Research Article

ISSN 3071-2904

International Journal of Mental Health Research

Depression and Help-Seeking Behaviours among University Students in Lagos, Nigeria

Odulate-Ogunubi B[1]*, Adelayo AY[2], Coker AO[3] and Alonge OA[4]

[1]*Faculty Master of Arts in Counselling Psychology (MACP) Yorkville University, Canada.*

[2]*MD PLLC, Practitioner, Phoenix Arizona, USA.*

[3]*Department of Behavioural Medicine, Lagos State University College of Medicine, Lagos, Nigeria.*

[4]*Department of Psychiatry, Lagos State University Teaching Hospital, Ikeja, Lagos, Nigeria.*

***Correspondence:**
Dr. Odulate-Ognnubi B, Faculty Master of Arts in Counselling Psychology (MACP) Yorkville University, Canada.

Received: 28 Jun 2026; **Accepted:** 05 Aug 2026; **Published:** 15 Aug 2026

Citation: Odulate-Ogunubi B, Adelayo AY, Coker AO, et al. Depression and Help-Seeking Behaviours among University Students in Lagos, Nigeria. Int J Ment Health Res. 2026; 1(3): 1-10.

ABSTRACT

Globally, depression remains a public health concern among adolescents. Understanding the role of help-seeking behaviour in predicting the prevalence of depression among adolescents is important for designing effective interventions. This study investigated the prevalence of depression in relation to help-seeking behaviours among undergraduate university students in Lagos, Nigeria.

This descriptive cross-sectional study was conducted among undergraduate students of the University of Lagos, Akoka, Lagos, Nigeria. The Patient Health Questionnaire-9 and General Help-seeking Questionnaire were used for the data collection.

There were more females, 159 (64.9%), than males, 86 (35%), and the age range of 16 to 20 years was the majority, 159 (64.9%). Almost all the participants mentioned that they all experienced different types of stress, 243 (99.2%). Regarding the prevalence of depression, about half of the participants, 140 (58%), manifested probable depression. Concerning help-seeking behaviour of the respondents, a significant majority of the participants relied on informal support systems, frequently turning to roommates, friends, or significant others to address their mental health. Concerning the gender-based analysis of mental health and help-seeking behaviour among respondents on personal or emotional problems, there were no significant associations.

The participants sought help from informal sources rather than professional sources due to the prevailing stigma and discrimination among students regarding mental disorders. In light of this, there is an urgent need for periodic screening for mental disorders among undergraduate students to identify those at risk for mental health issues. Professional psychological support and free consulting services should be made available to the students in need. It is also imperative that higher institution authorities and administrators should continue to recognise stressors that students face on campus to offer appropriate support.

Keywords

Depression, Help-Seeking Behaviours, University Students, Lagos, Nigeria.

Introduction

Global studies indicate that university undergraduates are at relatively higher risk of developing depression compared to the general population [1-4]. Depression has been reported to be highly prevalent among students of higher institutions globally [1-4]. Some recent studies suggest that roughly one in three university students worldwide experience depressive symptoms, with some regional studies reporting rates as high as 50% to over 80% depending on

context [1-4]. In the same vein, depression was found to be highly prevalent among Nigerian students, with studies indicating a pooled prevalence of approximately 26%, ranging from 18% to about 45% depending on the region [5-7]. The degrees of depression among undergraduates differ across Nigeria, with studies showing highest rates in the Northwest (50%) followed by South-South (33%), Southeast (22.1%) and Southwest (18.1%) [6-8]. The commonly reported risk factors were high academic demands, being a female, limited financial resources, poor social support, excessive use of social media and poor recognition of the signs and symptoms of depression, which delays help-seeking behaviours [2,4,6,8]. There is a high correlation with suicidal ideation, low self-esteem, and substance abuse, which may impact negatively on their academic performance. Depression among students has been studied widely, but the trend over the years remains unexplored, especially in sub-Saharan African countries [9].

Help-seeking behaviours

Seeking help regarding mental health issues is essential if people have access to appropriate mental health services. Students in higher institutions are an important group that needs to be studied for help-seeking because they have high prevalence rates of mental health problems and suicidal ideation. One large study of over 26,000 students in the United States showed that 18% of undergraduates had seriously considered taking their own lives [9]. The identified risk factors were student life pressures, adjustment to life away from family, financial difficulty, poverty, bullying, sexual victimisation, drug abuse and low self-esteem [9-11]. Unfortunately, most students with mental health problems, particularly suicidal ideation, were found not to seek help or support from their university's counselling or mental health services [9-11].

Concerning barriers to seeking professional mental health services, the most commonly mentioned barrier is stigma and discrimination. Stigma toward mental health is generally associated with negative help-seeking attitudes, and this is particularly true for people who are experiencing suicidal thoughts [9]. The literature noted that undergraduate students had a significant level of stigma and social distance toward mentally ill patients [12]. Societal stigmatisation and discrimination towards undergraduate students with depression are significant issues that have far-reaching consequences for individuals, academic institutions, and society as a whole [13]. Evidence also showed that stigmatisation surrounding depression can create barriers to seeking help and accessing appropriate support because undergraduate students may hesitate to disclose their depression due to fears of judgment, labelling, or negative perceptions of themselves [14]. The identified factors that contributed to stigma and discrimination towards undergraduate students with depression include lack of awareness and understanding about depression, misconceptions about mental illness; fear or discomfort in discussing mental health openly; inadequate support systems, stigma perpetuated by media portrayals of mental health; fear of negative academic or professional consequences when disclosing mental health issues; and lack of effective policies or accommodations for students with depression [14,15].

Statement of the Problem

Nigeria does not currently possess a comprehensive national initiative specifically designed to promote mental health within undergraduate institutions. Nonetheless, the existing national mental health policy articulates provisions for intersectoral collaboration between the health and education sectors. These provisions emphasise the promotion of mental health in schools and universities through the application of the three fundamental levels of prevention, which explicitly include suicide prevention. Furthermore, the policy underscores the necessity of integrating educational considerations into the care plans of students experiencing mental illness, thereby ensuring that their academic needs receive adequate attention. In practice, the delivery of mental health services in Nigeria remains concentrated within secondary and tertiary hospitals, as well as standalone psychiatric facilities. Although the policy advocates for task shifting as a strategy to expand service coverage, implementation has been limited. Primary health care centres, which are intended to serve as the first point of contact, predominantly provide referral services and have not substantially engaged in direct mental health care provision.

Justification for the study

The study of depression and help-seeking behaviours among university students is warranted due to the high prevalence of mental health challenges in this population, the serious academic and personal consequences that may arise, and the persistent social stigma that hinders timely intervention. University life demands significant academic, social, and emotional adjustments, which can heighten vulnerability to depression. Research consistently highlights elevated rates of depression among undergraduates, alongside low levels of professional help-seeking. Many students rely on informal support networks rather than accessing formal mental health services. Left untreated, depression can result in severe outcomes, including diminished academic performance, social withdrawal, and increased risk of suicidal ideation. This study seeks to explore the reasons students avoid professional mental health support, focusing on barriers such as limited mental health literacy, fear of social judgment, and institutional shortcomings. By addressing these issues, this study aimed to provide evidence that will guide higher educational institutions in designing and implementing effective psychosocial support systems, while also promoting awareness and encouraging students to seek professional assistance when facing mental health challenges. Consequent upon this, there is limited research which specifically focuses on help-seeking behaviours of undergraduate students experiencing symptoms of depression.

Aim of Study

This study aimed to evaluate the prevalence of depression and help-seeking behaviours; identify the factors influencing help-seeking behaviour; and also to evaluate the perceived obstacles to seeking assistance among undergraduate students in Lagos State, Nigeria.

Methods

Study Design

This study was a descriptive cross-sectional in design.

Study Population

The participants were recruited from the University of Lagos, Akoka, Lagos, Nigeria.

Sample Size Determination

The sample size of this study was determined based on Cochran formula [16]:

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

Where n = sample size,
Z = Z statistic for a level of confidence,
P = expected prevalence or proportion
d = level of precision

Thus for this study, prevalence was assumed to be 17.3% as an average of prevalence of depression in Nigerian studies [17].
Z = 1.96
P = 0.173
1 - P= 0.275
$d = 0.05^2$

$$n = \frac{1.96^2 \times 0.173 \times 0.827}{0.05^2}$$

n= 220

A sample size of 220 patients was arrived at and 10% attrition was also added making a sample size of 242 and summed up to 245. The 10% attrition compensated for patient who refused to answer the measuring tools completely or those with incomplete data.

Measuring Instruments

The measures for this study will include two standard instruments and a pro-forma questionnaire to collect sociodemographic details.

The Patient-Health Questionnaire-9

The Patient Health Questionnaire-9 [18] PHQ-9 was used to assess the presence of depression. In the PHQ-9, 9 questions were asked and 0 mark was awarded for the option 'not at all', 1 mark for 'several days', 2 marks for 'more than half the days' and 3 marks for 'nearly every day'. Marks were added and total score of 1–4 indicates minimal depression, 5–9 indicates mild depression, 10–14 for moderate depression, 15–19 for moderately severe and 20–27 for severe depression. Respondents with a score of 10 and above were classified as depressed as done in other similar studies. This is because respondents with scores of 1–9 do not have symptoms severe enough to be labelled as depressed. This would prevent misclassification of respondents with minimal and mild symptoms as depressed. Suicidal ideation was assessed using the last question in the PHQ-9 scale. The PHQ-9 has been validated and used in many Nigerian studies [19,20].

General Help-Seeking Questionnaire

The General Help-Seeking Questionnaire (GHSQ) [21] is a flexible, validated instrument designed to measure an individual's intentions to seek help from various sources (formal and informal) for specific problems. It typically utilizes a 7-point Likert scale (1 = extremely unlikely to 7 = extremely likely), with higher scores indicating stronger help-seeking intentions. It differentiates between informal sources (e.g., parents, friends) and formal sources (e.g., counsellors, doctors). The mean score is often calculated to determine the strength of intention, with higher scores reflecting a more favourable attitude toward help-seeking. It is used to identify preferred support figures, particularly in adolescent populations, and predicts actual future help-seeking behaviours. The GHSQ aids in identifying potential gaps in help-seeking and helps structure discussions about appropriate support resources. The original version often focuses on personal, emotional, or suicidal problems. The tool is known for its high reliability and ability to assess both formal and informal help-seeking intentions. The General Help-Seeking Questionnaire (GHSQ) is scored by calculating the mean or sum of Likert-scale responses (1-7) for various help sources (e.g., parents, friends, professionals) regarding personal or suicidal problems. Higher scores indicate a greater likelihood of seeking help, with 7 representing "Extremely Likely" and 1 "Extremely Unlikely". Items are rated on a 7-point scale, typically ranging from 1 (Extremely Unlikely) to 7 (Extremely Likely). Researchers often calculate the mean score for each help source. The total score is often calculated by summing the ratings, with a higher total representing a greater intention to seek help. The instrument has been validated and used in many Nigerian research [22,23].

Ethical consideration

Ethical approval for this study was obtained from the Health Research and Ethics Committee of the University of Lagos. Respondents were informed of the purpose of the study and written informed consent was obtained from all the respondents prior to the administration of the measuring tools. Respondents were informed of their rights to withdraw at any time from the study and were not coerced into participation. Privacy of the respondents was protected as they were not required to write their names or addresses on the questionnaire and results gotten from the questionnaires were strictly handled with confidentiality.

Statistical Analyses

The data collected was analysed by using the IBM-SPSS software version 26. Frequencies were calculated and analysed data was presented in frequency tables and figures. Association between variables was done using chi-square and level of statistical significance was set at two-tailed probability less than 5% (0.05).

Results

The statistics showed that there were more females, 159 (64.9%), than males, 86 (35%), and the age range 16 to 20 years was in the majority, 159 (64.9%), followed by the 21 to 25 years, 68 (27.8%), with a mean age 20.17+/- 2.8. Regarding their marital status, only 12 (4.9%) were married; the others were single. Concerning their lifestyle on campus, 44 (18%) claimed that they drank alcohol and

230 (93.9%) didn't smoke cigarettes. Almost all the participants mentioned that they all experienced different types of stress, 243 (99.2%), as shown in Table 1. For those who experienced probable depression, 80 (32.7%), moderately severe 42 (17.1%), and severe depression 20 (8.2%), respectively; this showed that 140 (58%) of the participants manifested probable depression, as reflected in Table 2. Concerning the data on help seeking behaviour (personal or emotional problem), 102 (41%) were likely to ask for help from intimate partners, 103(42.1%) sought for help from friends, 156 (63.7%) asked for help from parents, 80 (32.6%) asked for help from family members, 107 (43.7%), sought help from mental health professionals, 66 (36.9%) sought help from the phone help-line, 91 (37.15%) sought help from medical doctors, 92 (37.5%) got help from religious leaders, while 74 (31.8%) claimed that they will not seek for help from anyone as shown in Table 3a. Table 3b shows help-seeking behaviour on suicidal thoughts, 105 (42.8&) said they were likely to ask for help from intimate partners 109 (44.4%) sought for help from friends, 152 (62.0%) asked for help from parents, 79 (32.%) asked for help from family members, 116 (47.4%), sought help from mental health professional, 79 (22.2%) sought help from the phone help-line, 108 (44%) sought help from medical doctors, 101 (41.2%) got help from religious leaders, while 62 (25.3%) claimed that they will not seek for help from anyone as shown in Table 3b. Concerning the gender-based analysis of mental health and help-seeking behaviour among respondents on personal or emotional problems, there were no significant associations, as shown in Table 4a, while Table 4b also showed no significant statistical associations regarding the gender-based analysis of mental health and help-seeking behaviour among respondents (Suicidal thoughts). There were no significant associations, as shown in Table 4b. Tables 5a and 5b indicated no statistical correlations between depression and help-seeking behaviour among respondents on personal or emotional problems, nor between depression and help-seeking behaviour on suicidal thoughts among the participants.

Table 1: Participants' demographic/ behavioural lifestyle characteristics (n=245).

Variables		Frequency (n)	Percentage (%)
Gender	Male	86	35.1
	Female	159	64.9
Age group (year)	≤ 15	2	0.8
	16-20	159	64.9
	21-25	68	27.8
	26-30	15	6.1
	>30	1	0.4
Mean Age	20.17 ± 2.889*		
Marital Status	Single	232	94.7
	Married	12	4.9
	Separated	1	0.4
Lifestyle	Smoke cigarette	15	6.1
	Does not smoke	2	0.8
	Drink alcohol	44	18
	Does not drink alcohol	201	82
Stress	Feel stressed	243	99.2
	Does not feel stressed	2	0.8
Stress source	Peer/Academics	9	3.7
	Academics/Finance	111	45.3
	Finance/Infrastructure	5	2.0
	Academics/Finance/Fear	5	2.0
	Finance/Infrastructure/ Family	67	27.3
	Finance/Family/ Academics	11	4.5
	Peer/Family/Academics/ Finance/Fear	9	3.7
	Finance/Academics/ Medical/Fear	7	2.9

*Mean± Standard Deviation

NB: Infrastructure: Ventilation issues both in classroom and hostel; inadequate lecture rooms, hostels lack kitchen facility

Fear: Fear of future, failure

Medicals: Respondents prevailing medical issues

Table 2: Prevalence of Depression symptoms among respondents.

Variable		Frequency	Percent (%)
Level of depression	Normal	28	11.4
	Mild	75	30.6
	Moderate	80	32.7
	Moderately severe	42	17.1
	Severe	20	8.2

Table 3a: Help seeking behaviour personal or emotional problem.

SN	Source of help	Help-seeking behavior, n (%)			
		Extremely Unlikely	Unlikely	Likely	Extremely Likely
1	Intimate partner	83 (33.9)	60(24.5)	66(26.9)	36(14.7)
2	Friend	61(24.9)	81(33.1)	80(32.7)	23(9.4)
3	Parent	42(17.1)	47(19.2)	60(24.5)	96(39.2)
4	Other relative (family members)	80(32.7)	85(34.7)	54(22.0)	26(10.6)
5	Mental health professional	78(31.8)	60(24.5)	75(30.6)	32(13.1)
6	Phone helpline	125(51)	54(22)	40(16.3)	26(10.6)
7	Doctor GP	84(34.3)	70(28.6)	63(25.7)	28(11.4)
8	Minister or religious leader	88(35.9)	65(26.5)	66(26.9)	26(10.6)
9	I would not seek help from anyone	92(37.6)	75(30.6)	41(16.7)	37(15.1)

Discussion

This study aimed to assess the degrees of depression and help-seeking behaviours; identify the factors influencing help-seeking behaviour; and also to evaluate the perceived obstacles to seeking assistance among undergraduate students in Lagos, Nigeria. What may have led to the observation of high prevalence of depression could probably be the high level of stress experienced by students in higher institutions. Undergraduate students were described as a unique group of young people passing through the most critical period of life in which they experience many stressful events. In view of this, when the participants were asked whether they experienced stress while on campus, almost all of them 99.2% claimed they were all stressed. This finding was not found to be strange because stress among undergraduate students has been

Table 3b: Help seeking behaviour (Suicidal thoughts)

SN	Source of help	Help-seeking behavior, n (%)			
		Extremely Unlikely	Unlikely	Likely	Extremely Likely
1	Intimate partner	98(40)	42(17)	39(15.9)	66(26.9)
2	Friend	74(30.2)	62(25.3)	72(29.4)	37(15.1)
3	Parent	52(21.2)	41(16.7)	55(22.4)	97(39.6)
4	Other relative(family member	99(40,.4)	67(27.3)	50(20.4)	29(11.8)
5	Mental health professional	72(29.4)	57(23.3)	68(27.8)	48(19.6)
6	Phone helpline	109(44.5)	57(23.3)	54(22)	25(10.2)
7	Doctor GP	82(33.5)	55(22.4)	66(26.9)	42(17.1)
8	Minister or religious leader	87(35.5)	57(23.3)	63(25.7)	38(15.5)
9	I would not seek help from anyone	119(48.6)	64(26.1)	33(13.5)	29(11.8)

Table 4a: Gender-based analysis of mental health and help-seeking behaviour among respondents (personal or emotional problem).

Variable	Means ± Standard deviation		t-value	p-value
	Male	Female		
Depression	0.63±1.125	0.55±1.099	1.125	0.262
Intimate partner	3.28 ±2.016	3.54 ± 2.213	-0.912	0.363
Friend	3.47 ±1.932	3.57 ± 1.857	-0.4	0.689
Parent	4.56± 2.304	4.80± 2.207	-0.802	0.423
Other relative(family member	3.16 ±1.741	3.24 ± 2.079	-0.289	0.773
Mental health professional	3.37 ±2.115	3.57± 2.076	-0.693	0.489
Phone helpline	2.72± 2.129	2.74 ± 2.064	-0.053	0.957
Doctor GP	3.07± 2.022	3.40 ± 2.047	-1.219	0.224
Minister or religious leader	3.49 ±2.102	3.11 ± 2.003	1.375	0.170
I would not seek help from anyone	3.28 ±2.062	3.14 ± 2.183	0.491	0.624

*t-test is statistically significant at $p < 0.05$

Table 4b: Gender-based analysis of mental health and help-seeking behaviour among respondents (Suicidal thoughts.

Variable	Means ± Standard deviation		t-value	p-value
	Male	Female		
Depression	2.87 ±1.125	2.76 ±1.099	1.125	0.262
Intimate partner	3.47± 2.467	3.67 ±2.512	-0.603	0.547
Friend	3.49 ±2.232	3.64± 2.054	-0.540	0.590
Parent	4.40 ±2.338	4.72± 2.354	-1.043	0.298
Other relative(family member	2.98± 1.903	3.13± 2.178	-0.534	0.594
Mental health professional	3.37± 2.070	3.96± 2.260	-1.987	0.048
Phone helpline	2.93± 2.157	2.97± 2.037	-0.160	0.873
Doctor GP	3.51± 2.237	3.58 ±2.197	-0.226	0.821
Minister or religious leader	3.47± 2.268	3.40± 2.144	0.214	0.831
I would not seek help from anyone	2.84± 1.993	2.74 ±2.136	0.363	0.717

*t-test is statistically significant at $p < 0.05$

Table 5a: Relationship between depression and help-seeking behaviour among respondents personal or emotional problem.

Variable		Depression	
		OR (95%CI)	p-value
Intimate partner	Extremely Unlikely	0.67(0.30-1.52	0.340
	Unlikely	0.63(0.29-1.38)	0.247
	Likely	0.44(0.17-1.11)	0.082
	Extremely Likely	1.00 Reference	-
Friend	Extremely Unlikely	2.45(1.07-5.58)	0.034
	Unlikely	1.37(0.62-3.01)	0.436
	Likely	2.30(0.74-7.20)	0.151
	Extremely Likely	1.00 Reference	-
Parent	Extremely Unlikely	0.64(0.23-1.76)	0.388
	Unlikely	0.30(0.12-0.79)	0.014
	Likely	0.45(0.18-1.11)	0.083
	Extremely Likely	1.00 Reference	-

Other relatives (family member)	Extremely Unlikely	0.90(0.42-1.89)	0.773
	Unlikely	1.14(0.50-2.62)	0.751
	Likely	0.85(0.30-2.42)	0.758
	Extremely Likely	1.00 Reference	-
Mental health professional	Extremely Unlikely	1.14(0.48-2.67)	0.772
	Unlikely	1.03(0.45-2.40)	0.938
	Likely	3.26(1.01-10.59)	0.049
	Extremely Likely	1.00 Reference	-
Phone helpline	Extremely Unlikely	1.62(0.70-3.79)	0.263
	Unlikely	0.86(0.33-2.22)	0.756
	Likely	1.85(0.64-5.38)	0.257
	Extremely Likely	1.00 Reference	-
Doctor GP	Extremely Unlikely	0.88(0.39-2.02)	0.765
	Unlikely	0.87(0.35-2.19)	0.772
	Likely	1.14(0.30-4.26)	0.850
	Extremely Likely	1.00 Reference	-
Minister or religious leader	Extremely Unlikely	0.55(0.24-1.27)	0.163
	Unlikely	0.44(0.20-0.96)	0.040
	Likely	0.82(0.28-2.37)	0.710
	Extremely Likely	1.00 Reference	-
I would not seek help from anyone	Extremely Unlikely	1.60(0.77-3.31	0.204
	Unlikely	1.38(0.59-3.24)	0.459
	Likely	0.82(0.33-2.03)	0.671
	Extremely Likely	1.00 Reference	-

OR Odds ratio, CI Confidence Interval
*Significant at $p < 0.05$.

Table 5b: Relationship between depression and help-seeking behaviour among respondents Suicidal thoughts.

Variable		Depression	
		OR (95%CI)	p-value
Intimate partner	Extremely Unlikely	2.05(0.69-6.13)	0.197
	Unlikely	0.93(0.26-3.28)	0.907
	Likely	0.52(0.17-1.61)	0.258
	Extremely Likely	1.00 Reference	-
Friend	Extremely Unlikely	0.74(0.27-2.00)	0.551
	Unlikely	0.98(0.35-2.80)	0.975
	Likely	0.79(0.20-3.09)	0.736
	Extremely Likely	1.00 Reference	-
Parent	Extremely Unlikely	4.49(1.13-17.87)	0.033
	Unlikely	1.70(0.54-5.32)	0.364
	Likely	2.33(0.77-7.08)	0,.135
	Extremely Likely	1.00 Reference	-
Other relative(family member	Extremely Unlikely	0.30(0.11-0.85)	0.023
	Unlikely	0.45(0.17-1.23)	0.118
	Likely	0.25(0.07-0.95)	0.041
	Extremely Likely	1.00 Reference	-
Mental health professional	Extremely Unlikely	1.57(0.52-4.68)	0.421
	Unlikely	1.17(0.39-3.46)	0.781
	Likely	1.80(0.50-6.46)	0.368
	Extremely Likely	1.00 Reference	-
Phone helpline	Extremely Unlikely	0.95(0.34-2.68)	0.923
	Unlikely	1.80(0.60-5.41)	0.297
	Likely	2.22(0.50-9.92)	0.296
	Extremely Likely	1,00 Reference	-
Doctor GP	Extremely Unlikely	0.53(0.18-1.58)	0.255
	Unlikely	0.47(0.16-1.34)	0.156
	Likely	0.50(0.13-1.99)	0.328
	Extremely Likely	1.00 Reference	-

Minister or religious leader	Extremely Unlikely	1.37(0.48-3.88)	0.558
	Unlikely	0.55(0.21-1.43)	0.218
	Likely	1.17(0.33-4.15)	0.806
	Extremely Likely	1.00 reference	-
I would not seek help from anyone	Extremely Unlikely	0.92(0.37-2.32)	0.860
	Unlikely	1.74(0.53-5.64)	0.359
	Likely	1.57(0.62-4.02)	0.344
	Extremely Likely	1.00 Reference	-

OR Odds ratio, CI Confidence Interval
*Significant at $p < 0.05$

declared to be a major global mental health concern, as recent publications indicated that 46% to over 80% of university students experience high or severe levels of stress [25,26]. The literature indicated that the prevalence of stress among university students was relatively high, and it ranged between 68.3% and 91.3% of undergraduates experiencing moderate-to-high levels of perceived stress, even in Ghana, where a high rate of 88.2 was reported [27-29].

The documented causes of undergraduate students stress were the transition to independent living and academic demands, high workloads, fear of poor competitive environments, financial constraints, insufficient income, rising tuition, high cost of living establishing a new social identity, poor living hostels, costly transportation to and from classes, large class sizes, difficult learning environments, demanding lecture materials, rigid teaching styles, and poor lecturer-student relationships, examination pressures, and fear of course failure heavily compound mental exhaustion. Evidence also showed that unmanaged stress has led to documented high rates of mental disorders such as depression and anxiety among Nigerian undergraduates [27-29].

Regarding the prevalence of depression, our findings indicated that 140 (58.0%) of the respondents experienced depression. The finding is consistent with findings from studies globally and regionally too. The global prevalence of depression as recorded by Jacob and Maguvhe was found to be between 33% and 36%, which is far higher than the general population. These authors also noted that African studies and research from lower-middle-income countries showed some of the highest pooled prevalence rates, occasionally reaching over 40%. Notwithstanding, the prevalence of depression among undergraduate students in advanced countries was reported to be significantly high too. Recent studies indicated that approximately 30% to over 50% of students who experienced depressive symptoms often exceeded the rates in the general population [2,31-32]. However, many studies also showed higher prevalence rates than the result of this study. For example, Khadija et al. [33] found an overall prevalence of depression was 74.7% among the study participants, while Agbesanwa et al. [34] also recorded a rate of 78.3%. Some other African countries also found higher rates; for example, in Ghana, 83% [35], Egypt, 70.5% [36] and South Africa, 48% [37].

Concerning our findings on help-seeking behaviour (personal or emotional problem), the results from this study showed that the majority of the students indicated that they would seek help regarding their mental health issues from informal sources such as parents (63.7%), from friends (42.1%), intimate partners (41.)%), and religious leaders (37.5%). Nonetheless, 43.7% also claimed that they would seek help from formal sources such as mental health professionals (43.7%), medical doctors (37.15%), telephone help lines (36.9%), while 31.8% claimed that they would not seek help from anyone. Informal help-seeking of undergraduate students refers to turning to family, friends, peers, or online networks for emotional bypassing formal institutional channels. Evidence showed that a significant majority of students relied on informal support systems, frequently turning to roommates, friends, or significant others to address their mental health [38]. In another study, 89.45% of the surveyed students reported help-seeking intentions most especially from informal sources such as roommates or friends [39]**.** Another study noted that the majority of university students turn to informal networks such as friends, peers, and family members before they ever consider formal mental health or academic resources [40].

The literature revealed that undergraduate students rely on informal sources because it remove the threat of embarrassment, minimizes the psychological toll of formal vulnerability, fear of criticism, internalized self-stigma, lack of time, believing that that their emotional problems were not important or no one will understand their problems, financial constraints and a preference to handle issues independently or with family support were the primary hurdles to receiving formal treatment, concerns about a lack of confidentiality on campus, being perceived as emotionally weak, poor mental health literacy, worry that treatment might negatively affect their academic records, shame**,** they may be negatively judged by peers, fear of being documented as a psychiatric patient, difficulty accessing care, and high costs of mental health care [38-40]. While informal help can provide quick comfort and improve well-being in the short term, it should be noted that the informal approach lacks the psychological training required to emotional challenges of students. This can cause students to delay necessary formal interventions [40]. Despite the fact that many universities have free student counselling departments to address students' emotional problems, studies have indicated that, despite the availability of these services, only a few of them use such services [41,42].

Concerning the gender-based analysis of mental health and help-seeking behaviour among the participants, our findings did not reveal any significant differences in the prevalence of depression between male and female adolescents. On one hand, studies

indicated that female undergraduate students who experienced mental health issues were more likely to seek formal mental health services [41,42]. On the other hand, male students, because of stigma and poorer mental health literacy, often rely on informal networks like friends rather than professionals [43,44]. This observation probably occurred because female undergraduates were frequently reported to show higher levels of psychological distress compared to their male counterparts. It is also noteworthy to mention that while several studies claimed that the help-seeking attitude of students towards mental health difficulties was observed in females, some studies also observed that the help-seeking behaviour did not vary significantly based on gender, very similar to our findings [45,46].

Study Limitations

The limitations of this study were that it mainly depended on self-reported data that may be subject to recall or social desirability bias. The reports of symptoms of depression may be under- or over-reported. Again, this study's design was cross-sectional in nature; therefore, it was not sufficient to establish a cause-effect relationship between depression and help-seeking behaviours, and therefore, the findings may not be generalisable. Furthermore, the PHQ-9 tool is a screening tool for probable depression and may not be appropriate for the real diagnosis of depression.

Scientific and Policy Implications of this Study

The scientific implication of the findings of this study is that depression among undergraduate students remains a critical public health and academic crisis. If urgent psychosocial interventions are not provided, the high degrees of psychopathology could imply severe downstream consequences for student success, institutional retention, and long-term societal well-being. Furthermore, it could lead to higher rates of absenteeism, lower Grade Point Averages (GPAs), substance use and abuse, and suicidal thoughts and attempts. For these reasons, university authorities must introduce mental health screening programmes to identify at-risk students before academic or personal crises occur. Similarly, regarding the policy implication, there has to be a shift in higher education policies from purely academic delivery to comprehensive student support to include students' crisis management and proactive mental health preventative care. The management can, therefore, introduce academic flexibilities such as alternative examination formats, extended deadlines, and extra funding to develop programmes that will protect the vulnerable students. They should also provide free 24/7 on-campus counselling. Policymakers should also promote mental health literacy to allow students to access care without fear of academic or social repercussions. Nonetheless, all these will require integrating psychological well-being initiatives directly into campus culture, curriculum, and faculty development.

Recommendations

Universities should enhance mental health education and awareness not only on campuses but within the general society. In this light, all university campuses must employ experienced student counsellors to provide support groups that will strengthen mental health prevention, screen for mental disorders and substance abuse, and provide immediate referral for severe psychological interventions. Consequently, higher institutions should implement clear anti-discrimination policies to address the stigma and discrimination associated with mental health conditions. This can only happen when students have free and accessible mental health support services, counselling, help lines, peer support programmes, mentorship initiatives and the involvement of administrative authorities in the development of every preventive mental health programme.

Conclusions

We noted that the surveyed undergraduate students preferred to seek help from informal sources rather than professional sources. This could be due to the stigma and discrimination among students regarding mental disorders. Therefore, there is an urgent need for periodic screening for mental disorders to identify those at risk for mental health issues. Professional psychological support and free consulting services should be made available to the students in need. It is imperative that higher institution authorities and administrators should continue to recognise stressors that students face on campus to offer appropriate support. By addressing these issues, school administrators can enhance student well-being and learning outcomes. Similarly, when students can access psychological support without any hindrances, it will promote their help-seeking behaviours.

References

1. Nyamwange Gideon. Determination of the Prevalence of Depression among Students in Public Universities in Kenya: A Case of Kisii University. Global Sci J. 2023; 11: 2896-2907.
2. Cheong WS, Degeras K, Suliman KR, et al. The prevalence of depression among students in higher education institution: a repeated cross-sectional study. Journal of Public Mental Health. 2022; 21: 331-340.
3. Al-Garni AM, Shati AA, Almonawar NA, et al. Prevalence of depression, anxiety, and stress among students enrolled at King Khalid University: a cross-sectional study. BMC Public Health. 2025; 25: 354.
4. Puthran R, Zhang MW, Tam WW, et al. Prevalence of depression amongst medical students: a meta-analysis. Med Educ. 2016; 50: 456-468.
5. Ladi-Akinyemi T', Okpue AP, Onigbinde OA, et al. Depression and suicidal ideation among undergraduates in state tertiary institutions in Lagos Nigeria. PLoS One. 2023; 18: e0284955.
6. Onum FO. Socioeconomic determinants of depression among university students: the mediating role of academic stress and financial insecurity. MMHJ. 2026; 5: 1-9.
7. Bolu-Steve FN, Fadipe RA. Relationship between Academic Stress and Depression among Students of Federal Universities in South-West Nigeria. Ann Univer Craiova. the Psychology-Pedagogy series. 2024; 46: 256-270.
8. Chukwuneke G, Udogu I, Luwasi N. et al. A Comparative Study of the Prevalence of Depression among Clinical Medical Students in a Private and Public University in Plateau State, North Central Nigeria. African J Res Med Health Sci.

2025; 2: 39-42.

9. Drum DJ, Brownson C, Denmark AB, et al. New data on the nature of suicidal crises in college students: shifting the paradigm. Prof Psychol. 2009; 40: 213-222.
10. Kearns M, Muldoon OT, Msetfi RM, et al. Understanding help-seeking amongst university students: the role of group identity, stigma, and exposure to suicide and help-seeking. Front Psychol. 2015; 6: 1462.
11. Hunt J, Eisenberg D. Mental health problems and help-seeking behaviour among college students. J Adolesc Health. 2010; 46: 3-10.
12. Swed S, Sohib S, Fathy Hassan NAI, et al. Stigmatizing attitudes towards depression among university students in Syria. PLoS One. 2022; 17: e0273483.
13. Ofuebe, Justina Ifeoma, Samuel, et al. Societal Stigmatization and Discrimination among Undergraduate Students with Depression. Rev Educ. 2024; 36: 223-238.
14. Smith J, Thompson L. Strategies to address stigma and discrimination among undergraduate students with depression A comprehensive review. J Stud Psychology. 2023; 48: 89-106.
15. Smith J, Johnson L. Consequences of stigma and discrimination among undergraduate students with depression: A comprehensive review. J Ment Health Stud. 2021; 45: 187-205.
16. Adeleke OT, Opadola OA, Rufai MM, et al. A Cross-Sectional Study of Anxiety and Depression in a Cohort of Nigerian Undergraduates. Ann Health Res. 2025; 11: 20-28..
17. Cochran W G. Sampling Techniques 3rd ed. John Wiley & Sons. 1977.
18. Kroenke K, Spitzer RL, Williams JBW. Patient Health Questionnaire-9 PHQ-9. 1999.
19. Pham T, Bui L, Nguyen A, et al. The prevalence of depression and associated risk factors among medical students: An untold story in Vietnam. PLoS One. 2019; 14: e0221432.
20. Ibrahim N, Sherina MS, Phang CK, et al. Prevalence and predictors of depression and suicidal ideation among adolescents attending government secondary schools in Malaysia. Med J Malaysia. 2017; 72: 221-227.
21. Coralie J, Wilson FP, Deane JC. Measuring Help-Seeking Intentions: Properties of the General Help-Seeking Questionnaire. Canadian J Counsel. 2005; 39: 15-28.
22. Ladi-Akinyemi T, Okpue AP, Onigbinde OA, et al. Depression and suicidal ideation among undergraduates in state tertiary institutions in Lagos Nigeria. PLoS ONE. 2023; 18: e0284955.
23. Okeafor IN, Okeafor CU. PHQ-9 Diagnostic Accuracy and Optimal Cut-off for Depression among Patients with Stroke In Nigeria. Ann Ib Postgrad Med. 2023; 21: 11-16.
24. Aderonmu KA. Psychological Health-seeking Behaviours of Public and Private Undergraduate Students in Two Selected Universities in Osun State. J Sports Psychol Assoc Nigeria. 2023; 16: 52-59.
25. Asif S, Mudassar A, Shahzad TZ, et al. Frequency of depression, anxiety and stress among university students. Pak J Med Sci. 2020; 36: 971-976.
26. Masul H, Igaa NS, Suhadianto. Systematic Review on Global Trends in Students' Academic Stress: Prevalence, Causal Factors and Psychological Implications. Intern J Res Innov Soc Sci. 2025; 9: 4263-4283.
27. Oladipe T. Prevalence and Sources of Academic Stress among Undergraduates in Kogi State Nigeria: A Cross-Sectional Survey. Fudma J Sciences. 2025; 9: 233-240.
28. Joseph Deborah Tolani, Oluwatosin Funke Joseph, Ejura Yetunde Salihu, et al. Perceived Impact of Academic Stress on the Mental Health of Engineering Students in Nigerian Universities. Asian J Adv Res Rep. 2025; 19: 178-88.
29. Opoku-Acheampong A, Kretchy IA, Acheampong F, et al. Perceived stress and quality of life of pharmacy students in University of Ghana. BMC Res Notes. 2017; 10: 115.
30. Jacob US, Maguvhe MO. Global prevalence of depression among university students: a systematic literature review. Front Educ. 2026; 11: 1809441.
31. Ursula Paiva, Samuele Cortese, Martina Flor, et al. Prevalence of mental disorder symptoms among university students: An umbrella review. Neuroscience & Bio-Behav Rev. 2025; 175: 106244.
32. Dianah Otieno, Aggrey Adem, Beatrice Mumbe, et al. Prevalence and Determinants of Depression among University Students: Case Study, Technical University of Mombasa. J Kenya National Comm UNESCO. 2024; 5.
33. Khadija Muhammad, Murtala Aminu, Anwar Kamal, et al. Prevalence of Depression among University Undergraduate Students in Federal University Dutse. Nigeria J Biomed & App Sci. 2022; 1: 1-5.
34. Agbesanwa TA, Adesola A. Oniyide, Azeez O. Ibrahim, et al. Prevalence and Effects of Undiagnosed Depression on Academic and Social Outcomes among University Students in South-western Nigeria. J Adv Med and Medical Res. 2026; 38: 38-53.
35. Amenu F, Keteku D. The Prevalence of Depression among Tertiary Students in Ghana. Nigerian J Soc Psychol. 2025; 8: 73-85.
36. Eman R Ghazawy, Ashraf A Ewis, Eman M Mahfouz, et al. Psychological impacts of COVID-19 pandemic on the university students in Egypt. Health Promot Int. 2020; 36: 1116-1125.
37. Croock J, Mpinganjira MG, Gathoo K, et al. Probable depression and its correlates among undergraduate students in Johannesburg, South Africa. Front Psychiatry. 2023; 14: 1018197.
38. Raposa ME, Smithers DJ, Coleman CM, et al. Depression and help-seeking behaviours among college students: Findings from the Healthy Minds Study 2018-2019. J Am Coll Health. 2025; 73: 2390-2397.

39. Ubesie A, Wang C, Wang L, et al. Examining Help-Seeking Intentions of African American College Students Diagnosed with Depression. J Racial Ethn Health Disparities. 2021; 8: 475-484.

40. Aryal R, Rajbanshi M, Pokhrel S, et al. Help-seeking behaviour towards anxiety among undergraduate students of Nepal: a web-based cross-sectional study. Ann Med Surg. 2023; 2: 146-152.

41. Alaqeel M, Alkhudairy FA, Basuliman AS, et al. The Barriers to Seeking Mental Health Services at King Saud Bin Abdulaziz University for Health Sciences. Cureus. 2023; 15: e45321.

42. Zhao R, Amanvermez Y, Pei J, et al. Research Review: Help-seeking intentions, behaviours, and barriers in college students a systematic review and meta-analysis. J Child Psychol Psychiatr. 2025; 66: 1593-1605.

43. Douglas Wendt, Kevin Shafer. Gender and Attitudes about Mental Health Help Seeking: Results from National Data. Health Soc Work. 2015; 41: hlv089.

44. Zunayed Al Azdi, Saiful Islam Saif, Sayedul Ashraf Kushal, et al. Gender differences in mental health help-seeking behaviour in Bangladesh: findings from a cross-sectional online survey. BMJ Open. 2025; 15: e091933.

45. Muhammed Abolakale Shuaib, Tosin Emmanuel Akinduyo, Habeebat Olaitan Adebayo, et al. Help-Seeking Attitude of Nigerian Undergraduates towards Mental Health Issues. Bull Counsel Psychotherapy. 2024; 6.

46. Samskani M, Panicker A, Poornima G, et al. Psychological Help-seeking among Undergraduate Medical Students: A Comparative Study. Intern Pers Psychol Res Prac Consultation. 2023; 12: 238-244.