ACCESSIBILITY AND UTILIZATION OF SCHOOL-BASED MENTAL HEALTH PROGRAMS AMONG UNDERGRADUATES AT BABCOCK UNIVERSITY

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ABSTRACT

Mental health is critical to the overall wellbeing of individuals. Therefore the researcher assessed the accessibility and utilization of school-based mental health programs among undergraduates at Babcock University Ilishan-Remo of Ogun State, Nigeria. A cross-sectional survey research design was used for the study. The population consisted of 395 university undergraduates Babcock University. A multi-stage sampling procedure was used. One main instrument was used in collecting data while data collected was analyzed using simple percentage, Pearson Product Moment Correlation and T-test analysis at 0.05 level of significance. The results of the study revealed that the most three prominent services are: counselling services, social support services, and, interpersonal/social skills training. Additionally, about 3.6% of the total variance in the students' access of school-based mental health programs is accounted for by socio-demographic factors ($F_{(1,388)}$ = 2.393; R = .189; R^2 = .036; R^2 Adj. = 0.021, p = .028), gender is the only factor that influenced the access of school-based mental health programs among undergraduates at Babcock University (beta = -.161 and t- = 3.201, p = .000). It was concluded that in order to reverse the poor accessibility and utilization of school-based mental health services, priority should be given to the education of the undergraduates or adolescents on the relevance of utilization of SBMH services. It was recommended that there is a need to focus on equipping the adolescents by providing them with correct and comprehensive school-based mental health services information which can have life-long protective benefits for them.

Keywords: Accessibility, utilization, school-based mental health programs, undergraduates, Babcock University

Introduction

Today, adolescents live in a society which has become multi-complex, thus making the roles of adolescents very diffuse and confusing. The roles of adolescents and their developmental tasks are no longer well defined and prescribed. Knowledge explosion, material wealth pursuit, plurality of the society and estrangement from the extended family system, the hypocrisy of adult standards, the fallacy of physical maturity all present a great battle for the adolescent to fight with the dilemma of indefinite status (Ayodele et al., 2024).

Researches have noted that mental health problems have been shown to have a significant negative impact and impairment on a youth's quality of life and academic success, as well as continue into adulthood (Sakthivel, 2022; Wells et al., 2021; Ayodele & Ezeokoli, 2013). Thus, adolescence presents as a critical time for the prevention of mental disorders, as unique biological such as hormonal effects associated with puberty; social (e.g., sense of belonging and supportive peer relationships), and school-related (e.g., achievement orientation and school transitioning) factors may influence mental health. In addition to identifying factors related to reduce mental health symptomatology, understanding the correlates of optimal functioning is also critical throughout adolescence (WHO, 2022; Wang, Lin & Yeh, 2012).

Mental Health in adolescence is a multi-dimensional concept. Cheerfulness, optimism, playfulness, self-control, a sense of detachment and freedom from frustration, anxiety and loneliness had been accepted as dimensions of psychological well-being. McCulloch (1991) as cited by Mills (2010) has shown that satisfaction, morale, positive affect and social support constitute psychological well-being/wellness.

The increasing recognition of mental health issues stems from their substantial impact on overall health and wellness. The Centers for Disease Control and Prevention [CDC], 2021 defines mental health as an individual's state of emotional, psychological, and social well-being. As mental health is considered an essential component of overall health, the World Health Organization (WHO) has recognized the growing public health concern associated with the prevalence of mental health disorders (WHO, 2022). National Alliance on Mental Illness [NAMI] (2022) reports that research indicates that 1 in 5 adults in the United States (U.S.) experience a mental health illness annually.

Despite growing awareness, there is still a significant treatment gap because mental health services are disproportionately underfunded and frequently stigmatized (Patel et al., 2018). Mental health disorders represent a significant global public health challenge, affecting

millions of individuals and their communities. The burden of mental health issues is not confined by geographical boundaries, impacting people across diverse cultures, socioeconomic backgrounds, and age groups. In Nigeria, as in many parts of the world, the prevalence of mental health disorders is on the rise, contributing to increased disability, reduced quality of life, and imposing substantial economic costs (Anyebe et al., 2021).

Mental health issues have become a critical public health concern in Nigeria, a country known for its vibrant cultural diversity and rapid urbanization. Aborode et al. (2022) notes that sociocultural stigma, insufficient healthcare infrastructure, and poverty all contribute to the burden of mental disorders. The prevalence of mental health issues in Nigeria necessitates a comprehensive and responsive healthcare approach that goes beyond the traditional silos of mental and physical health.

In this study, mental health is seen as a combination of happiness, life satisfaction and depression. Happiness is an emotional state while life satisfaction addresses a more global cognitive evaluation of one's life (Ayelabola, 2020; Jacob & Coetzee, 2018). Whereas happiness and life satisfaction are positive affects, depression is a negative affect. Both affects tell us the mental health of the individual. At present much more is known about negative effects of depression on individual success than about the benefits of happiness and life satisfaction (Jacob & Coetzee, 2018)). For example, depression and loneliness are negatively related to adolescents' success, interpersonal relationship and intrapersonal relationship (Ayodele, 2013).

However, school-based mental health programs are widely recognized as effective tools for addressing these challenges by providing early intervention and support (Kutcher et al., 2015). These programs, typically delivered through counseling services, workshops, and awareness campaigns, aim to identify at-risk students and provide them with the necessary psychological tools to cope with stress and prevent suicidal behavior (Reavley & Jorm, 2015). For undergraduates, the value of such programs is evident in reducing the stigma associated with seeking help, increasing awareness of mental health, and providing immediate support to students experiencing suicidal ideation (Fung et al., 2016).

The prevalence of mental health issues is steadily increasing on a global scale, posing a serious threat to individuals, families, and communities. Like many other places in the world, Nigeria experiences stigma, limited access to specialized care, and socioeconomic difficulties that can exacerbate mental health issues. The fragmented nature of mental health services

contributes to delay or inadequate treatment, resulting in prolonged suffering for individuals and an increased societal burden. Furthermore, the existing models of mental healthcare may not be optimally aligned with the diverse and dynamic healthcare needs of the students' population.

The absence of an effective inclusion of mental health care services into the university comprehensive healthcare services in most schools in Nigeria exacerbates the challenges faced by individuals seeking mental health support. Additionally, situating the mental health service centers at very open space of the university not only perpetuates the stigma surrounding mental health issues but also hinders the access and utilization for individuals experiencing mental health issues. The problem is further exacerbated by a lack of knowledge and understanding of the mental health services by the students, leading to a failure in accessing and utilizing timely interventions that could prevent mental health complications. Consequently, it is crucial to examine the accessibility and utilization of school-based mental health programs among undergraduates at Babcock University Ilishan-Remo of Ogun State, Nigeria. Addressing this problem is essential for improving the overall mental health outcomes of the young adults population.

Research Questions

1. What are the school-based mental health programs undergraduates at Babcock University accessible to?
2. What is the level to which undergraduates at Babcock University access school-based mental health programs?
3. What is the level of utilization of school-based mental health programs by undergraduates at Babcock University?
4. What knowledge do undergraduates at Babcock University have on school-based mental health programs?
5. What are the factors associated with accessibility and utilization of school-based mental health programs by undergraduates at Babcock University?

Hypotheses

Ho$_1$: There is no significant influence of socio-demographic factors (gender, field of study, social media usage, and parent educational level) on the access of school-based mental health programs among undergraduates at Babcock University.

Ho$_2$: There is no significant influence of socio-demographic factors (gender, field of study, social media usage, and parent educational level) on the utilization of school-based mental health programs among undergraduates at Babcock University.

Materials and Methods

This research study adopted a cross-sectional survey research design to assess the accessibility and utilization of school-based mental health programs among undergraduates at Babcock University Ilishan-Remo of Ogun State, Nigeria.

Population: The study population cuts across all university students except graduate and postgraduate students in Babcock University. The characteristic of the study population was mixed at every School (faculty) irrespective of course of study (Science and Non-science), gender (male and female), age, socio-economic background, ethnicity, and class level.

Sample size and sampling Technique: An estimated sample size was calculated adopting the proportion formula in Population Survey Sampling by Leslie, (1965) and prevalence of adolescents' mental wellness of 41% found in a study carried out in South-west Nigeria by Ayodele et al (2024) was used. Therefore, a sample of four hundred and eight (408) undergraduates was selected for this study. A multi-stage sampling procedure was used to select the various faculties/schools. A proportional stratified random sampling method was used for the selection of 408 undergraduates at Babcock University. The selection was done across the ten (10) schools putting into consideration the gender of the student through purposive sampling technique. However, selection of the students was done using simple random sampling technique in which a sample of 408 was selected.

Instrumentation: The instrument used for this study is a structured survey questionnaire. The research instrument was divided into four sections.

Section A: This section elicited responses on demographic variables of participants like such as gender, religion, field of study, among others.

Section B: elicited information on respondents' knowledge of school-based mental health programs. The items were measured on 2 continuum scale ranging from 0 to 1 (Yes = 1, and No

= 0). The correct answer is 1 and wrong answer is 0. Knowledge as a variable was measured as either high (score between 70 & 100), moderate (score between 50 & 69) or low (score between 0 & 49).

Section C: elicited information on the access of school-based mental health programs by the respondents. The items were measured on 2 continuum scale ranging from 0 to 1 (Yes = 1, and No = 0).

Section D: elicited information on the extent of utilization of school-based mental health programs by the respondents. The items were measured on 4 continuum scale ranging from 0 to 3 (Never to All the time). The higher the score, the higher the utilization level. Higher mean score (19-27) signifies good utilization while lower score (1-9) signifies poor utilization of school-based mental health programs by the respondents.

Method of Data Collection: The researcher and two research assistants were involved in the administration of the instruments to each of the sample respondents chosen. The research assistants were colleagues trained for the purpose of this study. They were given an orientation on the research and how to carry out the administration of the questionnaires. A period of two weeks was be used in the administration of instrument and collection of data. The students were met in their different schools or lectures hall and the study was introduced to them, those that are not interested will be allowed to leave the hall, instrument will be administered to the remaining students. Every 3rd person in each row was given questionnaire. Both administration and collection was done the same day.

Method of Data Analysis: In this study, the data analysis tools that will be adopted include descriptive and inferential statistics and simple linear regression analysis that will be tested at 5 percent level of significance ($\alpha = 0.05$) using the SPSS 27 version software.

Results

Table 1:   **School-Based Mental Health Services**

Items		Availability				Usability			
		Yes	**No**	**Mean**	**Rank**	**Yes**	**No**	**Mean**	**Rank**
1	Counselling services	367 (92.9)	28 (7.1)	0.929	1st	197 (49.9)	198 (50.1)	0.499	3rd
2	Social support services	307 (77.7)	88 (22.3)	0.772	2nd	199 (50.4)	196 (49.6)	0.504	2nd
3	Psychotherapy	211 (53.4)	184 (46.6)	0.534	5th	268 (67.8)	127 (32.2)	0.322	1st
4	Rehabilitation services	223	172	0.565	4th	141	254	0.357	5th

		(56.5)	(43.5)			(35.7)	(64.3)	
5	Interpersonal and social skills training	254 (64.3)	141 (35.7)	0.643	3rd	146 (37.0)	249 (63.0)	0.370	4th
6	Psycho-educational treatment	182 (46.1)	213 (53.9)	0.461	6th	102 (25.8)	293 (74.2)	0.258	6th
7	Chemotherapy	160 (40.5)	235 (59.5)	0.405	7th	49 (12.4)	346 (87.6)	0.121	7th

Table 2 shows the school-based mental health programs undergraduates at Babcock University accessible to. On the availability of the school-based mental health programs, the most three prominent services are: counselling services was ranked 1st (92.9%), social support services (77.7%), and, interpersonal and social skills training (64.3%). Additionally, it was that the most three usable services are psychotherapy (67.8%), social support services (50.4%), and, counselling services (49.9%). It could be said from this results that the most utilized services are psychotherapy, social support services, and, counselling services.

Table 2: Descriptive analysis of the knowledge of school-based mental health programs services

		Yes	No
1	Do you know about school-based mental health programs or services?	210 (53.2)	185 (46.8)
2	Do you know that Babcock University provide school-based mental health services?	271 (68.6%	124 (31.4)
3	If yes, have you visited any of the centers to receive school-based mental health services?	79 (20.0)	316 (80.0)
4	I have heard of Counselling services at Babcock University	350 (88.6	45 (11.4)
5	I have heard of Social support services at Babcock University	300 (75.9)	95 (24.1)
6	I have heard of Psychotherapy at Babcock University	232 (58.7)	163 (41.3)
7	I have heard of Rehabilitation services at Babcock University	242 (61.3)	153 (38.7)
8	I have heard of Interpersonal and social skills training	241 (61.0)	154 (39.0)
9	I have heard of Psycho-educational treatment at Babcock University	176 (44.6)	219 (55.4)
10	School-based mental health programs is majorly for mentally ill people	147 (37.2)	248 (62.8)
Mean score = 5.69, Std. Dev. = 2.337, Minimum score = 1.00, Maximum score = 10.00			

Table 2 reveals the undergraduates' knowledge on school-based mental health programs with a mean score of 5.69 (56.9%), which is on the average. It could then be deduced generally that the undergraduates' knowledge on school-based mental health programs is not too encouraging and satisfactory, which may be as a result of some factors inherent in the students or circumstances around them.   This study observed that the overall knowledge level of the school-based mental health programs was 56.9% which signifies that the respondents has moderate knowledge level.

Table 3: Access to School-Based Mental Health Services

			Freq	%
1	Have you ever visited a health facility at Babcock University for school-based mental health service(s)?	Yes	81	20.5
		No	314	79.5
2	Is the cost of school-based mental health services affordable by you?	Yes	221	55.9
		No	174	44.1
3	Are school-based mental health centers closer to you?	Yes	258	65.3
		No	137	34.7
4	How far is SBMHS facility from you?	A short walking distance	161	40.8
		About #50 for transport	10	2.5
		About #100 for transport	25	6.3
		More than #100 for transport	199	50.4
5	Have you ever waited for long hours before you are attended to at the SBMHS center	Yes	106	26.8
		No	289	73.2
6	Are there enough resources (human and materials) at the SBMHS center?	Yes	186	47.1
		No	209	52.9

Table 3 reveals that 81 (20.5%) undergraduates visited a health facility at Babcock University for school-based mental health service(s). Majority of the respondents 221 (59.9%) agreed that the cost of school-based mental health services are affordable by them while 258 (65.3%) claimed that school-based mental health centers are closer to them. School-based mental health services delivery point from their hostels or residence revealed that 161 (40.8%) of the respondents have to walk short distance, 10 (2.3%) will spend #50 on transport and 199 (50.4%) will spent more than #100 for transport. It was equally revealed that 106 (26.8%) waited for long hours before they were attended to at the center. Also, 186 (47.1%) agreed that there are enough resources (human and materials) at the center.

This study observed that the overall level of accessibility of school-based mental health services was 53.6% (mean of 4.820 on a scale of 9) which signifies that the respondents has moderate level of accessibility of school-based mental health services.

Table 4: Descriptive analysis of the utilization of school-based mental health service

1	Have you ever use any SBMHS service at BU?		Yes	62	15.7
			No	333	84.3
		Never	**Sometimes**	**Often**	**All the time**
2	Counselling services	84 (21.3)	122 (30.9)	114 (28.9)	75 (19.0)
3	Social support services	24 (6.1)	210 (53.2)	70 (17.7)	91 (23.0)
4	Psychotherapy	312 (79.0)	32 (8.1)	40 (10.1)	11 (2.8)
5	Rehabilitation services	271 (68.6)	103 (26.1)	-	21 (5.3)
6	Interpersonal and social skills training	161 (40.8)	22 (5.6)	189 (47.8)	23 (5.8)
7	Psycho-educational treatment	259 (65.6)	48 (12.2)	64 (16.2)	24 (6.1)
8	Chemotherapy	282 (71.4)	80 (20.3)	19 (4.8)	14 (3.5)

The outcome of the research question measuring the level of school-based mental health programs by undergraduates at Babcock University revealed that 62 (15.7%) of the respondents had used school-based mental health service.

Table 5: Summary of Multiple Regression Analysis of influence of socio-demographic factors on the access of school-based mental health programs among undergraduates

Source of variation	Sum of Squares	Df	Mean Square	F-Ratio	*P*
Regression	50.974	6	8.496	2.393	.028[b]
Residual	1377.264	388	3.550		
Total	1428.238	394			
R = .189; R^2 = .036; R^2 (Adjusted) = 0.021; Stand error estimate = 1.884					

The undergraduates' access of school-based mental health programs yielded a coefficient of multiple regression (*R*) of 0.189 and a multiple regression square of .036. This shows that 3.6% of the total variance in the students' access of school-based mental health programs is accounted for by socio-demographic factors. The table also indicated that the analysis of variance of the multiple regression data produced an F-ratio value significant at .028 level ($F_{(1,388)} = 2.393$; $p = .028$). Therefore, the hypothesis that stated no significant influence of socio-demographic factors (gender, field of study, social media usage, and parent educational level) on

the access of school-based mental health programs among undergraduates at Babcock University was rejected.

Table 6: The coefficients of the contribution of the socio-demographic factors on the accessibility of school-based mental health programs

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	4.584	.843		5.436	.000
Religion	.415	.556	.037	.746	.456
Gender	-.615	.192	-.161	-3.201	.001**
Ethnicity	.065	.132	.024	.490	.624
Field of study	.217	.225	.048	.964	.336
Parent educational level	.229	.166	.070	1.381	.168
Use the social media	-.161	.154	-.053	-1.047	.296

a. Dependent Variable: Access to SBMHS

The contribution of the socio-demographic factors (gender, field of study, social media usage, and parent educational level) on the access of school-based mental health programs among undergraduates at Babcock University revealed that gender (beta = -.161 and t- = 3.201, p = .000), significantly influenced the school based mental health programmes. On the other hand, ethnicity (beta = .024 and t = 0.490, p = .624), religion (beta = 037 and t = 0.746, p = .456), field of study (beta = 048 and t = 0.964, p = .336), parental education (beta = 070 and t = 1.381, p = .168), and social media usage (beta = 053 and t = 1.047, p = .266) alpha levels respectively. Therefore, gender is the only factor that influenced the access of school-based mental health programs among undergraduates at Babcock University.

Table 7: Summary of Multiple Regression Analysis of influence of socio-demographic factors on the utilization of school-based mental health programs among undergraduates

Source of variation	Sum of Squares	Df	Mean Square	F-Ratio	*P*
Regression	61.386	6	10.231	1.051	.391[b]
Residual	3775.212	388	9.730		
Total	3836.597	394			
R = .126; R^2 = .016; R^2 (Adjusted) = 0.001; Stand error estimate = 3.119					

The undergraduates' utilization of school-based mental health programs yielded a coefficient of multiple regression (R) of 0.126 and a multiple regression square of .016. This shows that 1.6% of the total variance in the students' utilization of school-based mental health programs is accounted for by socio-demographic factors. The table also indicated that the analysis of variance of the multiple regression data produced an F-ratio value not significant at .391 level ($F_{(1,388)}$ = 1.051; p = .391). Therefore, the hypothesis that stated no significant influence of socio-demographic factors (gender, field of study, social media usage, and parent educational level) on the utilization of school-based mental health programs among undergraduates at Babcock University was accepted.

Table 8: The coefficients of the contribution of the socio-demographic factors on the utilization of school-based mental health programs

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	11.242	1.396		8.053	.000
Religion	1.029	.921	.057	1.117	.265
Gender	-.077	.318	-.012	-.243	.808
Ethnicity	.350	.219	.081	1.596	.111
Field of study	.541	.372	.074	1.454	.147
parent educational level	-.045	.275	-.008	-.165	.869
use the social media	-.058	.255	-.012	-.226	.821

a. Dependent Variable: Utilization of SBMHS

The contribution of the socio-demographic factors (gender, field of study, social media usage, and parent educational level) on the utilization of school-based mental health programs among undergraduates at Babcock University revealed that religion (beta = 057 and t = 1.117, p = .265), gender (beta = -.012 and t = 0.243, p = .808), ethnicity (beta = .081 and t = 1.596, p = .111), field of study (beta = 074 and t = 1.454, p = .147), parental education (beta = 008 and t = 1.454, p = .147), social media usage (beta = 012 and t = 0.226, p = .821) alpha levels failed to influence the utilization of school-based mental health programs among undergraduates at Babcock University.

Discussion of Findings

The outcome of this study showed psychotherapy, social support services, and, counselling services as the school-based mental health programs undergraduates at Babcock University were accessible to. On the other hand, rehabilitation services, interpersonal and social skills training, psycho-educational treatment, and chemotherapy were the least used mental health services. The reason for this could be attributed to fear and cultural barrier. This study is in line with the previous findings of Adefalu and Ayodele (2019) that adolescents face significant barriers to receiving mental and SRH services resulting in the under-utilization of the service. Also, stigma has been identified as the most prominent barrier to help-seeking in both adolescent and young adult populations (Velasco et al., 2020).

The outcome of this study revealed the overall knowledge level of the school-based mental health programs among the undergraduates to be moderate, not too encouraging and satisfactory, which may be as a result of some factors inherent in the students or circumstances around them. The implication of this findings is that knowledge barrier is a potential factor influencing help-seeking behaviors in both the adolescent and young adult populations in accessing and utilising mental health services. Knowledge barriers to services or providers is a component of mental health literacy. The outcome of this study is similar to prior reports of Wang (2019) and Ayodele et al. (2022) that a lack of knowledge in service or provider selection serves as a barrier to recognizing, managing, or preventing such illnesses and may prevent young people from seeking out proper care.

Therefore, poor knowledge and lack of awareness will continue to be main underlying factors that prevent adolescents from utilizing available mental health services. This is equally supported by the findings of researchers like Roberts (2023), Adefalu and Ayodele (2019). Knowledge has remained a problem in the effort to address the mental health needs among adolescents. A similar study in India revealed that majority of adolescents had moderate knowledge of mental illness (Gayathri *et al* 2020), and in another similar study by Subravgoudar (2019) more than half of the respondents had good knowledge of mental illness. Also the findings of this study by Vindhya and Dayananda (2021) showed that more than half of the subjects had average knowledge of mental illness.

The outcome of this study showed that the overall level of accessibility of school-based mental health services was 53.6% (mean of 4.820 on a scale of 9) which signifies that the

respondents has moderate level of accessibility of school-based mental health services. This may be attributed so many factors. This is in tandem with the findings of Ajike et al. (2022) that young people face numerous obstacles to accessing mental health services in Nigeria, including poor mental health knowledge, stigma, lack of providers, and poor mental health financing/facilities.

Additionally, The community plays a major role in the implementation of health programs including health seeking behavior, accessibility, and acceptability of services. The findings of Kolawole (2016) support this finding. They found that accessibility of RH services by adults is embedded in the distance to be covered to access the services and the extent at which the whole community encourage them received the services. Help-seeking is critical to individuals' ability to access and utilize mental health services. However, in Nigeria, individuals with mental health disorders often delay or avoid seeking help because of stigmatization and poor mental health literacy. Consequently, poor help-seeking behaviors have been linked to mental health stigma and poor mental health literacy in Nigeria. Evidence suggests that high mental health literacy is associated with improved help-seeking and utilization of mental health services (Shahwan et al., 2020). Therefore, interventions directed at increasing knowledge about mental illness can produce a significant positive change in the perceptions of mental health disorder (Jombo et al., 2019).

The outcome of this finding reveal that about sixteen percent of the adolescents utilized the mental health services. It could then be deduced generally that the extent to which the adolescents utilize mental health services is unsatisfactory and poor, which may be as a result of some factors inherent in the adolescents or circumstances around them. Thus, inadequate use of mental health services is a significant problem in the control and management of mental health issues. This is tandem with the findings of researchers like Kukoyi et al (2022); Ebuehi, Ekanem and Ebuehi, (2006) who found out that the low utilization of mental health services among Nigerian adolescents was as a result of poor knowledge. This finding is in line with the previous findings that report poor utilization of mental health services can cause certain consequences, such as committing crimes and other vices (Ghiasi et al., 2022).

The outcome of this study showed that among the socio-demographic factors explored in this study, gender was found to significantly influence the accessibility of school based mental health programmes while ethnicity, religion, field of study, parental education, and social media

usage respectively did not. In general, the use of health services depends on factors such as predisposing (demographics (age (Wang et al., 2019), sex (Jones et al., 2019), education (Li et al., 2016)), and enabling (employment (Fischbein and Bonfine, 2019) and social support factors (Tay et al., 2018). The likelihood that a person would use healthcare services is reflected in predisposing factors, while enabling factors are resources that may make it easier for a person to access healthcare.

Conclusion

The current study found that the undergraduates' knowledge on school-based mental health programs was on the average or moderate, as its utilization remains extremely low. It is, therefore, important to design interventions that can increase the awareness of school-based mental health programs, and showcase available SBMHP services; while providers need to improve the quality of existing services. It is clear from the findings of this study that a majority of the students do not utilize school-based mental health programs in-spite of their closeness to the centers. The study has identified gender as a factor influencing accessibility and utilization of school-based mental health services. It is therefore important to note that barriers to adolescent utilization of SBMHP persist.

Given the above findings, it is therefore concluded that in order to reverse the poor accessibility and utilization of school-based mental health services that have persisted despite almost two decades of international focus on the issue, urgent workable solutions are imperative. And this could be achieved by giving priority to the education of the undergraduates or adolescents on the relevance of utilization of SBMH services in order to address the identified knowledge deficit about available school-based mental health services and the importance of utilizing such services.

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