

**ENSIGN GLOBAL UNIVERSITY, KPONG
EASTERN REGION, GHANA**

**FACULTY OF PUBLIC HEALTH
DEPARTMENT OF COMMUNITY HEALTH**

**KNOWLEDGE, PERCEPTION, AND ATTITUDE TOWARDS MENTAL HEALTH-
SEEKING BEHAVIOR AMONG STUDENTS AT KOFORIDUA TECHNICAL
UNIVERSITY, IN THE NEW JUABEN MUNICIPALITY
IN THE EASTERN REGION OF GHANA**

BY

**JANET EMEFA MENSAH
(247100291)**

JUNE 2025

**ENSIGN GLOBAL UNIVERSITY, KPONG
EASTERN REGION, GHANA**

**KNOWLEDGE, PERCEPTION, AND ATTITUDE TOWARDS MENTAL HEALTH-
SEEKING BEHAVIOR AMONG STUDENTS AT KOFORIDUA TECHNICAL
UNIVERSITY, IN THE NEW JUABEN MUNICIPALITY
IN THE EASTERN REGION OF GHANA**

BY

JANET EMEFA MENSAH

(247100291)

A THESIS SUBMITTED TO THE DEPARTMENT OF COMMUNITY HEALTH,
FACULTY OF PUBLIC HEALTH, ENSIGN GLOBAL COLLEGE IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE
MASTER OF PUBLIC HEALTH DEGREE

JUNE, 2025

DECLARATION

I hereby confirm that, except for properly cited references to the work of others, this project submitted to the Department of Community Health, Ensign Global University, Kpong, is the outcome of my research and has not been submitted for any other degree elsewhere.

JANET EMEFA MENSAH
(ID – 247100291)
(STUDENT)

...  ...

Signature

28-04-2025

Date

(Certified by)

DR. STEPHEN MANORTEY
(Supervisor)

.....

Signature

.....

Date

(Certified by)

DR. STEPHEN MANORTEY
(Head of Academic Program)

.....

Signature

.....

Date

DEDICATION

To my loving parents, Mr. and Mrs. John Mensah, your constant encouragement and belief in me have fueled my determination to complete this course. To my esteemed advisor, Dr. Stephen Manortey, thank you for your unwavering guidance and support throughout this journey. I also extend my heartfelt gratitude to Mr. Alexander Quayson for his immense support. His contributions have profoundly impacted my life, and I will never forget his generosity and encouragement.

ACKNOWLEDGEMENT

My profound gratitude goes to the Almighty God for granting me the strength to carry out this study despite the obstacles and challenges along the way. My faith in God has sustained me since the beginning of my professional journey, shaping my identity and giving me the hope and perseverance to keep moving forward. Everything I am today grounded in His grace and favor, and I am constantly reminded that all I have achieved is by His abundant blessings.

I sincerely appreciate my supervisor, Dr. Stephen Manortey, for his invaluable guidance, unwavering support, and insightful feedback throughout this journey. His mentorship has been a source of inspiration, and I am truly grateful for the time and effort he has dedicated to my academic growth.

Additionally, I am deeply thankful to the faculty of Ensign Global University for their collective contributions to my academic and professional development. Each of you has played a unique role in shaping my journey, and I sincerely appreciate your encouragement and support.

DEFINITION OF TERMS

Mental health	-	A person's emotional, psychological, and social well-being.
Health-seeking behavior	-	Actions people take to maintain or improve their health.
Knowledge	-	Awareness or understanding of something
Perception	-	The way someone understands or interprets something.
Attitudes	-	A person's thoughts and feelings about something
Depression	-	A condition causing persistent sadness and loss of interest
Anxiety	-	Excessive worry or fear about the future
Distress	-	Extreme worry, pain, or suffering.
Suicide	-	Taking one's own life intentionally.

LIST OF ABBREVIATIONS

CDC	-	Centre for Disease Control
CHAG	-	Christian Health Association of Ghana
GHS	-	Ghana Health Service
KNUST	-	Kwame Nkrumah University of Science and Technology
KTU	-	Koforidua Technical University
MHA	-	Mental Health Authority
USAG	-	University Students Associations of Ghana
WHO	-	World Health Organization
PTSD	-	Post traumatic stress disease
MOH	-	Ministry of Health
KAP	-	Knowledge, attitudes and practices
HND	-	Higher National Diploma
AOR	-	Adjusted Odds Ratio
CI	-	Confidence Interval
COR	-	Crude Odds Ratio
GHSQ	-	General help seeking questionnaire

ABSTRACT

Introduction: There is growing concern about the mental health and well-being of young people. Mental health issues touch many parts of our lives, from our relationships with others to what makes us feel fulfilled and how we deal with life's challenges. Our mental health can affect factors like self-esteem and self-worth. Emotional disorders, such as anxiety and depression, are the most prevalent mental health issues among young people, with behavioral disorders being the most common. Recent data indicates that the mental health of young people has worsened further.

Methodology: A community-based analytical cross-sectional survey was conducted involving 426 students from the KTU from the five main faculties of the university, using a stratified random sampling method. Data collection was done through structured questionnaires. Descriptive statistics, chi-square tests, and logistic regression were employed to determine the significance of various factors. Statistical significance was set at $p < 0.05$.

Results: The study found that majority of students 81.46% had good knowledge of mental health. Most students, 55.87%, showed a positive attitude, and less than half 45.07% had a negative perception. Overall, 62.91% of students were likely to seek mental health care, while 37.09% were unlikely. The sources of help were mainly parents, partners, mental health professionals, and religious leaders, while fewer students were willing to seek help from friends or other relatives. There was a significant association between knowledge level and mental health seeking behavior ($\chi^2 = 12.5, p = 0.0004$). Knowledge was also a statistically significant predictor with students who have good knowledge more than twice as likely to seek help (AOR = 2.25, 95% CI: 1.33–3.80, $p = 0.002$).

Conclusion: Students generally demonstrated good knowledge and positive attitudes towards mental health. However, negative and neutral perceptions remain prevalent. Despite this, most

students were willing to seek help, especially from trusted individuals (parents and partners) and professionals. Strengthening mental health education and addressing stigma is essential in promoting knowledge, healthier perceptions and encouraging timely help-seeking behavior among students.

Keywords: Mental health, health-seeking behavior, University students, Koforidua, Ghana,

TABLE OF CONTENTS

DECLARATION	i
DEDICATION	ii
ACKNOWLEDGEMENT	iii
DEFINITION OF TERMS	iv
LIST OF ABBREVIATIONS	v
ABSTRACT	vi
TABLE OF CONTENTS	viii
LIST OF TABLES	xi
LIST OF FIGURES	xii
LIST OF MAPS	xiii
LIST OF APPENDICES	xiv
CHAPTER ONE	1
1.0 BACKGROUND	1
1.1 Introduction	1
1.2 Problem Statement	2
1.3 Rationale for Study	4
1.4 Conceptual Framework	5
1.5 Research Questions	6
1.6 General Objective	7
1.7 Specific Objectives	7
1.8 Profile of Study Area	7
1.9 Scope of Study	9
1.10 Organization of Report	11
CHAPTER TWO	12

2.0 LITERATURE REVIEW	12
2.1 Introduction.....	12
2.2 Knowledge of Mental Health Among University Students	14
2.3 Perceptions and Attitudes of Students Towards Mental Health	15
2.5 Challenges in Poor Mental Health Seeking Practices.....	17
2.6 Benefits of Prioritizing Mental Stability.....	19
CHAPTER THREE	20
3.0 METHODOLOGY	20
3.1 Study Methods and Design.....	20
3.2 Data Collection Techniques and Tools	20
3.3 Study Population.....	21
3.4 Study Variables.....	21
3.5 Sampling	23
3.6 Pre- Testing.....	24
3.7 Data Handling	24
3.8 Data Analysis	25
3.9 Ethical Considerations	26
3.10 Limitations of the study	26
3.11 Assumptions of the study.....	26
CHAPTER FOUR.....	27
4.0 RESULTS	27
4.1 Introduction.....	27
4.2 Sociodemographic Characteristics of Respondents	27
4.3 Level of knowledge of students about mental health.....	29
4.4 Perceptions of students towards mental health at Koforidua Technical University	31

4.5 Students’ attitudes towards mental health.....	33
4.6 Mental- health seeking behaviours of students	37
4.7 Association between mental health-seeking behaviour and selected demographic characteristics.....	38
4.8 Association between mental health-seeking behaviour and knowledge, attitude and perception.....	40
4.8 Predictors of mental health seeking behaviour among students	42
CHAPTER FIVE	44
5.0 DISCUSSION	44
5.0 Introduction.....	44
5.1 Students’ level of knowledge towards mental health	44
5.2 Perceptions of students towards mental health care	46
5.3 Attitudes of students towards mental health	48
5.4 Mental health seeking behaviour	50
5.5 Association between Mental Health-Seeking Behaviour and Knowledge, Attitude, and Perception	52
5.6 Public Health Implications.....	54
CHAPTER SIX	55
6.0 CONCLUSIONS AND RECOMMENDATIONS.....	55
6.1 Conclusions.....	55
6.2 Recommendations.....	56
REFERENCES.....	58
APPENDICES	67
Appendix 1: Consent form.....	67
Appendix 2: Structured questionnaire	69

LIST OF TABLES

Table 3.1: Study variables.....	22
Table 4.1: Socio-demographic characteristics of respondents.....	28
Table 4.2: Student’s knowledge level on mental health issues.....	30
Table 4.3: Perception of respondents on mental health disorders	32
Table 4.4: Students attitudes towards mental health.....	35
Table 4.5: Mental health seeking behaviors of respondents	37
Table 4.6 Association between mental health seeking behaviors and selected demographic x'tics.	39
Table 4.7: Association between dependent and independent variables	41
Table 4.8: Predictors of mental health seeking behaviour	42

LIST OF FIGURES

Figure 1.1: Conceptual Framework	6
Figure 4.1: Level of knowledge of mental health among respondents	31
Figure 4.2: Level of perception of respondents on mental health disorders	33
Figure 4.3: Level of attitude of respondents	34
Figure 4.4: Likelihood of seeking mental health care.....	38

LIST OF MAPS

Map 1.1: Map of the Eastern Region of Ghana	9
Map 1.2: Map of Koforidua Technical University.	10

LIST OF APPENDICES

Appendix 1: Consent form..... 67

Appendix 2: Structured questionnaire 69

CHAPTER ONE

1.0 BACKGROUND

1.1 Introduction

Mental health is a crucial component of a person's overall well-being. Yet, it remains one of the most neglected areas in health care, especially in many developing countries. Mental health is an individual's emotional, psychological, and social well-being (CDC, 2021). An important aspect of this definition is that mental health involves more than merely being free from mental disorders or disabilities (WHO, 2024). Mental health is essential throughout all stages of life, from childhood and adolescence to adulthood.

Mental disorders are a major health concern around the world, impacting about 13.9% of people in 2021 (WHO, 2024). These conditions are among the top ten causes of health problems globally, with anxiety and depression being the most common issues found in different groups of people and areas. There are over 200 types of mental illness; the main types include schizophrenia, depression, bipolar disorder, eating disorders, anxiety disorders, and post-traumatic stress disorder (PTSD) (CDC, 2023). Also, depression can raise the likelihood of various physical health issues, especially chronic conditions such as diabetes, heart diseases, and stroke (WHO, 2024).

The economic impact of mental health conditions is immense, with productivity losses far exceeding the direct costs of care (WHO, 2021). In Africa, (10%) of the population suffers from mental health disorders, with a growing impact on adolescents, young adults, and children. Half of all mental disorders emerge at age 14, and three-quarters by age 24. Given that 60% of Africa's population is under 24, investing in mental health is crucial for preserving the continent's human

capital (World Bank, 2022). In Sub-Saharan Africa (SSA), mental health concerns such as depression, anxiety, and stress are significant public health issues (Osei *et al.*, 2021).

Ghana is home to more than 2.3 million individuals with various mental health conditions, yet the country faces significant challenges in mental health care, with a 98% treatment gap. The prevalence of mental disorders in Ghana per 100,000 people is 12,051 cases (Institute for Health Metrics and Evaluation, 2021).

Mental illness is notably prevalent among university students, yet there is a gap in understanding what specific knowledge is needed to enhance attitudes, perceptions and mental health seeking behaviors. Although extensive research exists worldwide. Students' knowledge, attitudes and perceptions towards mental health are often shaped by stigma and misconceptions. The main reasons young people gave for avoiding or delaying professional help were linked to the stigma associated with mental health and feelings of embarrassment, as well as limited mental health knowledge and negative perceptions of help-seeking (Radez *et al.*, 2021). It is important to note that tackling mental health issues in academic environments is essential for ensuring student well-being and achieving success

1.2 Problem Statement

Universities are challenging environments where young adults face various stressors associated with this transitional life stage and unfamiliar environments. The increasingly high prevalence of mental health issues among university students according to several data sources is a source of worry. Although School-Based Mental Health Services (SBMHS) have expanded, mental health help-seeking rates among adolescents still remain low (Wang *et al.*, 2019). Studies over the past decade show elevated levels of depression, anxiety, and stress symptoms among university and

secondary school students worldwide and in Africa. In a study conducted on the perceptions, knowledge, and attitudes toward mental health disorders among university students in Palestine, it was found that 88% held negative perceptions, and 68.8% had limited knowledge of mental health disorders and their treatment (Bsharat, 2023). These results, though adequate, are not sufficient in a dynamic society where mental health influences an individual's way of life daily. Additionally, a study on the comparison of knowledge and attitude toward mental illness among secondary school students and teachers identified a lower level of understanding about mental illness compared to their teachers, with over half of the students scoring below 60%. 80% of the students exhibited negative attitude towards individuals with mental illness. The study revealed notable differences in knowledge, while students showed less favorable attitudes compared to their teachers (Al Omari *et al.*, 2022).

Furthermore, a qualitative study on exploring mental health issues among adolescents based on KAP model highlighted lack of knowledge and poor literacy regarding mental health and well-being among adolescents. Lack of formal practices related to mental health care were observed among them (Arshad,2024). Also, studies identify the prevalence of depression and suicide among undergraduate students at Kwame Nkrumah University of Science and Technology (KNUST), also indicated that 25.15% of students experienced major depressive episodes, while 66.34% had mild depression. A similar study in the same university on depression and suicide among students came out with the findings that 26.37% exhibited suicidal tendencies and related behaviors (Amankwah, 2023). Another study in Ghana by (Oppong Asante and Andoh-Arthur, 2015) among the university of Ghana students identified the overall prevalence of depression was 39.2% and 31.1% had mild to moderate depression and 8.1% had severe depressive symptoms.

Despite ongoing research on mental health conducted at various universities in Ghana, incidents of suicide among students continue to be reported. A notable case, highlighted by a media house involved an unidentified male student at KNUST who attempted to take his life by jumping off the Brunie Complex on campus. Friends intervened just in time, and a video circulating on social media captured the student clinging to the edge of the five-story building as he attempted to leap. Because of their limited mental health literacy, students are unable to identify symptoms and get the care they need.

Despite the vast body of literature globally, no study has been conducted in Ghana to assess the levels of knowledge, attitude and perceptions towards mental health seeking behaviors. This gap in the literature suggests an opportunity for valuable research in Ghanaian society, which could provide insights into mental health among Ghanaian students. To address the decline in students' mental health, it is essential to comprehend their perceptions and beliefs regarding mental health and mental illness, as these factors can impact their willingness to seek help (Soo *et al.*, 2024).

1.3 Rationale for Study

The findings of this study will be valuable to the Mental Health Authority in Ghana. Which can help guide efforts to intensify mental health promotion and counseling activities in schools and policy development. It can also be utilized by the University Students' Associations of Ghana (USAG) and University Teachers' Associations of Ghana (UTAG) to inform curriculum development and mental health education programs in universities, helping to increase awareness and reducing stigma among students. This can influence the development of effective mental health promotion strategies in university settings. Also, the study will provide valuable data on knowledge, perceptions, attitudes, and mental health-seeking behavior of university students and

this will guide future research and development of new theories and models. Additionally, the results will help researchers better understand the factors that influence students' mental health choices and behaviors.

1.4 Conceptual Framework

The Knowledge, Attitude and Practice model (KAP) originates from learning theory (Bandura, 1976) and diffusion of innovation theory (Roger, 1995), in which knowledge, attitudes, and practices are defined as interpreting, quantifying, and analyzing human perceptions and behaviors related to a particular issue. Perception is a process where people organize and interpret sensory information. Knowledge involves acquisition, retention, and application of information, and its nature is influenced by various cognitive processes such as perception, imagination, memory, judgment, abstraction, and reasoning. Attitude refers to an individual's predisposition to respond to specific situations in certain ways, interpret events through particular lenses, and structure their opinions in coherent patterns (Puspitasari *et al.*, 2020).

The interplay of perceptions, knowledge, and attitudes plays a crucial role in enhancing students' understanding and awareness of mental health issues. These three elements work together to shape how students recognize, interpret, and respond to mental health concerns. A study by (Arshad, 2024,), utilized the KAP model as a framework to explore mental health issues among adolescents and young adults. An interview guide based on the KAP model was developed, with questions divided into sections related to knowledge, attitude, and practice regarding mental health well-being and mental health issues. It was found that Adolescents and young adults demonstrated a lack of knowledge and poor literacy regarding mental health and well-being.

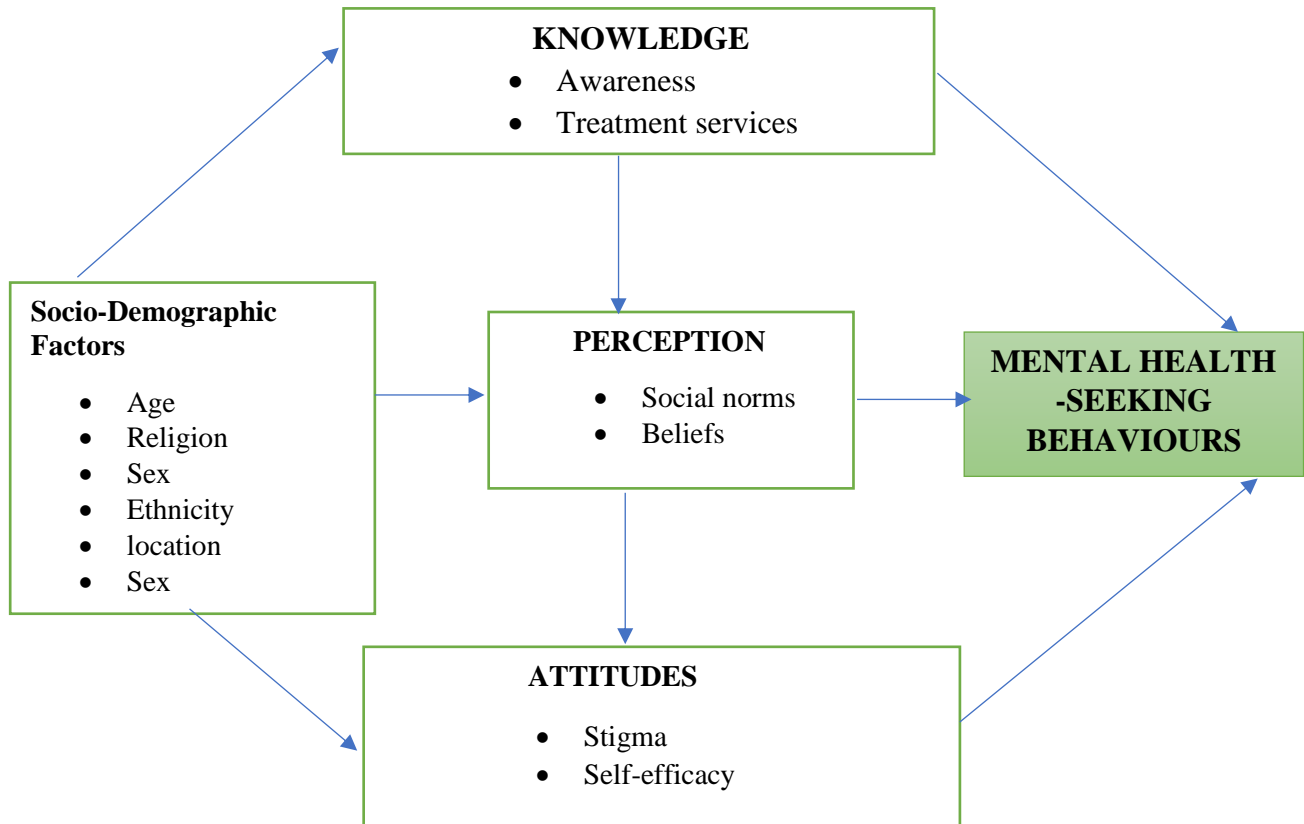


Figure 1.1: Conceptual Framework

Source: Author's Own Construct

1.5 Research Questions

1. What is the level of students' knowledge about mental health at Koforidua Technical University?
2. What are the students' perceptions and attitudes of mental health in Koforidua Technical University?
3. What are the students' mental health-seeking behaviors at the Koforidua Technical University?
4. What is the relationship between students' knowledge, attitudes, perceptions, and mental health-seeking behaviors?

1.6 General Objective

The main objective of this study is to examine the factors influencing knowledge, perception, and attitude, toward mental health-seeking behavior among students at Koforidua Technical University in the Eastern Region of Ghana.

1.7 Specific Objectives

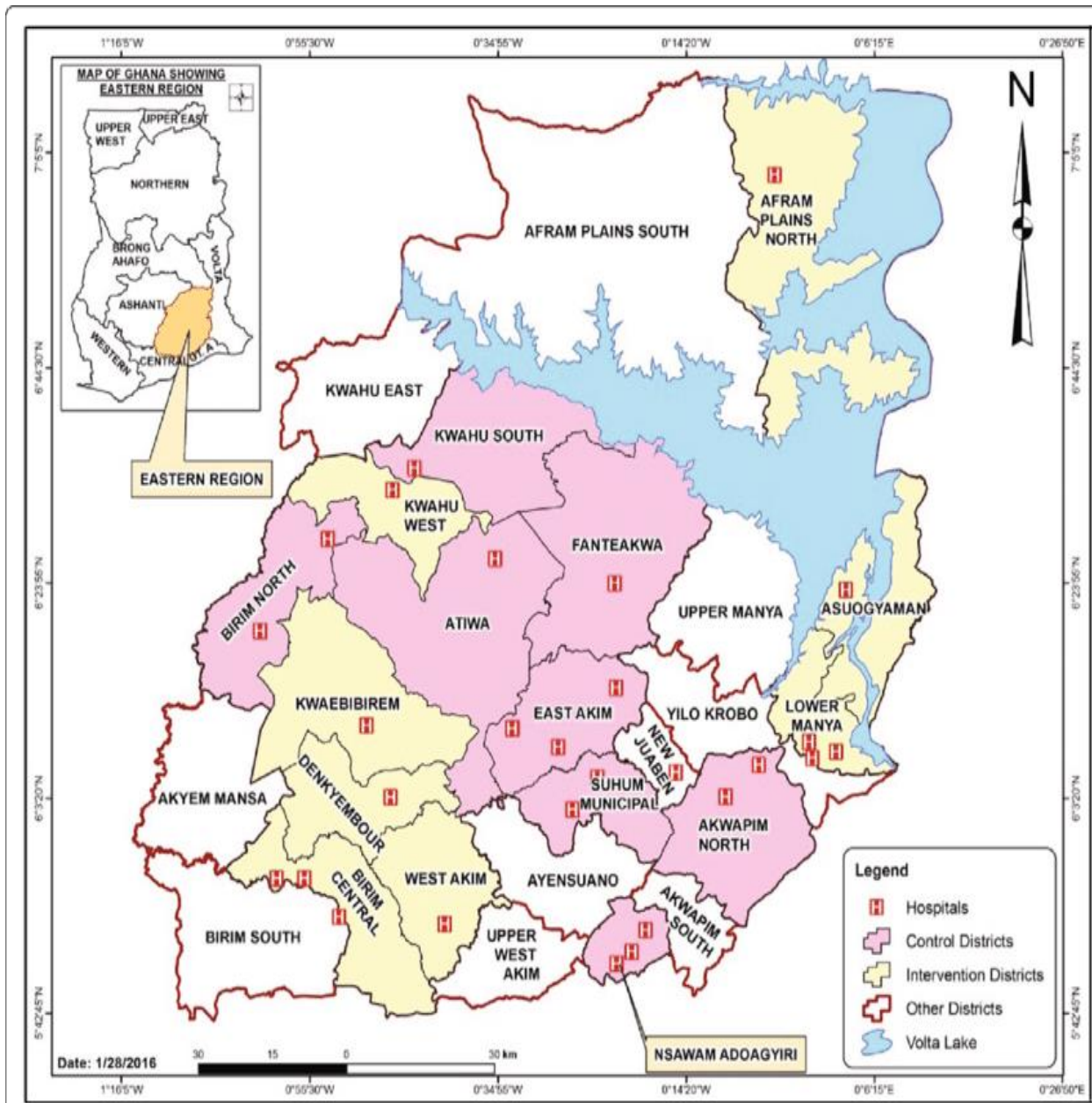
1. To assess students' level of knowledge about mental health among students at Koforidua Technical University.
2. To evaluate students' perceptions and attitudes towards mental health at Koforidua Technical University.
3. To assess the level of association between selected variables and mental health-seeking behaviors of students at Koforidua Technical University
4. To examine the relationship between students' knowledge, attitudes, perception, and mental health-seeking behavior

1.8 Profile of Study Area

Koforidua, also popularly known as “K-dua” or “Kof-city”, is the capital town of the Eastern Region in south Ghana and is located in the New Juaben South Municipal Assembly. It has an estimated population size of about 96,266 as at the 2020 Ghana National Population and Housing Census. It lies on Latitude: 6° 05' 38.69" N Longitude. The New Juaben South Municipal Assembly is one of the thirty-three districts in the Eastern Region of Ghana. Initially, part of the larger New Juaben Municipal District was established in 1988. Still, it was restructured on March 15, 2018, when the northern section was separated to form the New Juaben North Municipal Assembly. The remaining area was then renamed the New Juaben South Municipal Assembly. This municipality is situated in the central part of the Eastern Region, with Koforidua as its capital.

The New Juaben South Municipal Assembly shares its borders with several other assemblies: it is adjacent to the New Juaben North Municipal Assembly to the north, the Akuapim North Municipal Assembly to the southeast, and the Yilo Krobo Municipal Assembly to the east.

The Koforidua Technical University is located in the New Juaben South Municipality on Latitude 6.06302° or $6^{\circ} 3' 47''$ north, Longitude. -0.26418° or $0^{\circ} 15' 51''$ west. Known to be one of the best public universities in the Eastern Region and one of Ghana's fastest-growing technical schools, Koforidua Technical University offers a wealth of opportunities for students. Over the years, Koforidua Technical University has generated highly skilled and career-focused labor to support the industrial expansion of the nation. In 1997, Koforidua Technical University was founded in Ghana's Eastern Region as a Polytechnic. On September 1, 2016, it became a Technical University in accordance with the Technical University Act 2016 (Act 9). In 1997, the institution opened with only a few students and a "solo block" format. But in terms of student body, programs, faculties, and infrastructure development, it has expanded recently. With five faculties and one institute, the university now has roughly eight thousand (8,000) students.



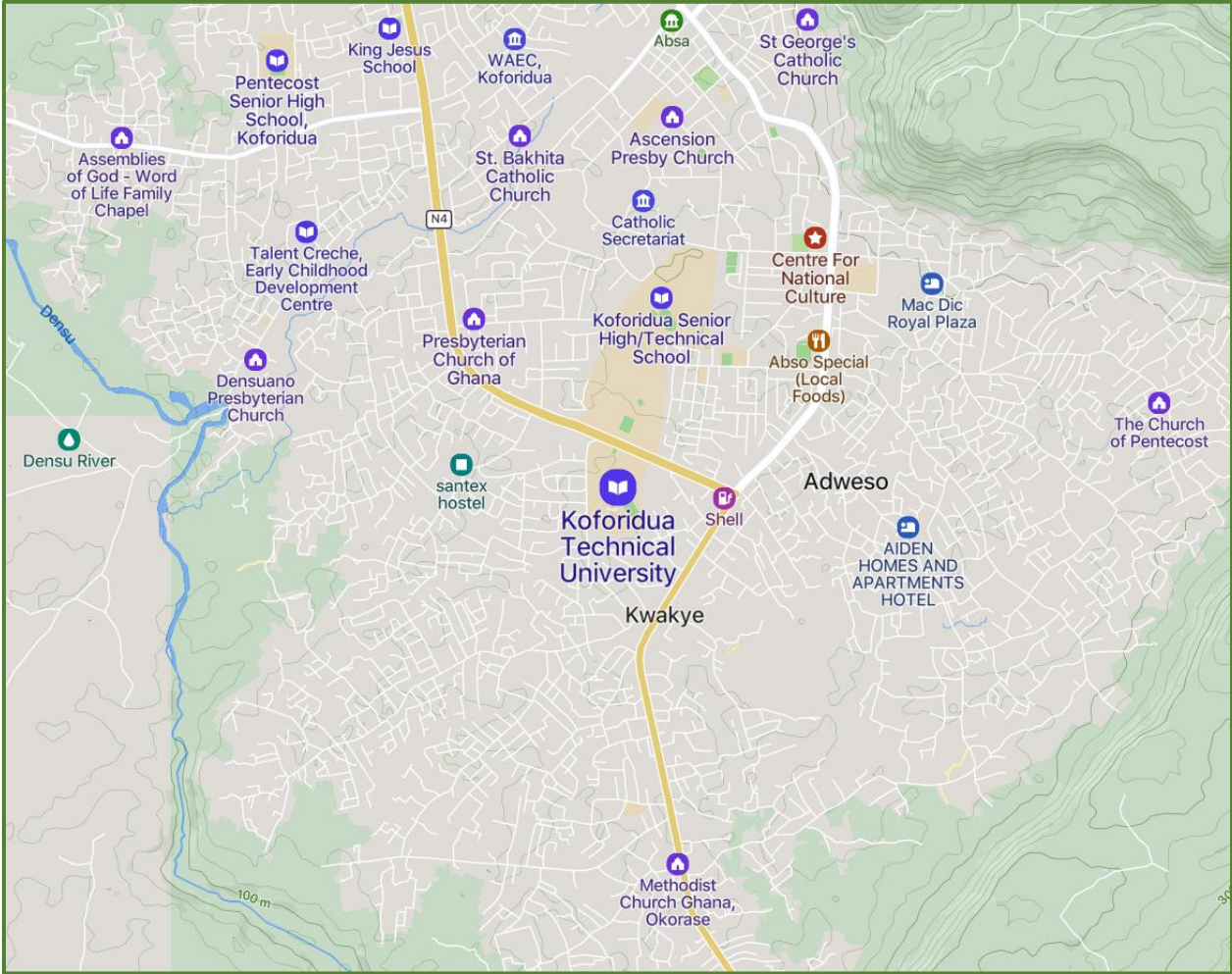
Map 1.1: Map of The Eastern Region of Ghana

Source: Ghana Statistical Service

1.9 Scope of Study

The study site for the research is the premises of the Koforidua Technical University, in the Eastern Region of Ghana. The study's population will cover specifically all matriculated students at the

Koforidua Technical University who are mostly adolescents and young adults. The study will cover students currently enrolled and active in the university from the five Faculties of the university.



Map 1.2: Map of Koforidua Technical University.

Source: Google Maps

1.10 Organization of Report

This thesis report is organized into six chapters. Chapter One briefly introduces the subject matter of the study, provides a problem statement, and justification, and states the objectives of the study. In addition, it states and describes the conceptual framework, as well as gives a narration on the study site. Chapter Two discusses relevant peer-reviewed literature on the topic of this thesis. In Chapter Three, the methodology employed in this study, the study design, the analysis of the data, and the limitations of the study are discussed. Chapter Four summarizes the findings of the study in prose tables and appropriate figures. In Chapter Five, the findings of the study are discussed, while in Chapter Six, conclusions and recommendations are provided to the appropriate stakeholders.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

Mental health is a crucial component of overall well-being, yet it remains one of the most neglected areas in health care, especially in many developing countries. The World Health Organization (WHO) defines mental health as a state of well-being in which an individual realizes their abilities, can cope with the normal stresses of life, work productively, and contribute to their community (WHO, 2024). Mental health encompasses our emotional, psychological, and social well-being, influencing how we think, feel, and behave. It plays a crucial role in how we manage stress, interact with others, and make sound decisions. Mental health is essential throughout all stages of life, from childhood and adolescence to adulthood (WHO,2024) Both mental and physical health are vital aspects of overall well-being.

Mental health conditions represent a significant public health challenge and rank among the top causes of illness and death worldwide. Despite their prevalence, discussions about mental health often provoke discomfort and stigma in society. In 2019 approximately, one in eight people globally were affected by mental disorders, and these figures have worsened substantially due to the COVID-19 pandemic (World Data bank,2022). WHO estimates show an increase in anxiety and major depressive disorders up to 28% globally. Furthermore, the pandemic had a worse effect on women and young people. Yet, countries allocate an average of no more than 2% of their health budgets to mental health. Globally, 70% of 10–19-year-olds experiences a mental disorder, accounting for 15% of the global burden of disease in this age group. Depression, anxiety and behavioral disorders are among the leading causes of illness and disability among adolescents.

Suicide is the third leading cause of death among those aged 15–29 years old (WHO,2024). Taken together all mental health conditions, approximately one-third have their onset before age 14, half by age 18, and fully three-quarters by age 24 (Beckwith, Chandra-Mouli and Blum, 2024). According to WHO’s mental health Atlas (2021), 66% of total government spending on mental health is directed towards an outdated approach: psychiatric hospitals.

In 2021, more than 48,100 cases of mental illness were registered in facilities under the Christian Health Association of Ghana (Doris Sasu, 2024). Likewise, having long-term physical conditions can heighten the likelihood of developing mental health disorders (CDC,2023). The World Mental Health Day takes place every year on the 10th of October to spotlight mental health around the world, raise awareness of mental health issues, and encourage efforts to support those experiencing mental health issues.

One potential explanation for this underutilization of mental health services stems from a lack of adequate mental health literacy, which is defined as individuals' proficiency in identifying mental health symptoms and understanding the value of seeking assistance to mitigate, manage, and recover from such challenges (Farooq *et al.*, 2021).

Ghana has consistently seen an increase in suicide cases. The Mental Health Authority reported 81 cases of suicide and 543 attempted cases for the first 6 months of 2024. As against 48 cases of suicide and 594 attempted cases for the whole of 2023, with the majority being the youth aged between 15 to 40. The literature surrounding student mental health continues to grow as universities try to implement wellness services and study the mental health of their students(Pasic, Eleftheriades and Fiala, 2020).

2.2 Knowledge of Mental Health Among University Students

Generally, most studies have shown that most students have some form of knowledge about mental health compared to studies done on communities. A study on Knowledge, attitude and perceptions of medical students towards mental health in a university in Uganda reported that About 77.72% had high knowledge, 49.29% had positive attitudes, and 46.92% had good perceptions of mental health. This shows that medical students have a high level of knowledge about mental illness, but the majority had poor attitudes and perceptions of mental illness.

Interestingly, it was found that 65% of the participants in a study about mental health literacy and mental health information seeking behavior among Iranian students had mental health literacy which is inadequate (Mahmoodi *et al.*, 2022).

Most students have related socio-environmental factors as the primary cause of mental illness, which is consistent with prior literature that reported it as the most common determinant of mental illness as perceived by university students (Soo *et al.*, 2024).

Additionally, Studies have also shown that religious or cultural etiologies are prominent among students, some perceive religious factors as a cause of mental illness. The older generations have held a strong belief that religious factors cause mental illness. It's important to note that studies have also revealed that students prefer to seek help from trusted individuals, particularly family members or parents. Therefore, we should be aware that the lack of understanding or knowledge of the older generation about mental health may discourage young people from discussing mental health issues. Mental health awareness should be raised among the public to bridge the gap between the older and younger generations (Oksanen *et al.*, 2017).

Furthermore, several informants from other studies have associated 'mental health' with 'mental illnesses. These findings echoed a prior study that students often struggle to differentiate between mental health and mental illness. (Soo *et al.*, 2024). Puspitasari *et al.*, 2020, identified that students who received mental health education programs demonstrated higher awareness and were more likely to seek professional help when needed.

2.3 Perceptions and Attitudes of Students Towards Mental Health

A study on the causes of depression among university students and its effects on their academic life in KNUST, revealed that most students perceived depression as an extended period of sadness characterized by feelings of hopelessness and worthlessness, while a few saw it as a prolonged period of sadness and isolation. Students' understanding of depression was shaped by their personal experiences. The study also identified the loss of a loved one, financial difficulties, and unmet academic expectations as key causes of depression among university students. Furthermore, it confirmed that depression negatively impacts students' academic lives, leading to difficulties in studying and poor academic performance (Dapaah and Henrietta, 2019).

The mentally ill are perceived as aggressive, violent and dangerous and not fit for coexistence in society. A tendency to maintain social distance from mentally ill and to reject them socially still persists and makes its existence felt (Mahto *et al.*, 2009).

Attitudes toward individuals with mental illnesses were generally positive, though a few respondents showed negative attitudes. Although students have some basic knowledge of mental illnesses there is still a misconception of mental illnesses which may lead to stigma against people with mental illnesses. There are negative perceptions and this may be due to their insufficient

knowledge on mental illnesses or the knowledge attained from social media platforms as identified in a study by (Yabalwashi, 2023).

2.4 Mental -Health-Seeking Behaviors

An effective way to reduce the negative impact of mental health problems on adolescents and young adults is help-seeking. Help-seeking for mental health problems is described as “an adaptive coping process that is the attempt to obtain external assistance to deal with mental health concerns” (Rickwood and Thomas, 2012)., help-seeking for mental health problems can be generally categorized into two main types: Formal sources, such as mental health professionals and psychological teachers, and Informal sources, such as family and friends (Rickwood and Thomas, 2012). The Health Belief Model (Rosenstock, 1974) assumes that the behaviors of individuals concerning health matters is determined not only by knowledge but also by personal beliefs such as perceived susceptibility, perceived severity, and cues to action.

Additionally, a study to identify the current Knowledge, Attitude, and Practices of college students towards campus provided mental health service in California state university revealed that more than 50% of all college students stated they had never utilized any campus mental health service. However, Black or African American college students had the lowest overall utilization rates of campus mental health services (Rojas, 2023).

A study on Mental health literacy and help-seeking behavior among Egyptian undergraduates found that a small proportion of participants 11.4% indicated they would seek professional mental health care, while 16.9% preferred religious practices for managing mental health (Baklola *et al.*, 2024)

Although most students have a high likelihood of seeking help for mental health concerns, many studies showed that most students rely on informal sources instead of formal sources. Compared to the high rate of informal help-seeking behaviors, students demonstrate a lower propensity to seek formal help for their mental health issues, which may be explained by factors at individual, family, and school levels (Zhao and Hu, 2022). Although school-based mental health services (SBMHS) have expanded, mental health help-seeking rates among adolescents remain low (Wang *et al.*, 2019).

The main reasons young people gave for avoiding or delaying professional help were linked to the stigma associated with mental health and feelings of embarrassment, as well as limited mental health knowledge and negative perceptions of help-seeking (Radez *et al.*, 2021).

Eisenberg, Golberstein, and Gollust (2007) investigated the most common reasons why students who need help do not seek it. In total, 20% cited worrying about what others will think of them if they were in mental health treatment, 10% feared that it would somehow go onto their academic record and 9% feared that their parents would find out. Besides stigma, 32% reported simply lacking the time to seek help, and 8% lacked the finances. A total of 32% thought they would just get better by themselves over time, which may indicate a need for better awareness about the seriousness of mental health issues (Pasic, Eleftheriades and Fiala, 2020).

2.5 Challenges in Poor Mental Health Seeking Practices

Mental health problems can negatively affect the psycho-social development of adolescents (WHO, 2018). The research shows that adolescents with mental health problems are at increased risk of high-risk behaviors, such as substance abuse, internet addiction, unprotective sexual behaviors, and violence, which eventually lead to a high risk of self-injury and even suicide (Miller

et al., 2011; Winstanley *et al.*, 2012; Myers *et al.*, 2021). The long-term existence of mental health problems among adolescents will continuously affect their health and social functioning in their adult years (Kowalenko and Culjak, 2018).

Untreated mental health disorders in children and adolescents are related to adverse health, academic and social outcomes, higher levels of drug abuse, self-harm and suicidal behavior and often persist into adulthood (Radez *et al.*, 2021).

Suicidality can be classified into consideration, ideation, plans and attempt. Some studies that have tried to distinguish serious thoughts from ideation include (Eisenberg *et al.* and Garlow *et al.*) which reported 6.3% and about 10% of students had such thoughts within the year the study was performed. Furthermore, Garlow also found that 19.2% of the 10% group were currently suicidal at the time of the study. Overall, 16.5% of the entire student population reported either a suicide attempt or non-suicidal self-injury incident at any point in their lives (Pasic, Eleftheriades and Fiala, 2020).

It is well-known that bullying negatively impacts mental health. Bullying in academia can happen by peers or by authorities (supervisors, professors, mentors, etc.) (McMillen Health, 2023). A common form of supervisor-student bullying is academic exploitation, in which a supervisor takes credit for a student's work. In other cases, supervisor-student bullying can include making inappropriate, discriminatory, or derogatory comments. In all of these cases, students can often feel as if they have no means of recourse because they fear that their concerns will not be taken seriously by higher-ups, or that antagonizing their supervisor will impact their academic/professional careers (Pasic, Eleftheriades and Fiala, 2020) which goes a long way to affect their mental health.

To address the decline in students' mental health, it is essential to comprehend their perceptions and beliefs regarding mental health and mental illness, as these factors can impact their willingness to seek help (Soo *et al.*, 2024).

2.6 Benefits of Prioritizing Mental Stability

The benefits of taking care of your mental health include improvement in your brain and cognitive functioning, improvement in your physical health, and helping an individual to build resilience among many others. In addition to making effective support more available, targeted evidence-based interventions are required to reduce perceived public stigma and improve young people's knowledge of mental health problems and available support, including what to expect from professionals and services (Radez *et al.*, 2021).

Lastly, Studies have acknowledged that individuals with good mental health are capable of pursuing and achieving goals in different aspects of their lives (McMillen Health, 2023).

CHAPTER THREE

3.0 METHODOLOGY

3.1 Study Methods and Design

A Cross-sectional survey was used in this study to allow for the collection of numerical data, making it easier to quantify and measure the students' perceptions, attitudes, knowledge, and mental health-seeking behavior. This study design was used because the students from the five faculties were engaged at only one point in time. The main advantage of this research design is that it allows for gathering relatively large data within a short period of time.

3.2 Data Collection Techniques and Tools

Data was collected using a structured 45 numbered questionnaire. Divided into five sections. Section **A** (participant socio-demographic characteristics), Section **B** (students' knowledge), Section **C** (students' perceptions), Section **D** (students' attitudes), Section **E** (students' help-seeking behavior). The questions in each section were adopted from previous similar studies (Abolfotouh *et al.*, 2019) to measure knowledge and perceptions. The attitude questionnaire was adapted from the research of (Wahl *et al.*) The general help-seeking questionnaire (GHSQ) was used to measure help-seeking behaviors. Knowledge was assessed using yes/no questions, each correct answer earned 1 point, and incorrect answers received 0 points. The total score will help us understand the overall knowledge among students. while attitudes and perceptions were measured using the Likert scale. The assigned corresponding score for each item was based on the student's response (e.g., 1 for Strongly Agree, 2 for Agree, etc.). These scores were then added to obtain a total perception, attitudes and mental health-seeking score for each student. Lower scores would indicate stronger agreement with the statements, while higher scores would indicate stronger disagreement. Data

collected were checked daily for completeness and accuracy. Research assistants were trained to administer the questionnaire in the university's lecture halls and the environment.

3.3 Study Population

The study's population covered specifically all matriculated students at the Koforidua Technical University who are mostly adolescents and young adults. In addition, the study covered students currently enrolled and active in the university from the five Faculties of the university.

3.4 Study Variables

The following were the variables that were employed to carry out the empirical investigation in the study:

1. **Students' knowledge about mental health:** This assessed the students' level of understanding and awareness of mental health disorders, symptoms, and treatments.
2. **Students' perceptions about mental health:** This also assessed how students think, interpret, and understand mental health issues, including their causes and severity.
3. **Students' attitudes towards mental health:** This variable also measured students' beliefs, feelings, and willingness to seek mental health services.
4. **Mental health-seeking behavior of students:** How students seek help for their mental health concerns, whether from formal or informal sources.

The variables of this study are further divided into dependent and independent variables. Explained below.

Table 3.1: Study variables

Variable	Definition	Measurement
Dependent variable		
Mental-health seeking Behaviors	The actions taken by students to seek professional or informal mental health support.	Composite score from responses regarding help-seeking behavior.
Independent variable		
Age	The age of participants.	Measured in years (continuous variable).
Gender	Biological sex of the respondent.	Categorical Male = 1 Female = 2
Faculty	Faculty of study of the students.	Categorical variable (e.g., Faculty of Engineering, Business, etc.)
Knowledge	Awareness and understanding of mental health issues.	Composite score from multiple-choice questions (Yes = 1, No = 2).
Attitudes	How students behave towards individuals with mental health disorders.	Composite score based on a Likert scale (1-5).
Perceptions	How students perceive individuals with mental health disorders.	Composite score based on a Likert scale (1-5).

3.5 Sampling

Stratified random sampling specifically was used to select students from the five faculties of the university which include the Faculty of Business and Management Studies (FBMS), the Faculty of Applied Science and Technology (FAST), the Faculty of Engineering (FOE), Faculty of Built and Natural Environment (FBNE), Faculty of Health and Allied Science (FHAS).

The University has a total population of 9,874 students. Divided into 5 faculties, which include as mentioned above. Using Yamane's Equation.

$$n = \frac{N}{1+N(e^2)}$$

n = sample size

N= population size

e= at a confidence level of 95% the margin of error is 0.05

Therefore

$$n = \frac{9,874}{1+(9874 \times (0.05^2))}$$

$$n = \frac{9874}{1+(9874 \times 0.0025)}$$

$$n = 384.43$$

$$n \cong 384$$

A non-response rate of 10 % resulting in about 38 respondents being added to the minimum sample size to get 426 participants.

3.6 Inclusion Criteria

1. All matriculated students at the Koforidua Technical University who are residents in and outside the campus.
2. All concerted students who are willing to participate in the study.
3. Students who were not sick at the time of the study.

3.7 Exclusion Criteria

1. Non-matriculated students or graduates of Koforidua Technical University
2. Any student not willing to participate.
3. Students on sick leave.

3.8 Pre- Testing

Pretesting of the questionnaire was done at All Nations University in Koforidua. With about 20 students. The results from the pretest were not used in the main study. The pretest is to identify the students' understanding of the questionnaire and make possible changes if necessary.

3.9 Data Handling

Questionnaire data was reviewed for completeness and accuracy daily. The data was entered into Microsoft Excel 2023, with the principal researcher handling data cleaning and management. The original responses on the questionnaires were used as sources data. Soft copies of all datasets and related work were emailed to the researcher and stored, while all completed questionnaires were saved with a password.

4.0 Data Analysis

Data will be exported to STATA analytic software (*StataCorp. 2007. Stata Statistical Software. Release 18. StatCorp LP, College Station TX, USA*) for analysis. Descriptive statistics were applied using mean, standard deviation (SD), and percentages to describe the knowledge, perceptions, attitudes, and mental health-seeking behaviors among the study participants. Variables were summarized as frequencies and proportions.

To determine the knowledge level of students, the total score was calculated based on the knowledge questions with correct answers given “1” and wrong answers scored as “0”. A total score was determined over 12 questions. Students who scored more than half of the total knowledge score were classified to have “Good knowledge” and those who score half and below were classified as “Poor knowledge”.

In relation to, the level of perceptions and attitudes of students, students who answered positively to statements were scored “3”, neutrals were scored “2” and those who answered negative were scored “1”. The total scores were computed based on the number of perception and attitude questions. The average scores less than 2 were then classified as “Negative attitude or perception”, average score of “2” were classified as “neutral” and score above “2” were classified as “Positive attitude or perception”.

The study also applied a Pearson’s Chi-square test to determine association between knowledge, attitudes, perceptions and mental health seeking behavior. A multivariate logistic regression analysis was conducted to identify the statistically significant predictors of mental health care seeking behavior. All p-values less than 0.05 were considered statistically significant.

4.1 Ethical Considerations

Ethical approval was sought from the Ethics Committee at Ensign Global University before starting the study. Approval from the institutional review board (**ENSIGN/IRB/EL/SN-291/01**) and ethical clearances were also sent to the Chancellor of the Koforidua Technical University for permission to start data collection. An official letter was received from the university's research department granting permission for the study. Other ethical issues that came up during the study included keeping participants' information private and respecting their time. Before anyone joined the study, we explained it and asked for their consent. They were also asked to sign a consent form. Participants knew the purpose of the study and were assured that their answers remained anonymous and confidential.

4.2 Limitations of the study

The study relied on self-reported data regarding knowledge attitudes, perceptions, and mental health-seeking behaviors related to students' overall mental well-being. This led to inaccuracies due to social desirability bias, where students may provide responses, they believe are more acceptable or favorable rather than their true behaviors or knowledge levels. And how their colleagues responded.

4.3 Assumptions of the study

It was assumed that all the study participants understood clearly the structured questionnaire utilized to gather data. Again, it was assumed that all participants were in their right frame of mind and gave honest and truthful responses regarding their knowledge of mental health among KTU students.

CHAPTER FOUR

4.0 RESULTS

4.1 Introduction

This chapter presents the findings of the study in accordance with the specific objectives. The results are organized to provide insights into the level of knowledge, attitudes, perceptions and mental-health-seeking behaviors of the students at Koforidua Technical University. Bivariate and regression analysis were also used to examine factors influencing knowledge, perception, attitude, and mental health-seeking behavior among students at Koforidua Technical University.

4.2 Sociodemographic Characteristics of Respondents

Table 4.1 depicts the sociodemographic characteristics of the respondents. In all, 426 respondents participated in the study, yielding a 100% response rate. The mean age of the respondents was 21.88 ± 3.54 years, with the majority 45.75% falling within the 21-25 age range, followed by the 16-20 years age group 42.22%. The study was made up of 286 (67.14%) males and 140 (32.86%) female respondents. For the level of study, 235 (55.16%) of the respondents were studying undergraduate programs, 130 (30.52%) were studying Higher National Diploma (HND) programs with the rest studying for diploma 11.03% and postgraduate courses 3.29%.

129 (30.28%) of the respondents were from the Faculty of Engineering followed by the Faculty of Applied Science and Technology (88, 20.66%) and Faculty of Business and Management Studies (87, 20.42%). Almost all the respondents, 97.18%, were single while 12 (2.82%) were married. The majority 97.2%) of the participants practiced Christianity while the rest were in the Islamic religion 92.02% and Traditional religion 1.64%.

Table 4.1: Socio-demographic characteristics of respondents

Variable	Frequency	Percentage
Age		
16-20	181	42.49
21-25	194	45.54
26-30	40	9.39
31-35	7	1.64
36-40	4	0.94
Mean Age: 21.88 ± 3.54		
Sex		
Male	286	67.14
Female	140	32.86
Level of Study		
Diploma	47	11.03
HND	130	30.52
Undergraduate	235	55.16
Postgraduate	14	3.29
Faculty		
Faculty of Business and Management Studies	87	20.42
Faculty of Applied Science and Technology	88	20.66
Faculty of Engineering	129	30.28
Faculty of Built and Natural Environment	38	8.92
Faculty of Health and Allied Science	84	19.72
Marital Status		
Single	414	97.2
Married	12	2.82
Religion		
Christianity	392	92.02
Islam	27	6.34
Traditionalist	7	1.64

4.3 Level of knowledge of students about mental health

The study sought to assess the knowledge level of students on mental health. From Table 4.2, a significant proportion of the respondents 95.07% when asked if the treatment of people with mental health disorders needs supportive psychological therapy answered correctly. 90.14% correctly identified that many people have psychiatric problems, but they do not realize them. When asked if psychological or psychiatric services should be sought if one suspects the presence of psychological problems or mental disorders, 88.26% answered correctly.

Additionally, about two-thirds 79.58% correctly answered when asked whether the components of mental health include normal intelligence, stable moods, positive attitudes, interpersonal relationships, and adaptability. About 73.94% of respondents believed that mental disorders and psychological problems cannot be prevented. Also, 69.72% correctly answered that individuals who have a family history of mental disorders have a higher risk of experiencing psychological problems and mental disorders.

Furthermore, when asked if the feelings of mental health and depression are the same, 66.2% of respondents answered correctly. The question on whether most mental disorders cannot be cured was correctly answered by 57.51% of the respondents. Another question on whether mental disorders are caused by the wrong way of thinking was correctly answered by 51.04%. When asked if individuals with bad temperament are more likely to have psychiatric problems, about 54.46% of the respondents answered correctly.

Despite these strengths, the data also revealed several areas of limited knowledge. Only 15.96% of respondents correctly answered when asked whether psychological problems can occur at nearly all ages, and less than half 46.95% correctly answered when asked whether all mental health disorders are attributed solely to external stress factors.

Table 4.2: Student's knowledge level on mental health issues

Items	Correct Answer	
	Frequency	%
Mental disorders are caused by the wrong way of thinking	243	57.04
Many people have psychiatric problems, but they do not realize them	384	90.14
External stress factors are the causes of all types of Mental health disorders	200	46.95
The components of mental health include normal intelligence, stable moods, positive attitudes, interpersonal relationships, and quality adaptability	339	79.58
Psychological or psychiatric services should be sought if one suspects the presence of psychological problems or mental disorders	376	88.26
Psychological problems can occur at almost all ages	68	15.96
Mental disorders and psychological problems cannot be prevented	315	73.94
Individuals who have a family history of mental disorders have a higher risk of experiencing psychological problems and mental disorders	297	69.72
Individuals with bad temperament are more likely to have psychiatric problems	232	54.46
Feelings of sadness and depression are the same	282	66.20
The treatment of people with mental health disorders needs supportive psychological therapy	405	95.07
The majority of mental disorders cannot be cured	245	57.51

The answers to the knowledge related questions were summed to determine the level of knowledge of respondents. The results in figure 4.1 indicate that a greater proportion (347: 81.46%) of the students had good knowledge about mental health while only 18.54% exhibited poor knowledge (n=79) about mental health and disorders.



Figure 4.1: level of knowledge of mental health among respondents

Source: Field Data, 2025

4.4 Perceptions of students towards mental health at Koforidua Technical University

The study also sought to assess the perception of respondents on mental health related issues. Results in table 4.3 show that most of the respondents strongly agreed 24.41% and agreed 29.81% to the perceptions that people with mental health problems tend to be blamed for their conditions. On the statement that one can tell whether an individual has a mental health disorder through his/her physical appearance, 99(31.63%) agreed and 83 (26.52%) strongly agreed. When asked if people with mental illnesses can attend school, about 108 (34.50%) agreed, while 54(17.25%) disagreed. As much as 68 (21.73%) remained neutral on the statement. When asked if people with mental health cannot make friends, about 105(33.55%) disagreed while 75(23.96%) strongly disagreed. On the statement, anyone can suffer from a mental illness, about half 215(50.47%) strongly disagreed and 146(34.27%) agreed. When asked if people with mental illnesses are

insane, about 117(27.46%) remained neutral, 108(25.35%) disagreed and 82(19.25%) strongly disagreed while 82 (19.25%) also agreed. A few of the respondents had neutral perceptions in all the questions asked. For instance, People with mental illnesses are insane was the most neutral at 27.46% (N=426).

Table 4.3: Perception of respondents on mental health disorders

Statements	SA N (%)	A N (%)	N N (%)	D N (%)	SD N (%)
People with mental health problems tend to be blamed for their conditions (N=426)	104(24.41)	127(29.81)	87(20.42)	81(19.01)	27(6.34)
One can tell whether an individual has a mental health disorder through his/her physical appearance (N=313)	83(26.52)	99(31.63)	52(16.61)	34(10.86)	45(14.38)
People who are mentally ill cannot make friends (N=313)	31(9.9)	39(12.46)	63(20.13)	105(33.55)	75(23.96)
People with mental illnesses can attend school (N=313)	52(16.61)	108(34.5)	68(21.73)	54(17.25)	31(9.9)
Anyone can suffer from a mental illness (N=426)	215(50.47)	146(34.27)	36(8.45)	20(4.69)	9(2.11)
People with mental illnesses are insane (N=426)	37(8.69)	82(19.25)	117(27.46)	108(25.35)	82(19.25)

Notes: n = number of participants; % = percentage of participants.

Abbreviations: SA, strongly agree; A, agree; N, neither agree nor disagree; D, disagree; SD, strongly disagree.

The level of perception was respondents were determined and classified as positive, neutral or negative in line with respondents' responses. Overall, about 45.07% (n=192) of the respondents had negative perceptions towards mental health, 42.02% (n=179) of the respondents had positive perceptions and 12.91%(n=55) of the respondents were neutral. As shown in Figure 4.2.

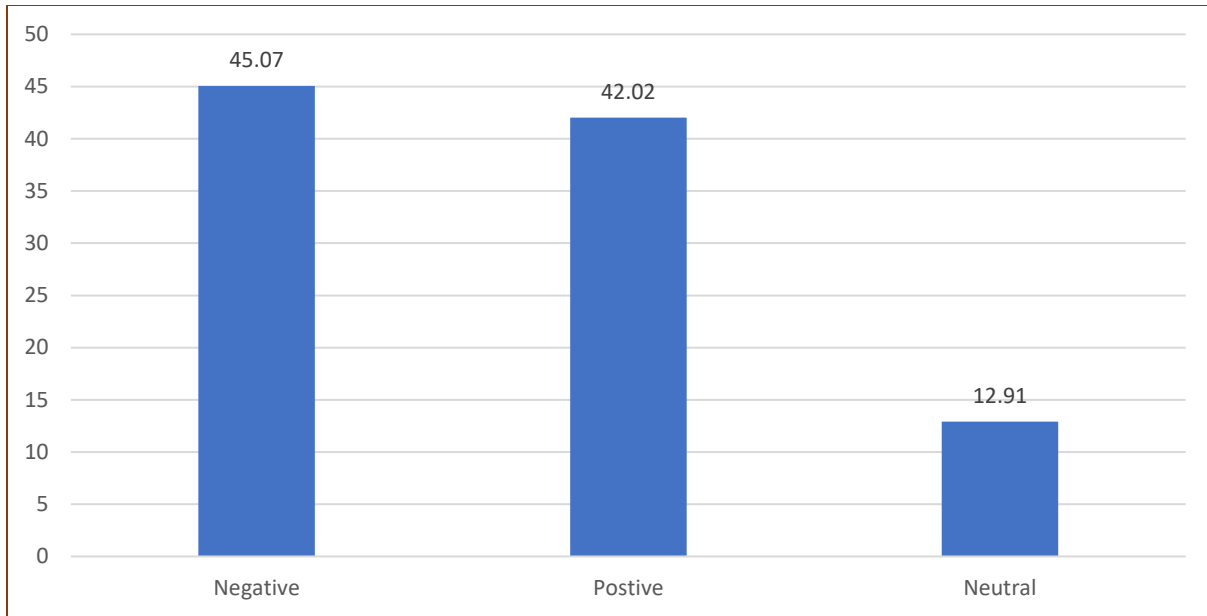


Figure 4.2: Level of perception of respondents on mental health disorders

Source: field Data, 2025

4.5 Students' attitudes towards mental health

The study also sought to understand the attitudes of respondents towards mental health disorders. From table 4.4, most of the students strongly agreed 203 (47.65%) or agreed 162(38.03%) with the statement that people with mental illnesses deserve respect. On the statement that learning about mental illnesses is crucial, about 208(48.83%) strongly agreed while 112(26.29%) agreed. Also, on the statement, “I am scared when being approached by people with mental illnesses”, 127(29.81%) agreed and 90(21.13%) strongly agreed while 111(26.06%) remained neutral. About 134(31.46%) agreed and 91(21.36%) strongly agreed to the statement that “when I have a mental health disorder, I most likely do not tell my friends. Also, when asked whether students with mental illnesses should not be in regular classes, 120 (28.17%) remained neutral while 81(19.01%) strongly agreed, 84(19.72%) agreed, 81(19.01%) disagreed and 60(14.08%) strongly disagreed.

Most of the respondents strongly agreed 163(38.26%) or agreed 149(34.98%) that people with mental illness can help others. When asked if students with mental illnesses need a special curriculum for learning, most of them 157(36.85%) agreed and 104(24.41%) strongly agreed. It was also found that 104(33.23%) agreed that someone with mental illnesses can be a good friend while 77(24.60%) remained neutral on the statement. Also, on the statement “I feel comfortable when encountering people with mental illnesses” 102(23.94%) disagreed, 54(12.68%) strongly disagreed while as much as 133(31.22%) remained neutral. On the statement “Only people who are weak and overly sensitive let themselves be affected by mental illnesses”, about 119(27.93%) disagreed and 85(19.95%) strongly disagreed. Overall, these findings indicate that more than half of the respondents had a positive attitude 55.87% (n=238) while 25.35% (n=108) had a negative attitude towards mental health, with 18.78% (n=80) of the respondents being neutral. As shown in figure 4.3 below.

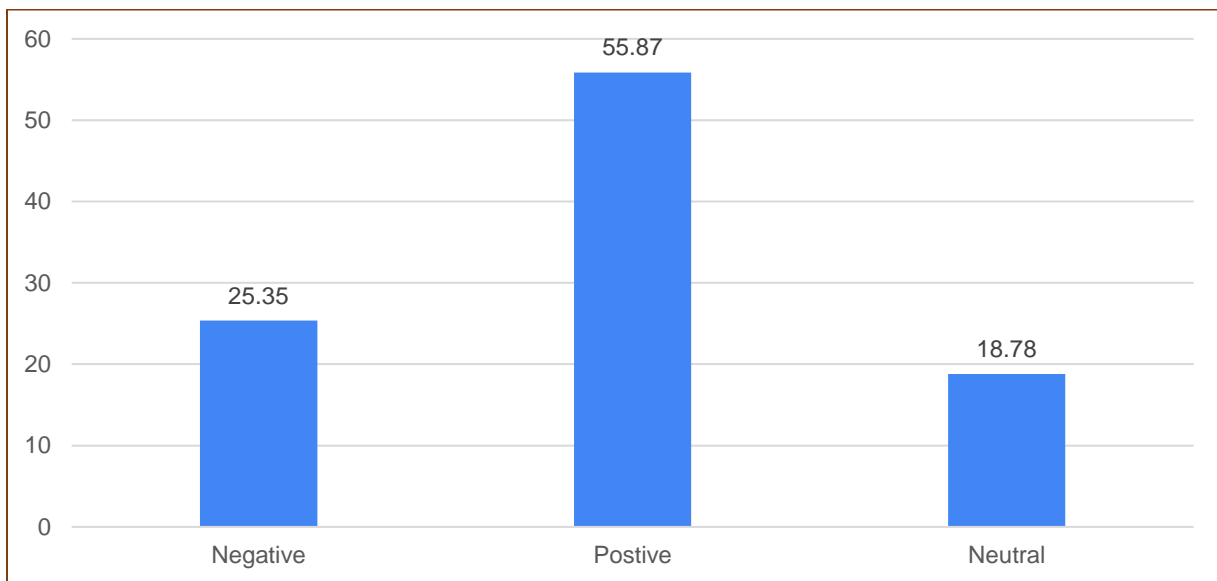


Figure 4.3: Level of attitude of respondents

Table 4.4: Students attitudes towards mental health.

Statements	SA	A	N	D	SD
	N (%)	N (%)	N (%)	N (%)	N (%)
People with mental illnesses deserve respect.	203(47.65)	162(38.03)	46(10.8)	9(2.11)	6(1.41)
Learning about mental illnesses is crucial.	208(48.83)	112(26.29)	69(16.2)	24(5.63)	13(3.05)
I feel comfortable when encountering people with mental illnesses.	50(11.74)	87(20.42)	133(31.22)	102(23.94)	54(12.68)
I am scared when being approached by people with mental illnesses.	90(21.13)	127(29.81)	111(26.06)	67(15.73)	31(7.28)
When I have a mental health disorder, I most likely do not tell my friends.	91(21.36)	134(31.46)	95(22.3)	65(15.26)	41(9.62)

Only people who are weak and overly sensitive let themselves be affected by mental illnesses.	40(9.39)	74(17.37)	108(25.35)	119(27.93)	85(19.95)
Students with mental illnesses should not be in regular classes.	81(19.01)	84(19.72)	120(28.17)	81(19.01)	60(14.08)
People with mental illness can help others	163(38.26)	149(34.98)	58(13.62)	39(9.15)	17(3.99)
Students with mental illnesses need a special curriculum for learning.	104(24.41)	157(36.85)	103(24.18)	46(10.8)	16(3.76)
Someone with mental illnesses can be a good friend.	46(14.7)	104(33.23)	77(24.6)	52(16.61)	34(10.86)

Notes: n = number of participants; % = percentage of participants.

Abbreviations: SA, strongly agree; A, agree; N, neither agree nor disagree; D, disagree; SD, strongly disagree

4.6 Mental- health seeking behaviours of students

The mental health seeking behavior sought to understand whether or not respondents will seek help or not when experiencing challenges. Most respondents were likely 190(44.6%) or extremely likely 69 (16.2%) to talk to their partner while about 95(22.3 %) said they were unlikely to talk to their partners. Most of respondents were extremely likely 179(42.02%) and likely 139(32.63%) to talk to their parents. In relation to friends, there was a split decision among respondents. Although 149(34.98%) indicated being likely to talk to friends, 145 (34.04%) also mentioned that they were unlikely to talk to friends. The same was seen in relation to the engagement of a family member. About 155(36.63%) were likely while 150(35.21%) were unlikely to talk to family members. In relation to mental health professionals, respondents showed high likelihood with 161(37.79%) being likely and 138(32.39%) being extremely likely to talk to a professional. Similarly, about 176(41.31%) were likely and 98(23%) extremely likely to talk to religious leaders. However, 99(23.24%) mentioned they were unlikely to talk to a religious leader. About seeking help from other sources, most of the respondents indicated their unlikelihood with 151(35.45%) extremely unlikely and 126(29.58%) unlikely. **Table 4.5.**

Table 4.5: Mental health seeking behaviors of respondents

Item	Extremely Unlikely N (%)	Unlikely N (%)	Likely N (%)	Extremely Likely N (%)
Partner (significant boyfriend or girlfriend, husband or wife)	72(16.9)	95(22.3)	190(44.6)	69(16.2)
Friend (not related to you)	116(27.23)	145(34.04)	149(34.98)	16(3.76)
Parent	46(10.8)	62(14.55)	139(32.63)	179(42.02)
Other relative/family member	78(18.31)	150(35.21)	155(36.38)	43(10.09)
Mental health professional (school counselor, psychologist, psychiatrist)	44(10.33)	83(19.48)	161(37.79)	138(32.39)

Religious leader (Pastor, Priest, Rev, Prophet,)	53(12.44)	99(23.24)	176(41.31)	98(23)
I will seek help from another not listed above;	151(35.45)	126(29.58)	100(23.47)	49(11.5)

Overall, about 62.91% (n= 268) of the respondents were likely to seek mental health care and 37.09% (n=158) were unlikely to seek mental health care as depicted in figure 4.4 below.

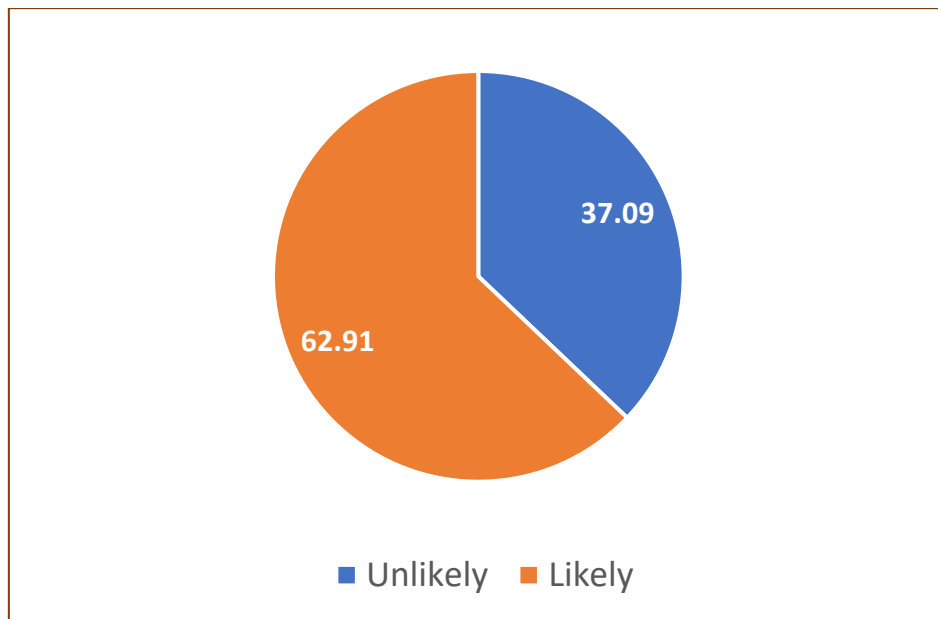


Figure 4.4: Likelihood of seeking mental health care

Source: field data, 2025

4.7 Association between mental health-seeking behaviour and selected demographic characteristics

Table 4.6 depicts the association between selected demographic variables and the likelihood of students at Koforidua Technical University to seek mental health care. A bivariate analysis was conducted using a Pearson Chi-Square test to measure the association between various demographic variables (Age, sex, Faculty, Level of study, Marital status and Religion) and the

mental health seeking behaviors of the students. The analysis was conducted to determine the statistical significance of relationships.

The results showed that age was not significantly associated with mental health-seeking behavior ($\chi^2 = 5.322, p = 0.256$). Although the majority of students were between the ages of 16–20 and 21–25. There were no notable differences in the likelihood to seek mental health care across the various age categories.

Sex also did not show a statistically significant relationship with the likelihood of seeking mental health care ($\chi^2 = 1.1059, p = 0.293$). Although male students were more likely to seek help (111 unlikely and 175 likely). Also, the level of study revealed a Chi-square value of ($\chi^2=6.3283, p=0.097$). While this does not meet the conventional level of significance ($p < 0.05$), it suggests a potential trend worth looking into. Undergraduate students appeared more likely to seek mental health care than students at other academic levels. (81 unlikely, 154 likely).

However, with faculty, the Chi-square test produced a value of ($\chi^2=2.4334, p=0.657$) indicating no significant association. Marital status also did not significantly affect students' mental health-seeking behavior ($\chi^2 = 0.1109, p = 0.739$). Finally, religion was not significantly associated with the likelihood to seek mental health care ($\chi^2 = 0.7721, p = 0.680$).

Table 4.6 Association between mental health seeking behaviors and selected demographic x'tics.

Variables	Likelihood to seek mental health care		Chi-square	p-value
	Unlikely N (%)	Likely N (%)		
Age				
16-20	56 (31.28)	123 (68.72)	5.322	0.256
21-25	79 (40.72)	115 (59.28)		
26-30	16 (40.00)	24 (60.00)		
31-35	4 (57.14)	3 (42.86)		

36-40	2 (50.00)	2 (50.00)		
Sex				
Male	111 (38.81)	175 (61.19)	1.1059	0.293
Female	47 (33.57)	93 (66.43)		
Level of Study				
Diploma	13 (27.66)	34 (72.34)	6.3283	0.097
HND	59 (45.380)	71 (54.62)		
Undergraduate	81 (34.47)	154 (65.53)		
Postgraduate	5 (35.71)	9 (64.29)		
Faculty				
Business and Management Studies	35 (40.23)	52 (59.77)	2.4334	0.657
Applied Science and Technology	32 (36.36)	56 (63.64)		
Engineering	50 (38.76)	79 (61.24)		
Built and Natural Environment	10 (26.32)	28 (73.68)		
Health and Allied Science	31 (36.9)	53 (63.10)		
Marital Status				
Single	153 (36.96)	261 (63.04)	0.1109	0.739
Married	5 (41.67)	7 (58.33)		
Religion				
Christianity	147 (37.5)	245 (62.50)	0.7721	0.680
Islam	8 (29.63)	19 (70.37)		
Traditionalist	3 (42.86)	4 (57.14)		

4.8 Association between mental health-seeking behaviour and knowledge, attitude and perception

A bivariate analysis was conducted using a Pearson's Chi-Square test to measure the association between various independent variables (knowledge level, attitudes, perceptions) and the dependent variable mental health seeking behavior) of the students.

The result revealed a statistically significant relationship between knowledge level and the likelihood of seeking mental health care, with a chi-square value of ($\chi^2=12.5$, $p=0.0004$). Among students with good knowledge, 115 were unlikely, and 232 were likely to seek help. Out of those with poor knowledge, 43 students indicated they were unlikely to seek help, while 36 were likely to do so. (**Table 4.7**).

However, the chi-square test for perception yielded a value of ($\chi^2=1.47$, $p=0.4791$), indicating no significant relationship between perception and the likelihood of seeking mental health care. The p-value is greater than 0.05, indicating no statistically significant relationship. The distribution of responses showed that students with a positive perception are more likely to seek mental health care (116 likely and 63 unlikely), individuals with a negative perception were between unlikely (77) and likely (115) to seek care, those with a neutral perception were less likely to seek care (18 unlikely and 37 likely). Lastly, the chi-square test for attitude resulted in a value of ($\chi^2=2.87$, $p=0.2379$) indicating no significant relationship between attitude and the likelihood of seeking mental health care. The p-value is greater than 0.05, indicating no statistically significant relationship. The data showed that individuals with a negative attitude were between unlikely (47) and likely (61) to seek care, those with a neutral attitude were less likely to seek care (30 unlikely and 50 likely), and those with a positive attitude were more likely to seek care (81 unlikely and 157 likely). **Table 4.7.**

Table 4.7: Association between dependent and independent variables

Variables	Likelihood to seek mental health care		Chi-square	p-value
	Unlikely N (%)	Likely N (%)		
Knowledge level			12.5	0.0004
Poor Knowledge	43 (54.43)	36 (45.57)		
Good Knowledge	115 (33.14)	232 (66.86)		
Perception			1.47	0.4791
Negative	77 (40.10)	115 (59.90)		
Neutral	18 (32.73)	37 (67.27)		
Positive	63 (35.20)	116 (64.80)		
Attitude			2.87	0.2379
Negative	47 (43.52)	61 (56.48)		
Neutral	30 (37.50)	50 (62.50)		
Positive	81 (34.03)	157 (65.97)		

4.8 Predictors of mental health seeking behaviour among students

The study also sought to examine the factors influencing the mental health seeking behavior among the students at the university. A logistic regression analysis was conducted to examine the association between demographic, academic, and psychosocial factors and mental health-seeking behavior among students. The results in Table 4.7 indicate that being in the 31-35 years age group was found to be a statistically significant predictor of mental health seeking behavior of the students. Thus, individuals aged 31–35 years had significantly lower odds of seeking mental health care [AOR=0.18, 95% CI:0.03 -0.96, p = 0.044] compared to the reference age group (16–20 years) adjusting for all other variables.

Pursuing a Higher National Diploma (HND) program was statistically significant hence Students pursuing HND had significantly lower odds of seeking mental health care [AOR=0.35, 95% CI:0.15- 0.78, p=0.01] as compared to those pursuing Diploma programs holding all other covariates constant.

Knowledge level also was also a statistically significant predictor of mental health-seeking behavior. Students with good knowledge about mental health were more than twice as likely to seek help [AOR=2.25,95% CI:1.33-3.8, p=0.002] compared to those with poor knowledge, adjusting for all other variables. As shown in Table 4.8.

Table 4.8: Predictors of mental health seeking behavior

Variable	CRUDE		ADJUSTED	
	COR (95% CI)	p-value	AOR (95% CI)	p-value
Age				
16-20	Base	-	Base	-
21-25	0.66 (0.4-1.04)	0.059	0.66 (0.4-1.04)	0.068
26-30	0.68 (0.32-1.49)	0.290	0.69 (0.32-1.49)	0.332
31-35	0.34(0.03-0.96)	0.169	0.18 (0.03-0.96)	0.044
36-40	0.45 (0.05-3.64)	0.437	0.41 (0.05-3.64)	0.419
Sex				
Male	Base	-	Base	-

Female	1.26 (0.82-1.92)	0.293	1.30 (0.80-2.10)	0.294
Level of study				
Diploma	Base	-	Base	-
HND	0.46 (0.22-0.95)	0.036	0.35 (0.15-0.78)	0.010
Undergraduate	0.73 (0.36-1.45)	0.367	0.67 (0.31-1.44)	0.308
Postgraduate	0.69 (0.19-2.44)	0.563	0.94 (0.23-3.73)	0.927
Faculty				
Business and Management Studies	Base	-	Base	-
Applied Science and Technology	1.18 (0.87-3.41)	0.599	1.72 (0.87-3.41)	0.117
Engineering	1.06 (0.61-1.85)	0.828	1.12 (0.6-2.08)	0.726
Built and Natural Environment	1.88 (0.81-4.36)	0.139	2.26 (0.91-5.66)	0.081
Health and Allied Science	1.15 (0.62-2.13)	0.655	1.04 (0.52-2.04)	0.901
Marital status				
Single	Base	-	Base	-
Married	0.82(0.26-2.63)	0.740	1.00 (0.24-4.24)	0.993
Religion				
Christianity	Base	-	Base	-
Islam	1.43(0.73-2.63)	0.415	1.83 (0.73-4.59)	0.200
Traditionalist	0.80 (0.18- 3.62)	0.772	0.80 (0.15-4.34)	0.795
Knowledge level				
Poor knowledge	Base		Base	-
Good Knowledge	2.41 (1.46-3.96)	0.001	2.25 (1.33-3.8)	0.002
Perception level				
Negative perception	Base		Base	-
Positive perception	1.23 (0.81-1.88)	0.330	1.06 (0.66-1.72)	0.820
Neutral perception	1.38 (0.73-2.59)	0.323	1.23 (0.62-2.45)	0.526
Attitude level				
Negative Attitude	Base		Base	-
Positive Attitude	1.49 (0.94-2.38)	0.091	1.60 (0.65-1.71)	0.064
Neutral Attitude	1.30 (0.71-2.32)	0.407	1.47 (0.63-2.77)	0.227

CHAPTER FIVE

5.0 DISCUSSION

5.1 Introduction

This chapter discusses the findings of the study on knowledge, perceptions, attitudes towards mental health seeking behaviors among students in KTU. The discussion aligns with the study's specific objectives and is presented in relation to existing literature. Also, the implications of the findings for public health interventions, policy, and future research are also examined.

5.2 Students' level of knowledge towards mental health

The study revealed that most of the students at KTU had good knowledge about mental health and 18.5% had poor knowledge about mental health. This finding aligns with previous research (Puspitasari *et al.*, 2020) which also showed that most students had good knowledge about mental health. Findings from this current study are also consistent with findings by Alemu *et al.* (2017) and Kwakye *et al.* (2021). who reported very high levels of mental health literacy among Ghanaian and Ethiopian university students, especially among students who had been exposed to health awareness campaigns. a similar study among medical students in Uganda (Kihumuro *et al.*, 2022) reported about 77.7% of students having high knowledge level. This discrepancy in the level of mental health knowledge among students in different countries may be attributed to the varying extent to which mental health education is integrated into university curricula and public health programs. However, in a community setting in the Southern part of Nigeria, contradictory findings were reported that community members had poor knowledge on mental health and illness (Effiong *et al.*, 2019).

In providing insight on specific areas, majority of the respondents in this study indicated the significance of supportive psychological therapy in treating individuals with mental illness

disorders. As noted by (Clement et al., 2015), if people are aware that psychological support exists, then they are likely to view the issue of mental illness as a manageable illness and not a burden. Most students correctly identified that psychological or psychiatric services should be sought if one suspects mental health problems and that individuals with a family history of mental disorders are at higher risk. These findings suggest that students have a reasonable understanding of the importance of seeking help and the role of genetic factors in mental health. The understanding of the need for care when there is a suspected psychological problem illustrates a tendency towards early intervention. This aligns with research conducted by (Gureje et al., 2015) who noted that mental health literacy was a determinant of anticipatory health-seeking behaviour among African youths. As far as comprehension of the ingredients of mental health, the students properly described them as including emotional stability, interpersonal relationship, adaptability, and intelligence. This integrated understanding aligns with the World Health Organization's (2004) definition of mental well-being as focusing not only on the absence of illness but also on the presence of resilience and productivity in society. There were, however, some knowledge gaps found in this study. For example, a few of the students accurately responded that psychological issues could happen at all ages. This is applicable to a developmental fallacy that mental illness is largely a teenager's or an adult's disorder which can delay detection of disorders like depression in adolescents or mental illness in older adults. In addition, the observation that external stress alone is viewed as an origin of mental disorder disregards genetic, neurochemical, and sociocultural factors as highlighted by Patel *et al.* (2018). A significant proportion equates depression with sadness, reflecting a failure to differentiate between normal emotional states and clinical disorder. As described by Beck (2002) and subsequently confirmed by Reavley and Jorm (2011), This is a common mistake among young adults and can lead to symptoms being underreported. More than half of the students believed that individuals with bad temperaments are more likely to develop psychiatric

disorders. This reflects stereotypical tendencies for personality flaws to be equated with mental illness. A stigma that continues to interfere with treatment-seeking globally (Corrigan *et al.*, 2005). In addition, 57.0% of them rejected the notion of mental illness being brought about by "the wrong way of thinking" alone, reflecting a moderate level of cognitive awareness in terms of causes.

More than half believed that mental illnesses could be cured. This shows optimism which is crucial in the process of removal of stigma surrounding mental illness. Overall, although most students exhibited excellent familiarity with mental health, the prevalence of myths and misconceptions necessitates adequate mental health education within tertiary institutions. There is a critical need for more targeted mental health literacy programs on campuses and in rural communities. This will enhance mental health literacy and minimize stigma, clearing the way for improved mental health, as per the WHO's Comprehensive Mental Health Action Plan (2013–2030).

5.3 Perceptions of students towards mental health care

This study assessed the perceptions of students towards mental health at KTU. The findings paint a complex profile of perceptions. In relation to specific perceptions, most of the respondents agreed that anyone is susceptible to mental illness. This conclusion follows from research conducted by Jorm (2012) and Furnham & Swami (2018), where it highlights the fact that improved mental health literacy contributes to the recognition of the universality of mental illness. The fact that mental illnesses can affect every section of society without respect to age, gender, or origin remains an essential art towards reducing stigma and promoting early intervention.

Despite a broad awareness, more than half of the respondents confirmed that people who suffer from mental illness end up being blamed for it. Such attributions are symptomatic of stigmatizing trends present in African communities where blame for mental illness was

attributed to moral deficiency, divine retribution, or personal frailty (Atilola, 2015; Osei *et al.*, 2015). Such views can deter people from seeking help due to fear of condemnation and ostracism, making their mental illness even worse.

A common misperception that mental illness could be detected by visible appearance was consented by 58.15% of respondents. This supports the findings of Reavley and Jorm (2011), that generally people have the notions that visible changes in behavior or bodily decline express symptoms of mental illness when, in fact, many of those illnesses are not easily outwardly recognizable such as anxiety or depression. This assumption runs the risk of perpetuating inaccurate stereotypes and preventing early identification and helpful responses to less obvious mental health concerns.

There were different reactions to the statement that people with mental illness can attend school. While some of the students recognized that people with mental disorders can attend school, others believed they cannot attend school. Such perceptions highlight the necessity of policy and awareness interventions in schools promoting education rights and abilities in people with mental illness (WHO, 2019).

57.51% of the students disagreed with the idea that mentally ill individuals cannot be friends, which reflects a feeling of social acceptance and openness to associating with mentally ill persons. Social connectedness is a buffer against adverse mental health and lies at the center of recovery and reintegration (Corrigan *et al.*, 2014). Such a positive view can be used by peer-led campaigns for awareness of mental illness that further reduce stigma.

There were mixed opinions in relation to the word "insane". While 44.6% disagreed with the statement that mentally ill individuals are insane, a large percentage 27.46% remained neutral, perhaps due to doubt in distinguishing between mental illness and severe psychiatric disorders. This is in line with a larger argument by Gaiha *et al.* (2020), who explained that vague terms create confusion and contribute to the reinforcement of stigma in public discussions. Generally,

45.07% of the participants presented a negative perception, 42.0% presented a positive perception, and 12.91% presented a neutral perception. The results indicate that despite the progress made, negative perceptions are a major hindrance to acceptance of mental health and utilization of services on campus. This is consistent with a recent study by (Getachew *et al.*, 2024) which found that 45.8% of community members had poor perception of mental health. Mental health literacy activities need to go beyond awareness and must deconstruct and attack deeply entrenched misperceptions through culture sensitive education, dialogues, and real-life stories. To this effect, KTU, in partnership with Ghana Health Service and civil societies, can introduce systematic mental health promotion initiatives like student ambassadors, and curriculum integration programs that have been successful in similar institutional settings (Thornicroft *et al.*, 2016; Kutcher *et al.*, 2016).

5.4 Attitudes of students towards mental health

The results of this research also showed that most of the students at KTU held a positive attitude toward mental health. Specifically, 85.68% of respondents consented that individuals with mental illness are deserving of respect, and 75.12% agreed that learning about mental illnesses is important. The findings in this research are consistent with Burns and Tomita (2015) and Doku *et al.* (2012), which both indicate an increasing trend among young adults in African higher education to consider mental health as a significant health concern worthy of attention, respect, and integration.

Despite these positive attitudes, a significant proportion of respondents still manifested signs of unease and stigma. For instance, 50.94% of the students indicated that they felt apprehensive when people with mental health issues approached them. In addition, 52.82% admitted that they would likely avoid disclosing a mental health problem to their peers. These findings echo Glozah & Komesuor's (2020) study among Ghanaian youth, where stigma, fear of stigmatization, and anticipated discrimination discouraged open dialogue and peer support

concerning mental health. Similarly, Ofori-Atta, Read, & Lund (2010) highlighted that even as awareness grows, entrenched stigma against mental illness still dominates in Ghanaian society, particularly for young individuals, due to cultural beliefs, misinformation, and fear of social ostracism.

Another critical part of the findings is the disagreement regarding inclusion. Whereas 73.24% of the respondents concurred that individuals with mental illness can help other individuals, and 38.73% believed that such students should be excluded from mainstream classrooms. This finding is consistent with the reports of Atilola (2015) and Angermeyer & Dietrich (2006), who noted that people would express sympathy or support for individuals with mental illness, while at the same time supporting structural barriers.

Importantly, less than half 47.93% of the respondents held the view that people with mental illness can be good friends. The low percentage indicates reluctance to enter close personal relationships with them, likely caused by myths and stereotypes that associate mental illness with being unpredictable and dangerous. Such attitudes are, according to Corrigan *et al.* (2005), part of the public stigma that stifles social integration and recovery of individuals afflicted by mental health issues. On the other hand, it is worth noting that 36.6% of students disagreed with the statement, "I feel comfortable when interacting with people with mental illnesses," while a significant 31.22% took no stand. The neutrality could be indicative of either limited exposure or confusion about appropriate behaviour, and hence the need for mental health literacy programs in the university setting. Kakuma *et al.* (2010) points out that increasing direct contact with individuals who have recovered from or are coping with mental health issues can help break down prejudices and increase empathy.

The Overall finding of the attitudes of students towards mental health are consistent with a study among community members in Ethiopia where 53.1% had positive attitude and 46.1% had negative attitudes (Tesfaye *et al.*, 2020). This reflects a changing attitude among the youth

showing openness but still grappling with entrenched stigma, fear, and lack of connection to the realities of mental health. The results of this study are consistent with the theoretical model of the Health Belief Model (Rosenstock, 1974), which assumes that the behaviors of individuals concerning health matters is determined not only by knowledge but also by such personal beliefs as perceived susceptibility, perceived severity, and cues to action. Although this current study generally reported positive attitudes, studies among students in other contexts such as Iraq found only 34.7% with positive attitudes, 35.7% held negative attitudes and 29.6% had neutral attitudes. Thus, it is worth noting through a scoping review that belief in supernatural causes of mental disorders influences attitudes towards people with mental disorders (Labinjo *et al.*, 2020).

Students' unwillingness to reveal their mental health issues, even within the framework of their general openness to learning about mental health, reflects the lack of correspondence between knowledge and real behaviors. As such, it is suggested that regular anti-stigma campaigns, workshops, and peer-educational programs about mental health be carried out among students. These programs should aim at not only generating knowledge but also sympathy, open communication, and inclusive practices, thereby ultimately stimulating students to access help without fear of being criticized or ostracized.

5.5 Mental health seeking behaviour

The results show that majority of the respondents were likely to seek assistance for emotional or psychological issues, and 37.09% were unlikely to do so. This indicates a generally positive mental health care seeking behaviour among students, although with significant gaps that need critical scrutiny.

Students exhibited a mixture of both formal and informal sources of help. In the event of emotional distress or suicidal thoughts, a significant proportion of the respondents declared likelihood or high likelihood to seek advice from their parents, partners and faith leaders. The observation is in line with Ghana's socio-cultural context where religious leaders and family unit play central roles in the individual's support system (Ofori-Atta *et al.*, 2010). Other studies have reported similar findings. Asante and Andoh-Arthur (2015), for instance, noted that Ghanaian university students commonly look to family and faith-based networks as their primary emotional support providers through virtue of trust and perceived moral expertise. However, a study among community members in Ethiopian showed that only 38.8% were likely to seek help with 61.2% unlikely to seek help. The sources of help indicated here were 34.5% from their partners and about one -quatre from mental health professionals 25.2% (Tesfaye *et al.*, 2020).

Interestingly, majority of the respondents very unlikely to seek assistance from their friends and other family members. This could be a sign of fear of judgment and stigma. Perceived stigma by peers and embarrassment were significant hindrances that prevented adolescents from discussing mental health matters with friends or classmates, according to Gulliver *et al.* (2010). Similarly, in a Nigerian students' research, Adewuya *et al.* (2007) noted that stigma around mental illness discouraged people from obtaining informal help from other students or the extended family. These findings suggest that while students may trust certain authority figures or professionals, they may feel unsafe or misunderstood within their closest social circles. this underlines the need for targeted peer-based mental health education programs that emphasize empathy, confidentiality, and supportive listening.

A high proportion of students reported that they were highly unlikely to seek assistance from non-listed sources in the study. This may reflect a narrow awareness of mental health resources outside the conventional ones (parents, professionals, religious leaders). It may also reflect

limited exposure or doubt regarding online mental health sites, community support groups, or helplines. As noted by Naslund et al. (2017). low- and middle-income nations lack adequate utilization of digital mental health innovations like mobile apps and online therapy, the primary reason being low digital literacy, inappropriateness of content, and infrastructural barriers. Even with the relatively large percentage of students who were willing to seek assistance, the fact that there are almost 4 in 10 students likely not to access any type of mental health care is troubling. In Ghana, stigma is also a major deterrent to the utilization of mental health, even for educated people (Avoke, 2010). The result of this study shows that though attitudes are changing gradually, social fears and cultural beliefs continue to affect students' choices.

5.6 Association between Mental Health-Seeking Behaviour and Knowledge, Attitude, and Perception

A bivariate analysis using the chi-Square test was done and results revealed statistically significant associations between knowledge level and mental health-seeking behaviour. Specifically, students who had good knowledge regarding mental health were much more likely to use mental health services compared to those having low knowledge ($\chi^2 = 12.5$, $p = 0.0004$). This shows that increased awareness and familiarity with mental health issues enhance students' confidence and willingness to use support services. The implication is that knowledge enables students to overcome stigma, recognize signs, and perceive the importance of professional treatment. This is inconsistent with a study by (Gebreegziabher, Girma and Tesfaye, 2019), who found that having no previous history of help-seeking was significantly associated with seeking help for mental disorders.

On the other hand, the relationship between perception and attitude and help-seeking behaviour for mental health was not statistically significant. These results suggest that perception and attitude could influence students' openness to discuss mental health or their own perceptions of

mental illness but would not necessarily predict help-seeking behaviour unless complemented by knowledge.

Furthermore, the logistic regression analysis further highlighted the effect of various factors on mental health-seeking behaviour controlling for demographic and academic variables. Knowledge level continued to be a strong and statistically significant predictor after controlling for all other factors in the model. Students with good knowledge were more than twice likely to seek mental health care compared to those with poor knowledge (AOR = 2.25, 95% CI: 1.33–3.80, $p = 0.002$). This replicable result between both the bivariate and multivariate analyses support the central role of knowledge as an underlying driver of mental health-seeking behaviour.

Notably, age was another critical predictor, whereby students who were 31–35 years were significantly less likely to access mental health care compared to those within the 16–20 age range (AOR = 0.18, 95% CI: 0.03–0.96, $p = 0.045$). The level of study also influenced mental health-seeking. HND students were less likely to seek mental health care compared to diploma students (AOR = 0.35, $p = 0.01$). Interestingly, a study by (Omar, Ahmed and Haji, 2024), identified a statistically significant associations between socio-demographic variables and students' attitudes towards mental health.

Other factors such as sex, faculty, marital status, and religion although included in the regression model, were not statistically significant this also showed an inconsistency in the results presented in a study by (Haavik, Joa, Hatloy, Stain and Langeveld, 2019) identified that for adolescents, gender appears to play a significant, but not exclusive role in the inclination to seek professional help for mental health problems. Additionally, Masuda, Anderson and Edmonds (2012) also revealed that both mental health stigma and self- concealment were

uniquely associated with help-seeking attitudes after controlling for gender, age, and previous experience of seeking professional psychological services.

5.7 Public Health Implications

This study has important implications for public health, research and policy to improve mental health support and creating awareness in university settings. First, enhancing mental health education is crucial, as students showed gaps in their knowledge. Public health initiatives should focus on educating students about mental health through awareness campaigns and integrating mental health topics into curricula.

Secondly, reducing stigma around mental health is vital as it was found that many students held negative or neutral perceptions, which may discourage healthcare seeking. Universities should implement programs to foster open discussions and challenge misconceptions about mental health, making students more comfortable with seeking help.

Furthermore, promoting both formal and informal health-seeking behaviour is necessary as many students preferred turning to parents, partners, or religious leaders. Public health programs should strengthen these informal networks while also improving access to formal mental health services, making them more approachable and confidential.

Additionally, developing peer support systems could provide students with more familiar avenues for help, reducing stigma and encouraging early intervention. Lastly, ensuring that mental health services are accessible and well-publicized is critical for encouraging students to seek care when needed.

CHAPTER SIX

5.0 CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

This study examined the knowledge, perceptions and attitudes towards mental health seeking behaviors among students at Koforidua Technical University in the Eastern Region of Ghana. The study involved 426 students. Majority of the respondents were within the 21–25-years, with a dominant representation of males. Most students were studying undergraduate and HND programs. The diverse socio-demographic characteristics provided a strong foundation for the study.

The findings indicated a good knowledge level about mental health among most respondents. Students generally had varying perceptions and attitudes. Negative perceptions were common, although some students were neutral about their perceptions towards mental health. Overall, students had positive attitudes towards mental health. Most students were willing to seek mental healthcare from various sources. The most preferred sources include parents, religious leaders and mental health professionals. Very few showed a likelihood of seeking care from peers or extended family.

A statistically significant association was seen between knowledge level and mental health care-seeking behaviour. Students with good knowledge were found to be more than twice as likely to seek mental healthcare compared to those with poor knowledge. Irrespective of this, attitudes and perceptions did not exhibit statistically significant associations with mental healthcare-seeking behaviour. This highlights the importance of education and awareness in encouraging individuals to seek mental health services. Also, demographic factors such as age and level of study were

predictors in mental health seeking behaviour, with students aged 31–35 years and those pursuing Higher National Diploma (HND) programs having lower odds of seeking care. Thus, it is suggestive that knowledge actively predicts the likelihood of mental health care-seeking behavior among university students. These efforts are essential not only within the university environment but also in the home setting to promote better mental health-seeking behaviors among students.

6.2 Recommendations

Based on the study findings, the following recommendations are proposed to address gaps in knowledge, attitudes and perceptions towards mental health seeking behaviors among students.

6.2.1 Tertiary Institutions

1. Universities should develop interventions tailored to meet the needs of various age groups and establish peer support programs to offer guidance and assistance to their peers, reducing stigma and providing a familiar, non-judgmental avenue for support.
2. Universities should set up fully functional student friendly mental health units with trained psychologists, counsellors or mental health professionals to provide confidential care to students.
3. The Universities, Ministry of Education and Ghana Tertiary Education Commission in collaboration with the Mental Health Authority, should enforce policies that mandate the integration of mental health services and education within universities.

6.2.2 Government (MOH/GHS/MHA)

1. The Mental Health Authority (MHA) should collaborate with tertiary institutions to integrate structured mental health education into student orientation programs, curricula, and campus health campaigns to address knowledge gaps, misconceptions and misperceptions about mental health.
2. The Ghana Health Service (GHS) should organize workshops, seminars, and outreach programs to challenge misconceptions, reduce stigma, and foster more open and respectful discussions about mental health.
3. Community-based mental health services should strengthen collaborations with informal support systems like parents, partners, and religious leaders while making mental health services on campus more accessible and approachable for students.

6.2.3 Further studies

1. Further studies should consider exploring the changes in mental health knowledge, attitude, and behavior over time, especially in response to targeted interventions.
2. Qualitative studies are needed to understand deeply the nuanced cultural, social, and structural factors that influence mental health care seeking among students.

REFERENCES

- Abolfotouh, M.A., Almutairi, A.F., Almutairi, Z., Salam, M., Alhashem, A., Adlan, A.A. and Modayfer, O. (2019) 'Attitudes toward mental illness, mentally ill persons, and help-seeking among the Saudi public and sociodemographic correlates', *Psychology Research and Behavior Management*, 12, pp. 45–54. Available at: <https://doi.org/10.2147/PRBM.S191676>.
- Ajzen, I. (1991). The theory of planned behaviour. *Organizational Behaviour and Human Decision Processes*, 50(2), 179-211.
- Al Omari, O., Khalaf, A., Al Hashmi, I., Al Qadire, M., Abu Shindi, Y., Al Sabei, S., Matani, N. and Jesudoss, D. (2022) 'A comparison of knowledge and attitude toward mental illness among secondary school students and teachers', *BMC Psychology*, 10(1), pp. 1–10. Available at: <https://doi.org/10.1186/s40359-022-00820-w>.
- Alemu, Y., et al. (2017). Assessment of Knowledge, Attitude and Practice on Mental Illness among Students. *BMC Psychiatry*
- Amankwah, K. (2023) 'Depression and Suicide among Undergraduate Students of a Public University in Ghana', *Mental Health & Human Resilience International Journal*, 7(2), pp. 1–16. Available at: <https://doi.org/10.23880/mhrij-16000231>.
- Andersen, R. M. (1995). Revisiting the Behavioural Model and Access to Medical Care: Does it Matter? *Journal of Health and Social Behaviour*, 36(1), 1-10.
- Angermeyer, M. C., & Dietrich, S. (2006). Public beliefs about and attitudes towards people with mental illness: A review of population studies. *Acta Psychiatrica Scandinavica*, 113(3), 163–179.
- Arshad, M., Studies, S.N.-K. and 2024, undefined (2024) 'Exploring Mental Health Issues Among Adolescents Based on kap model A Qualitative Study', *Kurdishstudies.Net*, 4883(2), pp. 6310–6325. Available at: <http://kurdishstudies.net/menu-script/index.php/KS/article/view/2843>.

- Asante, K. O., & Andoh-Arthur, J. (2015). Prevalence and determinants of depressive symptoms among university students in Ghana. *Journal of Affective Disorders*, 171, 291–296.
- Atilola, O. (2015). Mental health service utilization in sub-Saharan Africa: Is public mental health literacy the problem? Setting the scene for mental health epidemiological transition in sub-Saharan Africa, *Global Health Action*, 8(1), 26543.
- Avoke, M. (2010). Models of disability in the labelling and attitudinal discourse in Ghana. *Disability & Society*, 17(7), 769–777.
- Baklola, M., Terra, M., Taha, A., Elnemr, M., Yaseen, M., Maher, A., Buzaid, A.H., Alenazi, R., Osman Mohamed, S.A., Abdelhady, D. and El-Gilany, A.H. (2024) ‘Mental health literacy and help-seeking behaviour among Egyptian undergraduates: a cross-sectional national study’, *BMC Psychiatry*, 24(1), pp. 1–12. Available at: <https://doi.org/10.1186/s12888-024-05620-7>.
- Beck, A. T. (2002). *Depression: Causes and Treatment*. University of Pennsylvania Press.
- Beckwith, S., Chandra-Mouli, V. and Blum, R.W. (2024) ‘Trends in Adolescent Health: Successes and Challenges From 2010 to the Present’, *Journal of Adolescent Health*, 75(4), pp. S9–S19. Available at: <https://doi.org/10.1016/j.jadohealth.2024.04.015>.
- Breslau, J., et al. (2006). Mental disorders and the risk of suicidal behaviour in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 63(3), 299-305.
- Bsharat, R. (2023) Perceptions, Knowledge, and Attitude Toward Mental Health Disorders among Students in a West Bank Universities -Cross Sectional Study’, (July).
- Burns, J. K., & Tomita, A. (2015). Traditional and religious healers in the pathway to care for people with mental disorders in Africa: A systematic review and meta-analysis. *Social Psychiatry and Psychiatric Epidemiology*, 50(6), 867–877.
- Clement, S., Schauman, O., Graham, T., Maggioni, F., & Wertz, V. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine*, 45(1), 11-27.

- Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2012). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest*, 13(2), 62-76.
- Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest*, 15(2), 37–70.
- Corrigan, P. W., Watson, A. C., Warpinski, A. C., & Gracia, G. (2005). Implications of educating the public on mental illness, violence, and stigma. *Psychiatric Services*, 56(5), 613–618.
- Diala, C. C., Muntaner, C., Walrath, C., Nickerson, K., & LaVeist, T. A. (2000). Racial differences in attitudes toward seeking professional mental health services. *American Journal of Public Health*, 90(11), 1556-1561.
- Dogbe, J. A., et al. (2020). Knowledge and Attitudes towards Mental Health among University Students in Ghana. *Ghana Medical Journal*, 54(1), 25-33.
- Doku, V. C. K., Wusu-Takyi, A., & Awakame, J. (2012). Implementing the mental health act in Ghana: Any challenges ahead? *Ghana Medical Journal*, 46(4), 241–250.
- Effiong, J.H., Idung, A.U. and Iyanam, V.E. (2019) ‘Knowledge, Attitudes and Perceptions about Mental Illness in Ekom Iman Community in Akwa Ibom State, South-South Nigeria’, *Asian Journal of Medicine and Health*, 17(3), pp. 1–9. Available at: <https://doi.org/10.9734/ajmah/2019/v17i330164>.
- Eisenberg, D., Golberstein, E., & Gollust, S. E. (2007). Help-seeking and access to mental health care in a university student population. *Medical Care*, 45(7), 594–601.
- Furnham, A., & Swami, V. (2018). Mental health literacy: A review of what it is and why it matters. *International Perspectives in Psychology: Research, Practice, Consultation*, 7(4), 240–257.
- Gaiha, S. M., Taylor Salisbury, T., Koschorke, M., Raman, U., & Petticrew, M. (2020). Stigma associated with mental health problems among young people in India: A systematic review of magnitude, manifestations and recommendations. *BMC Psychiatry*, 20, 538.

- Gebreegziabher, Y., Girma, E. and Tesfaye, M. (2019) ‘Help-seeking behavior of Jimma university students with common mental disorders: A cross-sectional study’, PLoS ONE, 14(2), pp. 1–18. Available at: <https://doi.org/10.1371/journal.pone.0212657>.
- Getachew, D., Mesafint, G., Solomon, N., Yenealem, K., Muche, Z. and Demelash, S. (2024) ‘Community perception towards mental illness and help-seeking intention in Southwest Ethiopian Peoples Regional State’, PloS one, 19(10), p. e0310512. Available at: <https://doi.org/10.1371/journal.pone.0310512>.
- Glozah, F. N., & Komesuor, J. (2020). Mental health literacy among Ghanaian youth: Awareness, beliefs and help-seeking behavior. *Journal of Mental Health and Human Behaviour*, 25(1), 15–20.
- Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. *BMC Psychiatry*, 10(1), 113.
- Gureje, O., et al. (2006). Mental health care in developing countries: A challenge for the future. *International Journal of Social Psychiatry*, 52(2), 146-151.
- Gureje, O., et al. (2015). Integrating mental health into primary care in Nigeria. *World Psychiatry*, 14(3), 291–292.
- Haavik, L., Joa, I., Hatloy, K., Stain, H.J. and Langeveld, J. (2019) ‘Help seeking for mental health problems in an adolescent population: the effect of gender’, *Journal of Mental Health*, 28(5), pp. 467–474. Available at: <https://doi.org/10.1080/09638237.2017.1340630>.
- Jorm, A. F. (2000). Mental health literacy: Public knowledge and beliefs about mental disorders. *The British Journal of Psychiatry*, 177(5), 396-401.
- Jorm, A. F. (2012). Mental health literacy: Empowering the community to take action for better mental health. *American Psychologist*, 67(3), 231–243.
- Jorm, A. F., et al. (2006). Mental health literacy: A survey of the public’s ability to recognize mental disorders and their beliefs about the effectiveness of treatment. *The Medical Journal of Australia*, 184(7), 290-293.

- Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., & Henderson, A. S. (2006). Mental health literacy and the recognition of depression and anxiety in the community. *The British Journal of Psychiatry*, 189(1), 19-23.
- Kakuma, R., Kleintjes, S., Lund, C., Drew, N., Green, A., & Flisher, A. J. (2010). Mental health stigma: What is being done to raise awareness and reduce stigma in South Africa? *African Journal of Psychiatry*, 13(2), 116–124.
- Kihumuro, R.B., Kagawa, M.M., Kintu, T.M., Nakandi, R.M., Muwanga, D.R., Muganzi, D.J., Atwau, P., Ayesiga, I., Najjuma, J.N. and Ashaba, S. (2022) ‘Knowledge, attitude and perceptions of medical students towards mental health in a university in Uganda’, *BMC Medical Education*, 22(1), pp. 1–9. Available at: <https://doi.org/10.1186/s12909-022-03774-0>.
- Kutcher, S., Wei, Y., & Coniglio, C. (2016). Mental health literacy: Past, present, and future. *The Canadian Journal of Psychiatry*, 61(3), 154–158.
- Kwakye, S., et al. (2021). Mental health literacy among university students in Ghana: A cross-sectional study. *Journal of Public Health in Africa*, 12(1), 15–22.
- Labinjo, T., Serrant, L., Ashmore, R. and Turner, J. (2020) Perceptions, attitudes and cultural understandings of mental health in Nigeria: a scoping review of published literature, *Mental Health, Religion and Culture*. Available at: <https://doi.org/10.1080/13674676.2020.1726883>.
- Mackenzie, C. S., Gekoski, W. L., & Knox, V. J. (2011). An examination of the mental health needs of elderly individuals and their attitudes toward seeking help. *Journal of Aging and Health*, 23(2), 343-355.
- Mahmoodi, S.M.H., Ahmadzad-Asl, M., Eslami, M., Abdi, M., Hosseini Kahnemoui, Y. and Rasoulilian, M. (2022) ‘Mental Health Literacy and Mental Health Information-Seeking Behavior in Iranian University Students’, *Frontiers in Psychiatry*, 13(June), pp. 1–6. Available at: <https://doi.org/10.3389/fpsy.2022.893534>.
- Masuda, A., Anderson, P.L. and Edmonds, J. (2012) ‘Help-Seeking Attitudes, Mental Health Stigma, and Self-Concealment Among African American College Students’, *Journal of*

Black Studies, 43(7), pp. 773–786. Available at:
<https://doi.org/10.1177/0021934712445806>.

Naslund, J. A., Aschbrenner, K. A., Marsch, L. A., & Bartels, S. J. (2017). The future of mental health care: peer-to-peer support and social media. *Epidemiology and Psychiatric Sciences*, 25(2), 113–122.

Ofori-Atta, A., Read, U. M., & Lund, C. (2010). A situation analysis of mental health services and legislation in Ghana: Challenges for transformation. *International Journal of Mental Health Systems*, 4(1), 16.

Omar, R.M., Ahmed, S.K. and Haji, R.M. (2024) ‘Attitudes of university students towards people with mental health disorders: a survey-based study’, *Discover Psychology*, 4(1). Available at: <https://doi.org/10.1007/s44202-024-00220-8>.

Osei, A., Lyketsos, C. G., & Eaton, J. (2015). Mental health in Ghana: A report of a screening study. *International Journal of Mental Health Systems*, 9(1), 1–7.

Osei, E., Amu, H., Appiah-Kubi, P., Konlan, K.D., Mumuni, H., Orish, V.N., Maalman, R.S.-E., Kim, E., Kim, S., Jung, H., Oppong, S., Kofie, P., Ayanore, M.A., Amenuvegbe, G.K., Adjuik, M., Tarkang, E.E., Alhassan, R.K., Donkor, E.S., Zotor, F.B., Kweku, M., Amuna, P., Gyapong, J.O. and Kim, S.Y. (2021) ‘Prevalence and predictors of selected risk factors of non-communicable diseases in Ghana: evidence from a sub-national survey’, *Journal of Global Health Science*, 3(2), pp. 1–14. Available at: <https://doi.org/10.35500/jghs.2021.3.e13>.

Pasic, M., Eleftheriades, R. and Fiala, C. (2020) ‘The challenges and mental health issues of academic trainees’, *F1000Research*, 9(May). Available at: <https://doi.org/10.12688/f1000research.21066.1>.

Patel, V., et al. (2015). Mental health in low- and middle-income countries. *The Lancet*, 370(9590), 1-12.

Patel, V., et al. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet*, 392(10157), 1553–1598.

Pescosolido, B. A., et al. (2010). The stigma complex. *Annual Review of Sociology*, 36, 1-17.

- Puspitasari, I.M., Garnisa, I.T., Sinuraya, R.K. and Witriani, W. (2020) 'Perceptions, knowledge, and attitude toward mental health disorders and their treatment among students in an Indonesian University', *Psychology Research and Behavior Management*, 13, pp. 845–854. Available at: <https://doi.org/10.2147/PRBM.S274337>.
- Radez, J., Reardon, T., Creswell, C., Lawrence, P.J., Evdoka-Burton, G. and Waite, P. (2021) 'Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies', *European Child and Adolescent Psychiatry*, 30(2), pp. 183–211. Available at: <https://doi.org/10.1007/s00787-019-01469-4>.
- Reavley, N. J., & Jorm, A. F. (2011). Recognition of mental disorders and beliefs about treatment and outcome: Findings from an Australian national survey of mental health literacy and stigma. *Australian and New Zealand Journal of Psychiatry*, 45(11), 947–956.
- Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Australian e-Journal for the Advancement of Mental Health*, 4(3), 218–251.
- Roberts, K.A. (2023) 'Digital Commons @ Georgia Southern Mental Health Help-Seeking Behaviors of First-Year University Students'.
- Roberts, T., Ocaka, K. F., Browne, J., Oyok, T., & Sondorp, E. (2013). Factors associated with post-traumatic stress disorder and depression amongst internally displaced persons in northern Uganda. *BMC Psychiatry*, 9, 69.
- Rojas, G. (2023) 'Examining The Knowledge, Perception, And Utilization Of Mental Health Services Among College Students by'.
- Rosenstock, I. M. (1974). The Health Belief Model and Preventive Health Behavior. *Health Education Monographs*, 2(4), 354-386.
- Soo, Y.Y., Wong, Y.Y., Ong, S.C. and Ooi, G.S. (2024) 'Perceptions and Beliefs Towards Mental Health and Mental Illness: A Qualitative Study among University Students in Malaysia', *Malaysian Journal of Medicine and Health Sciences*, 20(1), pp. 70–77. Available at: <https://doi.org/10.47836/mjmhs.20.1.10>.

- Sorsdahl, K., Stein, D. J., & Joska, J. A. (2010). The impact of mental illness on help-seeking behavior in South Africa. *Psychiatry Research*, 176(2-3), 156-161.
- Sossou, M. A., et al. (2008). Mental health services in sub-Saharan Africa: A review. *International Journal of Social Psychiatry*, 54(5), 441-452.
- Tesfaye, Y., Agenagnew, L., Tucho, G.T., Anand, S., Birhanu, Z., Ahmed, G., Getenet, M. and Yitbarek, K. (2020) ‘Attitude and help-seeking behavior of the community towards mental health problems’, *PLoS ONE*, 15(11 November), pp. 1–13. Available at: <https://doi.org/10.1371/journal.pone.0242160>.
- Thornicroft, G., Mehta, N., Clement, S., Evans-Lacko, S., Doherty, M., Rose, D., ... & Henderson, C. (2016). Evidence for effective interventions to reduce mental-health-related stigma and discrimination. *The Lancet*, 387(10023), 1123–1132.
- Wang, C., Cramer, K.M., Cheng, H.L. and Do, K.A. (2019) ‘Associations Between Depression Literacy and Help-Seeking Behavior for Mental Health Services Among High School Students’, *School Mental Health*, 11(4), pp. 707–718. Available at: <https://doi.org/10.1007/s12310-019-09325-1>.
- World Health Organization (2004). *Promoting Mental Health: Concepts, Emerging Evidence, Practice*. Geneva: WHO.
- World Health Organization (2013). *Comprehensive Mental Health Action Plan 2013–2030*.
- World Health Organization (2019). *Mental health in schools: A resource and planning guide*. Geneva: WHO.
- World Health Organization (2022). *World Mental Health Report: Transforming Mental Health for All*. Geneva: WHO.
- Yabalwashi, N. (2023) ‘Exploration of the perception of Mental illnesses among secondary school students in selected schools in Ndola, Zambia.’, *The Global Health Network Collections*, pp. 1–2. Available at: <https://doi.org/10.21428/3d48c34a.4460acfb>.

Zhao, M. and Hu, M. (2022) 'A multilevel model of the help-seeking behaviors among adolescents with mental health problems', *Frontiers in Integrative Neuroscience*, 16(September), pp. 1–9. Available at: <https://doi.org/10.3389/fnint.2022.946842>.

APPENDICES

Appendix 1: Consent form

CONSENT FORM (PARTICIPANTS)

KNOWLEDGE, PERCEPTIONS, ATTITUDES, AND MENTAL HEALTH-SEEKING BEHAVIOR AMONG STUDENTS AT KOFORIDUA TECHNICAL UNIVERSITY

Introduction and Informed Consent Form for Participants

Hello,

My name is **Janet Emefa Mensah**, and I am a student at Ensign Global College, Kpong. I am doing research on how students at Koforidua Technical University understand, feel about, and seek help for mental health issues. This study is part of my school project work. I would appreciate it if you could take some time to answer this questionnaire. The survey will take about 10 to 20 minutes, it will include questions about your knowledge, attitudes, perceptions, and experiences related to mental health. Please tick the boxes below.

I have read and understood the information sheet for the study and have been able to ask questions.	
I understand that I can choose whether I take part or not. If I don't want to take part anymore, I can stop at any time, without giving any reason. This will not affect the way I am treated at school.	
I understand that my answers will be made anonymous and that the study team will not allow anyone to know what my answers are.	
I understand that after I have completed the questionnaire, the study team will use my results anonymously to look at the links between the test results and well-being.	
I understand that anonymous information will be used in reports by researchers but it will not be possible to identify me in these reports.	
I agree to take part in this study.	

Student: Date..... Signature.....

Interviewer: Date Signature.....

ANSWER ANY QUESTIONS AND ADDRESS STUDENTS' CONCERNS

Appendix 2: Structured questionnaire

SECTION E

Demographics

1. **Age**

2. **Sex**.....

3. Faculty

- Faculty of Business and Management Studies (FBMS)
- Faculty of Applied Science and Technology (FAST)
- Faculty of Engineering (FOE)
- Faculty of Built and Natural Environment (FBNE)
- Faculty of Health and Allied Science (FHAS)
-

4. Level of Study

- Diploma
- HND
- Undergraduate
- Post Graduate

5. Marital status

- single
- married

6. Religion

- Christianity
- Islam
- Traditionalists

SECTION K *Students' Knowledge*

Please read each statement carefully and select the answer that you believe is correct by marking the corresponding number:

1 = Yes (if you believe the statement is true) **2 = No** (if you believe the statement is false)

K	Item	Yes	No
		1	2
K7	Mental disorders are caused by the wrong way of thinking	1	2
K8	Many people have psychiatric problems, but they do not realize them.	1	2
K9	External stress factors are the causes of all types of Mental health disorders	1	2
K10	The components of mental health include normal intelligence, stable moods, positive attitudes, interpersonal relationships, and quality adaptability.	1	2
K11	Psychological or psychiatric services should be sought if one suspects the presence of psychological problems or mental disorders.	1	2
K12	Psychological problems can occur at almost all ages.	1	2
K13	Mental disorders and psychological problems cannot be prevented.	1	2
K14	Individuals who have a family history of mental disorders have a higher risk of experiencing psychological problems and mental disorders.	1	2
K15	Individuals with bad temperament are more likely to have psychiatric problems.	1	2
K16	Feelings of sadness and depression are the same.	1	2
K17	The treatment of people with mental health disorders needs supportive psychological therapy	1	2
K18	The majority of mental disorders cannot be cured	1	2

SECTION P *Students' perception*

The following statements are designed to understand your perceptions of mental health and people with mental illnesses. Each item in the questionnaire has a number attached, representing different possible responses. Please read each statement carefully and select the response that best reflects your opinion by marking the corresponding number.

1= Strongly Agree (SA): You strongly agree with the statement.

2 = Agree (A): You agree with the statement.

3 = Neither Agree nor Disagree (N): You neither agree nor disagree with the statement.

4 = Disagree (D): You disagree with the statement.

5 = Strongly Disagree (SD): You strongly disagree with the statement.

P	Items	SA 1	A 2	N 3	D 4	SD 5
P19	People with mental health problems tend to be blamed for their conditions	1	2	3	4	5
P20	One can tell whether an individual has a mental health disorder through his/her physical appearance.	1	2	3	4	5
P21	People who are mentally ill cannot make friends	1	2	3	4	5
P22	People with mental illnesses can attend school	1	2	3	4	5
P23	Anyone can suffer from a mental illness.	1	2	3	4	5
P24	People with mental illnesses are insane.	1	2	3	4	5

SECTION A *Students' attitudes.*

A	ITEM	SA	A	N	D	SD
A25	People with mental illnesses deserve respect.	1	2	3	4	5
A26	Learning about mental illnesses is crucial.	1		3	4	5
A27	I feel comfortable when encountering people with mental illnesses.	1	2	3	4	5
A28	I am scared when being approached by people with mental illnesses.	1	2	3	4	5
A29	When I have a mental health disorder, I most likely do not tell my friends.	1	2	3	4	5
A30	Only people who are weak and overly sensitive let themselves be affected by mental illnesses.	1	2	3	4	5
A31	Students with mental illnesses should not be in regular classes.	1	2	3	4	5
A32	People with mental illness can help others	1	2	3	4	5
A33	Students with mental illnesses need a special curriculum for learning.	1	2	3	4	5
A34	Someone with mental illnesses can be a good friend.	1	2	3	4	5

SECTION S Health-seeking Behavior

If you were having an emotional problem or suicidal thoughts on campus how likely will you seek help from the following people?

Tick most appropriate

S	Item	Extremely Unlikely 1	Unlikely 2	Likely 3	Extremely Likely 4
S35	Partner (significant boyfriend or girlfriend, husband or wife)	1	2	3	4
S36	Friend (not related to you)				
S37	Parent	1	2	3	4
S38	Other relative/family member	1	2	3	4
S39	Mental health professional (school counselor, psychologist, psychiatrist)	1	2	3	4
S40	Religious leader (Pastor, Priest, Rev, Prophet,)	1	2	3	4
S41	I will seek help from another not listed above;	1	2	3	4

Thank you for taking the time to complete this questionnaire!



KOFORIDUA TECHNICAL UNIVERSITY

P. O. Box KF 981, Koforidua, E/R
Ghana, West Africa

Tel: (+233) 3420 24466 (+233) 3420 22890 (+233) 3420 24993 Tel/Fax: (+233) 3420 24179 Website: www.ktu.edu.gh

Our Ref: KTU/DRI/ERB/30/07..... Your Ref:..... Date 29/01/2025.....

Janet Emefa Mensah
Ensign Global College
Kpong

Dear Applicant,

ETHICAL APPROVAL TO CONDUCT RESEARCH

The University Ethical Review Board has considered your application for clearance to conduct research titled "*Knowledge, Perception, and Attitude towards Mental Health-Seeking Behaviour among Students in Koforidua Technical University, Ghana*".

All the documents submitted in accordance with the checklist were reviewed and has granted approval for the conduct of the research.

Kindly ensure strict adherence to high ethical standards to ensure that participants to this research are not harmed in the process.

Kindly ensure that you quote this Reference No. **KTU/DRI/ERB/GAI/05** in any communication related to this application.

Yours faithfully,

Prof. Samuel Kwofie
Chairman, Ethical Review Board

Cc:
File



OUR REF: ENSIGN/IRB/EL/SN-291/01
YOUR REF:

January 8, 2025

INSTITUTIONAL REVIEW BOARD SECRETARIAT

Janet Emefa Mensah
Ensign Global College
Kpong.

Dear Janet,

ETHICAL CLEARANCE TO UNDERTAKE POSTGRADUATE RESEARCH

At the General Research Proposals Review Meeting of the *INSTITUTIONAL REVIEW BOARD (IRB)* of Ensign Global College held on Wednesday, January 8, 2025, your research proposal entitled "**Knowledge, Perception, and Attitude towards Mental Health-Seeking Behavior among Students in Koforidua Technical University, Ghana**" was considered.

You have been granted Ethical Clearance to collect data for the said research under academic supervision within the IRB's frameworks and guidelines.

We wish you all the best.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rebecca Acquah-Arhin', with a flourish at the end.

Dr. (Mrs.) Rebecca Acquah-Arhin
IRB Chairperson

OUR REF: EGC/JEM/2025
YOUR REF:
Tel: +233 245762229
Website: www.ensign.edu.gh



P. O. Box AK 136
Akosombo
Ghana
Date: 01-06-2025

The Registrar
Koforidua Technical University
Koforidua, (E/R)

Dear Sir/Mad.,

LETTER OF INTRODUCTION FOR JANET EMEFA MENSAH

I hereby do attest that the above-named individual is a student in good academic standing in the Master of Public Health (MPH) program here at Ensign Global College. In partial fulfilment of the requirements for the award of the said degree, she is undertaking a Thesis project which is expected to have full ethical approval but needs a let administrative approval from your institution indicating consent to allow her conduct her research among the targeted population.

I currently serve as the lead Faculty Supervisor for her work titled "*Knowledge, Perception and Attitude towards mental health-seeking behavior among students at Koforidua Technical University in the New Juaben Municipality in the Eastern Region of Ghana*" and will offer her all the needed guidance as she undertakes this project. I will further ensure she follow all ethical protocols to protect the rights and privacy of all consented respondents.

I am very convinced that the key findings from her studies will add to scientific knowledge and inform policy to improve the general health outcomes of your students and the general public as a whole. Please do not hesitate to contact me for any additional information that may support this application. Thanks.

Sincerely,

A handwritten signature in black ink, appearing to be "Stephen Manortey", written over a circular scribble.

Stephen Manortey, PhD, MSc.
Ensign Global College
Director, Academic Program
Tel: +233248855374
Email: steve.manortey@ensign.edu.gh