




A systematic review of university students' mental health in sub-Saharan Africa

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The mental health of students in higher education is an increasing concern. Research indicates that university students are at a higher risk of poor mental health and wellbeing compared to the general population, which negatively impacts their studies. The main issue addressed in this study is the evident gap in mental health research dedicated to university students in sub-Saharan Africa (SSA). The purpose of this article is to review the literature on mental health of university students in SSA and to provide an overview of student mental health policy in educational institutions. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses 2020 recommendation was followed to objectively select and retain articles within the topic of interest for this systematic review. Findings indicate a significant gap in mental health research for university students in SSA. There is a need for higher education institutions to establish mental health empowerment policies and strategies. International examples, such as the University Mental Health Framework in Australia and the United Kingdom Universities Student Wellbeing Good Practice Guide, exist for benchmarking.

Contribution: The higher education sector and policymakers can use the results to inform current policy decisions and identify priorities for future directions. It is crucial to translate international guidelines into the African context to address the specific mental health issues of students in the region.

Keywords: students; young adults; Sub-Saharan Africa; mental health; higher education; policy.

Introduction

Studies have underscored the heightened vulnerability of university students to mental health challenges, emphasising the far-reaching impact on their academic achievements and personal development (Hunt & Eisenberg 2010). According to Laranjeira et al. (2021), young adult mental health has long been recognised as an international public health challenge. Son et al. (2020) reported that university students represented a demographic group particularly prone to mental health challenges. Most university students fall into the age group 19 years–24 years, and this group is considered at risk and has the most mental health problems (Muhia & Nanji 2021; Nsereko 2018). Students undergoing tertiary education may be exposed to pressures (academically, financially and socially) that affect academic progress and make them more vulnerable to mental health problems (Catling et al. 2022). In a survey in Saudi Arabia, student mental health distress was 71.9% and 70% in Tanzania. A survey conducted in Norway reported 22.9% and 19.2% in Australia, while Adama University in Ethiopia reported 40%, Gondar 50% and Hawassa University 52% (Mutinta 2022). These results indicate higher levels of distress among tertiary students. For this reason, there is an urgent need to develop intervention programmes to address the long-term mental health impacts of young adults. In addition to the increased psychological burden, young adults also experience stress that affects their overall health.

While there were concerns about student wellbeing prior to the pandemic, COVID-19 brought additional stressors to student life, especially in African settings (Graham & Eloff 2022). The pandemic response has reportedly caused psychosocial and emotional problems in sub-Saharan Africa (SSA), including among young adults (Muhia & Nanji 2021). COVID-19 has had a massive impact, posing several challenges for higher education students, including increased anxiety, concerns about academic performance and employment opportunities (Chen & Lucock 2022). Studies around the world report higher prevalence of emotional distress among university students (Mutinta 2022). In China, the country that experienced the outbreak of COVID-19 first, outbreak earliest, 21.1% of students reported symptoms of anxiety (Shiratori et al. 2022).

Understanding how the COVID-19 pandemic and these burdens have affected students will help formulate responses to future public health emergencies and provide cultural insights to improve student mental health (Adjepong et al. 2022).

This underscores that it is a critical time to intervene to protect university students and that formal policies on student mental health are needed. Student health and wellbeing are shaped by policies, so it is important to develop policies and programmes that contribute to an overall campus culture that supports mental health and resilience (Kaminer & Shabalala 2019). According to Gómez et al. (2019), mental health policies may describe or define desirable, expected or required behaviours or standards of conduct. Without clear policies, support initiatives can be fragmented, moderately regulated and typically delivered randomly, on a case-by-case basis, or 'as needed' (DiPlacito-DeRango 2016). Students' mental health in SSA should be considered a priority as it is strongly linked to academic achievement and is an integral part of economic growth and human development in developing countries (Bantjes et al. 2023). Studies around the world report increased levels of mental stress and mental health problems, but often these studies do not consider the experiences of students in SSA (Adjepong et al. 2022). The lack of literature on this topic, especially among young adults on the African continent, is surprising (Djatche et al. 2022). This article reviews literature on students' mental health in SSA and seeks to examine the potential lack of policies that direct mental health support in higher educational institutions. A picture of student mental health policy is presented and discussed, as are international frameworks SSA universities can use. The purpose of this study is to identify gaps and policy implications for students in tertiary education. In addition, this study will serve as a roadmap for policy makers in implementing student mental health policies in higher education institutions. Moreover, this review can serve as an exemplar for SSA universities that do not have the policy and help plan future research priorities.

Wellness and mental health in educational systems

Student mental health and well-being are different but closely related. The World Health Organization (WHO 2022) defines mental health as:

[A] state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. (p. 1)

While wellness is described as 'the optimal state of health of individuals and groups', wellness is expressed as 'a positive approach to living' (World Health Organization 2022). As described by Radhakrishnan and Surgeon (2021), health is a goal and wellness is a positive process to reach that goal. In that regard, wellbeing initiatives are key to raising awareness about the importance of mental health and how to care for it effectively. Wellness activities promote student wellbeing,

but support should also target students' mental health (GuildHE 2018).

A large migration of young adults to university is associated with increased social, academic and financial demands (Medlicott et al. 2021). This new experience can affect students' mental health and well-being. Mental health problems have also been observed to affect academic performance and dropout rates. University students' psychological wellbeing is often related to their 'academic' wellbeing. Rising student numbers are putting pressure on university support services and staff (OfS Insight 2019). Therefore, a written student mental health policy provides guidelines to ensure that appropriate action is taken and prepared to support students when necessary (Trinity 2008). Supporting students in the challenges they face today enables them to do their best and build brighter futures (Australian University Mental Health Framework 2020). By making mental health a priority for institutions, university leaders demonstrate a commitment to care that can transform students' lives (Fleurimond et al. 2021). One way to formalise this commitment is by including mental health in curriculum design. For example, the University of Bristol in the United Kingdom (UK) offers a mental health course to all new students upon admission. This course focuses on the challenges of transitioning to university and aims to introduce students to strategies for a happier life (Purdy 2022). According to Fleurimond et al. (2021), teaching, learning methods and curriculum design that increase student wellbeing can also improve student learning results. Bhatia et al. (2020) stated that the design of interventions should take into account the realities of student life to facilitate student recruitment and retention in universities. In addition to planning appropriate support systems, the institution should determine which areas of student health and wellbeing are affected and which student groups require specialised, targeted and appropriate care (Alessandri, Rose & Wasley 2020).

Mental health status in sub-Saharan Africa

African countries face so many problems caused by epidemics and malnutrition that they have yet to recognise the impact of mental health problems. Most SSA countries have low incomes, high prevalence of epidemics and malnutrition, short life expectancy and staffed services. Furthermore, mental health services are underdeveloped (Gureje & Alem 2000). Most SSA youth live in a rapidly growing society characterised by poverty, high rates of unemployment, rapid urbanisation, often limited educational opportunities, weakening social controls and the breakdown of traditional norms (Kabiru et al. 2013). These challenges have important implications for the health and wellbeing and their potential contribution to the economies of African countries (Kabiru et al. 2013). In Malawi and Tanzania, poverty-related stressors such as lack of basic needs because of low income and poor housing were offset by environmental stressors such as violence, insecurity, unwanted pregnancy and death of a parent or guardian (Muhia & Nanji 2021).

The prevalence and impact of mental health problems in universities are uncertain because of lack of data and research in the area. In the African context, as in many low-income settings, mental health care capacity is limited (Dessauvagie et al. 2020). Mental health delivery faces several challenges, ranging from understaffing to stigma to lack of government support in terms of policies and funding (Nicholas, Joshua & Elizabeth 2022). Mental health in low- and middle-income countries (LMICs) is strongly linked to poverty and social disadvantage (Draper et al. 2009). According to Dessauvagie et al. (2020), poor mental health among young adults in Africa is associated with bullying, stigma, poverty and violence or abuse. On the contrary, social support from the community, close circle (family and friends) and good parenting were associated with better mental health outcomes.

Jörns-Presentati et al. (2021) conducted a review of the prevalence of mental health problems in SSA countries, and the results suggest that young adult populations are particularly likely to develop mental disorders. Muhia and Nanji (2021) reported that the most common psychiatric disorders were depression, anxiety, post-traumatic stress disorder, general anxiety and toxic substance use. A 2016 survey of 1337 students in South Africa found that 12% had moderate to severe depressive symptoms, 15% had moderate to severe anxiety symptoms and 24% had suicidal thoughts (Agaba 2022). In Ethiopia, a 2020 survey of 1135 undergraduate students showed that at least 3 in 10 suffer from some form of emotional distress. A similar trend was observed in Kenya. The Global Mental Health Innovation Network reported that depression and anxiety are escalating, especially among higher education students from poor backgrounds (Agaba 2022).

Mokitimi, Schneider and De Vries (2018) argue that poor policy development and implementation of mental health policies for young adults in LMICs lead to underserved services. This could further lead to the conclusion that existing policies and strategic plans in place by relevant ministries and agencies do not seem to address the issue of mental health support in a responsive and efficient manner (UNICEF Rwanda 2020). Because of the impact of the recent pandemic, student mental health is a relevant but under-recognised issue in formal settings and politics. Browne, Munro and Cass (2017) found that policy change is data driven, and that lack of data regularly collected and monitored on student experience may contribute to minimal government awareness, investment program activity. A recent review of contributions to scientific knowledge reports that the SSA region contributes to less than 1% of global scientific production. Inadequate research results therefore make it difficult for African countries to use relevant regional data to develop policies (Kabiru et al. 2013). Monaghan, Linden and Stuart (2021) add that relevant stakeholders should consider how existing policies and frameworks can be used to drive concrete action on mental health in higher education.

Establishing the need for a student mental health policy

When students struggle with mental health issues, they often experience attendance problems, difficulty completing assignments and poor academic productivity, which can lead to dropouts. On the contrary, students with stronger mental health may have improved social and emotional behaviours that may have a positive impact on academic performance (Bas 2021). Therefore, an officially recognised mental health policy communicates to students and staff that mental health talks are okay and that the institution is there to support them. The aim of the policy is therefore to provide guidelines for all universities to create conducive learning environments good to mental health and wellbeing. When planning for incoming semesters, universities should consider the changing needs of students post-COVID-19. Students now have an increasing demand for mental health resources that are accessed on and off-campus (Importance of Mental Health Services on College Campuses 2020). Fleurimond et al. (2021) found that outreach approaches need to be adjusted to reach different student groups. It is also important to understand that every university is unique and presents different challenges in building connections and improving mental health outcomes. It is therefore crucial to identify and reinforce protective factors and reduce risk factors known to affect the mental health and wellbeing of university students.

In South Africa, the University of Cape Town has developed a student mental health policy to create an inclusive educational environment and diversity in the field of mental health (Kaminer & Shabalala 2019). As the policy evolved, cross-cutting issues emerged as the focus of the discussion:

[A]n increasing prevalence and complexity of student mental health difficulties, scope of university support for student mental health, a lack of capacity by campus service providers to keep up with the need for mental health services, discrimination and insensitivity by a few academic and administrative staff towards students living with mental illness and the use of a disability framework for mental health. (p. 4)

Further, mental health difficulties among university students increased over time, exceeding the capacity of campus counselling services (Kaminer & Shabalala 2019). In Australia, higher education policies have increased student participation and provided equal opportunities (Browne et al. 2017). In the Canadian context, the policies remove barriers to the full participation of students living with mental health problems in high education institutions and strengthen comprehensive mental health and prevention efforts for at-risk groups (Thomas 2017). Mental health policies and procedures support staff who identify and support students in need and guide them to follow appropriate referral pathways and procedures when necessary (Huziej 2021). GuildHE (2018) notes that it is important to consult students when discussing wellbeing. Muhia and Nanji (2021) add that new mental health policies and interventions should consider the impact of COVID-19.

Sillcox (2022) agrees that counsellors should not be the only resource available, given accumulation of complex challenges facing higher education students. Instead, post-secondary institutions should monitor student mental health, both before and after returning to campus. This monitoring can be achieved by creating a support network for students and involving the entire academic community (health services, families, professors), to facilitate the student treatment process (Gaiotto et al. 2022). Other studies have identified the resilience of university staff to student mental health, the need for training, attitude change and the importance of building peer support networks (Carter et al. 2017). In Canada, students took the initiative to develop an on campus mental health policy. The McGill University Student Union, a student fraternity, published its first 'Mental Health Policy' in 2014. According to Thomas (2017), this policy will improve access to resources, foster partnerships, raise awareness by improving education and reducing stigma and empower students to take the lead and drive change on campus. However, as Kaminer and Shabalala (2019) point out, having a formal policy is not a complete solution to address tertiary-level problems but a good initiative of doing so. This policy is just one aspect of an ongoing and sustained process for educational institutions to engage with the mental health of students. This should not be a stationary document, but one that will be monitored over the next few years and revised as necessary.

Research methods and design

The objective of this article was to review the literature on mental health of university students in SSA and to provide an overview of student mental health policy in educational institutions. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 recommendation was adapted to objectively select and retain articles within the topic of interest for this systematic review (Figure 1 refers). This study has not been registered with PROSPERO.

Information sources

An extensive literature search was conducted using various databases such as Science Direct, PubMed and Research Gate that document academic research on student and/or young adult mental health in SSA, including policies dedicated to university students' mental health. The search was limited to the years 2000–2023 and only freely accessible articles in English. The period 2000–2023 is suitable for researching articles on student mental health in SSA because it includes a significant amount of time where there have been changes in global health policies and trends and allows for the inclusion of potential future articles.

Search strategy

The search terms used were (mental health) and (university, college or higher education) and (student, young adult, youth or policy) and (sub-Saharan Africa).

Selection of studies

Search results were imported to Zotero, screened, and duplicate articles identified. Studies not relevant to the subject were excluded as per the criteria defined. The selection involved reading through each article (title, abstract and content) to select relevant papers to be included.

The following pre-set criteria for inclusion and exclusion of studies were used to have a final selection of studies to be reviewed:

- Inclusion criteria
 1. Studies addressing student mental health or policies in SSA at university level.
 2. Articles addressing youth or young adult mental health in SSA were included.
- Exclusion criteria
 1. Articles addressing student mental health outside of SSA
 2. Articles on general public mental health in SSA.

Student mental health policy search

Beyond the premises of peer-reviewed articles, a search exercise was conducted to identify any student mental health policy in SSA through higher education platforms. The search resulted in the identification of policies available for student mental health mostly from high-income countries, primarily the UK, Canada and Australia. Information relevant to the LMICs was not readily available, potentially indicating a lack of such policies or a restricted access to this information. Nevertheless, in South Africa, the web search revealed that universities such as the University of Cape Town, Free State University and Stellenbosch University have adopted policies regarding student mental health. Some student mental health policies may not have been posted online but possibly only accessible internally to the universities. Future studies may consider alternative methods for identifying policies, such as contacting individual universities directly or using web scraping tools to collect policy data from university websites. Notwithstanding these limitations, this review is important in drawing attention to the need for mental health policy measures to guide higher education institutions on how to assist young adults in need of support.

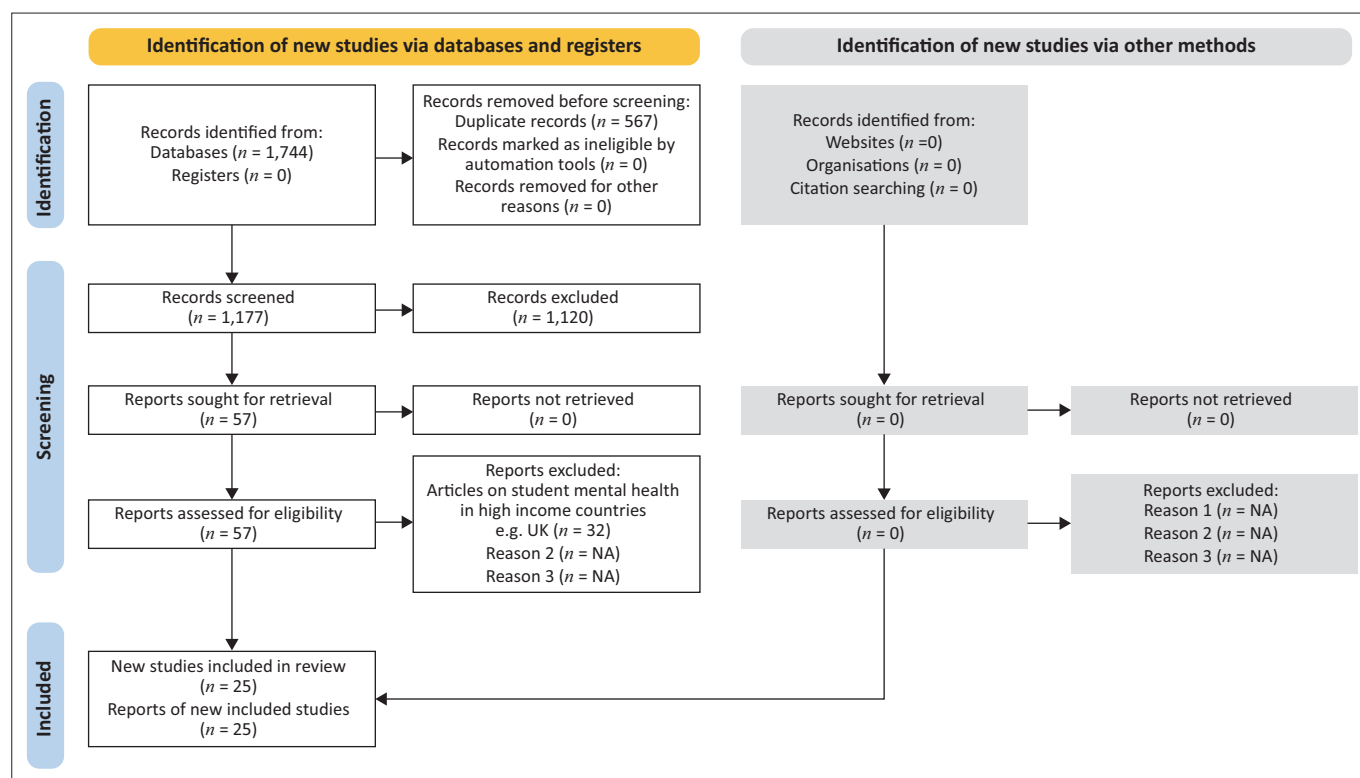
Ethical considerations

This article followed all ethical standards for research without direct contact with human or animal subjects.

Results

Articles filtered and retained for analysis

The search returned 1744 hits, of which 567 were duplicate articles. Therefore, 1177 articles were screened for eligibility. A total of 1120 articles were excluded as they were not directly relevant to the research question of student mental health in SSA. A number of the articles were related to topics such as



UK, United Kingdom.

FIGURE 1: Adapted Preferred Reporting Items for Systematic Reviews and Meta-Analyses model summarising article screening, selection and finalisation post application of inclusion criteria.

sexual violence, sexual reproductive health, economic growth, malnutrition and HIV and AIDS, which while indirectly related to mental health, did not provide direct evidence on the mental health of students in this region (Aarø et al. 2014; Abdullateef et al. 2022; Adegboye, Nwaogu & Egharevba 2020; Blevins & Kawata 2019).

The remaining 57 articles were thoroughly read (based on titles, abstracts and contents of the articles) to confirm their relevance. A further 32 of the retrieved articles were excluded as they were on student mental health in high-income countries (UK, Ireland, Canada). The final number of articles that was included in this study were 25. Overall, the articles offer valuable insights into the complex nature of student mental health in SSA and provide practical recommendations for improving mental health outcomes among this population. It is important to note that the small number of relevant articles retrieved from the search highlights the need for further research and attention to this important topic. Although, this search may have omitted articles published by SSA-based institutions, these results are consistent with a pool of literature on young adult or university students' mental health in SSA.

Discussion

Student mental health in sub-Saharan Africa

Most of the literature on student mental health comes from high-income countries with few articles on university students in SSA (Bantjes et al. 2023). The lack of research fails to assess the vulnerability of mental health services

and the continent's blind eye on the problem. Increasing awareness of mental health by governments, researchers and journals is therefore essential (Sankoh, Sevalie & Weston 2018). The included 25 articles cover a variety of topics related to youth mental health in SSA. A common theme in many articles is the need for more accessible and affordable mental health services for young adults. Several studies have highlighted the impact of socioeconomic inequalities on mental health outcomes and access to health care (Bantjes et al. 2020; Doyle et al. 2023; Kabiru et al. 2013; Liu, Modrek & Sieverding 2017). For instance, the study conducted by Bantjes et al. (2020) found that students from lower socioeconomic backgrounds were significantly less likely to seek mental health services, revealing a stark disparity in healthcare utilisation based on economic factors. Similarly, a study by Doyle et al. (2023) found a correlation between lower socioeconomic status and a higher prevalence of common mental health and emotional disorders among young adults in Harare and Mashonaland East, Zimbabwe. The results suggest that socioeconomic factors play a crucial role in shaping mental health outcomes, emphasising the need to address disparities in mental health access within this population.

Another common theme is the need for further research on the prevalence of mental health problems among young people in SSA. Several studies have reported higher rates of psychological distress and general mental disorders among university students (Agardh, Cantor-Graae & Ostergren 2012; Bantjes et al. 2020; Mutinta 2022), but further research is needed to better understand the nature and extent of these

problems. The study by Mutinta (2022) pinpoint financial difficulties and academic stress as primary contributors of mental distress among university students. The prevalence of mental distress among students was reported to be 53.3% in the Eastern Cape Province, South Africa. While Agardh et al. (2012) reported heightened rates of psychological distress among university students engaging in sexual risk-taking behaviour in Uganda. For instance, elevated mental health scores were significantly associated with a great number of sexual partners among males (OR 2.4, 95% CI 1.5–3.9) The research emphasised the intricate link between such behaviours and compromised mental health outcomes, revealing a critical area for intervention.

In addition, several articles provide culturally sensitive and contextualised approaches to mental health care that take into account the unique challenges faced by young people in different settings in the region (Dos Santos et al. 2019; Kabir & Wium 2021; Kutcher et al. 2019). A typical example is a study conducted by Kutcher et al. (2019); this article outlines an integrated approach to developing evidence-based youth mental health policy, specifically addressing youth depression in Malawi and Tanzania. The emphasis on evidence-based strategies reflects a commitment to culturally relevant interventions that consider the unique sociocultural factors impacting mental health in these SSA countries. Some studies highlight specific issues faced by youth subgroups. For example, one study focused on the mental health of youth immigrant from SSA and identified barriers to seeking help, such as stigma and lack of knowledge about available services. Another study looks at the potential of digital mental health interventions (DMHIs) to improve the mental health of rural youth in South Africa but points to challenges related to internet access and digital literacy (Mindu et al. 2023). Notably, the study by Mwakilama et al. (2022) identified a high prevalence of internet addiction among college students, establishing a significant association between internet addiction and compromised mental health.

Furthermore, some articles examined how the COVID-19 pandemic affected university students' mental health in SSA. According to the studies, many students throughout the pandemic had moderate to severe anxiety and depression, whereas some students did not notice any appreciable detrimental effects on their mental health. Additionally, many students lacked access to psychological support. Social support and resilience, however, were discovered to be protective factors against adverse changes in mental health, and SSA students studying to become health professionals were generally aware of and ready for the epidemic. Overall, the results point to a need for increased campus mental health care (Adjepong et al. 2022; Baher et al. 2022; Mukalay et al. 2021). Interestingly, there are articles that identify mental health issues as a common problem among students and highlight the importance of addressing these issues through policies. The articles suggest that the lack of policies and interventions is a

significant barrier to addressing mental health issues among university students. The studies offer helpful suggestions for creating and implementing policies in universities as a means of fostering the growth of student public associations. Some of those suggestions include involving young people in the process of creating youth policies to help ensure that their opinions and viewpoints are taken into account and creating procedures for monitoring and evaluating student policies and initiatives to determine their effects and assure accountability (Agardh et al. 2012; Ezhov et al. 2016; Kihumuro et al. 2022; Maphisa et al. 2020). In a study that describes the development of a student mental health policy at a South African university, Kaminer and Shabalala (2019) state that a policy development team that represents a variety of voices is crucial for engaging openly with the complex issues involved.

Overall, the included articles in the review suggest that there is a pressing need to address the mental health needs of young adults in SSA. Efforts to promote mental health and well-being should focus on accessible and affordable mental health services, culturally sensitive and context-specific approaches and broader social and economic disparities that worsen mental health outcomes.

Mental health policies across sub-Saharan Africa

Africa had 1682 universities in 2018, up from 784 in 2000 to 294 in 1980. Enrolment in SSA higher education institutions grew at a rapid annual rate of 4.3%, compared with the global average of 2.8% from 1970 to 2013. In 2019, enrolment numbers increased to 8.3 million from 5.9 million in 2010 (Zezeza 2021). This clearly shows an explosive growth in enrolment. Student mental health policies are being recognised because of the high mental health problems occurring among students worldwide (Kaminer & Shabalala 2019). A study on mental health issues and policy in SSA conducted by Susuman (2017) found that about 41% (22) of countries in the region had mental health policies in place, while about 64% of the 22 countries (14) of them have mental health legislations. Susuman (2017) notes that most countries within SSA do not have a separate mental health policy in place but rely on the general health policy. Nicholas et al. (2022) add that these guidelines are often outdated to address contemporary mental health challenges.

An overview of international frameworks and policies

Despite the scarcity of student mental health policies available online from LMICs, there are international examples of frameworks and policies that can be leveraged. It is essential that these international frameworks and policies are translated into an African context and be applicable to student mental health issues in the region. These national frameworks include University Mental Health Framework in Australia, and University Student Wellbeing Good Practice Guide in the

UK; aimed to guide institutions in promoting mental wellbeing supporting students experiencing mental health difficulties (Universities UK 2015). The success of these frameworks is underscored by their achievements in raising awareness of mental health and well-being, reducing stigma and building a community of staff and students collaborating to improve mental health on campus (Victoria 2021). In the UK, the Mental Health and Wellbeing Strategy led to improving provision for underrepresented groups and developing new ways of support to meet student needs e.g. Residential Life Service (Purdy 2022), while the Trinity College in Dublin alludes that, to this date, the policy provides guidance and promotes training, ensuring staff are aware of the emergency procedures. In addition, the policy outlines support services available and how to make appropriate referrals and interventions for students with mental health difficulties at the university (Trinity 2008).

The process of developing a student mental health policy

Student mental health policies are established through consultation with students, universities and mental health stakeholders. In Australia, focus groups were conducted to gain insights into the mental health, wellbeing needs and preferences of students. Mental health professionals were involved to provide insight into their experiences and perspectives and to identify opportunities for collaboration (Australian University Mental Health Framework 2020). The Mental Health Task Team (MHTT) was established in developing a student mental health policy at the University of Cape Town. As Kaminer and Shabalala (2019) explained, the team included various representatives from the university:

Student Wellness Service [SWS], the Disability Service [DS], faculty-based Student Development Officers [SDOs], members of the Student Representative Council [SRC], members of a campus-based student mental health support group, academic staff, the university residences, and the deputy registrar's office and clinical psychologists. (p. 3)

The process began with an internet survey of other university policies and a review of best practice guidelines for university student mental health policy. Furthermore, a survey was created online in which all students were asked to provide feedback and suggestions anonymously. The team then revised aspects of the student mental health policy based on all the information received and submitted for approval (Kaminer & Shabalala 2019) (Figure 2).

Moving forward

Universities and governments can consider these recommendations when developing policies and programmes to support student mental health:

Higher education institutions continue to accept students for further studies. Therefore, there is a need for a student mental health policy that establishes resources, processes and support available for students. In policy making, students should form an integral part of the process and therefore need to reflect their needs. Focus groups are therefore a great way for students to share lived experiences and provide insights into their mental health and wellbeing. Including student voice can make policies more effective (Australian University Mental Health Framework 2020).

Universities should consider offering Mental Health First Aid [MHFA] courses. Obuaku-Igwe (2022) stated that MHFA increases participants' knowledge and positively improves attitudes towards people with mental health problems.

In Australia, a MHFA course was established to help people with mental health problems or crisis (Zeng et al. 2022). A study by Zeng et al. (2022) found that training outcomes included changes in beliefs and values, increased usefulness, reduced stigma and fear, lower emotional energy and improved intelligence related to mental health. Another study, conducted at the universities of the West Midlands in the UK, found that all participants felt that the training had increased their knowledge and awareness of mental health issues. In addition, the training empowered them to reach out and offer support to others (Cook et al. 2022). In short, MHFA is critical in providing immediate support to individuals experiencing a mental health crisis and the sooner a person receives support or intervention, the more

Purpose	• Who does the policy address?
Policy statement	• What are the intentions of the university?
Policy scope	• What are the intentions of the policy?
Policy aims	• What is the policy trying to achieve?
Key staff members	• Who is responsible for what?
Education	• What are the best practices to stay physically and mentally healthy?
Support or resources	• What support is available and how to access it?
Warning signs	• What are the warning signs which indicate a student is experiencing mental health issues?
Expectations	• What issues does the policy address? E.g. extenuating circumstances
Managing disclosures	• How to respond appropriately to a disclosure?
Confidentiality	• What will be shared, with who and why?

E.g., for example.

FIGURE 2: The backbone requirements for the development of a student mental health policy.

likely they are to recover from a mental illness (Obuaku-Igwe 2022).

Governments should allocate budgets for mental health and implementing policies. Mental health spending may include programme costs such as administration or management, training and monitoring, mental health prevention and promotion activities. World Health Organization (2021) notes that the availability of dedicated financial resources is important for the development, implementation and maintenance of mental health services, and human resources are the most valuable asset of any mental health service. The Australian University Mental Health Framework (2020) reports that investments in university students' mental health can generate better returns on investment through higher course completion and academic achievement:

In September 2015, the United Nations General Assembly included mental health and substance abuse among Global Sustainable Development Goals. This marks the first-time world leaders have recognized mental health as a global priority. (p. 1)

African nations can begin by expanding their spending on mental health in reaction to this realisation (Gberie 2016). Mental health accounts for 0.5% of health expenditures in low-income countries, compared to more than 5% in high-income countries (Woldetsadik 2015). Cooperation between governments and higher education institutions is crucial in shaping the mental health of students. Therefore, both parties should be actively involved in the implementation of student policies. Forming networks of external partnerships and higher education institutions can create knowledge sharing and collaboration to address mental health. Additionally, by working with communities and social services, universities can provide efficient access to mental health support (Bhatia et al. 2020).

Leshner and Scherer (eds. 2021) add that higher education sponsors should encourage universities to support the mental health of students through providing financial incentives. In addition, universities should consider reallocating existing institutional funding to support outreach services, online mental health services and more research on mental health. Digital Mental Health Interventions can expand mental health resources in tertiary institutions, from voluntary tools for monitoring, assessing and practicing behavioural skills to complex therapy programmes supported by coaches and therapists (Topooco et al. 2022).

Conclusion

This review sought to: (1) understand the mental health status of university students in SSA and (2) identify gaps and policy implications for higher education. There is little epidemiological data on the prevalence of mental health problems among young adults in SSA, and university students are at a higher risk of poor mental health compared with the general population. The burdens of mental health

problems are increasing, and university students suffer as a result, efforts to address them are inadequate. The above considerations call on higher education institutions, health care providers and governments to prioritise the mental health of students who are the future generation. In addition, higher education institutions should identify the need to develop, implement and evaluate effective student mental health policies. Future research should focus on understanding how COVID-19 exacerbates factors associated with mental health problems in university students.

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Competing interests

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Authors' contributions

B.J., M.P., and J.S., contributed to this study and preparing of the article. The final article was read and approved by B.J., M.P., and J.S.

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Data availability

The data that support the findings of this study are available from the corresponding author, B.J., upon reasonable request.

Disclaimer

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