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Prevalence and Correlates of Psychiatric Morbidities among Undergraduates in Health-Related Disciplines in Southwestern Nigeria

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Abstract:
Introduction
Psychiatric morbidity among university students especially health-related disciplines is vital because of its negative impact on their capacity to study.
The study assessed the prevalence and factors associated with psychiatric morbidity among students of College of Health Sciences, Ladoke Akintola University of Technology, Osogbo.
Methodology
Two hundred and seventy-seven students of the College of Health Sciences Osogbo were consecutively recruited into the study. Each student filled the socio-demographic questionnaire. Respondents were screened with the General Health Questionnaire while the Mini International Neuropsychiatric Interview (MINI) was used to make a psychiatric diagnosis.
Result
The mean age of the respondents was 26.3 years. Most (73.3%) of the respondents were 25 years and above, single (88.1%), Christians (79.4%) and from the Yoruba ethnic group (91.3%). Female respondents were 58.1% of the sample
The majority (77.6%) of the respondents were not satisfied with their monthly allowance. The main sources of finance were the parents (78.0%) while 11.6% were self-sponsored. The prevalence of psychiatric morbidities among the respondents was 25.3% while sixty (21.7%) had at least one psychiatric diagnosis. The risk of non-satisfaction with monthly allowance was 4.7-fold increase compared with satisfaction with monthly allowance (B= 1.504 P=0.002) and the risk of sponsoring oneself is 10.9-fold increases compared to those that were sponsored by their spouse in predicting psychiatric morbidity (B= 2.319s, P=0.032).
Conclusion
The research findings suggest a routine mental health assessment in the citadels of learning, in particular, the tertiary level/medical and paramedical professions.

Keywords: Health related disciplines, prevalence, psychiatric morbidities, undergraduates

1. Background to the Study

Health is not comprehensive without mental health. The perception of health from a physical perspective only is obsolete (Prince et al., 2007). Psychiatric morbidity among undergraduates represents a serious health concern (Morrison and O'Connor 2005). Exploring psychiatric morbidity and its correlates among university students is imperative because subsequent impairment of the students' capacity for studying may invariably lead to the termination of their studies (Osasona et al., 2011). Psychological conditions such as depression, anxiety have led to the termination of the academic programs of many undergraduate students (Eisenberg et al., 2007). Mental distress is a mental health problem characterized by a range of depressive, anxiety, or somatic symptoms such as headache, backache, and sleep problems (De waal et al., 2005; Dachew et al., 2019). Mental distress affects a substantial proportion of the world population and is prevalent in universities worldwide (Dachew et al., 2019)

Medical education is believed to be demanding and stressful (Yusuff et al., 2013). Previously published studies indicate that medical students experience various degrees of psychological morbidity such as stress, anxiety, and depression from the onset of medical training (Yusuff et al., 2013; Chertterjee et al., 2012). Considering this, the prevalence of psychological morbidities such as depression, anxiety, and stress have been documented to be higher among medical students when compared to their age-matched nonmedical colleagues (Coker et al., 2018).

In the developed countries, Becker reported that 37% of young adults between the ages of 15 to 24 years in the United States of America had a diagnosable mental disorder, and many of these individuals were college students. (Becker et al., 2002). The prevalence of depression ranged between 5.7% and 10.6% among all Basic Science students and between 2.7% and 8.2% among all Clinical Students in the United Kingdom (Quince 2012). Papazisis, et al found that 35.2% of Greek nursing students have psychiatric morbidity (Papazisis et al., 2008).

In the developing world, Chandak and Gupte reported that 34.45% of 100 Level medical students had psychiatric morbidity. Most common psychiatric diagnosis was anxiety disorder (15.96%) it was followed by Affective disorder (10.08%) and then PTSD (0.84%), OCD (0.84%), Schizophrenia (0.84%), Primary Insomnia (0.84%) and others (5.04%) which include subsyndromal depression, subsyndromal anxiety and unusual experiences. Chandak and Gupte (2018). In another study among medical students of Shifa College of Medicine, in Pakistan 39.6% students had anxiety and depression (Abar et al.,2014). Another study among medical student in Tehran revealed that 40.7% had psychiatric morbidity (Shariati et al., 2007).

In Africa, Similarly, the prevalence of psychiatric morbidity among third-year medical students in Egypt was observed to be 59.9% by Nivert in 2011 (Zaki and Ibrahim 2011). A study by Bamuhair et al among medical students and Pharmacy students in Egypt found that among medical students the prevalence of anxiety and depression were 43.9% and 57.9% respectively while the prevalence of anxiety and depression were found to be 29.3% and 51.1% respectively in the Pharmacy students (Bamuhair et al., 2015).

In Nigeria, among Medical students in Lagos, 6.3%, 9.5%, and 61.6% of participants experienced depression, anxiety, and stress, respectively (Coker et al., 2018). Ogunsemi found that medical students had a higher percentage of those who had poor sleep quality than the paramedical students and higher mean scores on the General Health Questionnaire than the Paramedical group respectively (Ogunsemi et al.,2018). Also, Babalola et al reported a prevalence of 65% of psychoactive substance use among medical students in Olabisi Onabanjo University.

The identified etiologies of psychological distress among medical students include rigorous academic programs, frequent seminars, and in-course assessments, and the inability to socialize with other university students (Yusuff et al., 2011). Other factors implicated in psychological morbidity among students include academic pressure, demanding workloads. (Elani et al., 2014), worry about own health (Borst et al., 2016), financial concerns, Borst et al., (2016), exposure to patients' suffering in the case of medical students, bertman et al 2016; Bovero et'al., 2014), and student abuse and mistreatment (cook et al 2014; Nguyen 2016).

Psychological distress among students may adversely influence their academic performance and quality of life and may contribute to alcohol and substance abuse decreased empathy, and academic dishonesty (Nguyen et al.,2016; Mullan et al 2011). In light of the risks and consequences of psychological morbidity on students and the remarkable growth in university student numbers in Sub-Saharan Africa within the last 30 years (Mullan et al 2011). In light of the risks and consequences of psychological morbidity on students and the remarkable growth in university there is a need to understand the prevalence and antecedents of common mental disorders among university students. University/college-based mental health well-being programs and interventions become increasingly imperative as they contribute to prevention and minimization of psychological morbidity (Mullan et al 2011),

2. Objective

To assess the prevalence and factors associated with psychiatric morbidity among students of College of Health Sciences, Ladoke Akintola University of Technology, Osogbo.

3. Materials and Method

3.1. Study Settings and Participants

The study employed a cross-sectional descriptive design. Two hundred and seventy-seven undergraduates from the Departments of Medicine, Nursing and Medical Laboratory Science of College of Health Sciences, Ladoke Akintola University of Technology, Osogbo. These are the departments of the College of Health Sciences, at Osogbo. Samples were collected between April and August 2017.

3.2. Study Design

The study employed a cross-sectional descriptive design and was conducted in two phases. The first phase involved the administration of the research instruments to respondents. During the second phase, the Mini International Neuropsychiatric Inventory (MINI) was used to interview all the GHQ positive and a 10% random sample of GHQ negative respondents. Respondents who were positive on MINI were counseled to visit a health facility. A stratified random sampling method was used in the study. The population was divided according to their departments, each department was divided according to their levels and each level was further divided by gender. At the final stage, the sample was selected using simple random method having retrieved the students' class lists, each participant was approached before the lecture hours and the hospital's Ground Round to explain the purpose of the study, give assurance of confidentiality and explains the benefits of the study. Informed consent was obtained with the Informed Consent Form. Simple random sampling method by balloting was used to select the final participants among those that gave informed consent and meet the inclusion criteria. The self- administered questionnaires (Socio-demographic, GHQ-12, Brief COPE, and UCLSQ) were then administered and collected back from the respondents. Each questionnaire was checked by the researcher and research assistants during submission for adequate completion. A few students were asked to fill identified blank spaces in the questionnaire before final submission if they wished to.

Using a cut-off point of 3 for GHQ 12, students who scored ≥3 was regarded as having possible psychiatric morbidity (i.e., 'GHQ 12 cases'), and those who scored <3, were regarded as having no morbidity (i.e., 'GHQ 12 'non-cases') (Issa et al 2009). During submission, the mobile phone number of the 'cases' and a proportion (10%) of the 'noncases' who are selected by the simple random method was collected and they were interviewed privately (at the second stage) in the office at different times for psychiatric diagnoses using the MINI by the researcher. The research assistants are Resident Doctors in the Department of Psychiatry LAUTECH Teaching Hospital Osogbo. The researcher and research assistants were previously trained by the supervisor on questionnaire administration, understanding the content of each questionnaire well enough to be able to assist the respondents when necessary. Those with psychiatric morbidity were counseled to present in the hospital for further management.

3.3. Ethics

Ethical approval was obtained from the Research Ethics Committee of the LAUTECH Teaching Hospital, Osogbo. Written permission was obtained from the Provost, College of Health Sciences, LAUTECH, Osogbo. Participation was voluntary, and informed consent was obtained from the students with the understanding that the information provided will be confidential and the study will not harm the respondents in any way.

3.4. Instruments

3.4.1. The General Health Questionnaire (GHQ)

David Goldberg designed the GHQ. It is a self-administered screening instrument anticipated at detecting non-psychotic psychiatric disorders. The questionnaire focuses on two major areas that are the incapability to carry out the normal function and the appearance of new and distressing phenomena. It is designed for the normal population, clinic attendants, adolescent, and adults. The original GHQ consists of 60 items. Other versions are GHQ-30(30 items), GHQ-28(28 items) and GHQ -12(12 items). The respondents were asked to choose one of the four possible options. The 12-item General Health Questionnaire (GHQ-12) has been extensively used as a short screening instrument, producing results that are comparable to longer versions of the GHQ. In a study, the validity of the GHQ-12 was determined against the Composite International Diagnostic Interview (CIDI). It has a sensitivity of 68% and specificity of 70%, (Gureje and Obikoya, 1990; Makanjuola et al., 2014). GHQ-12 had been validated in Nigerian languages.

The 12-item version of the instrument was used in this study. The GHQ-12 is scored using the binary method (0-0-1-1). Each item has four possible responses, typically being 'not at all', 'no more than usual', 'rather more than usual' and 'much more than usual. Therefore, a score of 3 and above will be used as an indication of psychiatric morbidity (Bassi et al., 2013). All the proportion of subjects who are GHQ-12 positive and 10% of those who are GHQ-12 negative will be determined for the purpose of analysis

3.4.2. The Clinical Interview (Mini International Neuropsychiatric Interview)

Psychiatric diagnosis was ascertained with the Mini International Neuropsychiatric Interview (MINI), English Version 5.0.0. Sheehan et'al., (1998). The MINI was designed as a brief structured interview for the major AXIS I psychiatric diagnoses in the DSM IV and ICD-10. Validation and reliability studies have been done to compare the MINI to other analogous structured interviews such as the Structured Clinical Interview for the DSM-IV Patient version) and the Composite International Diagnostic Interview (CIDI) have shown high validity and reliability scores (Sheehan et al.,1998; Leirubier et al 1997).

3.5. Data Analysis

The Statistical Package for Social Sciences (SPSS version 21) was used for Data analysis. The socio-demographic details of respondents were reported using descriptive statistics such as frequency, means, and standard deviation (SD). Chi-square test, Student t-test, and correlations were used to determine the relationship between study difficulty and socio-demographic details, coping strategies, and psychiatric morbidity. Multivariate statistical techniques such as binary logistic regression was employed to identify the factors that were significantly associated with study difficulty among the

study participants. The confidence interval was set at 95% and all tests were two-tailed. Statistical significance was considered at a p-value less than 0.05.

4. Results

4.1. Socio-Demographic Characteristics of the Respondents

Two hundred and seventy-seven questionnaires were distributed, completed and returned, giving a response rate of 100%. Table 1 shows the socio-demographic characteristics of respondents. Most (73.3%) of the respondents were 25 years and above, single (88.1%), Christians (79.4%) and from the Yoruba ethnic group (91.3%). Female respondents were 58.1% of the sample

Monthly allowance of the respondents ranged from #3,000 to #70,000. One hundred and thirty-two (47.7%) reportedly had a monthly allowance of less than #20,000; 46.2%, between #20,000 and #40,000 while 6.1% had monthly allowance more than #40,000. The majority (77.6%) of the respondents were not satisfied with their monthly allowance. The main sources of finance were the parents (78.0%) while 11.6% were self-sponsored.

About half of the respondents (50.9%) subjectively rated themselves above average academically, while a few were below average. Majority of the respondents were in the second-class upper division (Table 2).

Most respondents (77.8%) had parents who were married and from monogamous family settings (78.0%). The majority (78% of fathers and 75.8% of mothers) had tertiary education. Two hundred and six (74.4%) of fathers and one hundred and seventy-nine (64.6%) mothers of the respondents had employment in the high-class category. Eighty-seven (31.4%) and one hundred (36.1%) were the first children of their fathers and mothers respectively while others were last children and the children between the first and last child (Table 3).

Fifty (18.1%) respondents admitted using a psychoactive substance to relax. Some use more than one type of substance. Alcohol was the most commonly used substance as 14.8% of the respondents used alcohol while others used marijuana, cigarette, sedatives, and stimulants. Seven (2.5%) respondents were multiple psychoactive substance users (Table 4).

Variable	Frequency	Percentage
Age <25 ≥25	74 203	26.7 73.3
Sex Male Female	116 161	41.9 58.1
Religion Christianity Islam Traditional	220 55 2	79.4 19.9 0.7
Marital status Single Married	244 33	88.1 11.9
Ethnicity Yoruba Ibo Hausa	253 17 7	91.3 6.2 2.5
Monthly allowance <20.000 20,000-39,999 ≥40.000	132 128 17	47.7 46.2 6.1
Satisfaction with the monthly allowance No Yes	215 62	77.6 22.4
Sources of finance Parents Other family members Self Spouse	216 13 32 16	78.0 4.6 11.6 5.8

Table 1: Socio-Demographic Characteristics of the Respondents

Variable	Frequency	Percentage

	Frequency	Percentage
Department		
Medicine	118	42.6
Nursing	88	31.8
Medical laboratory science	71	25.6
Level		
300	42	15.2
400	72	26.0
500	129	46.5
600	34	12.3
Rating of academic performance		
Below average	7	2.5
Average	129	46.6
Above average	141	50.9
CGPA*		
≥4.5	17	6.2
3.5-4.49	120	43.3
2.5-2.49	22	7.9

Table 2: Academic Characteristics of the Respondents
*Sum Less Than Total Cohort Because Those Not Applicable Were Excluded

Variable	Frequency	Percentage
Marital status of the parent		
Single parent	13	4.7
Married	216	78.0
Divorced/separated	10	3.6
Widow/widower	38	13.7
Type of family		
Monogamous	216	78.0
Polygamous	61	22.0
Number of children(father)		
<5	159	57.4
≥5	118	42.6
Number of children(mother)		
<5	185	66.8
≥5	92	33.2
Position among father's children		
First	87	31.4
Between	150	54.2
Last	40	14.4
Position among mother's children		
First	100	36.1
Between	130	46.9
Last	47	17.0
Father's class of occupation		
Low class	71	25.6
High class	206	74.4
Mother's class of occupation		
Low class	98	35.4
High class	179	64.6
Father's level of education		
Nil	13	4.7
Primary	14	5.1
Secondary	34	12.2
Tertiary	216	78.0
Mother's level of education		
Nil	11	4.0
Primary	14	5.0
Secondary	42	15.2
Tertiary	210	75.8

Table 3: Family Characteristics of the Respondents

Variable	Frequency	Percentage

Psychoactive substance use User	50	18.1
Non-user	227	81.9
*Type of psychoactive substance use		
Alcohol	41	14.8
Marijuana	6	2.2
Sedative	4	1.4
Stimulant	3	1.1
Cigarette	3	1.1

Table 4: Psychoactive Substance Use among the Respondents
Multiple Drugs Users

4.2. Psychiatric Morbidity and Psychiatric Diagnosis among the Respondents

	Frequency	**Percentage**
GHQ NEGATIVE	207	74.7
GHQ POSITIVE	70	**25.3**

Table 5: Psychiatric Morbidity Using GHQ

	Frequency	Percentage
PSYCHIATRIC DIAGNOSIS PRESENT	60	21.7
PSYCHIATRIC DIAGNOSIS ABSENT	217	78.3

Table 6: Weighted Prevalence of Psychiatric Diagnosis using Mini

*Diagnosis	**Frequency**	**Percentage**
Social phobia	22	36.7
Major Depressive Disorder	17	28.3
OCD	10	16.7
PTSD	5	8.3
GAD	4	6.7
Dysthymia	2	3.3
Alcohol abuse	1	1.6
Hypomania	1	1.6

Table 7: Prevalence of Specific Psychiatric Diagnosis among the Respondents with Psychiatric
Diagnosis Using Mini N =60
*Some Respondents Have Multiple Diagnosis

The above tables showed the GHQ categories and psychiatric diagnosis. Two hundred and seven (74.7%) were identified as GHQ negative while seventy (25.3%) were identified as GHQ positive. MINI was used to assess the entire GHQ positive category and 10% of the GHQ negative respondents. Among the 91 respondents (70 GHQ positive, 21 GHQ negative) on whom MINI was administered, sixty (21.7%) had at least one psychiatric diagnosis.
Social Phobia (24.2%) was the most common diagnosis followed by major depressive disorder (18.7 %) while Hypomania and Alcohol (1.1%) were the least of the respondent that had a psychiatric diagnosis.

4.3. The Socio-Demographic and Clinical Variables Independently Associated with Psychiatric Morbidity by Logistic Regression Analysis

Variable	**B**	**Odd ratio**	**P value**	**95% CL for EXP(B)**	
				Lower	**higher**
SOF					
Spouse(ref)	1	1			
parents	1.474	4.368	0.162	0.554	34.417
others	1.945	6.992	0.101	0.682	71.658
self	2.319	10.162	0.035	1.171	88.154
Satisfied with a monthly allowance					
Yes (Ref)	1	1			
No	1.504	4.500	0.002	1.706	11.869

Table 8: Association between Psychiatric Morbidity and Other Variables Using Logistic Regression

REF- reference point which is the variable to which others are being compared

SOF - the source of finance

Table 6 shows the results of logistic regression analysis with 95% confidence interval using the stepwise method to explore the factors independently associated with psychiatric morbidity. The socio-demographic and clinical variables were entered as independent variables and psychiatric morbidity was entered as the dependent variable. The risk of non-satisfaction with monthly allowance was 4.7-fold increase compared with satisfaction with monthly allowance (B= 1.504 P=0.002) and the risk of sponsoring oneself is 10.9-fold increases compared to those that were sponsored by their spouse in predicting psychiatric morbidity (B= 2.319, P=0.032).

5. Discussion

Most respondents in this study were 25 years and above while the mean age was 26.3 years. This is slightly higher than the mean ages in other studies (Osasona et al., 2011; Uchendu et al., 2014). The incessant industrial action by labor unions in the institution resulting in prolongation of the duration of studies by the institution may explain the increased mean age. About gender distribution, females (58.1%) were predominant. This observation is similar to what Yusuf et al reported among medical students in Ilorin (Yusuff et al., 2013). However, this is contrary to the findings by Ejikunle et al among undergraduates in Nigeria (Ejikunle et al., 2015). In this study, gender distribution could be explained by the inclusion of undergraduates in the Department of Nursing Science, whose students were predominantly females. Most respondents were Christians. This observation is similar to previous findings in the southern part of Nigeria. However, this is contrary to findings from studies carried out in the Northern part of the country where respondents are predominantly Muslims (Ajiboye et al., 2009). Thus, this observation could be the direct effect of the demographic structure of the study area. Majority of the respondents were singles. This observation is expected considering the fact that the respondents are students and are young and consistent with other findings among undergraduates in the world (Makanjuola et al., 2014). Most respondents were Yoruba because the study was conducted in the Southwestern part of Nigeria where the residents are predominantly Yorubas. Most of the respondents were sponsored by their parents. Hence, they were receiving support from their parents or guardians. However, most respondents were not satisfied with their monthly allowance. The incessant strike by the institution, economic meltdown, epileptic salaries of many parents may be responsible for this observation as at the time of the study.

Most respondents who parents that were married, from monogamous settings and with less than five children. These observations are similar to other findings around the world (Yusuff et'al.,2013; Omokhodion and Gureje 2003). Majority of the parents of the respondents were literate and they had employment in the high-class category similar to what Fatoye et al (2003), reported. The awareness and practice of family planning, coupled with the economic situation of the country and the literacy level of the parents may be responsible for the reduced numbers of children. The effect of western culture on our society may be responsible for most of the respondent coming from a married and monogamous family setting.

About half of the respondents had a birth position other than the first or the last child of their parents while one-third of the respondents were the first child of their fathers and mothers respectively. This is similar to the 26.0% of the first child reported by Makajuola et al among medical students in the North-central part of Nigeria (Makanjuola et al., 2014). The first child may have an advantage of better secondary school education which may make help them gain admission to study competitive courses like Medicine, Nursing and Medical Laboratory Science. Also, higher social class may enhance good parenting and financial wherewithal to send them for such courses.

Substance use is becoming gradually widespread in many African countries (Makanjuola et al.,2014). In this country, industrial development, urbanization and increased exposure to Western lifestyle have added to the spreading of substance use, with alcohol and tobacco acting as "gateway drugs" to the use of other substances like cocaine, heroin, amphetamine, inhalants, and hallucinogens. About 18.1 % of the respondents used a psychoactive substance to relax. This is lesser than 65 % reported by Babalola et al among medical student in Ogun state, Southwest Nigeria. The difference might be due to the fact that Ogun state is closer to Lagos (where access to drugs is easier and use expected to be relatively high) and Lagos lifestyle may affect those students more. Besides, Babalola et al collected their data at a time when the economy was better than now and the economic downturn could be responsible. In addition, this may be an emerging pattern and thus, studies in different zones may be required to establish if this is the case. (Babalola et al., 2014)

Majority of those that used a psychoactive substance in this study used alcohol. This observation is similar to what Ihezue et al, (1998) Deressa et al., (2011) and Maddux et al., (1986) reported among medical students in a Nigerian, an Ethiopian and an American university respectively. However, this contrary to the observation of Makanjuola et al (2014) who reported that stimulant was the most common psychoactive substance used among medical students in Nigeria, followed by alcohol

The prevalence of psychiatric morbidity in this study was 25.3%. This observation is similar to the report by Naim et al 2011 in Turkey. However, this prevalence is lower than 37.9%, 33.5% and 50.3% reported by Ejikunle et al., (2011), Osasona et al., (2014) and Uchendu et al. (2013) among undergraduates' populations in Nigeria. The predominant use of adaptive coping strategy may be responsible for the lower prevalence of psychiatric morbidity among the respondents. Studies conducted among medical students in Malaysian university and Singaporean university by Sidik et al, and Ko et al, respectively found the prevalence of emotional disorders to be 41.9% and 57% respectively. (Sidik et al. 2003; Ko and Fones, 1999). From these observations, psychiatric morbidity is very common among the undergraduate population and the rate ranges from 2 in 10 to up to 5 in 10 students. Thus, concerted efforts will be required to stem the tide. Risk factors of psychiatric morbidity among undergraduates need to be determined, preventive, and therapeutic measures should be provided.

This study revealed that those who were sponsoring themselves, those that were not satisfied with their monthly allowances and the use of maladaptive coping strategies were significantly associated with psychiatric morbidity. These findings were among the correlates of psychiatric morbidity found in several local and international studies. Osasona et al., 2011; Chatterjee, et al., 2012; Omokhodion and Gureje 2003). However, lack of satisfaction with a monthly allowance, use of maladaptive coping strategies and self-sponsorship were the sole predictors of psychiatric morbidity. Non-satisfaction with the monthly allowance is a subjective feeling which does not relate absolutely to money received monthly alone but a function of other factors such as the lifestyle of the student, parental background, the relationship in school, expectations and other psychosocial factors. Therefore, there is a need for a critical assessment of the student's need and mutual understanding between the provider of finance and the students in order to increase the level of satisfaction in this era of economic recession. Financial satisfaction may be improved by the availability of holiday jobs, provision of scholarship and bursary awards. The University management can help by reducing fees and including the teaching of prudent financial management skills in the curriculum of these students.

This study revealed that Social Phobia (7.9%) was the most common diagnosis among the respondents followed by Major Depressive Disorder and Obsessive-Compulsive Disorder. The prevalence of Social phobia is similar to the prevalence reported by Bella et al among Nigerian undergraduate using Composite International Diagnostic Interview (CIDI) (Bella and Omigbodun 2009). In addition, the prevalence of depression is close to what Adewuya et al reported among students living in the halls of residence of a Nigerian university (Adewuya et al., 2006). All these studies done in the South-western part of Nigeria may be responsible for the similarity in the prevalence. Anxiety disorders and depression are predominant among undergraduates globally (Zaki and Ibrahim 2011). Therefore, adequate attention should focus on the prevention, diagnosis, and treatment of these disorders. This information is useful in the mobilization of resources to handle mental health issues among the students

6. Conclusion

This study has shown that the rate of Psychiatric morbidity in the study population was high and this is bothersome. The mental wellbeing of undergraduates is paramount and disturbance in any form will have adverse impacts on their current and future accomplishments.

7. Recommendation

The prevalence of psychiatric morbidity documented in this study necessitates more from related authorities. It needs the input of every stakeholder, which includes parents, school authorities, religious bodies, government agencies and even the students themselves. The prevalence of psychological challenges in tertiary institutions has been largely overlooked. It requires more than just a few guidance counselors in the Students' Affairs Section of the school. Professionals from relevant disciplines have to come together to formulate and implement a logical and all-inclusive strategy for mental health education.

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