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Exploring Mental Health Awareness and Support Systems Among University Students at the University of Lusaka

BY

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Final Report submitted to the University of Lusaka in partial fulfilment of the requirements of a Degree in Bachelor of Science in Public Health

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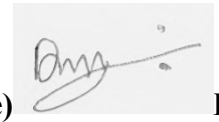
DECLARATION

I, David Moyo, hereby declare that this research report entitled: "**Exploring Mental Health Awareness and Support Systems Among University Students at the University of Lusaka"** is my creative work and to the best of my acquaintance has not been presented for a degree in any other institution.

Signature (Candidate)  **Date: 21/November/2025**

Dr Lydia Hangulu

This dissertation has been submitted with my approval as a University of Lusaka (UNILUS) supervisor

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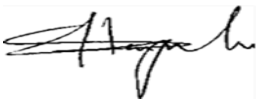
Signature (Supervisor)  **Date: 21/November/2025**

DEDICATION

This work is dedicated to my family, whose unwavering support and encouragement have been my foundation throughout my academic journey. To every University of Lusaka student navigating the challenges of academic life, may this research contribute to a more supportive and understanding environment for your mental well-being.

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Abstract

Mental health challenges among university students were recognized as a significant global public health concern, with particular resonance in low-resource settings. In Zambia, barriers such as cultural stigma, limited awareness, and perceived inadequacy of support systems were known to hinder help-seeking behaviors. The University of Lusaka was identified as a context where preliminary evidence suggested a significant underutilization of existing support services. This study aimed to explore mental health awareness and support systems among students at the University of Lusaka, Silver Rest Campus. A qualitative phenomenological approach was employed, with data collected through semi-structured interviews and focus group discussions with 25 students. The analysis revealed several key themes: a limited understanding of mental health concepts, a significant gap in knowledge regarding available support services, multiple barriers to access (encompassing stigma, cultural beliefs, and confidentiality concerns), and the pervasive nature of mental health stigma within the student community. It was concluded that the current support system was ineffective due to poor awareness, deep-seated stigma, and a critical communication gap. The study recommended the implementation of a comprehensive awareness and anti-stigma campaign, the clarification of support service pathways, and the establishment of structured peer support programs to create a more supportive environment for student mental well-being.

Keywords: mental health, awareness, support systems, university students, Zambia, qualitative research, stigma

List of Acronyms (in alphabetical order)

ACHA: American College Health Association

BSc: Bachelor of Science

BSPH: Bachelor of Science in Public Health (inferred from student ID BSPH22114237)

NHRA: National Health Research Authority

UNILUS: University of Lusaka

UNICEF: United Nations Children's Fund

USDHHS: United States Department of Health and Human Services

WHO: World Health Organization

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CHAPTER ONE

Introduction

A state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their community" is how the World Health Organization (WHO) defines mental health (WHO, 2022). Our everyday thoughts, emotions, and behaviors are influenced by our mental health. Among university students, mental health is particularly important because this period of life involves significant transitions, academic pressures, social challenges, and personal development. These factors can increase vulnerability to mental health problems such as anxiety, depression, and stress-related disorders (john & Bruce, 2023). As such, mental health awareness and the availability of effective support systems are essential to help students manage these challenges and succeed academically and personally.

Globally, mental health issues among university students have become a growing concern. Research indicates that a substantial proportion of students experience mental health difficulties during their studies, which can negatively affect their academic performance and quality of life (Auerbach et al., 2021). Universities have responded by implementing mental health awareness campaigns and establishing support services such as counselling centers, peer support groups, and stress management programs. These initiatives aim to reduce stigma, increase knowledge about mental health, and provide accessible help to students in need (Henry & Kings, 2021).

In the African context, mental health remains a neglected area despite its increasing prevalence. Cultural beliefs, stigma, and limited resources often prevent individuals from seeking help or accessing mental health services (Mendenhall et al., 2020). Zambia is no exception; although mental health is gaining recognition as a public health priority, there are still significant challenges in raising awareness and providing adequate support, especially within higher education institutions (Chibanda et al., 2021). Many students may lack knowledge about mental health issues or the support systems available to them, and stigma may discourage open discussion or help-seeking behavior It has a significant impact on how we respond to stress, interact with others, and make decisions. Adolescents represent the most at-risk demographic globally, with mental health issues potentially beginning as early as age 14 (USDHHS, 2020). Untreated mental disorders can result in life-threatening outcomes, including suicide. Approximately one in five adolescents experience depression, anxiety, or other recognized mental disorders (USDHHS), 2%28% of this population faces impairment due to mental illness (Merikangas et al., 2021). The lifetime prevalence of anxiety among adolescents aged 13 to 17 is estimated at 32.4% (Kessler et al., 2012). Depression is the primary cause of death for young adults aged 15 to 24 years, and children aged 10 to 14 are more likely to die by suicide than in motor vehicle accidents.

(USDHHS, 2021; Loureiro et al., 2023). At least one in five adolescents will have experienced depression by age 18, with prevalence rates among adolescents estimated between 4-8% (Loureiro et al.).

Nowadays, mental health is a significant global public health concern, particularly in higher education institutions where students encounter numerous obstacles while pursuing their education. Mental health issues among Zambian students are on the rise, although they frequently go untreated (WHO, 2023). WHO (2022) estimates that 10% to 20% of youth globally suffer from mental health issues, however the majority do not receive the necessary assistance? One of Zambia's top private universities is the University of Lusaka, which was founded in 2007. It caters to a multicultural and socioeconomically diversified student body and is situated in the capital city. Academic strain, social adjustment, financial stress, and personal development issues are just a few of the difficulties that students encounter during their academic careers, and they can all have an adverse effect on their mental health (Ministry of Higher Education, 2023).

For university students to succeed and be happy, mental health knowledge and support networks are essential. The goal of this study is to comprehend how University of Lusaka students see mental health concerns and use support services. Examining the current level of mental health awareness, identifying current support networks, and investigating strategies to enhance student mental health services are the objectives of the study. Although Zambian university students are more aware of mental health problems, little is known about how they perceive and manage these difficulties. According to the Zambian Mental Health Association (2023), a large number of students experience stress, anxiety, and depression, yet they frequently choose not to seek treatment out of ignorance or fear of social rejection. Universities require improved mental health services, according to Zambia's National Mental Health Policy Framework (2022–2026).

STATEMENT OF THE PROBLEM

Mental health is defined as a state of well-being that enables individuals to cope with the stresses of life, realize their abilities, learn and work effectively, and contribute to their community (World Health Organization, 2022). This holistic concept recognizes that mental health is an integral part of overall health, influencing how students manage academic demands, social relationships, and personal growth. Universities are expected to provide comprehensive mental health awareness programs and accessible support services that promote understanding and encourage timely help-seeking behaviors. Such environments enable students to manage stress, build resilience, and achieve positive mental health outcomes (Hunt and Eisenberg, 2019).

Despite the University of Lusaka offering counselling services through its Student Affairs Department, there is significant underutilization of these services. Studies indicate that although counselling centers are available, many students do not access them due to various barriers (Milanzi and Makukula, 2021; University of Zambia, 2023). This underutilization is consistent with findings from other Zambian universities, where only a small percentage of students seek counselling despite high levels of psychological distress (Siziya and Mazaba, 2015). The Ministry of Higher Education Zambia (2023) reports that the ratio of mental health counsellors to students is approximately 1:3,500, which is far below the World Health Organization's recommended ratio of 1:1,500. This shortage limits timely access to professional support and contributes to the low uptake of services.

Cultural stigma and social pressures further discourage students from seeking mental health support. UNICEF Zambia (2023) found that 65% of young people in Lusaka feel ashamed to discuss mental health issues openly. Similarly, research published in the African Journal of Mental Health (2023) highlights that many students fear being labelled "weak" or "crazy" if they seek help. Such stigma creates a significant barrier to accessing counselling services, even when they are available (Chishinga et al., 2020; Mwambwa-Johnson, 2021). These findings align with earlier studies emphasizing that stigma and lack of mental health literacy reduce help-seeking intentions among university students (Jorm, 2012; Kutcher et al., 2016).

Moreover, awareness of the counselling services themselves is often limited. A study at the University of Zambia found that although many students were aware of the existence of counselling centres, fewer understood the scope of services offered or how to access them (University of Zambia, 2023). This lack of awareness contributes to low utilization rates and suggests a need for better communication and outreach efforts.

Untreated mental health issues among university students are profound. Anxiety, depression, and social isolation can lead to decreased academic engagement, poor performance, and increased dropout rates, which negatively affect students' future opportunities and quality of life (Eisenberg, Hunt and Speer, 2013; Stallman, 2010). Untreated mental illness can also result in more severe outcomes such as substance abuse and suicide, which is a leading cause of death among young adults globally (World Health Organization, 2021).

Therefore, by exploring the level of mental health awareness and understand the available support system in order to demonstrate the pressing need for better mental health awareness and support networks, this study intends to explore support services and gauge university students' understanding of mental health issues. The findings of the study are expected to provide evidence-based recommendations to enhance mental health literacy and strengthen support services.

1.1 JUSTIFICATION

The University of Lusaka's study on mental health awareness and support networks is significant for a number of theoretical and practical reasons. As it works to become a worldwide university, the University of Lusaka, which is located in the Chongwe region and has campuses at Leopards Hill and Mass Media, is expanding significantly. Since its founding in 2007, the University of Lusaka has grown from seventy students to over eleven thousand today. This extension emphasizes how important it is to have a thorough grasp of the student body's mental health knowledge and support networks. To encourage mental health, the University of Lusaka has set up a number of support programs. Assessing students' awareness of these resources and their level of accessibility is crucial, though. By assessing these services, it will be possible to find weaknesses in support networks and improve how well they work to avoid mental health problems. The research will be important for practitioners and students. This information about mental health awareness and support systems will help address the reasons why students at the University of Lusaka are unable to recognize mental health issues and the circumstances that lead to their inability to obtain mental health assistance. Consequently, this study will lay the groundwork for further research on mental health and filling up the gaps that will be found. The study will close important gaps in our knowledge of the mental health needs of students and offer insightful data on how University of Lusaka students perceive and manage mental health concerns. Enhancing students' academic performance. This study will help university administrators understand what students know about mental health and what kind of help they need by gathering data directly from students. The study is conducted at a critical juncture in the rise of mental health issues among students.

1.2 OBJECTIVES:

1.2.1 General objectives

To explore mental health awareness and understand the effectiveness of the support system among university students at the University of Lusaka.

1.4.2 Specific objectives:

- To explore how university students at the University of Lusaka understand and experience mental health issues.
- To understand the availability and accessibility of mental health support services from students' perspectives at the University of Lusaka.
- To explore students' attitudes towards seeking mental health support.

1.3 Research questions

1. How do university students at the University of Lusaka understand and experience mental health issues?
2. How do students perceive the availability and accessibility of mental health support services at the University of Lusaka?
3. How do various factors influence university students at the University of Lusaka in seeking or not seeking mental health support?

1.4 LIMITATIONS OF STUDY

1.7 Limitations of the Study

While this study provides valuable insights, several limitations should be acknowledged:

Methodological Limitations: The qualitative phenomenological design, while ideal for exploring in-depth experiences, inherently involves a small, purposively selected sample. Consequently, the findings are not statistically generalizable to the entire student population of the University of Lusaka or other institutions. The goal was to achieve rich, detailed data rather than broad representation.

Potential for Bias: The study relied on self-reported data through interviews and focus group discussions. This approach carries the risk of social desirability bias, where participants may have provided responses, they perceived as socially acceptable rather than fully revealing stigmatized attitudes or personal struggles. To mitigate this, the researcher emphasized confidentiality and fostered a non-judgmental environment during data collection.

Resource Constraints: The scope of the study was limited by practical constraints. The available timeframe and financial resources restricted the number of participants that could be included and the duration of longitudinal engagement. A larger, longitudinal study might have captured a wider range of experiences and changes in perceptions over time.

2.0 CHAPTER TWO: LITERATURE REVIEW

Our everyday thoughts, emotions, and behaviors are influenced by our mental health. It has a significant impact on how we respond to stress, interact with others, and make decisions. Nowadays, mental health is a significant global public health concern, particularly in higher education institutions where students encounter numerous obstacles while pursuing their education. Mental health issues among students are on the rise, although they frequently go unnoticed (WHO, 2023). University students' understanding of and support for mental health has been the subject of numerous researches. This section of the study aims to assess the findings of multiple investigations conducted globally. This was accomplished by consulting a number of information sources. Our first resources for advice and pertinent studies on this topic were Hirari, Pub Med, and Google Scholar.

2.1. GLOBAL PERSPECTIVE

The university experience represents a critical developmental period full of unique stressors that can significantly impact student mental health (Storrie et al., 2020). Recent global research highlights the complex landscape of mental health awareness, help-seeking behavior, and support systems among university students. Contemporary studies consistently reveal that despite increasing mental health challenges in this population, stigma and lack of awareness remain significant barriers to accessing support services (Murali, 2020; Hardy et al., 2022). Mental health disorders among university students are becoming a serious global concern. Students face many pressures such as academic workload, financial difficulties, and social challenges that affect their mental well-being (Storrie, Ahern and Tuckett, 2020). The university period is a critical time when students are vulnerable to mental health problems, making awareness and support systems very important.

Recent studies show that although mental health issues are rising, many students still face stigma and lack of knowledge about mental health, which stops them from seeking help (Murali, 2020; Hardy et al., 2022). For example, the American College Health Association (2021) reports that about 75% of university students experience moderate to severe psychological distress. The COVID-19 pandemic made things worse, increasing anxiety, depression, and loneliness among students worldwide (Wang et al., 2020; Son et al., 2020). However, Lipson et al. (2023) found that some students showed better coping during the pandemic, which shows that experiences can be different depending on personal and environmental factors.

Murali (2020) talks about the “invisible struggles” students face, where fear of being judged stops them from asking for help. Hardy et al. (2022) found that students from racial minorities often mistrust university support services because of cultural stigma. Eisenberg et al. (2021) explain “personal stigma” as when students have negative feelings about mental illness themselves, making it hard for them to admit they need help. Shim, Eaker and Park (2022) add that education about mental health can reduce stigma and improve help-seeking, but many students still do not use the services available.

International students face extra challenges like adjusting to new cultures and language barriers, which can increase mental health problems (Swanbrow Becker et al., 2018). Forbes-Mewett and Sawyer (2022) found that international students tend to use informal support like friends or cultural healing rather than formal counselling. Shayaa et al. (2022) studied 12 countries and found that in collectivist cultures, people rely more on family support, while in individualistic cultures, people try to handle problems alone, sometimes avoiding professional help. Digital mental health tools are becoming popular to raise awareness and provide support. Lattie et al. (2020) say these tools help students learn about mental health but often do not lead to long-term use of mental health services. This shows a gap between knowing about support and actually using it. Similarly, the University of British Columbia found that even when students know about counselling services, many do not use them (UBC Mental Health Services Evaluation, 2021). Faculty mental health also matters. West and Hardy (2021) found that when faculty members have good mental health, the campus atmosphere improves and students get better support. This shows that student and staff mental health are connected, not separate issues.

Phenomenology is a good research method to study mental health awareness because it explores how students personally experience mental health challenges and support (Dovetail, 2023; Simply Psychology, 2024). Smith and Osborn (2022) explain that phenomenology helps researchers understand the feelings and social factors that affect students' decisions to seek help. For example, Dario et al. (2022) used this method and found that students who had bad experiences with mental health services before were less likely to seek help again. Mantovani et al. (2021) showed that cultural beliefs sometimes clash with Western counselling methods, which affects how African students use mental health services. Richardson et al. (2023) found that peer support groups are very important because students feel understood and connected, sometimes more than with professional services.

The World Health Organization's Mental Health Action Plan (2013–2020) stresses the importance of creating supportive university environments and making mental health services easy to access (WHO, 2020). However, there are still big differences in how well universities around the world provide mental health support, with some having strong programs and others lacking resources (Eisenberg et al., 2021).

Despite substantial progress in expanding mental health awareness and support systems globally, significant disparities persist, particularly in low- and middle-income countries where resources are limited and stigma remains pervasive. Continued interdisciplinary collaboration, culturally sensitive interventions, and equitable funding are essential to close treatment gaps and improve mental health outcomes worldwide (Misra et al., 2019; Lund et al., 2022).

2.2. REGIONAL PERSPECTIVE

With little funding for university mental health services, mental health awareness and support networks in sub-Saharan Africa are still in their infancy. According to a study by Gureje et al. (2015), the low utilization of accessible mental health care in sub-Saharan Africa is due to underfunding and a shortage of qualified professionals. The lack of knowledge and pervasive stigma in the area make it difficult to treat mental health issues.

In research conducted by Choudhry et al. (2016), the investigators noted that beliefs about mental illness are formed through personal knowledge regarding mental illness, including direct impact through personal illness or interactions with mentally ill individuals, as well as cultural stereotypes. According to Choudhry et al., cultural context holds particular importance because mental illness interpretations vary across cultures, and such interpretations may influence help-seeking behaviors among those with mental illness. Within African contexts, including Zambia, mental illness is often viewed as resulting from supernatural forces stemming from spiritual wrath (Choudhry et al., 2016). Studies from neighboring Zimbabwe show similar challenges to those in Zambia. Gwirayi, Mavezera, and Rushwaya (2024) report that university students perceive psychosocial support services such as peer counseling and academic counseling as beneficial but underutilized. Gender differences in perceptions of support were noted, and students recommended improved accessibility and training for peer counselors.

Cultural beliefs and practices deeply influence mental health perceptions and care utilization in African contexts (Nature Communications, 2022). Family caregivers' perspectives often shape attitudes toward mental illness, sometimes reinforcing stigma or promoting alternative healing practices. Monteiro (2022) found that in Southern African universities, family attitudes toward mental health treatment were the strongest predictor of student help-seeking behavior, outweighing personal attitudes. Research in Malawi by Chilale et al. (2021) revealed strong similarities with Zambian students' experiences, particularly regarding the influence of religious beliefs on mental health conceptualization and help-seeking. Both populations showed a tendency to attribute mental health issues to spiritual causes, influencing treatment preferences. This regional pattern suggests the need for culturally-sensitive approaches to mental health awareness and support across Southern Africa. The potential of digital mental health interventions in African universities presents a promising frontier, albeit with mixed findings.

Oyeyemi and Mbada (2021) evaluated a WhatsApp-based mental health awareness program among Nigerian university students, finding significant improvements in mental health literacy but limited impact on actual help-seeking behavior. This contradicts simplistic assumptions about digital solutions while highlighting their potential for education. In the Zambian context, Chishimba and Mwanawasa (2023) piloted a text-based mental health screening tool at the University of Zambia, finding high acceptance among students who valued the anonymity it provided. However, follow-up to in-person services remained low, suggesting that digital

interventions may help overcome initial barriers but are insufficient to address the full help-seeking pathway. A notable contradiction emerges between awareness and utilization of mental health services. Globally, students may be aware of available support but still hesitate to seek help due to stigma or mistrust (Murali, 2020; UBC, 2021). Locally, in Southern Africa which inclusive of Zambia, low awareness itself is a significant barrier alongside stigma, suggesting a compounded challenge (Chileshe & Mwansa, 2023). This contrast underscores the importance of context-sensitive research to tailor mental health interventions effectively.

Furthermore, while phenomenological research offers deep insights into individual experiences, there is a scarcity of such studies focused on African university students, particularly in Zambia. Most existing research tends to be quantitative or broad qualitative surveys, lacking the depth to capture the essence of students' mental health journeys and their interactions with support systems. Another contradiction lies in institutional approaches to mental health support. Western models often emphasize one-on-one professional counseling, while Mukunta and Kasonde-Ng'andu (2021) found that Zambian students preferred group-based or peer-led interventions that align better with collectivist cultural values. This suggests that uncritically importing Western support models may not effectively address local needs. The study reveals tensions between traditional and modern perspectives on mental health treatment. While younger Zambian students show increasing openness to professional psychological help, they often face pressure from family members to seek traditional healers instead (Lubinda and Hamazhila, 2022). This intergenerational conflict creates additional complexity in students' help-seeking journey.

Research by Thompson et al. (2023) suggests that university policies focused solely on increasing service provision without addressing cultural barriers may fail to improve student mental health outcomes. This contradicts common institutional approaches that prioritize resource allocation over cultural change.

2.3. NATIONAL PERSPECTIVE

Concern over university students' mental health understanding and support networks has grown in Zambia in recent years. There are notable inequalities in accessibility, service availability, and understanding regarding mental health in Zambia. Studies have documented pervasive negative perceptions about mental illness among Zambians Mwape et al. (2021) found that many Zambians still attribute mental illness to spiritual causes, which leads to seeking help from traditional healers rather than mental health professionals. Studies at the University of Zambia School of Medicine reveal high levels of anxiety, depression, and stress among medical students, with most having little experience or access to counseling services (University of Zambia, 2023). Mwanza, Cooper et al. (2020) describe the stigma surrounding mental illness in Zambia as severe, with

individuals being feared and humiliated, which discourages help-seeking. Their findings suggest that medical students, despite their training, are not immune to prevalent stigmatizing attitudes.

A study at Mulungushi University found that despite free on-campus counseling, utilization remains low, with only 5.4% of students seeking help in 2020, and mental health disorders persisting among students (Mulungushi University Counseling Register, 2017-2021). This low uptake is linked to stigma, negative perceptions of counseling, and preference for private or informal support (Motau, 2020; Martial et al., 2020). This contradicts the assumption that providing free services automatically improves access, highlighting the need to address attitudinal barriers alongside structural ones. Mulima and Sikombe (2022) further found that Zambian university students often conceptualize mental health problems as temporary academic stress rather than clinical conditions requiring intervention, which delays help-seeking until symptoms become severe.

University counseling centers in Zambia face challenges including inadequate staffing, limited funding, and low visibility among students, which further restricts access to mental health services (Chileshe & Mwansa, 2023). Despite these barriers, some Zambian universities have initiated peer support programs and awareness campaigns aimed at reducing stigma and promoting mental well-being, though their effectiveness requires further phenomenological exploration to understand students lived experiences with these interventions. Aldalaykeh et al. (2020) found that 95.5% of Zambian students surveyed had never consulted a mental health professional despite high psychological stress levels. This striking statistic highlights the severe disconnect between need and service utilization in the Zambian context, far exceeding the gap observed in Western settings.

Mental health literacy is a critical facilitator for help-seeking. Kristina et al. (2020) and Sweileh (2021) emphasize that poor mental health literacy contributes to delayed treatment and worsened outcomes. This is particularly true in Zambia, where Kabwe and Ndhlovu (2023) found significant misconceptions about mental illness among university students, including beliefs that mental disorders are untreatable or contagious.

Social support plays a significant role in help-seeking behaviors. Eigenhuis et al. (2021) found that encouragement from peers and school personnel increases help-seeking intentions among students. However, Mulenga and Kapembwa (2022) discovered that in Zambian universities, strong social ties sometimes discourage professional help-seeking, as students fear being seen as weak or "crazy" by their social networks—revealing a contradictory role of social capital in this context. Self-stigma, fear of embarrassment, and desire for autonomy emerge as major barriers to seeking mental health support (Cage et al., 2018; Buttigieg et al., 2020). Interestingly, Nkoma and Blessings (2020) found that Zambian male students were particularly affected by self-stigma, with masculinity norms creating additional barriers to acknowledging mental health needs.

Recent empirical research highlights a high prevalence of mental health disorders among university students in Lusaka. A cross-sectional study by Ijcsrr.org (2025) involving 376 medical students from two Lusaka universities reported a 68% prevalence of depression and a 60.4% comorbidity rate of anxiety and depression,

assessed using validated measures (Ijcsrr.org, 2025). This study underscores the significant burden of mental health disorders in this population. Complementing these findings, Haamaundu (2023) conducted a qualitative study on suicidal ideation among University of Lusaka final-year medical and health science students. The study identified emotional distress, interpersonal relationship challenges, and abuse as key contributors to suicidal thoughts, highlighting critical mental health risks within the university environment (Haamaundu, 2023).

This cultural stigma discourages students from seeking help despite available counselling services at the University of Lusaka (University of Lusaka Handbook, 2023). Martial et al. (2020) found that only 38.3% of university students in Zambia were willing to seek help from campus psychologists, with many preferring private hospitals or avoiding professional help altogether, emphasizing the impact of stigma on help-seeking behavior.

The COVID-19 pandemic exacerbated mental health challenges. A study by BMJ Open (2023) on healthcare workers in Lusaka Province found that 46.8% exhibited symptoms of mild to moderate depression during the pandemic. Although focused on healthcare workers, these findings are relevant to university students, particularly those in health-related fields, who face similar stressors such as academic pressure and exposure to health crises (BMJ Open, 2023). Longdom (2022) further demonstrated that stress among Lusaka's youth negatively affects academic performance, confidence, and attendance, with maladaptive coping mechanisms like substance abuse emerging. These findings imply that university students in Lusaka are vulnerable to similar stress-related mental health issues.

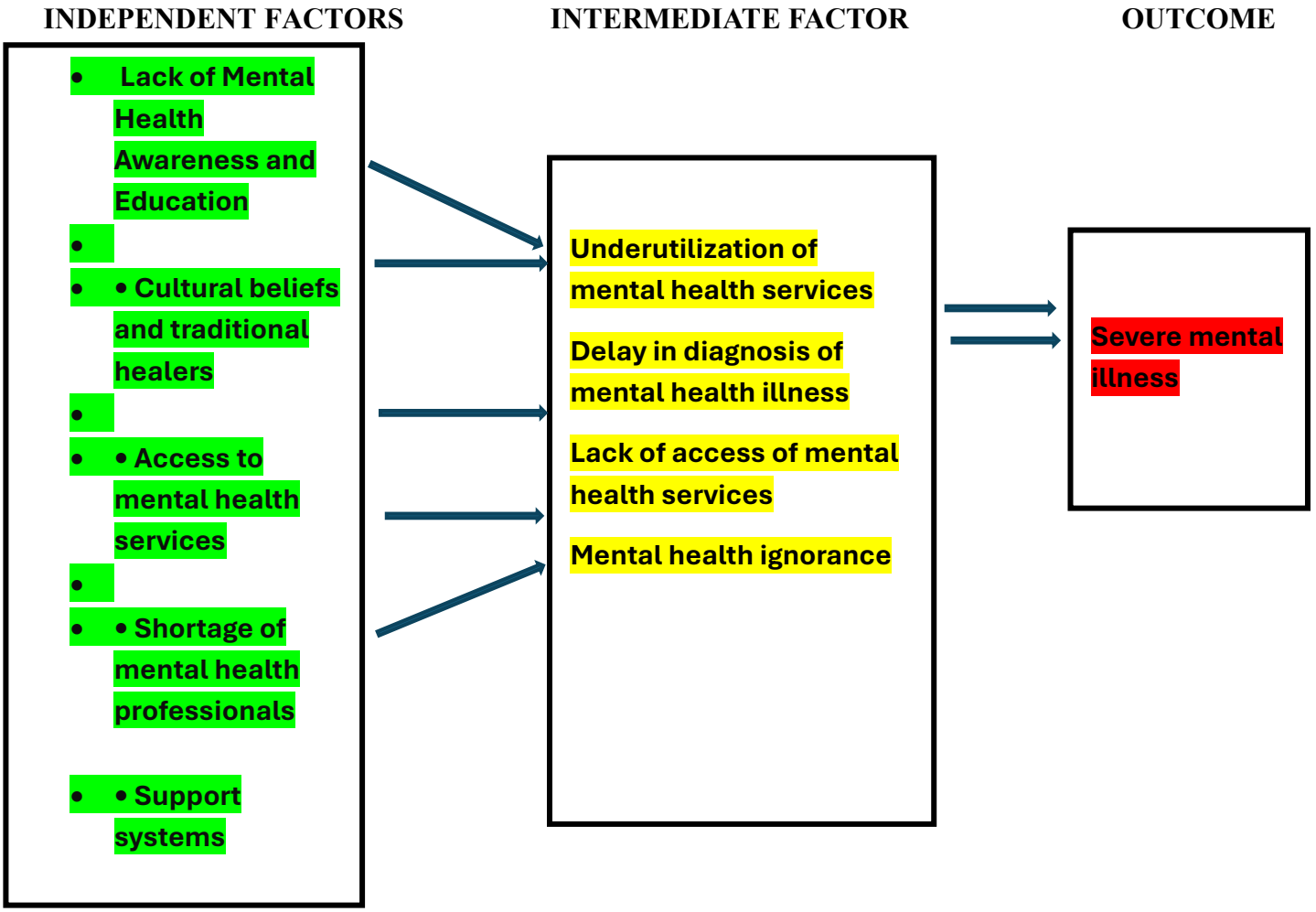
Nonetheless, the Zambian government has recognized the necessity of comprehensive mental health care in educational institutions through the Zambia Mental Health Policy. Workshops and student-led awareness programs are among the initiatives that have been started, but there are still issues with scaling these to successfully reach all students (Ngoma et al., 2019). To raise awareness of mental health issues and create trustworthy support networks at Zambian universities, more concerted and ongoing efforts are needed.

2.4 GAP IN LITERATURE REVIEW

The literature study indicates that no studies specifically examining mental health awareness and support systems in higher education have been conducted in Zambia, particularly in the Chongwe District. As is well known, research has been done both locally and globally, but none of the studies were sufficiently large to permit generalization.

2.5. CONCEPTUAL FRAMEWORK

Several factors affect mental health awareness, which in turn determines the overall mental health of a student.



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METHODOLOGY

3.0 CHAPTER THREE

3.1. STUDY APPROACH AND DESIGN

The study employed a qualitative phenomenological design to investigate the mental health awareness and support networks of University of Lusaka students.

3.2 STUDY SETTING AND POPULATION

The study was conducted in Lusaka Province of Zambia. The target population was the student body of the University of Lusaka, situated in Chongwe District. The district covers an area of 2,431 km² and has a population of 315,121 (Zamstats, 2025). The university, a private institution established in 2007, has a student population of over 11,000 (University of Lusaka, 2025).

Regarding the physical context, data collection was conducted in private, quiet rooms within the university's Student Services Building to ensure confidentiality and minimize distractions. These neutral spaces, located away from clinical or administrative offices, were selected to help participants feel comfortable sharing their experiences.

3.3. SAMPLE SIZE AND SAMPLING METHOD

Sampling Techniques

This study utilized purposive sampling to ensure representation across various faculties and departments... A target sample size of 20 to 25 participants was initially set.

Sample Size Determination

For this phenomenological study, data collection continued until data saturation was achieved, which is the point at which no new themes or insights emerged from additional interviews (Creswell & Poth, 2018). Informed by existing literature, a target sample size of 20 to 25 participants was initially set, as this range is generally recommended for qualitative research (Moustakas, 1994; Patton, 2002). However, the final sample size was not a fixed number but was guided by the principle of saturation, allowing recruitment to continue until sufficient depth of information was obtained.

3.4. INCLUSION & EXCLUSION CRITERIA

3.4.1. INCLUSION CRITERIA

Inclusion Criteria

The following criteria were used to determine eligibility for participation in the study

Enrolment Status: Full-time undergraduate or postgraduate students enrolled at the University of Lusaka's Silver Rest Campus.

Duration of Enrolment: Students who had completed at least one full academic year at the university.

Age: Students aged 18 years or above.

Consent: Demonstrated willingness to participate in interviews and focus group discussions about mental health awareness and support systems.

The students must meet the following requirements to be eligible for enrollment in the study: Current enrollment as a student at the University of Lusaka. Willingness to participate in interviews about mental health awareness and support systems.

Enrollment Status, Full-time undergraduate or postgraduate students currently enrolled at the University of Lusaka.

Duration: Students who have completed at least one full academic year at the university of Lusaka

Age Range: Students aged 18 years and above.

3.4.2. EXCLUSION CRITERIA

Exclusion Criteria

The following individuals were excluded from participation in the study:

Informed Consent: Students who were unwilling to provide informed consent.

New Students: Students who had been enrolled for less than one full academic year, as they were deemed to have limited exposure to the institution's mental health environment.

Part-time or Distance Learning Students: Students who primarily engaged with the university remotely or on a part-time basis, as their experiences were considered potentially distinct from the core, full-time student population.

Acute Psychological Distress: Students who were identified as experiencing severe psychological distress at the time of recruitment, as their participation was considered to pose a potential risk of exacerbating their condition.

Professional Mental Health Background: Students with professional training in mental health fields (e.g., psychology, psychiatry, counselling) as their specialized knowledge was likely to influence their perspectives differently from those of a typical student**.**

Language Barriers: Students who were unable to communicate fluently in English, as this could impair their ability to articulate complex emotional experiences during the interviews.

3.5. DATA COLLECTION PROCEDURE AND INSTRUMENTS

Data were collected using two primary instruments: a brief demographic survey and in-depth, semi-structured interviews. This mixed-instrument approach was chosen to gather both foundational demographic information and rich, contextual insights into the students' personal experiences. A brief survey was administered to capture quantitative data on general trends, including students' awareness levels and their perceptions of the availability of support systems. This survey included both structured and open-ended questions.

The semi-structured interviews served as the core qualitative instrument. The open-ended questions within the interview guide allowed participants to express their thoughts, feelings, and perceptions in their own words. This facilitated a deeper understanding of their lived experiences regarding mental health awareness and the support landscape at the university.

3.6. DATA ANALYSIS

The data collected from interviews and survey open-ended responses were analyzed using thematic analysis, as outlined by Braun and Clarke (2006). This method was selected for its utility in identifying, analyzing, and reporting patterns (themes) within the data, thereby providing a rich and detailed account of students' experiences and perceptions.

The analysis followed a systematic, six-phase process:

1. Familiarizing with the Data: This phase involved transcribing the interviews verbatim and repeatedly reading all transcripts and survey responses to become deeply immersed in the data.
2. Generating Initial Codes: Significant features of the data were systematically identified and labeled with concise codes. This coding process was data-driven, without attempting to fit the data into a pre-existing coding frame.
3. Searching for Themes: The initial codes were then collated and grouped into potential overarching themes that represented common patterns of meaning across the dataset.
4. Reviewing Themes: The candidate themes were rigorously checked against the coded data and the entire dataset to ensure they formed a coherent pattern. This involved refining the themes, which included combining some and discarding others.
5. Defining and Naming Themes: Each theme was clearly defined and given a concise, descriptive name that captured its essence.

6. Producing the Report: The final analysis was woven into a narrative report, using vivid and compelling extracts from the data to illustrate and substantiate the findings.

Throughout the analysis, I maintained reflexivity by actively acknowledging and setting aside personal biases to ensure that the results authentically reflected the participants' experiences. The flexibility of thematic analysis allowed themes to emerge directly from the data, which enhanced the trustworthiness and clarity of the study.

3.7. ETHICAL CONSIDERATION

This study received ethical approval from the University of Lusaka's Research Ethics Committee and the National Health Research Authority (NHRA).

Informed Consent

The study implemented thorough informed consent procedures. All participants received detailed information about the study's purpose, methodology, and potential risks and benefits. A comprehensive informed consent form was provided in clear, accessible language. The researcher verbally explained all aspects of the research before obtaining written consent. Participants were explicitly informed of their right to withdraw from the study at any time without academic consequences. The consent process emphasized the voluntary nature of participation and provided multiple opportunities for participants to seek clarification.

Non-Remuneration

The study did not provide monetary compensation to participants. This was clearly stated in all recruitment materials and consent forms to prevent misunderstandings. The value of participation was contextualized as a contribution to the advancement of knowledge and the potential improvement of university mental health services.

Confidentiality and Privacy

The protection of participants' identities and personal information was strictly maintained throughout the research process. All interviews were conducted in private, secure locations on campus. A coding system was implemented whereby each participant was assigned a unique identifier (e.g., P1, P2) for all research documentation; all personal identifiers were removed from the transcripts and analysis.

CHAPTER FOUR
PRESENTATION OF FINDINGS

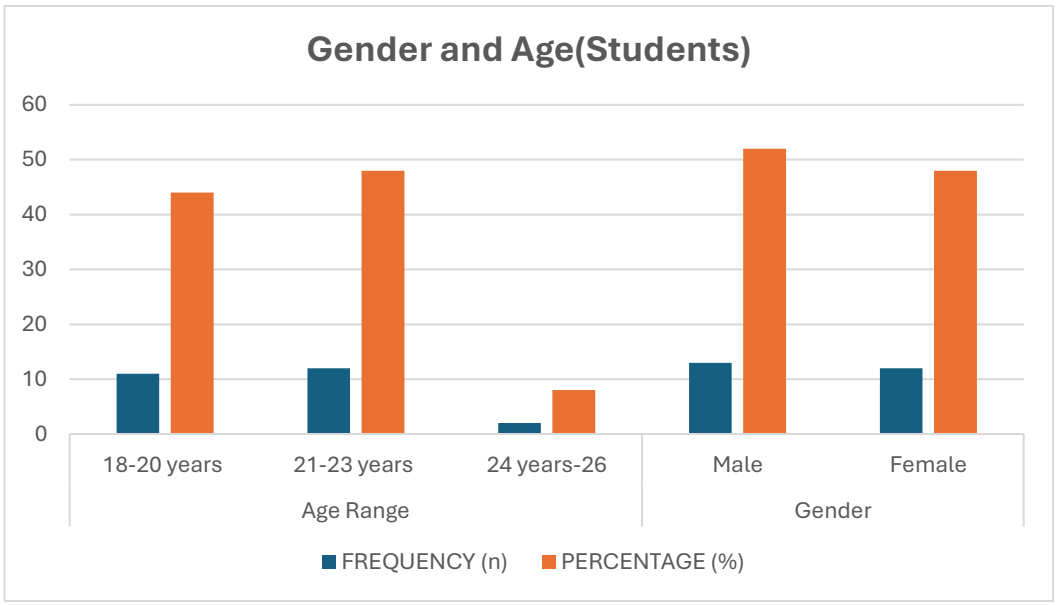
4.0 Overview

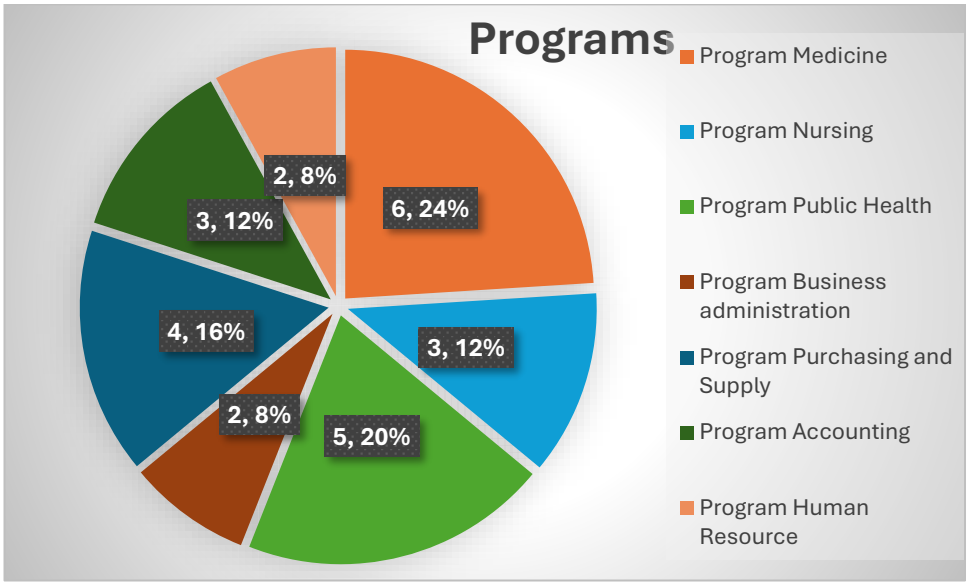
This chapter presents the findings from the qualitative phenomenological study exploring mental health awareness and support systems among University of Lusaka students at Silver Rest Campus. Data were collected from 25 participants through semi-structured interviews and two focus group discussions conducted in October 2025. The results are organized thematically based on the research objectives and presented through demographic profiles, thematic analysis, and participant narratives.

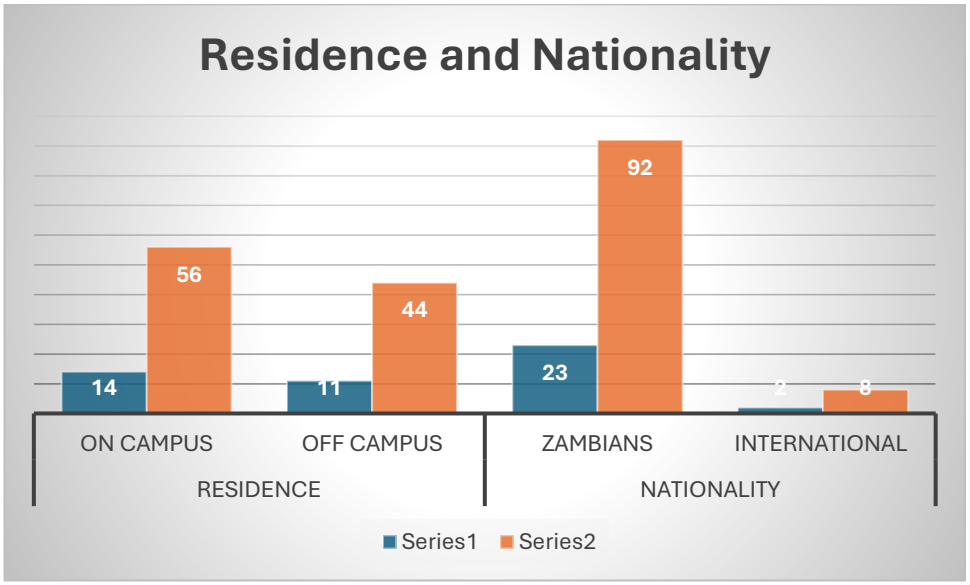
4.1 Demographic Characteristics of Participants

A total of 25 second-year students participated in this study, meeting the inclusion criteria of being 18 years and above, full-time students at Silver Rest Campus. Table 4.1 below presents the demographic distribution of the participants.

Table 4.1: Demographic Characteristics of Participants (N=25)







The demographic data shows that participants were fairly distributed across gender with 48% female and 52% male students. The age distribution indicates that most participants were between 21-23 years (48%), followed by 18-20 years (44%). seven academic programs had representation, with Medicine, Nursing, Public Health, and Business Administration, Human Resource and Procurement and Supply. The majority of participants were Zambian nationals (92%) and single (72%), with slightly more students residing on-campus (56%) compared to off-campus (44%).

4.2 Thematic Analysis of Findings

Through careful analysis of interview transcripts and focus group discussions, five major themes emerged from the data. These themes represent the lived experiences and perspectives of students regarding mental health awareness and support systems at the University of Lusaka.

Theme 1: Limited Understanding and Awareness of Mental Health

The first theme that emerged strongly across all participant narratives was the limited understanding of mental health concepts and low awareness levels among students. While participants could provide basic definitions of mental health, their understanding often lacked depth and was sometimes influenced by misconceptions.

Table 4.2: Student Understanding of Mental Health Concepts

Understanding Level	Frequency (n)	Percentage (%)	Description
Basic/Surface Level	18	72	Defined as "being okay "or "not stressed"
Moderate	5	20	Included emotional and psychological aspects
Comprehensive	2	8	Detailed understanding with clinical perspective
Misconceptions Present	7	28	Associated with "madness" or spiritual issues

Most participants (72%) demonstrated only surface-level understanding of mental health. When asked what mental health meant to them, responses were often simplistic. For instance, Participant A1, explained:

"*Mental health to me means being okay emotionally and not having too much stress in your mind*."

Similarly, Participant D4, student stated:

"*Mental health is being stable emotionally and mentally to handle life issues.*"

These definitions, while not entirely incorrect, lacked the comprehensive understanding expected, particularly from students. The data revealed that even students in medical and public health programs had limited personal application of mental health concepts despite theoretical knowledge. Participant V2, a Public Health student, acknowledged this contradiction:

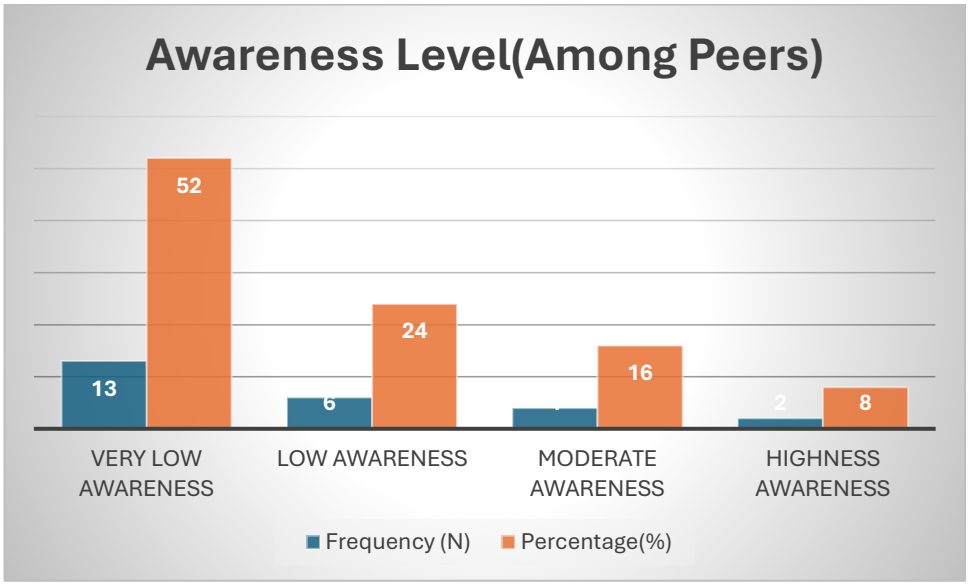
> *"Public health students know mental health theory but don't apply it personally. We study it in class but we don't practice what we learn."*

A concerning finding was that 28% of participants held misconceptions about mental health, often associating it with severe mental illness or spiritual problems. Participant G7, reflected cultural beliefs when he said:

> *"My parents think mental problems are due to lack of prayer and spiritual weakness."*

The theme of limited awareness extended beyond personal understanding to general campus awareness. When asked about mental health awareness among peers, participants consistently reported low levels of discussion and acknowledgment. Figure 4.1 below illustrates the perceived level of mental health awareness among students at UNILUS.

Figure 4.1: Perceived Mental Health Awareness Levels Among Peers



The data shows that 52% of participants perceived mental health awareness among their peers as very low, with an additional 24% rating it as low. Only 8% of the participant rated awareness as high. A Medicine student, shared this sentiment:

"Awareness is very low. People think mental health problems only affect mad people. Most students don't talk about it because of shame."

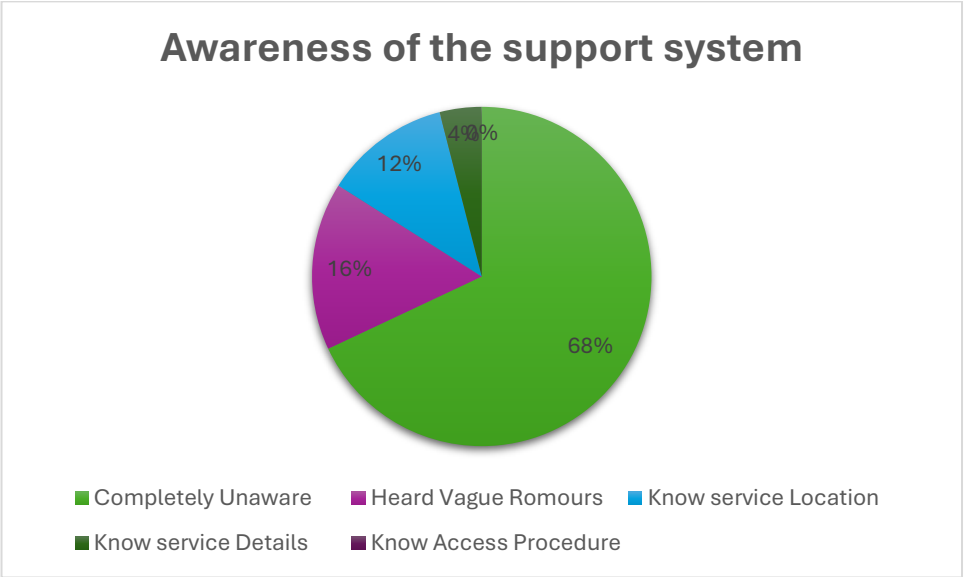
This theme was further reinforced during focus group discussions. In Focus Group 1, participants from various programs unanimously agreed on poor awareness levels. One Medicine student in the focus group stated:

"Honestly, mental health awareness is almost zero. Nobody talks about it unless someone has a breakdown."

Theme 2: Significant Gap in Knowledge About Available Support Services

The second major theme revealed an alarming gap in student knowledge regarding mental health support services at the university. This theme emerged as the most consistent finding across all 25 participants, indicating a critical failure in service communication and accessibility.

Table 4.3: Knowledge of Mental Health Support Services at UNILUS



The findings show that 68% of participants were completely unaware of any mental health support services at Silver Rest Campus. The remaining % 16% had only heard vague rumors but possessed no concrete information about service locations, types of support available, or how to access them. Most significantly, not a single participant had ever used mental health support services at the university.

When participants were asked directly about their knowledge of mental health services, responses consistently reflected this information gap. Participant 1, a Public Health student living on campus, stated:

"I don't really know what services are available. I've heard rumors about counseling, but nobody talks about it openly. I don't know where to go or who to ask."

Participant F6, from Procurement and Supply, echoed this sentiment:

"I've never heard of any mental health services specifically at Silver Rest. I didn't know they existed."

Even participants who had experienced mental health challenges and actively sought help could not find information about available services. Participant 10, a Nursing student who witnessed a traumatic patient death, explained:

"I don't know of any mental health support specific to nursing students. I didn't know where to go after that traumatic clinical experience. I cried alone in my room because I didn't know who to talk to."

The data revealed that students learned about mental health concepts from external sources rather than university-provided information. Table 4.4 below shows where participants obtained mental health information.

Table 4.4: Sources of Mental Health Information

Information Source	Frequency (n)	Percentage (%)
Social media/Internet	15	60
Academic Course Work	8	32
Friends (Peers)	5	20
Family	3	12
University Orientation	0	0

The table demonstrates that no participant learned about mental health support services through university channels. Instead, 60% relied on social media and internet sources, while 32% learned from academic coursework that covered mental health theoretically but not practically in terms of available campus services. During Focus Group 2, comprising technical program students, the lack of service knowledge was even more pronounced. One Accounting student asked directly:

"Is there actually something? Because nobody in my class knows. Maybe it exists, but if nobody knows about it, does it even matter?"

A Nursing student in Focus Group 1 questioned:

"Is there actually a mental health service? I've been here two years and never heard an official announcement."

This theme highlights a critical disconnect between whatever services may exist and student awareness. The complete absence of service utilization despite clear evidence of mental health challenges among participants suggests not just poor communication but potentially inadequate or inaccessible services.

Theme 3: Multiple Barriers to Accessing Mental Health Support

The third theme identified various interconnected barriers that prevented students from seeking mental health support. Even hypothetically, participants identified numerous obstacles that would discourage them from accessing services if they were available.

Table 4.5: Barriers to Accessing Mental Health Support (N=25)

BARRIER TYPE	FREQUENCY (n)	PERCENTAGE (%)
Lack of Information	25	100
Stigma and Fear of Judgement	23	92
Cultural Beliefs	20	80
Time Constraints	18	72
Fear of Confidentiality Breach	15	60
Financial Concerns	12	48

All participants (100%) identified a lack of information as a primary barrier, which aligns with Theme 2. However, even when hypothetically assuming services existed, 92% cited stigma as a deterrent. Participant D4 explained:

"I prefer handling my problems privately. There's stigma, lack of information, and fear that people will find out."

Cultural beliefs emerged as a significant barrier affecting 80% of participants. Many described family attitudes that dismissed mental health concerns. Participant 3, a Nursing student, shared:

"My parents think mental problems are due to a lack of prayer and spiritual weakness. In my culture, mental illness means you're weak or bewitched."

Gender-specific barriers were evident in the data. Male participants particularly emphasized masculinity expectations. Participant G7 stated:

"My family tells me to 'man up.' In Zambian culture, especially for men, showing emotional vulnerability is discouraged."

Female participants in male-dominated fields faced different barriers. Participant N14, one of the few females in Transport and Logistics, explained:

"Being female in a male-dominated field makes me hide my weakness. Showing vulnerability as a woman in a male field is seen as confirming stereotypes."

Time constraints affected 72% of participants, particularly those in demanding programs. Participant J9, a Medicine student, noted:

"I'm too busy with studies and don't know where it is. We have time constraints and a heavy workload."

Fear of confidentiality breaches concerned 60% of participants. Given the small campus environment, students worried about privacy. Participant P16, another Medicine student, expressed:

"I feared seeking help would appear on my academic record. There's fear of appearing incapable and not knowing if services are confidential."

International students faced unique barriers. Participant H8 from Zimbabwe described:

"Being an international student, there are language barriers, a lack of information, and I was afraid seeking help might affect my student visa status."

Theme 4: Pervasive Stigma Surrounding Mental Health

The fourth theme revealed widespread stigma that permeated student culture, family attitudes, and academic environments. This stigma manifested in various forms and significantly influenced help-seeking behaviors.

Table 4.6: Manifestations of Mental Health Stigma

Stigma Type	Frequency (n)	Percentage (%)	Example from Data
Peer Stigma	23	92	Mockery, labeling as "crazy"
Family Dismissal	20	80	"You're overthinking," spiritual attribution
Professional Competence Concerns	18	72	"Not strong enough for a profession"
Cultural/Spiritual Attribution	20	80	Bewitchment, spiritual weakness
Gender-Based Stigma	12	48	"Man up," women are seen as emotional

Peer stigma affected 92% of participants. Participant 1 described direct experiences:

"Yes, stigma exists. People call you crazy if you say you're struggling mentally. Students mock others who show signs of mental distress."

The data revealed that stigma was particularly intense in professional programs where competence was closely linked to mental strength. Participant L12, a Medicine student, explained:

"There's intense stigma because medical students should be strong and capable. If you admit struggling, people question if you should be in medicine."

Similarly, Participant J10, a Nursing student, noted:

"Showing emotion is seen as weakness in nursing. There's cultural expectation that nurses should be strong and care for others, not ourselves."

Cultural and spiritual attribution of mental health problems emerged strongly, affecting 80% of participants. Participant B2 shared:

"African culture sees mental illness as spiritual problems, not medical conditions. People joke about depression and anxiety like they're not real conditions."

Gender-based stigma manifested differently for male and female students. Male participants described pressure to appear strong. Participant Q17, a male Nursing student, revealed:

"Male colleagues mocked me for being upset after a patient's death. I couldn't show vulnerability as a male nurse without facing mockery. There's double stigma – mental health and being male in a female-dominated field."

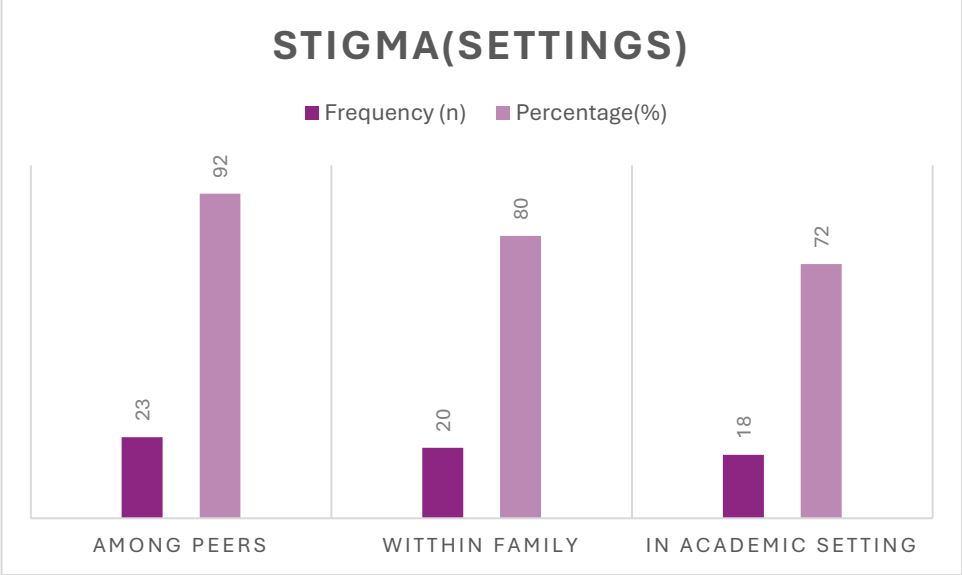
Family attitudes reinforced stigma for many participants. Participant 5 explained:

"Marriage adds pressure because society expects me to be a perfect wife and student simultaneously. Family pressure to succeed makes it hard to admit struggling."

During focus group discussions, stigma emerged as a dominant barrier. In Focus Group 1, a Business Administration student stated:

"Stigma is huge. People will call you crazy if you seek mental help. Even though we study it, admitting personal mental health issues is taboo."

Figure 4.2: Settings Where Stigma is Most Experienced



Student Recommendations for Improvement

The final theme captured participants' suggestions for improving mental health awareness and support systems. Despite limited knowledge of existing services, students provided thoughtful recommendations based on their experiences and needs.

Table 4.8: Student Recommendations for Improving Mental Health Support

Recommendation Category	Frequency(n)	Percentage (%)
Better Communication/Awareness Campaigns	25	100
Peer Support Programs	20	80
Anonymous/Confidential Service	18	72
Mandatory Wellness Programs	12	48
Online/Digital Access	10	40

All participants (100%) recommended improved communication about available services. Participant A1 suggested:

"Put posters around campus, have orientation programs, and make services confidential. Send emails with information and have designated counseling days."

Peer support programs were recommended by 80% of participants who felt these would be less intimidating than formal counseling. Participant 4 proposed:

"Use student WhatsApp groups to share information and have anonymous online counseling. Mental health workshops during orientation and throughout the semester would help."

Confidentiality concerns led 72% to recommend anonymous access options. Participant 12 stated:

"Crisis hotlines, visible service locations, and anonymous online support would make me more comfortable seeking help."

Program-specific support was suggested by 60% of participants who recognized unique needs across disciplines. Participant 10, a Nursing student, recommended:

"Mandatory debriefing sessions after clinicals and accessible counselors who understand nursing challenges. We need trauma-informed care for nursing students who witness suffering regularly."

Medicine students echoed this need. Participant P16 suggested:

"Confidential services, program-specific counselors, and peer support groups are essential. We need to normalize mental health discussions in medical training."

Business students recommended entrepreneurial mental health support. Participant Y25 stated:

"We need entrepreneurial failure support and financial stress counseling. Address toxic hustle culture and normalize entrepreneurial mental health struggles."

Mandatory wellness programs were proposed by 48% of participants, particularly those in high-pressure programs. Participant 9 explained:

"Mandatory wellness checks for medical students and integrated mental health in the curriculum would help. Program-specific support and stress management workshops are necessary."

Digital access was important to 40% of participants who valued flexibility. Participant K11 suggested:

"Online booking and after-hours services for working students would be helpful. Evening counseling sessions, especially for married students."

Cultural sensitivity training was recommended by 40% to address diverse student needs. Participant I9, an international student, proposed:

"International student support services and cultural sensitivity training are needed. We need multilingual support and acknowledgment of our unique challenges."

Focus group participants emphasized systemic changes. In Focus Group 1, participants collectively suggested:

"Clear information during orientation about what services exist and where. Visible posters, social media posts, and regular awareness campaigns. Student testimonials showing successful people also needed mental health support would reduce stigma."

4.6 Comfort Levels Discussing Mental Health

Participants rated their comfort levels discussing mental health with different groups. Figure 4.4 presents these comfort levels.

Figure 4.4: Comfort Levels Discussing Mental Health Across Different Groups

Comfort Levels (With Friends)	**Frequency(n)**	**Percentage (%)**
Very comfortable	16	64
Comfortable	6	24
Uncomfortable	3	12
With Family		
Very comfortable	2	8
Comfortable	5	20
Uncomfortable	18	72
With University Staff		
Very comfortable	0	0
Comfortable	2	8
Uncomfortable	23	92
With Mental Health Professionals		
Would be Comfortable	10	40
Uncertain	8	32
Uncomfortable	5	20
Never considered	2	8

The data shows that students were most comfortable discussing mental health with friends (88% comfortable or very comfortable), but highly uncomfortable with university staff (92% uncomfortable) and family (72% uncomfortable). Regarding mental health professionals, 40% indicated they would be comfortable, though they had never accessed such services.

CHAPTER FIVE
DISCUSSION

5.0 Introduction

This chapter provides a detailed discussion of the findings presented in Chapter Four, which explored mental health awareness and support systems among students at the University of Lusaka, Silver Rest Campus. The discussion is structured around the key themes that emerged from the thematic analysis of the qualitative data. These themes are examined in relation to the existing body of literature and the study's specific objectives. The aim is to interpret the significance of the findings, explain the patterns observed, and connect them to the broader context of mental health in higher education, both within Zambia and globally.

5.1 Limited Understanding and Awareness of Mental Health

The first major finding of this study was the limited understanding and low awareness of mental health concepts among the participants. While most students could provide basic definitions, their understanding was largely superficial, often equating mental health merely to the absence of stress. This finding aligns with the study's first specific objective, which sought to explore how students understand and experience mental health issues.

A significant portion of participants (28%) held misconceptions, associating mental health problems with severe "madness" or spiritual afflictions. This reflects the national perspective highlighted in the literature review, where Mwape et al. (2021) found that many Zambians still attribute mental illness to spiritual causes (Mwape et al., 2021). The persistence of such stigmatizing beliefs, even among university students, indicates a deep-seated cultural barrier that public health interventions have yet to overcome. As one participant noted, "*My parents think mental problems are due to lack of prayer and spiritual weakness*," demonstrating how familial attitudes perpetuate these misconceptions (Participant G7).

Furthermore, the finding that awareness among peers was perceived as "very low" by 52% of participants suggests a campus environment where mental health is not a common topic of conversation. This creates a cycle of silence; when students do not discuss mental health, misconceptions go unchallenged, and stigma thrives. This finding is consistent with global studies, such as that by Murali (2020), which discussed the "invisible struggles" of students who fear judgment (Murali, 2020). The data suggests that at the University of

Lusaka, this invisibility is compounded by a fundamental lack of literacy about what mental health entails, moving beyond illness to include overall well-being.

5.2 Significant Gap in Knowledge About Available Support Services

The second theme revealed a critical and almost universal lack of knowledge about existing mental health support services at the university. This finding directly addresses the study's second objective: to understand the availability and accessibility of support services from the students' perspectives. Astonishingly, 68% of participants were completely unaware of any services, and not a single participant had ever utilized them.

This finding presents a stark contradiction. The university may offer services, as indicated in the statement of the problem, but they are effectively non-existent from the student body's viewpoint. This aligns with national studies; for instance, research at Mulungushi University found low utilization of free counselling services, and the University of Zambia (2023) found that students were unaware of the scope of services offered (Mulungushi University Counseling Register, 2017-2021; University of Zambia, 2023). The present study deepens this understanding by showing that the communication breakdown is nearly total. As one participant poignantly asked, "Is there actually something? Because nobody in my class knows. Maybe it exists, but if nobody knows about it, does it even matter?" (Focus Group 2).

The sources of mental health information for students further highlight this institutional failure. With 60% relying on social media and 0% citing university orientation as a source, it is evident that the university's communication channels are ineffective. This gap between service provision and student awareness is a critical failure that renders any investment in support systems ineffective if students cannot find or access them.

5.3 Multiple Barriers to Accessing Mental Health Support

The third theme identified a complex web of barriers that prevent students from seeking help, which relates to the study's third objective, exploring attitudes towards seeking support. While lack of information was a universal barrier (100%), other significant obstacles included stigma (92%), cultural beliefs (80%), and fear of confidentiality breaches (60%).

The pervasive stigma identified is consistent with both regional and national literature. UNICEF Zambia (2023) found that 65% of young people in Lusaka feel ashamed to discuss mental health, a figure that appears even higher in this university context (UNICEF Zambia, 2023). The fear of being labelled "weak" or "crazy," as highlighted in the African Journal of Mental Health (2023), was a recurring concern among participants, particularly those in demanding programs like Medicine and Nursing, where showing vulnerability was perceived as a sign of professional incompetence (African Journal of Mental Health, 2023).

Cultural beliefs emerged as a powerful deterrent. The attribution of mental health challenges to spiritual causes, as found by Choudhry et al. (2016), creates a preference for traditional healing methods and discourages engagement with professional psychological services (Choudhry et al., 2016). This was compounded by gender-specific barriers, where male students felt pressured to "man up," aligning with Nkoma and Blessings (2020), finding that masculinity norms create additional barriers for Zambian male students (Nkoma & Blessings, 2020).

The fear of confidentiality breaches is a particularly important finding in the context of a small, close-knit campus community. This concern suggests a lack of trust in the institution's ability to protect student privacy, which is a fundamental requirement for any effective counselling service. These multi-layered barriers demonstrate that the problem is not merely a lack of services, but a hostile environment—shaped by culture, stigma, and institutional distrust—that actively discourages help-seeking.

5.4 Pervasive Stigma Surrounding Mental Health

Closely linked to the barriers, the fourth theme detailed the pervasive and multifaceted nature of stigma. It manifested as peer stigma (92%), where students mocked those showing signs of distress; family dismissal (80%), where concerns were minimized or spiritualized; and professional competence concerns (72%), particularly among health sciences students.

The intensity of stigma in professional programs is a critical insight. The finding that medical and nursing students felt their fitness for their future profession would be questioned if they admitted to struggling has serious implications for the well-being of the future healthcare workforce. This aligns with studies showing high levels of psychological distress among health students but low help-seeking due to stigma (University of Zambia, 2023). This internalized stigma, where students themselves adopt negative beliefs about mental illness, is what Eisenberg et al. (2021) term "personal stigma," and it is a powerful deterrent to seeking help (Eisenberg, Lipson & Heinze, 2021).

The role of family and culture in reinforcing this stigma cannot be overstated. Participants reported that family attitudes often dismissed their struggles, creating a situation where the home environment, a potential source of support, instead becomes another source of pressure and invalidation. This intergenerational gap in understanding mental health presents a significant challenge that university-based interventions alone cannot easily address.

5.5 Student Recommendations for Improvement

The final theme captured students' constructive recommendations for improving mental health support, which provides a practical roadmap for the university administration. All participants (100%) called for better communication and awareness campaigns, suggesting methods like posters, orientation programs, and emails.

The strong recommendations for peer support programs (80%) and anonymous services (72%) indicate that students prefer support systems that feel safer and more relatable than traditional, formal counselling. This preference for peer-based and anonymous interventions aligns with findings by Mukunta and Kasonde-Ng'andu (2021), who noted that Zambian students often prefer group-based or peer-led interventions that better fit collectivist cultural values (Mukunta & Kasonde-Ng'andu, 2021). It also resonates with the success of digital interventions, such as the text-based screening tool piloted at the University of Zambia, which students valued for its anonymity (Chishimba & Mwanawasa, 2023).

The call for program-specific support, especially for students in high-stress faculties such as Health Sciences and Business, demonstrates a nuanced understanding of their unique challenges. These recommendations demonstrate that students are not passive victims of the system but have clear, well-articulated ideas for creating a more supportive environment. Their suggestions are largely feasible and align with best practices in global mental health promotion, as outlined in the WHO Mental Health Action Plan (WHO, 2013).

5.6 Comfort Levels Discussing Mental Health

The data on comfort levels further reinforces the themes of stigma and trust. Students were most comfortable discussing mental health with friends (88% comfortable) and highly uncomfortable with university staff (92% uncomfortable) and family (72% uncomfortable). This indicates that students rely on informal support networks because the formal and familial systems are perceived as judgmental or untrustworthy.

The fact that 40% of students expressed they would be comfortable with a mental health professional, despite never having accessed one, is a crucial finding. It suggests a latent willingness to seek professional help if the barriers of stigma, awareness, and accessibility are removed. This presents an opportunity for the university: there is a potential user base for counselling services, but significant work is needed to make these services known, trusted, and accessible.

5.7 Limitations of the Study

While this study provides valuable insights into mental health awareness and support systems at the University of Lusaka, Silver Rest Campus, it is imperative to acknowledge its methodological limitations. The generalizability of the findings is constrained by the study's design. Firstly, the research utilized a qualitative approach with a relatively small sample size, drawn from a single campus. Consequently, the experiences and perceptions captured may not be fully representative of the entire student population of the University of Lusaka or other institutions in Zambia.

the reliance on self-reported data through interviews and focus groups introduces the potential for social desirability bias. Participants may have provided responses they believed to be socially acceptable, potentially under-reporting stigmatized attitudes or overstating their knowledge of mental health concepts, despite

measures to ensure a confidential and non-judgmental environment. lastly, the cross-sectional nature of the study provides a snapshot of the situation at a single point in time. It cannot capture the evolving nature of students' mental health awareness and help-seeking behaviors throughout their academic journey.

CHAPTER SIX
CONCLUSION AND RECOMMENDATIONS

6.0 Overview

This chapter presents the conclusion of the research, synthesizing the key findings to address the study's objectives. Based on this synthesis, actionable recommendations are proposed for the university administration and other stakeholders to enhance mental health support for students. The chapter concludes with suggestions for future research.

6.1 Conclusion

The primary aim of this study was to explore mental health awareness, knowledge of support services, and barriers to access among students at the University of Lusaka, Silver Rest Campus. The findings reveal a challenging environment where student well-being is compromised by a critical combination of low awareness, deep-seated stigma, and ineffective service communication.

The study concludes that students possess a limited understanding of mental health, often conflating it with the absence of stress or attributing it to severe mental illness or spiritual causes. This is exacerbated by a profound lack of awareness of existing university support services, rendering them virtually inaccessible. The barriers to seeking help are multifaceted, encompassing pervasive stigma (from peers, family, and internalized fears), cultural beliefs that discourage professional help-seeking, and a significant distrust in institutional confidentiality.

In essence, the current support system fails to meet student needs, leaving them to rely on informal peer networks while formal structures remain underutilized. However, the identified willingness of some students to engage with professional help indicates a potential for improvement. Addressing this complex issue requires a concerted, multi-pronged strategy aimed at increasing literacy, dismantling stigma, and rebuilding trust in institutional support.

6.2 Recommendations

Based on the study's findings, the following recommendations are proposed to strengthen the mental health support framework at the university:

6.2.1 Implement a Comprehensive Awareness and Anti-Stigma Campaign

The university must proactively disseminate accurate information to demystify mental health. Launch a sustained campaign using clear messaging on posters, university social media, and student portals. Integrate mental health literacy modules into the mandatory orientation program for new students to establish early awareness.

6.2.2 Clarify and Promote Support Service Pathways

The absolute lack of knowledge about services must be urgently addressed. Brand the counselling service with a recognizable name (e.g., "The Wellness Centre") and consistently publicize its location, contact details, hours, and a guarantee of confidentiality across all student communication channels.

6.2.3 Establish a Structured Peer Support Program

Capitalizing on students' comfort with peers, a formal peer support system can bridge the gap to professional help. The University Counselling Department should recruit, train, and supervise a team of student volunteers as Peer Supporters. These individuals can provide initial, low-threshold support and facilitate referrals to professional staff.

6.2.4 Enhance Service Accessibility and Anonymity

To mitigate fears of stigma and confidentiality breaches, services must be made more discreet and accessible. Introduce an anonymous online booking system for appointments. Additionally, pilot anonymous mental health screening tools or "wellness Check-in" kiosks in low-traffic areas to allow students to self-assess discreetly.

6.2.5 Integrate Mental Health into Academic Contexts

Mental health support should be normalized within the academic environment, particularly in high-stress programs. Collaborate with faculty deans, especially in Health Sciences and Business, to incorporate workshops on stress management, resilience, and time management into the academic calendar.

6.2.6 Engage Parents and the Wider Community

To counter stigma originating from home, the university should extend its outreach. Develop informational materials for parents and guardians, distributed during orientation or via university newsletters, to educate them on student mental health and the support services available, thereby fostering a supportive home-university partnership.

6.2.7 Institutionalize Continuous Service Evaluation

To ensure continuous improvement, the effectiveness of mental health initiatives must be regularly assessed. Conduct an annual anonymous survey to measure changes in student awareness, perceived barriers, and overall satisfaction with support services, using the data to refine strategies annually.

6.2.8 Recommendations for Further Research

To build upon this study, future research should: Employ a mixed-methods approach with a larger, university-wide sample to enhance the generalizability of findings. Investigate the specific mental health challenges and

coping mechanisms of students within different academic disciplines. Conduct a longitudinal study to track changes in mental health literacy and help-seeking behaviors throughout students' academic careers.

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APPENDIX 1: RESEARCH TIMEFRAME

MONTHS TASK	**1-3**	**1**	**1**	**2**	**2**	**2**	**3**	**3**
Complete Research Proposal								
Approved by the Ethics Committee								
Data Collection								
Data Analysis								
Data dissemination and discussion								
Draft Report								
Draft Report Submission								
Final Report								

APPENDIX 2: BUDGET

ITEM	Unit of Price (K)	Quantity	Cost (K)
Meal allowance	500	1	500.00
Printing and photocopying of questionnaires	2	3 pages	350.00
Refreshments	35	8	550
Binding of the report	20	1	20.00
Printing of the proposal	2	28 pages	56.00
Binding of proposal	20	1	20.00
Transport	600	1 day	600.00
Pens	2	4	8.00
Pencils	1	4	4.00
Ethical clearance	500	1	500
Rim of paper	100	1	150.00
TOTAL			2,758

Data collector: David Moyo

Contact:0779909645

You are invited to participate in a research study conducted by David Moyo, a fourth-year Public Health student at the University of Lusaka. This study aims to explore mental health awareness and evaluate the existing support systems available to students at the University of Lusaka. Before deciding to participate, please read this document carefully. Feel free to ask questions about anything you do not understand.

The purpose of this research is to assess the level of mental health awareness among University of Lusaka students and to explore the accessibility, utilization, and effectiveness of mental health support services available on campus. The findings will contribute to improving mental health services and support systems at the university.

If you agree to participate, you will be asked to:

1. Complete a demographic questionnaire (approximately 5 minutes)
2. Participate in a survey about mental health awareness and experiences (approximately 15-20 minutes)
3. Potentially participate in a follow-up interview (approximately 30-45 minutes) if you indicate willingness

Your participation in this research is entirely voluntary. You may refuse to participate, skip any questions, or withdraw from the study at any time without penalty or loss of benefits to which you are otherwise entitled. Your academic standing or university relationships will not be affected by your decision to participate or not participate.

This study involves minimal risks. Some questions about mental health experiences might cause mild emotional discomfort. If you experience distress, you may skip questions or stop participation.

While there may be no direct benefits to you, your participation will contribute to understanding mental health needs among university students and may help improve support services at the University of Lusaka.

All information collected will be kept strictly confidential. Your responses will be assigned a code number, and your name will not be linked to your answers. All data will be stored securely, and only the research team will have access to the raw data. In any publication or presentation resulting from this research, no personally identifiable information will be shared.

There is no monetary compensation for participation in this study.

I have ready and understood the information provided above. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction. I voluntarily agree to participate in this research study. I understand that I will receive a copy of this consent form.

_____ _____ _____

Participant Name Participant Signature Date

_____ _____ _____

Researcher Name Researcher Signature Date

PART A: DEMOGRAPHIC INFORMATION

1. Age: _____

2. Gender: □ Male □ Female

3. Year of study: □ First □ Second □ Third □ Fourth □

4. Faculty/Program: _____

5. Nationality: □ Zambian □ International student (Please specify): _____

6. Residential status: □ On-campus □ Off-campus

7. Marital status: □ Single □ Married □ In a relationship □ Other: _____

PART B: SURVEY QUESTIONS

Mental Health Awareness

1. How would you describe your understanding of mental health?

_____

_____

2. What does the term "mental well-being" mean to you?

_____

_____

3. How would you recognize signs of mental health challenges in yourself or others?

_____

_____

4. What factors do you believe contribute to mental health challenges among university students?

_____

_____

5. How comfortable are you discussing mental health issues with:

a) Friends

b) Family

c) University staff

d) Mental health professionals

Please explain your responses:

_____

_____

Mental Health Support Systems

6. Are you aware of mental health support services available at the University of Lusaka?

□ Yes □ No □ Unsure

If yes, please list the services you are aware of:

_____

_____

7. Have you ever accessed mental health services within campus?

□ Yes □ No

If yes, please describe your experience:

_____

_____

If no, why not? (Please explain):

_____

_____

8. What challenges, if any, do you face in accessing mental health support services at the university?

_____

_____

9. How would you rate the adequacy of mental health support systems at the University of Lusaka?

□ Very inadequate □ Inadequate □ Neutral □ Adequate □ Very adequate

Please explain your rating:

_____

_____

10. What recommendations would you suggest to improve mental health awareness and support systems at the University of Lusaka?

_____

_____

PART C: INTERVIEW GUIDE (For selected participants)

Open-ended Questions

1. Could you share your personal understanding of mental health and its importance in university life?

2. How would you describe the current state of mental health awareness among students at the University of Lusaka?

3. Have you personally experienced or observed mental health challenges during your time at the university? If comfortable, could you share these experiences?

4. Could you walk me through your understanding of the mental health support services available at the university?

5. If you have used any mental health services on campus, could you describe that experience in detail? (Prompt: booking process, waiting time, quality of service, follow-up, confidentiality)

6. If you haven't used mental health services on campus, what factors influenced that decision?

7. How does stigma around mental health manifest at the University of Lusaka, if at all?

8. How do cultural backgrounds and beliefs influence students' perspectives on mental health at the university?

9. What role do you think faculty members and university staff play in supporting student mental health?

10. What specific improvements would make mental health services more accessible and effective for students at the University of Lusaka?

11. How do you think the university could better promote mental health awareness among students?12. Is there anything else about mental health awareness or support systems at the University of Lusaka that you would like to share?

UNIVERSITY *of* LUSAKA

Passion for Quality Education: Our Driving Force

UNIVERSITY OF LUSAKA RESEARCH ETHICS COMMITTEE (UNILUS-REC)

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UNILUS-RESEARCH ETHICS COMMITTEE

Ref no: FWA00033228-970(08)/(08)/{2024}

Date: 16 September 2025

STUDENT NAME: **Mr. DAVID MOYO**

Mental Health Awareness and Support Among University of Lusaka Students

The above research was submitted to the research ethics committee for review. The study has no major ethical problems and is approved subject to the following:

1. The study cannot be changed without express permission of the UNILUS research ethics committee.
2. Approval from the necessary authority should be sought.

NATIONAL HEALTH RESEARCH AUTHORITY
Lot No. 18961/M, off Kasama Road, Chalala, P.O. Box 30075, LUSAKA
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Professor Kasonde Bowa

MSc(Glasgow),M.Med(UNZA),FRCS(Glasgow),FACS,FCS,DPH(LSTMH),MPH(UCL)

Chairman- UNILUS REC

Professor of Urology and Consultant Urologist Deputy Vice-Chancellor – Research and Innovation

Executive Dean - School of Medicine and Health Sciences

NHRA10218/30/09/2025 **26th September 2025**

The Principal Investigator, David Moyo,

University of Lusaka, UNILUS, Lusaka

Dear David Moyo,

Re: Request for Authority to Conduct Research

The National Health Research Authority Is in Receipt of Your Request for Authority to Conduct Research Titled **"Exploring mental health awareness and support system among university of Lusaka student"**

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

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

study was being conducted, University leadership, and all key respondents.

Yours sincerely,

National Health Research Authority

Prof Victor Chalwe,

Director and Chief Executive Officer