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Unpleasant Life Occurrences As Determinants of Mental Health Status Among Undergraduates of the University Of Ibadan

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Abstract

Psychological disturbance among the general populace has been linked to behaviours which damage physical health and cause mental problems in later adulthood. Most mental health problems diagnosed in adulthood begins in adolescence. The purpose of the study was to explore the determination of unpleasant life occurrences on mental health status among undergraduates of the University of Ibadan. The study was a survey research design which employed purposive, stratified and simple random sampling technique to select (1,047) respondents from (3 departments out of (12) faculties to get the sample size. The instruments for the study were adapted and self-developed questionnaire with a reliability of 0.700. Two hypotheses were tested and data collected and analyzed using frequency counts, percentages and inferential statistics of t-test, ANOVA, PPMC and regression models at 0.05 alpha level. The results show that undergraduates in the University of Ibadan have poor mental health status. It is also concluded that female undergraduates recorded lower mental health status than their male counterparts. The paper recommends that the University should promote a climate of awareness and support for student's mental health, wellness and stress reduction. It also recommends the University should offer, and in some cases require training on mental health awareness and resources for faculty staff and students as well as involvement in Physical exercises by the students. This will reduce the stress in the body and improve the mental health.

Keywords: Stress, mental health, unpleasant life occurrences, physical exercises.

Introduction

Mental health include our emotion, psychological and social well-being. It affects how we think, feel, and behave. It also helps determine how we handle stress relate to others and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. It is becoming increasingly recognized that psychological processes are causative factors in stress related illness, alcoholism, drug addiction, depression, hypertension and so on.

World Health Organisation (WHO, 2008), stresses that mental health is not just the absence of mental disorder. The focus of the present study is on investigating determining factors (unpleasant life events and romantic stress) of mental health status among undergraduates in the University of Ibadan. Kenari (2014) stated that stress is a condition in which the emotions and expressions of the human body comes into tension and heaviness. Educational stress connotes stressors within or associated to university education thereby making university education very stressful.

Unpleasant life event is also a major factor in mental health status of undergraduates. Unpleasant life events represent potent risk factors for the development of poor mental health status (McLaughlin, and Hetzenbuehler, 2009).

Unpleasant life events are described as discrete quantifiable circumstances that can have severe negative impact. Severe traumatic events such as childhood physical abuse, assault and rape, although less common, have been examined extensively in relation to post-traumatic stress disorder (Cisler, Begle, Amstadter, Resnick, Danielson, Saunders, and Kilpatrick, 2012; Trickey, Siddaway, Meiser-Stedman, Serpell, and Field, 2012). More prevalent unpleasant life events in adolescents include among others, parental divorce, a newly blended family, and changing schools or homes. Daily stressors do not necessarily relate to a specific event and include difficulties in relationships with friends, family members, weight, and health problems such as asthma and acne. In addition to the impact on mental, both unpleasant life events and daily stressors are associated with the onset and exacerbation of chronic illness (i.e., diabetes, asthma) (Peters and Fritz, 2010; Tran, Wiebe, Fortenberry, Butler, and Berg, 2011), poor academic functioning, school absenteeism, high utilization of school services, and suicide (Low, Dugas, O'Loughlin, Rodriguez, Contreras, Chaiton, and O'Loughlin, 2012). In adults, unpleasant life events often precede mental health problems, whereas in adolescents, in addition to the same pattern, mental health symptoms (such as depressive symptoms) can lead to unpleasant life events (such as romantic breakup) (Hammen, 2005). A common factor suspected to play a significant role

in the mental health status of undergraduates is the nature and status of their relationship. Undergraduates are largely unmarried young people who are few years from marriage. Establishing and sustaining an enduring relationship that might lead to marriage is therefore a major love and belongingness need of this population. Stress arising from unstable or broken relationship could therefore significantly affect the mental health status of undergraduates. When undergraduates lose a romantic relationship they are so committed to, they might have the resulting stress impinging on their mental health status. In extreme cases, suicide ideation might result and if nothing is done to break the cycle it might degenerate to contemplation, attempt and actual suicidal death. Evidence exists that unstable relationships or stress resulting from broken relationships is a significant factor in suicidal thought among undergraduates (Tin, Siddik, Rampah and Ibrahim, 2015). This study seeks to bring about a paradigm shift in mental health research among undergraduates by studying mental health status and stress based factors of mental health status.

Globally, especially in developing countries, about 150 million people suffer from some sort of mental disorder (Royal College of Psychiatrists, 2011). Mental health disorders form up to 15% of all recognized diseases worldwide (Sakelari, Lelno-Kilpi, and Kalolerinou-Anagnostopolou, 2011). According to the World Health Organisation (2014), over 450 million people live with a mental disorder. University students worldwide are at risks of mental health disorders because of the range of stressors they experience. Ibrahim, Kelly & Glazebrook (2012) reported that mental health stress is poor among undergraduates compared to the general population. The health consequence of poor mental health status is enormous and unhealthy undergraduates cannot maximize their potentials in schools. Understanding factors associated with poor mental health status is therefore an important issue for research especially in Nigeria where health psychology is yet to gain prominence. Despite numerous cross-sectional and longitudinal studies, Low et al (2012) reported that there are still notable gaps in mental health research among young people especially in relation with stressors.

Notable studies have been conducted in Nigeria on mental health status among young people. These studies are however limited considerably in contents and contexts. The study by Adewuya (2006) was focused on only assessment of poor mental health status among students in Nigeria who abuse alcohol. This study cannot be generalized to all students since

poor mental health status is not limited to students who abuse alcohol. In a related study, Adewuya, Ola, Aloba, Mapayi, and Oginni, (2006) investigated poor mental health status and socio-demographic correlates of poor mental health status, it can be inferred that there is need to equally study psychological constructs related to mental health since mental health is a psychological construct itself.

Objective

This study aimed to elucidate the demographic characteristics and examine the determinants of mental health status among undergraduates of the University of Ibadan.

Hypotheses

1. Unpleasant life event will not significantly determine mental health status of undergraduates in the University of Ibadan.
2. Romantic relationship stress will not significantly determine mental health status of undergraduates in the University of Ibadan.

The Stress Process Model

In 1989, Pearlin developed the Stress Process Model and subsequently modified it for different purposes and situations. The model was modified to consider the stress of caring for patients with Alzheimer's disease and with AIDS. According to Pearlin (1989), the SPM includes the following components: stressors or causes of stress, mediators, and health outcomes. Pearlin emphasized that stressors affect individuals in the society. He noted that many stressful experiences, do not spring out of vacuum, but typically can be traced back to surrounding social structures and people's locations within them. Disadvantaged social status generates elevated levels of psychological stress Lantz, Ezra, House & Morenoff (2005) emphasized that due to differential exposure to stressors, adverse biological effects of chronic stress should cumulate more among people of lower socioeconomic status.

For the past few decades, sociologists have utilized the stress process model in an effort to explain the social distribution of mental health as well as uncover relevant social experiences and circumstances that account for such observed distributions. This model posits that stressors and coping resources arise out of one's social context and combine in ways that determine mental health risk (Pearlin 1989). Disadvantaged individuals, for example, are more likely to be exposed to more

stressors and have fewer available coping resources relative to their advantaged counterparts. When applied to this study, undergraduates with high academic performance might therefore be advantageous compared to those with poor academic performance in exposure to school stress. Research on the stress process model has consistently found higher levels of stress exposure to predict higher levels of psychological distress or depressive symptom to predict higher levels of psychological distress or depressive symptoms (Taylor and Tunnar 2002; Avison, Ali, and Walters 2007).

Stress could also be seen as a bodily reaction to stressors; consequently, complex interactions of systems of the body can result in deleterious consequences to those systems and organs, to the point of a person becoming "stressed out"; and serious illness can follow. This class fits the definition of stress as the non-specific response of the body to any demand. The demands can be positive ones (Eustress) or negative ones (Distress). A third type is an interactive one between environmental events (stressors) and bodily reactions such that stressors affect systems of the body and the resulting behavior feeds back to affect the environmental stressors. However, they can also lead in complex ways to a variety of mental or physical problems.

Stress can manifest itself in both a positive way and a negative way. Stress is said to be positive when situation offers an opportunity to one to gain something. Eustress is the term used to describe positive stress. It is negative when stress is associated with heart-disease, alcoholism, drug abuse, marital breakdown, absenteeism, child abuse and a host of other social, physical, organizational and emotional problems. Stress is associated with constraints and demands. The former prevents an individual from doing what he or she desires. The later refers to the loss of something desired.

Constraints and demands can lead to potential stress. When they are coupled with uncertainty of outcome and importance of outcome, potential stress becomes actual stress. To understand and clarify the meaning of stress, Naik (2015) noted that it is useful to state what does not constitute stress:

- I. Stress is not simply anxiety or nervous tension.
- II. Stress need not always be damaging.
- III. Stress is not always due to overwork but may also result from having too little to do.
- IV. Stress cannot be avoided.
- V. Stress is body's biological response mechanisms but the body has limited capacity to respond to stressors.

Unpleasant Life Occurrences Determining Mental Health Status of Undergraduates

(I) Unpleasant life events and mental health status of undergraduates

Potentially stressful life events affect everyone almost daily. The manner in which people tackle those stressful events depends significantly on whether and how they perceive and respond to situations.

Unpleasant life events are described as discrete quantifiable circumstances that can have severe negative impact. Severe traumatic events such as childhood physical abuse, assault, and rape, although less common, have been examined extensively in relation to post-traumatic stress disorder (Cisler et al., 2012; Trickey, Siddaway, Meiser-Stedman, Serpell, and Field, 2012). More prevalent stressful life events in adolescents include among others, parental divorce, a newly blended family, and changing schools or homes. Daily stressors do not necessarily relate to a specific event and include difficulties in relationships with boy/girlfriends, friends, family members, schoolwork, weight, and health problems such as asthma and acne. In addition to the impact on mental health, both stressful life events and daily stressors are associated with the onset and exacerbation of chronic illness (i.e., diabetes, asthma), poor academic functioning, school absenteeism, high utilization of school services, and suicide (Peter and Fritz, 2010; Tran et al., 2011).

Recent research from a range of settings points to the importance of stressful life events that assume traumatic experience on predicting low mental health status. Less described in the literature is the association between common life stressors and a wide range of psychopathology in young adolescents. Low et al., (2012) used a large non-clinical sample of young adolescents to describe the associations among worry or stress about common life events/difficulties, mental health and substance use. The method involved collection and analysis of data on lifetime stress or worry about common life events/difficulties (i.e., romantic breakups, family disruption, interpersonal difficulties, and personal stress (health, weight, schoolwork), symptoms of depression, conduct disorder symptoms, and substance use were collected from 1,025 grade 7 students (mean age 12.9 years; 45% male).

The association between each source of stress and

each mental health and substance use indicator was modelled in separate logistic regression analyses. The result showed that the proportion of adolescents reporting worry or stress ranged from 7% for new family to 53% for schoolwork. Romantic breakup stress was statistically significantly associated with all the mental health and substance use indicators except illicit drug use. Family disruption was statistically significantly associated with depression symptoms, marijuana use, and cigarette use. Interpersonal difficulties stress was statistically significantly related to depression symptoms.

(ii) Romantic Relationship Stress and Mental Health Status of Undergraduates

Stress in close relationship can have significant negative consequences for mental health, physical health and long-term relationship functioning. Stress associated with romantic relationship is suspected to play significant role in the mental health and emotional well-being of adolescents and young youths. Undergraduates have opportunities to establish and sustain romantic relationships, stress arising from these opportunities could impinge on their emotional health. Although social scientists have long assumed that intimate social relationships are more closely associated with women than men's mental health, recent research indicates that there are no gender differences in the advantages of marriage and disadvantages of unmarried statuses when males' and females' distinct expressions of expressions of emotional distress are considered. These findings have led to the conclusion that there has been a convergence in the importance of intimate relationships for men's and women's mental health. However, these patterns may not be evident for non-marital romantic relationships among young adults.

Simon and Barret (2010) examined the associations among several dimensions of these relationships and symptoms of both depression and substance abuse/dependence in a diverse sample of young adults. They reported that gender differences vary across dimensions of relationships: While current involvements and recent breakups are more closely associated with women than men's mental health, support and strain in an ongoing relationship are more closely associated with men's than women's emotional well-being. These findings highlight the need to consider the period in the life course as well as experiences of specific cohorts of men and women when theorizing about gender differences in the importance of intimate relationship for mental

health.

In a similar study, Soller (2014) investigated association between romantic relationship and mental health of adolescents. Integrating insights from cultural sociology and identity theory, the researcher explored the mental health consequences of adolescents' romantic relationship stress, i.e., incongruence between thoughts/feelings and actions within romantic contexts. Applying sequence analysis to National Longitudinal Study of Adolescent Health data, the researcher measured relationships (e.g., holding hands, saying "I love you") diverges events from the sequence of events within idealized relationship scripts among 5,316 adolescents. Its association with poor mental health indicators like severe depression, suicide ideation, and suicide attempt was then tested. Result showed that romantic relationship stress is positively associated with the risk of all three markers of poor mental health, but only for girls. This study highlights the importance of gender and culture in determining how early romantic involvement influences psychological well-being.

In a more recent study, significant relationship was found between romantic relationship stress and mental health seeking. Over 50% of young people have dated by age 15. While romantic relationship concerns a major reason for adolescent help-seeking from counselling services, there seems to be a limited understanding of what types of relationship issues are most strongly related to mental health issues and suicide risks. Price, Hides, Coackshaw, Staneva and Stoyanov (2016) used records of 4,019 counselling sessions with adolescents (10-18 years) seeking help from a national youth counselling service for a romantic relationship concern to: (i) explore what types and stage (pre, during, post) of romantic concerns adolescents seek help for; (ii) how they are associated with mental health problems, self-harm and suicide risk; and (iii) whether these associations differ by age and gender. In line with developmental-contextual theory, results suggest that concerns about the initiation of relationships are common increase with age. Relationship breakups were the most common concern for both male and female adolescents and for all age group (early, mid, late adolescence).

Exercise is one of the most effective ways to improve one's mental health. Regular exercise can have a profoundly positive impact on depression, anxiety, ADHD, and more. It also relieves stress, improves memory, helps to sleep better and boosts overall mood. Research indicates that modest amount of exercise can make a difference. No matter

the age or fitness level, exercise is a powerful tool to feel better. Researches have confirmed that physical activity provides a protective effect against developing depression and improving overall mental health. (Carek, Laibstain, and Carek, 2011; Mossner, Mikova, Koutsileri, Saoud, Ehliis, Muler, et al. 2007).

Causes of Mental Health Challenges

There are so many causes of mental health problems. Among others are Genetics environmental exposure before birth, brain chemistry, infections, poor nutrition and exposure to toxins such as lead and substance abuse (Bilikis, 2014 and Blekko, 2015). It is important to stress how each of the aforementioned do cause mental health problems.

1. Biological factors such as genetics may be involved in the development of mental illness. Mental illness may be hereditary. It sometimes runs in families. Some people are born with mental disabilities while many people acquire mental health problems. This suggests that people who have a family history of mental challenges may be likely develop one themselves.
2. Also, certain infections such as streptococcus bacterial infection have been linked to the development of obsessive compulsive disorder and other mental illness in children. this condition is known as pediatric autoimmune neuro-psychiatric disorder (PANDA).

Signs and Symptoms of Mental Health Challenges

Gureje (2002) affirmed that mental health problems can cover a broad range of disorders, but the common characteristics is that they all affect the affected person's personality, thought processes or social interactions. Mental health problems can also be difficult to diagnose because they are not usually visible unlike physical illnesses. General signs and symptoms include: erratic thought patterns, unexplained changes in mood, lack of interest in socializing, lack of empathy, inability to tell the difference between reality and fantasy, or seeming lack of control. Other signs and symptoms according

to Jose (2008) include: emotional symptoms and physical symptoms. Emotional symptoms include: changes in mood, erratic thinking, chronic anxiety, exaggerated sense of self-worth and impulsive actions while physical symptoms manifest as: weight loss, fatigue and loss of libido. In the same vein, eating disorders, which is a separate class of mental health disorders can cause malnutrition, weight loss, amenorrhea in women or electrolyte imbalance caused by self-induced vomiting. This makes eating disorders among the most deadly of mental health disorders.

Methodology

The descriptive survey research was utilized. A multistage sampling technique was used. At the first sampling stage, the twelve faculties in the university offering undergraduate courses were selected using total enumeration method. At the second stage, simple random sampling technique of fishbowl with replacement was employed to draw seven faculties out of twelve earlier selected at sampling stage. At the third sampling stage, the use of simple random technique of fishbowl with replacement was employed to select three departments each from the selected faculties while the fourth sampling stage involved the use of simple random sampling technique to select three levels from the selected departments. At the last sampling stage, systematic random sampling technique was employed to select twenty respondents from each level thereby making a total of sixty respondents from each department and thus bringing the sample size to 180 for each faculty and 1260 respondents in all the seven faculties but only 1,047 questionnaire forms were retrieved. The research in all the seven faculties but only 1,047 questionnaire forms were retrieved. The research instrument was an adopted and self-developed questionnaire designed in accordance with modified four point-Likert Scale of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD).

Results

Socio-Demographic Characteristics of Respondents

Distribution of Respondents by Age

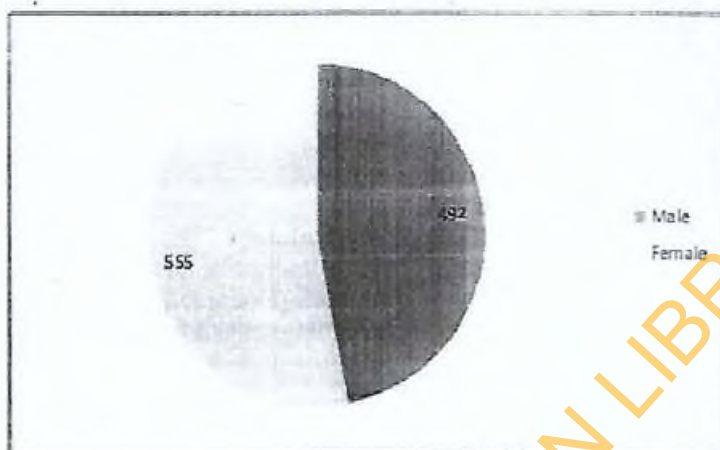
Table 1: Distribution of Respondents by Age

Age	Frequency	Percent
15-19	331	31.6
20-24	467	44.6
25-29	249	23.8
Total	1047	100.0

The result of the study as shown in the table above revealed that respondents within the age bracket of 20-24 years accounted for the largest proportion of the respondents at 44.6% percentage contribution.

Findings also showed that respondents that are between 15-19 years accounted for 31.6% while those within 25-29 years accounted for the least proportion at 23.8%.

Fig.1: Distribution of Respondents by Sex



The pie chart shows that female respondents accounted for the largest proportion of the total respondents at a percentage contribution of 53.0%

with their male counterparts accounting for the remaining 47.0%.

Table 2: Gender Difference in Mental Health among Respondents

MENTAL HEALTH	SEX	N	Mean	t_{cal}	Df	t_{crit}	P
	MALE	492	43.4654	5.414	1045	3.814	0.000
	FEMALE	555	42.8793				

The result of the study as shown in the t-test table revealed that there is significant difference in the mental health status of male and female respondents. Male respondents recorded a higher mean of 43.4657 compared to the 42.8793 recorded by the female respondents. The value of critical t read off at infinity is lower than the calculated t which is 5.414

and the p value at $0.000 < 0.05$ further confirms that the mean difference between male and female respondents is significant. This implies that male respondents reported better mental health status than female respondents as is further espoused at the discussion section.

Table 3: Correlational Matrix of Relationship between Independent and Dependent Variables

		MENTAL HEALTH	UNPLEASANT LIFE EVENTS	ROMANTIC RELATIONSHIP STRESS
MENTAL HEALTH	r value p value	1	-.638(**) .000	-.601(**) .000
UNPLEASANT LIFE EVENTS	r value p value		1	.228(**) .000
ROMANTIC RELATIONSHIP STRESS	r value p value	-.638(**) .000	.228(**) .000	1

** Correlation is Significant at the .001 level (2-tailed)

The correlational matrix table above showed that there is significant relationship between each of the independent variables and mental health status. Results showed that a negative, moderate and significant relationship was found to exist between unpleasant life and mental health ($r = -0.601$, $p = 0.000 < 0.05$) as well as between romantic relationship and mental health ($r = -0.601$, $p = 0.000 < 0.05$). The significant relationship found to

exist among the independent variables and the dependent variable singly and jointly predict mental health status of the respondents.

Hypothesis One

Unpleasant life event will not significantly determine mental health status of undergraduates in the University of Ibadan.

Table 4: Unpleasant Life Events as determinants of Mental Health Status

R	R Square		Adjusted R Square	Std. Error of the Estimate	
.638	.408		.407	2.86426	
	Sum of Squares	df	Mean Square	F	Sig.
Regression	5898.279	1	5898.279	718.955	.000
Residual	8573.136	1045	8.204		
Total	14471.415	1046			

a. Predictors: (Constant), Unpleasant Life Events

b. Dependent variable: Mental Health

The table above shows that unpleasant life event significantly determined mental health status of the respondents. The result showed an adjusted R squared value of 0.407 which implies that 40.7% variance in mental health is contributed by unpleasant life event. The F value and p values at 718.955 and $0.05 < 0.05$ respectively confirms the significant effect of unpleasant life event on mental

health thereby leading to the rejection of the null hypothesis.

Hypothesis Two

Romantic relationship stress will not significantly determine mental health status of undergraduates in the University of Ibadan.

Table 5: Romantic Relationship Stress as determinants of Mental Health Status

R	R Square		Adjusted R Square	Std. Error of the Estimate	
.601	.361		.361	2.97390	
	Sum of Squares	df	Mean Square	F	Sig.
Regression	5229.354	1	5229.354	591.283	.000
Residual	9242.061	1045	8.844		
Total	14471.415	1046			

a. Predictors: (Constant), Romantic Relationship Stress

b. Dependent variable: Mental Health

The result of the study showed that romantic relationship stress significantly predicted mental health status among undergraduates in the University of Ibadan. The R value is 0.601 and adjusted R squared value at 0.361 shows that 36.1% of the variance in mental health status of the respondents is attributable to romantic relationship stress. The calculated F value at 591.283 is greater than the table value and the p value at $0.000 < 0.05$ confirms a significant predictive effect of romantic relationship stress on mental health among the respondents. Consequently, the null hypothesis is rejected and the

alternate hypothesis upheld.

Discussions of Findings.

When gender difference was investigated, findings showed that male respondents reported higher level of mental health status than their female counterparts. This might not be unconnected with the psychological and stereotype pattern of both sexes. Although, men are equally anxious and emotional disturbed, their level of disturbance cannot be compared to that of women. But ironically, women tend to let out emotional strains more often than men

as they snap and shout easily. Letting out emotions this way, according to Udoh and Ajala (2012), is an effective way of relieving stress and thereby improving mental health. Notwithstanding that women engage in this more often, it is ironical that literature evidence abounds that males have better mental health status than females just as confirmed by this study. On the other hand, female folks might experience more reasons to exhibit low mental health status due to physiological and psychological pressures they are exposed to. For instance, the human biology of female reproductive health functions might make them experience symptoms of poor mental health than men who do not experience such. Again, being victims of exploitation and violence compared to their male folks, females also tend to be more prone to low mental health status. The issue of establishing and maintaining a wholesome relationship and prospect for marriage could also be a significant factor in resulting in the better status of mental health in male than in female respondents found in this study. The findings of the study are in line with the separate findings of Adewuya et al (2006) and Gesinde and Sanu (2014) that reported poor levels of mental health among female undergraduates compared to their male counterparts. On the effect of unpleasant life which was found to significantly predict mental health, man is a bundle of his experiences. These experiences have effective ways of shaping one's personality and behavior including behaviours that may promote or adversely affect mental health. Hurtful experiences, loss of vital opportunities, properties, information, love ones or even past physical and emotional abuses might impinge on the mental health of undergraduates. This is especially the case in a developing country like Nigeria where mental health services are yet to be embraced. Individuals with such unpleasant memories bottle them up instead of engaging in services of a mental health expert to help resolve and dispel such memories. Carrying such painful memories has a significant way of adversely affecting the mental health status of undergraduates and this might even continue until old age. This finding supports the separate findings of Cisler et al., (2012) and Trickey et al., (2012) which reported that severe traumatic events such as childhood physical abuse, assault, and rape, among others are significant factors in mental health disorders.

Undergraduates have good opportunities to initiate and sustain romantic relationship in school compared to opportunities they may have at home. Undergraduates therefore engage effectively in

romantic relationship which often get soared and leave them heart-broken. Cases of attempted suicides have been previously recorded among female undergraduates just because of relationships break-ups. Many undergraduates who engage in romantic relationships lack the psychological buffer against stress and strain resulting from the negative sides of these relationships. An undergraduate whose relationship is threatened might feel his/her world crumbling down and this significantly affects their mental health status negatively. This finding of the study is in line with the findings of Price et al (2016) which reported that significant proportions of students utilizing mental health services seek help to overcome mental health disorder due to relationship break-ups.

Conclusion

It is concluded that undergraduates in the University of Ibadan have a very poor mental health status. It is further concluded that unpleasant life events and romantic relationship stress have significant predictive effect on the mental health status of undergraduates in the University of Ibadan. Stressors are reduced to the barest minimum, when there is improvement in the mental health status.

Recommendations

1. Consideration should be given to making training on mental health awareness and the protocols for reporting concerns available to all relevant student and staff. This includes academic and related departments, service and support areas, halls of residence and departmental disability officers. Such training could be cascaded to staff who have a front line role.
2. The University of Ibadan should consult and collaborate with Students Union and associations and particularly, with students that have mental health-related policies and procedures and in identifying areas of improvement.
3. Regular physical exercise is good for the body and one of the ways to improve one's mental health. The students should be encouraged by the institution through halls of residence, associations and departments to participate in physical exercises.

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