

Promoting Campus Mental Health Literacy

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Introduction

Mental health service provision, service utilization and supervision are hinged on mental health literacy in the effort to promote mental health wellbeing of an individual or a given community. This article examines the facets of university mental health wellbeing and the loopholes in the annual status reports of the National Council for Higher Education in Uganda that neglect the aspect of the institutions' mental health. Mental health literacy level is suggested as a central variable that may explain why evidence of campus mental health status is ignored. The article reiterates the need to report campus mental health status as an avenue to promote mental literacy on university campuses and for the general public in order to enhance mental health wellbeing.

Foundation for Health and Resilience: Mental Health Literacy

The growing need to address increasing mental health difficulties the world over and on university campuses [1] cannot be overemphasized because of the burdens they impose on individuals and the economy [2]. Whereas Dutch (2017) [2] makes strong arguments for investment in the prevention and treatment of mental disorders per se for the enhancement of overall health, quality of life and resilience, we argue that mental health literacy is at centre stage as the foundation stone to realize these existential concerns. This paper, thus creates a clarion call to address the need to raise mental health literacy in the

public and specifically on university campuses mainly because mental health literacy on the part of the consumer influences utilization and service quality that ultimately affect the quality of their health and life [3].

Mental health literacy is a term coined by Jorm, et al. (1997) [4] and defined as "knowledge and beliefs about mental disorders which aid their recognition, management or prevention" p.183. Jorm (2000) [5] has observed that mental health literacy is an area which is comparatively neglected unlike the health literacy for physical health. He notes that many members of the general public cannot correctly recognize specific disorders or different types of psychological distress and they also differ from mental health experts in their beliefs about the causes of mental health disorders and the most effective treatments. He also observes that attitudes that hinder recognition and appropriate help-seeking are common. This affects all facets of conducting a desired mental health wellbeing that stretches from awareness, provision of the services, supervision and their utilization to continued effective functioning [6].

The Third Force in Mental Health Promotion

Following an existential intersectoral approach to address mental health needs through institutions of learning [7] and the mental health infrastructure, a

solution to counter mental health difficulties seems to be a long way due to observed increasing mental health vulnerabilities. A third force to join in this struggle is being suggested. The Bodies or Councils that have an overall legislative mandate over institutions of learning would play a larger and effective role through mental health literacy promotion as part of a range of effective public mental health interventions to stimulate mental wellbeing and prevent mental disorders [8]. These organs, though outside the health sector can influence mental health outcomes through their periodical reports on university affairs by devoting a section to the mental status of universities under their jurisdiction and make it conditionality for university licensure, charter protocols and progress evaluations. This would contribute immensely to raising the level of mental health literacy for the institutions of learning and the general public.

Evidence of Mental Health Difficulties and Consequences

Concerns about Ugandan universities mental health status have been documented. German and Arya (1969) [9] indicated the prevalence of psychoneurotic illnesses among the undergraduate students at Makerere University. The report continued to reveal an interesting phenomenon that psychiatric illness at Makerere University (10.8%) does not appear to be different widely from experiences of British and American Universities (Edinburgh 11.6%, Belfast, 10.2%). Thirty seven years after the report, Ovuga, Boardman & Wasserman (2006) [10] observed that “there is little information on the current mental health of university students in Uganda,” p.51, and they also pointed out the urgent need to provide mental health promotional services at the university. Campus suicide is prevalent and occurs for number reasons that range from low self- esteem, academic failures, relationship issues etc. [11]. A study on a representative sample of universities in Uganda indicated that 37% of students had symptoms of psychosocial problems [12] while 34.8% had symptoms of psychopathology in terms of depression and anxiety [13].

University mental health status is a touchy issue. Today universities are no longer associated with the proverbial notion of carefree time of the 60's and 70's where Gaterly (2005) [14] notes that the biggest worries were passing finals and finding a date. Today they are looked at as cauldrons of pervasive, rampant mental illness. Senator Gordon H. Smith of Oregon, USA in a News Release (2004) [15] observed that some students find college to be a pressured and painful time and that without the right

kind of help, the depressed and hurting are too often unable to move past their feelings of darkness and hopelessness.

Studies done on the different mental health problems affecting students [12,16-19] indicate significant implications for the students' lives, academic performance and behaviour. For instance, anxiety may affect the student's ability to retrieve the information he /she learned the previous night. If depression goes untreated it can diminish prolonged cognitive functioning. Lack of mental health services to vulnerable students lead to continued mental disability and even ending up in justice system. Therefore Institutions of learning and other concerned bodies ought to play a significant role in addressing existing mental health issues [7,20,21].

Ignored Campus Mental Health Reporting

Mental health impacts many policy areas when it unfolds in significant proportion of the disease burden, in significant loss of work days leading to decreased productivity, causing significant individual and family suffering, which impacts negatively also on students' academic outcomes [8]. A supportive and mental health literate central university leadership is critical in promoting comprehensive and systemic changes that would reflect the nature of advocacy, planning, and intervention in mental health issues that would trickle down to deserving students to build literacy capacity to utilize available mental health services.

Mental health literacy among Legislative Bodies/Councils, university administrators in its effect on the promotion and utilization of mental health services on campuses is an area that remains poorly understood. This is rather evidenced in the exclusive emphasis on non-health policy areas in the existing annual reports on issues such enrolment, existing academic programs and their relevance, research and publications, academic staff and infrastructure, education facilities, financing of higher education and governance. A case study on Uganda campuses supports this assertion.

Every year the National Council for Higher Education (NCHE) a statutory body to legislate on Uganda higher education produces its report on “The state of higher education and training in Uganda:” [22]. The reports exam all possible factors that explain the success and challenges encountered in higher institutions of learning. However they fall short of considering mental health status on the campuses as a factor that might explain the failure to

realize the environment conducive to learning and curbing the increasing disruptive behaviours observed on the campuses [10-12]. And neither do the reports include mental health issues among their recommendations to improve the delivery of quality higher education. This is rather an important omission while evaluating the state of higher education in Uganda.

In its jurisdiction, the Council oversees more than 49 universities, and 150,000 students and staff and sets up minimum standards for licensing and chartering of universities [23]. Every student pays an annual statutory fee to the Council.

Stakeholders of both licensed and chartered universities believe that universities play a designated role of serving in loco parentis for student health and safety [24]. They would be interested to know beyond the material, student/staff population and academic issues etc. being reported. Equally important the interests would cover the mental health infrastructure that include but not limited to campus mental health related status, budget for mental health, existing service provisions, facilities and programs that address suicide issues and students with drug, alcohol problems, the existing mental health service workers proportionate to students' population and their qualifications and on-going refresher training for the health workers and university mental health policy and supervision of the mental health workers. The latter takes central stage in ensuring professional management of the counseling services [6].

Notwithstanding the fact that professional counseling services are just a new phenomenon in Uganda [25], it is not surprising that mental health literacy and mental health services are still least contemplated for the most deserving vulnerable individuals including the entire university communities. Evidently, the public tends to label as mental illnesses in situations when a patient manifests severe psychiatric symptoms like bizarre or violent behaviours. These are looked at as chronic with far reaching consequences in one's functioning in life and need medical intervention [26-29]. Such a situation concurs with overwhelming recent surveys that have established that large sections of the public have a low mental health literacy which is reflected in a lack of knowledge about symptoms of mental disorders, meaning of psychiatric terms, and the effectiveness of various mode of treatment [30-32].

While mental health literacy is being championed for campus consumption through the National Council for

Higher Education in Uganda as a factor to promote mental health wellbeing to enhance quality higher education, it still remains an existential challenge to the central policy makers responsible for higher education. Mental health literacy levels among university policy makers may explain the lack of thrust to come out boldly on mental health issues in their reports. This makes a case to National Council for Higher Education, individual university administration that paying particular attention in their reports to the issues of mental health on university campuses, the long way to promote of mental health literacy on campuses is envisaged.

Conclusion

The realities of predisposition to mental health difficulties among the public and more so in the students, lack of adequate information on the current mental health on universities in Uganda and the novelty of the counseling field in Uganda are strong assumptions that mental health service provision and utilization in universities are still very challenging issues. If mental health is to be improved and appropriate intervention sought with emphasis on campuses, the level of mental health literacy needs to be raised. It therefore calls for the third factor namely the legislative Bodies /Councils (e.g. the Uganda National Council of Higher Education, NCHE) over universities to join in the mental health literacy landscape through their annual reports to include the status of university mental health and innovate it as a modus operandi for university licensure, charter acquisition and performance evaluation.

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