



Coping Mechanisms among Undergraduates Experiencing Anxiety, Depression and Suicidal Ideation at Public Universities in Namibia

¹Kristine Ndeuyamunye Siseho*, ²Roswitha Mahalie, & ³Tuwilika Endjala

¹Health Services, Namibia University of Science and Technology, Namibia

²Department of Preventative Health Sciences, School of Health Sciences, Faculty of Health, Natural Resources and Applied Sciences, Namibia University of Science and Technology, Windhoek, Namibia

³Department of Community and Mental Health, School of Nursing and Public Health, University of Namibia

¹<https://orcid.org/0009-0002-4170-1615>

²<https://orcid.org/0000-0003-4416-9863>

³<https://orcid.org/0000-0002-5438-8069>

*Corresponding author: ksiseho@nust.na

ABSTRACT

Background: Anxiety and depression are common challenges among university students, often linked to academic pressures, financial strain, and life transitions. However, limited evidence exists on how students in Namibian public universities cope with these difficulties.

Objective: This study explored the coping mechanisms employed by undergraduates in public universities in Namibia, with particular focus on how they respond to experiences of anxiety, depression, and suicidal ideation.

Method: Adopting a qualitative descriptive design, the study explored the coping mechanisms among 13 purposively sampled undergraduates, which established how they cope with anxiety, depression and suicidal ideation. Data were collected through interviews and analysed using Braun and Clarke's thematic framework.

Result: Findings show that emotional distress was frequently associated with academic stressors, childhood experiences, and cultural barriers to open discussion. Students reported a range of coping strategies, including problem-focused efforts to manage stress, seeking peer and informal support, and avoidance behaviours.

Unique contribution: By exploring students lived experiences, the study provides context-specific insight into coping practices within Namibian higher education, addressing a gap in locally grounded knowledge.

Recommendations: The findings highlight the need for accessible, culturally responsive mental health support and early identification initiatives that encourage timely help-seeking among students. Universities should promote early identification systems through trained staff and peer support initiatives to encourage timely help-seeking.

Keywords: Anxiety, Depression, Suicidal Ideation, Coping Mechanisms, Undergraduates



INTRODUCTION

Mental health and well-being are vital components of overall health, with the psychological aspect playing a key role in maintaining them (Yildirim et al., 2024). Anxiety and depression are the most common symptoms reported by undergraduates, resulting in mental impairments that negatively impact academic performance (Amaro et al., 2024). Suicidal ideation is linked to suicidal behaviours, which occur more frequently than actual attempts or deaths (Park-Lee et al., 2018). Suicidality is a complex and less understood, life-threatening condition, since individuals often conceal their suicidal intentions, making it challenging to identify potential victims (Okechukwu et al., 2022). Since the onset of Anxiety, Depression, and Suicidal Ideation (ADSI) occurs in adolescence, this is an important time to identify risk and protective factors associated with these conditions (Anwar, 2025). Early adulthood is a high-risk period for the onset of depression, suicidal thoughts, and behaviours, combining college as a time of growth and adjustment for emerging adults (Drescher et al., 2025).

Suicide remains the leading mental health concern worldwide, causing approximately 800,000 deaths each year (WHO, 2021). Men are disproportionately affected by suicide; thus, global male suicide is approximately twice the female rate (WHO., 2019). Several factors are associated with ADSI. According to Liu & Liu (2025), cyberbullying among college students results in a series of negative consequences, including severe psychological harm and suicide. These scholars established a moderate correlation between cyberbullying and suicidal ideation. The global estimate for university students indicates that 95% of college students are regular Internet users, with 41.84% being addicted to the internet (Liu et al., 2025; Salarvand et al., 2022). The impact of Internet addiction is associated with depressive symptoms (Li et al., 2025). Additionally, various factors, including demographic and lifestyle variables, are linked to depressive symptoms, encompassing academic, financial, and lifestyle factors, which are recognized for their adverse effects on mental health (Ali et al., 2025; Nwafor, et al. 2024).

For university students transitioning to college, this period involves a complex stage that requires positive adjustment to various stressors, including academic pressures, forming new emotional connections, and living independently (Mulaudzi, 2023; Cage et al., 2021). These challenges can lead to high levels of anxiety, depression, and suicidal ideation. Transitioning also presents social challenges that can trigger social anxiety and depression among young students (Dugyala et al., 2021; Riboldi et al., 2025). Among medical students, mental health issues tend to worsen, with severity continuing to decline throughout their training (Maleku et al., 2021). According to Liao et al. (2025), well-being reflects the personal psychological state of university students, serving as a key tool in communication, trust-building, and cooperation, and promoting psychological well-being and happiness.

RESEARCH OBJECTIVES AND QUESTIONS

The primary objective of this study was to establish how undergraduate students of public universities in Namibia cope with ADSI. The research question was: How do undergraduate students of public universities in Namibia cope with ADSI? The study critically established how undergraduate students cope with ADSI in Namibia. This qualitative study enabled a valuable data collection where affected students shared their coping mechanisms, which provided clarity about their experience with mental health conditions and resilience.



THEORETICAL FRAMEWORK

This study employed the Health Belief Model, a psychological framework that explains health behaviour by suggesting that individuals perceive susceptibility, benefits, barriers, self-efficacy, and cues to action (Rosenstock, 1974). This qualitative exploratory design examined the coping mechanisms of students experiencing mental health conditions. A narrative synthesis of findings on the coping mechanisms employed in the inductive phenomenon, drawn from participants' raw data. The coping mechanism was identified through a thematic analysis, which involved identifying the meanings of data, codes, themes, and subthemes (Braun & Clarke, 2019).

METHODOLOGY

Study Designs and Setting

The study utilised a qualitative methodology. The study population comprised the undergraduate students of Namibia University of Science and Technology (NUST) and the University of Namibia (UNAM). Data from NUST were obtained from its main campus and the Eenhana satellite campus, while UNAM data were collected from its main campus, Hage Geingob, and the Southern and Oshakati campuses. Participants included individuals diagnosed with anxiety, depression, or experiencing suicidal ideation. Data collection continued until saturation was reached, at which point the researcher ceased data collection.

Population and Sampling

The study population comprised approximately 44,000 undergraduate students. From this population, participants aged 18–24 years were purposively selected from UNAM and NUST campuses in Namibia. The students experiencing ADSI, were purposively selected to share their coping mechanisms and express their voices of resilience. A total of 13 participants (four males and nine females) voluntarily participated in this study. Research questions were asked during face-to-face and telephone interviews that lasted 20-30 minutes.

Data collection

Data collection took place from April 2024 to September 2025, utilising a purposive sampling method with a semi-structured interview guide that facilitated both face-to-face and telephone INTERVIEWS. The researcher recruited participants who walked into the clinic experiencing mental health conditions and some responded were refer by the office of the social workers from all campuses.

Data analysis

Using Braun and Clarke's (2019) inductive thematic analysis techniques for qualitative designs, following the six steps. The steps included familiarisation with the data by reading through the transcripts and recording initial codes. The second order included combining codes into themes, reviewing and refining comprehensive themes to align with the study's aim, determining the significance of the themes, and reporting themes with coherent findings and narrative quotes to enhance credibility. Finally, the themes reflected the coping mechanisms that students use to deal with mental health conditions.



RESULTS

Demographic characteristics of the study respondents

Table 1: Demographic data for the respondent's

Pseudo-name	Age	Gender	Academic year
P1	19	Male	3 rd
P2	20	Male	2 nd
P3	20	Female	3 rd
P4	24	Female	2 nd
P5	20	Female	3 rd
P6	24	Female	3 rd
P7	24	Female	3 rd
P8	23	Female	3 rd
P9	22	Female	3 rd
P10	22	Female	2 nd
P11	20	Male	2 nd
P12	24	Female	2 nd
P13	21	Female	2 nd

THEMES AND SUBTHEMES

The data were collected from NUST and UNAM campuses. During data collection, several themes and subthemes, generated and were listed in table 2 below.

Table 2: Braun & Clarke (2019) inductive thematic coding

Number	Theme	Subtheme
Theme 1	Persistent emotional distress, anxiety, depression, and suicidality	Academic triggers Childhood trauma Undiagnosed mental illness
Theme 2	Emotional suppression and cultural silence	Gendered expectation, Family invalidation
Theme 3	Coping Strategies & Support	Avoidance (sleep, music, and vaping) Mindfulness and emotional regulation
Theme 4	Academic pressure	Module failure, exam stress, self-worth erosion Determination
Theme 5	Service accessibility and institutional gaps	Lack of visibility Missed appointments Positive experience with counselling Limited availability
Theme 6	Informal network	Disclose to trusted friends, Avoidance of family due to mistrust



Theme 1: Persistent emotional distress, anxiety, depression, and suicidal ideation

The undergraduates from public universities in Namibia experience anxiety, depression, and suicidal ideation related to academic pressure and childhood trauma.

Subtheme 1.1: Academic triggers

Although academic triggers were not asked about academic trigger per se, it emerged as the sub theme associated with of emotional distress. Students discussed that academic pressure makes them vulnerable to emotional distress.

I felt like a failure, and I felt like I did not have a purpose in life because my fellow course mates were moving forward. P5

I felt like maybe I'm not meant to be a student. Maybe I do not belong here. Maybe I would have studied something else. Yeah, it makes me feel like I'm not good enough or smart enough for school. P3

Subtheme 1.2: Childhood trauma

Students experienced post-traumatic events linked to adverse childhood trauma, including exposure to traumatic events, as discussed in the following narratives:

I will talk about PTSD. When we were younger, we lived with our parents in Windhoek, but my father was an abuser. The abuse between my father and my mother played a significant role in my depression and anxiety as well. It was also fuelled by one of my close relatives losing one of my cousins to cancer, because of watching someone die slowly every day. It was hard, P9.

I experienced childhood trauma. Umm, physical abuse, emotional abuse. And then somehow, financial abuse also came into play. One parent started going through financial abuse, which affected the rest of us. P10

Subtheme 1.3: Undiagnosed mental health conditions

Among the participants, some were not medically diagnosed with the mental health conditions. However, they have symptoms of anxiety and depression. The delay in health seeking may be owed to stigma associated with mental illness, as opined:

I think I am experiencing anxiety. For 6 years, I was never on medication to help me cope, since I was not medically diagnosed. P8

I have not seen a doctor concerning that. I would use medication, calmers, and to calm myself. So, they were not suitable for academics at the same time because it would calm you down to the point where your brain could not function vividly, P11



Theme 2: Emotional suppression and cultural silence

Cultural norms and expectations discourage males from freely expressing their emotions. This leads to masking of the symptoms, owing to fear of being judged, while internalising emotional distress.

Subtheme 2.1: Gender expectations and family invalidation

Male students shared their childhood experiences and how their cultural background influenced their coping strategies. Participant concealed their emotions, because:

Men in our family should not show signs of weakness. You grow up with that image, this is how you should be. This is how you should look outside. As a man, you are indeed a strong person. P1

So, there was never freedom of expression, basically. So, yeah, I think that was probably a result of growing up. That is why I cannot tell my mom if I feel depressed, because she never gave me the platform. P3

Theme 3: Coping strategies and support system

With persistent signs of mental health conditions among students, there are several coping strategies used, including avoidance, problem-focused coping, and emotional coping.

Subtheme 3.1 Avoidance strategies: sleep, smoking, vaping, and alcohol use

Students conceal their emotional pain through avoidance and pretence. This masks their emotional vulnerability, extending the invisible struggle of mental illness alone and numbing the feeling through smoking, vaping, sleeping, and alcohol use.

I avoid everybody. I become quiet, avoiding people, thinking it allows me to be alone and avoid dealing with anything, and I slip into isolation mode, drinking alcohol and smoking. P12

The only thing I have is God. I try to avoid having many people around. I find it hard to want to talk to people every day. I try to isolate myself so I can have my own space. P4

Subtheme 3.2 Mindfulness and emotional regulation

In contrast with the above coping strategies, supportive family support was found to play a critical role in emotional regulation. A sense of resilience is picked up in the following narratives:

My mom is a nurse, so she is very supportive. I think, to some extent, due to my character, they are sensitive about how they should approach me throughout life, so they remain supportive. I can say that my environment at home is good at P7.



Theme 4: Academic pressure

Several students experienced ADSI that was related to examination stress, delayed academic progression, and academic failure. However, resilience was strongly evident despite the challenges, as students are purpose driven.

Subtheme 4.1 Module failure, exam stress, and self-worth erosion

When I failed my modules, I felt less deserving of the opportunity to come to university. Yeah. P10

Subtheme 4.2 Delayed academic completion and determination

Academic challenges, including failure, lead to students spending more time in the academic institution, longer than expected, but determination for academic achievement was highlighted as follows.

I started attending university in 2020, but I should have finished a long time ago due to all those effects. I am still here. P7

Theme 5: Service inaccessibility and institutional gaps

At public universities in Namibia, while some students accessed counseling services, others described the devastating effects of missed appointments. This was associated with a lack of visibility and delayed collaboration.

Subtheme 5.1 Lack of visibility and missed appointment

Lack of signage and availability of mental health care were identified as a stumbling block in accessibility of mental health care to at-risk students.

Now, honestly, I feel like they do not really take mental health seriously. I'm not sure if they have a therapist. I was supposed to have an appointment for a session last week. I tried to find the office, but I could not locate it. My information is on the system, but I have not received a call. I would have committed suicide within like 2 minutes. P12.

I spent many months suffering and then having to commute to see different psychologists and psychiatrists at another location. However, I then met a friend who informed me that there are student counselors. If I had not met her, I wouldn't have known about them because they don't share that information. P9

In contrast, however, those students are aware of the available mental health support and express positive feedback from the service providers.

On campus, we have a social worker. So she gives counselling. Umm, she is the first person that I went to talk about my issues, and then she referred me to the central hospital. We also have a clinic on campus, so that's another option, P7.



Subtheme 5.2 Limited availability and lack of professional

While some campuses have mental health professionals, others still lack such provision, negatively impacting students experiencing mental health challenges.

She is the only one who visits both campuses and supports them. She is just on campus for two days a week. Sometimes when you need help, she might be helping students from the other campus. P8

No, I don't think we have those mental health things. Or maybe if we have, I don't really engage with people, you know. However, I don't think there is. P13

Theme 6: Peer advocacy and informal network

Peer counsellors, roommates, and trusted friends serve as the support system for students experiencing mental health crises. Some students confide in friends rather than family members.

I am also a peer counselor now, and I think it is more noticeable because we have social media platforms like WhatsApp, and our numbers are visible to every student on campus. P9

Subtheme 6.1 Disclosure to trusted friends due to family mistrust

Due to fear of being judged and avoidance of sharing with family due to mistrust, some students feel more comfortable sharing their mental health conditions with their trusted friends, as narrated below.

I do not tell them because I feel they do not understand me. They will say it's just a fear of failing. I told them at some point, and she went to the rest of the family. I decided not to share anything with them anymore, but rather with my friends, who motivate me P8.

DISCUSSION

This qualitative study examined data collected from undergraduate at a public university in Namibia since 2024. The students' discussions centred on six themes, as listed in Table 2. The study findings revealed that students experienced stressful events related to academic pressure, childhood trauma, and PTSD. Students also discussed their unique coping strategies, including avoidance, emotional, and problem-focused coping strategies. While some students were clinically diagnosed and on treatment, others remain undiagnosed and untreated. Childhood trauma and academic triggers also emerge as an overarching theme. According to Otieno (2025) and Obande-Ogbuinya et al. (2024), students with these disorders are likely to lose interest in learning, leading to poor academic achievement and failure to transition to graduation. A student who experienced childhood trauma is more likely to experience emotional distress. Mirroring the findings of Fan et al. (2024), college students who experienced child maltreatment may develop maladaptive coping strategies to cope with past trauma, including isolation and difficulty in trusting others.



Emotional suppression was also discovered, as the students would rather suppress their emotions, due to cultural silence, especially for a boy child. Negative coping strategies, such as alcohol and smoking, emerged. These findings were concurrent with the work of Liverpool et al. (2024), which stipulated that isolating while engaging in other avoidance coping techniques, such as talking to friends, using entertainment, practicing religious or spiritual activities, and immersing oneself in hobbies, was a strategy to hope for improvement. Students fear judgment, invalidation, or being perceived as weak, which is consistent with Cogan et al. (2022), who found that negative beliefs, stigma, and fear of being judged were evident among Asian international Students. In this study, students who were at higher risk of stress were vulnerable to impaired mental well-being. According to the literature, academic stress is a significant concern affecting students mental well-being (Drescher et al, 2025). Students felt less deserving of the opportunity granted to them through university admission, echoing a deep-seated sense of distress over academic failure. Identifying academic stress and mental health issues among undergraduates is crucial to reducing their adverse effects and enhancing students' coping mechanisms, resilience, and well-being (Oliviera et al., 2023; Slimmen et al., 2022; Predrelli et al., 2015).

A challenge to access mental health care due to the invisibility of institutional mental health services, leading to missed appointments and delayed referrals to specialised care. This inconsistency highlights a service gap in mental health infrastructure, as other campuses lack such services. Concurring with Murali & Avudaiappan (2024) a university's mental health support is relatively reactive, addressing issues after they have emerged. Peer support has been found to have a positive effect on the disclosure of students experiencing mental health problems. These vulnerable students are reached through various channels, including roommates, peer counsellors, and informal gatekeepers. These findings are supported by Hornsby et al. (2025), who stated that students benefit from peer counselling, highlighting the collaboration between peer counselling and emotional regulation.

CONCLUSION

Based on the discussion provided, the current study revealed that students are experiencing emotional distress, cultural silencing, and institutional gaps, including infringement on mental health. Through thematic analysis, the thirteen students' study concluded that anxiety, depression, and suicidal ideation are hindered by stigma and inconsistent access to services. It is imperative that, despite the challenges, students demonstrate resilience, clear vision, and determination. This study offers a deeper understanding of mental health in higher education institutions and advocates for a shift from reactive to proactive mental health care. Future studies may add value to these findings by incorporating longitudinal data and evaluating the intervention outcome.

RECOMMENDATIONS

Participants proposed mental health screening and evaluation, gender-sensitive programming, supervisor sensitivity, and strengthening the mental health awareness campaign. Participants recommended anonymous consultation without direct contact with a professional. A



comprehensive and mandatory mental health screening for all students is recommended. Demystifying mental health-related stigmatization, creating an enabling environment, and integrating mental health services within primary healthcare facilities could potentially enhance the accessibility of mental health support among university students. Given that ADSI is significant yet under-researched, further research using quantitative methods would systematically consolidate these findings on a larger scale. Early detection and support of students experiencing mental health conditions will benefit students.

Ethical consideration

The consent was obtained from the Ministry of Health and Social Services (MoHSS) (22/3/1/2). the study was approved by the Research Ethics Committee of NUST (FHNRAS:60/2023). All campuses gave permission for data collection.

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Conflict of interest

The authors formally declare that there are no conflicts of interest associated with this study. The research was conducted in the absence of any commercial or financial relationships that could reasonably be perceived as constituting a potential conflict of interest.

Authors contribution

Kristine Siseho conceived and designed the study and drafted the original manuscript. Dr. Mahalie and Dr. Endjala provided guidance on data collection and analysis. All authors critically reviewed and approved the final manuscript and confirm their familiarity with its content.

Availability of the data and materials

The datasets upon which the conclusions of this study are based are available from the authors upon reasonable request.

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