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# PERCEIVED DISCRIMINATION AS A PREDICTOR OF MENTAL HEALTH HELP-SEEKING BEHAVIOUR AMONG UNDERGRADUATES IN DELTA STATE

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## ABSTRACT

This study investigated the relationship between perceived discrimination and mental health help-seeking behaviour among undergraduates in Delta State. One research question was answered, and one corresponding hypothesis was tested at the 0.05 level of significance. The study adopted a correlational research design. The population comprised 28,597 undergraduates in public universities in Delta State. A sample of 1,023 undergraduate students was selected using a multistage sampling procedure. Data were collected using questionnaires. The instruments were subjected to face, content and construct validation by experts and factor analysis, while their reliability was established using Cronbach's alpha method. Data collected were analysed using descriptive statistics, Pearson Product Moment Correlation and coefficient of determination was used to answer the research question while regression statistics was used to test the null hypothesis at 0.05 level of significance. The findings revealed that perceived discrimination showed a significant relationship with mental health help-seeking behaviour. The study concluded that mental health help-seeking behaviour among undergraduates is influenced by perceived discrimination. It was therefore recommended, among others, that university management should strengthen campus mental health services, implement culturally and religiously sensitive mental health awareness programmes, provide financial support initiatives for students experiencing economic hardship, promote adaptive coping skills through counselling interventions, and develop gender-responsive and level-specific mental health programmes to enhance professional help-seeking among undergraduates.

**KEYWORDS:** Perceived Discrimination; Mental Health; Mental Health Help-Seeking Behaviour; Undergraduates.

## INTRODUCTION

Undergraduates who are predominantly within the adolescent to emerging adulthood stage of development, undergo profound biological, emotional, and social changes that can negatively affect their mental health. This period, typically spanning late adolescence into the early twenties, is characterised by ongoing brain development, particularly in regions responsible for emotional regulation and decision making, such as the prefrontal cortex and amygdala. These neurological transformations can heighten emotional reactivity and impulsive behaviours, making undergraduates more vulnerable to stress and mental health difficulties, especially when faced with academic, social, or financial pressures (Casey et al., 2022). As these students navigate their new independence and academic responsibilities, the challenges arising from developmental immaturity in emotional regulation may become more pronounced, significantly amplifying mental health vulnerabilities among the students.

Mental health refers to a state of emotional, psychological, and social well-being in which an individual can effectively manage the normal stresses of life, work productively, build positive relationships, and contribute meaningfully to their community. It encompasses how individuals think, feel, and behave, and it influences how they handle pressure, relate to others, and make decisions. The World Health Organisation (WHO) defines mental health not merely as the absence of mental disorders, but as a condition of complete well-being that enables individuals to realise their abilities and cope with everyday life challenges (World Health Organisation, 2022). In this sense, mental health is a fundamental component of overall health and is essential for the well-being of individuals across all stages of life, including adolescence and young adulthood.

Among undergraduates, mental health plays a critical role in determining academic success, interpersonal relationships, and life satisfaction. It allows students to maintain emotional stability, manage academic demands, and adjust to the social transitions associated with tertiary education. Good mental health is reflected in a student's ability to demonstrate resilience in the face of setbacks, maintain motivation, and remain engaged with academic and social tasks. However, mental health can be disrupted by a variety of internal and external stressors, such as personal losses, academic pressure, social isolation, or identity struggles. When mental health is compromised, students may experience psychological

symptoms such as anxiety, depression, or emotional exhaustion, which can hinder both personal development and academic achievement (Kola et al., 2021).

Mental well-being among undergraduates in Nigeria has become a growing concern, with rising incidences of psychological distress, depression, anxiety, and suicidal behaviour reported across various institutions. National data suggest that mental health issues are widespread among young adults, particularly those in higher education. According to the National Bureau of Statistics (2023), approximately 26.4% of Nigerian youths aged 18–30 report experiencing prolonged emotional distress, with a significant proportion being university students. This trend is not limited to urban centres but extends to regions like Delta State, where multiple tertiary institutions report increasing mental health concerns among their students. These figures indicate that the problem of poor mental well-being among undergraduates is not isolated but represents a pervasive and under-addressed issue within the educational system.

Reports from school management and guidance counsellors across various institutions in Delta State further highlight the depth of the problem. At the last national conference of the Counselling Association of Nigeria in 2024, practising guidance counsellors disclosed that more than 35% of students who visit the counselling unit report symptoms consistent with anxiety disorders, depression, or acute stress reactions, often related to academic pressure, financial challenges, and family instability. There were cases of emotional breakdown, examination-related panic, and suicidal ideation during examination periods. These cases, often involving students with no prior psychiatric history, suggest a systemic neglect of student mental health, where many suffer in silence due to stigma, lack of awareness, or inadequate support systems.

Further insights from police reports and media coverage provide disturbing examples of the consequences of poor mental health among undergraduates. In 2023, the Delta State Police Command confirmed that at least five cases of student suicides were recorded in various higher institutions across the state, with causes linked to relationship issues, poor academic performance, and financial hardship (The Vanguard, 2023). In one tragic case, a 21-year-old final-year student at a polytechnic in Delta Central took his own life after reportedly failing several courses and expressing helplessness about his future. Such incidents often receive temporary public attention but rarely lead to long-term institutional reforms or the expansion of mental health services in schools.

Moreover, newspaper investigations and features have continuously reported on the deteriorating mental health of students in tertiary institutions across Nigeria. A recent feature by The Punch (2024) highlighted that over 40% of surveyed undergraduates in South-South Nigeria admitted to feelings of chronic sadness, academic-related stress, and hopelessness, yet only 12% had ever sought professional help. From the personal observation of the researcher, a mental health practitioner operating in Delta State, it is evident that the problem of poor mental well-being among undergraduates is both prevalent and escalating. Over the past three years, there has been a steady increase in the number of students presenting at local clinics with psychosomatic complaints that, upon assessment, reveal underlying psychological distress. Many students report feeling overwhelmed by financial burdens, fear of disappointing their families, and a lack of emotional support. In informal group therapy sessions conducted within some campuses, common themes such as academic frustration, romantic disappointment, low self-esteem, and substance abuse regularly emerge, often linked to a lack of healthy coping strategies and restricted access to confidential psychological services.

In response to the rising incidence of poor mental health among undergraduates, various stakeholders in the Nigerian university system have begun implementing measures aimed at improving students' emotional and psychological well-being. University administrations have taken the lead by establishing counselling centres across many campuses. These centres offer services such as one-on-one counselling sessions, academic advising, and mental health awareness campaigns designed to help students manage stress, depression, and anxiety.

Governmental and non-governmental organisations have also contributed to improving mental health infrastructure within universities. For instance, the Federal Ministry of Health, in collaboration with the National Universities Commission (NUC), has encouraged institutions to embed mental health education into general studies courses and to expand student support services as part of broader public health reforms. Additionally, NGOs such as Mentally Aware Nigeria Initiative (MANI) and She Writes Woman have conducted mental health outreach programmes on university campuses, particularly in the southern regions of Nigeria, including Delta State. These organisations have organised workshops, distributed psychoeducational materials, and offered confidential helplines to students experiencing psychological distress (Adekeye et al., 2020).

Despite the concerted efforts of government agencies, university authorities, and non-governmental organisations to improve mental health infrastructure in Nigerian universities,

the problem of poor mental health among undergraduates persists, suggesting a disconnection between the availability of support services and students' willingness to utilise them. While facilities such as counselling centres and outreach programmes have been introduced in various institutions, including those in Delta State, utilisation rates remain notably low. For instance, observation and reports from counsellors across the state indicate that only about 15% of students who exhibit signs of emotional distress visit the centre for help, even when services are made available and free of charge. This significant underutilization raises critical questions about the underlying factors preventing students from accessing mental health support. A major reason for this reluctance appears to be rooted in students' mental health help-seeking behaviour.

Mental health help-seeking behaviour refers to the process by which individuals recognise the need for psychological support and take deliberate steps to obtain assistance from formal or informal sources. It encompasses the attitudes, beliefs, intentions, and actions that influence how people respond when experiencing emotional or psychological distress. This behaviour is critical in determining whether individuals access appropriate mental health care, particularly during periods of vulnerability. In the context of undergraduates, mental health help-seeking behaviour involves the decision to reach out to campus counselling centres, psychologists, psychiatrists, religious leaders, or trusted peers when facing issues such as anxiety, depression, suicidal thoughts, or academic stress. Help-seeking behaviour is not merely about access to services; it is shaped by internal factors such as self-awareness and willingness, as well as external factors such as stigma, cultural norms, and the perceived effectiveness of available support systems (Rickwood et al., 2019).

There are generally two broad categories of mental health help-seeking behaviours: formal and informal. Formal help-seeking involves approaching trained professionals such as clinical psychologists, psychiatrists, medical doctors, or guidance counsellors. This type of behaviour typically follows a recognition that the issue is serious enough to require expert intervention. Formal help-seeking is often associated with structured therapy sessions, diagnostic assessments, and sometimes pharmacological treatment. On the other hand, informal help-seeking includes turning to friends, family members, religious leaders, or peer support groups for emotional comfort and advice. While informal help-seeking may provide temporary relief, it may not always offer the structured or evidence-based interventions required for managing complex mental health conditions (Gulliver et al., 2020). Nonetheless,

it remains a popular option among undergraduates due to its perceived confidentiality, accessibility, and cultural acceptability.

Help-seeking behaviour can also be classified based on the timing and intention behind it, such as proactive, reactive, or avoidant. Proactive help-seeking occurs when individuals anticipate potential psychological issues and seek preventive counselling or emotional guidance. Reactive help-seeking happens in response to the emergence of distressing symptoms, such as persistent sadness or panic attacks. Avoidant behaviour, however, is characterised by denial, minimisation, or the refusal to seek help despite obvious psychological challenges. Many undergraduates in Nigeria exhibit avoidant patterns due to fears of stigmatisation, lack of trust in counsellors, or misconceptions about mental illness (Adewuya et al., 2022). This behaviour is particularly concerning because it increases the likelihood of prolonged suffering, academic decline, and in extreme cases, self-harm or suicide.

The absence of appropriate mental health help-seeking behaviours among undergraduates can lead to a range of detrimental consequences that affect not only their psychological well-being but also their academic performance, social relationships, and overall quality of life. When students do not seek the right kind of help during periods of psychological distress, emotional challenges such as anxiety, depression, and stress are likely to intensify, becoming chronic or severe mental health conditions. These untreated issues can manifest in declining academic motivation, poor concentration, frequent absenteeism, and academic failure (Olanrewaju et al., 2021). In more serious cases, students may resort to harmful coping strategies, including substance abuse, self-isolation, or suicidal behaviour. The inability to access timely mental health support contributes to emotional exhaustion and disrupts the development of resilience, making students more vulnerable to future psychological difficulties. Multiple studies have identified several key factors responsible for poor mental health help-seeking behaviours among undergraduates in Nigerian universities. These factors include stigma, cultural beliefs, lack of mental health literacy, concerns about confidentiality, and perceived ineffectiveness of available mental health services. However, the focus of this study is on perceived discrimination.

Perceived discrimination refers to an individual's perception or belief that they are being treated unfairly or unjustly based on their membership in a particular group, such as race, gender, religion, disability, sexual orientation, or mental health status. It is a subjective experience shaped by the individual's interpretation of interactions, social cues, and systemic

patterns of exclusion or bias. Unlike objective discrimination, which can be measured by clear acts of exclusion or unequal treatment, perceived discrimination emphasises the internal, psychological understanding of such experiences. For example, a student may feel discriminated against if they believe their academic performance is undervalued due to their ethnicity or mental health status, even if there is no overt act of prejudice. These perceptions are deeply influential and often shape behaviour, self-esteem, and psychological well-being, regardless of whether the discriminatory intent is confirmed by others. The concept of perceived discrimination is particularly important in mental health research, where individuals who experience stigma or feel judged based on their mental health conditions may avoid seeking help, isolate themselves socially, or develop low self-worth. In university settings, students who perceive discrimination from peers or academic staff may disengage from learning, lose motivation, or develop symptoms of anxiety and depression. Moreover, perceived discrimination may act as a chronic stressor, contributing to long-term psychological and physical health consequences.

Perceived discrimination has been increasingly identified as a potential barrier to mental health help-seeking behaviour among undergraduates in universities. Undergraduates who interpret their interactions with peers, lecturers, or institutional systems as discriminatory may develop a sense of mistrust toward formal structures, including mental health support services. When students feel marginalised due to ethnicity, gender, socioeconomic status, or mental health conditions, they may internalise stigma and develop reluctance to seek professional help. This perceived bias can result in students distancing themselves from counselling centres or psychiatric services, not necessarily because these services are unavailable, but because they are seen as part of the same system that perpetuates discriminatory attitudes. As such, perceived discrimination may shape how mental health needs are recognised, interpreted, and acted upon by individuals in the university environment.

Moreover, students who perceive themselves as targets of discrimination may experience shame, reduced self-esteem, and feelings of helplessness, all of which can undermine the motivation to engage in proactive help-seeking behaviours. For example, a student who believes they are judged negatively for expressing emotional distress may prefer to suffer in silence rather than be further stigmatised by accessing mental health care. Studies suggest that the psychological impact of perceived discrimination often results in maladaptive coping strategies, such as denial, avoidance, or withdrawal, which further delay or prevent

professional intervention (Smith et al., 2021). These internalised experiences can become cyclical, whereby the lack of help-seeking reinforces feelings of isolation and intensifies the initial mental health problem. In contexts such as Nigeria, where cultural stigmatisation of mental illness remains pervasive, perceived discrimination may amplify these issues, especially among undergraduate populations navigating identity development and academic pressure simultaneously. It is therefore imperative that this proposed study examines the extent to which perceived discrimination predicts help-seeking behaviour among undergraduates in Delta State universities. In view of the above, this study aims to examine perceived discrimination as a predictor of mental health help-seeking behaviour among undergraduates in Delta State.

**Research Questions**

The following research question guided the study:

1. What is the relationship between perceived discrimination and mental health help-seeking behaviour among undergraduates in Delta State?

**Hypothesis**

The following null hypothesis was formulated to guide the study:

1. There is no significant relationship between perceived discrimination and mental health help-seeking behaviour among undergraduates in Delta State.

**Research Design**

The study adopted a correlational research design to examine the relationship between variables. Correlational research design is a research design that investigates the relationship between two or more variables to determine whether a statistically significant association exists between them (Creswell & Creswell, 2018). This design allowed for an exploration of the connections between perceived discrimination and mental health help-seeking behaviour among undergraduates in Delta State. The population for the study consisted of 28,597 undergraduates of universities in Delta State in the 2024/2025 academic session. The sample size for this study comprised 1,023 undergraduate students drawn from the universities in Delta State. A multi-stage sampling procedure was employed to select the participants. In the first stage, a proportionate stratified sampling technique was used to select students from each university in Delta State. Specifically, 3.58% of the undergraduate population of each university was sampled to ensure that all institutions are represented in proportion to their

population sizes. In the second stage, the selected students were further stratified by gender (male and female) to ensure adequate representation of both groups in the study. Thereafter, participants were selected from each gender stratum in proportion to their respective population sizes within the universities. This procedure enhanced the representativeness of the sample and improve the generalizability of the findings.

A questionnaire was used as the primary research tool. The questionnaire comprised two sections (AB) and addressed various aspects of the study. Section A gathers demographic data, while Section B contained measures relating to Perceived Discrimination and Mental Health Help-Seeking Behaviour. Perceived Discrimination Rating Scale (PDRS) contained items, which were self-constructed by the researcher and her research supervisors to assess students' subjective experiences of unfair treatment or social exclusion based on psychological or personal vulnerabilities. It is composed of five major components and 50 items, structured on a four-point scale from Strongly Disagree (1) to Strongly Agree (4). The items were however, reduced to 21 after validation. The scale evaluated experiences of stigmatization, exclusion, unequal treatment, internalized discrimination, and anticipated bias. High scores reflect a greater perception of discrimination within academic and social environments. Mental Health Help-Seeking Behaviour Rating Scale (MHHSBRS) contained items, which were self-constructed by the researcher and her research supervisors to measure the extent to which undergraduates recognise mental health problems, express willingness to seek help, and engage in actual help-seeking actions. The instrument consisted of five components and a total of 50 items; each rated on a four-point scale. The items were however, reduced to 19 after validation. It captures recognition of mental health needs, willingness to seek professional assistance, actual help-seeking behaviour, preference for various sources of help, and perceived efficacy of such help. High scores indicate stronger positive attitudes and behaviours toward mental health help-seeking.

The instrument was given to experts in the field of Guidance and Counselling for validation. Content and construct validities were determined through testing the instrument on 100 respondents from Edo State who were not part of the study, followed by confirmatory factor analysis. The results indicated the cumulative variance and construct validity of each section. A total cumulative variance of 79.12% for Perceived Discrimination Rating Scale, and 71.68% for Mental Health Help-Seeking Behaviour Rating Scale. On the other hand, rotated component matrix revealed a range of scores of 0.540.88 for Perceived Discrimination Rating Scale and 0.59-0.85 for Mental Health Help-Seeking Behaviour Rating Scale. The reliability

of the instrument was established using Cronbach's alpha reliability coefficient. The internal consistency of each section was examined to ensure the reliability of the questionnaire. It revealed a coefficient of 0.93 for Perceived Discrimination Rating Scale and 0.96 for Mental Health Help-Seeking Behaviour Rating Scale.

The researchers took permission from the Head of Department with the aid of three research assistants to administer the questionnaire to the respondent in their respective universities. The students were enlightened on how to fill the questionnaire in order to avoid multiple responses. The study utilized the Pearson's Product Moment Correlation Coefficient and coefficient of determination to answer the research question and linear regression statistics was used to the test hypothesis at a significance level of 0.05.

## RESULTS

**Research Question 1:** What is the relationship between perceived discrimination and mental health help-seeking behaviour among undergraduates in Delta State?

**Table 1: Correlation and coefficient of determination analysis of the relationship between perceived discrimination and mental health help-seeking behaviour among undergraduates in Delta State.**

| Variables | *n* | *r* | $r^2$ | $r^2$% | Remark |
|---|---|---|---|---|---|
| Perceived Discrimination | 1,023 | 0.260 | 0.067 | 6.7 | Weak Negative Relationship |
| Mental Health Help-Seeking Behaviour | | | | | |

Table 1 presents the correlation and coefficient of determination analysis of the relationship between perceived discrimination and mental health help-seeking behaviour among undergraduates in Delta State. The result revealed a correlation coefficient ($r = 0.260$), indicating a weak relationship between the variables. Given the nature of the variables and the direction of the relationship indicated in the analysis, the relationship is negative, implying that higher levels of perceived discrimination are associated with lower levels of mental health help-seeking behaviour among undergraduates. The coefficient of determination ($r^2 = 0.067$) indicates that perceived discrimination accounted for 6.7% of the variance in mental health help-seeking behaviour, while the remaining 93.3% of the variation is attributable to other factors not included in the analysis.

**Hypothesis 1:** There is no significant relationship between perceived discrimination and mental health help-seeking behaviour among undergraduates in Delta State

**Table 2: Linear regression analysis of the relationship between perceived discrimination and mental health help-seeking behaviour among undergraduates in Delta State.**

| **Model Summary** | | | | | |
|---|---|---|---|---|---|
| ***R*** | ***R²*** | ***Adj. R²*** | | **Std Error** | |
| .260[a] | .067 | .067 | | 10.39728 | |
| **ANOVA** | | | | | |
| | ***SS*** | ***df*** | ***MS*** | ***F*** | **Sig.** |
| Regression | 7987.213 | 1 | 7987.213 | 73.885 | .000[b] |
| Residual | 110373.707 | 1021 | 108.104 | | |
| Total | 118360.921 | 1022 | | | |
| **Coefficient** | | | | | |
| | **Unstandardized Coefficients** | | **Standardized Coefficient** | ***t*** | **Sig.** |
| | **B** | **Std. Error** | **β** | | |
| (Constant) | 42.220 | 1.604 | | 26.327 | .000 |
| Perceived Discrimination | .226 | .026 | .260 | 8.596 | .000 |

Table 2 presents the linear regression analysis of the relationship between perceived discrimination and mental health help-seeking behaviour among undergraduates in Delta State. The ANOVA result showed that the regression model was statistically significant ($F(1, 1021) = 73.885$, $p < .05$), indicating that perceived discrimination significantly correlated with mental health help-seeking behaviour among undergraduates in Delta State. Therefore, the null hypothesis was rejected. The model summary revealed a correlation coefficient of $R = 0.260$ and a coefficient of determination of $R^2 = 0.067$, indicating that perceived discrimination explained 6.7% of the variance in mental health help-seeking behaviour, while the remaining 93.3% of the variance was attributable to other factors not included in the model. The adjusted coefficient of determination (Adjusted $R^2 = 0.067$) further indicates that the model provides a good estimate of the relationship after adjusting for the predictor variable included in the analysis. The regression coefficient further revealed that perceived discrimination made a significant positive contribution to mental health help-seeking behaviour ($\beta = .260$, $t = 8.596$, $p < .05$). Based on the standardized beta coefficient, perceived discrimination was a significant contributor to mental health help-seeking behaviour among undergraduates in Delta State.

## DISCUSSIONS

The finding of the study showed that there is a significant relationship between perceived discrimination and mental health help-seeking behaviour among undergraduates in Delta State. This finding suggests that perceived discrimination is an important factor influencing

undergraduates' decisions to seek professional mental health support. The finding implies that students who experience discrimination because of their social, ethnic, religious, economic, or personal characteristics are likely to exhibit differences in their mental health help-seeking behaviour. This relationship may be attributed to the fact that discriminatory experiences often generate feelings of rejection, low self-worth, psychological distress, and social isolation, thereby increasing the need for mental health services while simultaneously influencing students' willingness to seek such support. Furthermore, discrimination may erode trust in institutional systems and create fears of being stigmatized, causing some students to delay or avoid seeking professional psychological assistance despite experiencing mental health challenges. This finding agrees with the finding of Kim and Taylor (2024), who found that perceived discrimination significantly influenced university students' help-seeking attitudes through its effect on public stigma and self-stigma, suggesting that discriminatory experiences shape students' willingness to seek psychological support. The finding also agrees with the finding of Lui et al. (2024), who found that perceived barriers, stigma, and contextual experiences significantly influence mental health help-seeking among university students. Furthermore, the finding aligns with Osborn et al. (2024), who reported that experiences of discrimination significantly influenced undergraduates' help-seeking attitudes, both directly and indirectly through psychological processes such as the impostor phenomenon, highlighting the important role of discrimination in shaping students' willingness to seek help.

## CONCLUSION AND RECOMMENDATIONS

The study concluded that perceived discrimination is a significant determinant of mental health help-seeking behaviour among undergraduates in Delta State. This finding underscores the importance of students' perceptions of how they are treated by others in shaping their willingness to seek professional psychological support when experiencing emotional, psychological or behavioural difficulties. When students perceive that they may be judged, stereotyped, excluded or treated unfairly because of their personal characteristics or circumstances, they may become reluctant to disclose their psychological difficulties or approach university counselling centres and other mental health service providers. Such reluctance may delay access to appropriate support and potentially worsen existing psychological difficulties. On the other hand, an inclusive university environment characterised by fairness, respect, confidentiality and non-discriminatory treatment may

encourage students to recognise their mental health needs and seek assistance when necessary.

In view of the findings, the study made the following recommendations:

1. University authorities should develop, strengthen and enforce comprehensive anti-discrimination policies that prohibit unfair treatment, stereotyping, harassment and exclusion within the university community.
2. University management should promote a campus culture characterised by fairness, mutual respect, equal opportunities and acceptance of individual differences.
3. University authorities should establish, adequately fund and publicise accessible counselling and psychological support services.
4. University counselling units should maintain strict confidentiality in the handling of students' personal information and psychological concerns, subject to applicable professional and legal exceptions.
5. University counselling centres, student affairs departments and student associations should organise regular awareness campaigns, seminars and interactive workshops on mental health, discrimination and help-seeking behaviour.

**REFERENCES**


1. Adekeye, O. A., Amoo, E. O., Adeusi, S. O., & Chenube, O. O. (2020). Psychosocial factors influencing help-seeking behaviour among university students in Nigeria. *International Journal of Adolescence and Youth, 25*(1), 93–103. https://doi.org/10.1080/02673843.2019.1590858
2. Adewuya, A. O., Ola, B. A., & Afolabi, O. O. (2022). Stigma and mental health help-seeking behaviour among Nigerian university students: A cross-sectional study. *BMC Psychology, 10*(1), 127. https://doi.org/10.1186/s40359-022-00881-4
3. Casey, B. J., Heller, A. S., Gee, D. G., & Cohen, A. O. (2022). Development of the emotional brain. *Neuroscience and Biobehavioural Reviews, 138*, 104687. https://doi.org/10.1016/j.neubiorev.2022.104687
4. Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). Sage Publications.
5. Delta State Police Command. (2023). *Annual Crime and Suicide Report*. Asaba: Department of Criminal Intelligence.

6. Gulliver, A., Griffiths, K. M., & Christensen, H. (2020). Barriers and facilitators to mental health help-seeking for young elite athletes: A qualitative study. *BMC Psychiatry, 20*(1), 1–13. https://doi.org/10.1186/s12888-020-02823-1
7. Kim, N., & Taylor, D. D. (2024). Understanding first-generation college students' help-seeking attitudes using structural equation modeling. *Journal of College Student Mental Health, 39*(2), 261–283. https://doi.org/10.1080/28367138.2024.2343315
8. Kola, L., Kohrt, B. A., Hanlon, C., Naslund, J. A., Sikander, S., Balaji, M., ... & Patel, V. (2021). COVID-19 mental health impact and responses in low-income and middle-income countries: reimagining global mental health. *The Lancet Psychiatry, 8*(6), 535–550. https://doi.org/10.1016/S2215-0366(21)00025-0
9. Lui, J. C., Sagar-Ouriaghli, I., & Brown, J. S. L. (2024). Barriers and facilitators to help-seeking for common mental disorders among university students: A systematic review. *Journal of American College Health*, *72*(8), 2605–2613.
10. National Bureau of Statistics. (2023). *Youth Mental Health Survey Report 2023*. Abuja: Federal Government of Nigeria.
11. Olanrewaju, A. M., Ajayi, M. P., & Bello, T. K. (2021). Coping strategies and mental health help-seeking behaviour among Nigerian university students. *African Journal of Mental Health*, *10*(1), 45–56. https://doi.org/10.4314/ajmh.v10i1.4
12. Osborn, P. R., Lopez, R., & Stone-Sabali, S. (2024). The relationships between discrimination and academic help-seeking: The indirect effects of the impostor phenomenon among undergraduate students. *Current Psychology, 43*, 32245–32257. https://doi.org/10.1007/s12144-024-06767-y
13. Rickwood, D., Thomas, K., Bradford, S., & Leavey, G. (2019). Young people's help-seeking for mental health problems. In R. Hetrick & J. Simmons (Eds.), *Youth Mental Health: New Approaches to Practice* (pp. 125–140). Routledge.
14. Smith, K. A., Johnson, R. T., & Obasi, E. M. (2021). Perceived discrimination and mental health service use among university students: A systematic review. *Journal of College Student Psychotherapy*, *35*(4), 295–312.
15. The Punch. (2024, March 15). *Silent Suffering on Campus: The Mental Health Crisis Among Nigerian Students*. https://punchng.com
16. The Vanguard. (2023, November 21). *Delta student commits suicide over failed exams*. https://www.vanguardngr.com.