



CHRESO UNIVERSITY

**FACULTY OF HEALTH SCIENCES
DEPARTMENT OF PUBLIC HEALTH**

**IMPACT OF THE ABSENCE OF MENTAL HEALTH SERVICES AND SUPPORT
TO UNIVERSITY STUDENTS' WELL-BEING AND ACADEMIC
PERFORMANCE: A STUDY OF CHRESO UNIVERSITY.**

BY

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**RESEARCH REPORT SUBMITTED TO THE CHRESO UNIVERSITY IN
PARTIAL FULFILMENT FOR THE AWARD OF BACHERLOR OF SCIENCE
DEGREE IN PUBLIC HEALTH**

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DECLARATION

*I Julius Chibolela do declare that the report entitled “**THE IMPACT OF THE ABSENCE OF MENTAL HEALTH SERVICES AND SUPPORT TO UNIVERSITY STUDENTS’ WELL-BEING AND ACADEMIC PERFORMANCE: A STUDY OF CHRESO UNIVERSITY**” is the result of a study originally carried out by me independently under the guidance and supervision of Mr. Mate Mwalye Senior Lecturer & Head, Department of Public Health, Chreso University, Zambia. This research has not been submitted earlier, in full or in part, for any Degree, Diploma, Associateship, Fellowship or other similar title in this or any other university.*

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LIST OF ACRONYMS

APA	American Psychological Association
CDC	Centers for Disease Control and Prevention
OECD	Organisation for Economic Co-operation and Development
UNICEF	United Nations Children's Fund
WHO	World Health Organization

LIST OF FIGURES

Figure 1. Conceptual framework	16
Figure 2. Histogram showing frequency and scale of distributions of how mental health affects participants concentration on academics.	31

LIST OF TABLES

Table 1.Academic Performance and Mental Health Crosstabulation.	29
Table 2.Chi-Square Test	30
Table 3.Correlation measures between the variables related to concentration.	32
Table 4.. Correlation between participants' opinions on the impact of mental health services and their frequency of feeling motivated to attend classes.	32
Table 5. Correlation measures (Pearson's and Spearman's) for the variables related to motivation.	33

ABSTRACT

This investigation explores the significant issue of the lack of mental health services at Chreso University in Lusaka, Zambia, and its effects on students' welfare and academic achievements. The global concern of insufficient mental health support in educational settings impacts students' academic and personal growth. It is crucial for universities to understand this impact to develop nurturing environments that facilitate student success.

The study adopts a convergent parallel mixed-methods design, integrating both quantitative and qualitative data collection and analysis. Surveys provided quantitative data, while interviews and focus group discussions with students and faculty yielded qualitative insights.

The research highlights the complex link between mental health and academic performance at Chreso University. A notable correlation was found between students' perceptions of mental health and their self-assessed academic performance, underscoring the importance of mental well-being in education. The study also found that mental health affects students' ability to concentrate, indicating potential difficulties in focusing on academic work.

The qualitative analysis identified themes related to the academic consequences of mental health issues and the supportive strategies used by faculty. These findings point to behavioral changes in students and the critical need for customized support services.

The study's findings have significant implications. It urges universities to give priority to initiating or improving mental health services on campus, such as counseling, workshops, and stress management programs. It also highlights the need for comprehensive support systems that include professional services and peer support networks. The recommendations emphasize the importance of raising awareness and understanding of mental health concerns and assessing the effectiveness of current support mechanisms.

In conclusion, this research adds to the expanding knowledge base on the nexus of mental health and academic achievement in tertiary education. By addressing the gaps

identified, universities can create environments that support students' well-being and academic excellence, thereby enhancing the overall educational experience.

Contents

<i>DECLARATION</i>	2
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<i>ACKNOWLEDGEMENTS</i>	3
LIST OF ACRONYMS	4
LIST OF FIGURES	5
LIST OF TABLES.....	6
ABSTRACT	7
CHAPTER ONE: INTRODUCTION.....	11
1.1 Background.....	Error! Bookmark not defined.
1.2 Problem Statement.....	14
1.3 Justification.....	14
1.4 Objectives of the study	15
1.4.1 General Objective	15
1.4.2 Specific Objectives	15
1.5 Research Questions.....	15
CHAPTER TWO: LITERATURE REVIEW	16
2.1 Introduction.....	16
2.2 Mental Health and Academic Performance:	17
2.2.1 Mental Health	17
2.2.2 Academic Performance	17
2.2.3 Correlation Between Mental Health and Academic Performance	18
2.2.4 Findings Related to Concentration, Motivation, and Study Habits	19
2.2.5 Impact of Absence of Mental Health Services on Academic Performance	19
2.2.6 Well-being.....	20
2.2.7 Coping Mechanisms	20
CHAPTER THREE: METHODOLOGY	22
3.1 Study Design.....	22
3.2 Location of the Study.....	22
3.3 Target Population.....	23
3.4 Study Population.....	23
3.5 Sampling	23
3.5.1 Inclusion Criteria	23
3.5.2 Exclusion Criteria	23
3.5.3 Sample Size Determination	23
3.6 Data Collection Tools	24
3.7 Data Collection Plan.....	25
3.7.1 Pretesting/Piloting of Data Collection Tools	25
3.7.2 Data Collection	25
3.8 Data Analysis Plan.....	25

3.9 Ethical Consideration.....	27
CHAPTER FOUR: RESEARCH FINDINGS.....	27
4.1 Introduction.....	27
4.2 Summary of Results.....	28
4.3 Quantitative data results	28
4.3.1 Academic Performance and Mental Health Crosstabulation	29
4.3.2 Concentration and mental health	31
4.3.4 Motivation and lack of mental health services	32
4.4 Qualitative Data results.....	33
4.4.1 Theme 1: Academic Impact	34
4.4.2 Theme 2: Behavioral Changes.....	34
4.4.3 Theme 3: Support Strategies.....	35
4.4.4 Theme 4: Effects of Absent Services	35
4.4.5 Theme 5: Recommended Services.....	35
4.4.6 Theme 6: Coping Mechanisms	36
5.0 DISCUSSION.....	37
CHAPTER FIVE: Quantitative Results.....	37
5.2 Qualitative Findings.....	38
5.3 Implications	38
5.4 Limitations.....	39
CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS	41
6.1 Research Effectiveness:	41
6.2 Recommendations:	42
6.3 Emphasis on Contribution:	42
REFERENCES	43
APPENDIX.....	47
Budget.....	Error! Bookmark not defined.
Ghant Chart.....	Error! Bookmark not defined.
Participants Information Sheet	47
Consent Form.....	48
Questionnaire.....	49
Semi-structured interview questions.....	55
For Lecturers:.....	55
For Management:.....	56
For students.....	57

CHAPTER ONE: INTRODUCTION

This section delves into the modern challenges facing university students in terms of their well-being and academic success, with a particular focus on mental health. It highlights the transitional phase students undergo upon entering university, coupled

with the increased vulnerability to stressors during this period of accelerated brain development. The text underscores the alarming rise in mental health issues among university students globally and their adverse effects on academic performance and retention rates. It emphasizes the growing recognition of the need for mental health support services within educational institutions to address these concerns and ensure students receive the necessary care and resources to thrive both academically and personally.

1.1 Background

In the contemporary higher education setting, the well-being and academic performance of university students have emerged as central concerns for both educational institutions and society at large. Universities are not only expected to impart knowledge and skills but also to foster an environment conducive to the holistic development of their students. Among the several factors that influence student well-being and academic achievement, mental health is a crucial factor.

According to WHO (2022) mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in.

The entrance to the university marks a period of transition for young people. Through this transition, students face new challenges, such as making independent decisions about their lives and studies, adjusting to the academic demands of an ill-structured learning environment, and interacting with a diverse range of new people.

In addition, many students must, often for the first time, leave their homes and distance themselves from their support networks (Cleary et al., 2011). At the same time, the brain is undergoing accelerated development and is at heightened sensitivity to risk exposures commonly encountered by university students including psychosocial stressors, recreational drugs, alcohol bingeing, and sleep disruption (Chung et al., 2017). These

challenges can affect the mental health and well-being of higher education students including their performance in academics.

According to a Healthy Minds survey, students struggling with mental health issues are twice as likely to drop out. Research suggests that the ongoing mental health crisis is likely to affect student retention rates and lead to a decline in student engagement. To address this, education institutions must show a true culture of care.

Indeed, there is evidence that a strain on mental health is placed on students once they start at the university (Macaskill, 2013). Also, the probabilities of experiencing common psychological problems, such as depression, anxiety, and stress, increase throughout adolescence and reach a peak in early adulthood around age 25 (Kessler et al., 2007) which makes university students a particularly vulnerable population.

The interest in mental health and well-being in university students has grown exponentially in the last decades. Firstly, although university students report levels of mental health similar to their non-university counterparts (Blanco et al., 2008), studies suggest an increase and severity of mental problems and help-seeking behaviors in university students around the world in the last decade (Wong et al., 2006). Some researchers refer to these trends as an emerging “mental health crisis” in higher education (Evans et al., 2018). Secondly, psychological distress in early adulthood is associated with adverse short-term outcomes, such as poor college attendance, performance, engagement, and completion (Antaramian, 2015), and others in the long term, such as dysfunctional relationships (Kerr and Capaldi, 2011), recurrent mental health problems, university dropout, lower rates of employment, and reduced personal income (Fergusson et al., 2007). Thirdly, there is a widespread agreement that higher education institutions offer unique opportunities to promote the mental health and wellbeing of young adults as they provide a single integrated setting that encompasses academic, professional, and social activities, along with health services and other support services (Eisenberg et al., 2010). However, most university students experiencing mental health problems and low levels of well-being are not receiving treatment (Lipson et al., 2019) and, while universities continue to expand, there is a

growing concern that the services available to provide support to students are not sufficient or completely nonexistent.

As institutions of higher learning strive to create conducive learning environments, the availability and adequacy of mental health services and support systems have gained prominence in discussions surrounding student well-being and academic success.

1.2 Problem Statement

University students face various mental health challenges that can affect their well-being and academic performance, such as stress, anxiety, depression, and substance abuse. However, not all universities provide adequate mental health services and support for their students. This is the case for Chreso University, a private institution in Lusaka, Zambia, where a survey conducted at the city campus revealed that 95% of the respondents claimed that there are no mental health services and support available for students. This study aims to investigate the impact of this gap on the well-being and academic performance of Chreso University students, and to propose recommendations for enhancing the mental health provision at the university.

1.3 Justification

Conducting this study will help understand the impact of the absence of mental health services on students' well-being and academic performance at Chreso University. Further the study results will be used to understand the extent to which the absence of mental health services affects students' well-being and academic performance. This will include the prevalence of mental health issues among students and how it correlates with their academic performance.

This study will help raise awareness about the importance of mental health services in educational institutions. It could highlight the need for such services and the consequences of their absence.

The findings from this research could be used to inform policy and decision-making at Chreso University and other institutions. It could provide evidence-based recommendations for implementing mental health services.

This study being among the few studies carried out in the country will contribute to the existing body of knowledge on the impact of the absence of mental health services on students' well-being and academic performance.

Ultimately, the purpose of this research is to improve student outcomes at Chreso University. By understanding and addressing the impact of absent mental health services, the university can create a more supportive environment that promotes both student well-being and academic success.

1.4 Objectives of the study

1.4.1 General Objective

To Investigate the Impact of the Absence of Mental Health Services on Students' Well-being and Academic Performance at Chreso University.

1.4.2 Specific Objectives

1. To explore the correlation between mental health issues and academic outcomes among students.
2. To understand the influence of mental health on factors such as concentration, motivation, and study habits.
3. To identify specific areas of well-being that are most impacted by the absence of mental health services.

1.5 Research Questions

1. What is the correlation between mental health issues and academic outcomes among students?
2. How does mental health influence factors like concentration, motivation, and study habits?
3. Which specific areas of well-being are most impacted by the absence of mental health services?

1.6 Conceptual framework

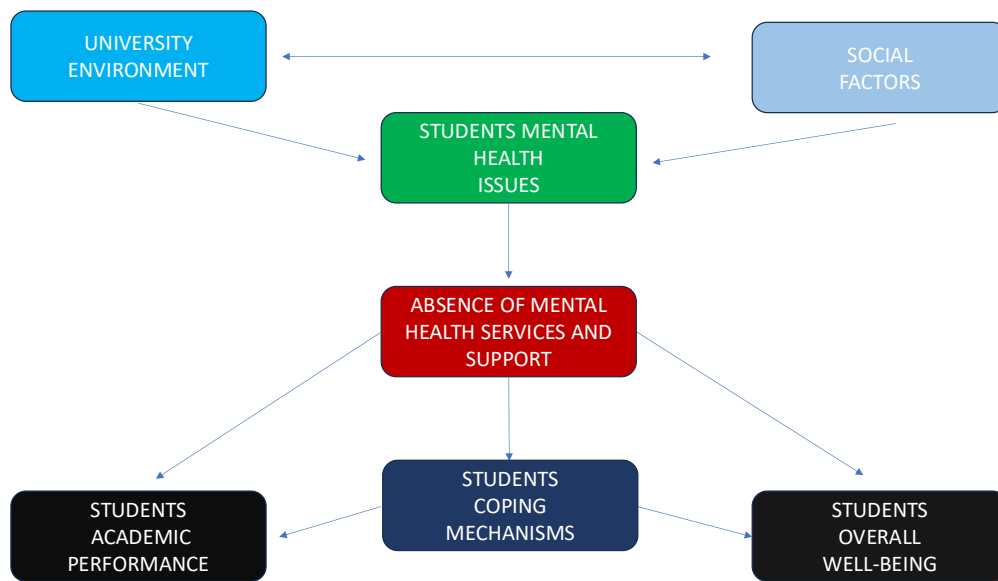


Figure 1. Conceptual framework

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter addresses crucial aspects that are structured thematically, covering key areas including the nexus between mental health and academic performance, the correlation between mental health issues and academic outcomes, and the negative impacts of lacking mental health services. It further explores students' holistic well-being, prevalent mental health issues, coping mechanisms, awareness, and stigma.

Additionally, the review examines students' needs and preferences regarding mental health services and draws on best practices and case studies from other universities.

2.2 Mental Health and Academic Performance:

2.2.1 Mental Health

The WHO (2022) definition of mental health paints a picture that shows that mental health is crucial aspect of overall well-being and is characterized by an individual's ability to manage life's stresses, recognize their potential, learn effectively, perform productively, and make a valuable contribution to their community. It forms the foundation of our capacity to make decisions, foster relationships, and influence our world.

2.2.2 Academic Performance

“Academic achievement is defined as performance outcomes that demonstrate the degree to which an individual has met specific goals that are the focus of activities in educational settings, such as schools, colleges, and universities. These educational systems typically set cognitive goals that either apply across multiple subjects (for example, critical thinking) or involve the acquisition of knowledge and understanding in a specific intellectual domain (such as numeracy, literacy, science, history)” (Steinmayr et al., 2014).

Therefore, according to the authors, academic achievement should be viewed as a multifaceted construct that encompasses various learning domains. This perspective highlights the complexity and breadth of academic achievement.

Marshall-Seslar (2023) highlighted that there exists a mind-body connection in human beings. This implies that our mental, physical, and social health are interconnected. The article emphasizes the importance of mental health for students as it significantly influences their learning process and participation in school. Marshall-Seslar further elaborates that mental health impacts students' ability to learn in school, their academic achievement, their capacity to form positive relationships, their physical health, and

their stress management skills. These factors collectively contribute to the overall well-being and academic success of students.

Independent School Management (2023) emphasized that mental health issues permeate all aspects of a student's life. The article points out that low self-esteem can result in a decline in motivation and a lack of self-assurance when performing tasks or taking exams. It further elaborates that anxiety can create hurdles for students in their studies or class attendance. Depression, as discussed in the article, can lead to a decrease in focus and concentration, making it difficult for students to stay engaged or meet deadlines. These are just some of the multifaceted challenges that students grapple with while managing their mental health and academic performance.

Sandra Hearth (2022), highlighted that mental health issues can significantly impact a student's energy level, concentration, dependability, mental ability, and optimism, thereby affecting their performance. Hearth's research suggests that depression is linked with lower grade point averages, and the co-occurrence of depression and anxiety can further exacerbate this association.

The article also underscores the powerful reciprocal impact of positive mental health and academic achievement. Hearth posits that robust overall mental health, well-being, and resilience can positively influence students' school performance. Furthermore, if students feel adequately supported and successful in school, it enhances their self-esteem and emotional health.

2.2.3 Correlation Between Mental Health and Academic Performance

According to various studies, there is a significant correlation between mental health and academic achievement.

According to the National Association of School Psychologists (2020) research summary titled "The Relationship Between Mental Health and Academic Achievement", there is evidence that mental health and academic achievement are interrelated. A comprehensive meta-analysis of school-based social and emotional learning programs, which involved over 270,000 students from kindergarten to 12th

grade, found that participants in these programs showed an improvement in grades and standardized test scores by 11 percentile points compared to control groups. Positive mental health, well-being, and resilience can enhance academic growth. The more frequent the exposure to social emotional learning, the greater the effect on academic achievement.

2.2.4 Findings Related to Concentration, Motivation, and Study Habits

According to Independent School Management (2023) article on the impact of mental health challenges on concentration, motivation, and study habits, mental health issues can significantly affect a student's academic abilities. The research indicates that low self-esteem can lead to a decrease in motivation and a lack of confidence when completing tasks or taking tests.

Anxiety can create obstacles for students in studying or attending classes, and chronic stress can result in symptoms such as fatigue, inability to concentrate, or irritability. Furthermore, a study on the effects of health behaviors and mental health on students' academic achievement found that students with healthier dietary and lifestyle habits and less distressing mental status demonstrated better academic achievement (American Psychological Association, 2022).

These findings highlight the intricate relationship between mental health and academic performance.

2.2.5 Impact of Absence of Mental Health Services on Academic Performance

In her article "The Connection Between Mental Health and Academic Success," Alaa Hourri (2021) discusses the profound impact of mental health challenges on students' academic performance. She highlights that unaddressed mental health issues can lead to a multitude of negative outcomes in a student's life, including difficulties in making friends, learning, concentrating, and completing work, as well as poor grades, absences, suspension, expulsion, and even suicide. Hourri further notes that mental health challenges can be associated with reduced graduation rates and difficulties in attending and completing postsecondary education. If challenges persist into adulthood, they can

be associated with a higher likelihood of adult depression, low self-esteem, and struggles with social functioning.

2.2.6 Well-being

Student well-being is a comprehensive concept that includes all aspects of a student's life, such as their social, mental, physical, and emotional health (Kadir, 2021). It is closely linked to how students perceive their life and their level of satisfaction and enjoyment in life (Kadir, 2021).

Students who have a higher sense of well-being are generally healthier, happier, and more engaged in learning activities. They also tend to have better concentration, higher motivation to learn, and are more likely to overcome challenges successfully, demonstrating academic resilience and engaging in lifelong learning (UNICEF, 2021).

The importance of student well-being is increasingly being recognized in education policy. There is a growing interest in not only comparing how well students perform academically across countries, but also in how effectively education systems promote students' skills and attitudes for well-being (The Australian Directory of School Activities, 2022).

Teachers play a pivotal role in promoting student well-being. A positive classroom environment where efforts are encouraged and rewarded, and where children are accepted and supported by their teachers, regardless of their intellect and temperament, is often associated with more positive reactions to the demands of schooling (The Australian Directory of School Activities, 2022).

In conclusion, student well-being, defined as having a balanced state of positive psychological functioning (OECD, 2017), is crucial for their overall development and quality of life. It underpins every aspect of the student's growth.

2.2.7 Coping Mechanisms

Adaptive coping mechanisms are healthy, constructive strategies that students may use to handle stress and adversity. These strategies generally involve confronting problems

directly, making reasonably realistic appraisals of problems, recognizing, and changing unhealthy emotional reactions, and trying to prevent adverse effects on the body (Peterson, 2021). Examples of adaptive coping strategies include active planning, positive reframing, seeking help from supportive people, meditation, journaling, and exercising (Wilson, 2023). Studies have found that students' adaptive coping is linked to their academic functioning and success, including their educational performance, engagement, persistence, and adjustment to school transitions (Skinner and Saxton, 2020).

On the other hand, maladaptive coping mechanisms are strategies that might help to reduce stress in the short term but can be harmful in the long run. These strategies often involve avoiding the problem, denying its existence, or engaging in harmful behaviors such as substance abuse or self-harm (Wilson, 2023). Maladaptive strategies turn away from problems, while adaptive strategies face them and deal with them (CDC, 2020). Studies have found that maladaptive coping is linked to a pattern of poor academic performance, disengagement, and school-related burnout (Skinner and Saxton, 2020).

In the absence of formal mental health services, students often resort to various coping mechanisms to manage mental health issues. These mechanisms can include personal growth, optimism, solution-focused actions, creativity, and flexibility (adamgerbman, 2017). For example, students may communicate openly and honestly, supervise their activities to facilitate healthy decision-making, spend time enjoying shared activities, become engaged in school activities, and help with homework (Brennan, 2021). Universities are also developing student support strategies that move students from 'surviving' the effects of the pandemic, to help them successfully bounce back and even learn how to 'thrive' during uniquely difficult times, by building awareness of the concept of 'resilience' and supporting positive coping behaviors moving forward (adamgerbman, 2017).

CHAPTER THREE: METHODOLOGY

3.1 Study Design

The study employed convergent parallel mixed-methods research design. A convergent parallel design involves the simultaneous collection of quantitative and qualitative data, followed by separate analysis of each data type.

3.2 Location of the Study

The study location was City campus of Chreso University (CU). Established in 2010 by Chreso Ministries, Chreso University (CU) is a private university in Zambia that operates out of three campuses: Makeni, Ndola, and the main City Campus, which is situated at Plot 17734 along Nangwenya Road in Lusaka. Approved by the government, CU provides a wide range of academic programmes from PHDs to bachelor's degrees in fields like clinical medicine, public health, nursing, and leadership and development

studies. With an initial enrollment of 4000 students since its inception, CU anticipates a significant increase to 10,000 over the next five years (Chreso university, 2021).

3.3 Target Population

The study targeted students and members of staff who were enrolled or working at Chreso University city campus at the time it was conducted.

3.4 Study Population

The study population consisted of students enrolled in undergraduate and postgraduate studies, lecturers and management staff who were working at Chreso University city campus at the time of the study.

3.5 Sampling

For quantitative data sampling the study utilized stratified random sampling a probability sampling method where the population is divided into distinct subgroups, or strata, based on characteristics that are relevant to the research objective. This method helps ensure that each subgroup is adequately represented in the sample, allowing for more accurate and precise estimates of population characteristics.

For qualitative data sampling, the study utilized purposeful sampling with a homogeneous sampling technique. This approach involves selecting participants who share similar characteristics relevant to the research objectives to deepen understanding within specific groups.

3.5.1 Inclusion Criteria

The study included undergraduate and postgraduate students as well as members of staff who were enrolled or working at Chreso University city campus and were willing to participate in the study.

3.5.2 Exclusion Criteria

The study excluded students and members of staff who were on leave or absent during the data collection period, as well as those who were not willing to participate in the study.

3.5.3 Sample Size Determination

For Quantitative Sample Size

From the wikiHow (2015) article the standard formula for sample size determination

$$\text{Sample Size} = \frac{[Z^2 * p(1-p)] / e^2}{1 + [Z^2 * p(1-p)] / e^2 * N}$$

Data:

N = population size = 2000

z = z-score (1.28)

e = margin of error = 5% (0.05)

p = standard of deviation = 0.5 (50%)

The formula was selected to give a margin of error of 5% (0,05) and a confidence level of 80% (z-score 1.28). A standard deviation of 0.5 (50%) describes a percentage value associated with the survey, since there is an equal (50%) chance of the value being higher or lower than the true value of the population. From the above data the initial sample size of **152** was determined. However, **135** was the final sample size as other participants were either not able to take part in the study or their responses were not complete to be considered to avoid use of incomplete data.

For Qualitative Sample Size

To estimate the sample size for qualitative data collection, the study adopted the principle of theoretical saturation. This involved collecting and analyzing data iteratively until thematic saturation was reached, and no new themes or insights emerged from the data.

As such, the sample size for the qualitative component was not predetermined. It was determined through data collection and analysis. The study aimed to conduct three (3) focus group discussions with approximately 20-30 participants. And within each focus group, there was to be 6-10 individuals from homogeneous groups, such as undergraduate students, postgraduate students, and staff members. This approach aimed to ensure a thorough exploration of the research problem within the target population. Thematic saturation was reached after only two (2) focus group discussions were held with first having 7 participants and the other 6 participants giving a total of 13 participants.

3.6 Data Collection Tools

The tools for data collection included a structured questionnaire that helped collect quantitative data, semi-structured interviews that gathered qualitative insights, and Focus Group Discussions (FGDs) with students. These tools helped to capture a comprehensive understanding of the research subject from different perspectives.

3.7 Data Collection Plan

To systematically gather comprehensive insights for the research, a multi-faceted Data Collection Plan was devised. The primary method involved the distribution of a structured questionnaire to the chosen participants, which offered a quantitative perspective. Additionally, focus group discussions and interviews were conducted with participants to delve deeper into their experiences and perceptions, which enriched the dataset with qualitative nuances. A meticulous approach was implemented throughout to ensure the uniformity and reliability of the gathered data.

3.7.1 Pretesting/Piloting of Data Collection Tools

Prior to the main study, I conducted pretesting or piloting of the data collection tools specifically, the questionnaire and interview guides. In this phase I engaged a small group of students who were not part of the primary study. The purpose was to identify and rectify any ambiguities, inconsistencies, or potential biases in the tools. The valuable feedback and observations from the pretesting phase informed necessary revisions, ensuring the robustness and effectiveness of the instruments employed in the main study.

3.7.2 Data Collection

The finalization of the questionnaire, incorporating insights from the pretesting phase, marked the initiation of the formal data collection process. Selected participants were administered with the questionnaire, this generated quantitative data which formed a foundational aspect of the study. In tandem, interviews were being conducted to capture the subjective experiences and nuanced perspectives of participants in relation to mental health services. This dual-method approach provided a comprehensive understanding of the research objectives. Thorough documentation and adherence to a well-defined protocol were maintained throughout the data collection phase to uphold the integrity and reliability of the study's findings.

3.8 Data Analysis Plan

According to Kudyba (2014) data analysis is the process of inspecting, cleansing, transforming, and modeling data with the goal of discovering useful information, informing conclusions, and supporting decision-making.

Given the mixed-methods research design of the study, the data analysis involved both quantitative and qualitative methods.

Quantitative Data Analysis

Quantitative data was analyzed using Excel and the Statistical Package for the Social Sciences (SPSS) software. The analysis involved the following steps:

1. **Data Cleaning:** Checked for any input errors, missing data, or outliers that could have affected the results of the analysis.
2. **Descriptive Statistics:** This involved computing measures of central tendency (mean, median, mode), measures of dispersion (range, variance, standard deviation), and frequency distributions.
3. **Inferential Statistics:** Conducted statistical tests such as t-tests or ANOVA, regression analysis, and chi-square tests, depended on the research questions and the nature of the data.
4. **Interpretation of Results:** Explained the statistical findings in non-technical language, discussed the implications of the results, and provided limitations and recommendations.

Qualitative Data Analysis

For qualitative data analysis I utilized an inductive thematic analysis approach this helped to identify patterns, themes, and insights within the collected data. This approach involved systematically coding and analyzing the qualitative data to generate themes that emerged directly from the data, this allowed for a rich and nuanced understanding of the research problem. The inductive thematic analysis approach allowed for a rigorous and systematic exploration of the qualitative data, it generated insights that complemented and enriched the quantitative findings, and provided valuable contributions to the understanding of the research topic.

3.9 Ethical Consideration

Prior to commencing the study, approval and authorization was sought from the Ethics Committee of Chreso University (CUREC), and the Chreso university registrar. Comprehensive information regarding the study was shared with all participants, which emphasized the voluntary nature of their involvement. Individuals that were selected received a detailed briefing on the study's objectives and significance prior to any session. Before participating in the interviews, explicit consent had to be obtained from each selected participant.

CHAPTER FOUR: RESEARCH FINDINGS

4.1 Introduction

This section presents the comprehensive findings of the study, which explores the intricate relationship between mental health and academic performance among students at Chreso University. Through a blend of quantitative analysis and qualitative exploration, delving into the impact of lack of mental health services on various facets of students' academic experiences, including performance, concentration, and

motivation. These results provide valuable insights into the challenges faced by students and the potential avenues for intervention and support within the university context.

4.2 Summary of Results

The research findings shed light on the multifaceted interplay between mental health and academic performance among students at Chreso University.

Quantitative analysis revealed a significant association between beliefs about mental health and self-rated academic performance, emphasizing the importance of considering mental well-being in educational settings. Additionally, correlations highlighted the impact of mental health on students' concentration levels, suggesting potential challenges in maintaining focus on academic tasks.

Exploring students' motivation, our study found nuanced perspectives regarding the availability of mental health services and its correlation with class attendance motivation. While quantitative measures did not reveal a significant association, qualitative insights provided deeper understanding of the complexities surrounding students' motivation and the role of mental health support.

Qualitative analysis unveiled themes ranging from the academic impact of mental health challenges to strategies employed by faculty to support students. These themes underscored the behavioural changes observed among students, the effects of absent mental health services on academic engagement, and the urgent need for tailored support services. Recommendations emphasized the importance of implementing targeted interventions and coping mechanisms to address students' mental health concerns effectively.

4.3 Quantitative data results

This section, presents the quantitative findings of the study, focusing on the association between mental health and academic performance among students at Chreso University. Through crosstabulations and Chi-square tests, we explore the relationship between participants' beliefs about mental health impacts on academic performance and their self-rated academic performance. Additionally, correlation measures provide insights into the influence of mental health on concentration levels. These quantitative analyses

offer valuable insights into the statistical associations between mental health factors and academic outcomes.

4.3.1 Academic Performance and Mental Health Crosstabulation

Table 1 below presents a comparison between participants' belief about whether their academic performance is affected by their mental health and their self-rated academic performance. The rows represent whether participants believe their academic performance is affected by mental health (Yes/No). The columns represent self-rated academic performance (Average/Good/Poor). Each cell contains the count of participants falling into a specific combination of belief and self-rated performance. For example, in the cell where participants believe their academic performance is affected by mental health (Yes) and rate their performance as Good, there are 19 participants.

Table 1. Academic Performance and Mental Health Crosstabulation.

			How would you rate your academic performance?			
			Average	Good	Poor	Total
Do you believe that your academic performance is affected by your mental health?	No	Count	16	10	12	38
		Expected Count	4.5	8.2	25.3	38.0
	Yes	Count	0	19	78	97
		Expected Count	11.5	20.8	64.7	97.0
Total		Count	16	29	90	135

Expected Count	16.0	29.0	90.0	135.0
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Chi-square test

The Chi-square test was conducted to determine if there is a significant association between belief about mental health affecting academic performance and self-rated academic performance.

Table 2. Chi-Square Test

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	51.184 ^a	2	<.001
Likelihood Ratio	52.430	2	<.001
Linear-by-Linear Association	46.238	1	<.001
N of Valid Cases	135		

a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is 4.50.

Interpretation

The test results in table 2 above, indicate a significant association ($p < .001$) between these two variables.

The "Pearson Chi-Square," "Likelihood Ratio," and "Linear-by-Linear Association" tests all show significant results, suggesting that there is a relationship between mental health beliefs and self-rated academic performance.

This analysis suggests that there is a significant association between participants' beliefs about the impact of mental health on academic performance and their self-rated

academic performance. Specifically, those who believe their mental health affects their academic performance tend to rate their performance lower.

4.3.2 Concentration and mental health

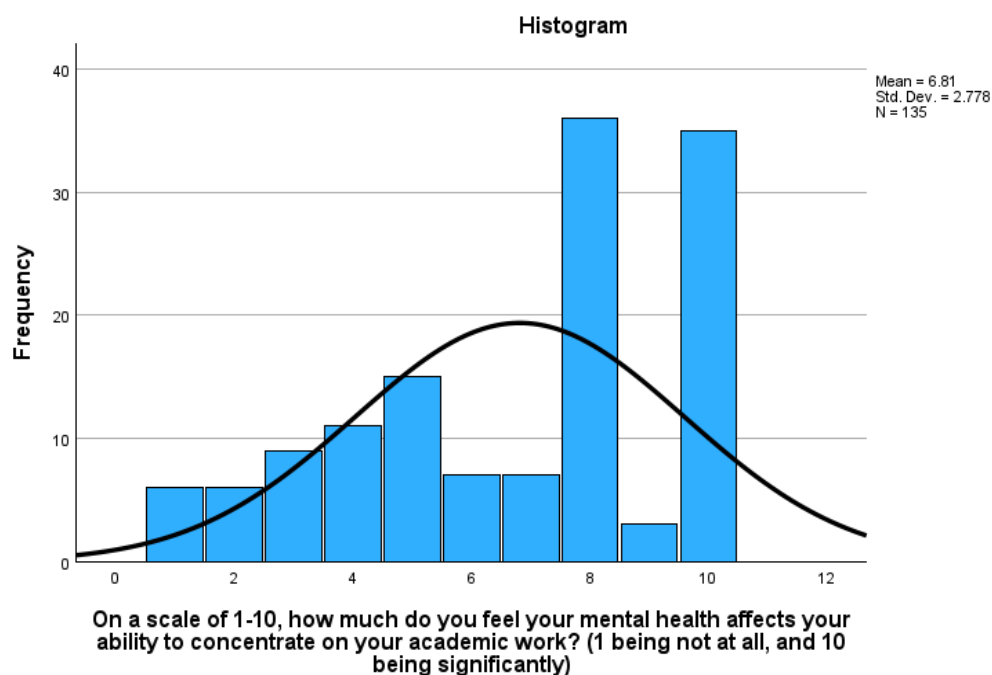


Figure 2. Histogram showing frequency and scale of distributions of how mental health affects participants concentration on academics.

Table 3 below provides correlation measures between the variables related to concentration. It includes Pearson's correlation coefficient (for interval data) and Spearman's correlation coefficient (for ordinal data). The correlation coefficients are accompanied by their respective standard errors and test statistics.

Table 3. Correlation measures between the variables related to concentration.

	Value	Asymptotic Standard Error ^a	Approximate T ^b	Approximate Significance
Interval by Interval Pearson's R	.185	.082	2.175	.031 ^c
Ordinal by Ordinal Spearman Correlation	.251	.093	2.984	.003 ^c
N of Valid Cases	135			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

Interpretation

The correlation analysis in table 3 shows a significant positive correlation between the variables related to concentration, indicating that as one variable increases, the other tends to increase as well.

4.3.4 Motivation and lack of mental health services

The table 4 below presents a comparison between participants' opinions on whether the lack of mental health services impacts their motivation to attend classes and how often they feel motivated to attend classes. Rows represent participants' opinions about the impact of mental health services on motivation (Yes/No). Columns represent the frequency of feeling motivated to attend classes (Always/Often/Rarely/Sometimes).

Table 4.. Correlation between participants' opinions on the impact of mental health services and their frequency of feeling motivated to attend classes.

	How often do you feel motivated to attend classes?				Total
	Always	Often	Rarely	Sometimes	
No	13	31	5	11	60

In your opinion, does the lack Yes of mental health services at Chreso University impact your motivation to attend classes?	16	21	22	16	75
Total	29	52	27	27	135

Symmetric Measures.

Table 5 below provides correlation measures (Pearson's and Spearman's) for the variables related to motivation. These measures are accompanied by standard errors and test statistics.

	Value	Asymptotic Standard Error ^a	Approximate T ^b	Approximate Significance
Interval by Interval Pearson's R	.132	.085	1.530	.128 ^c
Ordinal by Ordinal Spearman Correlation	.139	.086	1.617	.108 ^c
N of Valid Cases	135			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

Table 5. Correlation measures (Pearson's and Spearman's) for the variables related to motivation.

Interpretation

The analysis indicates that there is no significant correlation between participants' opinions on the impact of mental health services and their frequency of feeling motivated to attend classes.

4.4 Qualitative Data results

This section presents the qualitative insights gleaned from the study, highlighting the lived experiences of students and faculty regarding mental health challenges at Chreso University. Through thematic analysis, we explore the academic impact of mental health issues, observable behavioral changes among students, and faculty strategies for supporting students. Additionally, we examine the effects of absent mental health services on students' well-being and academic engagement, along with

recommendations for implementing tailored support services. These qualitative findings provide rich, contextual understanding of the complexities surrounding mental health within the university environment.

4.4.1 Theme 1: Academic Impact

The data reveals a significant correlation between mental health issues and academic performance among Chreso University students. Lecturers have observed instances where students, despite performing well initially, struggle academically later due to underlying mental health challenges. One lecturer noted, "I noticed a student that got good marks in CA1 failed to pass CA2, and when you ask them what happened, they tell you how they have been depressed over financial issues, relationships, or other stressors."

This highlights how mental health concerns can manifest in academic setbacks, affecting students' ability to concentrate, stay motivated, and maintain consistent study habits.

4.4.2 Theme 2: Behavioral Changes

Students experiencing mental health issues often exhibit noticeable changes in behavior. Lecturers have observed instances of social withdrawal, isolation, and a decline in self-esteem among students. One lecturer mentioned, "most students have low self-esteem - this may be due to them trying to maintain a social life which they can't sustain." Additionally, students may transition from being outgoing to becoming quiet and isolated, as noted by another lecturer who stated, "yes, a loud student being quiet and isolated from the group."

These behavioral changes indicate the psychological toll that mental health challenges can have on students' well-being.

4.4.3 Theme 3: Support Strategies

Lecturers employ various strategies to support students dealing with mental health issues. They create a supportive environment by encouraging open communication and offering individualized support. One lecturer mentioned, "I usually give a talk in class and encourage them to see me if they need to talk to someone or help." Additionally, lecturers single out students they suspect may be struggling and initiate conversations to provide guidance and support.

These strategies aim to create a safe space for students to express their concerns and seek assistance when needed.

4.4.4 Theme 4: Effects of Absent Services

The absence of mental health services at Chreso University has profound effects on students' well-being and academic performance. Lecturers have observed increased drug abuse among students, with one stating, "students are abusing drugs. It's important they get help because they are challenged facing psychological problems on their own without proper guidance." Additionally, the lack of support services contributes to elevated dropout rates and negatively impacts students' participation in class.

Students may appear physically present but mentally absent, indicating the detrimental effects of untreated mental health issues on academic engagement and performance.

4.4.5 Theme 5: Recommended Services

Participants emphasize the urgent need for mental health services tailored to the specific needs of Chreso University students. Proposed services include counseling, mental health awareness weeks, and policy changes to facilitate open discussions on mental health.

Lecturers highlight the importance of addressing issues such as alcohol abuse, cyberbullying, and technology addiction through targeted interventions.

Additionally, recommendations for implementing best practices from other universities underscore the potential benefits of specialist support and counseling services in improving students' well-being.

4.4.6 Theme 6: Coping Mechanisms

Students employ various coping mechanisms to manage their mental health challenges. These include seeking comfort in faith (religion), engaging in hobbies, and seeking support from family and friends. However, some students resort to unhealthy coping mechanisms such as alcohol abuse or social withdrawal, which may exacerbate their mental health issues.

Despite the availability of various coping strategies, the absence of professional support services limits students' ability to effectively address their mental health concerns and may lead to long-term negative consequences.

CHAPTER FIVE: DISCUSSION

This study was designed to shed light on the complex interplay between the absence of mental health services and its impact on academic performance and overall wellbeing among students at Chreso University. By employing a blend of quantitative and qualitative methodologies, the study aimed to unravel the multifaceted dynamics of mental health within the university environment. The ensuing discussion integrates the principal findings from each section of the results and examines their implications for student welfare and academic prosperity.

5.1 Quantitative Results

The quantitative investigation furnished persuasive proof of a substantial link between mental health and academic performance among students at Chreso University. Cross-tabulations and Chi-square tests indicated that students who recognized the impact of mental health on their academic performance generally evaluated their performance as lower. This observation highlights the psychological hurdles that students might encounter in realizing their academic potential when dealing with mental health issues.

Moreover, correlation analyses revealed a significant connection between mental health and students' concentration levels. As mental health problems affect students' welfare, they may struggle to maintain focus on academic tasks, potentially impeding their academic achievement. These quantitative revelations underscore the necessity of

considering mental health variables in educational contexts and implementing specific interventions to bolster students' academic pursuits.

An examination of the motivational elements of the study yielded insightful information about the role of mental health services in students' motivation to attend classes. Although quantitative metrics did not show a significant correlation between the availability of mental health services and students' motivation levels, qualitative findings provided a more nuanced understanding of the complexities surrounding student motivation. These insights highlighted the multifaceted nature of motivation, which is influenced by a variety of factors beyond the provision of mental health services, such as personal situations and academic stressors.

5.2 Qualitative Findings

The qualitative analysis probed into the real-life experiences of students and faculty members regarding mental health issues at Chreso University. Emerging themes underscored the academic consequences of mental health problems, noticeable behavioral changes among students, and strategies employed by faculty members to support students.

Furthermore, the lack of mental health services was found to have significant effects on students' welfare and academic involvement, leading to higher dropout rates and increased instances of drug misuse.

The results stress the immediate need for customized mental health services and targeted interventions to effectively address the students' welfare. Additionally, the coping strategies used by students underscored the importance of comprehensive support systems that should include both professional services and peer support networks.

5.3 Implications

The findings of this study have several practical implications for universities:

1. **Mental Health Services:** Universities should consider implementing or enhancing mental health services on campus. This could include counseling

services, mental health workshops, and stress management programs. The study found that the absence of such services can have profound effects on students' well-being and academic engagement.

2. **Academic Support:** Given the significant association between mental health and academic performance, universities might consider offering additional academic support for students dealing with mental health issues. This could include tutoring programs, academic advising, and flexible deadlines.
3. **Awareness and Education:** Universities could work to increase awareness and education about mental health issues. This could involve campaigns to reduce stigma, workshops to educate students and staff about mental health, and resources to help students recognize and address mental health issues.
4. **Holistic Support Systems:** The study highlighted the importance of holistic support systems that include both professional services and peer support networks. Universities could facilitate the creation of such networks, perhaps through mentorship programs or student organizations focused on mental health.
5. **Research and Evaluation:** Universities should continue to research and evaluate the effectiveness of their mental health services and interventions. This study provides a valuable methodology that could be replicated in other university contexts.
6. **Policy Changes:** The findings of the study could inform policy changes at the university level. For example, universities could consider policies that prioritize mental health, such as mandatory mental health education for all students and staff, or policies that require lecturers to accommodate students dealing with mental health issues.

5.4 Limitations

Despite the valuable insights gained from this study, several limitations must be acknowledged to interpret the findings accurately and contextualize their implications effectively.

Sample Size and Diversity: One notable limitation of the study is its reliance on a sample drawn exclusively from Chreso University. Consequently, the findings may lack generalizability to other universities or student populations, limiting the broader applicability of the results. Additionally, the sample size and diversity of participants could influence the robustness and representativeness of the findings. Future research endeavors should aim to include larger and more diverse samples to enhance the external validity of the findings.

Self-Reported Data: Another limitation stems from the reliance on self-reported data, which inherently introduces the potential for bias. Students may be inclined to underreport or overreport their mental health issues or academic performance due to various factors, including social desirability bias or recall bias. This raises concerns about the reliability and accuracy of the data collected. Employing complementary methods, such as objective assessments or longitudinal studies, could mitigate these biases and strengthen the validity of the findings.

Correlation vs. Causation: While the study identified a significant association between mental health and academic performance, it is essential to exercise caution in attributing causality to this relationship. Correlation does not imply causation, and other unmeasured variables may confound the observed associations. Factors such as socioeconomic status, access to support services, or academic rigor could influence both mental health and academic performance independently. Therefore, future research endeavors should adopt longitudinal designs or experimental approaches to elucidate causal relationships more conclusively.

Quantitative and Qualitative Measures: Lastly, the study employed a mixed-methods approach, incorporating both quantitative and qualitative measures to provide a comprehensive understanding of the phenomenon under investigation. However, each method has its inherent limitations. While quantitative data offer statistical rigor and generalizability, they may fail to capture the nuanced complexities of students' experiences. Conversely, qualitative data provide rich contextual insights but may lack generalizability and suffer from subjectivity. Future studies could benefit from

triangulating multiple data sources to overcome the limitations of individual methods and enrich the depth and breadth of the findings.

In summary, while the study contributes valuable insights into the relationship between mental health and academic performance among university students, it is essential to interpret the findings within the context of these acknowledged limitations.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

The investigation into the impact of the absence of mental health services on students' well-being and academic performance at Chreso University has yielded insightful findings. Through a combination of quantitative analysis and qualitative exploration, the study sought to address the overarching question of how the absence of mental health services affects students' well-being and academic outcomes.

The research has illuminated the profound influence of mental health on students' well-being and academic performance at Chreso University. I identified significant correlations between mental health issues and academic outcomes, highlighting the intricate interplay between psychological well-being and educational success. Furthermore, the findings underscore the importance of mental health in shaping critical factors such as concentration, motivation, and study habits, emphasizing the holistic nature of student development.

6.1 Research Effectiveness:

The approach proved effective in addressing the research questions, providing comprehensive insights into the complex relationship between mental health, well-being, and academic performance. The combination of quantitative measures and qualitative exploration allowed us to capture both statistical associations and nuanced experiences, enriching the understanding of the phenomenon under investigation. Additionally, the research raised new questions and unexpected insights, prompting

further exploration into the multifaceted challenges faced by students in the absence of adequate mental health support.

6.2 Recommendations:

For Practice:

1. Chreso University should prioritize the implementation of comprehensive mental health services to support student well-being and academic success. This could include initiatives such as counseling services, mental health awareness campaigns, and the establishment of support groups.
2. Faculty and staff should receive training on identifying signs of mental distress among students and providing appropriate support and referrals.

6.3 Emphasis on Contribution:

The research contributes valuable insights into the critical intersection between mental health, well-being, and academic performance among university students. By highlighting the detrimental effects of the absence of mental health services and elucidating the complex mechanisms underlying these relationships, we provide a foundation for informed decision-making and targeted interventions aimed at promoting student success and flourishing in educational settings. The findings underscore the imperative of prioritizing mental health support within academic institutions, ultimately fostering a culture of well-being and resilience among students.

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7.0 APPENDICES

Participants Information Sheet

Title of Study: Impact of the Absence of Mental Health Services on Students' Well-being and Academic Performance at Chreso University

Principal Investigator: Mr. Julius Chibolela

Supervisor: Mr. Mate Mwalye

Introduction

You are being invited to participate in a research study. This form provides you with information about the study. The Principal Investigator (or his/her representative) will describe this study to you and answer all your questions. Please read the information below and ask questions about anything you don't understand before deciding whether to take part.

Purpose of the Study: The purpose of this study is to investigate the impact of the absence of mental health services on students' well-being and academic performance at Chreso University.

Description of the Study: If you agree to be in this study, you will be asked to complete a questionnaire. The questionnaire will include questions about your experiences with mental health and its impact on your academic performance and overall well-being.

Risks and Discomforts: We do not anticipate any risks or discomforts to you from participating in this research.

Benefits: While there may be no direct benefit to you from participating in this study, your responses will help us understand the impact of the absence of mental health services on students' well-being and academic performance at Chreso University.

Confidentiality: The information you provide during this research study will be kept confidential to the extent permitted by law. To help protect your confidentiality, the surveys will not contain information that will personally identify you.

Voluntary Participation: Your participation in this study is voluntary. You may choose not to take part at all. If you decide to participate in this study, you may stop participating at any time.

Questions about the Study : If you have any questions about the study, please contact Julius Chibolela at +260970691217 or email to juliuschibsjr@gmail.com

Consent Form

I, hereby confirm that I have been fully informed about the nature and purpose of the study in which I have agreed to participate. I understand that:

1. Participation in this study is voluntary, and I have the right to withdraw at any time without penalty.
2. I have been provided with adequate information regarding the study, including its objectives, procedures, potential risks, and benefits.
3. Any data collected from me will be kept confidential and used solely for the purpose of research.
4. I understand that my participation in this study will not involve any personal identifying information, and my anonymity will be maintained throughout.
5. I have had the opportunity to ask questions and have received satisfactory answers regarding the study.

By signing this consent form, I acknowledge that I am voluntarily participating in this study and that I have understood the information provided to me. I agree to participate under the terms described above.

Participant's Signature: _____

Date: _____

Questionnaire

Questionnaire on the Impact of the Absence of Mental Health Services on Students' Well-being and Academic Performance at Chreso University

Instructions: Please read each question carefully and select or write the most appropriate answer. Your responses are confidential and will be used for research purposes only.

1. How often do you feel stressed or anxious about your academic work?
 - a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
 - e. Always
2. Do you believe that your academic performance is affected by your mental health?
 - a. Yes
 - b. No
 - c. Unsure
3. How would you rate your overall well-being?
 - a. Very poor
 - b. Poor
 - c. Average
 - d. Good
 - e. Excellent
4. Do you feel that the absence of mental health services at Chreso University affects your well-being?
 - a. Yes
 - b. No
 - c. Unsure

5. What specific challenges do you face due to the absence of mental health services?
6. How do you cope with mental health issues in the absence of formal mental health services?
7. Are you aware of the importance of mental health in relation to academic performance?
 - a. Yes
 - b. No
 - c. Unsure
8. Do you feel there is a stigma associated with mental health issues among students and staff at Chreso University?
 - a. Yes
 - b. No
 - c. Unsure
9. Are you aware of any best practices or case studies in implementing mental health services in other universities?
 - a. Yes
 - b. No
 - c. Unsure
10. On a scale of 1-10, how much do you feel your mental health affects your academic performance? (1 being not at all, and 10 being significantly)

1	2	3	4	5	6	7	8	9	10
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11. How often do you feel that stress or anxiety hinders your ability to concentrate on your academic work?
 - a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
 - e. Always

12. In your opinion, does the lack of mental health services at Chreso University impact your motivation to attend classes?
- a. Yes
 - b. No
 - c. Unsure
13. Do you believe your social life is influenced by your mental health?
- a. Yes
 - b. No
 - c. Unsure
14. How would you rate your personal satisfaction with life?
- a. Very unsatisfied
 - b. Unsatisfied
 - c. Neutral
 - d. Satisfied
 - e. Very satisfied
15. Do you feel that the university provides enough support for students dealing with mental health issues?
- a. Yes
 - b. No
 - c. Unsure
16. Have you ever sought help for mental health issues from sources outside of the university?
- a. Yes
 - b. No
 - c. Prefer not to say
17. Do you feel comfortable discussing mental health issues with your friends or family?
- a. Yes
 - b. No
 - c. Unsure

18. Do you believe there is a stigma associated with discussing mental health issues at Chreso University?
- a. Yes
 - b. No
 - c. Unsure
19. Do you feel any question was unclear or difficult to answer? If yes, please specify which one(s).
20. Did you feel comfortable answering all the questions in this questionnaire?
- a. Yes
 - b. No
 - c. Unsure
21. How often do you feel motivated to attend classes?
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
 - e. Always
22. Do you believe that your study habits are influenced by your mental health?
- a. Yes
 - b. No
 - c. Unsure
23. How would you rate your emotional stability?
- a. Very poor
 - b. Poor
 - c. Average
 - d. Good
 - e. Excellent
24. Do you feel that your social interactions are affected by your mental health?
- a. Yes
 - b. No
 - c. Unsure

25. How satisfied are you with your personal life?
- a. Very unsatisfied
 - b. Unsatisfied
 - c. Neutral
 - d. Satisfied
 - e. Very satisfied
26. Do you believe there is enough awareness about mental health issues at Chreso University?
- a. Yes
 - b. No
 - c. Unsure
27. Do you believe that the implementation of mental health services would improve academic performance?
- a. Yes
 - b. No
 - c. Unsure
28. Are you aware of any universities that have effective mental health services?
- a. Yes
 - b. No
 - c. Unsure
29. Would you be willing to participate in mental health services if they were offered at Chreso University?
- a. Yes
 - b. No
 - c. Unsure
30. Do you believe that mental health services would improve the overall well-being of students?
- a. Yes
 - b. No
 - c. Unsure

31. On a scale of 1-10, how much do you feel your mental health affects your ability to concentrate on your academic work? (1 being not at all, and 10 being significantly)

1	2	3	4	5	6	7	8	9	10
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Thank you for participating in this survey. Your feedback is valuable and will contribute to understanding the impact of the absence of mental health services on students' well-being and academic performance at Chreso University.

Semi-structured interview questions

For Lecturers:

1. Can you describe your observations about the impact of mental health on students' academic performance?
2. Have you noticed any changes in students' behavior or academic performance that you attribute to mental health issues?
3. What strategies do you use in the classroom to support students who may be dealing with mental health issues?
4. How do you think the absence of mental health services at Chreso University affects your students?
5. What kind of mental health services do you think would benefit your students the most?
6. Are you aware of any best practices or case studies in implementing mental health services in other universities?
7. What role do you think lecturers should play in supporting students' mental health?
8. How comfortable do you feel discussing mental health issues with your students?
9. Do you believe there is a stigma associated with mental health issues among students and staff at Chreso University?

5.6.2 For Management:

1. What is the university's current stance on mental health and its impact on students' academic performance and well-being?
2. How does the absence of mental health services at Chreso University align with the university's mission and values?
3. What challenges does the university face in implementing mental health services?
4. What kind of mental health services do you think would be most beneficial for students at Chreso University?
5. Are you aware of any best practices or case studies in implementing mental health services in other universities?
6. What steps, if any, has the university taken to address mental health issues among students?

For students

1. Can you describe your overall experience as a student at Chreso University?
2. How often do you feel stressed or anxious about your academic work? Can you share some experiences?
3. In what ways, if any, do you believe your mental health affects your academic performance?
4. How would you describe your overall well-being?
5. Can you share your thoughts on how the absence of mental health services at Chreso University might be affecting your well-being?
6. What specific challenges, if any, do you face due to the absence of mental health services?
7. How do you cope with mental health issues in the absence of formal mental health services? Can you share some strategies or experiences?
8. What is your understanding of the importance of mental health in relation to academic performance?
9. Do you feel there is a stigma associated with mental health issues among students and staff at Chreso University? Can you share any experiences or observations?
10. If mental health services were available at Chreso University, what kind of services would you find most beneficial?
11. On a scale of 1-10, how much do you feel your mental health affects your academic performance? Can you explain why you chose that number?
12. How often do you feel that stress or anxiety hinders your ability to concentrate on your academic work? Can you share some experiences?
13. In your opinion, does the lack of mental health services at Chreso University impact your motivation to attend classes? Can you share any experiences or observations?

14. Do you believe your social life is influenced by your mental health? Can you share any experiences or observations?
15. How would you rate your personal satisfaction with life? Can you explain why you chose that rating?
16. Do you feel that the university provides enough support for students dealing with mental health issues? Can you share any experiences or observations?
17. Have you ever sought help for mental health issues from sources outside of the university? If so, can you share your experiences?
18. Do you feel comfortable discussing mental health issues with your friends or family? Can you share any experiences or observations?
19. On a scale of 1-10, how much do you feel your mental health affects your ability to concentrate on your academic work? Can you explain why you chose that number.