

# Help-Seeking Attitude of Nigerian Undergraduates Toward Mental Health Issues

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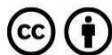
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**ABSTRACT:** This study investigated the help-seeking attitude of undergraduates at the University of Ilorin Nigeria toward mental health issues. The study employed a descriptive survey design. A multistage sampling method was used in selecting a total of 400 participants. The demographic data and research questions were examined using percentage distribution. The hypotheses were tested using t-tests and Analysis of Variance (ANOVA) statistical methods at a significance level of 0.05. The help-seeking attitude of respondents towards mental health difficulties did not vary significantly based on gender. However, there were substantial differences depending on age, degree of study, and students' place of residence. The vast majority of undergraduates rather talk to friends and family about their mental health problems than seek psychotherapy or medical help. School counsellors need to educate students on the significance of seeking help from trained mental health professionals.

## INTRODUCTION

Globally, university academic activities are time-consuming and challenging. An undergraduate is naturally expected to contend with many obstacles during this period, which can initiate unfavourable experiences such as physical, social and emotional struggles. Students in universities experience a change in their social and emotional makeup, which exposes them to mental health issues. Carr et al. (2017) opined that mental health is a circumstance of stability assisting individuals to manage life stressors, be productive and be useful to the community. Worldwide, a sizable share of young people's illness burden is caused by mental health concerns or disorders. The majority of mental problems manifest between the ages of 12-24 years but are not discovered early in life (Oku et al., 2015).

University students in both advanced and developing countries often experience various pressures that significantly impact their academic performance and mental well-being (Mofatteh, 2020; Asif et al., 2020). Research indicates that university students are a demographic vulnerable to declining mental wellness issues (Campbell et al., 2022). According to Bewick et al. (2008), 8% of students have moderate to severe psychological discomfort and 29% of students have clinically significant levels of psychological distress. The increasing incidence of psychological problems among students can be attributed to the presence of negative characteristics. Amawulu and Prosper (2018) posited that 35.6% of pupils in Nigeria reported mental health issues. 101 students (8.3%) were identified with a depressive illness, with 68 (5.6%) having a moderate depressive disorder and 33 (2.7%) reported a severe depressive disorder.

Several nations have a high rate of mental health issues, Stallman and Shochet (2009) found that nearly 45.1% of participants had a major psychiatric condition. Among the subjects, about 24.4% had minor psychiatric illnesses. The study suggested that 83.9 % of students were in the elevated range, with 31.7% reported mild anxiety and 33.0% of students battled with moderate mental illness. Stallman (2010). A study examined the mental health issues of students in universities and the wider community and discovered that the overall occurrence rate was approximately 19.2%. Lelisho and Tareke (2022) argued that a preponderance of depressing traits was reported to be high-rise among university students

As University students' mental health problems increase, their academic performance declines (Zada et al., 2021). There are many different causes of mental illness; they range from brain disorders to hereditary chemical imbalances that lead to conditions like depression, bipolar disorder, and schizophrenia to reasons that are more directly under our control (Guney, et al., 2010). Unfortunately, undergraduate students' mental health worries have been linked to low self-esteem, unrestrained smoking and alcohol drinking (Szinay et al., 2019); behavioural and disease misfortunes (Peacock et al., 2024) among many traits of severe mental health challenges (Huang & Loux, 2023. According to Bayram and Bilgel (2008), university life is a transient stage during which students face several pressures and difficulties, which might lead to mental health issues. Furthermore, the prevalence rate varies greatly, mostly as a result of the various evaluation methods, severity cutoffs, and operational definitions of mental health issues. Sadly, young individuals rarely explore the availability of professional help (Salaheddin & Mason, 2016); with 75% of adolescents who could be termed undergraduates not seeking help to overcome their mental challenges (Children Commissioners, 2016).

Yet in general, very few people who have mental health problems obtain therapy or seek help. Help-seeking behaviour has been described as measures put in place by an individual to treat and support a condition to overcome an adverse condition (Kelly, 2023). The stigma linked to mental worries has been highlighted as a significant obstacle to getting psychological assistance (Ahad et al., 2023; Corrigan et al., 2023). Those who seek psychological assistance are tagged inept and incompetent in almost every area of life (Corrigan et al., 2001). The prevailing societal attitudes toward mental illness and therapy significantly influence students' choices to seek assistance (Corrigan et al., 2014; Eisenberg et al., 2007).

Jamie et al. (2019) investigated the help-seeking attitude of adults in the United States of America struggling with eating disorders. The researchers considered gender and ethnicity as moderating variables; males and different ethnic groups were not interested in seeking help for their disorders. Liang et al. (2024) investigated the prevalence and determinants of help-seeking among women with urinary incontinence in China and Indonesia. The quantitative research found that help-seeking prevalence attitudes among women with urinary incontinence in China and Indonesia were 46 and 52 percent respectively; this implies that help-seeking attitudes are more prevalent in Indonesia than in China. Call and Shafer (2018) examined manifestations of depression and help-seeking attitude among 2,382 men. The study found that mental health symptoms do not facilitate the odds help-seeking attitude of depressed men. Ibrahim et al. (2019) sought the influence of depression literacy, mental health beliefs and stigmatisation on help-seeking behaviour among secondary and university students. The cross-sectional study found that low-income students with self-stigma at a younger age were barriers to the help-seeking attitudes of students.

For improved mental health, help-seeking behaviour is crucial (Xu et al., 2018); Students' reluctance to actively seek professional assistance has also been associated with a widespread scepticism towards mental health services. (Campbell & McLean, 2002). Instead of seeking professional services, students prefer their friends and family for help (Nordberg et al., 2013). Similarly, 64% of individuals were reported to prefer seeking help from the community to seeking professional service providers based on trust (Umubyeyi et al., 2016) and traditional helpers

(Mboweni et al., 2024). Inadequate knowledge of mental challenges, unawareness about the availability of mental health treatment, stigmatization of mentally ill individuals, and discrimination are instrumental to the avoidance and delay in seeking professional help needed to assuage mental illness (Henderson et al., 2013).

According to Farrer et al. (2008), roughly 70% of people who are suffering from mental illness do not seek assistance. The most widespread fallacy regarding the causes of mental illness is the idea that it is brought on by supernatural forces that are either provoked or unprovoked by patients, or that it is the result of a curse or the possession of evil spirits. Some even contend that mental illness is not an illness but rather a curse brought on by the use of witchcraft, evil spirits, or black magic (Stephen & Andreas, 2008). According to Liddon et al. (2017), male and female genders sought help differently in solving their mental problems; due to the psychological openness of older female gender, they widely intend to seek help more than their male counterparts (Mackenzie et al., 2006); while individuals with mild-to-moderate mental symptoms were found to seek help from unprofessional helpers (Walters, 2008). It is bothersome to note that, many people avoid seeking help from professionals, while those who seek professional help do it with a remarkable delay (Doll et al., 2021).

Despite the availability of evidence-based therapies for mental health issues, students are less likely to seek psychological assistance (Wilson et al., 2011; Andrews et al., 2001). People choose close friends for support when they are having personal problems rather than mental health specialists. Thus, it is crucial to comprehend how students behave while seeking psychological assistance. Help-seeking is characterized as a social activity that involves interacting with others and distinguishing between official and unofficial help-seeking actions (Rickwood et al., 2005).

Theoretically, Blackbyrn and Maryel (2024) described social support theory's significance in promoting human well-being, the ability to cope with stress and challenges. In addition, social support theory equips and provides all the necessary help individuals need at various stages in life to cope with them. Bentil and Bentil (2015) Social support theory also leverages relationships and interaction to improve the mental well-being of individuals. Also, help-seeking attitudes are linked with the belief system. The belief system begins with an emotional sensation of wellness symptoms or pain and the determination to investigate the origin of the problem. As stated by Arnault and Feters (2011), the process is followed by the need to seek help and the particular help to seek in an attempt to overcome his mental health challenges. Mojaverian et al. (2013) explained that culture influences help-seeking behaviour in different societies depending on the cultural tenets of each society; risk factors and emotional restraints (Guo, 2017). For example, Americans seek help for their mental health concerns than the Japanese as a result of the availability of improved social support services (Mojaverian et al., 2013).

A major predictor of real assistance-seeking and utilization of such services is one's attitude about getting treatment for mental health issues. Many studies have found a strong connection between attitudes and aid-seeking behaviour (Mackenzie et al., 2006; Have, et al., 2010). Good attitudes are linked to increased intention to seek treatment for mental health issues (Carlton & Deane, 2000). It is alarming that young people with upswept mental health awareness seek help professionally (Ratnayake & Hyde, 2019). To increase help-seeking attitudes among individuals, programmes that enhance adequate information and positive behaviour toward mental illness must be encouraged (Rüsch et al., 2011). Worryingly, only one-third of undergraduate students seek professional help in the face of mental illness (Sagara, 2016). Seeking help or services from professional therapists has received little attention over the years, with only 14 percent seeking professional help (Oliver et al., 2018); with undergraduates turning to friends, family, and the internet for support. Taking into account such, includes being afraid of stigmatization, having no assurance of confidentiality, and tagging them as attention-seekers (Rowe et al. 2014). In light of the

mentioned, this study aims to examine the attitudes of University of Ilorin undergraduates toward getting assistance for their well-being issues.

### Research Questions

Two research inquiries were posed by this study:

1. How do undergraduates at the University of Ilorin feel about obtaining care for mental health problems?
2. To whom do undergraduates at the University of Ilorin prefer to turn when they need assistance with mental health issues?

### Research Hypotheses

The study formulated the following testable hypotheses: (1) The attitude of respondents toward getting treatment for mental health concerns is not significantly different based on gender. (2) Age will not significantly affect respondents' willingness to seek assistance for mental health difficulties. (3) Regardless of the respondent's level of education, there will be no appreciable difference in their willingness to seek assistance for mental health difficulties. (4) Based on Demographics, there will not be a substantial change in respondents' attitudes on getting treatment for mental health conditions.

### METHODS

This study employed a descriptive survey approach as its method of inquiry. The total undergraduate population of the University of Ilorin, which is thought to be around 50,000, makes up the study's population. The sample size for this size of population, according to the research advisor (2006), is 381; to account for attrition, 5% of the sample size was added to make a total of 400. The study sample comprised 400 undergraduate students. A random selection procedure was employed to choose the sample from the several faculties of the University of Ilorin. Ethically, the informed consent of the respondents was individually obtained verbally, with the assurance of confidentiality.

The data collection instrument employed in this study was a researcher-developed questionnaire. The questionnaire consisted of two sections, A and B. Section B focuses on collecting data regarding the help-seeking behaviours of undergraduate students, while Section A requires respondents to provide background information such as gender, age, education level, and place of residence.

The necessary information for the study was gathered using a self-created instrument called the "Help Seeking Attitude and Mental Health Issues Questionnaire (HSAMHIQ)". Five lecturers from the University of Ilorin's Faculty of Education's Department of Counselor Education validated the instrument. A reliability coefficient of 0.78 was obtained after the instrument underwent test-retest reliability analysis, making it suitable for the study.

The analysis of the participant data for the study involved the use of both descriptive and inferential statistics. Section A's demographic information was analyzed using descriptive statistics such as percentages and frequencies. In order to analyze the data from Sections B and C and test all hypotheses, inferential statistics such as Analysis of Variance (ANOVA) and t-test statistical methods were utilized. At the significance level of 0.05, each hypothesis was tested.

### RESULTS AND DISCUSSION

Presenting the information in terms of percentages and frequencies, this section offers an analysis of the data collected from the participants.

Table 1. Statistical Distribution of Respondents' Personal Information (N = 400)

Variable	Frequency	Percentage
Gender		
Male	172	43.0
Female	228	57.0
Age		
15-20 years	144	36.0
21-25 years	240	60.0
26 years and above	16	4.0
Level of Study		
100-200	180	45.0
300-400	198	49.5
500-600	22	5.5
Resident		
School hostel	96	24.0
Off-campus	224	56.0
Living with parent or guidance	80	20.0

A large percentage of the participants fell within the age range of 21 to 25, and almost half of them belonged to the 300-400 level. More than half of the respondents lived off-campus, while only a quarter lived in a school hostel.

Research Question 1: What is the help-seeking attitude of Undergraduates at the University of Ilorin towards mental health issues at the University of Ilorin?

Table 2. Percentage Distribution of Respondents' Help-Seeking Attitude

S/N	As far as I am concerned when I am faced with mental health issues	SA	A	D	SD
1	I would only seek medical help after I have tried all the options	288 (72.0%)	64 (16.0%)	48 (12.0%)	-
2	I would only seek professional help when symptoms have become worse	32 (8.0%)	272 (68.0%)	96 (24.0%)	-
3	I prefer to keep issues to myself rather than talking about it to others	144 (36.0%)	128(32.0%)	128 (32.0%)	-
4	I prefer to seek help for my issues from a close friend than from professionals	64(16.0%)	64 (16.0%)	240 (60.0%)	30 (8.0%)
5	I prefer to seek help from family than to tell a friend	-	320 (80.0%)	80 (20.0%)	-
6	I am confident that I could find help from professionals	64 (16.0%)	80 (20.0%)	208 (52.0%)	48 (12.0%)
7	I believe each person should solve their problem and not seek psychotherapy consultation unless necessary	-	288 (72.0%)	112 (28.0%)	-
8	The idea of talking about my concerns with a psychologist is a poor way of getting rid of emotional conflicts	128 (32.0%)	80 (20.0%)	144(36.0%)	48 (12.0%)
9	I feel the issue is personal so I should deal with it on my own	48(12.0%)	176 (44.0%)	96 (24.0%)	80 (20.0%)
10	I prefer to resort to self-help (taking drugs and taking alcohol) rather than approach anyone for help	128 (32.0%)	-	256 (64.0%)	16 (4.0%)
11	I will seek help when I experience a strong emotional crisis	160 (40.0%)	96 (24.0%)	144 (36.0%)	-
12	I believe that every individual should personally solve their problems and thus disregard help-seeking	112 (28.0%)	208 (52.0%)	64 (16.0%)	16 (4.0%)

The percentage distribution of respondents' attitudes toward asking for assistance is shown in Table 2. The data presented in the table indicates that the individuals surveyed exhibit a preference for seeking assistance from their family members rather than confiding in their friends. Moreover, they hold the belief that individuals should independently resolve their own issues and only resort to seeking medical assistance when their symptoms have significantly deteriorated. Nevertheless, it is important to highlight that a substantial percentage of participants (30-40%) demonstrated a willingness to seek assistance from mental health experts and acknowledged the advantages of

therapy. This indicates a possible change in attitudes on the inclination to seek professional assistance for mental health difficulties.

Research Question 2: Who do undergraduate students at the University of Ilorin prefer to contact when they need assistance with mental health issues?

Table 3. Percent Distribution of those Respondents prefer to Contact for Assistance with Mental Health Issues

S/N	Who do prefer to approach when you feels	Parent	Counsellor	Med. Practi	Friends	Cleric	Keep to my self
1	Depressed	288 (72.0%)	64 (16.0%)	48(12.0%)	-	-	-
2	Threatened	208(52.0%)	112(28.0%)		32(8.0%)	16(4.0%)	32(8.0%)
3	Frustrated	112(28.0%)	32(8.0%)	-	112(28.0%)	48(12.0%)	96(24.0%)
4	Bullied	64 (16.0%)	-		144(36.0%)	48(12.0%)	144(36.0%)
5	Stigmatized	64(16.0%)	160(40.0%)	64(16.0%)	64(16.0%)	-	48(12.0%)
6	Unable to eat well	96(24.0%)	-	172(44.0%)	64(16.0%)	64(16.0%)	-
7	You have examination problem	-	64(16.0%)	-	160(40.0%)	160(40.0%)	16(4.0%)
8	Anxious of failing	16(4.0%)	32(8.0%)		128(32.0%)	172(44.0%)	48(12.0%)
9	When you feel unhappy	32(8.0%)	172(44.0%)	-	64(16.0%)	64(16.0%)	64(16.0%)
10	Unable to focus independently	32(8.0%)	144(36.0%)	-	32(8.0%)	-	192(48.0%)

The percentage distribution of those who respondents prefer to seek assistance for mental health issues is shown in Table 3. According to the table, the percentage of respondents who prefer to talk to their parents when feeling down, threatened, or frustrated is 72.0%, 52.0%, and 28.0%, respectively. When bullied, 36.0% turn to friends and remain quiet; when stigmatized, 40.0% turn to counselors; 44.0% seek medical help when unable to eat properly; 40.0% consult a friend and a cleric if they are having exam problems; 44.0% of people who sought counseling did so because they were depressed or worried about failing; 44.0% of people sought cleric advice. When they couldn't concentrate on their own, 48.0% kept to themselves. Thus, it can be concluded that respondents prefer to seek assistance from family, friends, counselors, medical help, and clerics for mental health issues, with 72.0%, 52.0%, 48.0%, and 28.0%, respectively, when feeling down, threatened, or frustrated. When bullied, 36.0% turn to friends and remain quiet, 40.0% seek medical help, 44.0% consult a friend and cleric, and 48.0% keep to themselves.

### Hypotheses Testing

This study involved the formulation and testing of four null hypotheses. The hypotheses were evaluated using t-test and Analysis of Variance (ANOVA) statistical methods with an acceptable level of significance of 0.05.

Hypothesis One: There is no significant difference in the help-seeking attitude of respondents toward mental health issues based on gender

Table 4. Mean, Standard Deviation and t-value of the Respondents' Help Seeking Attitude Based on Gender

Gender	N	Mean	SD	df	Cal. t-value	Crit. t-value	p-value
Male	172	33.31	1.88	398	-.453	1.96	.651
Female	228	33.39	1.67				

Table 4 indicates that the computed t-value of -.453 is smaller than the critical t-value of 1.96, and the related p-value of .651 is greater than the significance level of 0.05. Given that the estimated p-value above the predetermined level of significance, the null hypothesis is deemed to be valid and accepted. This suggests that there is no notable disparity in the inclination of respondents to seek assistance for mental health concerns, regardless of their gender.

Hypothesis Two: There are no significant differences in the help-seeking attitude of respondents towards mental health issues based on age.

Table 5. Analysis of Variance (ANOVA) showing Respondents' Help Seeking Attitude across Ages

Source	SS	df	Mean Square	Cal. F-ratio	Crit. F-ratio	p-value
Between Groups	608.42	2	304.21			
Within Groups	635.73	397	1.60	189.97*	3.00	
Total	1244.16	399				.000

\*Significant,  $p < 0.05$

Table 5 displays the computed F-ratio of 189.97, which is higher than the critical F-value of 3.00. Additionally, the associated p-value is .000, indicating that it is lower than the significance level of 0.05. Given that the estimated p-value is smaller than the predetermined level of significance, we can conclude that the null hypothesis two is rejected. Consequently, there is a notable disparity in the inclination of respondents to seek care for mental health problems depending on their age. In order to determine the particular point of the significant difference, the Scheffe Post-Hoc test was conducted, and the results are presented in Table 6.

Table 6. Scheffe post-hoc where the significant difference lies across Ages of Respondents

Age	N	Subset for Alpha = 0.05		
		1	2	3
26 years and above	16	29.00		
21-25 years	240		32.87	
15-20 years	144			34.67
Sig.		1.000	1.000	1.000

According to Table 6, participants who were 26 years and older had an average score of 29.00 in subset 1. In subset 2, participants aged 21-25 had an average score of 32.87. However, participants aged 15-20 had the highest average score of 34.67 in subset 3, making them the group that contributed the most to the significant difference.

Hypothesis Three: There are no significant differences in the help-seeking attitude of respondents towards mental health issues based on the level of study.

Table 7: Analysis of Variance (ANOVA) showing Respondents' Help Seeking Attitude Based on Level of Study

Source	SS	df	Mean Square	Cal. F-ratio	Crit. F-ratio	p-value
Between Groups	236.45	2	118.22	46.57*	3.00	
Within Groups	1007.70	397	2.53			
Total	1244.16	399				.000

\*Significant,  $p < 0.05$

Table 7 illustrates the computed F-ratio of 46.57, which is higher than the critical F-value of 3.00. The related p-value is .000, which is lower than the significance level of 0.05. Given that the estimated p-value is smaller than the predetermined level of significance, we can conclude that null hypothesis two is rejected. Consequently, there exists a notable disparity in the inclination of

respondents to seek assistance for mental health concerns, depending on their educational level. In order to determine the particular point of the significant difference, a Scheffe post-hoc analysis was conducted, and the results are presented in Table 8.

Table 8, Scheffe post-hoc where the significant difference lies based on Level of Study

Level	N	Subset for Alpha = 0.05	
		1	2
300-400 level	99	32.59	
100-200 level	90		34.09
500-600 level	11		34.36
Sig.		1.000	.821

According to Table 8, participants in the 300-400 level range had a mean score of 32.59 in subset 1. In subset 2, participants in the 100-200 level range had a mean score of 34.00, while participants in the 500-600 level range had a mean score of 34.36. This suggests that the average score of participants in the 100-200 and 500-600 level groups is higher than the average scores of other groups, and therefore, these groups have a stronger impact on the significant difference.

Hypothesis Four: There are no significant differences in the help-seeking attitude of respondents towards mental health issues based on resident.

Table 9. Analysis of Variance (ANOVA) showing Respondents' Help Seeking Attitude Based on Residence

Source	SS	df	Mean Square	Cal. F-ratio	Crit. F-ratio	p-value
Between Groups	268.31	2	134.15	54.57*	3.00	.000
Within Groups	975.84	397	2.45			
Total	1244.16	399				

\*Significant,  $p < 0.05$

The F-ratio estimated in Table 9 is 54.57, which is higher than the essential F-value of 3.00. In addition, the corresponding p-value is .000, indicating that it is lower than the significance level of 0.05. Given that the estimated p-value is lower than the level of significance, we can conclude that null hypothesis two is rejected. Consequently, there is a noticeable disparity in the attitude of respondents to seek assistance for mental health concerns depending on their place of residence. To determine the specific location of the significant difference, the Scheffe post-hoc test was conducted, and the results are displayed in Table 10.

Table 10. Scheffe post-hoc where the significant difference lies based on Resident

Resident	N	Subset for Alpha = 0.05		
		1	2	3
Off campus	112	32.71		
School hostel	48		33.67	
Living with parent or guidance	40			34.80
Sig.		1.000	1.000	1.000

As shown in Table 10, participants who resided off campus had an average score of 32.71 (in subset 1), those residing in a school dormitory had an average score of 33.67 (in subset 2), and participants who lived with their parents or guardians had an average score of 34.80 (in subset 3). This suggests that the average score of those who were residing with a parent or guardian is higher than the average scores of other groups, hence making a greater contribution to the notable difference than any other group.



## Discussion

According to the study, more than 50% of respondents strongly agreed that they would rather ask their family for assistance than tell their friends. They also strongly agreed that each person should find a solution to their problems without seeking professional help from a therapist unless necessary. The discovery is related to a 2009 study by Zivin, Eisenberg, Gollust, and Golberstein, which indicated that the majority of troubled students get their support from friends and family rather than through therapeutic or counseling services. Similarly, Wilson et al. (2011) and Andrews et al. (2001) showed that despite the availability of evidence-based therapies, students are unlikely to seek psychological assistance for mental health-related difficulties.

The results revealed that, while feeling unhappy, threatened, or frustrated, 72.0%, 52.0%, and 28.0% of respondents prefer to talk to their parents. When bullied, 36.0% turn to their friends and keep to themselves, 40.0% turn to counselors when stigmatized, 44.0% turn to their doctors when they are unable to eat properly, 40.0% turn to their friends and cleric when they are having exam problems, 44.0% turn to the cleric when they are worried about failing, 44.0% turn to counsellor when they are unhappy, and 48.0% kept to themselves when they were unable to concentrate on their own. The result backs up the findings of research by Kendal, Keeley, and Callery (2014) and Prior (2012), who claimed that to a large degree, young people feel very confident in asking for help from clergy and in rare circumstances were more likely to ask for aid from their parents' or teachers' choice.

According to hypothesis one, there were no appreciable gender-based differences in the attitudes of respondents regarding getting treatment for mental health difficulties. This suggests that there was no difference in respondents' attitudes regarding obtaining treatment for mental health between men and women. This result backs up a study by Joseph and Cyril (2020) that found academic variables affected both male and female students' desire to seek out professional psychological assistance from university counselling facilities. The results, on the other hand, contradict a study by Mackenzie et al. (2006) that claimed women were more likely than men to express a desire to seek the assistance of mental health professionals. This was most likely because women had more positive attitudes toward psychological openness. The reasons might be that both men and women are open to getting assistance from anyone when they are experiencing mental health problems.

The results of hypothesis two also indicated that respondents' attitudes about obtaining treatment for mental health concerns varied significantly depending on age. This indicates that respondents' attitudes regarding getting assistance for mental health concerns varied according to their age. Scheffe's post-hoc analysis showed that respondents between the ages of 15-20 made a greater contribution to the significant difference. The discovery is related to research by Mackenzie, Gekoski, & Knox from 2006 that discovered a substantial variation dependent on age. Intentions to seek care from primary care doctors were shown to be more positive in older persons than in younger adults. The explanation might be that individuals between the ages of 15 and 20 frequently turn to their parents for assistance rather than any other sources.

Per the third hypothesis's findings, respondents' attitudes regarding obtaining treatment for mental health disorders varied significantly depending on their degree of education. This indicates that respondents' attitudes regarding obtaining treatment for mental health disorders varied throughout research levels. Respondents at the 100–200 and 500–600 levels contributed to the substantial difference, according to Scheffe post hoc analysis. The results refute the findings of the research by Doan et al. (2020), which found that students from various classes had varied attitudes regarding getting treatment for mental health issues. It was noted that a greater proportion of students in their last years supported reluctance to seek treatment for mental health issues. It's possible that respondents in levels 100 to 200 were confused as a result of their transition to university and preferred to ask their parents and friends for assistance. Similar to this, it's also possible that respondents in levels 500 to 600 were frequently preoccupied with activities linked to

their last year of school and may have a negative attitude toward obtaining treatment for mental health difficulties.

The fourth hypothesis confirmed that there were notable regional differences in respondents' attitudes regarding obtaining treatment for mental health disorders. This suggests that respondents' attitudes varied depending on where they lived. The substantial difference was explained by respondents who lived with parents or other adult supervision, according to the Scheffe post-hoc analysis. The results conflict with research by Kerebih, et al. (2017) that revealed students with common mental problems who live on and off campus seek assistance from various sources. The results may have been that people who live with parents or adult supervision frequently ask them for assistance when they are experiencing mental health issues.

## Recommendations

Based on the findings of this study, it is recommended that: (1) Professional counsellors need to sensitize students on the importance of approaching professional mental health counsellors who can assist them in overcoming mental health issues. (2) Since student prefers to approach parents, friends, clerics, and medical practitioners whenever they have mental health issues, counsellors can train these groups of people on how to handle mental health worries. (3) There is a need for mental health counsellors to assist undergraduates with poor mental health status and employ the best coping strategies.

## CONCLUSION

The study looked at how University of Ilorin undergrads felt about seeking help for mental health problems. According to the study's findings, 50% of respondents said they would rather talk to family members about a problem than tell friends; they also thought people should try to solve their problems without seeking professional help, such as psychotherapy, unless necessary; and they would only turn to doctors after exhausting all other options. The study came to the additional conclusion that respondents prefer to discuss their concerns in private with their parents, friends, counselors, medical professionals, and clerics. The study highlights the need for mental health education and awareness programmes targeted at undergraduates, to encourage them to seek help early and avoid stigmatization. It also suggests that universities should provide mental health services and support systems that are easily accessible and confidential to encourage students to seek help when needed.

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