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**Research Article**

# Addressing The Improvement Of Mental Health Education And Its Impacts On Academic Achievement Among Werabe University Undergraduate First Year Students.

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**ABSTRACT**

*The aim of the study was to identify the level of Addressing the Improvement of Mental Health Education and its impacts on Academic Achievement among Werabe University undergraduate first year students. The objectives of the study were to explore the relationship between mental health improvement and academic achievement among werabe university students and to identify the differences in mental health improvement score for students who have encountered with academic achievements. The study employed cross-sectional quantitative study design. Mental Health improvements and General academic achievements Questionnaire are used in this study. Three hundred sixty eight (368) participants took part in the survey to measure multiple dimensions of mental health literacy and help seeking intention. The level of mental health improvement of undergraduate students was measured through the mean score of their academic achievement. The findings showed that more than half of the participants were unaware of available to mental health improvements services at the student counsel service, and a significant number had no information about academic achievement. Friends (76.7%) were the primary source of information about low academic achievement, followed by university courses. Most participants believed that life stressors (63%) alone could cause different factors. The Mental health improvement training) mean score on the scale indicated a relatively favorable attitude towards academic success. Statistically, there was no significant difference in intentions between genders (p> 0.05). A mean score of the training obtained from the sample is (M=77.08, SD=14.6213.0). The Pearson's correlation between mental health improvement training and academic success showed a negative, strong correlation (r= -.139). In summary, higher levels of mental health improvement training were observed among more female students and those who had a previous history of a low achievement. Therefore, implementing interventions that aim to improve the mental health and academic success of students should be a key priority.*

**Keywords:** ***Improvement***, *it refers* act of **improving** something the act or process of making something better in quality of being better than before
***Mental Health Education*** *it refers* his refers to a programs or strategies for mental health promotion for various issues that help for mental health problems.
***Academic Achievement.*** *It refers* an academic outcome that indicate the extent to which a student has achieved their learning goals often measured through examinations or continuous assessments.

## INTRODUCTION

Although mental health education is an expanding field, our understanding of how best to educate health professionals for mental healthcare is still somewhat limited. Given the increasing burden of mental health difficulties globally, efforts to improve population mental health will need to be supported by high quality

educational initiatives., mental health education must support both the prevention and treatment of mental ill-health as well as the promotion of good mental wellbeing.

To do so, it must seek to shift individual attitudes toward roles and responsibilities in these activities particularly where such attitudes prevent collaborative and holistic approaches to care.

Counseling in its literal and informal meaning has an old history in Ethiopia. Traditional healing practices by older people like Priests and Sheiks carried out solving problems like marital and tribal conflicts(Hamma & Ferré-D'Amaré, 2004).

While mental health professionals must lead efforts to improve population mental health, for this effort to be truly successful, all healthcare professionals will need to engage with the mental health needs of their service users. This imperative is borne out in the evidence on the interrelatedness of mental health and physical health and the impact that unmet need in either has on overall morbidity (Attoe et al. 2018; Lake and Turner 2017)

Mental wellness is generally viewed as a positive attribute such as that person can be reach enhance levels of mental health, even if the person does not have any diagnosed mental health condition.

Mental Health is described as the knowledge of, and attitude towards, mental health that assists in recognizing, managing, and preventing mental health disorders (O'Connor, 2015). University students experience immense vulnerability associated with mental health problems. These difficulties could interfere with everyday life and range on the spectrum from minor concerns, such as stress and worry, to more serious long-term mental health conditions, such as anxiety and depression (Gorczynski *et al.,* 2017).

In the past several decades, the prevalence of mental health disorders has been studied in several different countries, providing estimates its severity has been used, the results of most community epidemiological surveys suggest that mental health disorders are relatively common, cross-culturally among the general public. For example, the World Health Organization (WHO) reported that over a third of people worldwide meet sufficient criteria to be diagnosed with a mental health disorder at some point in their lives (WHOCPE, 2000). Similarly, reviews of cross-European studies have reported that up to one-in-three people meet criteria for mental health disorders at some stage in their lives (Alonso et al., 2004).

A large-scale web-based US study revealed that 17.3% of university students suffer from depression, 7% from generalized anxiety disorder and 6.3% from suicide ideation (Fischbein *et al.,* 2019). The serious mental health problems experienced by university students could have a negative impact on their long-term mental, social and physical health as well as their academic achievements (Gebreegziabher *et al*., 2019).

Ethiopia is one of the countries with the highest rates of depression in Africa, with a prevalence of 4.7% in the general population and more than four million Ethiopians being affected by the disorder (WHO, 2017). In Africa, only Cape Verde and Lesotho reported to have higher rates of depression than Ethiopia, at 4.9 and 4.8%, respectively (WHO, 2017). A systematic review of depression prevalence in Ethiopia reported a 6.8% pooled prevalence of depression from five studies which used Composite International Diagnostic Interview, and a pooled prevalence of 11.0% when three studies which used screening tools (such as Patient Health Questionnaire, and Self-reporting Questionnaire) are added in the meta-analysis (Ibrahim *et al*., 2013). Similarly, more than three million Ethiopians are estimated to be affected by anxiety disorders. Consequently, Ethiopia ranks second among African countries in terms of the proportion of total years lived with disability (YLD) attributable to depressive and anxiety disorders, at 10.1% and 3.5%, respectively (WHO, 2017).

University students are one of the high-risk populations for CMDs. A systematic review of depression among university students reported a prevalence rate ranging from 10% to 85%, with a weighted prevalence rate of 31% (Ibrahim *et al*., 2013). This finding was consistent with another systematic review of 24 cross-sectional studies from around the world reported a 34% pooled prevalence of depression among nursing students, with Asian nursing students reporting the highest pooled prevalence of depression at 43% (Tung *et al*., 2018). Depression was found to have a prevalence of 33% in Iranian university students in a systematic review of 35 studies (Sarokhani *et al*., 2013).

Students were also found to be at higher risk of pathological levels of anxiety and depressive disorders. From one study 4% of students reported having pathological levels of anxiety (Armando *et al*., 2010), and up to 22% of students in Sweden reported having a mental illness requiring consultation (Dahlin *et al*., 2011). About 9% of French university students reported having major depressive disorder (Verger *et al*., 2010).

Certain group of students seems to be at even higher risk of CMDs like medical students. A systematic review of depression among medical students which pooled 77 studies, reporting a 28.0% prevalence of depression among medical student (Puthran *et al*., 2016). A more generalized systematic review including 167 cross-sectional studies and 16 longitudinal studies across 43 different countries, reported a 27.2% pooled prevalence of depression or depressive symptoms among medical students (Rotenstein *et al*, 2016). In this review, longitudinal studies showed an increase in the prevalence of depression with increases in the number of years of study. A systematic review reported a much higher prevalence of depression and anxiety among medical students in the United States (U.S.) than the age-matched controls in the general population (Dyrbye *et al*., 2006). A systematic review of studies of CMDs among medical students in English-speaking countries outside of North America reported a prevalence rate ranging from 7.7% to 65.5% for anxiety, 6.0% to 66.5% for depression, and 12.2% to 96.7% for psychological distress (Hope and Henderson, 2014). Similarly, a

systematic review found that 11.0% of medical students in Asia reported being affected by depression (Cuttilan *et al*., 2013). Another systematic review found that Arab medical students also perceive a generally higher level of stress, depression, and anxiety (Elzubeir *et al*., 2010). However, in one comparative study with fairly representative sample, the level of anxiety in medical students are reportedly lower than that of business students (Dahlin *et al*., 2011).

When we came to Ethiopia, various studies conducted across Ethiopia reported a prevalence rate of CMDs ranging from as low as 21.6% among Adama University students and up to 63.1% among Debre Berhan University students (Alem *et al*., 2005; Dessie *et al*., 2013; Dachew *et al*., 2015; Melese *et al*., 2016; Haile *et al*., 2017; Gebreegziabher *et al*., 2019).

If left untreated, depression can have both immediate and delayed consequences such as reduced academic performance, increased cost of treatment, and lost days at school due to disability; in extreme cases, students might terminate their education or may attempt or die of suicide (Gabriel *et al*., 2000; Hysenbegasi *et al*., 2005; Al-Qaisy, 2011). Several studies have reported that university students have an elevated risk of dying from suicide. A systematic review of 44 studies of depressive symptoms and suicidal ideation among university students in China reported that depression increases the risk of suicide by two folds (Al-Qaisy, 2011). In another systematic review, about 5.8% of students reported having thoughts of hurting themselves (Puthran *et al*., 201). And, a further review reported the prevalence rate of such thoughts among medical students was 11.1% (Rotenstein *et al*., 2016). Even though CMDs are a universal phenomenon associated with harmful thoughts or behaviors such as committing suicide, very few students with CMDs report seeking help.

Rickwood *et al*. (2005) defined help-seeking as "a behavior of actively seeking help from other people" (p.4), which includes discussing one's problem with another person to obtain support or guidance. The sources can be formal (e.g., people who have accredited professional background in the relevant field) or informal (e.g., parents and other family members).

There exists in the counseling and therapy professions treatments the paradox of widespread endorsement of or engagement actual practice. Students' help-seeking intention is poor compared to the general population. A study done in the U.S. reported that only 26.9% of students with mental health conditions which require consultations, sought help from formal sources. The reported rate in the general population and aged-matched controls was 44.3% and 38.8%, respectively (Dyrbye *et al*., 2015). Various other studies support the finding that students have a low help-seeking rate from formal help sources ranging from 12.9% to 30.5% (Eisenberg *et al*., 2007; Garcia-Williams *et al*., 2014).

A two-year cohort study among Finland high school students reported that only one-fifth of those with depression sought professional help (Frojd *et al*., 2007). In another follow-up study, less than half of the students reported receiving treatment for their mental health condition (Zivin *et al*., 2009). Additionally, students with elevated levels of depression (Sawyer *et al*., 2012), elevated levels of suicidal ideation (Wilson and Deane, 2010), and a history of self-harm (Watanabe *et al*., 2012) are less likely to seek help than their counterparts with less serious symptoms.

The situation is more severe in Africa, as proved by a study among Nigerian students where very few students (1.5%) considered seeking help from a professional (e.g. psychiatrist or psychologist) as a recommended course of action for depression (Aluh *et al*., 2018). These students most commonly preferred friends and families as sources of help (Aluh *et al*., 2018). Despite the adverse consequences of CMDs, most students do not seek help or prefer informal sources of help than formal sources (Ogorchukwu *et al*., 2016).

Factors such as fear of stigma and embarrassment, poor mental health literacy, and preference for self-reliance are the most commonly mentioned barriers to seeking help (Gulliver *et al*., 2010). Patterns of poor help-seeking from professionals is evident even after suicidal attempt and self-harm behavior which makes the condition more complicated (Rowe *et al*., 2014).

Furthermore, previous studies revealed various factors to be associated with a diminished propensity to seek help among university students including: lack of perceived need for seeking help, lack of time, lack of information about available services, low socio-economic status, male gender, preference for self-management over seeking help, and stigma (Czyz *et al*., 2013; Zochil *et al*., 2018).

In the context of Ethiopia, help-seeking intention is reportedly low. One study reported that only 7% of persons with severe mental disorders living in rural communities were currently seeking help from formal sources of help (psychiatrist, psychologist, or other mental health professionals) during the study period, and just over half (56%) of people with mental health conditions had never sought help from a health facility (Czyz *et al*., 2013). One community-based study also reported traditional healers to be preferred over modern sources of help for mental illness (Ogorchukwu *et al*., 2016). Moreover, two-thirds of people with depression in another study had not sought help from any source (Wilson and Deane, 2010). To date, there is a lack of evidence about the help-seeking behavior of university students with CMDs in Ethiopia.

### 1.2. Statement of the Problem

Mental health problems are the major burden of disease and an increasing public health concern worldwide, especially among school adults in between 15 to 44 years of age (Kaier *et al*., 2015). Evidence shows that the rates of mental health problems among University College students are increasing and higher among them than the general population (Bertolote and Flieischmann, 2002).

Despite few studies have been conducted in mental health disorders or problems in Ethiopia, studies in some other countries proved that mental illness undermines the ability of students to live a normal life, if the right treatment is not provided (Hodgkinson *et al*., 2017). Henderson *et al*. (2013) reiterated that students with known mental illness never seek treatment or help from a health profession often due to stigma, discrimination, and mistreatment. To date, however, there is no evidence about the help-seeking intentions among University students with mental disorders in Ethiopian universities in general and particularly in werabe University. Its significance is premised on the fact that, to date, any/no research has been conducted in werabe University about the knowledge of a concept of mental health literacy of students.

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Factors such as fear of stigma and embarrassment, poor mental health literacy, and preference for self-reliance are the most commonly mentioned barriers to seeking help (Gulliver *et al*., 2010). Patterns of poor help-seeking from professionals is evident even after suicidal attempt and self-harm behavior which makes the condition more complicated (Rowe *et al*., 2014).

Furthermore, previous studies revealed various factors to be associated with a diminished propensity to seek help among university students including: lack of perceived need for seeking help, lack of time, lack of information about available services, low socio-economic status, male gender, preference for self-management over seeking help, and stigma (Czyz *et al*., 2013; Zochil *et al*., 2018).

Overall, the researcher is influenced to conduct this study because it will be anticipated that a school/university-based approach to assess knowledge about and attitudes toward students with mental disorders and their help-seeking intentions. The above studies, more of them conducted in a broad countries, show that (1) higher risk, factors, appearance, prevention and treatment, and poor of mental health literacy, and it also states that those people never seek treatment or help, (2) more of them conducted in the hospitals, people out of the colleges and some of them in college or university level students.

Hence, this study was intended to show the gap between these studies particularly focus on considering mental health literacy and help seeking intentions of university students in Worabe University. The followings research questions have evoked the researcher to conduct the study on this title.

### 1.4.1. General Objective

Addressing the Improvement of Mental Health Education and its impacts on Academic Achievement among Werabe University undergraduate first year students.

### 1.4.2. Specific Objectives

The specific objectives of the study;

- To identify the health improvement education to academic achievement of students' werabe university first year
- To investigate the relationship between mental improvement education and academic achievement among werabe first year University students.

## 1.5. Significance of the Study

The findings of this study will give essential insight for university-based mental health improvement education on the issues of academic achievement among students. Second, it will assist werabe University in monitoring students' academic achievement status and providing evidences of improved education training among werabe University students and their status to seek help to the corresponding academic achievement problems. Third, it would give insight for educators and policy makers as additional reference guidelines by

providing facts from the findings in relation to werabe University students. Finally, this study would also serve as a source material for future scientific studies.

## CHAPTER THREE

## 3 RESEARCH METHODOLOGY

This chapter describes the study area, research design and methods, data sources, target population, sample and sampling techniques, data collection instruments, method of data analysis, data collection procedures and ethical consideration.

### 3.1. Research Design

. Social research projects can be classified into three categories: exploratory, descriptive, and explanatory research (Huczynski and Buchana,1991). The descriptive research was portraying an accurate profile of people, events, or situations (Robson, 1993). In this study, the institutional based cross-sectional research design was employed because it is descriptive in nature Worabe university. Descriptive research is the type of research that expands knowledge of a project or phenomenon by describing it according to its characteristics. Exploratory research is usually conducted when a researcher has just begun an investigation and wishes to understand the topic generally. The descriptive research uses the tools like mean, average, median and frequency. On the other hand, Explanatory research allows the researcher to use the tools. Researchers conducting exploratory research are typically at the early stages of examining their topics. The researcher cross-sectional research design was employed because this design of experiment is quite common in research studies concerning behavioral sciences (Kothari, 2004). First, the population is defined and then from the population a sample was selected cross-sectional research design was employed. After a sample being selected from the population, population was be assigned to the cross-sectional research design. Thus, these groups in design yield as representatives of the population.

### 3.2. Study Area

### Study Area

The study was conducted in Werabe City. The city is in the Silte zone of the south-west region of Ethiopia. The city has one government and one private hospital, as well as several private and government clinics and health care centers

### 3.3. Population of the Study

The target populations of the study were first year students at werabe university. The total target population of the study is **4481**, among **2895** are male while **1586**
of them are female and **368** samples were taken from undergraduate class students attending their education in the university (werabe university)

### 3.4. Sample Size

In order to identify appropriate sample, randomly sampling techniques was employed. At the first stage students was grouped on the bases of their sex. At the second stage, simple random sample will be used to select actual sample. In this study about **368** university students used as a source of primary data (werabe university). The sample was selected from each selected group from proportion to their total size. The sample size is determined based on the formula developed by Yamane (1967). Accordingly, the sample size "n" is determined as follows:

Out of the total target population, the samples were taken from undergraduate class students attending their education in the university. Students in the indicated year were engaged in different task loads and face overlapping assignment and examination therefore they may be have mental health literacy and help seeking intentions.

The sample size for this study was calculated using a single population proportion formula at 95% confidence level, and 5% margin of error. The sample was drawn from the total undergraduate population. The following formula was used to select students from werabe University for the purpose of the study.

Then, n = $\frac{N}{1+N(e)^2}$ formula is applied.

Where, n= sample size

N= population size

e = level of precision/sampling error i.e. 0.05 having 95% confidence level. In this way,

N= 4481, e = 0.05 n= $\frac{4481}{1+4481(0.05)^2}$ =368

Therefore, the researcher employed the above formula in the calculations to arrive at a sample size of 368 samples respondents.

### 3.5. Data Collection Instruments

Both primary and secondary data was used as sources of data. The primary data was gathered through Questionnaire, interview and Observation. Secondary data was gathered from different published and unpublished documents such as books, researches reports, websites ...etc.

Data was collected using a structured questionnaire. The questionnaire is prepared in English and was translate into Amharic before the field survey. Enumerators were recruited based on their proficiency in communicating and using language, educational background and prior exposure to similar works.

Questionnaire The research questionnaire is designed into closed and mostly open-ended techniques. The questionnaire is prepared, revised and distributed in accordance with the objective of finding out of the practice and the law with regard to juvenile justice administration and related issues in the werabe university 2016 E.C students .

### 3.7. Sources of Data

Primary source of data was used in the study to obtain a detailed data about the problem under investigation. The primary data was collected from regular students directly.

### 3.8. Data Collection Procedures

The data collection was supervised by three trained undergraduate regular students in mental health literacy and help-seeking intentions, using class representatives from the selected departments (Table 1). The data collection facilitators were trained on how to administer the questionnaire, and how to check for completeness of the questionnaire. There was regular supervision of the data collection process. The data was checked for completeness and missing values every day by researcher. Originally, the scale's minimum score was 35 and the maximum score was 160. The score range for the condensed version is between 27 to 120 ranges.

### 3.9. Methods of Data analysis

Collected data was analyzed using Statistical Package for the Social Science (SPSS) version 26. The data was summarized in tables. When triangulating the data collected through the aforementioned instrument of the study, the relationship between the mental health literacy and help-seeking intentions was determined. Students' knowledge about mental health literacy was analyzed by using descriptive statistics (percentage, mean and standard devotion). Again analyses of descriptive statistics (percentage, mean and standard devotion) was used to explore differences in mental health literacy and help-seeking intention among the different groups of students, i.e., according to gender, previous diagnosis of mental health problems and the academic year. ANOVA (analysis of variance) and Pearson's correlations test was used to examine the relationship between mental health literacy and help-seeking intention among the students [$p < 0.05$].

### 3.10. Ethical Considerations

For the formality and legality of data collections, the researcher provided with cooperation letter from Department of Psychology in werabe University. After getting of the letter of cooperation, goes to colleges and schools of University and explained the objectives of the study to the concerned bodies like college deans, department heads, participant teachers and students. According to the University Research Degrees Committee (2008), the researcher must first obtain oral/written informed consent from the participants. Therefore, written informed consent was obtained from the study participants and department heads. Written informed consent was obtained from each participant because according to Struwig and Stead (2001), one must ensure that the participants are willing to take part in the study before conducting a study. To ensure confidentiality, a code was used instead of the participants' names or university identification numbers to keep data privacy. Students who were found to be at risk for mental health disorders at screening was advised to visit either the student clinic or werabe University specialized hospital for further screening and treatment.

Furthermore, the participants were informed that they are free to withdraw from participation at any point in the research process. The researcher is also mindful that the participants were treated with respect and dignity.

## 4. RESULT

This chapter describes the major finding of the study using different statistical testing tools.

### 4.1. Socio-demographic Characteristics

The study involved 368 students in total, of whom 238 (64.7%) were female and 130 (35.3%) were male. A significant portion of participants 277(61.7%) were in the 20–30 age group, while 135(36.7%) were in the 31–40 age range. A total 300(81.5%) were classified as unmarried groups, whereas 68(18.5%) were married groups. Orthodox Christianity follower custodian the religion grouping with 248(67.4%) participants followed by Muslims 69(18.8%). The median monthly pocket money of the study participants was 1500-200 Ethiopian Birr (ETB) (Table 2).

**Table 1: Socio-demographic characteristics**

| Socio-demographic characteristics | | | |
|---|---|---|---|
| Parameters | Variables | Frequency | % |
| Sex | Female | 238 | 64.7 |
| | Male | 130 | 35.3 |
| Age | 31-40 | 135 | 36.7 |
| | 20-30 | 227 | 61.7 |
| | Under 20 | 6 | 1.6 |
| Marital Status | Married | 68 | 18.5 |
| | Unmarried | 300 | 81.5 |
| Monthly Income | 1001-1500 | 38 | 10.3 |
| | 1501-2000 | 130 | 35.3 |
| | Below 500 | 119 | 32.3 |
| | 501-1000 | 34 | 9.2 |
| | Above 2000 | 47 | 12.8 |

More than half of the study participants 220(59.8%) found in the mental health HS while 148(40.2%) were not available for mental HS.

### 4.2. Mental Health improvement training

More than half of the study participants (54.89%, n = 202) reported that they were not aware of available mental training at the student service . One hundred sixty six (45.1%) participants had no information at all about mental illness. Friends (76.7%; n = 155) was the leading reported source where students obtained information about mental illness, followed by resources in the university (21.78%; n = 47). More than two third (63%) of the participants stated life stressors alone as a cause for mental illness, while 37% reported that mental illness may result from more than one of the stated reasons.

Survey questions 1-35 consisted of a shortened version of the Mental Health improvements with questions regarding knowledge of various mental health disorders, how to seek help for mental health, and attitudes toward people with mental illness. In Table 2, 68 pupils (18%) acknowledged having a mental disorder in the family. The variables were redefined as follows: “Very Likely” = 4, “Likely” = 3, “Unlikely” = 2, “Very Unlikely" = 1. Certain questions were reverse coded in order to follow the correct scoring instructions for the instrument. On this test, a higher score means that the responder has a high level of mental health literacy, whilst a score on the lower end means that they have a lower level of comprehension of mental health literacy. With a mean of 77.08 and a standard deviation of 13.0, the responses on the MHLS for this study ranged from a minimum score of 54 to a maximum score of 98. This suggests that, on average, participants had fairly good mental health literacy. Figure 3 shows a graph of participant scores on the its

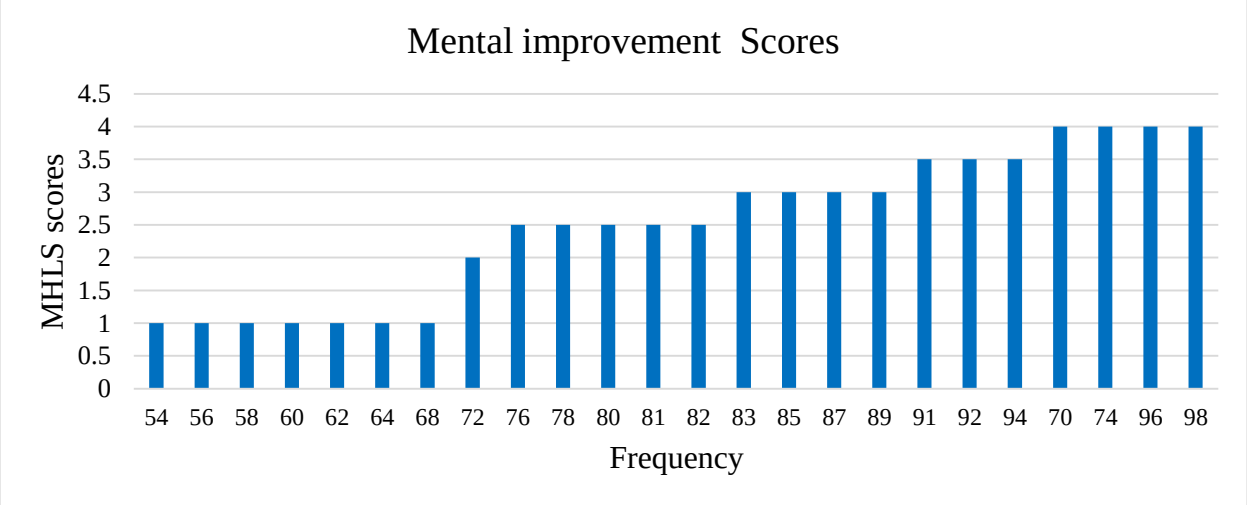


**Figure 1: improvement Scores**

### 4.3. Mental health improvement Scale

Final mean scores were then calculated for the respondents. For this instrument, scores can range from a low of 1 to a high of 7. A high score indicates a more favorable attitude about seeking help for mental health. The range of scores on the MHSAS (Figure 4) for this study was a minimum of 3.89 and a maximum of 7.00. The mean was 5.97 with a standard deviation of 1.04.

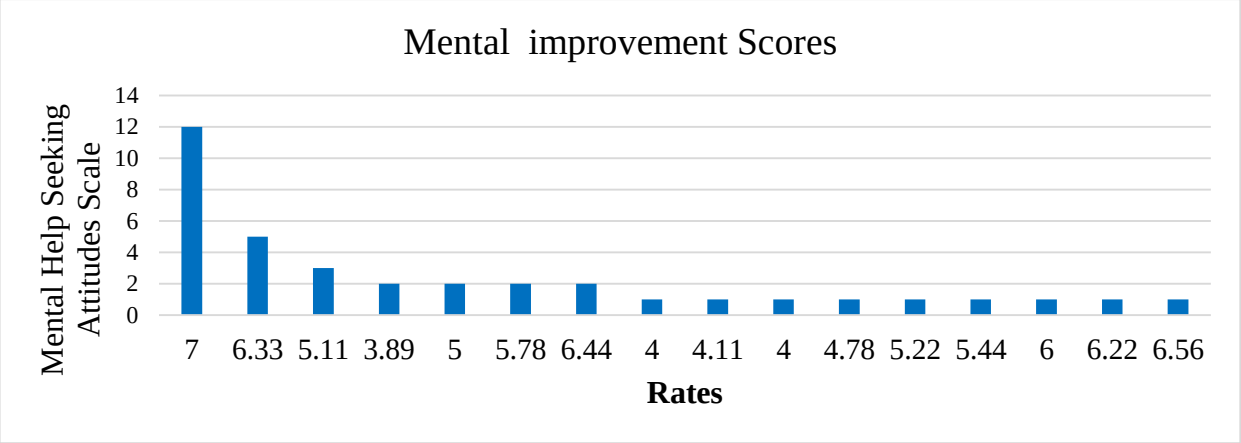


**Figure 2:**

### Training Scores

Software from IBM called SPSS was used for the statistical analysis. The results of a bivariate correlation study show a substantial positive correlation [r(63)=0.34, P=0.01] between participant scores on the Mental Health Literacy Scale and their scores on the Mental Help Seeking Attitudes Scale. This result indicates that there is a potential correlation between a person's level of mental health literacy and their attitude toward seeking help for their mental health. An independent samples t-test was also conducted to examine if there are differences between gender and participant scores on the survey instruments. The results of the t-test were not statistically significant. There was a significant amount of missing data in the form of skipped questions. For this reason, some participants are not represented in the final scores because the SPSS software is not able to calculate scores with incomplete data for the participants who did not fully complete both instruments within the survey (Appendix 3 – 5).

### 4.4. Comparing Students who are acquainted with Individuals with Mental improvements and Their Corresponding academic achievement scores.

The significance difference between the three groups of respondents who provided their knowledge of someone with a mental health improvement issue was determined using one-way ANOVA with a post hoc test. The three levels of groups' knowledge of someone with a mental health issue (Yes, No, and Maybe) make up the independent variable. The scores related to mental health literacy are the continuous dependent variable. The one-way ANOVA of MHLS produced results were displayed in Appendix 6. Additionally, a test for homogeneity of variance was carried out.

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### 4.5. Discussion

Demographic factors including income, age, marital status, gender, and education are associated with help-seeking intention. A person is less inclined to seek traditional assistance if they feel their illness is severe. This is due to the fact that a person views a mental problem as a serious illness that necessitates contemporary therapy (Manumba and Hamid, 2020).

Numerous research have revealed that the majority of respondents have mental health literacy levels that range from high to low. The level of mental health literacy among student respondents was high. According to research, women have a better level of mental health literacy than males do in this particular situation. The rates of mental health literacy were also significantly higher among those with prior diagnoses of mental health disorders than in people without such diagnoses (Fuady *et al.*, 2019; Gorczynski and Sims-Schouten, 2022; Kartikasari and Ariana, 2019; Maya, 2021; Novianty, 2017).

Other studies have shown that demographic factors are associated with high levels of mental health literacy. Gender, age, level of education, religiosity, and experience of suffering from mental disorders are associated with low mental health literacy (Fuady *et al.*, 2019). Mental health literacy is related to help-seeking behaviors.

The demographics of the respondents varied in age, gender, race/ethnicity, college of study, and university grade level. The Mental Health Literacy Scale was used as the independent variable for this study representing the participant's level of understanding of mental health topics. The dependent variable was the respondent's attitudes regarding seeking professional help for mental health, as represented by their score on the Mental Help Seeking Attitudes Scale. High scores on the MHLS indicated a higher level of knowledge regarding mental health disorders and related mental health topics. A high score on the MHSAS indicates a more favorable attitude about seeking mental health treatment or services. A correlation test was ran to compare scores on both instruments to see if there is a potential relationship between level of mental health literacy and feelings toward seeking mental health services. Additionally, independent sample t-tests were generated to examine the influence certain demographic variables might have on instrument scores, however

these results were not statistically significant. This chapter reviewed participant demographics as well as their scores on both Results of the data analysis were also discussed.

According to research, those who have suffered a mental disorder are more likely to seek treatment. The amount of mental health literacy of people who have utilized mental health services is another factor that affects this (Maya, 2021). Generally speaking, behavior that indicates a need for assistance reflects the thought process behind the apparent issue. Additionally, there is proof that optimism, self-esteem, and social support are frequently linked to mental decline. People who are anxious frequently look for expert assistance. The stigma attached to mental illnesses has an impact on how people behave when seeking care (Tomczyk *et al*., 2018).

Help-seeking intention is a coping mechanism that depends on others, hence it frequently revolves around interpersonal relationships and social relationships. Depending on the formality, a variety of sources can be approached for assistance. Informal social connections like friends and family are where people go when they need aid. Professionals that have a recognized role and adequate training in offering support and guidance, such as mental health and health professionals, instructors, or even religious experts, are considered formal aid when looking for professional sources of assistance (Rickwood *et al*., 2012).

Mental health literacy by definition includes the ability to distinguish mental health conditions from stress, the attribution of mental disorders, and knowledge and beliefs about risk factors and available professional assistance. Good knowledge of mental health issues can encourage a person to seek help. This knowledge includes knowledge of symptoms to information on how to seek treatment (Cheng *et al*., 2018; Manumba and Hamid, 2020).

Most studies have found a link between health literacy and help-seeking behaviors. This suggests there is a significant link between mental health literacy and help-seeking intentions. The contribution made by mental health literacy to help-seeking intentions is positive, which means that the increase in scores on mental health literacy also affects the increase in scores on help-seeking intentions. Thus, the role of mental health literacy can improve help-seeking intentions (Gorczynski *et al*., 2020; Kartikasari and Ariana, 2019; Maya, 2021; Tomczyk *et al*., 2018).

The relationship between mental health literacy and help-seeking intention indicates that someone who has good/high mental health literacy means having knowledge of the efficacy of good mental disorder care, awareness of the importance of mental health, knowing the right source of help when experiencing a psychological disorder, and knowing the jobs related to mental health care, where a person's stigmatizing view tends to go down regarding mental disorders. The findings of this study support Jorm's (2000) theory that mental health literacy can support the ability to recognition, manage, and prevention. Knowledge related to mental health and the symptoms of mental disorders was found to have a significant influence in providing an understanding of the importance of recognizing the symptoms of certain mental disorders so that prevention actions arise in the form of behavioral tendencies to seek professional help when needed (Kartikasari and Ariana, 2019; Maya, 2021).

Several other studies have shown that there is no significant link between mental health literacy and help-seeking intention. This can be due to differences in the characteristics of respondents in the research conducted. Respondents indicated that they were most likely to seek help from their closest relatives/core and were least likely to seek support from religious leaders (Gorczynski *et al*., 2020; Ratnayake and Hyde, 2019).

The demographics of the respondents varied in age, gender, race/ethnicity, college of study, and university grade level. The Mental Health Literacy Scale was used as the independent variable for this study representing the participant's level of understanding of mental health topics. The dependent variable was the respondent's attitudes regarding seeking professional help for mental health, as represented by their score on the Mental Help Seeking Attitudes Scale. High scores on the MHLS indicated a higher level of knowledge regarding mental health disorders and related mental health topics. A high score on the MHSAS indicates a more favorable attitude about seeking mental health treatment or services. A correlation test was ran to compare scores on both instruments to see if there is a potential relationship between level of mental health literacy and feelings toward seeking mental health services.

This chapter reviewed participant demographics as well as their scores on both the Results of the data analysis were also discussed.

The purpose of this study was to examine the relationship between mental health literacy and attitudes toward mental health help-seeking among college students who study subjects that are unrelated to mental health. The study utilized Hammer *et al*.'s (2018) MHSAS scale to evaluate students' attitudes regarding seeking mental health services. O'Connor and Casey's (2015) MHLS instrument was also utilized to provide a measurement of the participant's level of mental health literacy. Data analysis and instrument scoring indicated that the participants in this study had fairly high levels of mental health literacy as well as mostly positive attitudes regarding seeking mental health services.

The higher mental health literacy scores and positive attitudes could be due to a possible sampling bias where students who were more familiar with or had an affinity for this topic chose to participate at higher rates than students who did not. The higher-than-expected scores can also be an indicator that the university where this study was conducted has more mental health education efforts in place. The mental health education and resources provided by the university campus include the CARE Team (Campus Assessment, Response and

Education), and the Counseling and Psychological Services center. The university's CARE Team is a group of professional staff members that work to provide support and resources to students. They respond to situations and student issues that may hinder student's personal or academic success, such as unstable food and housing, emotional crises, health concerns, or other challenges. According to the university website, Counseling and Psychological Services (CAPS) supports the university mission of academic success and social justice through promoting the mental well-being of students, the campus community, and the surrounding region. This is achieved through mental health counseling, advocacy, and outreach and consultation in a safe, supportive and culturally-informed environment".

Given the aforementioned sources of support and mental health education present at the university where this study was conducted, it is plausible that students on this campus have higher levels of mental health literacy and more positive perspectives of seeking treatment. The literature supports that educational efforts to promote mental health literacy are associated with higher levels of mental health literacy and lessened stigma (Brijnath *et al*., 2016; Davies *et al*., 2014), thus providing a possible explanation for the higher scores on the survey instruments for this study.

Prior research has determined that the female gender tends to be associated with higher levels of mental health literacy (Gibbons *et al*., 2015; Hadjimina & Furnham, 2017; Lauber *et al*., 2005; Miles *et al*., 2020). This study did not corroborate this trend in the literature because the t-test conducted between the gender variable and the participant's score on the Mental Health Literacy Scale did not prove to be statistically significant. However, it should be noted that very few men participated in the study compared to women.

In regard to age, the literature indicates that young adults tend to be associated with higher mental health literacy (Farrer *et al*., 2008; Hadjimina & Furnham, 2017). Although this study included a variety of ages, the majority of participants fell into the category of young adulthood. The

## SUMMARY, CONCLUSION AND RECOMMENDATIONS

The study aimed to address the determinates of counseling and its barrier mental illness patients among werabe University undergraduate first year students. The findings showed that more than half of the participants were unaware of available mental illness care services at the student counsel service, and a significant number had no information about mental illness. Friends were the primary source of information about mental illness, followed by university resources. Most participants believed that life stressors alone could cause mental illness. The mental illness was used to measure participants' attitudes towards seeking help for improvement issues. The mean score on the scale indicated a relatively favorable attitude towards seeking help. There was no significant difference in attitudes both genders. The study also explored participants' knowledge of signs and symptoms, mental illness conditions, and its effect on academic achievement. The correlation between demographic variables and others factors was found to be weak and negative. Additionally, the study examined the relationship between knowing someone with a mental illness disorder and its improvement to educational achievement scores using one-way ANOVA, but the results were not provided.

### Conclusion

The findings showed that more than half of the participants were unaware of available mental illness at the student counsel service, and a significant number had no information about mental illness. Friends were the primary source of information about mental illness, followed by university resources. Most participants believed that life stressors alone could cause mental illness. . The mean score on the scale indicated a relatively favorable attitude towards seeking help. There was no significant difference in attitudes between genders. The study also explored participants' knowledge of signs and symptoms, mental illness conditions, and substance use. A significant number of participants reported experiencing somatic symptoms, while social stigma was identified as a barrier to help-seeking behaviors.

Additionally, the study examined the relationship between knowing someone with a mental illness and improvement academic achievement scores using one-way ANOVA, but the results were not provided. Overall, this study highlights the importance of improving mental illness among students and addressing barriers to care workers behaviors. Efforts should focus on increasing awareness of available mental health services, providing accurate information about mental illness, and reducing social stigma surrounding mental health.

### 5.3. Recommendations

Mental illness issues among werabe university students have become a growing concern, and it is crucial to address these challenges through effective academic achievement policies and managerial strategies. By implementing appropriate measures, educational institutions can enhance mental health literacy, encourage help-seeking behaviors, and ensure the overall well-being of their students. Therefore, the following recommendations would be implemented in study area as well as other places: -

- The all concerned bodies should give due attention to the major causes of mental illness by shouldering the intervention on each academic limitation problem. Culture, parenting style, education and school

attendances are more affecting the causes and more attention should give from schools, parents and community organizations in order to minimize the case and its severe consequences.

- Education need be promoted to help families understand the consequence of family structure and parenting styles on mental illness
- Parents or guardians with large family sizes should give attention and monitor the activities of their children. In doing so, they can be close with their children and being aware of about their child's behavior which contributes to minimize the probability of mental illness behavior exhibited by their children.
- Concerned bodies (i.e., rehabilitation centers, public universities (psychology department) parents, teachers, religious leaders, Medias, policies, courts, government, and non-government bodies) need to promote family education related to child rearing skills at home and in community
- Another study should be conducted by employing large number of sample size and expansion of rehabilitation center to outreach ways.
- Rehabilitation center building should expand with required equipment's and should separate from the prison centers
- Rehabilitation Center should employ counselors and guidance from psychologists, lawyers, and Community Health's
- Regular Training and life skill training should be applied to the centers who found on correction centers
- Technology should provide to learn lesson and adaptation or remodification of required behaviors.
- Improvement of Mental Health Education: Educational institutions should integrate mental health literacy programs into their curriculum. These programs should focus on raising awareness, reducing stigma, and promoting self-care strategies. Incorporating mental health topics in various subjects and hosting workshops or seminars led by mental health professionals can significantly improve students' understanding and knowledge of mental health issues.
- Supportive Campus Environment: Universities should create a supportive environment that nurtures mental well-being. This can be achieved through establishment of counseling centers, helplines, and peer support groups. Furthermore, universities should encourage faculty and staff to undergo mental health training to better identify and support struggling students.
- Collaboration with Health Services: Collaboration between universities and local health services is essential for providing adequate mental health support. Establishing partnerships with mental health professionals can ensure that students have access to appropriate care and counseling whenever needed. Additionally, universities can organize mental health awareness campaigns and collaborate with local organizations to foster community support.
- Policies to Reduce Stigma: Policies should be implemented to confront and reduce the stigma surrounding mental health. Educational institutions can promote inclusive language, policies prohibiting discriminatory behavior, and disciplinary procedures that prioritize students' mental well-being. This creates a safe environment where students feel comfortable seeking help without fear of judgment or stigma.

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