Mental health literacy and its impact on educational achievement among University of KwaZulu-Natal students residing in residence

By

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DECLARATION

I, Khumbuzile Yvonne Ngubane, declare that the study titled *Mental health literacy and its impact on educational achievement among the University of KwaZulu-Natal students residing in residence* reflects my work, unless otherwise stated. I declare that all the sources used for this study are indicated and acknowledged by means of complete references.

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ABSTRACT

The study aimed to explore mental health literacy and its impact on educational achievement among University of KwaZulu-Natal students residing in the University's residences. Despite the paucity of study in this area, notably in South Africa, the continent has seen an increase in mental health issues, even in higher education. Substance abuse, suicide, injury to others, and poor academic achievement are the major outcomes of mental ill health. The study focused on students residing at university campus. Due to the limited coverage of the subject on the African continent in general and South Africa in particular, the study used a qualitative research approach and an exploratory research design. The researcher used the purposive sampling method to pick a sample of 14 participants. Semi-structured interviews constituted the data collection method, as they were capable of profoundly demonstrating a link between mental health and academic excellence. The findings revealed poor levels of mental health literacy among the participants, which is a significant factor in determining this perceived link. Academic work-related pressure reportedly induced mental health concerns, while mental health issues were found to be the cause of poor academic performance. Mental health literacy constituted a critical element in the enhancement of help-seeking behaviour, timely accessing treatments, reducing stigma, and, most significantly, having the ability to assist others. Furthermore, the findings and reviewed literature depict students living in the University residences as vulnerable to mental health challenges. This owed to the contrasting home and school environments, adjustment issues, financial constraints, a lack of residence-based social support, and incompatible roommates. The study made several recommendations, including the need to raise mental health literacy from primary school to tertiary education institutions and to use infographics about mental health illnesses, such as the one created by Substance Abuse and Mental Health Services Administration (SAMHSA), to eliminate stigma, motivate help-seeking behaviour, and eliminate suicide ideation and related consequences.

ACKNOWLEDGEMENTS

DEDICATION

This dissertation honours all the UKZN students that participated in the research. Additionally, I dedicate this work to everyone experiencing mental health issues on all university campuses and everywhere else in the world.

"There is hope, even when your brain tells you there is not" (John Green, 2019).

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DEFINITION OF KEY CONCEPTS

Mental health: As defined by the World Health Organization (WHO), cited in Galderisi et al. (2015, p. 231), mental health is "a state of well-being in which the individual realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to his or her community". Galderisi (2017) further defines mental health as a dynamic condition of internal equilibrium that allows individuals to use their skills in line with society's universal standards.

Psychological services: These imply the psychological evaluation, diagnosis, and intervention provided to a client, and entail using psychological expertise meant to benefit people (Henriques, 2011).

Mental illness or mental disorder: According to the American Psychiatric Association (APA) (2013) and Fisher (2020), these terms include any of a wide range of medical conditions (for example, major depression, schizophrenia, obsessive-compulsive disorder (OCD), or anxiety disorder) characterised primarily by enough disorganisation of personality, mind, or thoughts and feelings. This, impairs normal psychological functioning and causes significant distress or disability, and that comprises a disruption in normal thinking, feeling, mood, behaviour, interpersonal interactions, or daily functioning (APA, 2013; Fisher, 2020). The researcher uses these two terms interchangeably in this paper.

CHAPTER ONE

BACKGROUND TO THE STUDY

1.1 Introduction

This chapter is an introduction to the study. It discusses the background to the study and presents the problem statement, the rationale for the study, the research objectives and research questions. It further highlights the limitations and delimitations of the study. The aim of the study was to examine mental health literacy and its impact on educational achievement among University of KwaZulu-Natal students living in the University residences.

1.2 Background to the study

Recent scholarly evidence suggests a rise in non-communicable diseases (NCDs), with mental illnesses being the most significant cost driver that accounted for an estimated global cost of US$2.5 trillion in 2010 (Wu et al., 2020). The cost of cancer, diabetes, and respiratory disorders combined was far less than that of mental disorders (Auerbach et al., 2016). Globally, around 450 million people had mental illnesses and many more had more mental health problems than just disorders in 2001 and the number increased to 970 million in 2019 (Saraceno, 2002; Ameer et al., 2022). The figure increased dramatically following the outbreak and subsequent spread of the COVID-19 epidemic in 2020 (Moitra et al., 2022). Mental conditions constitute 7% of the global disease burden, and they are increasingly becoming prevalent (Rehm & Shield, 2019). Mental health issues frequently begin early in an individual's life, with most of them appearing between 18 and 29 years of age (Henry et al., 2015). In addition, mental health issues often significantly impact young people's lives, with 16–24-year-olds reporting the highest incidence of mental health conditions globally (Auerbach et al., 2016; Henry et al., 2015).

Mental health is a state of well-being in which the individual realises their abilities, copes with the everyday stresses, works productively and fruitfully, and contributes to their community (Galderisi, 2017; Molodynski et al., 2021). It includes an individual's emotional, psychological, and social well-being. It affects how an individual thinks, feels, and acts, thus determining how the individual handles stress, relates to others, and makes choices (APA, 2013; Auerbach et al., 2016). Mental health is essential at every stage of an individual's life, from childhood to adolescence (Kometsi et al., 2020). If an individual is experiencing mental health problems, their thinking, mood, and behaviour could be adversely affected (Kometsi et al., 2020). The American Psychological Association (APA) (2013) in the Diagnostic and

Statistical Manual of Mental Disorders Fifth Edition (DSM-5), Atilola and Ayinde (2015), and Van der Walt et al. (2020) stressed that various aspects contribute to mental health problems, including biological factors such as genetic composition or brain chemistry, life experiences such as trauma or abuse and a family history that is characterised by mental health problems. Even though mental health issues are common, help is available, and people with mental health issues who receive timely treatment can recover (Hom et al., 2015; Storrie et al., 2010). Early warning signs, such as feelings and behaviours, can be detected as signs of a mental problem (Fluttert et al., 2013; Malini, 2018; Suherman et al., 2018). The DSM-5 identifies the aforementioned feelings and behaviours as a group of clinically based symptoms that collectively make up the aforementioned early symptoms of various mental health challenges. The DSM- 5 is the widely used categorisation of mental disorders, and it was released in 2013.

The risk of developing any mental disorder throughout an individual's lifetime is nearly 50% (Kessler & Albee, 2015). In one way or the other, an individual may be in direct or indirect contact with someone experiencing a mental health condition. Mental health literacy is therefore crucial since it stimulates help-seeking behaviour. Furnham and Swami (2018) indicate that not knowing or not having sufficient knowledge about mental health conditions and its symptoms and possible treatment approaches leads to negatively associated healthcare use. Resultantly, mental health literacy suggests that raising public awareness of mental health and mental disorders is crucial, given the centrality of early detection of the condition and the appropriate intervention designed to address it.

Evidence suggests that out of 10 leading illnesses associated with the mental disease, five are psychiatric disorders (Wu et al., 2020). Henceforth, it appears that mental health problems seem to be a contributing factor to the global socio-economic burden. Anxiety and depression, two of the most prevalent disorders of mental health, cost the global economy US$1 trillion a year in lost productivity (Health, 2020). In 2010, it was estimated that poor mental health cost the global economy US$2-$5 trillion annually in lost productivity and ill-health, with that cost expected to climb to US$6 trillion by 2030 (Health, 2020). In addition, mental disorders often shorten people's lives because, among other things, stigmatisation and behavioural symptoms have an adverse effect on patients' abilities to effectively advocate for their own medical care (Nikitin et al., 2011; Roberts et al., 2017). Thus, in some cases high risk of suicide and homicide, as well as physical health issues resulting from delays or inability to seek help, are some of the contributing causes to the life-shortening behaviours. As a result, mental health literacy has gained traction within the past few years (Spiker & Hammer, 2019). Studies attest

to little knowledge people hold about mental health (Furnham et al., 2011; Jorm, 2000; Leung et al., 2022). Individuals can separate normal behaviour from an abnormal one, but equally fail to recognise a particular disorder even though they might be worried about specific symptoms in everyday life (Kutcher et al., 2016).

Overall, evidence attests to low mental health literacy among the public, but the knowledge varies depending on demographic factors such as gender, age and educational levels (Leung et al., 2022). It can also vary on the basis of the mental health problems assessed (Coles & Coleman, 2010). For instance, one study found that only a lower percentage of adolescents identified anxiety and depression respectively as related to mental illness (van Dalen et al., 2020). In contrast, a study investigating college students found that a higher percentage of students recognised general anxiety and depression as mental health problems (Coles & Coleman, 2010; Li, 2016). Apparently, mental disorders are prevalent among college students, hence the need for a critical inquiry into the level of mental health literacy.

Mental health literacy is a significant determinant of mental health and can improve the health of an individual or entire population (Bjørnsen et al., 2017). According to Chao et al. (2020), mental health literacy is not simply a matter of knowing about mental health issues. Instead, knowledge is linked to the possibility of action to improve one's mental health or that of others (Chao et al., 2020). Mental health literacy, which is a subset of health literacy, refers to having knowledge and beliefs about mental disorders and that can help an individual recognise, manage, and prevent mental disorders (Nguyen Thai & Nguyen, 2018). This definition includes identifying specific mental disorders, beliefs and knowledge on management, intervention and the various mental health services available (Furnham & Swami, 2018).

Mental health literacy is crucial among university students. Research findings show that college students are susceptible to a wide range of mental health issues (Bruffaerts et al., 2018; Mortier et al., 2017). According to Auerbach et al. (2016, 2018), 20–30% of college students met the criteria of having at least one mental condition lasting at least a year. Additionally, a study conducted by Kometsi et al. (2020) shows a significant increase in students with diagnosable behavioural health disorders, such as depression, substance abuse and anxiety. Moreover, a survey of 24 colleges across nine countries conducted as part of the World Mental Health International College Student, also found that non-suicidal self-injury (NSSI) is a challenge for college students and found to be a behavioural marker of numerous common mental health conditions (Kiekens et al., 2023). Yet, Kiekens et al. (2023) also note that there is a dearth of

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comprehensive information on its aetiology amongst university students. Non-suicidal self-injury is described as an attempt at suicide that is more of a cry for help and/or a sign of another mental disorder rather than a deliberate attempt to end one's life. It is also noted that new research indicates that students who engage in non-suicidal self-injury may be more likely to report academic failure compared to those who do not self-injure (Kiekens et al., 2016). Self-harming is one example of an emotion-regulating activity that students may employ to deal with stressful university-related situations (Hamza et al., 2021; Kiekens et al., 2023). However, there are significantly fewer studies which investigate the relationship between mental health distress and academic success in universities (Bruffaerts et al., 2018). Yet, studies indicate that a large number of students do not seek treatment (Auerbach et al., 2016; Bruffaerts et al., 2019; Li, 2016). Furthermore, some even fail to successfully recognise their symptoms or even mental condition (Li, 2016; Li et al., 2019; Vanheusden et al., 2008; Vasquez, 2016). Therefore, providing students with information on mental health problems helps increase their mental health literacy and improve their educational achievement (Li, 2016; Vanheusden et al., 2008, Worsely et al., 2021b). As a result, approaches to the reduction of the burden of mental health problems and disorders in communities where students socialise, live, and study is essential and likely to influence their positive post-university attitudes towards mental health and well-being.

Overwhelming scholarly evidence suggests that the onset of mental health disorders coincides with early adulthood experiences, which also incorporates the university-going age group (Kiekens et al., 2023; Li, 2016; Li et al., 2019; Worsley et al., 2021a). There is no clear-cut evidence explaining why most lifetime conditions occur in early adulthood. However, such issues as substance use and abuse, risk-taking behaviours, the development of life stressors and responsibilities and tertiary education or work demands, may be some of the contributing factors (Kay & Tasman, 2006; Kiekens et al., 2023; Li, 2016; Seedat at al., 2021; Sweeting et al., 2016; Worsley et al., 2021a). Furthermore, Deasy et al. (2014) suggested that students enrolled in higher education institutions globally may be more psychologically distressed than the general population, with clear gender disparities in psychological distress, as female students report higher levels of suffering than their male counterparts. The WHO warned that the number of young adults suffering from mental health problems has reached an epidemic level in developing countries, with depression being the leading cause of disability among those aged between 15 and 44 (Auerbach et al., 2018; Reddy, 2010). The incidence of mental health problems among young adults in the United Kingdom was considerably high, with one in every

twenty young adults being believed to have mental health difficulties at any given moment (Dogra & Cooper, 2017).

Mental health literacy lays the foundation for primary prevention, an essential aspect in the management of mental health problems. Primary interventions aim to stop an illness or injury before it occurs. Primary prevention involves avoiding risks that may lead to disease or harm. Both individuals and groups can participate in primary interventions (Kessler & Albee, 2015). Primary prevention is done at the community level through legislation and enforcement thereof to limit the use of items that may be unsafe to the community. Kessler et al. (1992, p. 6) made a famous and important statement in the field of psychology and in honour of George W. Albee; that, "the only way to deal with a problem as large as mental illness is to address it in the same way that other issues affecting large numbers of people have been effectively addressed—that is, via prevention". Bantjes et al. (2020) noted a rising and alarming trend in mental illness. The concept of mental health literacy in the university setting does not only activate help-seeking behaviour, but it also draws the attention of individuals to all mental health issues so that they can play an active role in combating mental health-related illnesses (Slyke, 2020). Therefore, understanding mental health disorders in society is essential as it reduces stigma and encourages people to seek treatment. Therefore, this study focuses on assessing university students' ability to play an active role in combating mental illness.

1.3 Outline of the research problem

There are growing concerns over the impacts of mental health challenges on university students' academic performance (Li et al., 2019). While significant reports about the adverse effects of mental health are highly notable in Western countries, snowballing levels of poor academic performance and student drop-out in South African universities have sparked the interest of South African researchers in mental health impacts (Maemeko et al., 2013). Post-secondary educational accomplishment figures are generally low in Africa in general and South Africa in particular (Maemeko et al., 2013). Despite the perception and acknowledgement that tertiary education is a strategic driver of modernisation, development, and social justice, data from the Department of Higher Education and Training show that South African universities are experiencing high student dropouts (Maemeko et al., 2013). About 18% of matriculated students in South Africa can enrol in a university, but 47% drop out; if remote learning is taken into account, the number of dropouts rises to 68% (Lategan, 2021). Although these numbers are alarming, the COVID-19 pandemic has sadly made the situation even worse than it is now

perceived to be. Furthermore, the Council of Higher Education reported that in 2016, less than 24% of South African graduates completes their qualifications within the minimum time frame (Kahn et al., 2019). These figures are so alarming that researchers ought to focus on the role mental health plays in university students' academic performance.

University students' mental health issues have constantly been heightened (Bantjes et al., 2020). Research in South Africa and beyond shows that mental health challenges affect students' well-being and academic performance (Auerbach et al., 2018; Bantjes et al., 2023; Letseka & Mosser, 2010; Li et al., 2019; Maemeko et al., 2013; Van der Walt et al., 2020). Bantjes et al. (2020) and Van der Walt et al. (2020) illustrate that universities in South Africa are experiencing ongoing challenges, including low academic attainment and high attrition rates. In their study, these scholars established that depressive and anxiety disorders as well as attention deficit hyperactivity disorder (ADHD) rank among the key contributors to poor academic performance among university students (Bantjes et al., 2020; Van der Walt et al., 2020). Drawing on this assertion, poor mental health appears to be a significant problem for many university students, as it negatively affects their health and academic experience. This is further highlighted by Jeong et al. (2021), who argue that mental health issues affect people's quality of life, academic accomplishment, physical health, and contentment with college experience and connections with friends and family.

Furthermore, mental health effects have been shown to have long-term consequences for students after they have left university. Ahorsu et al. (2021) argue that students who face mental health challenges while in college are likely to perform poorly outside the university because the health challenges they face tend to be carried on to their work, thus affecting their overall health as they grow older. These studies have indicated that students with mental health issues are likely to exhibit lower academic achievement, less academic engagement and participation, and lower relational engagement.

Issues with mental well-being often begin early and disproportionately affect young people (Seedat, 2021). A majority of young people in higher education were found to be experiencing more mental health issues compared to their non-student counterparts (Pascoe et al., 2020). Furthermore, Capone et al. (2020) indicate that university students' mental health is a growing problem worldwide since students face circumstances predisposing them to mental health problems. Some of the predisposing factors that include among others, financial worries, periods of transition, substance use, parental pressure, and disconnection from previous

supports. Signs, symptoms, and risk factors of common mental health problems among higher education students include depression, anxiety, drug use disorders, eating disorders and psychosis (Capone et al., 2020). According to Auerbach et al. (2018), this high prevalence is significant not only for the distress it causes during a major life transition, but also because it is associated with significant impairment in academic performance.

Furthermore, according to Auerbach et al. (2018), universities worldwide are increasingly grappling with rising rates of mental disorders. In many cases, the demand for services on campus far out-numbers the available resources. University students in South Africa and other countries are vulnerable to mental health challenges due to a lack of knowledge and information about mental health challenges and the available solutions (Seven et al., 2021).

According to Ratnayake and Hyde (2019), university students who seek help to manage mental health difficulties have a higher level of mental health literacy than those who do not. Sontag-Padilla et al. (2018) conducted a study that examined on-campus residing students' awareness and engagement with student peer organisations like Active Minds, which work to disseminate information that increases mental health awareness and reduces stigma toward mental illnesses. The study discovered that more than 63% of the students in a sample of 1129 students across 12 different college campuses in the United States of America were in the low engagement group and were thus at risk of registering low academic achievement. Studies reveal that university students in the United Kingdom tend to move from home to residence halls and rent property (Holton, 2016). Consistent with this pattern, Worsley et al. (2021a) found that shared residence halls are the most common type of housing for university students. This move presents a unique set of stressors, such as forming new friendships, managing money, and perhaps living away from home for the first time (Kiekens et al., 2023; Worsley et al., 2021a; Worsley et al., 2021b). According to Worsley et al. (2021a), mental health issues frequently surface when students adjust to new settings. Furthermore even earlier studies like that of , Bewick et al. (2010) also found that, according to a United Kingdom (UK) cohort study, levels of psychological distress increase upon entering university. In response to growing concerns about student mental health, the "Step Change" project at UK universities highlights the importance of a comprehensive approach that includes mental health in all parts of the student experience for students who live in student housing; since many university students were found to spend most of their time in student housing (Ahern, 2020; Piper et al., 2017).

In addition, college students' vulnerability to psychological problems may be exacerbated by developmental life changes. According to Auerbach et al. (2018), emerging adulthood, which includes college years, is a distinct period of development that spans adolescent and young adulthood life stages. However, unlike adults, emerging adults have not yet established a stable life structure (for example, a long-term romantic relationship or a stable job) (Auerbach et al., 2018). While there is an undeniable overlap with other life stages, the college years represent a distinct period characterised by an urgent need to improve early identification of and treatment for debilitating mental disorders (Auerbach et al., 2018; Kiekens et al., 2023).

As a result, low mental health literacy among on-campus students is not only a problem that could have a negative impact on the South African student population and the country. Moreover, low mental health literacy can also potentially have global ramifications if adequate efforts are not made to fully comprehend and resolve the issue.

1.4 Aim of the study

The study explores mental health literacy and its impact on educational achievement among the University of KwaZulu-Natal students residing in university accommodation.

1.4.1 Research objectives

1. To explore students' knowledge and beliefs about mental health and mental illness
2. To explore students' perceptions of mental health and its impact on their academic performance
3. To understand the students' views about the implications of mental health literacy on educational achievement
4. To identify strategies to improve students' mental health literacy and its impact on their educational achievement.

1.4.2 Research questions

1. What are the students' beliefs and knowledge about mental health and mental illness?
2. What are the students' perceptions of mental health and its impact on their academic performance?
3. What are the perceived implications of mental health literacy on educational achievement?

4. What strategies can be recommended to improve mental health literacy and educational achievement?

1.5 The rationale for the study

Much of the literature on mental health and its impacts on university students' academic performance comes from high-income, Western countries (Lazarevic & Bentz, 2021). Most studies conducted on this area have focused on sociodemographic determinants of performance rather than mental health (Richardson et al., 2017). Wright and Cowen (1982) as well as Lazarevic and Bentz (2021) both stress that most studies in academic performance and mental health tended to utilise subjective (self-report) assessments of academic performance and focus on a single determinant (like ethnicity and gender) or a much-limited number of factors. As a result, these studies ignore the need to investigate university students' perceptions of mental health and its impacts on their academic performance. Regrettably, no existing study in South Africa explores university students' perception of mental health and how it affects their academic performance and attainment. Therefore, it is critical that studies should seek to establish how the students at the University of KwaZulu-Natal perceive mental health and how it affects their academic well-being and performance. Research should also delve into the factors that affect university students' perception of mental health. This lacuna in previous literature prompted the need to undertake this study.

Mental health literacy has also been a concern in South Africa and has heavily impacted people in their late teenagerhood and early adulthood stages of development. Bantjes et al. (2020) and Flisher et al. (2012) identified teenagerhood and early adulthood as an at-risk population in South Africa with a raised risk of experiencing mental health issues due to exposure to violence, substance abuse, maltreatment, HIV infection and loss of close family members due to the disease. This also entails that the problem of mental health literacy goes beyond the University of KwaZulu-Natal, as it could be affecting all universities and colleges in South Africa and beyond. In that respect, the study's findings may become valuable to various institutions or organisations working with young adults of university age, such as colleges, universities, and churches, to mention a few. Thus, the study can also be of value as it helps shed light on the concept of mental health literacy and its impact on the individual's state of being.

1.6 Scope and delimitations of the study

The study focused on students enrolled at the University of KwaZulu-Natal and their mental health literacy, thus, limiting the understanding of mental literacy to students learning at this University. The study further focused on students living within the University's residential areas, thus, excluding non-resident students at the University. Therefore, the findings of the study may be generalised to the University of KwaZulu-Natal students who live within the University's residential areas.

1.7 Structure of the dissertation

Chapter One: Introduction

This chapter offers a synopsis of the research project. It illustrates, among other problems, the primary reasons for the study, highlighting the background to the study and the problem statement, which constitute the core elements of this research project.

Chapter Two: Literature Review and Theoretical Framework

This section delves into the literature that describes issues and studies related to mental health literacy among students in tertiary institutions around the globe and in South Africa and their effect on educational achievement. This chapter also addresses the theory or conceptual framework used to analyse the research study.

Chapter Three: Methodology

This section of the dissertation describes the research methodology, and it reflects on the following: research design, data collection, sample method and size, data analysis and ethical concerns.

Chapter Four: Findings

This segment of the dissertation addresses the research's theme-based findings related to mental health literacy among UKZN students residing at the University residences and its impact on the students' educational achievement.

Chapter Five: Discussion of findings

This section discusses the findings of the study. It examines significant themes derived from Chapter Four.

Chapter Six: Summary and Recommendations

This section gives a declaration of primary conclusions; it carefully gleans all the data obtained from the previous chapters to create a summary of the findings. It also highlights study limitations and recommendations for future researchers.

1.8 Conclusion

The chapter focused on the background to the study; it gave a detailed analysis of the state of mental health literacy and its impact on students' academic achievement. It described how the research may be of value to the University of KwaZulu-Natal and other related institutions. The chapter also outlined the rationale for undertaking the research, and most importantly, it stated the study's goals and the aims it seeks to accomplish.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section presents earlier research on mental health and its effects on university students' educational performance and achievement. The concepts of mental health and health literacy will be discussed in relation to achievement in the university setting. The chapter reviews related literature and the theoretical framework underpinning the study. The chapter serves to put the current study and its findings into the context of existing literature.

2.2 Review of related literature

2.2.1 Concept of mental health and mental illness

The demarcating line between mental health and mental illness is critical in establishing mental health literacy; it plays an integral part in establishing levels of mental health literacy. For anyone to be regarded as having mental health literacy, they should be able to at least meaningfully dissect these two concepts which can inform one's decisions. Such decisions may entail seeking professional assistance or changing one's lifestyle to maintain a positive mental state.

Definitions of mental health have evolved in recent years. However, the World Health Organization (WHO) still holds that health is not achieved without mental health. WHO (1978) defined health as an overall state of physical, mental, and social well-being, not just the absence of disease or infirmity, as further summarised by Galea et al. (2019). Dogra and Cooper (2017) share the same sentiment, indicating that health is a philosophical construct that demands an explanation of a healthy existence - one in which an individual has a sense of purpose, is involved in meaningful interactions with others, and enjoys self-respect and mastery. Dogra and Cooper (2017) further emphasised that it is critical to realise that physical and mental health are inextricably linked. Thus, there is interconnection between mental, physical, and social functioning. The most recent conceptualisation of mental health is that it is a purely positive affect that is characterised by happiness, satisfaction, and a sense of mastery over one's surroundings (Galderisi et al., 2015). This positive view of mental health derives from living one's life to one's full potential, despite environmental challenges.

Furthermore, according to Sakakibara (2016), the definition of a mental illness is important because it distinguishes pathology from being normal. Swartz et al. (2016) suggested that classifying mental disorders is useful in providing a professional language for enhancing communication about patients and understanding the causes and epidemiology of mental disorders. In South Africa, the DSM is the most frequently used classification. In addition, the definition of mental disorders is significant because it can influence the prevalence of psychiatric disorders, the government's allocation of funding to health and medical insurance, and potential legal implications (Burns, 2016).

Vasquez (2016) criticised the discipline of psychology for disregarding factors related to the promotion of well-being while concentrating only on psychopathology. This notion was identified as pathologising mental health issues, which is indicative of a medical paradigm of psychology. This then creates challenges in identifying the distinctions between illness and wellness, as it emphasises treatment and diagnosis over the achievement of total well-being as defined by WHO; as a result, health was often perceived as simply the absence of psychopathology. According to Swartz et al. (2016), the understanding of mental illness has shifted from the above views and that of institutionalisation and just biological causes, identification and classification followed by psychotropic medication, to the current understanding that tends to be characterised by being integrated and sensitive to context.

In contrast, flourishing, which is associated with high levels of emotional, social, and psychological well-being, is a significant indicator of well-being (Vasquez, 2016). In that respect, proper comprehension of mental illness and mental wellness is critical in understanding and attaining mental health literacy. When mental health literacy is attained, individuals can adopt a compatible health plan, disseminate critical mental health information, and actively safeguard their mental health and help others (Slyke, 2020).

2.2.2 Concept of mental health literacy

While the importance of health literacy to physical health is widely recognised, mental health literacy has been relatively neglected (Form, 2000). However, mental health literacy is becoming urgent, with mental health issues rapidly increasing among the youth in tertiary education. The fact that 27% of college-aged students have a diagnosable mental disorder makes the lack of mental health awareness among students particularly critical, with 64% of tertiary education dropouts being directly linked to mental health challenges (Vasquez, 2016).

Research indicates that people with high levels of mental health literacy are more inclined towards seeking help on mental health issues than those with low levels of mental health literacy (Ratnayake & Hyde, 2019). In terms of students, a study conducted to assess the impact of mental health literacy among medical and non-medical students discovered that medical students, particularly those in their later years of study, were most competent in their ability to recognise mental disorders and appropriate help-seeking behaviour (Ayat et al., 2015; Safaie et al., 2020).

Furthermore, Dworzanowski-Venter (2019) reports that one-third of first-year university students in late 2018 had a readily diagnosable mental health condition. Moreover, Dworzanowski-Venter (2019) noted that 15% of South African university students suffer from anxiety and 12% from depression. In addition, Miles et al. (2020) also stated that most mental health disorders begin during the college years and that many students have little to no knowledge on identifying the early symptoms of the condition. Vasquez (2016) further asserts that this may contribute to delayed treatment, college dropouts and other problems such as suicide and relationship problems. Kutcher et al. (2016) maintained that mental health literacy is critical in providing timely diagnosis and treatment of mental disorders. Likewise, mental health literacy includes critical mental health matters like causes and methods of diagnosis, which influence the help-seeking behaviours, as well as when and where the individual can seek help.

Furthermore, Li (2016) holds that, in order to improve students' knowledge of mental health problems, it is paramount for health practitioners and policymakers to objectively explore factors that influence their help-seeking behaviour. This view is supported by the findings of Form (2000) and Goodman (2017), which suggests that mental health literacy should incorporate help-seeking behaviours, as it is inadequate to identify a mental disorder without seeking appropriate help. It is also stated that information dissemination for mental health is much poorer than any other common disease like HIV/AIDS, cancer and heart problem, such that even after identifying the tell-tales of a mental disorder, several youths still fail to seek proper professional diagnosis, while others are still seeking medieval treatment procedures such as spiritual intervention and cleansing (Form, 2000; McGorry et al., 2014). It has also been noted that regardless of cultural background, university students are said to be less likely to seek professional help (Li, 2016). It is critical, therefore, to develop a deep understanding of mental health literacy and its implications for mental health and mental wellness for students

and the general populace. Mental health literacy consists of multiple components. These components include: (a) the ability to identify conditions or various forms of psychological distress; (b) awareness and beliefs of risk factors and causes; (c) awareness and beliefs of self-help interventions; (d) knowledge and beliefs of appropriate medical assistance; (e) behaviours that promote identification and appropriate assistance; and (f) awareness of the need for information on mental health (Jorm et al., 2014). The new Australian mental health awareness survey completed in 2017 was associated with studies conducted in 1995 and between 2013 and 2014. The study asserted that mental health awareness had increased among the general Australian population, excluding stigmatising behaviours (Stallman et al., 2018). Nonetheless, the study also discovered insignificant changes in mental illness awareness, prevention views, and stigmatisation behaviours among young people (Stallman et al., 2018).

 Ineke et al. (2017) noted that the negative stereotypical views aid the need for counsellors and other staff to educate students about the nature and scope of mental illness, with the hope that increased tolerance will follow and that education programmes in this scope may help improve the climate of acceptance towards students with mental problems on campus. Evidence shows that increasing a community's mental health awareness removes the stigma of mental health and enhances community's mental health (Richardson et al., 2017). In addition, clear awareness of the name and a few mental health features will alleviate the stigma against people dealing with mental health conditions and disorders (McCrae, 2019). Recognising a mental health condition and lowering stigma may also lead to more support from appropriate sources (McCrae, 2019).

Despite the major changes in the South African healthcare systems, research has rarely concentrated on attitudes towards mental illness in South Africa (Tseng et al., 2016). Early studies have shown that many South Africans believe in the supernatural causes of psychiatric illness, particularly spirits and black magic (Angermeyer et al., 2013). Many explanatory beliefs about poor mental health include mental exertion, God-punishment and magic (Angermeyer et al., 2013). In addition, South Africans who believe in spiritual causes of ill health are often more likely to seek help from faith healers than from medical or psychological support providers (Angermeyer et al., 2013; Austin & Burke, 2012; Burns, 2016). Despite overwhelming research findings, the discovery of treatment methods as well as information dissemination in modern times, a reasonable percentage of the world's population still believes in various supernatural causes of mental illness, such as demonism, supernatural powers,

voodoo and other cultural belief systems (Bufford, 1989; Hamel, 2021; Kyei et al., 2014; Lynch et al., 2018). In that respect, it is an unfruitful course to discuss mental health literacy in the African context, while ignoring the Africanness of the population. Burns (2016) and Form (2000) argues that a population's belief systems and ethnic background are critical in comprehending its mental health literacy. In other words, beliefs and ethnic health practices constitute some of the variables that may compromise the improvement of a society's mental health literacy. Swartz et al. (2016) further state that the non-professional interventions African people turn to in times of distress are often reflective of certain values cherished in African cultures. Thus, one can infer that the South African cultural belief systems, spirituality, and religion might impact the young people's views and attitudes towards mental illness and intent to seek help. This may be because young people are still influenced by and fully integrated into their immediate environment and still partially dependent on their caregivers for optimal functioning and welfare. Therefore, young people might not be able to negotiate their preferred mental health services. In some instances, they might even lack information about such services outside of what they have been exposed to in their shared communal family setting.

Dogra and Cooper (2017) further argued that there is much misunderstanding among young people regarding the phrases "mental health," "mental disease," and "learning impairment." The notion of self-care and responsibility for one's mental health and well-being, with an emphasis on the fact that mental health is an intrinsic aspect of health, as well as the concept of coping with a mental illness, are key factors that ought to be highlighted and it all comes down to one's level of mental health literacy.

2.2.3 Mental health literacy in the university setting

Medication can be a crucial part of a student's treatment since more students than ever before are entering college with pre-existing mental health disorders (Auerbach et al., 2016; Pedrelli et al., 2015). However, many students quit their prescribed medication as soon as they get to university, which is precisely when their stress levels increase (Comer et al., 2010; Pattani, 2018). For most students, university or college life gives them the first opportunity away from parents and guardians, offering them independence and freedom beyond boarding high school. Thus, the students can practice autonomy and manage their lives with less parental intervention. However, this also allows them to test and apply their beliefs; therefore, a student without appropriate mental health literacy may fail to adhere to their treatment. Notably, at the onset, some parents may find it difficult to accept that their children have mental health issues;

however, Pedrelli et al. (2015) note that, through psychoeducation, they can adapt to the new circumstances and become their children's main support system (co-therapists). Therefore, when the students leave for university, they also lose their major support system (Comer et al., 2010; Markoulakis, 2014; Richardson et al., 2012; Schopler & Reichler, 1971).

Consequently, the youngsters' adherence to medication may sometimes be intensely dependent on the parents' mental health literacy as they may not be convinced that they indeed have a mental health status or that they truly require treatment (Auerbach et al., 2016; Lazaratou et al., 2007; Lynch et al., 2018; Schopler & Reichler, 1971). Without treatment, such students may face unintended consequences, including the recurrence of symptoms of mental illness and, in extreme cases, self-harm and suicide (Pedrelli et al., 2015). A study conducted by Auerbach et al. (2016) revealed that only 16.4% of university students received and adhered to their treatment, while the rest could not disclose their mental health status to dedicated university staff. The findings further revealed that the students had poor mental health literacy, which greatly influenced their adherence to treatment (Auerbach et al., 2016). While this is the case, Gagnon et al. (2017) state that, despite the high prevalence of mental health issues among university students, they are unlikely to seek professional assistance.

Further highlighting the importance of mental health literacy amongst university students, Alemu (2014) and Rickwood et al. (2007) affirm that social, emotional, or cognitive changes, no matter how moderately mild they might be, can consequently cause mental health problems, which in turn disturb educational and vocational achievements. This has a major impact on future adult life. Therefore, having enough knowledge on mental health helps individuals to recognise the symptoms of specific mental health problems and seems to be of utmost importance to young people as it can enhance help-seeking behaviour, which can lead to successful treatment of the condition. However, Alemu's (2014) research with Ethiopian university students found that severe depressive disorders and schizophrenia were better recognised as mental health issues than generalised anxiety disorders, which was only acknowledged by 48.6% of participants compared to 86.2 for schizophrenia and 71.2 for major depressive disorders. Such findings indicate the lack of education regarding mental health disorders amongst young people, as general anxiety disorders seem to have a major impact on their mental well-being.

Similarly, another research showed that pharmacy students who took part in Mental Health First Aid courses were better able to accurately recognise mental disorders and their therapies;

thus, they had less stigmatising attitudes towards mental illness and had more trust in delivering pharmaceutical care to people with mental health illness (Hadlaczky et al., 2014). Therefore, such findings indicate the relevance and importance of mental health literacy amongst the student population. Additionally, Kelly and Coughlan (2019) indicated that, regardless of the evidence's limitations, mental health literacy among young people can be improved through planned intervention. This then increases knowledge about mental health and aid in resuscitating the help-seeking behaviour. Gagnon et al. (2017) asserted that lack of knowledge and stigma were identified as barriers to seeking help. In contrast, encouragement from family and friends increased knowledge, with confidentiality being the major facilitator in the development of help-seeking behaviour (Gagnon et al., 2017). Overall, counselling is important for students because it helps them cope with academic and personal challenges, manage stress, improve their mental health, and develop the skills and resilience they need to succeed in school and beyond

2.2.4 Mental health and academic achievements

Literature attests to the relationship between mental health and students' educational performance (Antunes & Ahlin, 2017; Devries et al., 2014; Duncan et al., 2021; Karami & Mahmoodi et al., 2018; Mahdavi et al., 2021; Mbhele and Sibanyoni, 2022). For instance, Devries et al. (2014) examined the relationship between mental health challenges and students' educational performance in Uganda. The researchers presented a data report from a cross-sectional survey that revealed that students exposed to violence, abuse, or distress within an academic setting or home exhibited poor educational performance. Antunes and Ahlin (2017) findings on youth exposure to violence in the community complemented these findings. Therefore, the findings from this study generally suggest that a traumatic encounter experienced by a student is associated with poor mental health and poor educational performance. Devries et al. (2014) also argue that violence within learning environments may be an essential but overlooked contributor to disease-burdened and poor academic performance in low and middle-income settings. In the South African context, many scholars have supported such an argument by linking the country's low socio-economic status with other social ills (rape, violent crimes and increasing substance abuse) among the youth; these were associated with academic failure, which would then lead to anxiety and mood disorders (Andersson et al., 2013; Austin & Burke, 2012; Hoosen et al., 2022; Patel et al., 2007). Nevertheless, safety in South African educational institutions is still a concern, despite the Department of Basic Education's progressive policies and frameworks on the subject (Kutywayo et al., 2022).

Literature also focuses on mental health and the way it affects students' performance in learning environments. While studying mental health challenges is beyond the scope of this study, the findings from these studies are generative of knowledge that may be crucial in contextualising this study in the broader debate of mental health and performance in learning environments. Thus, in their study, Duncan et al. (2021) examined whether or not the symptoms of mental health illness (depression and anxiety and so forth) and mental well-being (psychological well-being) are associated with self-reported grades and educational behaviours (days missed due to ill health, truancy, and frequency of incomplete assessment tasks). Results from this study revealed that low levels of depression and a higher psychological well-being were associated with better grade levels and positive educational behaviours. Based on these associations in the scores, Duncan et al. (2021) suggested that educational behaviours attenuated the effects of mental health factors, implying that low attendance and poor homework adherence were associated with academic outcomes and mental health problems. This thus indicated a significant relationship between mental health and educational attainment.

Furthermore, Cerino (2014) and Karimi and Mahmoodi (2018) investigated the relationship between mental health and academic performance as well as self-efficacy and academic procrastination. The results indicated a relationship between mental health and academic performance (Cerino, 2014; Karimi & Mahmoodi, 2018). These findings appear to be generative of the idea that mental health challenges among university students can negatively impact a student's overall performance.

In a different study, Mahdavi et al. (2021) assessed the relationship between mental health, achievement motivation, and academic achievement. The study also examined the effects of background factors on the afore-said categories of variables. The findings of this study indicate that mental health is significantly associated with achievement motivation but does not have any relationship with educational success. Considering these findings, the study results suggest that students with better mental health status will be more motivated to pursue their education and studies. Hence, studies conducted by Cerino (2014) and Sivrikaya (2019) found that academic motivation, based on intrinsic motivation, is an important concept in education because it influences both academic success and failure. In addition, Anbari et al. (2013) also revealed a significant association between student mental health and academic performance, a finding corroborated by Mahdavi et al. (2021). The latter study examined the association between major mental health and academic achievement among students.

Moreover, Bas (2021) recently conducted a meta-analysis study with 13 different types of research, and the results revealed a positive relationship between mental health and academic achievement. The findings further revealed no significant differences between the sub-groups, such as location or community, year of publication and sample size. Thus, the findings revealed that mental health could be the most prominent determinant of high academic performance at university level, as validated by the various studies combined (Bas, 2021). Ultimately, it appears that there are long-term and complicated relationships between mental health concerns and academic outcomes. The study further revealed that mental illness affects various areas, thus compromising the learner's ability to learn effectively (Bas, 2021). Subsequently, these students are often at risk of exhibiting poor educational outcomes, such as prolonged study, withdrawal, or course failure (Williams et al., 2015). This can lead to additional mental health issues for university students, which Bas (2021) defines as emotional and psychological pain and misery that directly impact their academic progress. Mental illness may lead to poor self-esteem, affected attention, poor concentration, absenteeism, or lateness, among other negative experiences that adversely affect the student's performance. Similarly, Gębka (2014) asserts that poor academic performance has a negative psychological impact on students, stating that it affects psychological factors such as self-esteem and self-efficacy, as well as the achievement goals of mastery, performance, performance-avoidance, and classes or work avoidance; study-processing strategies such as deep and surface learning; and effort.

While the above-reviewed literature gives insights into the significant relationship between mental health and students' academic performance, there remains a considerable gap in these studies because most of them tended to pay considerable attention to quantitative approaches. Therefore, limited qualitative research seeks to investigate the impacts of mental health on university students' educational performance. The gap in the literature appears more pronounced in South Africa, where researchers and professionals depend heavily on Western literature. The African setting needs constant consideration because conditions often differ from one context to another.

2.2.5 Mental health literacy and the stigma surrounding mental illness

As literature has established a positive relationship between mental health literacy and academic achievement, it is also critical to explore the relationship between mental health literacy, stigma, and help-seeking behaviour. In their study, Heary et al. (2017) found emerging evidence suggesting that there are negative stereotypes of peers with mental health problems

largely generated from young people. A national survey of 12–25-year-olds reported that young people believe that their peers who suffer from mental health problems are dangerous, unpredictable, and weak, and they are not sick (Farrer et al., 2008; Heary et al., 2017). Moreover, Vidourek and Burbage (2019) found that most colleges consider stigma the most significant obstacle that reduces the number of students seeking mental health treatment. Alemu (2014) and Samouilhan and Seabi (2010) attribute this dynamic as being caused by limited or incomplete mental health knowledge, which contributes to negative attitudes toward individuals' mental illness and inability to seek psychological treatment.

The stigma surrounding mental illness has existed for centuries owing to how various cultures and religions explain the state of mental illness. Regarding the influence of indigenous belief systems in South Africa, culture-bound syndromes, spirituality, and religion play a major role in most people's lives, with greater disparities manifesting in roles, regulations, taboos, and expression (Burns, 2016). Culture-bound syndromes are conditions recognised in specific cultures as a group of symptoms indicating a cause embedded in that culture's belief system (Burns, 2016). Slyke (2020) further affirms that stigma is largely based on the demonisation of mental illness, influenced by religious and non-scientific cultural beliefs passed down from generation to generation. The findings also revealed that science students had a better understanding of mental illness than non-science majors who could not comprehend the concept of chemical imbalances (Slyke, 2020). For example, Biology students can understand the Dopamine Hypothesis more easily than non-science majors and according to Kutcher et al. (2016), a lack of knowledge is considered a driver of prejudice (negative attitudes), which then influences behaviours (discrimination). Abolfotouh et al. (2019) also discovered that the majority of students who lack mental health literacy hold views and beliefs that students suffering from mental disorders such as post-traumatic stress disorder (PTSD), depression, substance abuse disorders should take responsibility and exercise the 'will power' to overcome such conditions; thus, assigning negative labels to them.

Consequently, there could be a risk that negative attitudes, or stigma surrounding mental illness, discourage students from seeking help. Thus, the above highlights the importance of and need for mental health literacy to combat issues of negative attitudes, views, beliefs, and uninformed knowledge about mental disorders. Thus, Slyke (2020) also argued that an increase in mental health literacy leads to a decrease in mental health stigma. These results replicate those of Vidourek and Burbage (2019), who investigated the positive mental health and mental

health stigma among college students and found that increasing education and awareness, linking students to resources, and being compassionate and understanding to those experiencing mental health problems were crucial to reducing stigma.

Evidence further reveals that the stigma surrounding mental illness is flourishing at university and during early adulthood, where appearance is perceived to be more critical in establishing self-esteem and vital friendships (Bas, 2021). In other words, most university students regard seeking help on mental health or disclosing mental health problems to institution-based counsellors or other places of help as a sign of weakness and incompetence (Deasy et al., 2014). They prefer to self-medicate and to waiting it out until they feel better (Lazaratou et al., 2007; Pedrelli et al., 2015). Thus, mental health literacy is critical to reducing the stigma associated with mental illness and encouraging help-seeking behaviour before a student's academic achievement is jeopardised. Hjorth et al. (2016) affirm the impact of stigma by stating that stigma increases negative health and social outcomes for people with mental illnesses, such as reduced employment, a dropout from learning institutions, and less access to treatment and care. According to Kutcher et al. (2016), the modern definition of mental health literacy is diverse and includes help-seeking behaviour. This notion has its basis on the idea that mental health literacy involves an understanding of how to obtain and maintain positive mental health, understanding mental disorders and their treatments, reducing the stigma associated with mental disorders, and improving help-seeking efficacy. Literature suggests that an individual may only have positive mental health literacy if they know how to seek help and are not affected by or perpetrate the stigma associated with mental illness affecting others or themselves.

2.2.6 Mental health and staying in university residence

Starting university is a significant transition period for young people and that requires them to adjust to new environments, adopt independent living skills, and adapt to social situations (Markoulakis, 2014; Richardson et al., 2017). Comparatively, the residential students' primary support networks becoming remote, not compatible with their roommates and their expectations of university often conflict with the reality characterising the transition (Worsley et al., 2021). Subsequently, larger class sizes, living with a stranger who might have different rules and values, as well as financial constraints have led to less contact with academic and student support staff, creating an isolating experience for students, particularly for students resident at university campuses (Markoulakis, 2014; Tinklin et al., 2005). Until recently, most

academics recognised that living and staying in a university residence is a two-edged sword. On one side, it is a great advantage for personal and developmental growth, thereby seemingly perceived to be the best approach to address the student's educational needs as well as transitioning to independence and adulthood. On the other side, it also increases psychological strain, especially when an individual has an underlying mental health condition, or the family has limited finances to support the student. Research professes that students from non-traditional cohorts, such as those relocating, those first in the family to attend university, those from low-income and rural areas, and adult-entry students, are more likely to experience these negative health outcomes (Abbott-Chapman, 1994; Bitsika et al., 2010; Richardson et al., 2017). As a result, students in non-traditional cohorts had a higher dropout rate than those in more traditional pathways (Markoulakis, 2014; Nicpon et al., 2006; Richardson et al., 2017). Thus, it appears that external environmental factors that non-traditional students face (for example, a lack of resources, social interrelation problems and financial difficulties, pressure from family to succeed due to poverty, and a close contact support structure) may constitute some of the contributing factors.

Furthermore, friendships between newly acquainted residents living in university student housing serve an important function because the difficulties students face during their stay at university are often unexpected (Worsley et al., 2021b). As a result, students may physically and psychologically withdraw from university if they do not form friendships within their residence or with their roommates (Worsley et al., 2021b). On the other hand, literature indicates that students who are well-integrated into the group in their housing are less likely to consider dropping out of university due to inability to cope psychologically, resulting in poor academic performance (Neale et al., 2016; Worsley et al., 2021a).

Furthermore, Islam et al. (2020) state that students, especially first-year university students, are more vulnerable to mental diseases such as stress, depression, sleeping disorders, and anxiety because they would have moved away from their families into a new place in a new town or city, where they must cope with new circumstances. First-year university students, in particular, have a new residence, a new daily meal trend, a new study syllabus along with class lectures, laboratory courses, research work, friendships, teaching staff, and a broad range of new living environments when they begin their university programmes (Islam et al., 2020).The student's entry into a new living and learning environment appears to trigger and facilitate the onset of a mental disorder because it comes with several stressful demands or responsibilities.

Other scholars also affirmed that students who use university residential areas might have too many stressors to deal with, which may lead to the development or triggering of mental disorders as they need to take full responsibility for more personal needs (Grotan et al., 2019). Such responsibilities include adapting to the living spaces, managing their food and groceries, and putting their house to order and, etcetera, while also taking full responsibility for their learning and adapting to an entirely new learning environment characterised by higher-order demands (Grotan, 2019; Markoulakis, 2014; Worsley et al., 2021a). Hence, studies found that it is common for students to experience mental health issues while adjusting to their new surroundings, and according to a UK cohort study, levels of psychological distress rise when students begin university (Worsley et al., 2021a). First-year students seem to be the most seriously affected by mental health problems. However, one must also understand that the prognosis of mental disorders is not as clear-cut as that of other diseases since it sometimes takes longer for the symptoms of a mental condition to manifest and that makes it necessary for researchers to give special attention to students living within the university residence (Worsley et al., 2021a).

In addition, a study conducted by Safaie et al. (2020) also revealed that the quality of living style, determined largely by the family's income and social structure, was paramount in determining students' mental health. Families' incomes and how much their parents, guardians or scholarships provide for their well-being mainly influence students' lifestyles. In their study, Ayat and Hala (2015) also revealed a strong positive relationship between depression and loneliness and the perceived socioeconomic standards, which can also be an important issue when living in a university residence without family support. Islam et al. (2020) also noted that family income is a critical aspect that contributes to the student's ability to adapt to living within the university residence. Stress was also found to have been similarly associated with socio-economic standards, loneliness, and the level of family support, which can also be reduced as the student begins to live a distance away from family and relatives. In that respect, Worsley et al. (2021b) also revealed a relationship between depression and the type of residence or accommodation, whereby students would opt to either occupy university residences or seek private residences. The findings show that the quality and standard of residence, for example, sharing living quarters, a kitchen area, and etcetera, which in most cases are determined by income and university regulations when applicable, can be important factors determining stress levels and, consequently, depression (Worsley et al., 2021a). The study revealed that sharing food with others, using shared areas, feeling uneasy, connections

with housemates, and a sense of belonging, all considerably predicted depression. Islam et al. (2020) also indicated that the student's background, whether rural or urban, also affected their stress level and thus determined their mental health. Students who grew up in cities may find it easier to adjust to university life because it is closer to their everyday reality and support structure than students from rural areas.

Primary literature appears to indicate the importance of ensuring that resident students are accommodated in a conducive living space that meets all their needs by providing both academic strivings and ensuring a positive culture within residences, thus enhancing their academic needs as well as psychological well-being, as the two appear to influence each other. Failure to do so appears to cause undue hardship, leading to mental health issues and a high rate of student dropout. Literature aptly notes that accommodations are not added to a classroom environment, but are simply built into it, with flexibility and ongoing revision built into the very foundation in order to ensure the mental well-being of students and, thus, their academic achievements (Markoulakis, 2014; Price et al., 2016; Worsley et al., 2021b).

2.2.7 Student awareness of mental health and strategies to increase mental health literacy

A study undertaken by Li (2016) puts forth the need for universities to devise mental health strategies by reporting that mental health services have transpired to be a crucial part of university student support due to the higher levels of psychological distress reported by the student population. Hence, VanderLind (2017) stipulates that, with the rise in reports of mental health issues among college students, there is a need to understand how to offer the best support to this population for them to learn successfully. Given the importance of early intervention, Tseng et al. (2016) highlight that college campus-based mental health care can provide a unique opportunity for the prevention and treatment of mental health disorders. However, Tseng et al. (2016) reported that healthcare services on college campuses frequently lack the resources needed to address these mental health issues. Additionally, Batchelor et al. (2020) further assert that past research shows that issues around the lack of help-seeking behaviour amongst students may be a result of the challenges around the standards of mental healthcare services. This could be because colleges around the world are increasingly dealing with rising rates of mental disorders, and in many cases, the demand for services on campus far outnumbers the available resources (Auerbach et al., 2018).

Nevertheless, Vidourek and Burbage (2019) argue that developing culture-positive mental health and reducing barriers to treatment and stigma-related attitudes could assist students in seeking treatment. The authors further propose that help-seeking behaviour can be increased by developing strategies designed to eliminate stigma through education and understanding. Psychoeducational interventions, counselling, guidance and treatment, group initiatives, stigma reduction, and health-promoting measures are other strategies suggested for implementation and evaluation in university settings (Alemu, 2014; Grotan et al., 2019). Similarly, recommendations such as enhancing awareness on college campuses of common mental health problems, highlighting success stories for on-campus individuals living with mental health problems, holding on-campus initiatives and events, and training faculty and staff, and students on mental health problems were also highlighted (Alemu, 2014; Gruttadaro & Crudo, 2012; Goodman, 2017; Pedrelli et al., 2015). Furthermore, from a more individualised supportive strategy, VanderLind (2017) indicated that there are learning-related support strategies, such as metacognition, which can be taught in classrooms. This metacognition construction reportedly assists students in developing awareness of their characteristics, learning orientation, and self-regulation, which can assist students struggling with mental health issues to develop better-coping strategies (VanderLind, 2017).

Hence, a study by Emond et al.(2015) explored the mental health perception of the final-year cohort of paramedic students, with the results revealing that this cohort held common myths and misconceptions about mental health combined with a lack of general knowledge about mental illness and its paramedic management. However, these perceptions altered following the introduction of mental health as a subject (Emond et al., 2015). The study suggests that incorporating the subject into the curriculum can positively alter students' perceptions of mental health. This may lead to students acquiring the knowledge and attitudes required to manage mental health presentations.

For Vidourek and Burbage (2019), such activities are likely to reduce stigma as a barrier to mental health treatment on college campuses. Heary et al. (2017) also argue that connecting students to resources for mental health concerns was another strategy students felt might help lessen the stigma associated with being diagnosed with a mental health problem. Kosyluk et al. (2016) investigated the impact of education-based and stigma-reduction strategies on improving college students' knowledge of mental health and reducing mental health stigma among college students. Results indicate that education-based methods effectively decrease stigma among this population and transform attitudes towards help-seeking behaviour among

college students. Extant literature indicates that educational, mental health campaigns should be considered on campuses to oppose stigma towards mental illness. The previous assertion corroborates the findings of Vidourek et al. (2014), who assert that college students with low stigma-related attitudes were willing to help peers seek help for mental health problems.

In addition to more traditional training and contact-based programmes, Sontag-Padilla et al. (2018) argue that university campuses should consider peer organisations because they reportedly play an important role in changing the campus culture regarding mental health. Sontag-Padilla et al. (2018) further highlight that peer organisations are vital in assisting students in getting the mental health services they require, which is an important component of addressing college students' unmet mental health needs. A study involving over 1100 students from 12 California college campuses investigated the impact of a Student Peer Organisation. The study discovered that increased familiarity and involvement with a Student Peer Organisation was associated with increased perceived knowledge of mental health and decreased stigma over time (Sontag-Padilla et al., 2018). Furthermore, the study found that an increase in peer organisational involvement was associated with an increase in helping-seeking behaviours. Moreover, Sontag-Padilla et al. (2016) investigated factors influencing college students' use of mental health services. According to the study results, it was found that more campus-based mental health clinics, supportive campus environments, and improving students' coping skills might reduce the unmet need for mental health services among college students. Furthermore, internet-based cognitive behaviour therapy (CBT) has been shown to have effects comparable to face-to-face CBT and has been proposed as an additional intervention strategy for university students' mental health problems (Andersson et al., 2014; Becker et al., 2019). According to Auerbach et al. (2018), universities could use a variety of other internet-based interventions available for dealing with a wide range of psychiatric disorders. Auerbach et al. (2018) highlight this recommended intervention as an attractive option for addressing the demand for on-campus services, which far outnumbers the available resources. In addition, literature reported that, apart from their low cost and ease of implementation, these interventions address several other significant treatment barriers, most notably stigma and inconvenience (Auerbach et al., 2018). Thus, this makes it an appealing option for meeting the demand for on-campus services, which far outnumbers the available resources (Auerbach et al., 2018). Studies also suggest that internet-based interventions could be especially useful to triage care in campus mental health counselling centres, with students experiencing less severe symptoms upon receiving these interventions (Auerbach et al., 2018).

Overall, college students are a key population segment that determines a country's economic growth and success (Auerbach et al., 2018). Li (2016) avers that in order to improve students' knowledge of mental health problems, it is paramount that practitioners and policymakers objectively explore the factors that influence their help-seeking behaviour. Grotan et al. (2019) further asserts that both mental health literacy and help-seeking behaviour represent key challenges across societal and healthcare settings. As a result, one should not underestimate seeking proper and proven mental health interventions for university students, as these assist them in adapting to new circumstances and coping within their academic settings, as well as effectively coping with their mental health problems, which is critical to their academic success.

2.3 Theoretical Framework

The Theory of Reasoned Action (TRA), as developed by Ajzen and Fishbein (1975), underpins this study analysis. The theory is based on the argument that a person's action is dictated by their purpose for conducting an activity and that this purpose is, in effect, a function of their behavioural attitude and subjective norms. The precept of this theory is that intention or instrumentality is the strongest predictor of an action (the belief that the action will contribute to the expected outcome). Instrumentality relates to an individual's attitude toward behaviour, social standards, and perceived regulation of behaviour. The more favourable the attitude and social standards, the greater the perceived power and the stronger the intention of the individual to exhibit the behaviour (Yzer, 2012).

The new TRA is a model that identifies behavioural attitudes, perceived norms, and perceived behavioural regulation as three significant determinants of intent, and such determinants of intention are behavioural beliefs, normative beliefs, and regulation beliefs (Montaño & Kasprzyk, 2015). The underlying hypothesis in TRA is that beliefs are essential components for predicting behaviour. TRA hypothesises the possible causal relationships of these primary constructs as follows: a person's values determine their attitude, perceived norms, and perceived regulation of behaviour; these three constructs influence the purpose of a person; and therefore, the purpose drives an individual's actions (Fishbein & Ajzen, 2010).

The latest TRA model also attributes a person's actions to descriptive context factors (for example, past behaviour, demographics, community, employment, income, knowledge, or

education) (Montano & Kasprzyk, 2015). However, Fishbein and Ajzen (2010) suggest that these context influences do not directly affect intention or behaviour, but rather may influence beliefs that influence attitude, perceived norms, and perceived behavioural control. The new model further recognises specific controls (that is, abilities, skills, environmental factors) as predictors of behaviour; however, due to difficulties in measuring actual controls, the model recommends use of perceived behavioural control as a proxy when real control cannot be accounted for or fully comprehended (Hale et al., 2002).

The research examined, using this theory, the context (university setting) of mental health literacy and how this knowledge impacts students' educational achievement. The TRA helps develop a model that illustrates how mental health literacy affects academic achievement. The reviewed literature has illustrated how students' knowledge of mental health problems and disorders affects their decision to seek the help needed to address their mental health problems, which are associated with academic failure.

Thus, for purposes of this study, the main indicators of mental health-related behaviour, according to TRA, are attitudes to and beliefs about mental health literacy (Fishbein & Ajzen, 2010). Consequently, encouraging favourable attitudes and beliefs about mental health might result in favourable changes in behaviour linked to mental health. For instance, if someone has a positive outlook about getting professional care when experiencing mental health issues, they are more likely to do so when necessary.

According to TRA, another significant predictor of behaviour is intention (Yousafzai et al., 2010). This implies that an individual is more likely to engage in an activity connected to mental health literacy if they plan to do so. In order to enhance the chance of positive behaviour changes, treatments focused on fostering good attitudes towards mental health literacy are beneficial. For instance, if an individual wants to learn more about mental health, they are more likely to partake in activities like reading about it, attending mental health seminars, or speaking with mental health specialists.

2.4 Conclusion

Mental health literacy is a critical factor associated with seeking mental healthcare. It stimulates seeking professional mental healthcare or helping others presenting with mental illness to access mental healthcare. The literature review has shown that students with a high level of mental health literacy are likely to have favourable attitudes toward seeking help to

address mental health problems. They are also likely to be familiar with mental health issues, a situation that increases their confidence in helping others. Moreover, high levels of mental health literacy can increase students' academic achievement in higher education institutions. This also has a bearing on students' involvement in community activities. TRA provides an understanding of mental hygiene practices that can be witnessed within the university premises or among university students. Levels of mental health literacy are thus greatly valued in an individual's intentions as these intentions are usually determined by their beliefs, feelings, and knowledge.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter constitutes one of the most critical sections of the study, as it highlights how the entire study was executed. The study employed qualitative methods and techniques to enhance collection of qualitative data and to achieve trustworthiness. Qualitative methods enabled the researcher to focus on the complexities of this social phenomenon and its flexibility, thus allowing the development of an in-depth understanding of the research question. In that respect, the chapter gives an introspective insight into the study's research paradigm, methodology, approach, design, population and sampling, data gathering tools, and data analysis methods. It gives a step-by-step procedure the researcher followed in executing the study up to the research findings and their implications. This chapter also paid attention to the issue of ethical considerations as the study involved human participants. The chapter also looks at the conformability of the findings within the context of the existing body of knowledge.

3.2 Research paradigm

The research assumed an interpretivist research paradigm, as the researcher was more interested in gaining an in-depth understanding of the phenomenon based on the perceptions and experiences of the participants. According to the interpretivist paradigm, reality is multifaceted and multi-layered, and every given occurrence may be interpreted in a variety of ways (Koro-Ljungberg & Bussières, 2022). The paradigm assumes that meanings are inherent, and one must be fully exposed to or immersed in phenomena, occurrences, or experiences in order to have an insightful understanding thereof (Neubauer et al., 2019). Thus, the researcher was more interested in understanding the subjective meanings behind human behaviours and perceptions regarding mental health literacy from the perspective of the participants, that is, students at the University of KwaZulu-Natal. The concept of mental health literacy is influenced by various circumstances, which include culture, background, environment and etcetera. Thus, this makes it a complex phenomenon that requires in-depth research methodologies that seek to unearth knowledge and go beyond assumptions.

3.3 Research methodology

Research methodology describes the unique methods and processes a researcher employs to gather and examine data, while working within a certain research paradigm (Allen & LeBlanc,

2022). The data collection and analysis processes employ a variety of methods and technologies, including surveys, interviews, experiments, case studies, and statistical analyses. The practical elements of research, such as how data is gathered, examined, and evaluated, constitute the emphasis of a research methodology. In its simplest form, research methodology can be perceived as a set of strategies that researchers use to collect information from individuals to get insights into their experiences, activities, or beliefs (Neubauer et al., 2019). The collected data should determine a variety of qualitative research methodologies employed in a particular study. A research technique is a method adopted for methodically solving a research problem; it may be thought of as a science that studies how scientific research is conducted (Neuman, 2014).

3.3.1 Qualitative research approach

The current study employed a qualitative research approach as it aimed to explore the perceptions of participants following their personal experiences. Thus, it was subjective. Some scholars define qualitative research as a research technique that prioritises words rather than numbers in data collection and analysis; hence, this primarily stresses an inductive approach that links theory and the study, simultaneously emphasising theory generation (Bryman, 2012). Qualitative research methodologies are grounded on the noble perception that, unlike natural sciences, the subject of social research are humans who have the power to attribute different meanings to their circumstances or environments (Bell & Bryman, 2022; Cohen et al., 2017). For Haven and Van Grootel (2019), qualitative research does not modify the area of interest, but rather seeks to understand phenomena in their natural settings. This study used the qualitative approach because theory stipulates that it generates data based on the research participants' thoughts, ideas, and lived experiences (Creswell & Creswell, 2018; Neuman, 2014).

The qualitative research approach answers the 'how' and 'why' questions, not the 'who,' 'what' and 'when' questions (Haven & Van Grootel, 2019). As a result, this technique suited this study because it focuses on why individual university students behave the way they do, which is what the research is concerned with when it aims to answer issues around how UKZN students view the idea of mental health and its influence on educational success.

3.3.2 Research design

The study assumed an exploratory research design, as the researcher aimed to explore the preliminary understanding of the phenomenon, mental health literacy and its impact on educational achievement among the University of KwaZulu-Natal students residing in the University residence. An exploratory study is employed where reality is not fully known, and the researcher aims to have a deeper understanding of it; rather than basing the research on predetermined categories of information, the researcher has the room to explore the phenomenon further and make inferential decisions (Kyei et al., 2014; Neuman, 2014). This research design aims to gain a new understanding of a phenomenon under study. The exploratory design enabled the researcher to gain additional information about mental health awareness, attitudes, and beliefs, as well as the overall influence of mental health literacy on educational attainment among the students at University of KwaZulu-Natal who lived in residence at Howard College campus. An exploratory design was particularly useful in this study because it allowed students to define what was important regarding the topic under study in their own words rather than confining them to standardised questionnaires. This strategy also enables researchers to comprehend and communicate personal viewpoints that participants frequently conceal.

3.3.3 Research site and gaining entry into the research site

It is stated that a researcher must select an appropriate study site to produce informed findings (De Vos et al., 2011; Creswell & Creswell, 2018). For this study, it was fitting that the site was the University of KwaZulu-Natal, Howard College campus. The research topic directly speaks to the University of KwaZulu-Natal students' knowledge of mental health literacy and how it impacts their educational achievement. Thus, the chosen research site maximised the researcher's opportunity to engage with this study's research topic and access the research participants. The site was also easily available and accessible to both the researcher and students at no additional logistical costs since the researcher was also a student at the same institution.

Creswell and Creswell (2018) stated that a researcher must gain permission from the relevant authorities to have access to the research site before proceeding with their study. This ensures the study's transparency, trustworthiness, and credibility, which are important elements in the qualitative research approach (Haven & Van Grootel, 2019). Permission to conduct this study

was obtained from the UKZN, Humanities and Social Science Research Ethics Committee (HSSREC) (Appendix B: Gatekeeper's letter) and the UKZN Registrar (Appendix A: Permission to conduct research). Moreover, the researcher requested permission from the identified participants, who were students, residing at the UKZN residences (Appendix C: Informed consent letter). The meetings were scheduled according to their agreed times and places convenient to the participants, particularly in a quiet room at the campus. Because of the relaxation in restrictions regarding face-to-face contact owing to the COVID-19 pandemic, the researcher was now permitted to conduct face-to-face interviews. Thus, all interviews were conducted face-to-face, except for one Zoom interview because the student was unable to meet the researcher face-to-face due to academic deadlines.

3.4 Population and sampling

3.4.1 Population

A target population comprises the people on whom the researcher intends to conduct research and draw conclusions (Creswell & Clark, 2011; Creswell & Creswell, 2018; Neuman, 2014). The participants in this study were the University of KwaZulu-Natal students residing in university residences. The target population for this study included undergraduate (1-3rd year level) and postgraduate (4th- PhD level) students at the University of KwaZulu-Natal, Howard College campus, who lived on campus, in and off-campus university residences and either funded by any financial aid or self-funded. This population involved students hailing from several faculties and departments within the University, including Humanities, Engineering and Science, Law, and Management Studies Colleges who met the target population criteria. Participants from different academic levels and programmes were used to ensure diversity of responses to get diverse views and beliefs regarding the study objectives as well as assisting in highlighting where the gap in knowledge, beliefs, contributing factors and perceptions are in relation to the study objectives within the different levels of study. Which can be used to inform where curriculum or awareness should be oriented towards as recommendations. Nursing students were not interviewed, they cited academic and hospital placement demands.

Given that UKZN is a multicultural university with students from all over the globe, the study intended to include any racial group that met the requirements. However, due to the aforementioned post-COVID-19 restrictions, the targeted population was thus limited to Black South Africans since they were the only race found on campus residing in UKZN residences and met the participation criteria. Even then, it was only a few students who were unable to

participate in online learning. These students were either found to have few resources or living in unsafe conditions or had to attend practical modules. This, however, serve as a limitation to the current study; hence, it will be discussed in more detail in the section on study limitations.

3.4.2 Sampling techniques and sample size

Bezuidenhout (2011) and Neuman (2014) describe sampling as a selection method by which a smaller portion of a larger population is selected for the study. Malterud et al. (2016) suggest that a qualitative sample size is typically small, unlike in a quantitative research, as qualitative research approaches are generally more concerned with gaining an in-depth interpretation of a phenomenon rather than relying on statistical representations. Thus, this constituted the first criterion for selection as this meant only the student residing at the UKZN, Howard College residences on or off-campus. Another important criterion was also some level of knowledge about mental health in general whether from personal experience or indirect exposure to such issues in relation to the study topic. Thus, the researcher was interested in interviewing students who had first-hand experience of mental health challenges, as these were considered the most knowledgeable individuals.

Thus, the researcher employed purposive sampling, which allowed her to handpick highly knowledgeable participants about the study topic. Purposive sampling, sometimes known as judgemental sampling, is a non-probability sampling strategy in which the researcher purposefully or deliberately picks sample members from those who are available on the basis of their level of knowledge, experience or extent of exposure to the phenomenon the researcher is interested in studying (Etikan et al., 2021). Sassenberg and Ditrich (2019) argue that for qualitative studies, sample sizes that are not lower than eight, and larger than 500, are appropriate for most studies. The use of purposive sampling was not only cost effective, but also ensured that data saturation would be easier to reach and that was crucial in ensuring the quality of data. While statistics of people who are affected by mental health issues are spiralling, the researcher acknowledged the fact that people who are willing to share their life experiences are still rare to find due to the stigma and discrimination associated with mental health problems. As a result, purposive sampling allowed the researcher to wilfully approach informative people, through her influence (walked around campus, went to the libraries and undergraduate as well as postgraduate Lan's), with the help of tutors, Residence Assistants (RAs) and WhatsApp once first contact was made to book for interviews. Purposive sampling

allowed the researcher to select the relevant participants who were capable of contributing data that could answer the research questions.

Twelve participants (12) expressed interest, but two withdrew due to exam clashes but later insisted on participation after completing their exams, leading to a total of fourteen (14) participants. The study intended to seek out an equal number of males and females from each level of study, but due to the limited number of students allowed on campus, the males either were not interested or had already met the criteria. For example, no males were discovered to account for the PhD level, second level, or third level of study. Only within the first year and Honours level criterion, where there was an accounted equal gender viewpoint and where the expected two participants from each level and gender was obtained. Thus, even though, data saturation was attained at five (5) participants, but there were not an equal number of male participants or students at different levels of study which was a limitation to the current study. However, this will be covered in more detail in the section on study limitations.

3.5 Pilot study

This is a preliminary research designed to collect data in preparation for a bigger and more comprehensive study (Junyong, 2017). A pilot study ascertains if a study can be done; it ascertains whether the investigators should pursue it and, if so, it seeks to determine how best to do it. The researcher conducted two (2) semi-structured interviews with participants to test the efficacy of her interviewing skills and the authenticity and dependability of the data collection tools. Minor changes were made to the interview guide to enhance the flow of the conversation during interviews.

3.6 Data collection method

The researcher collected data through in-depth face-to-face, semi-structured interviews as they allowed for rich and descriptive data and for the researcher to ask all types of questions as reflected on the interview guide. This data collection method allowed for extensive probes since the interviews were semi-structured with open-ended questions. Probes, as stated by Neuman (2014), help researchers in eliciting appropriate responses from the participants when their responses were unclear or incomplete. This method was appropriate for the study aim, which was to explore the students' knowledge about mental health literacy and its impact on their academic achievement based on their own context, perceptions and what possible factors, if any, and how it affects their perception of mental health in relation to their academic performance and attainment or otherwise. It also allowed for the observation of non-verbal

behaviours that added to the rich, detailed data on the topic and these gestures are highlighted in the findings and discussion sections as the topic was sensitive and personal to some of the participants. Thus, this added qualitative information obtained from gestures is owed to the face-to-face interview's exploratory nature (Babbie, 2020; Neuman, 2014).

In the current study, the researcher employed open-ended questions because such types of questions allow participants the freedom to offer any answer they wish to share in response to the questions (Neuman, 2014). This is what was needed for this study. A few interviews lasted only 30 minutes but most of them took 60 minutes as the participants were eager and candid in sharing general and personal experiences on the topic. Fourteen (n=14) interviews were conducted in line with the study's sample. Participants were interviewed in private spaces to minimise any disruption or influence on their response choice by other participants or distractions. The interviews were conducted either in entirely isiZulu or in isiZulu and English as hybrid language, depending on which language the participants felt most comfortable to speak. Thereafter, transcripts were translated entirely to English. The interviews were designed in English but were then conducted in both isiZulu and English.

3.6.1 Data collection tool

The study utilised semi-structured interview guide with open-ended questions as the main research tool (Appendix D: Semi-structured Interview Guide). The researcher used this tool throughout the interviewing process to ensure the consistency of the questions asked. According to Lewis-Beck et al. (2012), an interview guide is a list of high-level topics the researcher intends to cover in the interview, along with the high-level questions the researcher wants to answer under each topic. For this study, the researcher drew the questions used in the interview guide from the key research questions. Additionally, tools for effective data collection included audio recording equipment, an exam pad, and a pen for taking field notes (during and after each interview). The researcher transcribed the recordings verbatim. The recordings help the researcher to check the transcripts for errors or omissions (Babbie, 2020; Neuman, 2014). The recordings were also useful for referring to the participants' actual responses during the analysis to ensure that the responses were appropriately crosschecked. This was critical because it allowed the researcher to capitalise on non-verbal observations and, most importantly, listen attentively to the participants' utterances. Participants consented to recording interviews before using an audio recorder.

3.7 Data collection procedure

After obtaining the ethical clearance from the UKZN's Humanities and Social Sciences Research Ethics Committee and the gatekeeper's letter from the Registrar to conduct this study (Appendix A & D), the researcher began the data collection process. Data collection refers to the means by which a researcher gathers data that answer the key research questions (Moser & Korstjens, 2018; Neuman, 2014).

The researcher contacted the prospective participants via WhatsApp and telephone calls to confirm their willingness to participate in the study and to arrange interview meetings with the prospective participants. A seminar room located at UKZN, Howard College campus, was used for the interviews. It was acquired with the assistance of the Psychology postgraduate administrator. The researcher issued a consent form to the participants for them to familiarise with its contents and to ask for clarifications before signing it (Appendix C). The consent forms clearly explained the purpose of the study. The purpose and objectives of the study were also verbally clarified prior to the commencement of the interviews and their anonymity was assured. The participants were informed that their participation in the study was strictly voluntary and that they could withdraw their participation at any stage of the research.

The researcher began individual interview sessions after soliciting their consent. The researcher used a semi-structured interview guide to elicit students' perceptions and opinions about mental health and its possible effects on their academic performance. Semi-structured interviews which comprised open-ended questions, were the most important data collection method because they emphasised participants' autonomy and the acquiring of detailed, rich and in-depth information from the participants. Adams (2015) posits that semi-structured interviews are more appropriate if the researcher is explorative as is the case with the current study.

3.8 Data analysis

Data analysis for the current study commenced after the completion of the data collection and transcription exercises. Data collected for this study was analysed using thematic approach as prescribed by Clarke and Braun's (2017). This data analysis method involves seven steps: transcription, reading and familiarisation, coding, searching for themes, reviewing themes, defining, and naming themes, and finalising the analysis (Clarke & Braun, 2017). Upon conclusion of the interviews with the participants, the researcher transcribed all interviews verbatim. The researcher coded the interview section and responses as prescribed by Braun and Clarke (2006). The researcher open-coded the interviews meticulously to provide a line-by-

line analysis and labelling of the responses to determine key themes in the data (Clarke & Braun, 2017).

After the line-by-line analysis, the researcher used axial coding methods to identify higher-level categories through analytic labelling and placed data into appropriate categories based on data properties and features. Finally, the researcher employed selective coding to accurately portray the main themes from the data (Clarke & Braun, 2017). The researcher followed the steps of the thematic analysis approach described below:

- Familiarise yourself with data: This process includes transcribing the material, reviewing it several times, and making initial notes. For each transcript, the key points were underlined and noted.

- Assign preliminary codes to data to describe the content: "Coding interesting features of the data in a systematic fashion across the entire data set, collecting data relevant to each code" (Braun & Clarke, 2006, p. 87). Features were coded during translation and transcription as a brief phrase or keyword that referred to a particular concept. To maintain track of the condensed information, memos were written down.

- Search for patterns or themes in codes across the different interviews: Finding themes in the data involves, "collating codes into potential themes, gathering all data relevant to each potential theme" (Braun & Clarke, 2006, p. 87). To reduce the amount of codes and group them into recognisable themes, the data were reviewed and reread numerous times in this cycle. Following analysis, the codes were categorized into four main themes, which are described in the following section.

- Review themes: Reviewing themes involves determining if they relate to the coded extracts at the first level and the complete data set at the second level, creating a thematic map of the analysis (Braun & Clarke, 2006). To verify the codes, the entire interview data set was read again.

- Define and name themes: The process of defining themes entails articulating precisely what we mean by each theme and determining how it aids in our

comprehension of the facts. The process of naming themes was coming up with a brief and clear name for each subject.

- Produce a report: Finally, the researcher needs to transform his/her analysis into an interpretable piece of writing by using vivid and compelling extract examples that relate to the themes, research question, and literature. The report must relay the results of the analysis in a way that convinces the reader of the merit and validity of the analysis. Thus, the researcher went beyond a mere description of the themes but portray an analysis in chapter 4 and discussion in chapter 6 that is supported with empirical evidence that addresses the research question in the form of the participants stated responses of the findings.

3.9 Trustworthiness

Lincoln and Guba (1985) identified four criteria for evaluating trustworthiness in qualitative research and these are credibility, transferability, dependability, and conformability. If met, these criteria ensure that the qualitative research has been conducted in a transparent and rigorous manner. In other words, this analysis will also ensure that qualitative research was conducted in a bias-free, accurate, and robust manner (Korstjens & Moser, 2018).

3.9.1 Credibility

Credibility deals with the compatibility of findings with reality and ensures that the findings are believable (Cutcliffe & McKenna, 2009; Korstjens & Moser, 2018). To ensure the study's credibility, the researcher followed well-established methods such as familiarising with the participants as early as possible and using frequent debriefing sessions with the supervisor. The researcher also kept member checks throughout the data generation process. The process of member checking entailed making available the transcripts for participants to confirm that what was attributed to them was reflective of what they wanted to communicate. Conducting member checks helped to increase trustworthiness of the findings.

3.9.2 Transferability

According to Nueman (2014), transferability refers to the applicability of the same study to other contexts. Looking at the features of the study, the findings may not be generalised, as the sample size is small. In this study, transferability was achieved by laying down the study boundaries, which were UKZN students residing at the University's residence. As a result,

other students living in dormitories at South African universities may be able to relate to the study's recurrent themes and patterns. Rich and thick descriptions provide the reader with an overall picture of the setting; thus, the results. For this reason, the researcher used thick descriptions to express the participants' views and to achieve transferability.

3.9.3 Dependability

Dependability means getting the same results twice for the same study (Baker et al., 2010; Korstjens & Moser, 2018). Dependability guarantees that the study results are reliable and repeatable. To make it possible for an outside researcher to conduct a comparative investigation and get identical findings, every step of the study should be fully described. The researcher tackled the issue of dependability by keeping password-protected records. The researcher established rapport with the participants, and confidentiality issues were confirmed with the participants, who were able to express their opinions freely, genuinely and without fear. Furthermore, the semi-structured interview was evaluated in the pilot study in which two students living at the Howard College campus were interviewed in the same manner as participants in the actual study. This helped the researcher to determine whether the questions elicited all the desired responses and whether the students understood the questions. Probing and clarification ensure that everyone understood their opinions. Peer debriefing was also done with classmates to enhance the credibility of this study. The researcher accurately interpreted data based on what the participants had said.

3.9.4 Conformability

Conformability evinces that the participants can confirm the results of the study. It is about ensuring that the researcher is not biased (Korstjens & Moser, 2018; Wisdom & Creswell, 2013).The subject of this criterion is the degree to which the research study's conclusions are founded on the participants' stories and statements rather than on the researcher's biases. Therefore, to ensure conformability, the researcher put aside personal feelings and focused on the participants' true contributions. Hence, active listening and clarifying helped in ensuring an accurate interpretation of the responses. The researcher avoided subjectivity as much as possible and reported the findings as objectively as possible. Therefore, the researcher drafted the interview questions and gave them to the supervisor for review to minimise subjectivity or biases.

3.10 Ethical considerations

Ethics provide a code of conduct that guides the researcher in protecting research participants. Ethical concerns cannot be disregarded since they immediately affect the integrity of a research project and the participating disciplines (Bryman & Bell, 2011; Bryman, 2012).

3.10.1 Ensuring that permission is obtained

The researcher applied for ethical clearance from the UKZN's Humanities and Social Sciences Research Ethics Committee. The researcher only collected data after the University's ethics board approved the study. Furthermore, the researcher also applied for permission (gatekeeper's letter) from the Registrar, UKZN to access the participants.

3.10.2 *Primum non nocere*: First do no harm

The researcher always ensured the safety of the participants. This included conducting interviews at participants' most convenient time and place to avoid compromising their academic activities or other activities. The researcher guaranteed the anonymity of the participants through use of pseudonyms. Neither the researcher nor the participants experienced any harm; it was also within the researcher's interest to take proper procedures to help participants in case they experienced harm. The collected data was password-protected and saved on a hard drive and a USB drive, and access was limited to the researcher and the supervisor. The data will be kept safely for five years before it is deleted; this will be done to ensure that data can be used for reference purposes if needed.

3.10.3 Confidentiality

The researcher took responsibility for protecting the participants' privacy and assured participants of their anonymity in the consent form. The researcher ensured confidentiality by avoiding using actual names, addresses, and other personal details in the interviews. The collected data was also used solely for purposes of this research, and participants' consent will be sought if the data is to be used for any other purpose other than this research.

3.11 Conclusion

This chapter has focused on the research methods employed in the current study. It plays a role in allowing transparency in the research methods employed. It also plays a role in enhancing the generalisability of the study. The next chapter focuses on the presentation of findings.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1 Introduction

The study aimed to investigate mental health literacy and its impact on educational achievement among University of KwaZulu-Natal (UKZN) students residing in the University's residences. The four objectives the study sought to achieve are as follows; to explore students' knowledge and beliefs about mental health and mental illness; explore students' perceptions of mental health and its impacts on their academic performance; understand the students' views about the impact of mental health literacy on educational achievement; and identify strategies to improve students' mental health literacy and its impact on their educational achievement. The study employed thematic analysis to analyse data gathered through open-ended, semi-structured interviews. In that respect, the current chapter explores the identified themes along with participants' quotes, which capture perceptions of mental health, the importance of mental health literacy, ways of improving mental health and educational achievement and their subthemes. Ten responses (8 females and 2 males) from the fourteen (n=14) sample size were grouped by nationality, race, gender, and level of study for reasons discussed in the methodology chapter. The numbering was to ensure the researcher did not mix up responses as some shared the same level of study.

4.2 Data coding key concepts: Research findings

Table 4.1 Key codes

Key	Meaning
SAF1B/3rd yr.	South African Female Participant 1, Black, 3rd year student
SAF2B/2nd yr.	South African Female Participant 2, Black, 2nd year Student
SAF3B/MA	South African Female Participant 3, Black, master's student

SAF4B/1st yr.	South African Female Participant 4, Black, 1st year student
SAF5B/3rd yr.	South African Female Participant 5, Black, 3rd year student
SAM1B/4th	South African Male Participant 1, Black, 4th year student
SAM2B/1st yr.	South African Male Participant 2, Black, 1st year student
SAF6B/3rd yr.	South African Female Participant 6, Black, 3rd year student
SAF7B/2nd yr.	South African Female Participant 7, Black, 2nd year student
SAF8B/MA	South African Female Participant 8, Black, master's student
SAF9B/4th yr.	South African Female Participant 9, Black, 4th year student
SAF10B/PhD	South African Female Participant 10, Black, Doctor of Philosophy (PhD) candidate

4.3 UKZN students' perceptions of mental health and its effects on educational performance

4.3.1 Understanding mental health and the causes of poor mental health

The results revealed that the students' conception of the concept of mental health as well as their understanding of what constitutes a mental disorder was fair, as they were able to recognise the most common mental health problems such as depression, anxiety, and post-traumatic stress disorder (PTSD). This could be the result of the fact that literature and the participants revealed that those disorders are particularly experienced by university students. Thus, their knowledge was based on general knowledge. However, the majority of senior level participants and those who had sought mental health services could utilise acceptable one-word descriptions and underline the symptoms for the causes as opposed to lower-level participants who mostly provided symptomological explanations. The participants' articulation of the causes of mental health problems aided in revealing the participants' level of comprehension. Some participants identified living in residence as another source of mental health issues; staying alone can be a serious problem while living with a roommate can also be a problem. This is on top of academic pressures and a lack of family support. Some of the participants' points of view are as follows:

> *"Mental health is the human mind's ability to cope with and manage things. It involves the ability to cope with any situation in which you find yourself. This involves solving issues in the right way, without leading you to be violent or do things you would not have done if your mental health was good"* (SAF1B/3rdyr.).

Some of the participants had the following perceptions about the causes of mental health problems.

> *"For example, mental health problems may occur when you have lost someone close to you and never found time to grieve properly"* (SAF1B/3rdyr.).

> *"Sometimes some roommates are very rude and do not respect others. Whenever you tell them that you are studying, they do not care; so, sometimes roommates can cause problems. The environment is not always healthy; even some of our neighbours make noise"* (SAF2B/2nd yr.).

With further probing, a participant further expressed the following views about the causes of mental health problems among students residing at and sharing university residence.

"It is a problem to live alone because you need someone to talk to, but sometimes you do not get a good person. People are different" (SAF2/B2nd yr.).

"Tertiary education is not a joke. The education system is quite intense. There are issues of lack of finance. The transition involves a lot of stress. There is so much pressure to excel, coupled with family aspects and all the drama that happens at home" (SAF3B/MA).

"Having a lot of academic work is stressful. Also, when there is stress at home because some parents feel that if their children are far away from them, they may find it easy to talk to them, and now you have to worry about the stress at home on top of your academic stress and you have no one to talk to talk too" (SAF4B/1st yr).

"There is pressure coming from home, oneself and the place you live in and that can be another cause of stress" (SAF5B/3rd yr).

Another participant further explained the move from high school to university as complex, and most importantly, the academic demands keep increasing, thus triggering mental health issues.

"The level of difficulty and the workload cause mental health problems. Some students do not have the same workload as I had when I was in my first year. It gets difficult as the years proceed. The level of difficulty and workload at high school is not the same as that experienced at varsity" (SAF4B/1st yr.).

4.3.2 Identifying mental health challenges among students

The participants revealed that although they could tell if someone had a mental health problem, their knowledge was narrow. The majority of the participants identified self-seclusion as the most significant identifier. Other symptoms also noted are sleeping for too long, or not sleeping at all, suicide ideation, aggression, negative behaviour change, loss of appetite, feeling inadequate or rejected and feeling tired. Thus, the observable symptoms include affective, cognitive, and behavioural symptoms. However, the interview with SAF3B/MA revealed that it could be through practical experience or a visit to the psychologist that helps improve one's efficiency in identifying all the symptoms of mental health problems.

"I felt like committing suicide. There was a day when I just woke up, bathed, and cried" (SAF10B/PhD).

SAF5B/3rd was further questioned about what she meant when she said she was reacting in "a certain way" to understand the symptoms or meaning she was addressing when she spoke of a particular form of behaviour. She articulated the following:

"Maybe you were someone who used to voice their opinions but due to the certain things that you face and the pressure that you feel, then you just choose not to say anything anymore, you just accept things" (SAF5B/3rd yr.).

SAF3B/MA revealed that her personal experience with mental health conditions helped her develop a deep understanding of the condition. She stated that she only learned about this information after going to a medical facility because of bodily symptoms. She stated that she was aware of the existence of experts who dealt with mental health difficulties but lacked understanding of how those concerns manifested in terms of one's general welfare. Her response was as follows:

"I knew about it, but in terms of physical manifestation, I did not know that it could lead to that point, whereby physically I would feel regular bodily and back pains. I had regular pains in the bones. You know, I would feel frequent headaches" (SAF3B/MA).

4.3.3 Types of mental health problems that affect students

The participants identified depression and anxiety as the students' most common mental health problems. Some of the participants also associated depression mostly with academic workload or academic issues.

"Depression and anxiety are the most common mental health problems; however, depression is the most common problem amongst students" (SAF1B/3rdyr).

"I think the most general health problems are stress and maybe panic attacks. I often experience those panic attacks" (SAF10B/PhD).

4.3.4 The impact of mental health issues on students

The participants that resided alone in the University residences revealed the impact of mental health on their academic lives, specifically in terms of lifestyle and academic performance.

Some participants identified a cycle in which mental health issues might lead to poor academic performance, while poor performance would also lead to even more serious mental health problems. In this regard, the magnitude of mental health issues continues to grow at both individual and institutional levels.

> *"Most of us come from poor backgrounds and some of us are failing their modules and it affects them negatively. When you are doing badly and failing assessments, you do not feel good and sometimes you can feel like being by yourself"* (SAM1B/4th yr.).

A participant further gave an account of how a first-year student committed suicide at the University residence due to academic stress. The participant had this to say:

> "*Earlier this year, a student committed suicide in the residences. The roommate found a suicide note. They posted to other students indicating that anyone who had information about the student should help find him. Later, they found out that he had killed himself in the residence. I do not know where specifically the incident occurred, but it was on campus. They found his body, which confirmed that it was suicide. The information went around again telling us that the student had passed on"* (SAF10B/PhD).

The participant above (SAM1B/4th yr.) was questioned further about the pressure such feelings exert on their mental well-being and how it related to their academic performance. He responded by saying that it affected his self-esteem, which had an impact on his academic performance because for each module, they had a WhatsApp group, which they could only exit if they had passed. If you do not pass a module, you must stay in the group and experience the stress of seeing everyone else doing well and exiting the group.

"When you have passed a module, you exit the group. If you did not perform well in a module, you just stay in the group despite everybody exiting it; therefore, I can conclude that failing a module is not a good experience at all" (SAM1B/4th yr.).

Another participant also identified academic pressure as closely related to mental health problems, and the opposite was reportedly true. The need to prove oneself within one's family and peers builds up pressure, which can be emotionally draining and a cause of poor performance amongst peers. In that respect, the perceived poor performance also leads to low self-esteem and even more pressure and stress. The participant further revealed that low self-esteem and pressure from peers and family contribute to mental health problems. They said:

"I cannot afford to disappoint my family. I want to maintain my family's status, standard and everything, though it is draining at times; is not an easy thing to accept oneself" (SAF7B/2nd yr.).

The participant (SAF7B/2nd yr.) also expressed how pressure and poor performance affected her self-esteem, but she appears to be resilient enough to channel those negative emotions into being motivated to excel academically.

"I sometimes lose self-esteem, but it pushes me to work harder" (SAF7B/2ndyr).

However, the same academic stressor, exacerbated by the need to succeed, appears to cripple SAF1B/3rd yr.'s mental ability to perform during exams. She stated that:

"During an exam, I was blank. The mind needs enough time to rest. I was studying during the day, and at night, I did not study, and I just sat, and I could not sleep. When that occurred, I realised that I needed to get help" (SAF1B/3rd yr.).

On the other hand, SAF8B/MA, like SAF7B/2ndyr, had a positive mindset managing her academic pressure when experiencing mental stressors, which she articulated in the utterances presented below. This could have been influenced by the fact that she was a senior postgraduate student working on her Master's degree in Health Promotion, with an undergraduate degree in Psychology and had already sought psychological assistance. As a result, she seemed to have gained some knowledge on mental health, particularly dealing with adversity.

"I am going through trying times. I do not have food and toiletries, but if I fix my attention on this depression, I will not get out of it because if I do not complete my academic work, I will not get a job. I will not be able to take care of myself, so shifting my focus towards my academic studies is more rewarding than focusing on what I am going through. In fact, my academic performance has never been negatively affected" (SAF8B/MA).

However, SAF8B/MA recognised the link between and impact of mental health and academic performance. Another participant confirmed the same response, thus:

"I think we can never eliminate the element of mental illness or mental health problem apart from academic pressure because at the end of the day, in order for you to perform well or succeed academically, you need to use your brain to be mentally active" (SAF8B/MA).

Furthermore, SAF8B/MA established a strong relationship between academic performance and mental well-being, and identified how university life within the university residence usually leads to loneliness and a lack of psychosocial support, thus resulting in depression and anxiety. Campus life involves many people, but one can still be lonely and secluded within those structures. Thus, the need for belongingness is also a prominent issue. She also identified a lack of basic human needs such as food and toiletries as another fundamental problem triggering mental health issues and poor academic performance. This relates to the cycle observed by SAM1B/4th yr. Further, SAF8B/MA indicated that she was also the only child and an orphan with no supportive extended family members; thus, she solely depended on the university resources for survival. The participant said:

"When I was not funded, I started experiencing problems with food and taking care of my basic hygiene and all other kinds of stuff, and I felt that I do not even have a person I am close to around this place" (SAF8B/MA).

Similarly, SAF6B/3rd yr. discussed how financial problems impacted the stress levels of students residing at university residences, since they particularly depended on financial aid

grants due to socio-economic constraints that affected their lifestyle in comparison with their peers who could afford university life.

> *"They come back and eat here; they eat their nice things, and you must go and cook. Sometimes, (laughs) you end up wishing to have food at KFC. At that time, it is the 19th of the month and NSFAS grant only comes on the 5th or 6th of the month"* (SAF6B/3rd yr.).

The participants further emphasised the link between mental health and academic performance. This has implications for the current study as it also revealed how important it is for learning institutions to have establishments that will ensure that students' overall well-being is at its optimal level, not just focus on the academics, as there appears to be no mental well-being without overall well-being.

> *"So, whenever you are not mentally or emotionally okay, it affects your academics because you are not able to perform well academically without being mentally healthy. Your mental health is the driver of your mental performance"* (SAF8B/MA).

Another participant also identified a cycle where academics can directly affect mental health, and vice versa. The aspect of poor performance, tight due dates and well-defined timeframes, the quantity and quality of work and high expectations can contribute towards the development of mental health problems, thus compromising one's attention and ability to meet the set demands. Anxiety, high blood pressure and insufficient concentration also lead to poor academic performance.

> *"If you are experiencing mental health problems you can't think properly and you can't get things done. Huge academic work can lead to mental health problems because there is so much work to do"* (SAF2B/2nd yr.).

SAF8B/MA's experience as a house committee member at her residence with single rooms revealed the most encountered mental health problems among students residing in university residences. SAF9/MA also shared the same sentiments about her personal experience.

> *"They face a lot of anxiety and depression due to the nature of firstly being secluded on campus residence"* (SAF8B/MA).

"I often feel homesick. We have due dates, and we experience financial stress with inadequate NSFAS money; and some of us hardly get money from our homes; therefore, the stress we experience negatively impacts on our academic performance" (SAF9B/4th yr.).

Another participant, a Residence Assistant in her residence block, further revealed that the incidents that happen at the University also affect their mental health. In that respect, life at the University residence is intertwined with that of non-resident students, and whatever happens may directly affect others both individually and as a community of students residing at residences. Issues of suicide and violence have long-term consequences on students' academic performance and psychological well-being. The residence lifestyle also presents a new challenge, living in a community of people one does not know.

"A junior student's decision to commit suicide traumatises a hundred students living at the university residence, as they will have seen that incident, mostly the person just after committing suicide" (SAF1B/3rdyr).

4.3.5 The impact of poor mental health on students' well-being

Some participants revealed that poor mental health directly affected their physical health. The participants also revealed that poor mental health compromised their attention and sleeping patterns, thus directly affecting their learning. Other participants also noted that poor mental health affected the way they conducted their academic work, sometimes leading to procrastination, anxiety, lack of organisation and social isolation. One participant said:

"When I am suffering from mental health problems, I tend to forget things easily, and I will always panic, while other people are even suicidal" (SAF4B/1st yr.).

SAF10B/PhD appeared to be alluding to a lack of motivation. SAM3/4th yr. averred that mental health problems appeared to lead to procrastination, anxiety, and depressive symptoms, which were directly influenced by their academic stressor. A participant reported:

"I sometimes do read, but because of depression, I no longer eat, I no longer bath, and I do not do this and that. I just do not want to do anything anymore" (SAF10B/PhD).

SAF10B/PhD also revealed that anxiety and procrastination sometimes compromised university students' academic performance since it usually leads to panicking and failure to meet deadlines.

"Anxiety compromises productivity because I am now leaving this thing I was typing, because I have to do this other task, not because this one is more important than that one. I cannot even give anything my best shot, whether I am entertaining corrections or doing my work. I am not okay because now I am really stressed because I feel there is no time, but I feel I have to make time. I cannot afford to be here again" (SAF10B/PhD).

4.4 The impact of mental health literacy on students

Regarding individual health and academic performance, the participants revealed a significant difference between having knowledge about mental health (mental health literacy) and not having knowledge about the same. They reported that it plays a decisive role in how they perceive their situation or that of others, help-seeking behaviour and the time eventually taken to seek help.

4.4.1 The importance of mental health literacy among students

The participants concurred that mental health literacy helps to increase the chances of seeking help, equips them with critical self-help tools, thwarts the stigma towards mental health issues and helps them appreciate the importance of helping others experiencing the same predicament.

"Knowledge on anything is useful for anybody. It helps individuals to know which steps to take in order to address problems, and if I see that somebody else might be experiencing the same problem, I would advise them on the necessary steps they should take" (SAF5B/3rd yr.).

SAF4B/1st yr. also expressed the view that having mental health literacy helps individuals identify the mental health problems they will be experiencing and serves a critical purpose in proffering solutions to the problems, including help-seeking behaviour. A participant said:

"It is of no use knowing if you do not know how to deal with a problem. I will be able to see if I am not okay and I can help myself come out of it" (SAF4B/1st yr.).

SAF3B/MA further identified mental health literacy as a critical tool to self-monitoring and in making informed decisions. The participant said:

"You can make better choices because you are more informed, and you know exactly when to get help and that's the first thing I would say" (SAF3B/MA).

SAF8/MA also identified mental health literacy as helpful in giving the learner independence.

"Firstly, it is going to help students feel empowered. I think it is going to help them feel like they can help themselves because as you grow into adulthood you want independence in every aspect and perspective of your life" (SAF8B/MA).

4.5 Strategies that can be recommended to improve mental health literacy and educational achievement among students

Most participants were unsure as to where to refer someone with mental health issues at the University. One participant said:

"I do not know, but I know that at the HIV/AIDS office, they do offer support to students that are mainly affected by HIV; they do it either directly or indirectly, that is, even if you have a friend who has suffered a traumatic event like loss of a family member or any other mishap" (SAF10B/PhD).

All the participants in the study echoed the same sentiments as SAF3B/MA about advertisement, visibility, and interventions of mental health services both on campus and residence facilities.

"Yes, mental health is not properly advertised. Do you see those tents for HIV? You need to have tents for mental health. Currently, there needs to be more presence. Honestly, there is no presence here" (SAF3B/MA).

"I have heard of one, but that was in 2019, before the outbreak of COVID-19. A lot of facilities on campus have closed now and so I am not sure if there is anyone here" (SAM1B/4th yr.).

Further investigation into the visibility of mental health services, and where one can find them at the University campus, reveals that most students in the study had no idea where they could find the services and only assumed that such services indeed existed.

"I heard about them at the residence because there was a guy we used to live with, who used a lot of drugs, and the person who was managing us there said he would refer him to a mental health practitioner resident here on campus" (SAM1B/4th yr.).

SAF6B/3rd yr., SAM3B/4thyr., and SAF8B/MA, amongst other students, mentioned that there was a place one could seek mental health support. However, this directly affected students' self-esteem since seeking mental health support was mandatory for underperforming students.

"I think there is a counselling service here on campus because I remember when I failed during the semester I told you about, they referred me for counselling" (SAM3B/4th yr.).

Some participants reported feelings associated with shame, failure as well as incompetence when 'robotted' by the system to seek psychological help. One of the participants said:

"Yes, that is correct, and it is like that because you feel that way. You cannot just register; you must go through the counselling process. The more you do that process, you feel that there is nothing you can do, but just start attending counselling sessions" (SAF6B/3rd yr.).

The participants' responses regarding the above-mentioned referral for mandatory counselling services demonstrate students' lack of knowledge about mental health literacy and the services available to them at UKZN. The University's correct procedure replicates the robot system that was designed to automatically flag poor academic performance as indicative of the need for the Academic Development Officer (ADO) to review the students. Then, if a mental health problem influences the student's poor performance, the University refers the student for psychological services. Students have misinterpreted the robot system because of a lack of knowledge about mental health and the services available on campus.

When asked about mental health services available on campus, the responses given by SAF5B/3rd yr., SAF8/MA, SAF6B/3rd yr., and SAMB3/4th yr. confirmed that students only found out about counselling services when mental health problems had started affecting their academic performance. One participant said:

> *"I do not know anything about counselling services, but from the conversation I had with people in the past, I met someone who had been referred by a lecturer for academic counselling because they were not performing well. I think I just have to ask a lecturer about the service and where to go to obtain it"* (SAF5B/3rd yr.).

SAF11B/1st yr. also indicated that they could access mental health via email, friends, and lecturers.

4.5.1 Strategies that have been used to assist students acquire knowledge on mental health

Some of the strategies that students identified, which included not seeking help and seeking spiritual help, reflect mental health literacy as essential for societies. Strategies such as not seeking help and seeking spiritual support reflect individual and environmental influences. Participants also mentioned that their views and help-seeking behaviours, where mental health issues were concerned, were largely strategies used in their own personal or family environments, a scenario which literature highlighted to be at times detrimental to the individual mental well-being as they can delay treatment as a result of cultural belief systems that are characterised by magic or supernatural beliefs.

> *"The only alternative help they could try and get you is referring you to a traditional healer. Many people say they are going through initiation, whereas they are suffering from mental health issues. Some parents leave their children, resulting in many students eventually going deep into alcohol and drug abuse as a way of dealing with mental issues"* (SAF9B/4th yr.).

Participants mentioned receiving emails about where they might go to seek help and sometimes pamphlets were some of the techniques that have been employed to aid students in acquiring knowledge on mental health at the university level. Nonetheless, they seemed to feel that it was not educational or enough to assist them address their mental health challenges.

Another participant also highlighted that the institution communicated the mental health resources available to first-year students during their orientation. However, the communication was not effective, especially during the orientation process when the students were not aware of most of the things they would encounter at university. Most importantly, the participant suggested adoption of a full course supplementing the available information on mental health literacy. A participant said:

> *"Mental health literacy must constitute a module. What they say during orientation is inadequate, as students are often clueless at that time and do not even know what would be putting them in that position"* (SAF6B/3rd yr.).

These approaches, which strategically reach out to students using face-to-face interactions and module-based design to educate them about mental health problems commonly experienced by students and where to seek assistance, appear to be effective in the College of Law. These approaches are based on proactive interventions designed to create students' awareness of resources of psychological assistance in the manner suggested by SAF6B/3rd year. That college is the UKZN's College of Law, as explained by SAF2B/2nd yr.

> *"I think I know the only one introduced to us in our module, but I do not know her name. She was a woman, and we were told that whenever we had a problem in the College of Law, we must consult her, but I have just forgotten her name"* (SAF2B/2nd yr.).

However, from what SAF2B/2nd yr. mentioned above, the strategy seems recent as one participant, SAM1B/4thyr, from the same faculty (Faculty of Law), who was in his fourth year of study, had never been exposed to such a strategy in his faculty but reported to have heard about the availability of psychological services for students on campus through fellow residents when one of the resident students needed assistance for substance abuse. Even then, SAM1B/4th yr. reported that it was the first time he heard of such services, although he stated that he also once noticed a poster at his residence advertising a meeting scheduled to dwell on mental health difficulties. The student was now in his fourth year, but the meeting had not yet taken place.

"Mental health services are not well-known on campus; for example, the UKZN clinic has always been here, but mental health facilities are rarely advertised here on campus" (SAM1B/4th yr.).

SAF1B/3rd yr. also indicated the existence of a platform where students can write to, and this is where they get responses. To the researcher's knowledge, SAF1B/3rd yr. was referring to the Psychology department's online booking system which was created by the researchers' Master's class in 2020 during COVID-19 lockdown restriction; otherwise SAF1B/3rdyr had no idea that there was a Psychology department on campus that could see students at a discounted rate and in some cases an arrangement could be made if a student hardly afforded the services.

"I only know that they operate online, but I think they discuss where they will meet with the person they communicate with" (SAF1B/3rd yr.).

"They have tried communicating through pamphlets and flyers and via emails and WhatsApp messages, but that is still little" (SAF3B/MA).

Since SAM3B/4thyr was a senior student and had been in distress before, he was asked about any strategies that had been used to boost students' knowledge of mental health and whether he was aware of where they were based or whether they existed. Other than having been re-directed by the robot system to the ADO (who he had thought was a professional psychologist) when he performed badly in his academics when his mother was seriously ill and hospitalised, his response was as follows:

"Nah" (SAM3B/4th yr.).

In addition, SAF7B/2nd yr. also showed the significance of psychological services for students residing at residences and on campus. She emphasised the need for adopting visible and proactive advice related to such services in advance to promote help-seeking behaviour. While travelling to her off-campus residences on the University bus with other students, she first learned about the usage and significance of psychological services after experiencing a violent, traumatic accident on the bus. She reported that:

"Okay, we were in a bus from our residence. We got involved in a big robbery. We were robbed at gunpoint and the robbers took our laptops. It was a big thing afterwards. They told us there are counselling services on offer and that there is on-campus service, but we were to make appointments online. They sent us emails and a link. That is how I became aware of the available counselling services" (SAF7B/2nd yr.).

However, SAF7B/2nd yr. never sought counselling and the symptoms of her acute stress disorder got the better of her as a result of the lack of mental health literacy and ineffective strategies used to provide such services. She acknowledged the need for availing easily accessible psychological support and understanding for herself and her housemates, particularly those living in off-campus apartments and shared rooms. SAM2B/1st yr. also demonstrated how poor mental health literacy and knowledge affected their help-seeking behaviour, thus aggravating mental health issues. The participant noted:

"I feel that they should change from online to physical modes of communication because many students do want to attend counselling services, but because of the environment where we live in four-sleepers, three-sleepers, or two-sleepers, there is no space to be able to attend counselling even via Zoom. Many people live in the University residences; as such, the place lacks the privacy the students need for them to receive counselling services" (SAM2B/1st yr.).

According to the participants, efforts to increase students' knowledge of mental health issues and give them the psychological support they desperately need have been ineffective, especially for students living in off-campus and shared housing residences.

4.5.2 Barriers to receiving proper mental healthcare

Most participants identified the stigma associated with having a mental health problem as the major barrier restricting them from accessing help. The participants also noted that the institution lacked facilities that support mental health. A participant reported that:

"Usually, what you cannot get outside the campus, like the gym or clinic, can be obtained on campus. Now, we live on campus and there are no such places for your

mental healthcare on campus, so you get forced to go and seek it outside" (SAM1B/4th yr.).

"They fear being judged. We will judge even though you are courageous. I think I also fear judgement" (SAF4B/1st yr.).

SAF10B/PhD echoed the fears SAF4B/1st yr. alluded to above as she has seen mental health-related stigmatising attitudes being turned into "memes" on social media and in some cases, they are perpetuated by family members, sentiments echoed by SAFB/4th yr., who had this to say:

"Our parents are traditional; their way of dealing with mental health issues is different from ours and if you tell them that they must sit down with a psychologist, they think that you are being disrespectful to them" (SAF9B/4th yr.).

"People will find jokes and the family will have jokes for days. We will even have memes, teasing them for having depression" (SAF10B/PhD).

SAF9B/4th also contributed that seeking mental health support is perceived as an attention-seeking strategy and a sign of weakness. The participant said:

"I think they take you for someone who likes things. Some people say that certain people just want attention. It is not that bad when you want to see a psychologist" (SAF9B/4th yr.).

Like SAF6B/3rd yr., SAM2B/1styr identified a lack of mental health literacy as a major issue in creating negative perceptions and stigma about seeking help for mental health issues. Even though these views are an honest interpretation of their perceptions about barriers to mental health care, they also appear to indicate a self-inflicted type of stigma by the students. A participant mentioned that:

"They will start looking at them differently (laughs). I know students because I am also a student; they will start gossiping and I think you have heard them saying that this one is losing it because other people do not understand this" (SAF6B/3rd yr.).

Despite having received free services, SAF8B/MA found the school-based psychological services unfriendly and thus a barrier to seeking mental health services and commented that:

> *"They will give you a poor service, show you a negative attitude at the students' counselling centre, or you will get someone at the psychiatric clinic who is trying to complete their assignment or who's trying to finish their Master's degree on you"* (SAF8B/MA).

Some participants also explained that there is a great deal of discomfort and lack of trust on the part of the student, such that even when counselling has been eventually provided, the counselling process may be rendered ineffective due to the student's lack of trust in the process due to a lack of mental health literacy. In addition, one can infer that these beliefs are entrenched in societal and community values and belief structures because these students are still considered young adults. This is particularly true in the African culture, where it is generally accepted that individuals should not discuss their concerns with anyone other than a family member, which appears to be anchored in the participants' responses regarding why they would either not share experiences or find it difficult to disclose their concerns within a therapeutic setting.

> *"Some have this mentality that they should not speak to strangers about their problems, insisting that they have to handle them their own way. Also, it is because one may not know whether it is talking only or there are certain activities that are done, you only know that it is a psychologist or counsellor that one must see"* (SAF1B/3rd yr.).

SAF5B/3rd yr. found it difficult to trust the counsellor despite having been assured of confidentiality.

> *"I do not know, but people tend to use your vulnerable moments against you at some point, and as I said, if my mom had to find out about certain things, she would have been stressed and I did not want her to feel that way, you know"* (SAF5B/3rd yr.).

4.5.3 Ways to improve mental health literacy

The participants suggested the adoption of robust mental health literacy approaches aimed at conscientising fellow students and society about the issue.

"I think that students should be educated in the faculty, maybe from their first year so that people know that if they have a problem they can go and ask for help" (SAF6B/3rd yr.).

SAF1B/3rd yr. also suggested increasing awareness on mental health issues through social media platforms, since the school-age population is more reliant on social media than the older generation.

"There is need to have YouTube pages which will raise awareness about such things. There are many platforms, like TikTok, which are easier ways of reaching out to students because that is where they spend most of their time" (SAF1B/3rd yr.).

Furthermore, when asked if there was enough promotion of mental healthcare education and visibility of such services on campus, SAF1B/3rdyr. Responded by indicating how it can be done effectively for the student population. The participant maintained that:

"The answer is no, because even what they are doing it's not educating us, they are just showing us that there is something available for those that might need help" (SAF1B/3rd yr.).

The participants had the following responses when further probed about becoming active participants in developing mental health literacy:

"There is an HIV club where they encourage you to get tested. Therefore, if the University can form a club like that, where students go out and encourage one other to come out and talk about their problems and stuff like that, I think that could be helpful" (SAM6B/4thyr).

"The only strategy that can help right now is raising mental health literacy, equipping the students themselves with knowledge on health literacy. This involves making mental health literacy part of prerequisite modules to be taught in this school, just like how Life Orientation (LO) was a prerequisite throughout our whole high school" (SAF8B/MA).

SAM3B/4th yr. agreed with the same sentiments echoed by SAF8B/MA that the University needs action-based strategies that will enable students to know about mental health and aid in developing their coping abilities.

> *"I mean mental health programmes can be hosted at institutions, or mental health courses can be integrated into the curriculum"* (SAM3B/4th yr.).

SAF3B/MA suggested that the Department of Psychology should take the initiative to advertise its services to the students. They indicated how that strategy could also involve activities such as sporting tournaments involving students and staff to encourage student participation.

> *"Advertise (laughs sarcastically), really? Honestly, the Department of Psychology really needs to invest in terms of advertising. 'Edutainment,' you know, can be enhanced if there are sport days"* (SAF3B/MA).

SAF5B/3rd yr. also suggested the formation of a "Peer Mentor Group" that will be initiated during events.

> *"I suggest adoption of the same strategy, just make us sign and then we can join and teach others; for example, some people are into that type of thing and if you would adopt that strategy, I would join"* (SAF5B/3rd yr.).

4.6 Conclusion

This chapter focused on the presentation of findings. It highlighted the major themes during the presentation of data, capturing viable aspects of the transcriptions and thus graphically depicted the participants' perceptions. Participants' comments demonstrated a fair understanding of the concept of mental health, thereby only connecting it to only coping with adversity without mental weakness, contrary to the definitions given by WHO and other scholars reviewed in the literature. Aside from depression, anxiety and post-traumatic stress disorder PTSD, the majority of individuals had no understanding of major mental health disorders. This could be related to both lack of mental health literacy and exposure to such conditions, as literature and the study's findings indicate as the most common amongst the student population. However, all the participants were able to articulate and identify indicators

of psychological distress and resources needed to promote mental health on campus and residences. Senior level participant and those had sought psychological help had a more descriptive knowledge of mental health concepts as opposed to lower levels. Furthermore, some individuals cited living in residence, staying alone, and living with a roommate as sources of mental health concerns. These reasons are exacerbated by academic demands, a lack of familial support, stigma, as well as cultural belief systems that add to treatment delays. Furthermore, the findings revealed their awareness of the challenges to accessing appropriate mental health literacy and thus services on campus, as well as the strategies they believed could improve their knowledge of mental health. Participants reported lack of coping mechanisms, leading to suicidal thoughts as a result of the lack of awareness and the visibility of psychological help. As a result, participants acknowledge a link between mental health and academic performance and vice versa. The next chapter focuses on the discussion of findings.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 Introduction

This chapter discusses the findings using thematic analysis. As a result, it examines significant themes highlighted in the previous chapter, which are empowerment, self-efficacy, psychosocial well-being, academic achievement, poor mental health literacy and call to action. The findings are discussed in accordance with the reviewed literature and the Theory of Reasoned Action (TRA), to integrate the findings into the entire body of knowledge.

5.2 Empowerment

The findings of the study indicate that mental health literacy is critical and a form of empowerment that enables university students to unleash their full potential in academic endeavours and other life activities. The findings revealed that a lack of mental health literacy restricted students from accessing mental healthcare and that would often lead to negative experiences, which included poor academic performance and most importantly, compromised lifestyles. Mental health literacy strongly emphasises community education, empowerment, and improvements in general health. Mental health literacy is arguably at the forefront of all forms of empowerment. Gueldner et al. (2020) highlighted the intersection of health sciences and the politics of healthcare. They emphasised the significance of health literacy in evaluating population health and literacy, as it helps patients understand the health information provided to them and the impact of mental health literacy on their communities. This relates to the importance of health literacy in assessing population health and literacy, which then speaks to the transformation of all individuals' mental health services, globally. In relation to South Africa's mental health services, this dovetails with the National Mental Health Policy Framework for South Africa and Strategic Planning 2013-2020, which identifies activities that ensure that quality mental health services are accessible, equitable, comprehensive, and integrated at all levels of healthcare system (de Wee & Asmah-Andoh, 2022).

The findings also reveal that mental health literacy does not seek to empower individuals; it empowers communities and societies and plays a critical role in eliminating stigma and prejudice directed at the members of society or families affected by mental health problems. It is perceived as the primary deterrent for any form of discrimination and thus plays a role in stimulating a sustainable help-seeking behaviour. Thus, mental health literacy also involves educating individuals about common misconceptions and stigmas associated with mental

illnesses affecting populations; as a result, it is highly pertinent to the goals of this study because promoting health literacy gives healthcare professionals a chance to educate individuals about mental illnesses and promote mental well-being. Working within the parameters of health literacy to promote community health increases individual self-assurance and resilience, which improves community empowerment and health (Furnham & Swami, 2018). This is also consistent with Ajzen and Fishbein's (1975) TRA, which underpins the study's analysis of participants' responses. According to the theory, the more favourable the attitudes and social standards that are promoted through mental health literacy, the greater the perceived power and the stronger the individuals' intention to exhibit and promote the desired behaviour. In this instance, that will be positive behaviour changes toward concerns relating to the impact of mental health challenges that can easily impact their general functioning, both personally and academically. The study findings and the reviewed literature have also shown that mental health literacy (MHL) does have a direct impact on people's attitudes. Cate et al. (2017) emphasised that the more knowledge students acquire regarding mental health issues and well-being, the more favourable their attitudes, beliefs, norms, and social standards towards increased mental health awareness. Furthermore, Jung et al. (2017) also posited that the TRA emphasises the importance of one's beliefs in determining their help-seeking behaviour, which is consistent with mental health literacy.

Therefore, learning concepts and techniques linked to self-concept, self-esteem, self-efficacy, and self-regulation, as well as interpersonal connections and communication skills, stress management, time management and emotion regulation can help students maintain good mental health. This will then enhance their abilities to cope effectively with their academic pressures. For this study, the participants also expressed the same understanding of the importance of MHL within the context of the student population. They attested to the fact that it would assist them to identify potential mental health issues, both personally and academically, and in being more open to receiving help when needed, as well as being better equipped to deal with those issues. Adopting a preventative approach may also reduce the burden exerted on campus mental healthcare services. This was highlighted in the literature review section that universities were frequently lacking the resources needed to address the student population's mental health issues due to higher levels of psychological distress reported by university students (Alemu, 2014; Li, 2016; Sontag-Padilla et al., 2018; VanderLind, 2017). This explains why participants in this study, who sought these services, commented on the poor quality of mental healthcare offered on campus. Hence, the reviewed literature and the study

findings emphasised strong MHL and interventions amongst students as it may empower the student population and foster an understanding of how best to support them in their academic performance (Auerbach et al., 2018; Li, 2016; Tseng et al., 2016; VanderLind, 2017).

5.3 Self-efficacy

The findings reveal that the students were becoming less motivated, and their cognitive processes were dramatically affected by violent experiences they encountered either at the University or outside of campus. These experiences adversely affected their academic performance and seemed persistent since the students had little knowledge about how to deal with such negative experiences. Some participants detailed their traumatic experiences that triggered and perpetuated their mental health conditions. A lack of competent psychosocial support reinforced these experiences during their past lives and while at university. Most indicated hearing tragic stories involving students who had committed suicide at university residences, which also affected them. Psychologists refer to this experience as vicarious trauma. When exposed to communal violence, whether as a witness or as a victim, students have been documented to experience major mental health difficulties as well as negative learning outcomes (Antunes & Ahlin, 2017; Mbhele & Sibanyoni, 2022). The participants indicated that while the perpetrators of such violent crimes are mostly victims of unaddressed mental health challenges, the violence affects the rest of the students at the institution and may trigger symptoms of depression and anxiety, sometimes emanating from their previous traumas. As a result of the feelings of anxiety caused by the violent crimes, some participants confirmed being unable to perform well academically, and those who were affected reported a lack of concentration, attention, and sleep, which forced them to seek psychological help as their academic performance began to wane.

The impact of mental health literacy on learning environments is the subject of more exploration in literature (VanderLind, 2017). As a result, Grotan et al. (2019) investigated the relationship between self-reported grades and educational behaviours and the symptoms of mental health illness (depression, anxiety, etcetera) and mental well-being (psychological well-being), including days missed due to ill health, truancy, and frequency of incomplete assessment tasks. The study's findings show that better grades and academic behaviour had a connection with lower depression and higher psychological well-being scores. Cerino (2014) as well as Karimi and Mahmoodi (2018) investigated the connections between self-efficacy and academic procrastination as well as the relationship between mental health and academic achievement. The findings show a relationship between mental health and academic

achievement. The studies highlighted above seem to support the notion that academic performance can be adversely affected when university students have mental health issues. This was also consistent with the findings of the current study, as the participants established a cycle where poor mental health led to poor academic performance and vice versa. These findings were also consistent with VanderLind's (2017) scholarly paper, which also established that mental health could hinder learning, so strategies to support mental health are needed. Otherwise, university students may experience additional mental health problems, which Grøtan et al. (2019) defined as emotional and psychological suffering that negatively influences learning. In addition to other adverse events that have a detrimental impact on the student's performance, mental health challenges might cause low self-esteem, impaired attention, poor concentration, absenteeism, or lateness. This observation is also consistent with the findings of the current study, as the participants further indicated that despite the institution having an automated system in place to address poor academic performance, they believe that it was forcing them to see the Academic Development Officer (ADO) for a psychological evaluation, something of which they were unaware. They indicated that the automated referral further reinforced the issue by destroying any remaining self-esteem and confidence in them. The participants noted that handing over students to another individual for psychological support makes them feel that they are total failures and inadequate. One participant described how, after being system-automated to attend these sessions with the ADO, she lost the drive and motivation to even wake up and attend her lectures, let alone studying. She stated that she felt like a failure; thus, she was not capable of performing well academically in a university setting. It is worth emphasising that all of the lower level and most of the senior level study's participants mistook the ADO for a provider of psychological services and hence took such services personally. As a result, she claimed that merely setting up the appointment took her some time. This may have been accentuated by their sense of helplessness as they were automatedly diverted by the University's robot system rather than being allocated to specific tutors for help prior to the automated diversion.

The findings of this study indicate that students who exhibited severe symptoms of mental health issues reported experiencing lower academic self-efficacy during that difficult period in their lives than those who displayed minimal or moderate symptoms. Students often experienced difficulties participating effectively in learning circumstances owing to anxiety that causes psychological impairment, motor restlessness, and fear of failing. Therefore, they find it difficult to have an effective mastery of the academic content which then results in

procrastination and at times due to procrastination. This study's results indicate that this may lead to avoidance, loneliness, and isolation, which could negatively impact academic performance and social inclusion from other students and faculty members at the university. One of the participants said that she felt it was pointless to learn and practice the skills she lacked in one of her drawing modules after she had found it difficult to master the techniques for the modules and this made her experience so much anxiety. She withdrew even further after learning that her friends had formed study groups for the same module. She withdrew because she was afraid of being regarded as stupid and only required help where she had not contributed anything, which made her feel hopeless and depressed. She struggled with low self-esteem and negativity since, as a first-year student, she was ignorant about the potential mental healthcare difficulties implied by feelings of academic powerlessness and lack of coping mechanisms. These feelings of helplessness, negativity, low self-esteem, and social withdrawal as a result of academic underperformance were also echoed by most of the participants at all levels of study.

5.4 Psychosocial well-being

The findings of the study also reveal that socioeconomically disadvantaged students are more likely to suffer mental health challenges than those that are not mostly due to the high academic demands and expectations from their families. The study revealed that social factors play a pivotal role in enhancing both academic achievement and mental well-being. According to the Fundamental Cause Hypothesis, social factors like education are important determinants of health and disease because they can demand more material and immaterial resources, like higher income, safer neighbourhoods, and healthier lives (LaCaille, 2020). This argument is also consistent with the findings of this study where the majority of the participants indicated that they came from a poor background, and now that they were at university, they had to bear the load of exonerating their families' socio-economic status. Failure is not acceptable in this situation for the university students as their families look up to them. Perhaps, the major challenge, as mentioned by one participant, is that such expectations create a vacuum where no one within the family structure understands the participants, let alone supporting them. In relation to the South African context, such academic pressure could be better explained by the country's inequalities dating back to the country's apartheid history and policies (Austin & Burke, 2012; Hoosen et al., 2022; Mbhele & Sibanyoni, 2022, Van der Walt et al., 2020).

The findings show that the students experience much stress owing to expectations from home and academic workloads demanded by the University. Nonetheless, the demands and the

university environment remain toxic and devoid of any form of support that can put them in a healthy mental state, despite the university system having good intentions to produce competent workers capable of contributing to the country's economic growth. Thurber and Walton (2012) add to this notion by stating that obtaining a college degree is increasingly being perceived as the key to success. Hence, secondly, the human capital approach views education as an investment that generates returns by improving efficiency in production. Education can help people acquire a high level of reasoning, self-efficacy, and non-cognitive abilities that can be used to improve their health. However, in addition to the benefits of academic success, a holistic balance in overall well-being in the student population must be achieved, as highlighted by the WHO's definition of health presented in the reviewed literature. The participants disclosed that poor mental health has an adverse effect on focus, memory, physical health, and sleep, all of which have an adverse effect on academic performance. Thus, the TRA model can be used to guide interventions and research to improve student mental health literacy and social support. Nickerson (2023) also indicated that the precept of TRA was indeed created to assist psychologists in understanding human behaviour in certain settings and evaluating behaviour change. However, the researcher highlighted the TRA as an intervention guide in relation to a collaborative holistic approach in order to account for students, university mental health facilities, and the student support systems collectively, simply to account for the theory's limitation, which is stated by Jung et al. (2017) and Nickerson (2023) to place a strong emphasis on individual-level variables while ignoring structural variables and a larger social environment in which educational and healthcare processes are rooted . Evident in the study by the participants' indication to the fact that the family and the university fall short of addressing, let alone taking responsibility for, students' mental health. Thus, the study findings and the reviewed literature demonstrate that higher education institutions prioritise academic outputs while undermining the critical role of mental health in ensuring high academic achievement and reducing student dropout at college. This is evident in the reviewed literature, which focused on the impact and burden of mental health issues among students. Corroborating these findings, Worsley et al. (2021a), in their study that a United Kingdom mental health literacy programme called "Step Change", discovered the increasing concerns about student mental health and recommended putting more emphasis on the importance of a "whole university approach," a recommendation that assumes that mental health permeates every aspect of the student's experience. Piper et al. (2017) and Worsley et al. (2021b) also noted that student housing is where the majority of university students spend most of their time, and the transition itself can be a source of depression, anxiety, and stress. The findings of Li et al.

(2019) study on mental health and academic performance among university students residing away from home support the findings of Piper et al. (2017) and Worsley et al. (2021b).

The participants disclosed that the university did not properly advertise the available mental health platforms, and the participants who had previously sought such services indicated that the people managing such platforms were unprofessional and discouraging, which negatively affected their help-seeking behaviours. The university accommodation puts students in a severe predicament where they have to cope with different personalities. Students who reside at off-campus accommodation are forced to share a room either in pairs or as three occupants. The students are deprived of sharing choices, as the university officials do the processing, and one must cope with whomever they are given as a partner for the whole semester. Henceforth, in sociology, education is also seen as a "sieve" rather than a "ladder" that perpetuates inequality because of systematically different access to school resources, the calibre of instruction, opportunities for academic success, and other variables (Musgrave, 2017). As a result, several participants reported being assigned to troublesome roommates who interfered with their studies and sleeping schedules through high noise level and disregard for personal space by having unauthorised visitors. They consequently reported having either strained or conflictual interpersonal relationships with their roommates, which they said increased the levels of their academic and psychological stress. Li et al. (2019), Minds (2014) as well as Worsley et al. (2021a) emphasised that there are many difficulties that accompany moving from home to a dormitory or student apartment, including adjusting to living with strangers, gaining independence, and managing household responsibilities.

Financial difficulties also affected students because the majority of the respondents said they relied on financial aid, which was not enough for personal care. Thus, they remarked that they had to divide their already limited time between studying and cooking. This is coupled with meeting deadlines, which can present challenges for those without laptops or those who resided with inconsiderate roommates. This means that they must work around the schedule of the university's shuttle bus, which occasionally interferes with their rest because it requires them to stay on campus longer after lectures, which they sometimes cannot afford to do because they lack the funds to pay for extra lunch. They are then forced to return to the University residences. Most participants admitted that they occasionally felt envious of the students who could afford. They further emphasised the difficulties of not having even a bar of soap and the inability to ask strangers on one's floor for aid since they did not know each other that well and the fear and embarrassment associated with doing so. In addition to other material problems, the

participants also mentioned how they wished they could afford not to cook at times but have nice takeaway foods. Comparatively, a cross-sectional study conducted by Worsley et al. (2021a) among student residents in the United Kingdom shared housing revealed that cooking in such settings contributed to a rise in the students' depressive and anxious symptoms. For those who arrive at university without having fully acquired independence, one explanation for this association may be connected to the pressure involved in having to prepare and cook one's own meals, which was found to be intensely felt throughout the transition phase (Worsely et al., 2021a). Similarly, some people may experience anxiety when preparing and cooking meals for themselves in shared areas or in the presence of roommates, which is related to the issue of affordability because of one's socioeconomic situation (Li et al., 2019; Worsley et al., 2012a).

The participants also revealed that their families still played a significant role in their decision-making processes, including help-seeking behaviour for mental illness. Some families are still well aligned with the African Traditional Religion, which is characterised by superstition and a strong belief in spirituality and witchcraft. As a result, beliefs in bad omens, curses, and sorcery, among other beliefs, perpetuate stigma. This also directly affects the time taken to seek help and the type of help the family would seek. Most Africans are more likely to seek mental health treatment and treatment for any other disease from traditional and spiritual healers (Abbott-Chapman, 1994; ; Burns, 2016; Flisher et al., 2012). The goal of the current study is not to open a debate between the scientific and non-scientific or traditional approaches to managing and comprehending mental health issues. However, simply presenting the scientific approach can contribute to an improvement in knowledge of alternative treatments for the African belief system, as that will help treat mental health issues because it is scientific, and evidence based. The research also showed that students majoring in science subjects understood mental illness better than those majoring in non-science subjects (Alemu, 2014; Li, 2016; VanderLind, 2017; Sonta-Padilla et al., 2018). Based on these study's findings, students who had sought professional mental healthcare either on or off campus spoke quite openly about specific mental health difficulties without much probing, giggling, showing signs of an uneasy smile, seemingly being embarrassed, or just avoiding eye contact. However, individuals who had not had any psychotherapy displayed uneasy, embarrassed, or giggly feelings, among other minor nonverbal indications of awkwardness. This, therefore, seemed to imply how mental health literacy improves personal positive perspectives of mental health concerns without shame, prejudice, or self-defeating or other-defeating discrimination. Lack of knowledge is viewed as a driver of prejudice, which then negatively affects behaviours

(Seedaket et al., 2020). Gorczynski et al. (2021) also found that the majority of students who lack mental health literacy hold the opinion that people with mental illnesses, like post-traumatic stress disorder (PTSD), depression and substance abuse disorders, should take responsibility for their conditions and use "willpower" to overcome them, labelling these people negatively. As a result, there may be a chance that unfavourable attitudes or stigma associated with mental illness will deter students from getting help (Alemu, 2014; Auerbach et al., 2018). The points mentioned above emphasise the significance of and need for mental health literacy to battle issues of unfavourable attitudes, opinions, beliefs, and incomplete understanding of mental diseases. A rise in mental health literacy results in a decline in the stigma associated with mental illnesses. The participants also revealed that mental health literacy could play a significant role in the manner in which individuals perceive and nurture their self-image; it will help them perceive themselves beyond the diagnosis, thus eradicating the labels and brackets prescribed by the diagnosis. This notion aligns with the study's TRA precepts, which indicate the influence of social and subjective norms that can influence an individual's behaviour change; in this case, participants used mental health literacy to limit external factors that could hinder their behavioural change towards mental wellness.

5.4 Academic achievement

The findings of the study indicate that mental health literacy has a considerable impact on academic achievement. Further, the findings also indicate the existence of a cycle whereby mental health challenges have led to poor academic performance and the other way round. In their study, Lopez et al. (2018) examined the relationship between academic achievement, drive for success, and mental health. The results of this study show that while mental health is unrelated to academic success, it highly correlates with achievement motivation. The participants in this study indicated that mental health significantly influences their academic progress, which contradicts the findings by Lopez et al. (2018). The findings of this study revealed that it is impossible to separate mental health from academic performance, although having sound mental health does not guarantee high academic performance; but the brain affected by mental health issues is the same brain used for academic purposes. However, Lopez et al. (2018) discovered a link between mental health and accomplishment motivation. The participants in this study agreed with the findings of Lopez et al. (2018), who discovered that students with sound mental health are more motivated to pursue their educational studies. They stated that if students are provided with tools and effective programmes on campus where they may seek mental health care, when necessary, they would be able to perform better,

academically. The study's findings are the basis of these conclusions, as they imply that students with better mental health are inclined towards pursuing their education and studies than those that do not. As a result, academic motivation, based on intrinsic desire, is an important topic in education since it affects both academic success and failure, as echoed by studies conducted by Cerino (2014), Mahdavi et al. (2021) and Sivrikaya (2019). In these studies, the participants reported that academic motivation was significantly dependent on excellent mental health functioning.

5.5 Poor mental health literacy

Notably, the research population comprised mixed genders, with participants' educational status ranging from PhD to first-year undergraduate degrees. Additionally, in line with Jorm et al.'s (1977) definition of mental health literacy, the participants all stated that they needed mental health literacy programmes tailored to address their academic and psychological needs. They believed that by participating in such programmes, they would gain knowledge and a positive outlook on the most common mental health issues affecting students, giving them the skills and courage to deal with these issues.

The findings further indicate that most students came to know about mental health issues after encountering a serious mental health problem, or they knew about them when someone within their residences seriously needed help. The findings also revealed that some of the students spent time with colleagues experiencing serious mental health issues but failed to advise them to seek professional mental health support, with some of the students even trying to provide psychosocial support to their colleagues. However, with a population that has strong mental health literacy, it is easy to identify these mental health challenges, and help can be sought timely and at individual level (Arango et al., 2018). Knowledge can then be spread, and the next person can receive the proper guidance before their challenges become harmful to their own health. Findings reveal that mental health literacy does not only allow us to maintain sound mental health, but also to be our brother's keeper. In this regard, all participants emphasised mental health literacy in order to be more equipped to help themselves and others, with the majority recommending peer-to-peer mentoring training.

5.6 Call to action

The findings of the current study indicated that the students welcomed initiatives such as raising awareness on mental health matters and collaborating with the university to ensure mental health literacy and, most importantly, eradicate stigma towards mental health problems.

The participants indicated that the University is not using its full capacity and resourcefulness to combat mental health problems. At the same time, students already have relevant platforms, but they are not fully aware of their existence, making them ineffective in timeously and adequately attending to students' needs. The development of mental health literacy in Africa is critical to efforts meant to tackle the continent's high prevalence of mental health disorders and the lack of access to mental healthcare, and universities can be the first port of call in the operationalisation of this initiative. It is critical to emphasise that tackling mental health literacy in Africa necessitates a multifaceted strategy that includes collaboration and cooperation across several sectors of society, such as health, education, social services, and community organisations (Gorczynski et al., 2017; Patalay et al., 2017; Reis et al., 2022). Reis et al. (2022) indicated that intervention for mental health literacy at tertiary institutions is a complex process requiring a robust approach to furthering research and employing a multiphase and multidisciplinary approach. Universities may help lead this endeavour by offering education, research, and other services as well as cooperating with other organisations and partners to increase mental health literacy throughout Africa. The participants revealed that it is vital to incorporate a multiphase approach where learners are engaged in and outside of the classroom as a way of developing sound knowledge, thus directly challenging the stigma fuelled by intense ignorance. The integration of modules on mental health literacy into the curriculum is necessary to spearhead and enhance knowledge development (Patalay et al., 2017). All the participants recommended the addition of mental health literacy onto the curriculum, a strategy that would teach mental health literacy to all university students. The participants saw this as a way of eradicating stigma and increasing help-seeking behaviour by ensuring enhanced mental health awareness, increased sound mental health and enhanced students' independence.

Including mental health literacy in the curriculum and promoting learners' engagement in extracurricular and out of the-classroom programmes is critical in establishing a focused community and a strong social environment (Aller et al., 2021). The participants also indicated the need for the University to collaborate with the students and other stakeholders in upgrading students' involvement in extracurricular activities, such as sporting activities. This enhances mental health awareness and helps students establish a community and develop positive relationships with the University, other students, and important players, which helps combat mental health problems and stigma. The participants also saw this as an opportunity for the University to advertise its mental health support platforms. They revealed that these were less publicised, and only a handful of students had prior knowledge about them before they suffered

mental health problems. The tertiary student age-group marks the onset of major psychological disorders, including anxiety disorders, depression and schizophrenia (Auerbach et al., 2018; De Girolamo et al., 2012; Li, 2016; Thompson et al., 2004).While this has been the case for most conditions, there has never been one clearly established causal effect of mental health issues, although researchers and experts in the field of psychology still believe that the stressors are associated with starting an adulthood lifestyle, assumption of adult duties, and career establishment (Klein et al., 2013; Worsely et al., 2021a). The findings of the study have indicated that some of the students get into university already presenting with diagnosable mental health conditions, a finding that was also highlighted by Worsely et al. (2021a). Usually, such students come from strong backgrounds where it is difficult for them to seek help, as parents and guardians subscribe to a different belief system that influences them to suggest a different treatment approach. Coming from a strong spiritual or cultural background, most of the participants reported that in such cases they were often under compulsion to seek treatment from traditional and spiritual healers. In that regard, some of the participants reported that coming to university provided them with the opportunity to seek psychological assistance and gain access to treatment.

5.7 Conclusion

The chapter has discussed the research finding and their link with the literature on the research topic. The discussed themes included psychosocial well-being, poor mental health literacy, academic achievement, empowerment, and self-efficacy as well as the call to action. The findings of the study indicate that mental health literacy is critical and a form of empowerment that enables university students to unleash their full potential in academic endeavours and other life activities. Thus, lack of mental health literacy restricted students from accessing mental healthcare and that would often lead to negative experiences, which included poor academic performance, increased stigma towards mental illness and most importantly, compromised lifestyles. Mental health literacy was found to be a form of empowerment that enhance students' abilities to cope effectively with their academic and life pressures.

The findings show that students were becoming less motivated, and that violent encounters they had at the University or outside had a significant impact on their cognitive processes. These bad experiences had a detrimental impact on their academic performance and appeared to be persistent since the students had insufficient understanding about how to deal with such unfavourable events. As a result, mental health literacy has been expressed to being a requirement by the participants and the literature review, as it plays a critical role in help

seeking behaviours and other coping protocols. It was also shown that students with enhanced mental health literacy could detect and effectively advise when a friend or someone close to them needed help, whether it was therapy or other types of treatment.

The study's findings also show that socioeconomically disadvantaged students are more likely to have mental health issues than those who are not, owing to high academic demands and expectations from their families. According to the findings, social elements have a critical role in improving both academic success and mental well-being. As some students are stressed out as a result of parental expectations and the academic burdens required by the institution. As a result, their academic performance and social life suffer.

The studies also show that most students learned about mental health concerns after experiencing a significant mental health condition, or when someone in their families really needed attention. The findings also found that some of the students spent time with friends who were suffering from major mental health concerns, yet they did not urge them to seek professional mental health help. To make matters worse, it was revealed that the university did not properly advertise the available mental health platforms, and participants who previously looked for such services stated that the people handling such platforms were crude and discouraging, which had a negative impact on their help-seeking behaviour. Financial challenges also impacted students, as the majority of respondents stated that they relied on financial aid, which was insufficient for personal care. Finally, the study's findings suggested that students supported activities such as boosting mental health awareness and partnering with the institution to promote mental health literacy and, most significantly, to eliminate stigma associated with mental illnesses. According to the participants, the institution is not utilising its full potential and resources to tackle mental health issues.

CHAPTER SIX

SUMMARY AND RECOMMENDATIONS

6.1 Introduction

This study explored mental health literacy and its impact on educational achievement among University of KwaZulu-Natal (UKZN) students residing in the University campus. This chapter presents the conclusions, study limitations, and suggestions for future research.

6.2 Summary of the findings

The findings demonstrated that undergraduate and postgraduate students at UKZN have a fair amount of knowledge of mental health, which enables them to recognise various mental diseases through symptomology. Further, their knowledge helps them to eliminate stigma. However, the participants indicated that they gathered that knowledge through their personal experience with mental health issues, and they had limited knowledge before they, or someone close to them, experienced a mental health problem. The study also discovered that most students were unaware of how and where to find mental health resources on campus and in the surrounding community. They also lack awareness of basic coping skills for handling stressors when needed. The participants recommended that students living in university residences should have tailored mental health care services and support that speaks directly to their needs. They suggested that such needs should be tailored to suit their current situations prevailing on the University campus and in residences. The findings of the study suggest that several demographics and characteristics, such as empowerment, educational attainment, poor mental health literacy, self-efficacy, and psychosocial well-being, may influence students' mental health literacy. The study also found that despite the fact that students frequently presented with symptoms of anxiety, depression, or suicidality, there are numerous barriers preventing them from receiving mental healthcare. These barriers include stigma (from oneself or one's family), financial constraints that make it difficult for them to seek private psychological help, or a lack of awareness of available mental healthcare resources on and off campus.

Furthermore, the study's findings revealed that the students struggled to negotiate their choice of psychological help because they were still dependent on their caregivers. As a result of their caregivers' cultural belief systems and a lack of understanding of mental health issues, most participants reported that they were frequently forced to seek traditional forms of care that were consistent with their caregivers' belief systems. University campuses must strive to improve

mental health literacy for undergraduate and postgraduate students by increasing awareness of mental illnesses, lowering stigma, and improving students' understanding of available options both on campus as well as off-campus residence halls. The findings indicate that students are interested in getting involved and participating in mental healthcare issues. Such collaborations are critical in eradicating issues such as stigma and, most importantly, ensuring that mental health literacy spreads beyond the university premises as it involves university employees, the student fraternity, and the community at large.

Additionally, the findings of the study appear to reveal a high prevalence rate of mental ill health affecting the university population, thus indicating the need for increased mental health literacy on and off university campus. Thus, the findings indicate that the participants needed mental health literacy programmes tailored to meet their needs in order to succeed academically and psychologically, despite the social and academic difficulties they were experiencing. They believed that by participating in such programmes, they would gain knowledge and a positive outlook on the most common mental health issues affecting students, giving them the skills and courage to deal with these issues. Therefore, it is impossible to separate mental health from academic performance and vice versa, even though good mental health does not guarantee good academic performance. The findings further suggest that students were more motivated to pursue their educational studies when they felt their mental health was in its most stable form. Some students indicated that their results improved when they had sought mental healthcare services.

6.3 Recommendations

- The Substance Abuse and Mental Health Services Administration (SAMSHA), as well as the South African Depression and Anxiety Group (SADAG), should develop mental health-related educational programmes like training students on suicide and depression prevention to help students gain a better understanding of mental illnesses and suicidality. That may lessen the stigma associated with these mental health issues and promote a normative narrative about mental health; therefore, students may gain a better understanding of the available support resources during a crisis. Infographics should be created in collaboration with the University and students.

- Training students to be mental health peer-to-peer mentors and distributing the programme through them is essential to raise mental health literacy, as the findings and

the reviewed literature indicated that the current programmes are poorly understood and not widely advertised.

Raising awareness among college students will not fully prepare young people to understand the issues surrounding mental health challenges and to provide assistance in an emergency. Therefore, mental health literacy must be made more widely available in the African educational system in order to effectively remove stigma and raise awareness about mental health. There is a need to adopt comprehensive policies that increase mental health literacy instruction in elementary, secondary, and high school education, as well as at college or university level to address help-seeking barriers such as insurance and stigma.

6.4 Limitations of the study

The research was subjective since it employed only qualitative data collection and analysis methods. The study also employed purposive sampling, focusing on a sample of 14 participants who were from UKZN (Howard College campus) and residing in the University residences. However, due to the aforementioned post-COVID-19 restrictions, the targeted population was thus limited to Black South Africans since they were the only race found on campus residing in UKZN residences meeting the criteria for participation. Even then, it was only a few students who were unable to participate in online-learning during the data collection period that followed the post-COVID-19 lockdown in South Africa. These students were found to either have few resources or living in unsafe conditions or they had to attend practical modules. Thus, the results from this study cannot be generalised to a larger population. This might be owing to the country's uneven socioeconomic background and resource imbalances inherited from the apartheid era, as it is less expensive for African students to live in university residences. The limited number of students permitted to return to the UKZN campuses also contributed to the study having fewer males than females. Furthermore, because the paper was a short dissertation and a qualitative study, the sample size was small, and the fact that it was not evenly distributed according to gender for the reasons mentioned above made it difficult to generalise the balance of views across all study levels to a larger population. However, the findings can be used to do the same study with a larger sample size that includes an equal number of genders, race, and all levels of study across universities. Furthermore, the participants' unequal levels of study (lower and senior years), due to the limited sample size, render the study to not conclusively assure its data saturation for the study's findings to be generalisable.

6.5 Recommendations for future research

- There is a need to establish a research-based model aimed at establishing a sustainable approach to enhancing mental health literacy at higher education institutions; a once-off solution may not be viable as universities renew their population every semester or every year. Thus, such a model may focus on effectively incorporating mental health literacy within the university culture.

- There is also a need for studies to investigate the race, levels of study and gender differences in mental health literacy levels at UKZN, as this will help establish major areas of concern within the University and society regarding mental health literacy from a diverse point of views.

6.6 Conclusions

The research assessed mental health literacy and its impact on educational achievement among UKZN students residing in the University's residences. Chapter One presented an introduction and background to the study, outlined the rationale for the study, and presented the research objectives and questions. Chapter Two reviewed the literature relevant to the study. The reviewed literature was in line with the research objectives. The chapter presented the Theory of Reasoned Action and applied it to the study as its theoretical framework. Chapter Three outlined the research methodology, which comprised qualitative research methods, which included semi-structured interviews and purposive sampling. The thematic analysis method assisted in data analysis and was applied in Chapters Four and Five. Chapter Four presented participants' transcripts, which constituted the research findings. Chapter Five discussed findings using the thematic analysis approach, incorporating the literature reviewed for the study, and as informed by the TRA. Relevant themes were generated for both chapters. This chapter (Chapter Six) has summarised the study's research findings, limitations, and recommendations, as well as the conclusion.

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APPENDICES

Appendix A: Permission to conduct research

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INYUVESI
YAKWAZULU-NATALI

24 October 2022

Mrs Khumbuzile Yvonne Ngubane (205511336)
School of Applied Human Sc
Howard College

Dear KY Ngubane,

Protocol reference number: HSSREC/00004878/2022
Project title: Mental health literacy and its impact on educational achievement among University of KwaZulu-Natal students residing in residence.
Degree: Masters

Approval Notification – Expedited Application

This letter serves to notify you that your application received on 03 October 2022 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid until 24 October 2023.
To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

HSSREC is registered with the South African National Research Ethics Council (REC-040414-040).

Yours sincerely,

Professor Dipane Hlalele (Chair)

/dd

Appendix B: Gatekeeper's letter

UNIVERSITY OF ™
KWAZULU-NATAL
INYUVESI
YAKWAZULU-NATALI

13 June 2022

Ms Khumbuzile Yvonne Ngubane (SN 205511336)
School of Social Sciences
College of Humanities
Howard College Campus
UKZN
Email: 205511336@stu.ukzn.ac.za

Dear Ms Ngubane

RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal (UKZN) towards your postgraduate studies, provided Ethical clearance has been obtained. We note the title of your research project is:

"Mental health literacy and its impact on educational achievement among University of KwaZulu-Natal students residing in the residences."

It is noted that you will be constituting your sample by conducting interviews with students at UKZN(Taking in account the regulations imposed during the lockdown ie restrictions on gatherings, travel, social distancing etc. ZOOM, Skype or telephone interviews recommended).

Please ensure that the following appears on your notice/questionnaire:

- Ethical clearance approval letter;
- Research title and details of the research, the researcher and the supervisor;
- Consent form is attached to the notice/questionnaire and to be signed by user before he/she fills in questionnaire;
- gatekeepers approval by the Registrar.

You are not authorized to contact staff and students using the 'Microsoft Outlook' address book. Identity numbers and email addresses of individuals are not a matter of public record and are protected according to Section 14 of the South African Constitution, as well as the PAIA and POPI Act. For the release of such information over to yourself for research purposes, the University of KwaZulu-Natal will need express consent from the relevant data subjects. Data collected must be treated with due confidentiality and anonymity.

Yours sincerely

_____
Dr K Cleland: Registrar

Appendix C: Informed consent letter

School of Applied Human Sciences

College of Humanities

Howard College Campus,

University of KwaZulu-Natal,

Dear Participant

My name is Khumbuzile Yvonne Ngubane. I am a Clinical Psychology Masters student in the school of Applied Human Science, Howard College Campus, University of Kwa-Zulu Natal. I am conducting research as part of my Master's degree. My supervisor is Ms. Ntombekhaya Mtwentula, in the School of Applied Human Science.

The study aims to explore "Mental health literacy and its impact on educational achievement among the University of KwaZulu-Natal students residing in residence at Howard College Campus." You have been identified as a possible participant for the research as a student at UKZN, Howard College Campus. I kindly request your input in the study as a participant. Your input will provide a valuable source of knowledge for this study's aim, enhancing understanding of the mental health issue and its impact on educational achievement among students.

Participation in the study is completely **voluntary,** and you can withdraw from the study at any time. Refusal to participate in the study, or withdrawal from the study, will involve no penalty or loss. Participants will not be asked to provide their names; all information you provide will be kept **confidential and anonymous.**

Please note that:

- The interview questions may take 30- 45 minutes of your time.

- Any information you give will not be used against you, and the collected data will be used for this research only.

- Your involvement is purely for academic purposes only, and no financial benefits are involved.

- Data will be stored in secure storage and destroyed after 5 years. Only the researcher and the supervisor will have access to the data.

- If you are willing to be interviewed, please indicate (by ticking as applicable) whether or not you are willing to allow the interview to be recorded with the following equipment:

Motion of willingness	Willing	NOT willing
Audio equipment		

Should you wish to contact the researcher or her supervisor for more information, their contact details are:

Contact details of Researcher	**Supervisor**
Yvonne Khumbuzile Ngubane	Ms Ntombekhaya Mtwentula
0739667209	Psychology, Howard College
Email: 205511336@stu.ukzn.ac.za	University of KwaZulu-Natal
	Email: Mtwentulan@ukzn.ac.za
	Tel: 031 2601087

You may also contact the Research Office through:

HSSREC Research Office,

E-mail: HSSREC@ukzn.ac.za

Tel: 031 260 3587/4557/8350

Thank you for your participant in this research.

Declaration of Informed Consent

- I have been informed about the study's nature, purpose, and procedures: "Mental health literacy and its impact on educational achievement among the University of KwaZulu-Natal students residing in residence."

- I have also received, read, and understood the written information about the study. I understand everything explained to me, and I consent to participate in the study. I consent to the interview being recorded.

- I understand that I am free to withdraw from the research at any time, should I so desire. The information that I provide will be anonymous and confidential and only be used for research purposes.

SIGNATURE OF THE PARTICIPANT……………….……DATE………………

Appendix D: Semi-structured Interview Guide

Title of the Study: Mental health literacy and its impact on educational achievement among the University of KwaZulu-Natal students residing in residence

Dear Research Participant,

It would be highly appreciated if you could offer some time to respond to the following interview questions. Remember that the information given will be treated with the utmost confidentiality.

Thank you.

Khumbuzile Yvonne Ngubane

Demographic information:

Gender: Please indicate with a cross

Female	Male	Other

Age

Ethnic group

African	Indian	White	Coloured	Other

Year of study

1st year	
2nd year	
3rd year	
4th year	

Honours	
Masters	
PhD	

College

Where do you stay?

UKZN Residence on campus	
UKZN Residence off campus	
Rent or share accommodation	
Stay with others	

Interview Questions

Core Theme 1: How do UKZN students residing at residences perceive the concept of mental health and its effects on their educational performance?

- What is your understanding of mental health?
- How can one ascertain if they or someone they know suffers from a mental health problem?
- In your understanding, what is the connection between mental health and academic performance?
- What type of mental health problems or issues do students suffer from?
- How does mental ill-health impact learning?
- How can mental health affect the academic performance of students?

Core Theme 2: What are the perceived impacts of mental health literacy on educational achievement among students residing at the UKZN residences?

- What would be the importance of mental health literacy amongst students?

- How would mental health literacy influence your knowledge of mental health as a student?

- What impact do you think the knowledge of mental health would have on you as a student?

- What impact would your knowledge of mental health have on your prospective academic performance?

Core Theme 3: What strategies can be recommended to improve mental health literacy and educational achievement among students residing at the UKZN residences?

- If you were to suffer from a mental disturbance or know someone who is, where would you go for help or refer them, if at all?

- Do you know any strategies that have been used to assist students' mental health knowledge?

- Are you aware of any established-on on-campus counselling services? *Probes: if yes, how did you hear about these services? Where are they based on campus? What services are provided for the students? Who provides these services? Are they free or charge a fee?*

- What barriers to receiving proper mental health care do you observe as a student?

- What do you suggest should be done for the student to enhance their knowledge of mental health?

Appendix E: Turnitin Report

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