



Practices of mental health service providers in the early detection of undergraduates experiencing anxiety, depression, and suicidal ideation in Namibia

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ABSTRACT

Background: Mental health challenges among undergraduates are a growing global concern, with anxiety, depression, and suicidal ideation prevalent. In Namibia, academic pressure, financial hardship, and social adjustment difficulties intensify these concerns. Despite this, there is a gap in research on the practices of mental health providers, in early identification of students experiencing anxiety, depression, and suicidal ideation.

Objective: The study explored the practices of mental health service providers in the early identification and support for undergraduates facing mental health challenges.

Method: A qualitative descriptive study was conducted with mental health providers across six campuses of the two public universities in Namibia. Using semi-structured interviews, the study examined the practices of mental health providers in the early identification of students at risk of mental health conditions. Data were analysed following the six steps of Braun and Clarke's thematic analysis using Atlas.ti.8.

Result: Six primary themes and seventeen sub-themes emerged from the interviews. The themes included: 'institutional gaps, peer-led early detection, stigma and cultural resistance, academic collaboration, informal support networks, and socio-economic vulnerabilities.'

Conclusion: Mental health providers face challenges, including stigma, staff shortages, lack of mental health facilities and low engagement of academic staff in mental health activities.

Unique contribution: The study's findings highlight the need for comprehensive and integrated mental health support for students. University mental health experts should actively promote mental health screening by identifying and assisting students to prevent mental health crises like suicide.

Key Recommendation: The study recommends coordinating mental health support with academic staff engagement to facilitate the early identification and support affected students.

Keywords: Students, Mental Health, Namibia, Anxiety, Depression, Suicidal ideation



INTRODUCTION

The mental health of university undergraduates remains an increasing public health concern, with undergraduates reporting psychological distress (Duffy, 2023; Pointon-Haas et al., 2024). University students experience psychological distress because of academic pressure and transitioning challenges. The transition stage renders them vulnerable to mental illness. The transition to university is a critical period for the psychological, sociological, and biological development of the students (Duffy et al., 2019). Student, however, feel overwhelmed when adjusting, ill-prepared for the change, and struggle to adapt to the demands of university (Li & Lee 2025). Moreover, maladjustments in the first year of university life place students at risk of dropout and even potentially affects their future career prospects.

The prevalence of Anxiety, Depression and Suicidal Ideation (ADSI) was noted in 2019, whereas 42.2% of US college students reported experiencing depression and severe anxiety, with 63.6% (Sheldon et al., 2021). Among university students, the most common mental health conditions included eating disorders, affecting 19% to 48%, followed by compulsive disorders (2% to 12.27%), depression (22%), posttraumatic stress disorder (8%), and sleep disorders ranging from 9.4% to 36% (Kang et al., 2021). According to World Mental Health (WMH) survey, three-quarters of mental disorders originate by the age of 24 (Kessler et al., 2007). The highest mental illness in Singapore was found to occur between the ages of 18-24, with a median age of 22 years according to nationwide mental health survey of persons aged 18 and over (Viangankar et al., 2013). A right state of mind is increasingly seen as essential for an individual's well-being, as listed in the Sustainable Development Goals (SDGs) (WHO, 2019-2023).

The factors such as poor academic performance and engagement in unhealthy behaviours such as alcohol use, smoking, and illicit drug consumption have also been identified as contributing factors to mental health challenges (Ay et al., 2025; Holden et al., 2025). Additionally, another study reported that student academic performance is associated with psychological, academic, and socio-economic stress, interpersonal relationships, overall quality of life, and suicidal ideation (Modupe, 2025; Muoneke, & Nwafor, 2024). Notwithstanding, some students delay seeking assistance due to self-reliance, stigma, and inadequate mental health literacy (Lui et al., 2024). As a result, there is a steady, increased demand for mental health services within university populations, with few mental health experts to provide such services.

The theoretical framework underpinning this study is the Health Belief Model (HBM) (Rosenstock, 1974), which has been demonstrated to assist in the development of screening tools for the early detection of ADSI, relying on students' perceived susceptibility, severity, benefits, barriers, action, and self-efficacy. The HBM enhances perceived benefits, alleviates barriers, and bolsters self-efficacy to promote engagement in mental health-related behaviours, such as seeking professional assistance or maintaining wellness-focused habits.

In Namibia, this research is the first to investigate the practices of mental health provider' roles in the early detection of undergraduates experiencing ADSI across multiple public universities. Counselling services at public universities, specifically Namibia University of Science and



Technology (NUST) and the University of Namibia (UNAM), are inadequate. Both institutions lack experienced mental health staff, a backlog in the provision of effective and efficient mental health care for students with lack such professionals at satellite campuses. As a result, service delivery is compromised affecting the quality of care, and potentially leading to student neglect, delaying mental health support, that acerbates severe depression and suicidal ideation. The purpose of this study was to examine the practices of mental health service providers in early identification of undergraduate students experiencing ADSI. Therefore, the study explored the practices of mental health service providers in early identification of the undergraduates experiencing ADSI.

METHOD

Study design: A qualitative descriptive design was employed to describe the practices of mental health service providers in the early detection of ADSI among university students.

Setting: The study was conducted across multiple campuses: NUST's main campus in the Khomas region, and the Eenhana satellite campus in the Ohangwena region, as well as at UNAM's main and Hage Geingob campuses in the Khomas region, the Oshakati campus in the Oshana region, and the Southern campus in the Karas region of Namibia.

Study population and sampling strategy: The study employed a total population sampling method, involving 11 mental health service providers across the campuses. The total population consisted of three nurses, six student counsellors, and two support persons.

Data collection and management: The researchers used a semi-structured interview guide to facilitate both face-to-face and telephone interviews with participants. Data collection took place from August 2024 to June 2025. The interviews were audio-recorded, and field notes were carefully documented, with an average duration of 30 minutes. After transcription, audio recordings were destroyed to protect participant privacy.

Data analysis: Thematic inductive analysis was used (Braun & Clarke, 2006) was conducted on interview transcripts to identify emerging themes. According to Joggyah & Tyler (2025), the method is suitable due to its flexibility and ability to identify and interpret patterns within the data, following the thematic steps outlined:

1. Familiarisation with the data through transcription reading
2. Generalisation of initial codes,
3. Searching for the themes, through code grouping
4. Review and refine the themes to ensure comprehensive alignment of the study aim.
5. Defining and naming the themes for coherent findings
6. Reporting themes with quotes enhances the credibility of the analysis.

The analysis employed an exploratory inductive methodology, enabling the development of themes from the raw data naturally. Atlas.ti version 8 software was utilised to organise and manage the data.



RESULT

Eleven mental health service providers participated in this study, including three nurses, six student counsellors and two support persons. See Table 1, for the demographic characteristics of the participants, of whom ten were female and only one male who held a higher degree.

Table 1: Demographic characteristics for study participants (n=11)

Variable	Category	n (%)
Age (years)	30–35	2 (20%)
	36–40	2 (20%)
	41–45	3 (30%)
	46–50	1 (10%)
	51 and above	2 (20%)
	Male	1 (10%)
Gender	Female	10 (90%)
	Diploma	2 (20%)
Qualification	Degree	7 (70%)
	Doctorate	1 (10%)
	NUST Main Campus	2 (20%)
Site of Study	Eenhana Satellite Campus	2 (20%)
	UNAM Main Campus	4 (30%)
	Hage Geingob Campus	1 (10%)
	Oshakati Campus	1 (10%)
	Southern Campus	1 (10%)
	Registered nurses (<10 years)	3 (30%)
Work Experience	Student Counsellors (<10 years)	6 (60%)
	Support Persons (>10 years)	2 (20%)

Thematic analysis identified six themes and sixteen subthemes that emerged from the interviews, see Table 2. The participants were identified as P1, “Participant 1,” SC, Student Counsellor, RN, Registered Nurse, and SS, Support Persons.

Table 2: Themes, Subthemes, and sample verbatim responses

Theme	Sub-theme
Institutional gaps	Lack of protocols and screening tools Absence of on-campus professionals Fragmented infrastructure
Peer-led detection and support	Peer educator involvement WhatsApp and social cues
Stigma and cultural resistance	Religious and cultural framing Family denial and criticism Student masking and partial framing
Socioeconomic vulnerability	Poverty Unwanted pregnancy Substance abuse
Informal support network	Trusted staff as first contact Advice and listening as intervention
Structured screening and referral tools	The use of validated tool, by some campuses



Theme 1: Institutional gap

Among all six campuses, only two provide health services and mental health support. Within those settings, service gaps were identified in the following sub-themes.

Lack of protocols and screening tools

A lack of early detection tools was observed across all campuses. However, some sites use the validated PHQ-9 and checklist, which the institutions did not fully adopt. Participants opined as follows:

We do not have a specific mental health protocol or screening tools. We use our basics. Remember when we did our studies as registered nurses, P1, RN.

The institution did not adapt the screening tool. It was just my own thing; I always did it because I needed to remember to ask about mental health. P3 RN

Absence of on-campus professionals

Participants were concerned about the lack of health professionals and on-campus health facilities. One participant remarked as follows:

We do not have a clinic or a social worker here; we do not have a permanent station on campus, P10, SS.

Fragmented infrastructure

Some study sites operate from the fragmented site, which may compromise service delivery, as stated here.

On this campus, I am serving four campuses. As a result, some campuses are neglected. I am the one coordinating anything related to health services. We do not have a clinic here. P6 SC

Our hospital is over 20 kilometres away, and the clinic is approximately 11 kilometres away. That is not good, P11, SS.

Theme 2: Peer-led detection and informal referral

Peer-educators play a significant role in identifying and referring students in distress to us. However, some study sites also desire to have peer educators.

Peer educators' involvement

Peer educators help with identifying students on some campuses; they serve as our eyes and ears, P2 RN.

This year, we are initiating peer counselling training, aiming to identify students within the community who can recognize issues and refer peers to social workers or psychologists if necessary. P4 SC.



Theme 3: Stigma and cultural resistance

Mental health providers highlighted challenges they face with the provision of care. Stigma and cultural beliefs emerge as a great hindrance to mental health provision.

Religious and cultural framing

A significant observation that emerged was that participants are aware of the stigma and cultural beliefs associated with mental illness, thus hindering students from seeking mental health care.

Yeah, sometimes it is a cultural issue, or even biblical or religious ones, things like that.
Yeah. So maybe witchcraft, biblical or religious issues, P1 RN.

Family denial and criticism

Among the participants, the attitude of fear of being labelled as mad was prevalent among students, as stated here.

The student faces the fear of being labelled as “Mad”, and their family calls them attention seekers. P9, SC.

Students masking and partial disclosure

Students often conceal their symptoms due to fear of stigma or academic repercussions.

Students from this campus are very smart; they are great at masking. They give half-baked information. This is a challenge, P7 SC

Theme 4: Socioeconomic vulnerability

The most prevalent mental health conditions are discussed below, with anxiety linked to examination stress.

Substance use

The most common ones are anxiety attacks, especially during exam time. Then the person will just come with panic attacks, and suicide attempts, and be a suicidal student (P3 RN).

Student abused drugs and alcohol, affecting their schoolwork and behaviour. P11, SC

Poverty and academic pressure

Students from a disadvantaged financial background face challenges as opined below.

Poverty contributes to mental health issues because, as students face financial difficulties, it affects their academic performance, P11 SS.



Theme 5: Informal support

Public university campuses lack professional counsellors or adequate health services. The site provides supportive mental care only.

Trusted staff as first contact

I am not a trained or professional counsellor. However, given that I work with students, students always approach the person with whom they are comfortable. I help them speak P10, SS.

Advice and listening

The site lacks experts in mental health care, as discussed as follows:

Some problems can be resolved without professionals, just advice and listening. P11 SS

Self-referrals

Students refer themselves to the office of the counsellors when they feel they need mental health care.

Typically, students contact my office when they have a mental health issue or symptoms, and poor academic performance, because they are concerned about their academic performance, P6 SC.

Theme 6: Structured screening and referral

Some study sites used the validated tool, such as PhQ-9 and GAD-7, as stated here.

I use the PhQ-9 for depression assessment and GAD-7 for anxiety screening, and when I refer, I use counter-referral forms P5 SC

DISCUSSION

This qualitative study explored the practices that exposed the challenges that mental health care providers experience in the early detection of ADSI across Namibia's public universities. The Thematic analysis revealed six major themes that identified systematic gaps in the early detection of at-risk students, revealing deficiencies within the university's existing mental health support framework.

Institutional gaps challenge the early detection

The study revealed a lack of mental health services and expressed the desire to have mental health professionals. The absence of formal protocols, screening, tools, and on-campus professionals was identified as a critical barrier. While some campuses use validated tools, such as PHQ-9 and GAD-7, others use clinical history taking and informal questioning for mental health screening. The study's findings align with Zaib & Ali (2025), who state that higher education institutions require policies that address mental health, guarantee that every student



receives support, and is valued. A lack of a standardised screening tool was identified across some NUST campuses. While this is true in this study, it is important to note that effective screening implementation requires standardised practice guidelines (Villarreal & Petersen, 2025). The Early Warning Model, established in 2024 by Quan in China, it concurred with the highlights that importance of early warning and intervention mechanisms in addressing psychological health issues among college students.

Peer-led early identification mechanisms

Peer educators play a significant role in identifying at-risk students due to their proximity to students at UNAM campuses. However, NUST campuses did not have peer educators during data collection. Peer relationships play a crucial role in the early identification of at-risk students through solidarity, which helps alleviate feelings of isolation and normalizes peer support in fostering resilience among young adults (Segú-Odriozola, 2025). Academic staff involvement in early detection improves the early recognition of students experiencing mental health challenges. However, faculty and staff faced uncertainty in providing support to students with mental health needs, with tensions arising between academic and pastoral care (Ramlluggun et al., 2022). This disparity was due to a lack of guidelines and a severed connection between faculty staff and student support services in Namibia. Mirroring the findings of Pyne. (2022), it is stipulated that staff support for students' needs must be regulated by university policies and systems, and that strong collaboration with mental health experts is required for consultation when needed.

Stigma and cultural beliefs affect help-seeking behaviours

Stigma around mental illness remains a key barrier to seeking help in this study. Participants, especially males, fear labels, bullying, and a lack of family support, discouraging treatment. This aligns with Güden et al. (2025), who note that attitudes and fears hinder mental health care, with stigma being most prominent. Cultural and religious beliefs intensify stigma. Barnett et al. (2021) found that students avoid help due to stigma, uncertainty, and believing issues are not serious, reflecting low mental health literacy. Negash et al. (2020) report that students often believe problems can be improved without help, lack awareness of available services, prefer to solve issues independently, deny having problems, or opt for alternative care. Ebert et al. (2019) add that students feel more embarrassed discussing problems with friends (32.2%) than with health professionals. To counteract this, engaging religious leaders in mental health support and designing campaigns that challenge misconceptions and promote help-seeking behaviour.

Despite ongoing efforts, the accessibility and visibility of these services remain inadequate, with some campuses lacking mental health professionals and health services. Consistent with the findings of Nielsen et al. (2024), successfully building capacity among students, university staff, and faculty requires leadership, infrastructure development, organisational reforms, workforce enhancement, partnerships, and resource allocation. This approach highlights that mental health support should go beyond isolated initiatives and be integrated into all aspects of the university environment. The findings also support expanding outreach through psychoeducation campaigns and incorporating mental health awareness into academic curricula and orientation programs to increase student engagement. Although university environments have the potential to reduce the



development of mental health issues, this preventive effect was not observed in a study conducted in the United Kingdom (Barnett et al., 2021).

Alcohol and drug abuse

Namibian public university students still misuse alcohol and drugs within the university setting, affecting their academic success, and increasing symptoms of anxiety and depression. This aligns with previous literature that among college students, alcohol use can worsen depression, impacting academic performance, while students use drugs and alcohol as a coping strategy (Burlaka et al., 2024; Kejriwal., 2025). Drugs and alcohol use disrupts young people's cognitive and emotional development, leading to accidents and death due to drug dependency (Paul et al., 2024). A significant observation was made by Burke et al. (2023) and Jaspen et al (2024) that hazardous alcohol consumption was associated with sexual violence among female by male students. People with good mental health are better able to handle stress, build positive relationships, and succeed both personally and academically (Mirbahaeddin & Chreim, 2024).

Collaborative and preventative activities

Although the public university in Namibia faces systemic challenges, it is essential to note that UNAM campuses are proactive in multidisciplinary collaboration, family engagement, and participation in Continuous Professional Development (CPD). Collaboration between support services and families offers a protective and promotive factor, leading to better social, emotional, physical, and academic outcomes (Bachman et al., 2024). However, there is limited evidence identifying the most effective ways for student support. Concurrent with the findings of Bennett et al (2024), the existing evaluation predominantly concentrated on counselling with low intervention intensity, such as lack of mental health support and welfare.

Implications

By documenting these lived experiences, this study contributed to a deeper understanding of mental health delivery in higher education settings in Namibia. The current study calls for the development of standardised screening tools, culturally sensitive awareness campaigns, and integrated referral systems to empower both professional and support peer networks. Institutions without peer supporters should invest in training their peer support and support staff in basic mental health literacy and referral protocols to aid in the early detection and support of students. A strong collaborative framework between academic and mental health staff should be fully established, geared toward early identification and referral of at-risk students and crisis response team and a referral feedback system within the university setting will improve continuity and unfragmented care. Finally, the university should invest in infrastructure that houses a mental health team and health services, while ensuring adequate staffing to address the gaps, as observed at satellite campuses. Future researchers may build on these findings by examining students' perspectives and developing an early detection model for university students.



CONCLUSION

Based on the results, Namibia like other countries experiences substantial mental health concerns especially among youth enrolled at universities. Lack of mental health service negatively impacts academic performance exacerbating worse cases such as death. Moreover, mental health providers have crucial role in identifying and addressing systemic flaws, including disorganised support, a lack of screening tools, poor teamwork, and stigma. The study concluded critical need to develop screening tools, mental health policies to coordinate mental health provision within university.

Ethical approval and informed consent

The authors assert that all protocols complied with the ethical standards of the relevant ministry and institutional committees, considering human participation as outlined in the Declaration of Helsinki 1964, revised in 2008. The NUST ethical committee (FHNRA:60/2023), the Ministry of Health and Social Services (MoHSS) (22/3/1/2) approved the study. Each participant received informed consent and was contacted by telephone prior to the semi-structured interviews being conducted.

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Competing interest

The authors declare no financial or personal relationship that may have inappropriately influenced the writing of this article.

Authors' contribution

K.N.S. was a principal investigator. She conceptualised the study, designed the research, developed the research protocols, collected data, and initiated the writing of the manuscript. R.M. and T.E. assisted with the study design, critical appraisals, and the final write-up.

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Data availability

The data that support the findings of this study are available from the corresponding author, K.N.S., upon reasonable request.

Disclaimer

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