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Anxiety, Depression, and Suicidal Ideation among Undergraduates of Namibia University of Science and Technology, Windhoek

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ABSTRACT

Background: University students often experience mental health concerns when they struggle to adapt to the academic environment. This makes undergraduates vulnerable to anxiety, depression, and suicidal ideation. Meanwhile, scientific data on anxiety, depression, and suicidal ideation in Namibia are scant and grossly undocumented.
Objective: This study explored anxiety, depression, and suicidal ideation among undergraduate of Namibia University of Science and Technology.
Methods: Adopting an exploratory qualitative research design, 30 undergraduates at the Namibia University of Science and Technology were sampled using a convenience sampling technique. Data were collected through face-to-face interviews with undergraduates aged 18-30, using a semi-structured interview guide. The data were transcribed verbatim and content analysed, from which themes and subthemes emerged.
Results: Four themes, namely loneliness, burdensomeness, depression, and poor service provision, emerged from the study. The undergraduate experienced fear due to academic transition and increased workload, unfamiliar environment, financial constraints, unsafe accommodation, and family conflicts, while those having mental disorders were vulnerable to relapse.
Conclusion: The study concluded that academic transition, lack of family support, and financial constraints were contributing to anxiety and depression among undergraduates. The current mental illness was identified as a risk factor for suicidal ideation.
Unique contribution: This study provided new insight into understanding that undergraduates experience anxiety, depression, and suicidal ideation. These initiatives require collaboration among universities, policymakers, and mental health professionals to deliver mental health care to undergraduates.
Key Recommendation: Comprehensive wellness centre comprising a multi-disciplinary team, mental health support, enabling environment for targeted interventions, for early detection and support for vulnerable students.

Keywords: Anxiety, Depression, Suicidal Ideation, Undergraduate

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INTRODUCTION

Psychological distress and suicidal behaviours are serious mental health issues that require effective prevention strategies among students in higher education institutions (De Paula et al., 2020). An increase in the prevalence of mental disorders and suicidal ideation has been reported among university students in studies such as Obande-Ogbuinya, et al. (2024), Nwafor, et al, (2022) and Aligwe, et al., (2019). Suicide is a leading cause of death among adolescents and young adults aged 15–30 years worldwide (Lugata et al., 2021; Othieno et al., 2014; Garlow et al., 2008; WHO, 2019; Zhai et al., 2015). According to the World Health Organistion (WHO), the 2030 suicide reduction target is a distant reality, with one person committing suicide every 40 seconds among 15–to 29-year-olds in low and middle-income countries. In China, Zhai et al. (2015) discussed that the prevalence of suicidal ideation was 9.2% among students, which was exacerbated by poor family structures and relationships, unstable parental employment, and improper parenting styles. Subsequently, every suicide is a tragedy that negatively affects families, communities, and entire countries because it has a long-lasting effect on the people left behind.

Academic pressure and financial difficulties are associated with stress among university students (Owusu-Ansha et al., 2020). These factors exacerbate anxiety and depression, which can lead to suicidal ideation. According to Nwonyi et al., (2024), college students are at the transitioning stage; they experience intense social competition among peers, leading to negative emotions of social anxiety and depression. In the United States of America, about 41.6% of college students experience a generalized anxiety disorder (Patterson et al, 2023). Students with greater depression severity, higher levels of hopelessness, and poorer quality of life were more likely to have suicidal ideation (Farabaugh et al., 2012). Depressive symptoms are associated with increased beliefs about perceived burdensomeness and thwarted belongingness (Kleiman et al., 2014). Mental disorders are stigmatised, misunderstood, and seen as a sign of weakness or family issues rather than a medical condition (Kandasamy et al., 2025). This attribute leads to delayed help-seeking behaviour, extending the period of student suffering. Although the Namibian Ministry of Health raises public awareness about mental health, stigma remains a challenge. To demystify this, scientific data are needed to provide research-based information, and the implementation of the study findings to improve mental health provision in Namibia.

Namibia has the fourth-highest suicide rate in Africa and is number 11 in the global ranking of countries' suicide rates (WHO, 2017). In addition, the official statistics of the Namibian Ministry of Health and Social Services [MoHSS] revealed that 559 people committed suicide in 2021 and 510 in 2022. These cases involved both adults and juveniles (MoHSS, 2022). In Namibia, among university students, the pressure of academics and difficulties integrated into the academic system are associated with stress (Ndahepele et al., 2020). At least two students committed suicide at NUST in 2021. NUST offers mental health support, but little is known about anxiety, depression, and suicidal ideation among students. This study explored those psychological conditions and subsequent interventions that are significant in addressing the mental health needs of students.

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METHOD

Study design: An explorative, qualitative study explores anxiety, depression, and suicidal ideation among undergraduates.
Setting: The study was conducted at NUST's main campus in Windhoek, Khomas Region, among a total of 11,000 registered undergraduate students, aged 18-30. Global, the average age of diagnosis of mental disorder among 14, 18, and 25 years was rated 36.6%, 48.4% and 62.5% respectively (Solmi et al., 2022).
Study population and sampling strategy: Thirty students (ten first-year, ten second-year, five third-years, and five fourth-years) who sought healthcare services at NUST Health Services were conveniently recruited and interviewed until data saturation was achieved. All students younger than 18, older than 30 years, and postgraduate students were excluded.
Data collection and management: A semi-structured interview guide consisting of six questions was used to collect data in the English language between February 2022 and May 2022. The data were audio-recorded by the researcher, and field notes were taken and transcribed verbatim. The collected data were anonymous and coded as P1, Y1 (Participant 1, Year 1).
Data Analysis: The data analysis employed content analysis, which highlighted and interpreted different themes and sub-themes, and reported the findings. Four prominent themes related to anxiety, depression, and suicidal ideation emerged during the data collection process. Data accuracy was ensured by maintaining consistency during coding and through the supervisor's input.

RESULTS

Demographic characteristics of participants

Of the thirty (30) participants, 86% were between the ages of 18 and 25 years, and the remaining 14% were between the ages of 26 and 30 (Table I).

Table I: Demographic characteristics of interviewees (n: 30)

Variables	Frequency (%)
Age (years)	
18-25	26 (86%)
26-30	4 (4%)
Total	**30 (100%)**
Sex	
Male	12 (40%)
Female	18 (60%)
Total	**30 (100%)**
Year of Enrolment	
1st years	10 (33.3%)
2nd years	11 (33.3%)

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3rd years	5 (16.70%)
4th years	6 (16.70%)
Total	**30 (100%)**

Thematic areas

The findings that emanated from the qualitative interviews were grouped into four (4) primary themes, namely fearfulness, burdensomeness, depression, and poor service delivery see (Table II).

Table II: Themes, Subthemes, and Sample Verbatim Responses.

Themes:	Sub-themes	Sample verbatim responses
1. Fearfulness	Sub-theme 1.1. Feeling unsafe	Staying far from my family
		Acceptance by peers or fellow students
	Sub-theme 1.2. Loneliness	The institution is too big, and I have no friends here.
		No relationship with lecturers
2. Burdensomeness		Hard to strive without your parents
	Sub-theme 2.1. Sense of belongingness	
		Feel less loved and less accepted.
		no one to talk to, and this hurts sometimes
	Sub-theme 2.2 Financial Burden	financial burden
		lack of accommodation
		lack of financial support
3. Depression	Sub-theme 3.1 Giving up on life and school	I am not worthy to be alive
		School work is overwhelming.
		failed a module and want to give up on everything
		Depression is taboo.
4. Poor service delivery	Sub-theme 4.1 Unaware of available psychosocial support	Not aware that there is a clinic, a social worker, and an academic counsellor.

The four themes with accompanying quotations are presented below:

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Theme 1*:* **Fearfulness**:
Fearfulness was more prominent among students from other towns and villages in the rural area of Namibia compared to those from Windhoek, as they were accustomed to their environment.

Sub-theme 1.1 Feeling unsafe

Students living with their extended family members were maltreated see Table II. Therefore, students struggled to cope with daily stressors, including academic and interpersonal challenges, as narrated below.

> My first year was tough. I struggled with accommodation and finances to sustain me here at university. I changed from place to place. (P16 Y4)
>
> I felt emotional at times, as I often missed my parents and family, and it was hard for me to make friends. (P9, Y2)
>
> I do not like to go in a taxi. I do not take my phone with me because I am scared of getting robbed. I am also scared to be alone or even go to town. I do not like to go places, so I always make sure to watch my back. (P10Y2)
>
> Life here is difficult. I am from a small town, and you must hide your phone, because somebody may take it. People get killed here every time you fear for your life, sometimes, and I am homesick. (P10, Y2)

Sub-theme 1: Loneliness: The participants expressed feeling of loneliness, during their first academic year and due to staying far from their immediate families. Some students struggled to relate to their peers due to culture shock, whereas others had difficulty relating to their lecturers.

> I am staying with my mother's sister; it is not a conducive environment where I am currently living, but I am not from this town. My parents passed away when I was a child. (P 4, Y1)
>
> Here, I do not have friends from my town; I'm just alone. I do not know whom to trust. Some students dress very well. I wanted to quit and return to my hometown. (P8, Y2)
>
> I felt emotional at times, as I often missed my parents and family, and it was hard for me to make friends. (P9, Y3)

Theme 2*:* **Burdensomeness**
This theme was derived from the second research question, in which participants were asked to elaborate on how they are surviving and thriving in Windhoek. The feeling of burdensomeness was evident among females and orphans, as well as those living with extended family members, and those from rural areas and small towns experienced burdens. Resilience, coping, and adaptive strategies were observed amongst others.

Sub-theme 2.1: A sense of belongingness

> I felt devastated when I used to stay with my aunt and uncle because no one was there for me. I could not tell my parents because they were far. That was not the best choice. I was treated differently from those who were born in that family. This was not good for my mental health. (P19, Y3)
>
> Here, I do not have friends from my town; I'm just alone. The first year was challenging here on campus, so I spent most of my time alone. I do not know

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> whom to trust. Some students dress very well. I wanted to quit and return to my hometown. There I will feel free, because we speak the same language. (P2, Y2)
>
> The lecturer seems to be very busy, and the lecture halls are too large and filled to capacity, which is why I do not have a personal relationship with lecturers, as there are too many students. (P1, Y3)

Sub-theme 2.2: Financial burden. Participants expressed financial burden to their parents, due to payment of accommodation, tuition fees, transportation, and basic needs.

> I live with my aunt, and it is not a conducive environment. I lost both my parents. I ask myself why I should lose both my parents. I know for sure that I would not struggle so much if my parents were alive. I hate life sometimes. Why should my parents leave me so early? (P4, Y1)
>
> My first year was tough. I struggled with accommodation and finances to sustain me here at university. I had to move from one place to another on several occasions. (P16, Y4)
>
> Striving is difficult, I stay far away from my hometown, my parents pay for my rent, and sometimes there is no money. Paying rent is a challenge in Windhoek; it is very expensive, and on top of that, they complain about having to support me. I feel like I am a burden to my family. (P11, Y2)

Among the students who felt supported, they performed better academically, and most of them were from Windhoek, where they were staying with their immediate families or supportive and kind relatives.

> I am fortunate that my aunt is a teacher here; she supports me very well. (P4, Y3)
>
> My daddy is responsible for my finances. He is from Windhoek. I rely on him, as you saw me outside selling cupcakes. I use that money for my personal needs. (P2, Y1)

Theme 3: Depression

Sub-theme 3.1 Giving up on life and school. Depression was measured by asking about feelings of giving up on life or school.

> I am an orphan. I was on the street, not knowing where to go. I used to stay here and there. Wanted to end my life a thousand times. I overdosed with pills, stood next to the road to throw myself over to get bumped, looking for the strong trees to hang myself" I am tired of living. (P2, Y4)
>
> Quitting, I did, and giving up on life, I was studying a course I didn't like, and I failed a lot. My parents forced me to take up that course. I quit and now I am happy because I am doing the course that I like, in my first year I failed a module, I cried the whole week, I was depressed during that moment, and I just figured out what I had done wrong and improved. (P6, Y1)
>
> I thought of ending my life, but I never entertained that feeling. Life is an emotional journey I don't like pain; I can't imagine the pain of slow death. (P2, Y4)
>
> I was depressed; my depression was due to the mental illness I suffered last year. People's attitudes toward me have changed. And judged me continuously, people told me things like you will not make it, just quit, you are a failure, how can I be

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> positive about life? I thought of committing suicide. I was on anti-depression treatment, and I was admitted to the mental health unit several times I would lose focus, difficulty concentrating, and forget everything I learned. (P1, Y3).
>
> I overdosed on pills, stood next to the road to throw myself over to get bumped, looking for the strong trees to hang myself (P2, Y4)
>
> For me life is boring, I do not like waking up, I hate life, and it's horrible. Sometimes I feel like killing myself. (P2, Y3*)*

The study discovered that there is a link between academic failure, depression, and even suicidality. This was evident among some students who felt less worthy after failing a module. Lack of accommodation and financial insecurity were identified as risk factors for anxiety and depression. Those participants who had good coping mechanisms despite the hardship that life brought responded as follows:

> I can survive any challenge, I never thought of ending my life at all. (P5, Y4)
>
> Right now, I am fine, everything is all right, the only stress I have is about school, nothing else. I want to finish and make my parents proud. (P2, Y2)
>
> I failed a module. I know that I will be in this university for an extra year. I realize that nothing is permanent; if you put in more effort, you will make it. (P3, Y3)
>
> My course is quite interesting; I am learning about myself I do not like it when the school closes. (P5, Y1)

Among the participants, some did well mentally and did not experience any degree of depression. Family support was highlighted as a key determinant of mental health stamina.

Theme 4: Poor service delivery

Sub-theme 4.1: unaware of available psychosocial support. The fourth theme emerged when participants were asked about the effectiveness of the existing health and psychosocial services. Among the participants, some were aware of the existence of those services. However, some were unaware of the existence of these services. Those who were unaware of the service's existence responded as follows.

> I don’t know if we have such services. (P3, Y4)
>
> I don’t know those things that are why I asked one student outside if there is a social worker here. This is my first time hearing about that (P11, Y2)
>
> Your information is unclear; more than ten students may be unsure if there is a clinic here. This is the first time I've heard about mental health support on campus. I was not aware of it. (P2Y5)
>
> I don’t know about that. (P5, Y4)

Among the participants who were aware of the existence of psychosocial support, some expressed their unpleasant experiences as follows:

> My first experience with a social worker was not good. The social worker discussed confidential information with my aunt. I do not want to speak to any social worker anymore. I lost trust in them. It was because of that trauma that I never wanted to speak to any social worker again. It's better to keep my problems to myself. (P4, Y1).

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> Yes, I am aware. I never get angry very fast, and I also recover very fast. There was no need to use their service. (P3, Y3)

One of the participants mentioned that services for health and psycho-social support on campus were part of the annual student orientation programme.

> I know those services exist, but I've never used them; we were told during orientation to use them when we feel bad. (P1, Y4)

DISCUSSIONS

The study established that undergraduates experience anxiety, depression, and suicidal ideation, as evidenced by the verbatim responses in the themes that emerged from the qualitative interviews. Approximately 86% of participants were aged 18-25, with 66.6% from the first and second academic cohorts (see Table I).

Fearfulness

The findings of this study were found to be consistent with the existing literature, highlighting that fearfulness, driven by both social and environmental factors, significantly contributed to students' mental health challenges. In line with Ploskonka et al. (2019), this study confirmed that a lack of family support, including financial and emotional support, can significantly increase students' risk of anxiety, depression, and suicidal ideation. Participant's narrative clearly illustrated that the absence of reliable family support leads to insecurity and fearfulness, exacerbating their vulnerability to poor mental health. Conversely, Roska and Kinsley (2019) also suggested that findings support the notion that students who receive financial and emotional support from family members tend to demonstrate greater academic success while developing effective coping mechanisms. Furthermore, this study's findings regarding the impact of environmental threats align with prior research. Especially higher crime in Windhoek emerged as a distinctive source of fear among students, mirroring the observation of Maier et al. (2020). Like their findings, participants reported experiencing persistent fear due to the incidence of violence and muggings, resulting in heightened fear for their safety around campus. This ongoing concern adds a layer of psychological stress, combined with academic and financial challenges, amplifying mental health challenges.

Burdensomeness

This study's findings highlight loneliness and separation from immediate family as a significant psychological predictor of poor mental health, consistent with the literature. The participants reported that living away from family contributed to feelings of isolation, heightened their experience of stress, depression, and even suicidal ideation. This finding aligns with Lockman et al. (2016), who found that perceived burdensomeness, thwarted belongingness, and stress among university students were negatively associated with suicidal ideation. Similarly, the findings align with those of Nazzal et al. (2020), who surveyed Palestinian university students and found that higher levels of loneliness were associated with lower satisfaction and reduced perceived support from friends and family. Undergraduates who felt lonely reported greater psychological distress and a diminished sense of well-being. This finding is consistent with that of Flynn et al. (2015), who demonstrated that loneliness and learning burnout negatively impact students' academic experience and mental health. In addition, these challenges also revealed evidence of

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resilience, adaptability, and transformation among some students, supporting the literature on coping mechanisms in the face of diversity. Dagdeviren et al. (2019) identified three types of coping strategies in response to hardship: absorptive, adaptive, and transformative. Referring to this typology, participants in this study demonstrated varying levels of coping. In contrast, others struggled with transitioning to live far from their families, while others successfully adapted and adjusted to university demands more effectively.

Depression

Depression was notably common among participants exhibiting hopelessness and persistent sadness. The findings align with literature that reinforces the existing evidence that depression, anxiety, and stress are highly prevalent among undergraduates in developing and developed countries (Mofatteh, 2020). Participants who reported feelings of hopelessness and persistent sadness were prone to depression, which aligns with broader research linking these emotional states to poor mental health. A significant finding highlighted the risk of suicidal ideation among students with mental illness and those who are orphans. The loss of parents leads to unstable living conditions and a lack of emotional support, which places the orphans at greater risk of suicidality. These findings are consistent with Salifu and Yidana (2024) in Ghana, who identified that relationship problems, negative thoughts, and harmful behaviours are prevalent among university students. Inadequate financial support emerged as another factor influencing mental health, where participants experienced financial insecurity, poor access to transportation and accommodation, and limited learning resources, which undermine student mental well-being. Sierra Leone (Bulanda et al). These findings underscore how financial instability, lack of family support, and experience of hopelessness contribute to psychological distress and suicidal risks.

Poor service delivery

Despite the higher prevalence of anxiety, depression, and related mental health challenges among university students, the utilisation of available mental health services remains low. A finding consistent with the existing literature indicated that young people delay or avoid seeking professional help for mental health (Mboweni & Sumbane, 2019). One factor contributing to underutilisation is students' varied readiness to seek help. For some, previous negative experiences with formal counselling services discouraged them from seeking mental health support, while others believe they can manage their mental health independently. This reflects a lack of awareness of when professional intervention is necessary. Improved mental health literacy is paramount to encourage appropriate help-seeking behaviours. These findings underscore the importance of university academic staff and academic culture in influencing students' mental health, aligning with the findings of Dagdeviren et al. (2019). While supportive lectures can act as protective factors, buffering students against stress and anxiety, negative interactions such as discrimination, bullying, and lack of empathy can negatively exacerbate mental health risks. Furthermore, the study highlighted the strain caused by the student-service provider ratio. For instance, NUST has approximately 11,000 undergraduates served by two mental health services providers, which places substantial pressure on the quality and accessibility of support services. Additionally, the study revealed mixed experiences with the available mental health support. While some participants who accessed counselling found it ineffective, others expressed satisfaction with the support received. Insufficient mental health

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awareness was evident, as some participants were unaware of the psychosocial support available on campus.

CONCLUSION

This study highlights that financial, family, and psychological support are significant factors influencing anxiety, depression, and suicidal ideation among undergraduates of NUST. Students who lack such support, those who migrated, the orphans, and those who have a history of mental illness are vulnerable. Insufficient support from academic staff and poor student-lecturer relationships further contribute to poor mental health, negatively affecting academic performance. Strengthening family support and creating an enabling environment for early identification, preventive strategies, and targeted interventions are essential to promote students' mental well-being and academic success. Future researchers should continue to explore how to tailor interventions to students with diverse backgrounds and needs. Overall, these findings highlight the importance of early detection of at-risk students, mental health literacy, increased accessibility to health services, and fostering a supportive academic environment to promote student well-being.

Ethical clearance

Ethical approval and permission to conduct the study were obtained from Texila American University-Zambia (Ref. No. 2021/TAU-LTD-ZA/5073), NUST (FHAS: 01/2022), and the Ministry of Health and Social Services (Ref. No. 17/3/3KNS001). The researcher obtained a Master of Public Health degree from Texila American University, while the data collection was conducted at NUST. Informed consent was obtained from all participants, whose identities were concealed. To ensure confidentiality, data were stored in a password-protected system, and the audio recordings were deleted after the recorded data were verified and transcribed verbatim. The study adhered to the international ethical principles outlined in the World Medical Association Declaration of Helsinki (Sawicka-Gutajet et al., 2022).

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Conflict of interest

The authors declare no competing interests.

Authors' contributions

KS was the principal investigator who conceptualized the study and research design, developed the protocol, performed data collection, and wrote the initial draft, subsequently revising the manuscript. RM supervised the project and participated in the study's conceptualisation, protocol development, and write-up.

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Availability of data and materials

The data supporting the study's conclusion are accessible from the corresponding author upon reasonable request.

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