Cognitive Barriers to Mental Health Seeking Behaviour among University Students in Tharaka Nithi County, Kenya

Technological Solutions in Health Research and Practice for Community Development

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ABSTRACT

The burden of mental health problems has led to delayed health seeking behaviour particularly among the university students. This study investigated cognitive barriers to mental health seeking behaviour among university students in Tharaka Nithi County in Kenya. The study findings would be of significance to policy makers by giving insight on making best policies to address mental health seeking behaviour in university settings in Tharaka Nithi County. Descriptive survey research was employed involving 376 randomly selected university students and counsellors from the public universities. Quantitative data collection involved administration of structured questionnaires to students and interview schedules collected qualitative data from the counsellors. The results from descriptive statistical analysis using SPSS version 28 indicated that 53.8% (n=170) were unaware of provision of mental health services, doubt on effectiveness (36%, n=114), and underestimation of symptoms (41%, n=131). Thematic analysis indicated that the key cognitive barriers to mental health seeking behaviour involved low mental health literacy levels, belief in self-sufficiency, rationalization and cognitive distortions. The findings highlighted the need for adopting innovative mental health delivery strategies that encourage mental health seeking behaviour among university students, such as online psycho-educational interventions. The findings established a need for increased strategies that leverage modern technology to increase mental health seeking behaviour among university students in Tharaka Nithi County. It was therefore recommended that the university counsellors take initiative to design and apply technology-based solutions that promote and increase help-seeking among university students in Tharaka Nithi, Kenya.

Keywords: cognitive barriers, mental health seeking behaviour, university students.

INTRODUCTION

Higher learning plays a significant role in enhancing the development and welfare of a community, which empowers university students with the necessary knowledge, skills, and abilities that promote collective efforts towards sustainable social and economic development. However, university students are exposed to various environmental and structural factors that potentially lead to the onset of mental health issues, including social isolation, academic pressures, and financial constraints. Mugotitsa et al. (2025) argue that the unique cluster of stressors that university students experience leads to the onset of mental health issues, which further impacts their overall functioning in daily life. Depression and anxiety are the most common mental health issues experienced by university students, which are influenced by the various stressors inherent in the university environment. The mental health issues may be left unaddressed due to low mental health seeking behaviour among university students, which further lead to adverse impacts on the individual as well as the community in general. According to the Cohen et al. (2020), mental health issues reduce graduation rates among university students, whereby lower educational attainment impacts community economics in adverse ways. This implies that mental health plays a key role in enhancing university students' overall educational experience and attainment, which benefits both the individual and surrounding communities beyond merely receiving the degree. Essentially, this requires a better understanding of mental health-seeking behaviour and barriers that

impact treatment of mental health issues as well as utilisation of mental health services among students in the university setting.

Mental health seeking behaviour is a key indicator used to inform the implementation of preventive strategies aimed at combatting increasing mental health issues in a specific population. Health seeking behaviour entails a complex decision-making process for responding to a health issue that challenges an individual's coping abilities (Broglia et al., 2021). This implies that health seeking behaviour is instigated when demands of a health problem exceed personal coping abilities and/or resources, which compels an individual to seek help through actions that require interaction with their surroundings. In the mental health context, Noorwali et al. (2022) inferred health seeking behaviour involves the process in which an individual develops self-awareness on one's mental health, including the ability to translate and communicate personal, internal psychological distress to those around them with the goal of seeking aid. This suggests that mental health seeking behaviour is dependent on various factors, including individual attitudes, intention, and capacity for seeking appropriate mental health care to address problems that exceed one's coping skills. Furthermore, this shows that mental health seeking behaviour is influenced by various individual and environmental factors that facilitate, or impede, favourable actions and behaviour for seeking aid to address mental health problems. Therefore, continual assessment of the factors influencing mental health seeking behaviour is essential for monitoring and improving the quality of mental health services offered in a specific community.

Despite the prevalence of mental health issues among university students increasing over the years, mental health seeking behaviour in this population remains low. This was indicated in a recent global systematic study on mental health seeking behaviour among university students in which about 15 to 35% of university students experiencing mental health issues seek mental health services offered in their universities (Zhao et al., 2025; Osborn et al., 2022). The likelihood of redirected mental health seeking behaviour towards care services outside universities is further lowered with a recent meta-analysis study highlighting non-student young adults had a lower rate of mental health seeking behaviour with about 16% of young adults experiencing mental health issues indicated to ever intentionally sought mental health services from professional counsellors (Yonemoto & Kawashima, 2023). Moreover, a school-based study in the US found that most university students delayed and even failed to seek mental health services due to various social and personal barriers that reduced likelihood to seek mental health services, including inflexible hours and being too busy with school pressures, among others (McCormick et al., 2024). A qualitative study on barriers and facilitators to mental health seeking behaviour among Saudi Arabian university students found that public stigma and lack of accessibility to mental health services were the commonly cited barriers to seeking mental health services in the university setting (Noorwali et al., 2022). Additionally, a descriptive study on the prevalence of mental health seeking behaviour among students in Kisii University found a low rate of mental health seeking behaviour, which was influenced by cultural norms, low mental health literacy, and lack of resources as the barriers to mental health services (Nyamwange et al., 2023). In general, the consistent notion in the various studies entail low mental health seeking behaviour among university students, which largely differ based on contextual factors. This underscored the overall premise for this study in which mental health seeking behaviour is largely impacted by cognitive barriers that impact the treatment of mental health issues and utilisation of mental health services among university students to address mental health issues experienced in the university setting.

Cognitive barriers entail factors that minimize an individual's self-efficacy and control to seek mental healthcare services. According to recent studies, limited mental health literacy and distorted beliefs and misconceptions on mental health services were the common cognitive barriers affecting mental health seeking behaviour (Nyamwange et al., 2023; Osman et al., 2023; van der Broek et al., 2023). Osman et al. (2023) explains that cognitive barriers impacted an individual's self-efficacy to recognise the need for help, seeking mental health services, and effectively engage with mental health professionals or support networks in order to address mental health issue. Contextually, mental health literacy is also considered as a cognitive factor that influences mental health seeking behaviours among individuals. The assessment of the effect of cognitive barriers to mental health seeking behaviours is based on the premise that an individual's perceived control and self-efficacy on coping with mental health issues significantly influences their decision-making process towards, or against, seeking treatment. In this context, a longitudinal cohort study conducted by Osman et al. (2023) assessed the influence of mental health literacy on mental health help-seeking behaviour among young adult population in Switzerland. The study findings showed that despite that low mental health literacy was identified in the overall study sample,

sensitivity analyses showed that it negligibly influenced help seeking behaviours. Osman et al. (2023) concluded that low mental health literacy did not pose significant barriers to an individual's self-efficacy in performing the act of seeking mental health services, specifically in the context of young adults. In Indonesia, Nggalamanu et al. (2024) assessed the relationship between mental health knowledge and mental health seeking behaviour among psychology students in Nusa Cendana University. The study found a moderate positive correlation between mental health knowledge and mental health seeking behaviour. This indicated that low mental health literacy were associated with low levels of mental health seeking behaviour among the students. Yang et al. (2023) found that mental health literacy had a direct relationship with help-seeking behaviour among the Chinese residents, wherein low mental health literacy led to low self-efficacy for seeking mental health services. In Kenya, Bikwetti (2021) indicated that limited mental health literacy and inadequate information on the availability and accessibility of mental health services were the main cognitive barriers that adversely impacted behavioural intentions and utilization of mental health services.

Despite that delayed mental health seeking behaviour is widely shown as a key factor leading to the rising prevalence of mental health issues among university students, the cognitive barriers to mental health seeking behaviour are less understood specifically in the context of rural Kenya, including Tharaka Nithi County. Therefore, this study aims to address this knowledge gap by investigating the specific cognitive barriers to mental health seeking behaviour among university students in Tharaka Nithi County. This is essential for enhancing mental health seeking behaviour and improving delivery of mental health services in university settings towards effectively managing and preventing mental health issues within higher learning institutions in rural Kenya, including Tharaka Nithi County.

Objective of the Study

The study aimed to address the following key objective:

To determine cognitive barriers to mental health seeking behaviour among university students in Tharaka Nithi County, Kenya.

RESEARCH METHODOLOGY

This cross-sectional descriptive research was conducted at Tharaka University and Chuka University in Tharaka Nithi County, Kenya from March to April 2025. The study population comprised of full-time undergraduate students enrolled in any academic year of their educational program as well as university counsellors offering mental health services within the universities. A descriptive research design was adopted for this study since it allowed the establishment and description of the specific cognitive factors that impede mental health seeking behaviour among university students 'as is'. This made it a practical and efficient approach for advancing the existing body of literature on barriers to mental health seeking behaviour among university students in Tharaka Nithi County.

A stratified multi-stage sampling method was adopted to select a sample of university students and university counsellors, which allowed the use of different sampling techniques to obtain a sample representative of the general study population. The first-level sampling protocol involved stratifying the target population into two strata, including university students and university counsellors. The sample size (n=376) was calculated using Kothari's (2004) adaption of the Fisher's exact sample size determination formula in which 368 university students were randomly selected while 8 university counsellors were selected using the non-probabilistic purposive sampling method.

$$n = \frac{z^2 \cdot p \cdot q \cdot N}{e^2(N-1) + z^2 \cdot p \cdot q}$$

Where,
n = size of the sample
N = total target population
e^2 = acceptable error at a precision level of 0.05
p = % of target population with the desired attributes on a 50% chance (0.5).

$q = 1 - p = 0.5$

z^2 = The corresponding 95% confidence level (1.96) standard deviation unit of the sample frame

The stratified random sampling technique was employed to select 368 students from the universities wherein a disproportionate stratified sample of students was representative of the universities. This featured two strata in which 200 students represented Chuka University and 168 students represented Tharaka University. In each stratum, equal number of students were purposively selected into four sub-groups based on academic year. The students within each academic year were further grouped by gender, which enhanced the richness of the final study participants' demographic profile. The remaining 8 study participants needed to meet the calculated sample size of the study (n=376) was allocated to university counsellors, who were purposively sampled from the two universities in Tharaka Nithi County. Table 1 illustrates the allocation of the study participants across the strata for representation of the study population in this study.

Table 1 Sample size

University Name	First Year		Second Year		Third Year		Fourth Year		University Counsellors	Total
	Male	Female	Male	Female	Male	Female	Male	Female		
Tharaka	21	21	21	21	21	21	21	21	3	**171**
Chuka	25	25	25	25	25	25	25	25	5	**205**
Total	**46**	**46**	**46**	**46**	**46**	**46**	**46**	**46**	**8**	**376**

The study used self-administered questionnaires to collect quantitative data from the sample of university students while a semi-structured interview schedule was adopted for collection of qualitative data from the sample of university counsellors. The research instruments were piloted among 32 university students and 3 counsellors in Meru University, who helped establish their reliability and validity in addressing the research objectives. In the actual study, the self-administered questionnaires collected quantitative data used to determine the cognitive barriers to mental health seeking behaviour among university students in Tharaka Nithi County. The questionnaire consisted of various sections, which collected data to inform the demographic profile of the study participants, including age, gender, academic year as well as the university and course the student is enrolled. Moreover, 6 closed-ended statements collected quantitative data on the cognitive barriers to mental health seeking behaviour wherein the responses were based on a 5-point Likert scale that indicated the respondents' level of agreement or disagreement with each statement.

University students were recruited through noticeboard communication and in-person engagement with class representatives of the different courses offered in the universities, who were briefed on the study and asked to distribute flyers directing students to take part in the study. The purpose of the study as well as other relevant information, such as objectives, significance, scope, and ethical considerations among others, were further delineated to the students prior to partaking the study, which helped them give informed consent on their participation. Students who consented to participate in the study were given the questionnaire to fill at their convenience and return the questionnaires to the lead researcher in a designated office in the counselling department. The returned questionnaires were organised and evaluated for further processing and analysis.

The interview schedule collected qualitative data from selected university counsellors, which involved scheduling an interview appointment with each university counsellor prior to the actual interview session. This ensured each counsellor got enough time to address their university duties and that the interview did not conflict with their obligatory responsibilities in the university. Each interview took at least 20 minutes, which was recorded by an audio recorder after giving consent to have their responses recorded. After each interview session, the audio recorder was stopped and the closing remarks always involved acknowledgement for their participation in the interview process.

Quantitative data analysis involved organizing the data collected and performing statistical computations to make inferences on the basis of the research questions. The completeness and accuracy of the data collected was checked and then input and organized in IBM's Statistical Software for Social Sciences (SPSS) version 28 for further statistical computations. Statistical computations were performed on the data to generate descriptive statistics results, including frequency distributions and measures of central tendencies, including percentages,

mean, median, and standard deviation. Descriptive statistical results offered insight on the overall distribution of the students' responses to the various questionnaire items. The study results were presented in tables and graphs and interpreted based on the research questions.

Qualitative content analysis was utilised to assess the interview responses from the 5 university counsellors, who took part in the study after 3 counsellors withdrew from the data collection process. The data analysis method involves a systematic evaluation and codification of qualitative data in order to identify themes and patterns that inform the key research questions (Kleinheksel et al., 2020). The analysis process involved conversion of raw audio recorded data into verbatim transcriptions of the counsellors' interview responses. The various transcripts were scanned to help establish a general unit of analysis, which include a set of expected keywords that would act as signal terms for classification to a specific category, for instance 'thought processes' signalled a cognitive factor; 'feel' signalled an emotional factor, while terms such as 'norms' or 'culture' signals social factor. The various units of analysis were grouped as either a social, emotional, or cognitive barrier, which constitute the key categories considered in addressing the research questions. This was followed with the final analysis and establishment of qualitative inferences from the student counsellors' responses.

RESULTS

The response rate of the study was satisfactorily high across the sample of university students and counsellors. Out of 368 questionnaires administered to the sample of university students, 316 questionnaires were completed and returned for further analysis, which indicated a response rate of 85.9%. Moreover, 5 university counsellors, out of 8, participated in the study leading to a response rate of 63% for the interviews. Table 2 below illustrates the response rates for the study participants, which also indicates the returned and incomplete questionnaires as well as unusable interviews.

Table 2 Response rate of the study

Questionnaire: Students				
Total Administered	368	100%	Returned but Incomplete/Unusable	55
Returned and Usable	316	85.9%	Returned but unusable Rate	15.0%
Effective response rate	**85.9%**			
Interview: Counsellors				
Total Administered	8	100%	Incomplete/Unusable Interview	3
Returned and Usable	5	63%	Incomplete/Unusable Interview Rate	37%
Effective response rate	**63%**			

Demographic characteristics of the respondents

Table 3 presents the demographic characteristics of the study participants, which describes their distribution based on gender, age, and enrolled university course.

Table 3 Demographic characteristics of the study participants

Gender	Frequency (n)	Percentage (%)
Male	155	49.1%
Female	161	50.9%
Age distribution		
19 years	35	11.1%
20 years	75	23.7%
21 years	85	26.9%
22 years	61	19.3%
23 years	31	9.8%
24 years	29	9.2%
Course Enrolled		
Bachelor of Psychology	33	10.4%

B. Ed. Science Education	31	9.8%
Bachelor of Procurement and Logistics Management	29	9.2%
B. Ed. Arts Education	29	9.2%
B. Sc. Actuarial Science	21	6.7%
B. Sc. Computer Science	20	6.3%
B. Sc. Agricultural Education & Extension	19	6.0%
B. Ed. Primary Option	17	5.4%
Bachelor of Entrepreneurship and Enterprise Management	16	5.1%
B. Sc. Economics and Statistics	16	5.1%
B. A. Kiswahili and Geography	16	5.1%
B. Ed. Early Childhood Development	14	4.4%
Bachelor of Cooperatives Management	14	4.4%
B. Sc. Information Science	13	4.1%
B. A. Journalism and Mass Communication	12	3.8%
B. Sc. Community Development	6	1.9%
Bachelor of Commerce (Accounting)	4	1.3%
B. Sc. Biomedical Science & Technology	3	0.9%
Bachelor of Commerce (Bank & Finance)	2	0.6%
Bachelor of Public Health	1	0.3%

Female university students (n=161, 50.95%) in the study were slightly more compared to male students (n=155, 49.1%). In contrast, more male university counsellors (n=3, 60%) took part in the study compared to female counsellors (n=2, 40%). Moreover, a majority of the study participants were aged 21 years (n=85, 26.9%) and were enrolled in Bachelor of Psychology (n=33, 10.4%).

Cognitive barriers to seeking mental health services among university students

Table 4 presents the frequencies of the students' responses to the various cognitive factors that discourage mental health seeking behaviour in universities in Tharaka Nithi County.

Table 4 Cognitive barriers to mental health seeking behaviour

Cognitive barriers to mental health seeking behaviour	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.I believe that seeking mental health services is a sign of strength	80	113	34	81	8
2.The effectiveness of mental health services is not doubted when seeking mental health services	75	114	57	62	8
3.I can handle my mental health issues on my own without professional help	15	68	93	119	21
4.Mental health issues are not much of a concern (underestimation of mental health issues)	12	58	131	98	17
5.The mental healthcare services in the university are for all students	10	99	110	82	15
6.I am unaware of the processes a student has to follow to seek mental healthcare services offered in the university	11	33	43	170	59

The results indicated that a majority of the respondents (n=113, 35.8%) disagreed and 80 students (25.3%) strongly disagreed that the seeking mental health services is a sign of strength. This suggested that students considered seeking mental health services as a sign of weakness, which discouraged them from seeking mental health services offered in the university. Most of the university students in the study (n=114, 36.1%) also disagreed that effectiveness of mental health services is an undoubted aspect of seeking mental health services

offered in the university. This implied that most students considered doubt on the effectiveness of mental health services as a key factor influencing mental health seeking behaviour to address mental health issues experienced in the university setting. Moreover, a high number of the respondents (n=119, 37.7%) agreed that they could address mental health issues without professional help, which showed a high level of belief to self-sufficiency among the students to addressing mental health issues without the need for professional help. A majority of the students in the study were neutral on underestimating mental health issues, which implied the students were unaware of their perceptions on the severity of mental health issues. Most respondents were also neutral (n=110, 34.8%) on whether the mental health services offered in their university were meant for all students while a majority agreed (n=170, 53.8%) that they were unaware of the process for seeking mental health services offered in the university. This indicated low levels of mental health literacy concerning the provision and the processes for seeking and utilising mental health services offered in the university setting.

Thematic analysis of the qualitative data collected by interviewing university counsellors showed that they perceive distorted beliefs and misconceptions about mental health and its treatment was a common cognitive barrier impacting university students' mental health seeking behaviour. A counsellor in Tharaka University cited, "most students facing disciplinary action tend to be put under mandatory counselling, other students may think the university's counselling services are only meant for behavioural issues and disciplinary purposes". This indicated that the notion that mental health services offered in universities were solely intended for students facing disciplinary action was a common cognitive barrier to mental health seeking behaviour among university students in Tharaka Nithi County, especially among students not under disciplinary action. A counsellor in Chuka University further stated, "Students engage in cognitive distortions such as catastrophizing, overgeneralisation, or personalisation, distorted thinking on seeking mental health services hindered help seeking behaviour". This assertion suggested that distorted thought patterns hindered students from seeking mental health services when experiencing mental health issues, which intensified their emotional distress and made it increasingly difficult for them to acknowledge the need for professional support, thus reinforcing avoidance of help-seeking behaviours.

The counsellors also highlighted low mental health literacy as a major cognitive barrier impacting university students' mental health seeking behaviour. A counsellor in Tharaka University cited that students, "...may not recognize their own mental health struggles or believe that their emotional distress is just part of the university experience". This implied that most university students lacked the knowledge to recognize signs of mental health challenges within themselves. A counsellor in Chuka University noted that "Many students lack accurate information… leads to misinterpretations of emotional distress as temporary reactions to academic pressure, rather than recognizable conditions that benefit from intervention". This indicated that university students often dismissed emotional distress as a normal part of the university experience rather than as a potential indicator of an underlying issue requiring support. The misunderstanding of mental health issues led to misinterpretations of their symptoms wherein a counsellor in Tharaka University states, "Some students believing mental health problems are a sign of personal failure or moral weakness". A counsellor in Chuka University also reported that, "students were unaware that their symptoms were consistent with diagnosable conditions that could benefit from professional intervention".

The counsellors also identified underestimation of mental health issues was a factor that discouraged mental health seeking behaviour among university students. A counsellor in Tharaka University reported, "Students believe mental health struggles are temporary and will resolve themselves". This suggested that university students frequently downplayed the severity of their struggles by believing that their issues were minor or would resolve on their own over time. Underestimation of mental health issues also led to misattribution of misattribution of symptoms, which a counsellor in Chuka University stated university students were likely to, "interpret psychological symptoms as physical ailments or normal responses to university life".

DISCUSSION

A majority of the university students indicated distorted beliefs and misconceptions about mental health and its treatment, which university counsellors identified as one of the key cognitive barriers to mental health seeking behaviour among students in university settings in Tharaka Nithi County. This is based on the study finding that

most students viewed seeking mental health services as a sign of weakness rather than strength, which suggested distorted thought patterns on seeking mental health services to address mental health issues. The finding aligns with the study result presented by Yang et al. (2023), which showed that cognitive distortions discouraged mental health-seeking behaviour by creating skewed and irrational thought patterns that hinder individuals from reaching out for help. The results widely highlight the need for strategies that focus on addressing distorted beliefs and misconceptions on mental health issues through mental health education programs that enable students to make favourable decisions towards seeking professional help and support.

Low mental health literacy was also highlighted as a key cognitive barrier to seeking mental health services in university settings in Kenya. This suggested that low mental health literacy contributed to both delays in help-seeking and an underutilisation of available services. Existing literature established that cognitive barriers entailed factors associated with individual cognitions and thought processes that minimize an individual's self-efficacy and control to seek mental healthcare services (Al-Sharnaq et al., 2023; van der Broek et al., 2023; Bikwetti, 2021). In this light, the study found low mental health literacy and underestimation of mental health issues were significant barriers to mental health seeking behaviour among university students in Tharaka Nithi County. Similar findings were presented by Bikwetti (2021), who reported low mental health literacy among university students in Nairobi County discouraged mental health seeking behaviours. Al-Sharnaq et al. (2023) also found that high mental health literacy levels enabled individuals to overcome potential attitudes and external influences deterring them to seek help from mental health professionals, although low levels of mental health literacy had the potential to worsen mental health issues due to incapability to seek or access mental health services.

Fear of disclosure and privacy concerns were further identified as significant cognitive barriers. This suggested that most university students expressed anxiety over potential breaches of privacy, which heightened their worry to seeking mental health services since they feared that their personal information might be shared without consent. Aldalaykeh et al. (2019) had noted that the perceived control on the help seeking process was a factor that influenced help seeking behaviours, whereby students felt insecure in cases they had low perceived control. These concerns were future-oriented, with students imagining worst-case scenarios involving loss of control over their personal data. Such anticipatory thinking fostered distrust in the counselling system, thus discouraging students from seeking support even when they acknowledged the need for it.

The study found low mental health literacy and underestimation of mental health issues were the most common cognitive barriers to mental health seeking behaviour among university students in Tharaka Nithi County. This was grounded on both university students and counsellors indicating that these cognitive factors hindered them to seek mental health services offered in the university. However, there was a discordance between university students and counsellors on cognitive distortions being a cognitive barrier to mental health seeking behaviour with most students indicating that it had a negligible effect on their help seeking behaviour. In contrast, the counsellors noted that this was likely the case due to low mental health literacy, which made students not be in a position to clearly indicate whether and how personal cognitive distortions impacted their mental health seeking behaviour. The university counsellors also introduced confidentiality concerns as a cognitive barrier to mental health seeking behaviour, a factor that was not initially considered in the questionnaires administered to university students. Confidentiality concerns were considered as a major cognitive barrier to mental health seeking behaviour since most of the interviewed counsellors suggested and explained its potential negative effect on help seeking behaviour. In general, the study found that low mental health literacy, underestimation of mental health issues, and confidentiality concerns were determined as the major cognitive barriers to mental health seeking behaviour among university students in Tharaka Nithi County.

CONCLUSION/RECOMMENDATIONS

The study concluded that both students and counsellors suggested cognitive distortions, low mental health literacy, and underestimation of mental health issues were the cognitive barriers to mental health seeking behaviour among university students in Tharaka Nithi County. A common cognitive barrier across all counsellors was that students were discouraged from seeking mental health services as a result of confidentiality issues. Thus, the study concludes that university students in Tharaka Nithi County faced various cognitive

barriers, including low mental health literacy, cognitive distortions and underestimation of mental health issues, which had to be addressed in order to encourage seeking of mental health services offered in universities within Tharaka Nithi County.

Based on the conclusions of this study, the study recommends:

i. Implementation of multi-channel mental health awareness and educational programs aimed at increasing mental health seeking behaviour within universities

ii. A change to the county and national higher learning education policies to provision mandatory mental health education as a unit in the current curriculum framework for all university students at the undergraduate level.

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