorders, suicidal ideation, and overwhelming stress and many students consider suicide (American College Health Association, 2014; Pedrelli et al 2016; Hafiz 2021).

Despite the existence of mental disorders among students and the availability of services that support mental health, studies indicate that large proportions of students with mental disorders do not seek professional help and remain untreated. (Sontag-Padilla et al; 2016; WHO, 2017).

The mental help-seeking behaviour of university students is poor globally with less than one-third of university students with common mental disorders (CMDs) reporting seeking help from formal sources. (Gebreegziabhere et al, 2019). Consistently, Doan et al, (2020) study revealed that more than half of students were reluctant to seek help and a study by Motau, (2015) indicated that there was a very negative perception of people that went to student counselling for therapy. A recurring perception that emerged was the stigma that if someone sees a psychologist, then it meant that they were mentally disturbed. Additionally a study by Martial et al (2020) found that only 38.3 percent of the students were willing to seek help from a psychologist on campus while the majority (50.2%) preferred a private hospital.

In Zambia a school-based health survey conducted by Siziya and Mazaba (2015) detected psychosocial distress in 15.7 percent of the participants. Further, cases of attempted suicide and suicide have been recorded among university students in Zambia. (Mishiba. 2019; Ncube, 2019).

To address the increasing mental health needs of students, Mulungushi university established free on-campus counselling services which are being provided by 2 qualified counsellors, despite this, the university recorded 17 cases of mental disorders among students in the past five years and the proportion of students seeking counselling dropped to 6.8% in 2018 and 5.4% in 2020. Further, one student dropped out of school due to a mental disorder. The mental

disorders recorded among students at Mulungushi University include; depression, attempted suicide, substance induced psychosis and panic disorder. (University counselling register, 2017-2021).

The existence of mental disorders among students is significant because of the distress they cause at a time of major life transition and because of the association with substantial impairment in academic performance (Auerbach et al, 2016; Bruffaerts et al, 2018). For students to overcome mental problems and function optimally amidst the traditional pressure of university life they need to promptly seek help when faced with emotional problems and in times of crisis. Early identification and treatment for mental disorders are critical in mitigating the negative consequences of untreated mental illnesses. (Burns and Birrell. 2014)

Research on mental health seeking behaviour suggests that mental health literacy, social support, stigma and barriers to access care are key factors to consider. In this study the perceived facilitators were mental health literacy and social support while the perceived barriers were stigma and barriers to access care.

Mental health literacy is a suitable indicator for early identification of mental disorders and functions as a tool to decrease stigma towards people with mental illness and to improve help-seeking behavior. (Sweileh. 2021). This is supported by Kristina et al, (2020) who stated that high mental health literacy is an important precursor towards developing skills that can promote psychological well-being among university students. Similarly Social support has been seen to positively influence mental health seeking behaviour among students, a study by Eigenhuis et al, (2021) revealed that recognition and encouragement from school personnel, peers and easy access to care providers positively influence help-seeking in adolescents.

Conversely Stigma and barriers to care have been seen to decrease the desire to seek psychological help among students. Cage et al (2018) found that self-stigma, in particular, was a barrier to accessing support. Other cited barriers include poor mental well-being Goodwin et al, (2016) and the need for autonomy and fear of embarrassment. (Buttigieg, Camilleri and Calleja 2016)

Little was known about the mental health seeking intentions of university student in Zambia and much of the existing research on the role of mental health literacy, social support, stigma and barriers to access care took place outside Zambia, therefore this study aimed at addressing this gap by exploring these key factors at Mulungushi University with a view to finding ways of engaging students in campus based counselling services.

1.2 Statement of the Problem

Mental health is key in achieving academic goals. For students to overcome mental disorders they need to seek help when faced with emotional problems and in times of crisis.

At Mulungushi University 17 cases of mental disorders were recorded among students in the past five years and the proportion of students seeking counselling dropped to (6.8%) in 2018 and (5.4%) 2020. Further, one student dropped out of school due to a mental disorder. (Mulungushi University counselling register, 2017-2021). The mental disorders recorded among students at Mulungushi University included; depression, attempted suicide, substance induced psychosis and panic disorder. (University counselling register, 2017-2021).

Failure to seek help increases the student's predisposition to mental disorders which may lead to interruption of studies, substance abuse or suicide.

It is from this background that the researcher embarked on assessing the facilitators and barriers to mental health seeking intentions among students at Mulungushi University in order to come up with interventions that would make mental health services more appealing to the student population and prevent mental disorders among students.

Table 1. Showing number of students who sought counselling services on campus and mental disorders recorded among students in the past 5 years.

Year	Student population	Number of students who sought counselling	Percentage (%)	Mental disorders recorded among students	
				Type of mental disorder	Number of cases
2017	6124	510	8.3		
2018	7076	487	6.8	Depression	7
2019	6530	522	7.9	Attempted suicide	6
2020	7116	387	5.4	Substance induced psychosis	2
2021	9,000	802	8.9	Panic disorder	2

(Mulungushi University counselling register, 2017-2021).

1.3. Justification of the Study

Despite the availability of free on-campus student counselling services, Mulungushi University has continued to record cases of mental disorders among students. In the past 5 years the university recorded 17 cases of mental disorders among students and the proportion of students seeking counselling dropped to 6.8% in 2018 and 5.4% in 2020. Further, one student dropped out of school due to a mental disorder. (University counselling register, 2017-2021).

For students to overcome mental problems and function optimally amidst the traditional pressure of university life they need to promptly seek help when faced with emotional problems and in times of crisis. Early identification and treatment for mental disorders are critical in mitigating the negative consequences of untreated mental illnesses. (Burns and Birrell. 2014).

A search in literature revealed that there is paucity of data on the mental health seeking intentions of university students in Zambia. Therefore, understanding the facilitators and barriers to health seeking intentions in the student population is fundamental to the identification of factors that learning institutions and policy makers can address to increase engagement in mental health services in Zambia. This study will also add to the body of Knowledge in this field of study.

1.4. Research Questions

1. What are the levels of mental health seeking intentions among students?
2. What are the facilitators to mental health-seeking intentions among students?
3. What are the barriers to mental health-seeking intentions among students?

1.5. Objectives of the Study

1.5.1 General Objective

To determine facilitators and barriers to mental health seeking intentions among students at Mulungushi University

1.5.2 Specific Objectives

1. To assess the levels of mental health seeking intentions among students.
2. To determine the facilitators to mental health-seeking intentions among students
3. To establish the barriers to mental health-seeking intentions among students

1.5.3. Hypothesis

1. There is no relationship between facilitators to mental health seeking intention and the mental health seeking intentions of students.
2. There is no relationship between barriers to mental health seeking intention and the mental health seeking intentions of students.

1.6. Study Variables

1.6.1. Dependant Variable

Mental health seeking intentions of university students.

1.6.2 Independent Variables

1. Mental health literacy
2. Social support
3. Stigma
4. Barriers to care

1.6.3 Variables and Cut off Points

Table 2. Showing variables and cut off points

VARIABLES	INDICATORS	CUT OFF POINTS	QUESTION No.
Dependant variable			
Mental health seeking intentions of students	Scores of 5 to 7	Likely to seek help	Question 1 to 12 in section B
	Scores of 1 to 4	unlikely to seek help	
Independent variables			
Mental health literacy	7 to 12 correct scores out of 12 Knowledge questions.	High knowledge	Question 1-12 in section C
	1 to 6 correct scores out of 12 knowledge questions	Low knowledge	
Social Support	Scores between 5-7	Has social support	Question 1-12 in section D
	Scores between 1-4	No social support	
Stigma	Score of 1	Not perceiving stigma	Question 1-5 in section E
	Scores between 2-5	Perceives stigma	
Barriers to care	Score of 1	Not perceiving barriers to care	Question 1-5 in section F
	Scores between 2-4	Perceives barriers to care	

1.7 Theoretical Framework

This study adopted the health belief model (HBM) .The framework was appropriate for this study as it provided reasons behind the failure of people to adopt disease prevention measures (LaMorte, 2019). The model suggests that an individual’s belief in a health or personal threat, combined with the belief in the effectiveness of the proposed treatment, will predict the likelihood of action and that the person’s course of action often depends on the person’s perception of benefits and barriers related to health behaviour. In the same vein, Boskey, (2019) states that a person’s willingness to change their health behaviours is primary due to the following factors; Perceived Susceptibility, Perceived Severity, Perceived Benefits ,Perceived Barriers, Cues to Action and Self-Efficacy.

1.7.1. Application of the Model to the Study

The Health Belief Model (HBM) stands out to explain the student's perceptions that may be associated with poor mental health seeking intentions and the importance of the cues to action which acts as stimulants towards adopting disease prevention actions. It also highlights the importance of self- efficacy which is the ability that students must possess in order to make the desirable health related change.

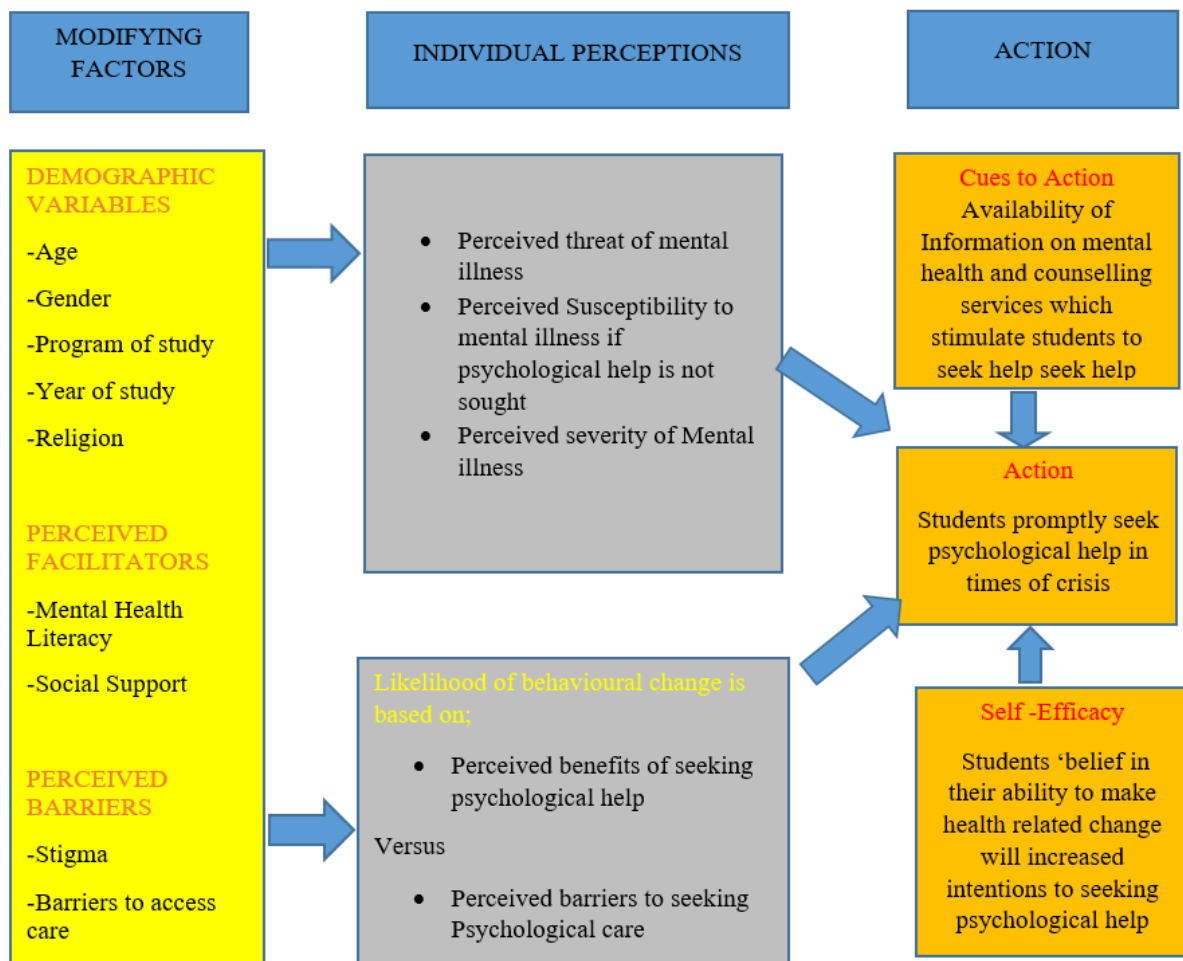
In the context of this study, it was assumed that; Students who believed that they were susceptible to mental illness and perceived mental illness to be serious would seek help promptly and that students who believed that the benefits of seeking psychological help outweigh the barriers to seeking help would also be more compelled to seek help

The cues to action such as information on mental health services and their benefits needed to be present in order to stimulate students to seek help promptly and that students needed to believe in their abilities to take favourable steps towards preventing mental illness.

The application of HBM in this study helped the researcher to understand the students' health seeking intentions, recognise the perceived barriers to health seeking and interventions that would enhance health seeking intentions among students

1.8. Conceptual Framework (Adapted from the Health Belief Model)

Figure 1. Showing conceptual framework



1.9. Definition of Terms

1.9.1. Conceptual Definition of Terms

Help seeking intentions: Professional help-seeking intention is defined as the subjective possibility of an individual to seek help from mental health professionals. (Wei, 2017)

Mental health literacy is defined as what we know and believe about mental disorders, which help us to recognize, manage, and prevent them. Low mental health literacy delays patients' help seeking, prevents proper care processes, and increases treatment omission. (Jorm, 2012).

Barriers: Barriers are defined as any factors or reasons that prevent people from seeking professional mental health help. Professional mental health help refers to treatment or counselling provided by mental health professionals e.g., counsellors, social workers, psychologists, or psychiatrists. (Shi, et al 2020)

Stigma: Stigma involves negative attitudes or discrimination against someone based on a distinguishing characteristic such as a mental illness, health condition, or disability. (Caddell, 2022)

Social support refers to the provision of assistance or comfort to others, typically to help them cope with biological, psychological, and social stressors. (Dictionary of Psychology, 2007)

1.9.2. Operational Definition of Terms

Health seeking intention: In this study health seeking intentions referred to the willingness by students to ask for help when they have emotional problems. This was assessed using the general health seeking questionnaire which assesses health seeking intentions. This variable was categorised into two as follows; Scores of 5-7 represented those who were likely to seek help and scores of 1 to 4 represented those who were not likely to seek help.

Mental health literacy: In this study mental health literacy referred to what the students knew and believed about mental disorders, this was assessed using the mental health knowledge schedule. This variable was categorised into two as follows; those who scored from 7-12 were regarded as having high knowledge and those who scored from 1-6 were regarded as having low knowledge.

Stigma: In this study stigma referred to the degree to which the students believed that the people they interact with at the university would perceive them negatively if they saw them seeking mental health services. This was assessed using the perception of stigmatization of others for seeking help (PSOSH) Scale. Stigma was categorised into two as follows; a score of 1 represented those who were not perceiving stigma and scores of 2-5 represented those who were perceiving stigma.

Social support: In this study social support referred to the extent to which the students perceived support from family, friends and significant others. It was assessed using multidimensional scale of perceived social support. Social support was categorised into two as follows; scores of 1-4 represented those who had no social support and scores of 5-7 represented those who had social support.

Barriers to access care: In this study barriers referred to anything that discouraged or deterred students from seeking help for their emotional problems, this was assessed using the barriers to Access to Care Evaluation (BACE-3). This variable was categorised into two as follows; a

score of 1 represented those who were not perceiving barriers to access care and scores of 2-4 represented those who were perceiving barriers to access care.

Facilitators: In this study facilitators refers to factors that enhance the mental health seeking intentions of students; the perceived facilitators were mental health literacy and social support. These were assessed using the Mental Health Knowledge Schedule and the Multidimensional Scale of Perceived Social Support respectively.

1.10. Summary

This chapter has given a background on the existence of mental disorders among students and the students help seeking behaviour in relation to mental disorders. The chapter also shed light on the statement of the problem, theoretical framework, and justification for the study, study objectives and research questions. Further, the chapter has provided the conceptual and operational definition of terms. The next chapter reviews studies on the mental health seeking behaviour of university students.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This literature review covers the most relevant research findings on the help seeking behaviour of college and university students and related materials from books, abstracts and articles from electronic databases i.e., Google scholar, PubMed and Medline. To ensure that only literature relevant to the current study was obtained, the researcher employed Boolean operators which helped in having more focused and productive literature search. The reviewed literature was done in line with the present study objectives that include the health seeking intentions of students, facilitators and barriers to health seeking intentions of students. The literature is arranged in such a way that it follows a pattern of Global, Regional and Zambian perspective. Not so much definitive literature was found on mental health seeking behaviour of university students in Zambia.

2.2 Mental Health Seeking Intentions among Students

Rickwood and Thomas (2012) proposed a general definition of help-seeking: “In the mental health context, help-seeking is an adaptive coping process that is the attempt to obtain external assistance to deal with a mental health concern”.

Despite the emphasis on the importance of seeking help and the availability of treatment many studies indicate that very few students seek help for their mental health problems and receive appropriate treatment. Wenjing (2016) indicated that university students exhibit more mental health problems, and consequent service needs but they are reluctant to use available targeted services such as student counselling.

Gebreegziabhere et al. (2019) further revealed that the mental help seeking behaviour of university students is poor globally with less than one-third of university students with common mental disorders (CMDs) reporting seeking help from formal sources. Further, a study by Karen et al. (2020) revealed that more than half of students were reluctant to seek help. Similarly, a survey conducted by Buttigieg, Camilleri, & Calleja, (2016). Showed that more than half of the students sampled were reluctant to seek professional help for mental health problems

Furthermore, a study by Motau (2015) revealed that there was a very negative perception of people that went to student counselling for therapy. A recurring perception that emerged was the stigma that if someone sees a psychologist, then it meant that they were mentally disturbed. Additionally, a study by martial et.al (2020) showed that only 38.3 percent of the students were willing to seek help from a psychologist on campus while the majority 50.2 percent preferred a private hospital.

Further, Aldalaykeh, Al-Hammouri & Rababah (2019) study revealed that 4.5% of the students had chronic mental illnesses while 42.5% of the students reported psychological stress during the previous two months and 95.5% of the students had never visited a psychiatrist or a psychologist for consultation.

The trend in help seeking behaviour among students seem to be similar with that of the general population.). A study by Kerebih et al, (2017) indicated that 33.6% of the participants had common mental disorders (CMD) and only 49.4 % of them had sought help for their problems. Further, Takele, Guracho & Yehualashet (2018) study showed that help seeking intention was at 48%.

The findings from these studies are worrying as they show a common trend of poor help seeking behaviour among students and in the general population; this is an indication of a mental health treatment gap. These studies provided the background to the present study which sought to understand the mental health seeking intentions of students in a Zambian context.

2.3 Facilitators of Help Seeking Intentions among Students

Facilitators to help seeking behaviour are factors that promote students to seek help for their mental health and wellbeing. In this study mental health literacy and social support were the perceived facilitators to help seeking intension.

2.3.1. Mental health Literacy

Jorm (2012) defines mental health literacy as what an individual knows and believes about mental disorders, which helps the individual to recognize, manage, and prevent them. Low mental health literacy delays patients' help seeking, prevents proper care processes, and increases treatment omission.

Although university years are a peak period for onset of many common mental disorders, research suggests that college students cannot effectively recognize their own mental illness or

symptoms (Vanheusden et al, 2008). In the student population mental health literacy is key as it reduces stigma and promotes help-seeking intentions. (Sweileh, 2021)

A study by Kristina et al, (2020) showed that mental health literacy among university students was relatively poor. High mental health literacy is an important precursor towards developing skills that can promote psychological well-being among university students.

The high incidence of mental disorders coupled with low mental health literacy among university students increase the likelihood of failure in seeking treatment and this can negatively impact academic success and educational attainment (Eisenberg, Hunt & Speer, 2012)

The role of mental health literacy on mental health seeking intentions has not been investigated much in Zambia. This shows the need to assess the mental health literacy and its relation with mental help seeking intentions among students.

2.3.2 Social support

Social support has also been seen to affect mental help seeking intentions. Social support is defined as the provision of assistance or comfort to others, typically to help them cope with biological, psychological, and social stressors. (American Psychiatry Association, 2007)

Eigenhuis et al, (2021) revealed that recognition and encouragement from school personnel, peers and easy access to care providers positively influence help-seeking in adolescents. Watson (2005) study further indicated that students benefit from protective factors such as social support and that without social support, students have been seen to be less likely to seek help it can therefore be said that social support positively influences mental help seeking behaviour among students. Contrary to these studies, Hines et al (2014) study found that social support had no influence on mental health seeking, the study showed that half of the military personnel, men and women, with a history of psychological difficulties did not seek help despite having social support.

Facilitators to health seeking have the potential to change the way that mental health services are perceived, used and promoted at university campuses. Additionally, facilitators have the potential to change the course of student's mental health by increasing help-seeking behaviour of students and allow for comfort and safety when engaging in the behaviour. Thus, the knowledge of facilitators and barriers to health seeking behaviour among students at Mulungushi University can guide efforts to increase access to mental health care of this vulnerable group and contribute to the reduction of treatment delay

2.4 Barriers to Mental Health Seeking Intentions

The perceived barriers in this study were stigma and site specific barriers to access care.

2.4.1 Stigma

Most literature cite the stigma associated with mental illness as the main reason for not seeking treatment. Mental health stigma can be defined as the display of negative attitudes based on prejudice and misinformation, in response to a marker of illness (Sartorius, 2007). For example, a negative response at the mention of psychiatric treatment in a person's curriculum vitae.

There are two types of stigma; public and self-stigma, public stigma is the perception held by others that an individual is socially unacceptable while self-stigma occurs when an individual identifies themselves with the stigmatised group and applies corresponding stereotypes and prejudices to the self (Corrigan, 2004). Further Corrigan (2004) indicate that self-stigma may hinder an individual's help seeking behaviour if the use of services means acknowledging their own mental health problems and if the individual's negative attitudes about people with mental health problems would harm their own self-esteem.

On the other hand, public stigma affects an individual's help seeking behaviour if they wish to avoid being labelled 'mentally ill'. For example, Finiki et al, (2017) study found that perceived public stigma was a significant unique predictor of help-seeking intentions for depression. This indicated that young people's beliefs about other people's stigma towards mental health problems was a stronger predictor of help-seeking intentions than their own stigma beliefs

In an effort to evade the loss of opportunity that comes with stigmatising labels, individuals refrain from going to clinics or interacting with mental health providers with whom the prejudice is associated. Motau (2015) revealed that there was a very negative perception of people that went to student counselling for therapy. A recurring perception that emerged was the stigma that if someone sees a psychologist, then it meant that they were mentally disturbed. Additionally, Cage et al (2018) found that self-stigma, in particular, was a barrier to accessing support.

These findings from these studies imply that poor help seeking behaviour associated with mental illness stigma has the potential to negatively impact the students' ability to achieve their academic goals in turn affecting their employment opportunities and personal relationships.

All the studies above have been done outside Zambia, hence the need to examine the impact of stigma on mental health seeking intentions of University students in Zambia.

2.4.2 Barriers to access care

There are several barriers to care that have been cited by a number of studies. For instance, a survey done by Golberstein, Gollust & Eisengberg (2007) found that individuals with unmet needs reported that medication and therapy were not at all helpful on people of their age with depression. This shows how the students' perceptions of mental health services were barriers to seeking help for their mental problems. Golberstein, Gollust & Eisengberg (2007) add that most students believed that stress was a normal part of college and that the problems would go on their own, hence they did not see the need to seek help.

Behan et al. (2016) also found that students with lower levels of mental well-being were unlikely to seek either informal or formal help. This meant that students with poor mental well-being might have lost the purpose for their lives and therefore did not see the need for seeking help. A similar study by Buttigieg, Camilleri and Calleja (2016) reported barriers to seeking professional help such as the need for autonomy and fear of embarrassment. The study further revealed that fear of seeking professional help increased with depressive symptom severity score and poor mental health literacy in adolescents. Further, Ning et al (2022) study indicate that students' misconception and distrust of on-campus counselling, stigma of mental illness, low mental health literacy, and hard-to-access mental health services are the major barriers that impede students help-seeking behaviors

Some service-related factors were also found to be barriers to help seeking behaviour among students. For instance, a study by Bentil and Bentil (2015) found barriers such as characteristics of the provider (psychotherapist), some of the respondents reported feeling reluctant to seek help from psychotherapists because of the dual relationship he or she might have with the client. For example, in some school settings, the school psychologist or counsellor is sometimes a lecturer in the same institution hence students were not comfortable with this.

Accessibility was also reported as a barrier, where the psychotherapist was frequently absent from his or her office. Lack of awareness of the availability of mental health services in the institution was also reported as a barriers to help seeking. Further a study by Santor et al, (2007) revealed that a shortage of staff to help students with mental health concerns as well as student concerns about lack of confidentiality were highly associated with poor help seeking behaviour. Mowbray et al, (2006) added that some counsellors were not trained well enough in young adult development to provide quality care to students. The study further indicated that university resources did not seem to meet the demands of student mental health concerns.

A related study by Munakampe(2020) brought out barriers to mental health seeking under three main barrier domains: policy-level barriers, facility-level barriers, and individual-level barriers. The barriers found under policy were, absence of updated legal frame work and budget constraints. Facilities barriers included; few experts or human resource to meet the burden of mental disorders in the country and poor referral system. Among individual barriers were stigma and low mental health awareness.

The findings from the above studies provide evidence that barriers to mental help-seeking behaviour exist among undergraduate students and that these barriers are capable of affecting the student's mental health and negatively affect their academic performance

2.5. Summary

The chapter revealed literature on help seeking behaviour among students and literature related to the topic. Some of the related literatures highlighted in this chapter are on the mental help seeking behaviour pattern in the general population and among adolescents. The related literature showed similar poor trends in help seeking with that of university students indicating how common the problem is. The chapter also highlighted the gaps between the previous studies that this study intend to address. The majority of the literature on help-seeking behaviour are presented in the context of developed countries, this therefore underscore the need to study help-seeking behaviour among students in the Zambian context.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter discuss the research methodology the researcher used to assess the mental health seeking intentions among university students at Mulungushi University. Following the review of literature, the researcher came up with concepts which were used to develop the data collection instrument. According to Mouton (2011), the research methodology concentrates on each step in the research process, including the development of the data collection instrument(s) and actions to be taken. In this chapter the components of the methodology have been discussed in detail, these components include; research design, target population, sample size, sampling techniques and data collection instruments, Pilot study, characteristics of respondents, data collection procedure as well as data analysis processes.

3.2. Research Design

Polit & Beck, (2008) define a research design is an overall plan for collecting and analyzing data, including specifications for enhancing the internal and external validity of the study. An analytical cross sectional, quantitative design was used in this study. This design was selected because of its ability to assess the strength of associations between variables and because it seeks to "gather data from a group of subjects at only one point in time" (Schmidt & Brown, 2019). A cross-section survey is a study aimed at determining the frequency or level of a particular attribute, such as a specific exposure, disease or other health related event, in a defined population at a particular point in time (Cottrell and McKenzie, 2011).

3.3. Study Setting

The study setting is a physical location or condition in which data collection takes place in a study (Burns Grove, 2009). The study setting was Mulungushi University which is located in Kabwe, Zambia. It comprises three campuses; the Great North Road Campus located 26 kilometers north of Kabwe, on the banks of Mulungushi River, the Kabwe Town Campus located along Mubanga Road, off Munkoyo Street in the heart of Kabwe town and the Livingstone Campus located in Livingstone. Established on 1 January 2008, the university is the third public university in Zambia with a total student population of 6000. The university is currently running 118 study programs, 66 of which are undergraduate programs. The university has the following 6 schools; School of Agriculture and Natural Resources, School of Business

Studies, School of Education, School of Medicine and Health Sciences, School of Science Engineering and Technology and School of Social sciences. This setting was selected based on its proximity to the researcher, further this setting comprises study participants whose characteristics satisfied the study requirements.

3.4. Study Population

According to Polit and Hungler (2008) a study population is the entire population in which the researcher is interested in and to which he/she would like to generalize the results of the study. The study population were all undergraduate full time students in the school of medicine and health sciences at Mulungushi University.

3.5. Sample Size

The sample size was calculated using Krejcie and Morgan (1970) formula for finite population as follows:

$$n = \frac{Z^2 N P (1-P)}{d^2 (N-1) + Z^2 P (1-P)}$$

P = the prevalence, in this study the prevalence 50% and expressed as 0.5 in decimals.

Z = 1.96 is the standard normal variate at 95% confidence level

d = ±5% = ± 0.05 is the degree of accuracy (5%), expressed as a proportion (0.05); It is margin of error

N = Population size

Therefore n = $\frac{1.96^2 \times 205 \times 0.5(1-0.5)}{0.05^2 (205 - 1) + 1.96^2 \times 0.5 (1 - 0.5)}$

$$\begin{aligned} &= \frac{3.8416 \times 205 \times 0.5 \times 0.5}{0.0025 \times 204 + 3.8416 \times 0.5 \times 0.5} \\ &= \frac{196.882}{0.51 + 0.9604} \\ &= \frac{196.882}{1.4704} \\ &= \mathbf{134} \end{aligned}$$

Adjusting for 10% non-response:

$10/100 \times 134 = 13$. **Final** sample size-147

3.5.1 Number of Participants per program = Number of students in each program/Total Number of students in the two programs X Total Sample size.

3.5.2 Nursing Program= $73/205 \times 147=52$ **Participants**

3.5.3 Pharmacy Program= $132/205 \times 147=95$ **Participants**

3.6. Sample Selection

In this study, the school of medicine and health sciences was purposively selected to provide the study population based on the judgment made by the researcher that these students would provide the much needed information, considering the traditional academic pressures these students go through during their training. This school offers three programs: Pharmacy and Nursing being offered at town campus and medicine which is offered at Livingstone campus. Further Pharmacy and Nursing programs were selected purposively to take part in the study because of their proximity to the researcher. Both pharmacy and nursing are now being offered at town campus. The current total number of full time students in these two programs is 205.

Simple random sampling method using rotary technique was used to select the 147 study participants from the two programs. pharmacy program had a total of 132 students, hence it contributed 95 participants, these were picked by writing numbers 1 to 132 on small pieces of papers, folding and placing them in a box after which all the pharmacy students were asked to pick a paper each and those who picked papers that had numbers 1 to 95 were considered for the study. The nursing program had a total of 73 students, therefore it contributed 52 participants. Numbers 1 to 73 were written on small pieces of papers which were folded and placed in a box. All nursing students were asked to pick a paper each and those who picked numbers 1 to 52 were considered for the study. This ensured that the selection was entirely objective and free from personal prejudice.

3.7. Inclusion Criteria

Eligibility criteria are characteristics that delimit the population of interest (Polit and Beck, 2008). In this study. All the full time pharmacy and nursing undergraduate students were included in the study.

3.8. Exclusion Criteria

The students at Livingstone campus were excluded because of the distance from Kabwe and the limited resources. Pharmacy and nursing students studying using the distance mode were excluded from the study.

3.9 Data Collection Instrument

A self-administered questionnaire adapted from five validated tools namely; General Help-Seeking Questionnaire, Mental Health Knowledge Schedule, Multidimensional Scale of Perceived Social Support, Perceptions of Stigmatization by Others for Seeking Help and Barriers to Access Care Evaluation was used to collect data.

All the five tools were merged in one questionnaire as follows; General Help-Seeking Questionnaire (section B), Mental Health Knowledge Schedule.(section C), Multidimensional Scale of Perceived Social Support.(section D), Perceptions of Stigmatization by Others for Seeking Help .(section E) and Barriers to Access Care Evaluation.(section F)

3.9.1. General Help-Seeking Questionnaire

The tool has a 7-point Likert scale ranging from “no intentions to seek help” to “a very high likelihood of seeking help. The help seeking intentions was derived from three sub-scales: Level of intention to seek informal help, Level of intention to seek formal community-based help (outside of school) and Level of intention to seek help from a university-based mental health provider. The tool has shown good internal consistency in many studies; Chronbach’s alpha=0.83 (Wilson et al., 2005)

3.9.2. Mental Health Knowledge Schedule

The Mental Health Knowledge Schedule was used to measure mental health literacy. It has 12 questions involving a 6-point Likert-type response, ranging from 6 (agree strongly) to 1(don’t know).The most recent psychometric validation of this tool indicated a good Chronbach’s alpha=0.845.(Hakimi et al 2022)

3.9.3 Multidimensional Scale of Perceived Social Support.

The ‘Multidimensional Scale of Perceived Social Support (MSPSS) was used to measure perceived social support along three dimensions (from family, friends and Significant others). The instrument comprise 12-items, involving a 5-point Likert-type response, ranging from 5

(strongly agree) to 1 (strongly disagree). This is a reliable and valid instrument to use, Chronbach's $\alpha=0.91$ on student groups. (Zimet et al (1990).

3.9.4. Perceptions of Stigmatization by Others for Seeking Help

This tool was used to measure stigma. This measure consists of five items which respondents rated on a 5-point Likert scale ranging from 1 (not at all) to 5 (a great deal). This tool has proved to be valid and reliable with a very strong; Chronbach's $\alpha=0.78$. (Vogel, Wade and Aschman. 2009).

3.9.5. Barriers to Access Care Evaluation

Barriers to Access Care Evaluation was used assess the presence of barriers to care. This instrument has 10 questions on the scale rated on a 4-point Likert-type scale ranging from 1 (Not at all) to 4 (a lot). Evidence demonstrates that the BACE is reliable, valid and acceptable and can be used to ascertain key barriers to access to mental health care which may help to identify potential interventions to increase care seeking and service use; Chronbach's $\alpha=0.70$. (Clement et al 2012)

3.10. Data Collection Procedure

Date collection was conducted in 2 days, the researcher sought permission from the head of department to address the students from their respective classrooms and explain the purpose of the study.

On the first day data was collected from pharmacy students, the pharmacy program had a total of 132 students, hence it contributed 96 participants to the study. The participants were picked by writing numbers 1 to 132 on small pieces of papers, folding them and placing them a box, thereafter all pharmacy students were asked to pick a paper each and those who picked papers that had numbers 1 to 96 were considered for the study. Information sheets and consent forms were given to the selected participants and they were given time to read the information sheets and time to read and sign the consent forms. The researcher collected the signed consent forms and thanked the participants for agreeing to take part in the study. Questionnaires were distributed to the participants and they were given 45 minutes to complete them, after that, the researcher collected the completed questionnaires.

On the second day data was collected from nursing students, the nursing program had a total of 73 students, therefore it contributed 53 participants to the study. The participants were picked by writing numbers 1 to 73 on small pieces of papers, folding them and placing them a

box, thereafter all pharmacy students were asked to pick a paper each and those who picked papers that had numbers 1 to 53 were considered for the study. Information sheets and consent forms were given to the selected participants and they were given time to read the information sheets and time to read and sign the consent forms. The researcher collected the signed consent forms and thanked the participants for agreeing to take part in the study. Questionnaires were distributed to the participants and they were given 45 minutes to complete them, after that, the researcher collected the completed questionnaires.

3.11. Pilot Study

The pilot study was conducted on 15 participants comprising of pharmacy and nursing students at Mulungushi University town campus who did not take part in the main study. Mulungushi University was selected for a pilot study because it provided participants with similar characteristics to those who took part in the main study. The researcher sought permission from the university authority to conduct the pilot study. The sample for the pilot study constituted 10 percent of the sample size for this study. The sample size for this study was 147. Simple random sampling using the rotary technique was used to select participants for the pilot study. The pilot study helped to assess whether the variables were observable and measurable Polit and Beck (2010) and also helped in determining the effectiveness of the proposed data collection process and the instruments. Chronbach's alpha tests were conducted on all the five instruments used in this study. The tools produced moderate to high internal consistencies; General Help-Seeking Questionnaire (Chronbach's $\alpha=0.65$), Barriers to Access Care Evaluation (Chronbach's $\alpha=0.68$), Mental Health Knowledge Schedule (Chronbach's $\alpha=0.71$), Perception of stigmatization of others for seeking help scale (Chronbach's $\alpha=0.78$) and Multidimensional Scale of Perceived Social Support (Chronbach's $\alpha=0.83$) respectively. However during the final data analysis it was noted that the General Help-Seeking Questionnaire had produced a weak Chronbach's alpha of 0.42, this was unexpected since the same tool had produced a moderate Chronbach's alpha of 0.65 during the Pilot study, however this finding was reported as such and recommendations made to that effect.

3.12. Validity

Validity of the data collecting instrument used in this study was maintained by ensuring that all aspects of variables under study were included in the questionnaire and that all questions were phrased well.

3.13. Reliability

The reliability of the study was achieved through conducting Chronbach's alpha tests on all the five instruments used in this study as can be seen in the table below.

Table 3. Reliability tests of the study's instruments used in this study

Sections	Cronbach's Alpha	Cronbach's Alpha based on Standardized Items	Number of Items
General Help-Seeking Questionnaire(GHSQ)	0.42	0.404	10
Mental Health Knowledge Schedule(MHKS)	0.74	0.723	11
Multidimensional Scale of Perceived Social Support(MSPSS)	0.91	0.907	12
Perception of stigmatization of others for seeking help scale (PSOSH)	0.73	0.717	5
Barriers to Access Care Evaluation (BACE-3)	0.64	0.642	10

As can be seen in the table, three of the instruments namely; BACE (Cronbach's Alpha= 0.64), PSOSH (Cronbach's Alpha= 0.73) MHKS (Cronbach's Alpha =0.74), MSPSS (Cronbach's Alpha= 0.91) had moderate to strong Cronbach's Alpha which indicate that their internal consistency was good, whereas GHSQ had a weak Cronbach's Alpha (0.42).It is worth noting that during the pilot study the GHSQ produced a favourable Cronbach's Alpha (0.65).

3.12. Ethical Consideration

The approval to conduct the study was obtained from the University of Zambia Biomedical Research Ethics committee (REF. No. 1800-2021) and the National Health research authority(REF No: NHRA000009/15/11/2021). Permission to conduct the study was sought from the study site.

Confidentiality was ensured through the omission of identifying features from the questionnaire. Services of a psychotherapist were made available for any participant who required psychological attention after participating in the study. Informed consent was sought from each study participant prior to enrolment. Participants were informed that they were at liberty to withdraw from the study at any point if they felt uncomfortable. Information that was obtained during the study was treated with utmost confidentiality as it bordered on personal information.

3.15. Summary

In chapter three, the researcher describes the methods that were used in this study. The design used for this study was analytical cross sectional, quantitative design, the study setting was Mulungushi University and the school of medicine was purposively selected to provide the study participants. The study population was all undergraduate full time students studying pharmacy and nursing in the school of medicine and health sciences at Mulungushi University-Town Campus (205). The sample size was calculated using Krejcie and Morgan (1970) formula for finite population which yielded a sample size of 149. Simple random sampling method using rotary technique was used to select the 149 study participants from the two programs. Data was collected using a self-administered questionnaire adapted from five validated tools. The pilot study was conducted on 14 participants comprising of pharmacy and nursing students at Mulungushi University town campus who did not take part in the main study. Validity was maintained by ensuring that all aspects of variables under study were included in the questionnaire and by clearly phrasing the questions. The reliability of the study was achieved through conducting Chronbach's alpha tests on all the five instruments used in this study. Ethical clearance was sought from the University of Zambia Biomedical Research Ethics Committee (REF. No. 1800-2021), National Health Research Authority (REF No: NHRA000009/15/11/2021) and the University Management and confidentiality was maintained by omitting of identifying features from the questionnaire.

CHAPTER FOUR

PRESENTATION OF THE FINDINGS

4.1 Introduction

This chapter presents the findings of the study. Data was collected using self-administered questionnaires and analysed data is presented herein. To present the findings, the researcher used cross tabulations, frequencies and percentages. The findings are presented based on the following objectives of the study: To determine the levels of help seeking intentions among students, identify the facilitators to health-seeking intentions among students and establish barriers to health-seeking intentions among students. 137 participants completed the questionnaires. The response rate was 91 percent.

4.2. Data Processing and Analysis

Before data entry was done the responses were coded in line with the categories that each variable was assigned with, for example mental health seeking intention was given 1 and 2 as categories, respondents who scored between 1-4 were placed under category 1 and regarded as not likely to seek help while those who scored between 5-7 were placed under category 2 and regarded as likely to seek help.

The responses were then entered and analysed using statistical package for social sciences (SPSS) version 23. Pearson's Chi-Square (χ^2) test was used to determine the relationship between variables. The cut off point for statistical significance was set at 5 percent. Therefore, only P-values of less than or equal to 0.05 were considered to be statistically significant. Binary logistic regression analysis was performed using help-seeking intentions as the criterion variable and mental health literacy, social support, stigma and barriers as predictor variables. This was done in order determine the extent to which the independent variables affected the dependant variable in this study population.

4.3. Data Presentation

4.3.1. Social demographics characteristics

Table 4: Social demographics characteristics (n=137)

Characteristic		Frequency		Percentage	
Gender of students					
Male		48		35.0	
Female		89		65.0	
Total		137		100	
Age range of students					
	N	Minimum	Maximum	Mean	Std. Deviation
How old are you in years?	137	18	45	22.02	3.817
Valid N	137				
Program of study					
Bachelor of science in Nursing		53		38.7	
Bachelor of science in Pharmacy		84		61.3	
Total		137		100.0	
Year of study					
Second year		68		49.6	
Third year		56		40.9	
Fourth year		13		9.4	
Total		137		100.0	
Religion of students					
Christianity		136		99.3	
Hinduism		1		.7	
Total		137		100.0	

Table 4 above shows the demographic characteristics of the participants. The study had a majority representation of females at 89 (65%) while males were 48 (35%) from the 137 participants altogether. The minimum age of the participants was 18 years and the maximum was 45 years with a mean (average age) of 22 years giving a standard deviation of 3.817. This indicates that the majority were within the range of 22 to 25 years. The study further show that most participants 84 (61.3%) were pursuing Bachelor of Science in Pharmacy while the rest 53 (38.7%) were pursuing Bachelor of Science in Nursing. The study was dominated by second

years 68 (49.6%) followed by third years 56 (40.9%) and fourth years 13 (9.5%) respectively. As it can be seen above, 136 (99.3%) participants were Christians while only 1 (0.7%) was Hindu.

4.3.2. Section B: Mental Health Seeking Intentions

Table 5: Mental health seeking intentions. Part 1 (n=137)

Characteristic	Frequency	Percentage
Partner e.g. girl friend or boy friend		
Extremely unlikely	35	25.5
Very unlikely	18	13.1
Unlikely	20	14.6
Neither unlikely nor likely	10	7.3
Likely	22	16.1
Very likely	22	16.1
Extremely likely	10	7.3
Total	137	100.0
Friend not related to you		
Extremely unlikely	29	21.2
Very unlikely	23	16.8
Unlikely	13	9.5
Neither unlikely nor likely	31	22.6
Likely	16	11.7
Very likely	11	8.0
Extremely likely	14	10.2
Total	137	100.0
Parents/other relative		
Extremely unlikely	9	6.6
Very unlikely	20	14.6
Unlikely	5	3.6
Neither unlikely nor likely	5	3.6
Likely	11	8.0
Very likely	30	21.9
Extremely likely	57	41.6
Total	137	100.0
Doctor		
Extremely unlikely	50	36.5
Very unlikely	17	12.4
Unlikely	12	8.8
Neither unlikely nor likely	9	6.6
Likely	14	10.2
Very likely	14	10.2
Extremely likely	21	15.3
Total	137	100.0

Table 5 shows that the majority of participants (60.5%) were unlikely to seek help from the partners. The table also shows that the majority of participants (70.1%) were unlikely to seek

help from a friend. The table further shows that the majority of participants (71.6%) were likely to seek help from parents/other relatives

Table 6. Mental health seeking intentions. Part 2 (n=137)

Mental health professional outside the school, e.g. psychiatrist, psychologist or counsellor		
Extremely unlikely	42	30.7
Very unlikely	25	18.2
Unlikely	11	8.0
Neither unlikely nor likely	22	16.1
Likely	13	9.5
Very likely	8	5.8
Extremely likely	16	11.7
Total	137	100.0
University counsellor		
Extremely unlikely	42	30.7
Very unlikely	25	18.2
Unlikely	11	8.0
Neither unlikely nor likely	22	16.1
Likely	13	9.5
Very likely	8	5.8
Extremely likely	16	11.7
Total	137	100.0
University Lecturers		
Extremely unlikely	49	35.8
Very unlikely	26	19.0
Unlikely	18	13.1
Neither unlikely nor likely	11	8.0
Likely	19	13.9
Very likely	5	3.6
Extremely likely	9	6.6
Total	137	100.0

Table 6 above is a continuation of student’s responses on mental help seeking intentions and their preferred sources of help. The table shows that the majority of participants (73%) were unlikely to seek help from a professional outside the school. The table also shows that the majority of participants (73%) were unlikely to seek help from a university counsellor. The table further shows that the majority of participants (75.9%) were unlikely to seek help from the university lecturer.

Table 7; Mental health seeking intentions .Part 3 (n=137)

Phone: Help line		
Extremely unlikely	82	59.9
Very unlikely	17	12.4
Unlikely	8	5.8
Neither unlikely nor likely	5	3.6
Likely	3	2.2
Very likely	12	8.8
Extremely likely	10	7.3
Total	137	100.0
Pastor		
Extremely unlikely	46	33.6
Very unlikely	26	19.0
Unlikely	10	7.3
Neither unlikely nor likely	14	10.2
Likely	16	11.7
Very likely	17	12.4
Extremely likely	8	5.8
Total	137	100.0
Others		
Extremely unlikely	88	64.2
Very unlikely	16	11.7
Unlikely	12	8.8
Neither unlikely nor likely	11	8.0
Likely	4	2.9
Very likely	4	2.9
Extremely likely	2	1.5
Total	137	100.0

Table 7 is a continuation of student’s responses on mental help seeking intentions and their preferred sources of help .The table shows that the majority of participants (81.7%) were unlikely to seek help from a phone helpline. The table also shows that the majority of participants (70.1%) were unlikely to seek help from a pastor. The table further shows that the majority of participants (92.7%) were unlikely to seek help from others.

Overall, responses from table 5, 6 and 7 on help seeking intentions across 10 sources of help listed in the above 3 tables show that the majority of participants 689.7(69%) were unlikely to seek help for their emotional problems while 310.3(31%) were likely to seek help. The results also show that of all the sources, parents/relatives were the preferred sources of help and that university based sources were the least preferred.

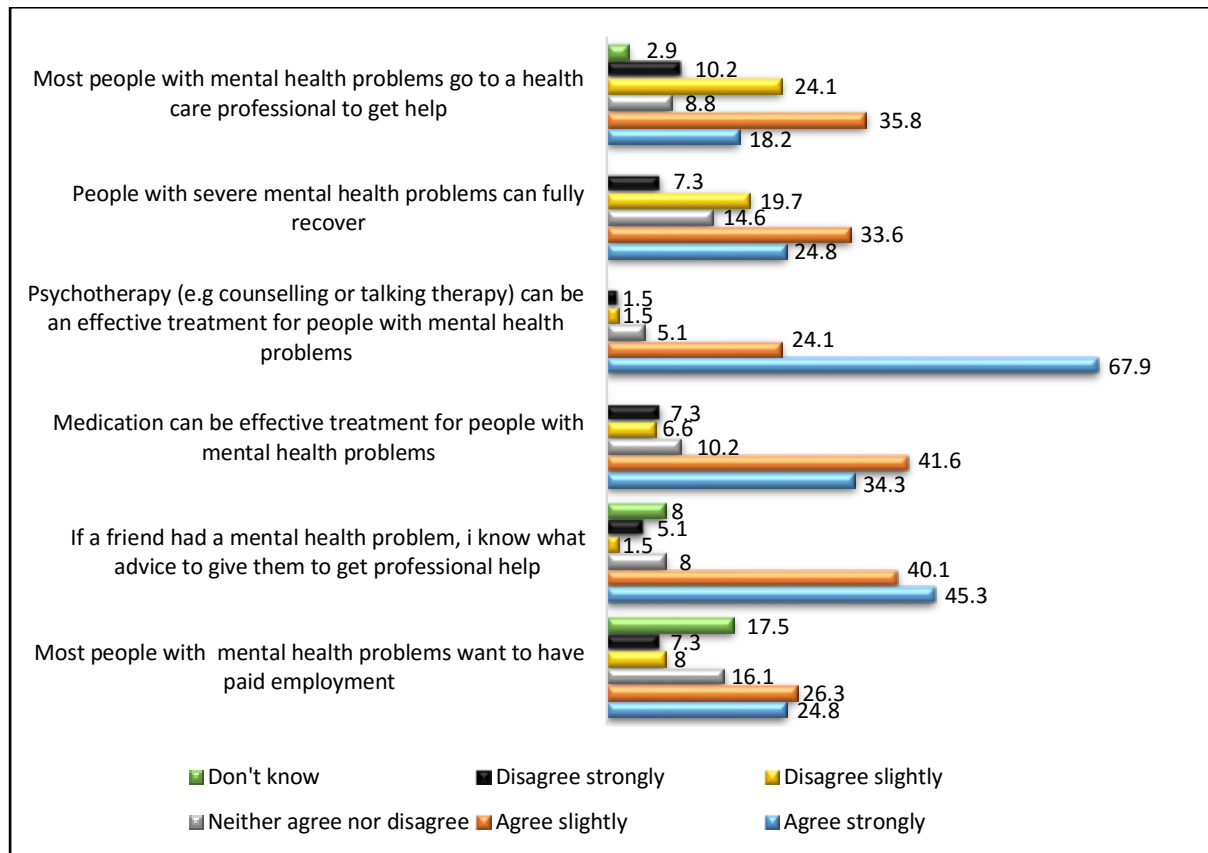
Table 8: Mental health seeking intentions across three subscales-(n-137)

	Mental health seeking intentions		Total
Informal sources of help	Unlikely	Likely	
Partner e.g. girlfriend/boyfriends	43(31.40%)	94(68.60%)	137
Friend not related to you	41(29.90%)	96(70.10%)	137
Parents/ other relatives	26(19%)	111(81%)	137
Phone-helpline	107(78.10%)	30(21.90%)	137
Others	116(84.70%)	21(15.30%)	137
Totals	333(49%)	352(51%)	685
Formal sources of help- community based			
	Unlikely	Likely	
Doctor	35(25.5%)	102(74.5%)	137
Mental health professional out the school e.g. psychiatrists, psychologists or counsellor	51(37.2%)	86(62.8%)	137
Pastor	82(59.9%)	55(40.1%)	137
Totals	168(41%)	243(59%)	411
Formal sources of help- university based			
	Unlikely	Likely	
University Counsellor	72(52.6%)	65(47.4%)	137
University Lecturer	93(67.9%)	44(32.1%)	137
Totals	165(60.2%)	109(39.8%)	274

In table 8 the study shows that most participants 352(51%) were likely to seek informal sources of help for their mental health problems and formal community based sources of help 243(59%) while university based sources were found to be the least preferred by participant with the majority 165(60.2%) indicating that they were unlikely to seek help from university based sources.

4.3.3. Section C: Statistics on Mental Health Literacy (N=137)

Figure 2: Mental Health Literacy part 1 (N=137)



In figure 2, shows that the majority of participants (54%) agreed that people with mental disorders go to health care professionals to get help. The figure also demonstrates that the majority of participants (58.4%) agreed that people with severe mental health problems can fully recover. Further the figure shows that majority of the participants (92%) agreed that psychotherapy is effective in the treatment of mental health problems. The figure further show that majority of participants (75.9%) agreed that medication can be effective in the treatment of people with mental health problems. Furthermore, majority of participants (85.4%) agreed that they knew the advice to give a friend with a mental health problem for them to get professional help. The results further show that majority of participants (61.1%) agreed that most people with mental health problems would want to have paid employment.

Figure 3: Mental Health Literacy part 2 (N=137)

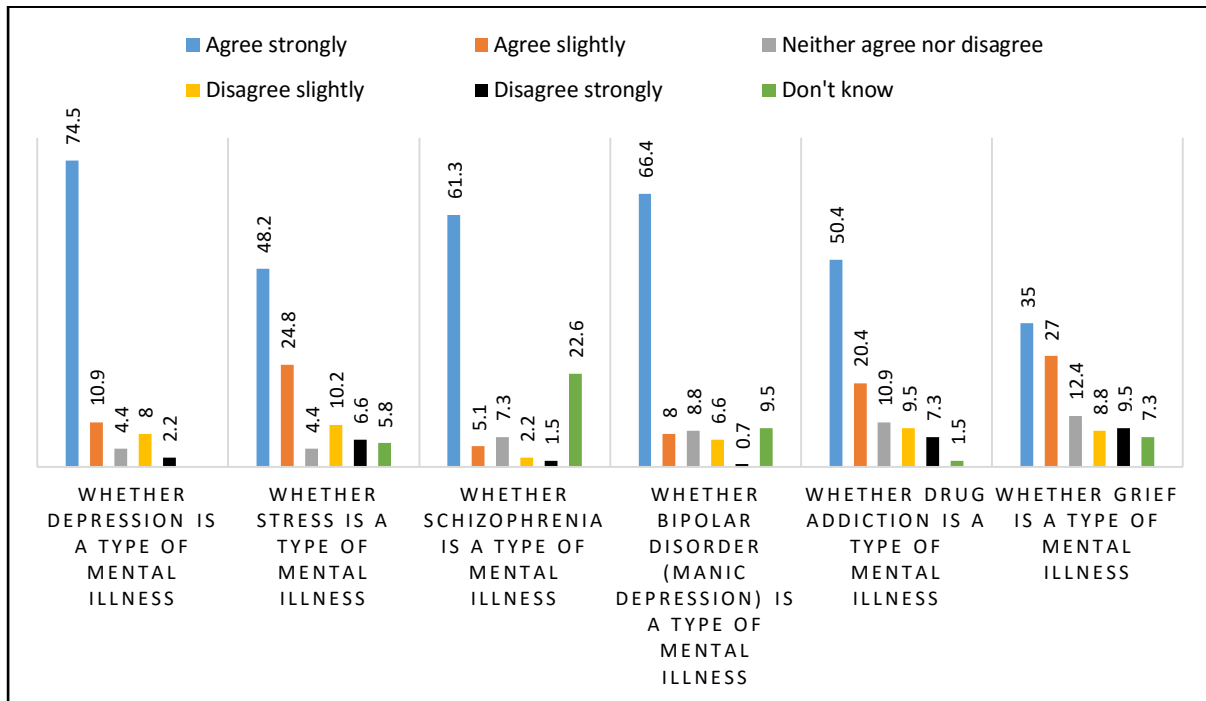


Figure 3 above is the continuation of the participant’s responses on mental health literacy. The results show that majority of the participants (85.4 %) knew that depression is a mental disorder. Results also show that majority of participants (72.4%) thought that that stress is a type of mental illness. Further, majority of participants (66.4%) knew that schizophrenia is a type of mental illness. The figure also shows that the majority of participants (74.4%) knew that bipolar is a type of mental disorder. Furthermore, the majority of participants (70.8%) knew that drug addiction is a type of mental illness. Lastly the figure shows that the majority of participants (62%) thought that grief is a type of mental illness.

Overall the results on mental health literacy from both figure 2 and figure 3 show that the majority of participants 650(54%) had high knowledge while 550(46%) had low knowledge.

4.3.4. Section D: Statistics on Social Support (N=137)

Figure 4: Social Support part 1 (n=137)

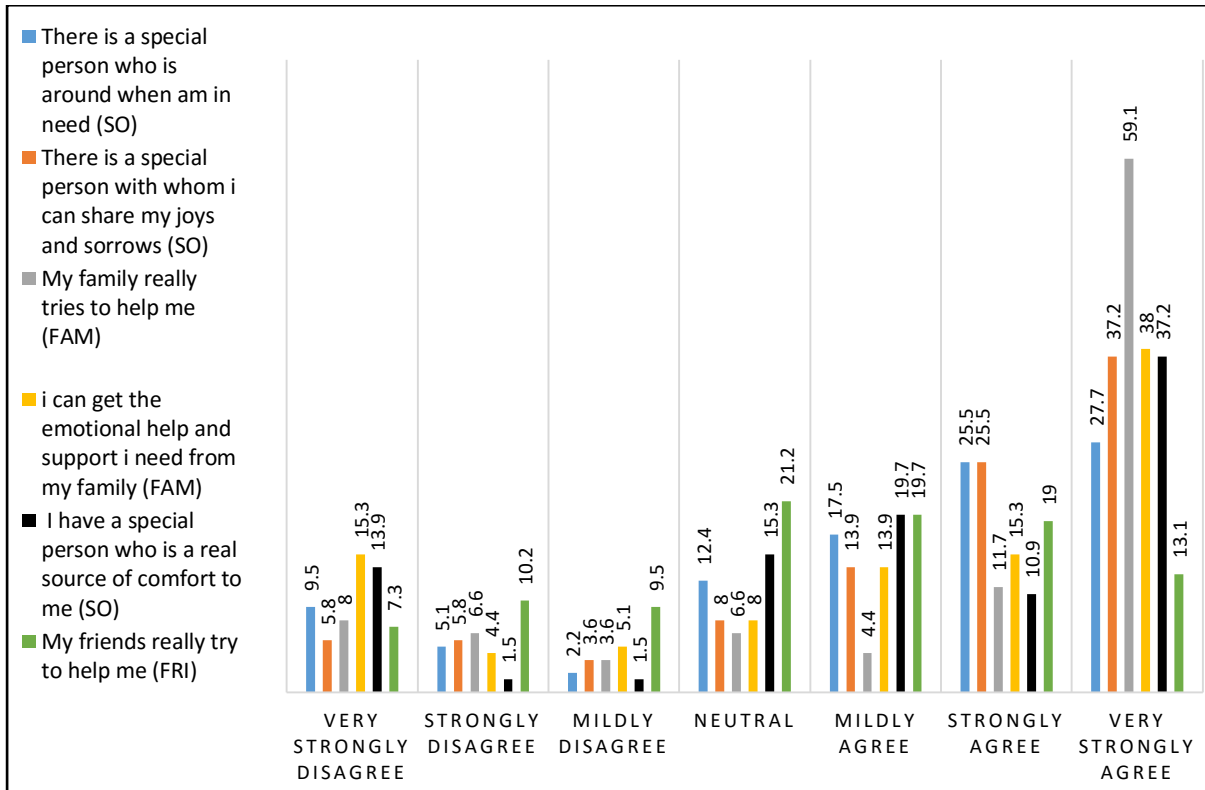


Figure 4 above present the results on the social support that participants had from significant others (SO), Family (FAM) and Friend (FRI).

Figure 5: Statistics on Social Support part 2 (n=137)

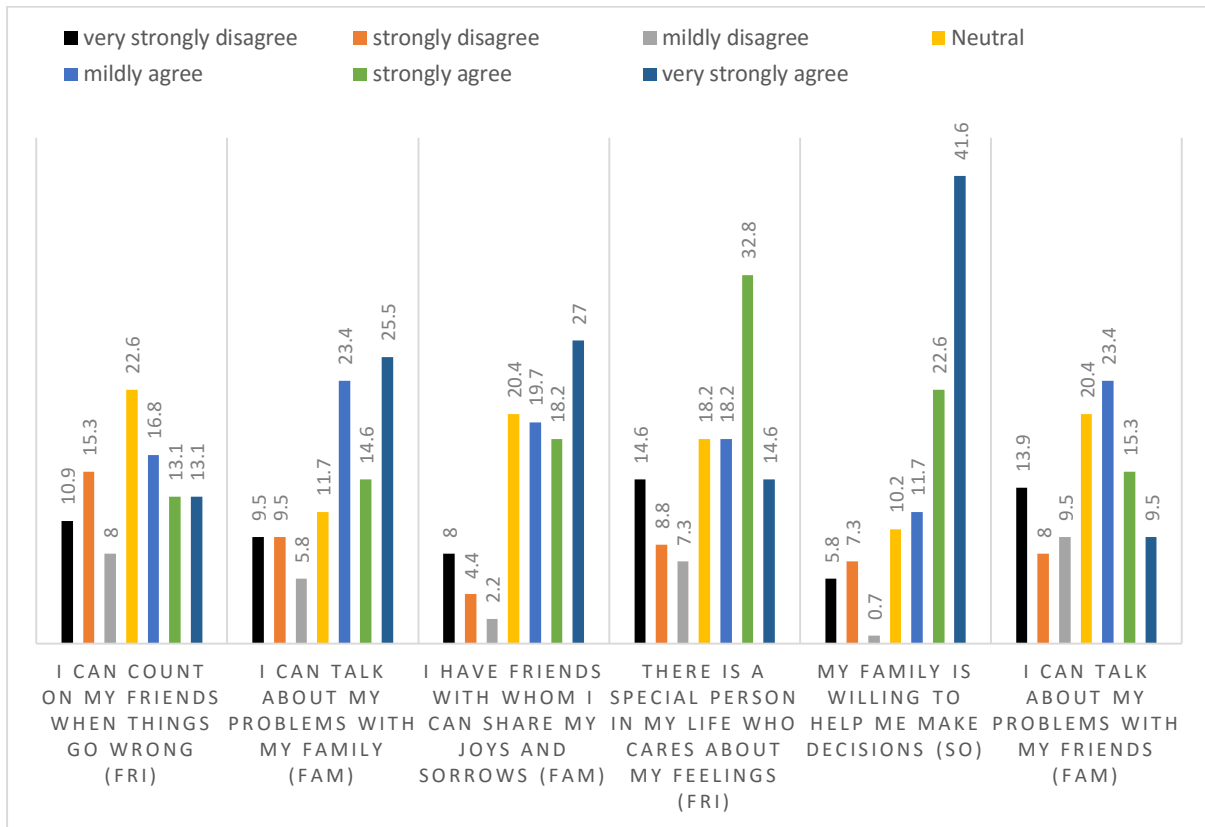


Figure 5 above is a continuation of participants responses on the social support they had from Family (FAM), Friends (FRI) and Significant others (SO).

Overall, the responses in figure 4 and 5 shows that the majority of the participants 892(74%) had social support while 308(26%) did not have social support.

4.3.5. Section E: Statistics on Stigma (N=137)

Figure 6: Stigma (N=137)

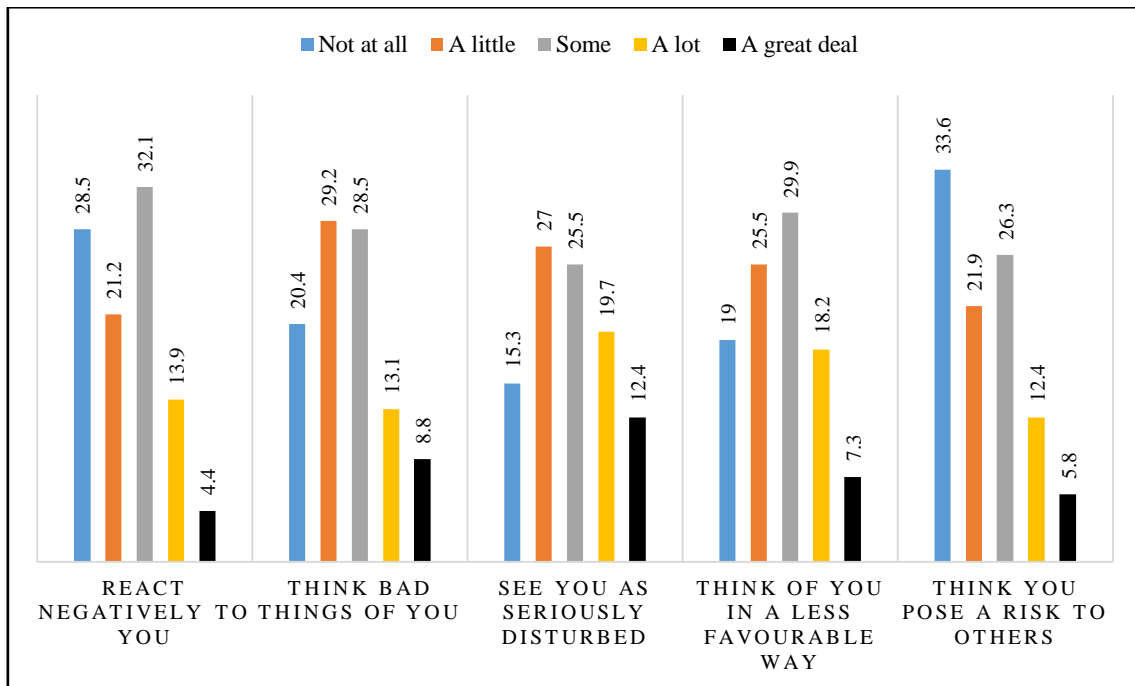


Figure 6 shows that the majority of participants (71.5%) thought that the people they interact with would react negatively to them if they sought counselling services at the university. The figure further show that majority of participants (78.8%) thought that the people they interact with would think bad things about them if they sought counselling services at the university. Further the majority of participants (84.7) thought that the people they interact with would see them as seriously disturbed if they sought counselling services at the university for that issue. Furthermore the, majority of participants (81%) thought that the people they interact with would think of them in a less favourable way if they sought counselling services at the university for that issue. Lastly the figure also shows that the majority of participants (66.4%) thought that the people they interact with would think that they would pose as a risk to others if they saw them seeking counselling services at the university.

Overall the findings show that most participants 385(77%) were perceiving stigma while 115 (23%) were not.

4.3.6. Section F: Statistics on Barriers to Care (N=137)

Figure 7: Barriers to Care part 1 (n=137)

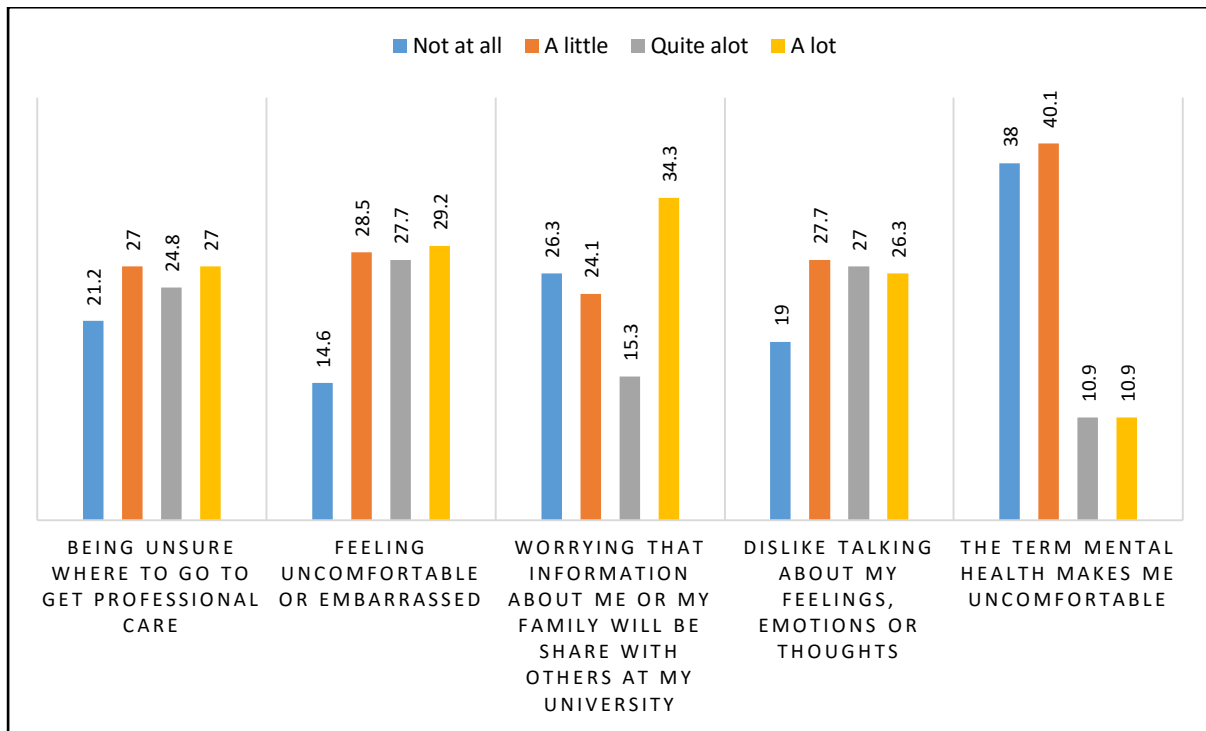


Figure 7 above show the statistics on the barriers to care. The results show that majority of participants (78.8%) were unsure of where to go to get professional care. Further the majority of participants (85.4%) were feeling uncomfortable or embarrassed to seek help. Furthermore the majority of participants (73.7%) were worrying that information about them or their family would be shared with others at the university if they sought counselling. The figure also show that the majority of participants (81%) disliked talking about their feelings, emotions or thoughts. Lastly the figure show that majority of participants (62%) said that the term mental health makes them uncomfortable.

Figure 8 : Barriers to Care part 2 (n=137)

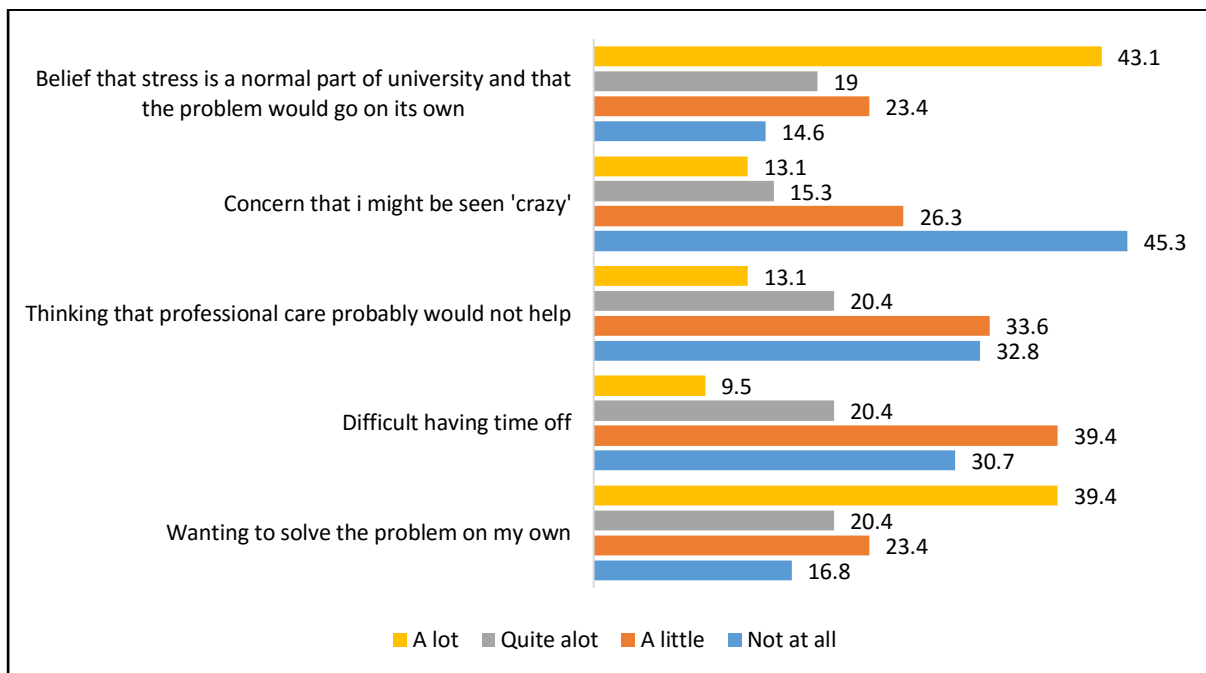


Figure 8 above is a continuation of responses of participants on the barriers to care. The results show that the majority of the participants (83.2%) felt that they could solve problems on their own. The figure also show that majority of participants (69.3%) said they had difficulties having time off to access mental health services. Further majority of participants (67,2%) thought that professional care probably would not help them. Furthermore, majority of participants (54.7%) were concerned that they might be seen as 'crazy' if they sought help for their emotional problem. Lastly, majority of participants (85.4%) thought stress is a normal part of university life and that the problems would go on their own.

Overall results from figure 7 and 8 on barriers to care indicate that the majority of participants (74%) were perceiving barriers to care while (26%) were not.

4.3. 8. Section H: Associations between Major Study Variables

The mental health seeking intentions was correlated with each of the independent variables in order to establish the relationship between the independent variables and mental health seeking intentions.

TABLE 9: Association between demographical characteristics and mental health seeking intentions (n=137)

Independent variable	Mental Health Seeking Intentions			P-value=<0.05	Chi-square
Age	Unlikely to seek help	Likely to seek help	Total	0.461	2.583
18-25	67(48.9%)	58(42.3%)	125(91.2%)		
26-32	2(1.5%)	5(3.6%)	7(5.1%)		
33-39	2(1.5%)	2(1.5%)	4(2.9%)		
40-46	1(0.7%)	0(0%)	1(0.7%)		
Total	72(52.6%)	65(47.4%)	137(100%)		
Gender	Unlikely to seek help	Likely to seek help		0.003	8.893
Female	30 (22 %)	59 (43%)	89(65%)		
Male	5 (4%)	43 (31%)	48(35%)		
Total	35(25.5%)	102(74.5%)	137(100%)		
Program of study	Unlikely to seek help	Likely to seek help		0.330	0.947
Bachelor of science in nursing	22(16.1%)	25(18.2%)	47(34%)		
Bachelor of science in Pharmacy	50(36.5%)	40(29.4%)	90(66%)		
Total	72(52.6%)	65(47.4%)	137(100%)		
Year of study	Unlikely to seek help	Likely to seek help		0.294	2.450
Second year	32(23.4%)	36(26.3%)	68(50%)		
Third year	31(22.6%)	25(18.2%)	56(41%)		
Fourth year	9(6.6%)	4(2.9%)	13(9%)		
Total	72(52.6%)	65(47.4%)	137(100%)		

Table 9 show that one variable which is gender is s associated with mental health seeking intentions with a chi-square value of $x^2 = 8.893$ and ($P=0.003$). Other variables such age with chi-square value of $x^2 = 2.583$ ($P=0.461$), programme of study with chi-square value of $x^2 = 0.947$ ($P=0.330$) and year of study with chi-square value of $x^2 = 2.450$ ($P=0.294$) are not associated with mental health seeking intentions.

Table 10: Association between mental health literacy, social support, stigma, barriers to care and mental health seeking intentions (n=137)

Independent variable	Mental Health Seeking Intentions			P-value=<0.05	Chi-square
	Unlikely to seek help	Likely to seek help	Total		
Mental health literacy					
Low knowledge	49(77.8%)	14(22.2%)	63 (46%)	0.932	0.007
High knowledge	58(78.4%)	16(21.6%)	74 (54%0		
Total	107(78.1%)	30(21.9%)	137		
Social support					
Not having social support	27(75%)	9(25%)	36 (26%)	0.600	0.275
Having social support	80(79.2%)	21(20.8%)	101(74%)		
Total	107(78.1%)	30(21.9%)	137		
Stigma					
Perceiving stigma	79(74.5%)	27(25.5%)	106(77%)	0.041	3.499
Not Perceiving stigma	28(90.3%)	3(9.7%)	31(23%)		
Total	107(78.1%)	30(21.9%)	137		
Barriers to care					
Perceiving barriers to care	55(75.3%)	18(24.7%)	73(53%)	0.404	0.696
Not Perceiving barriers to care	52(81%)	12(18.8%)	64(47%)		
Total	107(78.1%)	30(21.9%)	137(100%)		

Table 10 shows that there is no association between mental health literacy and mental health with the $P = 0.932$ which is greater than 0.05. Therefore the null hypotheses which stated that there was no association between mental health seeking intentions and mental health literacy is accepted. The study showed that most of the participants 74(54%) had high knowledge and

majority of them 58(78.4%) were unlikely to seek help, the study also shows that even among those with low knowledge majority 49(77.8%) were unlikely to seek help.

Table 10 also shows that social support had no impact on mental health seeking intentions with the $P = 0.600$ which is greater than 0.05. This indicates that the null hypothesis which stated that there was no association between social support and mental health seeking intention is accepted. The study further showed that most of the participants 101 (74%) had social support and majority of those with social support 80(78.1%) were unlikely to seek help.

Table 10 further shows that there is an association between stigma and mental health seeking intentions with the $P = 0.041$ which is less than 0.05, hence rejecting the null hypothesis that stated that there was no association between stigma and mental health seeking intentions. The study further showed that most of the participants 106 (77%) were perceiving stigma and the majority of them 79(74.5) were unlikely to seek help.

Lastly table 10. Shows that there is no association between barriers to care and mental health seeking intentions with the $P = 0.404$ which is greater than 0.05. This indicates that the null hypothesis which stated that there was no association between barriers to care and mental health seeking intention is accepted. However, the study further showed that most of the participants 73 (53%) were perceiving barriers to care and the majority of those who were perceiving barriers to care 55(75.3%) were unlikely to seek help.

4.3.9. Determining Predictors of Mental Health Seeking Intentions

To determine the predictors of mental health seeking intentions, binary logistic regression was used to analyse the following selected variables; gender, mental health literacy, social support, stigma and barriers to care which are independent variables and mental health seeking intention being the dependant variable. Binary logistic regression was selected because both the dependant variable and the independent variables were dichotomised.

Table 11: Determining predictors to mental health seeking intentions.

PREDICTOR	ODDS	P-VALUE	CI-95%
Gender			
Male	Ref-0.000		
Female	0.908	0.003	0.386-2.137
Mental Health Literacy			
Low Knowledge	Ref-0.000		
High Knowledge	0.966	0.932	0.429-2.174
Social support			
No social support	Ref-0.000		0.263-1.270
Have social support	0.239	0.600	
Stigma			
Not perceiving stigma	Ref-0.000		
Perceiving stigma	3.190	0.041	0.8-11.339
Barriers to care			
Not perceiving barriers to care	Ref-0.000		
Perceiving barriers to care	1.418	0.404	0.623-3.230

Table 14 above shows that gender, knowledge levels, social support and barriers to care did not significantly impact mental health seeking intentions. The factor that was found to have a significant impact on mental health seeking intentions was stigma. The study established that participants who were perceiving stigma were 3.2 times less likely to seek help than those who

were not .(P=0.041 OR=3.190) and that those who were perceiving barriers to care were 1.418 time less likely to seek help than those who were not.

4.4. Summary

This chapter has described data analysis processes used in this study. SPSS version 23.0 and binary logistic regression were used to analyse the data. Pearson's Chi-Square (χ^2) test was used to determine the relationship between variables while binary logistic regression was used to determine the predictors of mental health seeking intentions. The data was presented using the five objectives of the study which were drawn from the dependant variable and the independent variables.

CHAPTER FIVE

DISCUSSIONS OF THE FINDINGS

5.1. Introduction

This chapter presents the discussion of the study in relation to the other study findings from different sources on mental health seeking intentions. This discussion is done in line with the study's objectives as follows: to determine the levels of help seeking intentions among students, identify the facilitators to health-seeking intentions among students and to establish barriers to health-seeking intentions among students.

5.2. Demographic characteristic; gender and mental health seeking intentions

Through this study, it was revealed that gender was significantly associated with mental health seeking intentions. (OR=0.908, P =0.003, CI 0.386-2.137), majority of females (43%) showed stronger intentions to seek help than males (31%).

This finding is in line with (Sagar-Ouriaghli et al., 2020; Yousaf, Popat, & Hunter, 2015) who found that young males are reluctant to seek help for mental health problems and that male students hold more negative attitudes towards the use of psychological services compared to females. Males are more likely to take their own lives compared to females and the higher suicide risk is often associated with males being less likely to seek help for mental health difficulties.(Chang, Yip, & Chen 2019; WHO (2017)

In light of these findings, further research on larger samples sizes should be conducted in Zambia to understand factors that make it more difficult for males to seek help and come up with interventions that would improve mental health seeking intentions among male students

5.3. The level of mental health seeking intentions

In this study, the level of mental health seeking intentions was determined and the mental health seeking intentions were further categorised into three sub-scales namely; Level of intention to seek informal help, Level of intention to seek formal community-based help and Level of intention to seek help from a university-based mental health provider. This was done to determine the students' preferred sources of help. The study results indicated measurement concerns with regard to the reliability and validity of the GHSQ tool which was used to measure mental health seeking intentions. In this study population, the GHSQ produced a weak internal

consistency of ($\alpha=0.416$). It is therefore important to consider the results of this study with caution.

Overall, this study showed that help seeking is poor among students at Mulungushi University, majority of participants (69%) indicated that they were unlikely to seek help. The study further revealed that most participants (51%) were likely to seek help from informal sources of help and formal community-based sources of help (59%) while university-based sources of help were the least preferred by participants, majority of the participants (60%) reported that they were unlikely to seek help from university-based sources of help.

These findings are in line with a study by (Hunt & Eisenberg, 2010) which reported poor help seeking in the college student population and a study by Thomas, Caputi, & Wilson (2013) which reported very low levels of help seeking intentions for school-based services with only 22% of students reporting that they would seek treatment within the college if they developed psychological distress.

The preference for informal sources in the current study also supports prior research that family and friends are more often recipients of disclosure than professionals for those with mental health problems (Husky et al. 2016). Disclosure to family and friends was thought to be beneficial due to the empathy received upon disclosure (Bril-Barniv et al., 2017). However, the finding of this study still raises concern as university counselling services were closer to students and existed to facilitate the success and development of students and yet not fully utilised at Mulungushi University.

5.4. Facilitators to Health-Seeking Intentions among Students

In this study the perceived facilitators to health seeking intentions were mental health literacy and social support.

5.4.1 Mental health literacy and health-seeking intentions among students

Correlational analyses revealed an inverse relationship between mental health seeking intentions and mental health literacy ($OR=0.966$, $CI=0.429-2.174$, $P=0.932$), majority of the participants (54%) had high mental health literacy scores (MHLS) and majority of those who had high mental health literacy score (78%) were unlikely to seek help. The study showed that even among those who had low MHLS, the majority (78%) were unlikely to seek help.

The findings of this study are in line with a study by Lumaksono, Lestari & Karimah (2020) on 60 medical students which showed lower scores in the MHLS but also indicated that there was no statistical association between being literate in the total score of MHLS and having a good attitude toward seeking help ($p=0.303$). Regardless of their findings, Lumaksono, Lestari & Karimah (2020) still emphasised that the suitable indicator for early identification of mental disorder is mental health literacy and that mental health literacy also functions as a tool to decrease stigma towards people with mental illness and to improve help-seeking behavior. This can also be supported by Mangello, Sentell & Davis, (2013) who indicated that mental health literacy is crucial for help seeking for mental health services and adhering to treatment.

Contrary to the findings of the current study a study by Olson & Kennedy, (2010) found that students who had high MHLS also reported they were more likely to seek help for treatment. This shows the positive impact of mental health literacy on the student's mental health seeking intentions. This can be supported by Doan et al, (2020) who stated that high mental health literacy is an important precursor towards developing skills that can promote psychological well-being among university students and Manganello, Sentell & Davis, (2013) who emphasised that mental health literacy is crucial for help seeking for mental health services and adhering to treatment.

The difference in the findings between Olson & Kennedy, (2010) and the current study could be attributed to the difference in the methodology used, in Olson & Kennedy, (2010) study, students were provided brief, hypothetical, gender-matched scenarios about adolescents experiencing negative emotions and exhibiting related behaviours; some scenarios depicted diagnosable disorders. The respondents were then asked to characterize each scenario as describing a mental health problem or other teen problem and indicate how they would respond to a peer who had such a problem. While the current study used a mental health literacy tool to assess literacy levels.

Despite the fact that there is was no statistical association between these two variables in the current study, there is still need to work towards changing the attitude towards help seeking for mental health problems as the study indicated that even those who had high MHLS were unlikely to seek help for their emotional problems. Further research using different methodologies should be conducted among students in Zambia.

5.4.2. Social support and health-seeking intentions among students

The findings also suggest that social support had no bearing on the student's mental health seeking intentions (OR=0.239, CI=0.263-1.270, P = 0.600), majority of the participants (74%) had social support and majority of those who had social support (78.1%), reported that they were unlikely to seek help.

The findings are in line with the findings of a related study conducted on military personnel by Hines et al (2014). This study also found that social support had no influence on mental health seeking, the study showed that half of the military personnel, men and women, with a history of psychological difficulties did not seek help despite having social support.

Contrary to the findings of these studies above, a study by Eigenhuis et al, (2021) revealed that encouragement from school personnel, peers and easy access to care providers positively influence help-seeking in adolescents. The difference in the findings could be attributed to the difference in the methodology, the current study is a quantitative one while the study for Eigenhuis et al, (2021) is a qualitative study in which In-depth, semi-structured interviews were used, in addition the study population for Eigenhuis et al, (2021) study were participants with current or previous depressive symptoms while the current study did not use this criteria in the selection of participants.

It is therefore important to conduct more studies to assess the impact of social support on mental health seeking intentions in more universities in order to have a clearer understanding of these constructs.

5.5. The Barriers to Health-Seeking Intentions among Students

In this study the perceived barriers to mental health seeking intention were stigma and site specific barriers to care.

5.5.1. Stigma and mental health-seeking intentions among students

The study found that there was an association between stigma and mental health seeking intentions, (OR=3.190, P = 0.041, CI 0.8-11.339). Most of the participants (77%) were perceiving stigma and the majority of those (75%) were unlikely to seek help. The study further established that stigma was a significant predictor for mental health seeking intention, participants who were perceiving stigma were 3.190 times less likely to seek help than those who were not perceived stigma. The association between stigma and decreased help seeking

intentions for mental health problems has been demonstrated in other studies (Cage et al., 2018; Lally, J. et al., 2013; WHO, 2012; Corrigan & Mathews, 2003; Motau, 2015)

Given the negative perception attached to those who seek psychological services, it is not surprising that individuals hide their psychological concerns and chose to avoid treatment to limit the damaging consequences attached to being stigmatised. This finding may also account for the high proportion of students in this study who preferred to seek help from informal sources such as family and friends.

5.5.2. Barriers to care and mental health seeking intentions among students

The study showed that there was no statistical association between barriers to access care and mental health seeking intentions. (OR=1.418, CI=0.623-3.230, P=0.404). Although barriers to access care showed no significant effect at a 5% level of significance, most of the participants (53%) perceived barriers to access care and the majority of those who were perceiving barriers to access care (75%) were unlikely to seek help, the odds ratio also indicated that those who were perceiving barriers to access care were 1.41 less likely to seek help compared to those who were not perceiving barriers to access care. The identified barriers in this study include; students being unsure of where to go to get professional care, feeling uncomfortable or embarrassed to seek help, worrying that information about them or their family would be shared with others at the university if they sought counselling, feeling that they could solve problems on their own, believing that professional care would not help them and believing that stress is a normal part of university life and that the problems would go away on their own.

Contrary to the findings of this study, the study by Cramer (2016) conducted on American students revealed that there was an association between barriers to access care and help seeking intention, ($p < .05$). The difference in the findings may be attributed to the differences in the internal high consistencies that the tools yielded in Cramer's study population; health seeking intentions ($\alpha = .89$) and barriers to care ($\alpha = .85$) while the same tools yielded low to moderate consistencies in this study; health seeking intentions ($\alpha = .42$) and barriers to access care ($\alpha = .63$) respectively. The other possible explanation could be the differences in the experiences between students in American universities and students in Zambian universities. Therefore, this study should be done in more universities in Zambia to have a clearer picture of these constructs in a Zambian context.

5.5.3. Application of theory to research findings

This study was guided by the HBM which was used as a theoretical lens to examine the facilitators and barriers to mental health seeking intentions among students at Mulungushi University. The HBM explains and predicts an individual's health behaviours using the attitudes and beliefs toward disease, especially perceived barriers, perceived benefits, and perceived susceptibility. The HBM stipulates that one's health-related behavior depends on one's perception of six important areas; susceptibility to that illness (i.e. perceived risk of developing mental illness); the severity of a potential illness (i.e. Mental illness); Perceived benefits of taking a preventive action (i.e. Seeking psychological help); the barriers to taking that action (i.e., embarrassment associated with seeking psychological help, worries about confidentiality, fear of being labelled as mentally ill ,); cues to action that motivate one to take action(i.e., Information on mental health services and their benefits); and self-efficacy.(i.e. the individual ability to seek psychological help.

The student's health behaviours identified in this study were consistent with the theoretical framework of the HBM. Majority of students had high knowledge indicating that they knew that they were susceptible to developing mental disorders (perceived susceptibility) and Knew that mental disorders were serious conditions(Perceived severity).

Despite this, majority of students indicated that they were unlikely to seek help; this outcome could be explained by the fact that the majority of students were perceiving stigma and barriers to access care and the study clearly showed that majority of those who were perceiving stigma and barriers to care were less likely to seek help. It can therefore be said that for most students the barriers associated with seeking psychological help (Perceived barriers) outweighed the benefits of seeking psychological care (Perceived barriers).

In conclusion, the HBM is a useful framework to explore the students' mental help seeking intentions.

5.6. Clinical Implications of the Study Finding To Nursing

5.6.1. Nursing Practice

The study found that stigma and barriers to care negatively impact mental health seeking intention among students. Both counsellors and nurse educators must plan for future stigma reduction campaigns that strategically focus on developing proactive activities with students to

combat stigma surrounding mental health issues and address the sited site specific barriers to care in order to make mental health services more appealing to students.

The study also found that the trend in help seeking is weak at Mulungushi University, Nurse Educators and counsellors must therefore reassure students that confidentiality will be upheld when students engage in health seeking for their emotional problems, this will encourage students to seek help. Males must be targeted in these interventions as they showed less interest in seeking help than females.

5.6.2. Nursing research

The study found that females were more likely to seek help than males, this reflects the need for further research to identify challenges faced by males when engaging in health seeking for emotional problems in order to come up with appropriate remedial measures that target the male gender.

5.6.3. Nursing administration

The study found that majority of those with low MHLS and those with high MHLS were unlikely to seek help. The head for nursing and pharmacy education at Mulungushi University should lobby for support to facilitate programs aimed at changing the student's attitude towards mental health services in order to increase their willingness to seek help when faced with emotional or personal problems.

5.7. Conclusion

The current study revealed that the trend of mental health seeking intentions was weak ,with majority of students (69%) indicating that they were unlikely to seek help, the study further revealed that University sources of help were the least preferred by student with the majority of students (60.2%) indicating that they were unlikely to seek help from university based sources. Stigma was found to be associated with mental health seeking intensions (P value = 0.041), further the study found that there was an association between gender and mental health seeking intentions. (P value = 0.003) with females showing stronger intentions towards help-seeking than males. Furthermore Odds ratio showed that those who were perceiving stigma were 3.190 times less likely to seek help and that those perceiving barriers to care were 1.418 less likely to seek help.

On the other hand the study revealed inverse relationships between mental health seeking intentions and mental health literacy ($P = 0.932$), social support, ($P = 0.600$) and barriers to care. ($P = 0.404$) respectively. The study demonstrated that the majority of those who had high MHLS (78.4%) were unlikely to seek help. The study further demonstrated that majority of the participants (74%) had social support and yet most of them (78.1%) reported that they were unlikely to seek help. With regards to barriers to care the study revealed that most of the participants (53%) were perceiving barriers to care and the majority of them (75.3%) were unlikely to seek help.

Through this study it was also noted that the concept of mental health seeking intentions is still new among students at Mulungushi University, it is therefore hoped that in light of this study this concept is viewed as important by the students and the staff at large and bring about positive change.

In view of the above findings, Universities must strive to foster supportive campus environments by carrying out anti stigma campaigns and increase awareness on mental health issues, this can greatly enhance the mental health seeking intentions and address the mental health needs of students before they require clinical interventions.

5.8. Recommendations

Based on the findings, the researcher recommends that;

5.8.1. The university counsellors should come up with regular schedules to meet the students and advertise the mental health services offered on campus and encourage students to promptly seek help when faced with emotional problems

5.8.2. The university counsellors must assure students of confidentiality in order to make mental health services on campus to be more appealing to the students.

5.8.3. The university counsellors must come up with anti-stigma campaigns in the university in order to reduce stigma and increase mental health seeking intentions among students.

5.8.4. The university must come up with deliberate interventions that target male students to improve mental help seeking among male students

5.9. Study Limitations

Despite the strengths of this study, the findings should be considered in light of the following limitations;

5.9.1. Only nursing and pharmacy students were considered for the study due to limited resources, this further limits the generalisation of findings.

5.9.2. The low internal consistence of GHSQ which was used to measures health seeking intensions could have had an influence on the results; it is unclear whether participants were able to differentiate between the different response options. The researcher assumes that the tool might not have been well understood by the participants, hence influencing the choice of answers; future studies can consider modifying this tool further to make it easier for participants to understand.

5.10. Strength of the Study

The use of a tool adapted from five validated tools ensured rigour in the study, further, the study examined the phenomenon under study in detail and the use of statistical tests have been such as chi-square test and binary logistic regression helped to meet the objectives of the study

5.11. Dissemination Plans

Presentation of study findings will be done at the University of Zambia (UNZA) School of Nursing Sciences, Mulungushi University and at the International Council of Nurses (ICN) if the researcher will have such an opportunity. Bound copies of the study will be given to the University of Zambia (UNZA), Mulungushi University, Higher Education Authority and the Provincial health office in Central province. The findings will also be presented to the respondents of the study who are the main stakeholders in this case. The disseminating of findings will be done for the purpose of sharing the new knowledge on the study subject .It is also believed that the findings will bring about positive change in the way mental health services are organised at the Mulungushi University and other universities in Zambia.

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APPENDICES

Appendix I: Information Sheet

NAME OF INSTITUTION: THE UNIVERSITY OF ZAMBIA, SCHOOL OF NURSING SCIENCES

STUDY TITLE: FACILITATORS AND BARRIERS TO MENTAL HEALTH SEEKING INTENTIONS AMONG STUDENTS AT MULUNGUSHI UNIVERSITY.

Introduction

My name is Jamia Milanzi, I am pursuing a master's degree in mental health and psychiatry nursing at the University of Zambia, School of Nursing Sciences.

Purpose of this study

The aim of this study is to assess the facilitators and barriers to mental health seeking behaviour of students at Mulungushi University. The information you will provide will help in planning mental health services on campus and help students to promptly seek help when faced with personal or emotional problems, ultimately promoting mental health among students.

Do you have to take part?

You have been randomly selected to participate in this study, I wish to inform you that your participation is voluntary and therefore, you are free to withdraw from the study at any stage if you so wish, without any consequences.

What will you be your role in the project?

Your role will be to complete the questionnaire. Participation in this study will not warrant any form of remuneration. You will be given time to complete the questionnaire at the place time that is convenient to you.

What are the potential risks to you in taking part?

There are no potential risks in you taking part in the study, because your identity will not be revealed.

What are the benefits to you in taking part?

The data that that you will provide will help in promoting prompt mental help seeking, in turn improving the mental health among students at Mulungushi University and other universities in the country.

What happens to the information in the study?

The information you will provide will be kept confidential. After analysis the information from your responses will add to the body of knowledge in relation to mental health seeking behaviour of university students in Zambia.

Address for the principle investigator Address for the ethics committee

Jamia Milanzi,

The Chairperson,

Mulungushi University,

UNZABREC,

P.O box 80415,

P.O box 50110,

Kabwe

Lusaka

Cell: 0978837033

Email;unzarec@unza.zm

Email;aminakabungo@gmail.com

Thank you for reading this information, please ask any questions or seek clarification if you are unsure about anything.

Appendix II: Informed Consent Form

NAME OF INSTITUTION: THE UNIVERSITY OF ZAMBIA, SCHOOL OF NURSING SCIENCES

STUDY TITLE: FACILITATORS AND BARRIERS TO MENTAL HEALTH SEEKING INTENSIONS AMONG STUDENTS AT MULUNGUSHI UNIVERSITY.

I (Initials only)..... hereby called the participant understand the purpose of this study and I am willing to participate in the study.

I confirm that I have read and understood the participant information sheet for the study and have had the opportunity to ask questions, which have been answered very well.

I understand that my participation is voluntary and I am free to withdraw at any time without giving any reasons and without any consequences. I understand that the information I provide will be kept confidential and securely by the researcher and any shared confidentiality will be to my benefit.

I therefore agree to be a study participant and declare my voluntary participation.

Signature of Participant.....Date

Signature of Witness.....Date

Signature of principal investigator.....Date.....

Address for the principle investigator

Jamia Milanzi,

Mulungushi University,

P.O box 80415,

Kabwe

Cell: 0978837033

Email;aminakabungo@gmail.com

Address for the ethics committee

The Chairperson,

UNZABREC,

P.O box 50110,

Lusaka

Email;unzarec@unza.zm

Appendix III: Structured Questionnaire.

**TOPIC: FACILITATORS AND BARRIERS TO MENTAL HEALTH SEEKING
BEHAVIOUR AMONG STUDENTS AT MULUNGUSHI UNIVERSITY.**

INSTRUCTIONS TO PARTICIPANTS:

1. This questionnaire has 6 sections namely A,B,C,D ,E and F
2. You are required to answer all the question in all the 5 sections
3. Do not write your name on this questionnaire.
4. Circle the most appropriate response for the closed ended questions.
5. Fill in the answer on the spaces provided for open ended questions. .

SECTION A: SOCIAL DEMOGRAPHIC DATA

1. How old are you (in years)?

.....

2. What is your gender?

- (a) Male
- (b) Female

3. What is your program of study?

.....

4. What is your year of study?

.....

5. What is your religion?

- (a) Christianity
- (b) Islam
- (c) Hinduism
- (d) Any other, specify.....

SECTION B: MENTAL HEALTH SEEKING INTENTIONS

Below is the list of people you may seek help or advise from if you were experiencing a personal or emotional problem.

Please circle the number that shows **how likely it is** that you will seek help from each of these people for a personal or emotional problem in the **next 6 months**.

		Extremely unlikely						Extremely likely
1)	Partner e.g. girlfriend or boyfriend	1	2	3	4	5	6	7
2)	Friend not related to you	1	2	3	4	5	6	7
3)	Parent/other relative	1	2	3	4	5	6	7
4)	Doctor	1	2	3	4	5	6	7
5)	Mental health professional outside the school, e.g. psychiatrist, psychologist or counsellor	1	2	3	4	5	6	7
6)	University counsellor	1	2	3	4	5	6	7
7)	University Lecturers	1	2	3	4	5	6	7
8)	Phone; Help line	1	2	3	4	5	6	7
9)	Pastor	1	2	3	4	5	6	7
10)	Others	1	2	3	4	5	6	7

SECTION C: MENTAL HEALTH LITERACY

INSTRUCTIONS: For each of statements 1– 6 below, respond by ticking one box only.

		Agree Strongly	Agree slightly	Neither agree nor disagree	Disagree Slightly	Disagree strongly	Don't know
1)	Most people with mental health problems want to have paid employment						
2)	If a friend had a mental health problem, I know what advice to give them to get professional help.						
3)	Medication can be an effective treatment for people with mental health problems.						
4)	Psychotherapy (eg counselling or talking therapy) can be an effective treatment for people with mental health problems						
5)	People with severe mental health problems can fully recover						
6)	Most people with mental health problems go to a healthcare professional to get help						
INSTRUCTIONS: For items 7-12, say whether you think each of these conditions is a type of mental illness by ticking one box only.							
7)	Depression						
8)	Stress						
9)	Schizophrenia						
10)	Bipolar disorder(Manic depression)						
11)	Drug addiction						
12)	Grief						

SECTION D: SOCIAL SUPPORT

INSTRUCTIONS: I am interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

		Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree	
1)	There is a special person who is around when iam in need	1	2	3	4	5	6	7	SO
2)	There is a special person with whom I can share my joys and sorrows	1	2	3	4	5	6	7	SO
3)	My family really tries to help me	1	2	3	4	5	6	7	FAM
4)	I get the emotional help and support I need from my family.	1	2	3	4	5	6	7	FAM
5)	I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7	SO
6)	My friends really try to help me	1	2	3	4	5	6	7	FRI
7)	I can count on my friends when things go wrong.	1	2	3	4	5	6	7	FRI
8)	I can talk about my problems with my family	1	2	3	4	5	6	7	FAM
9)	I have friends with whom I can share my joys and sorrows	1	2	3	4	5	6	7	FAM
10)	There is a special person in my life who cares about my feelings	1	2	3	4	5	6	7	FRI
11)	My family is willing to help me make decisions	1	2	3	4	5	6	7	SO
12)	I can talk about my problems with my friends	1	2	3	4	5	6	7	FAM

The items are divided into factor groups relating to the source of the social support, namely family (FAM), friends (FRI) or significant other (SO).

SECTION E: STIGMA

INSTRUCTIONS: Imagine you had an emotional or personal issue that you could not solve on your own. If you sought counselling services at your university for this issue, to what degree do you believe that the people you interact with at your university would:

		Not at all	A little	Some	A lot	A great deal
1)	React negatively to you					
2)	Think bad things of you					
3)	See you as seriously disturbed					
4)	Think of you in a less favourable way					
5)	Think you pose a risk to others					

1=Not at all 2= A little 3=Some 4=A lot 5=A great deal

SECTION F: BARRIERS TO CARE

INSTRUCTIONS: Please indicate the extent to which each of the following items would stop, delayed or discouraged you to seek mental health services at your university.

Please circle one number on each row to indicate the answer that best suits you.		This has stopped, delayed or discouraged me			
		Not at all	A little	Quite a lot	A lot
1)	Being unsure where to go to get professional care.	1	2	3	4
2)	Feeling uncomfortable or embarrassed	1	2	3	4
3)	Worrying that information about me or my family will be shared with others at my university.	1	2	3	4
4)	Dislike talking about my feelings, emotions or thoughts	1	2	3	4
5)	The term mental health makes me uncomfortable	1	2	3	4
6)	Wanting to solve the problem on my own.	1	2	3	4
7)	Difficult having time off	1	2	3	4
8)	Thinking that professional care probably would not help	1	2	3	4
9)	Concern that I might be seen as 'crazy'.	1	2	3	4
10)	Belief that stress is a normal part of University and that the problem would go on its own,	1	2	3	4

Appendix IV: Letter of Approval from UNZABREC



UNIVERSITY OF ZAMBIA BIOMEDICAL RESEARCH ETHICS COMMITTEE

Telephone: +260 977925304
Telegrams: UNZA, LUSAKA
Telex: UNZALU ZA 44370
Fax: + 260-1-250753
unzarec@unza.zm Federal Assurance No. FWA00000338
IRB00001131 of IORG0000774

Ridgeway Campus
P.O. Box 50110
Lusaka, Zambia
E-mail:

29th October 2021

Your REF. No. 1800-2021

Mrs. Jamia Milanzi,
University of Zambia,
School of Nursing
Sciences, P.O Box
50110, **Lusaka.**

Dear Mrs. Milanzi,

**RE: FACILITATORS AND BARRIERS TO MENTAL HEALTH SEEKING BEHAVIOUR
AMONG STUDENTS AT MULUNGUSHI UNIVERSITY-KABWE DISTRICT
(REF. NO. 1800-2021)**

The above-mentioned research proposal was presented to the Biomedical Research Ethics Committee on 26th October, 2021. The proposal is **approved**. The approval is based on the following documents that were submitted for review:

- a) **Study proposal**
- b) **Questionnaires**
- c) **Participant Consent Form**

APPROVAL NUMBER : REF. 1800-2021

This number should be used on all correspondence, consent forms and documents as appropriate.

- **APPROVAL DATE : 26th October 2021**
- **TYPE OF APPROVAL : Standard**
- **EXPIRATION DATE OF APPROVAL : 25th October 2022**

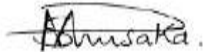
After this date, this project may only continue upon renewal. For purposes of renewal, a progress report on a standard form obtainable from the UNZABREC Offices should be submitted one month before the expiration date for continuing review.

- **SERIOUS ADVERSE EVENT REPORTING:** All SAEs and any other serious challenges/problems having to do with participant welfare, participant safety and study integrity

must be reported to UNZABREC within 3 working days using standard forms obtainable from UNZABREC.

- **MODIFICATIONS:** Prior UNZABREC approval using standard forms obtainable from the UNZABREC Offices is required before implementing any changes in the Protocol (including changes in the consent documents).
- **TERMINATION OF STUDY:** On termination of a study, a report has to be submitted to the UNZABREC using standard forms obtainable from the UNZABREC Offices.
- **NHRA:** You are advised to obtain final study clearance and approval to conduct research in Zambia from the National Health Research Authority (NHRA) before commencing the research project.
- **QUESTIONS:** Please contact the UNZABREC on Telephone No. +260977925304 or by e-mail on unzarec@unza.zm.
- **OTHER:** Please be reminded to send in copies of your research findings/results for our records. You are also required to submit electronic copies of your publications in peer-reviewed journals that may emanate from this study. Use the online portal: unza.rhinno.net for further submissions.

Yours sincerely,



Sody Mweetwa Munsaka, BSc., MSc., PhD

CHAIRPERSON

Tel: +260977925304

E-mail: s.munsaka@unza.zm

Appendix V: Letter of Approval from NHRA



NATIONAL HEALTH RESEARCH AUTHORITY

Paediatric Centre of Excellence, University Teaching Hospital, P.O. Box 30075, LUSAKA
Chalala Office Lot No. 18961/M, Off Kasama Road, P.O. Box 30075, LUSAKA
Tell: +260211 250309 | Email : znhrasec@nhra.org.zm | www.nhra.org.zm

Ref No: NHRA000009/15/11/2021

Date: 15th November, 2021

The Principal Investigator,
Jamia Milanzi
Mulungushi University,
Lusaka, Zambia.

Dear Jamia Milanzi,

Re: Request for Authority to Conduct Research

The National Health Research Authority is in receipt of your request for authority to conduct research titled “Facilitators and Barriers to Mental Health Seeking Behaviour Among Students at Mulungushi University-Kabwe District.”

I wish to inform you that following submission of your request to the Authority, our review of the same and in view of the ethical clearance, this study has been APPROVED on condition that:

1. The relevant Provincial and District Medical Officers where the study is being conducted are fully appraised;
2. Progress updates are provided to NHRA quarterly from the date of commencement of the study;
3. The final study report is cleared by the NHRA before any publication or dissemination within or outside the country;
4. After clearance for publication or dissemination by the NHRA, the final study report is shared with all relevant Provincial and District Directors of Health where the study was being conducted, University leadership, and all key respondents.

Yours sincerely,

Prof. Godfrey Biemba
Biemba Director/CEO
National Health Research Authority

Appendix VI: Letter for Permission to Conduct Research

Mulungushi University

P.O.Box 80415

KABWE

16th November, 2021

The Registrar,
Mulungushi University
P. O. Box 80415
KABWE

Dear Sir,

RE: REQUEST FOR PERMISSION TO COLLECT RESEARCH DATA – JAMIA MILANZI (COMP. NO. 19000809)

I am a student at the University of Zambia pursuing a Master of Science in Mental Health and Psychiatric Nursing. I am required to carry out a research study in partial fulfilment of the programme.

The purpose of writing this letter is to request your office to allow me to collect research data at Mulungushi University. My research title is “Facilitators and barriers to mental health seeking intentions among students at Mulungushi University”.

Your assistance in this regard will be highly appreciated

Yours faithfully



Jamia Milanzi