

# Impact of Academic Progress on the Mental Health of Young People in Nigeria: A Case Study of Undergraduate Students in South-Western Nigeria

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DOI: <https://doi.org/10.52403/ijshr.20240413>

## ABSTRACT

**Background:** Education is important in forging a pathway to economic opportunity and social mobility. It is widely regarded as a fundamental human right and a cornerstone of personal and social development.

**Method:** This descriptive cross-sectional study employs a quantitative data collection approach. Four hundred individuals were interviewed using semi-structured, interviewer-administered questions through a multi-stage sampling technique. After data analysis with SPSS version 26, a chi-square test statistic was employed to determine whether there was a significant relationship between the categorical variables, with a p-value of less than 0.05.

**Results:** Out of 400 respondents, 211 (52.8%) male and 189 (47.2%) female were questioned. Nearly half of the respondents (49.0%) were between the ages of 19 and 21 years old. According to the survey, most of the respondents (70.0%) asserted that their current academic workload is heavy, while (18.0%) and (9.0%) described their workload as moderate and light, respectively. Additionally, (60.0%) of the respondents rated their overall academic performance as good. However, only (13.0%) acknowledged that academic pressure contributes to stress and anxiety in life and (79.0%) occasionally

expressed stress related to academic demands. About (11.8%) and (8.8%) of the respondents reported having been diagnosed with a mental health disorder before and experienced symptoms of depression in the past month respectively. An additional (20.0%) of respondents reported having experienced depression, while (24.5%) and (23.5%) claimed to have experienced anxiety and stress, respectively. Moreover, (11.8%) reported experiencing panic attacks, and (5.3%) mentioned having had suicidal thoughts. More than half of the respondents used to exercise (59.0%) and engaged in hobbies or interests (56.5%) as coping mechanisms for academic stress. Additionally, (45.5%) practiced mindfulness or relaxation techniques, and (25.5%) sought social support to manage their academic stress. About (32.5%) of respondents claimed they were aware of mental health support services available at their institutions, compared to (67.5%) who were unaware of these services. Of those aware, (33.1%) had utilized mental health support services. Additionally, (44.2%) of respondents were satisfied with the mental health support services on campus, while (39.5%) were very satisfied. The study also reveals that there's no statistically significant association between the age, gender, monthly

upkeep of the respondents and utilization of mental health support services.

**Conclusion:** There is a complex connection between academic performance, psychological well-being, and the use of coping strategies and mental health support services among university students. This underscores the importance of addressing students' mental health needs alongside providing academic assistance.

**Keywords:** Mental health, Academic performance, Mental health support services, Stress, Anxiety, Depression, Mental health coping mechanisms

## INTRODUCTION

Education is widely regarded as a fundamental human right and a cornerstone of personal and societal development (1). In Nigeria, a country with a rapidly growing youth population, education holds particular significance as a pathway to economic opportunity and social mobility. However, the pursuit of academic excellence often comes with its own set of challenges, including significant implications for the mental health and well-being of young individuals. Nigeria's education system is marked by its diversity and complexity, encompassing a range of institutions from primary schools to tertiary universities. With over 200 million people, Nigeria boasts one of the largest populations in Africa, and its youth demographic constitutes a significant proportion of this populace. As young Nigerians navigate through various stages of education, they encounter a myriad of academic stressors, including intense competition, demanding coursework, and high-stakes examinations (2).

The impact of these academic pressures on the mental health of Nigerian youth is profound and multifaceted. Studies have consistently highlighted the prevalence of mental health disorders among students in Nigeria, with depression, anxiety, and stress emerging as prevalent concerns (2, 3). The transition to tertiary education, in particular, can be a challenging period characterized by

increased academic workload, social adjustments, and heightened expectations, all of which can contribute to psychological distress and emotional upheaval (4). Additionally, financial constraints, inadequate infrastructure, and limited access to mental health support services further compound the challenges faced by students, exacerbating feelings of anxiety, inadequacy, and isolation (4).

Several factors contribute to the complex interplay between academic progress and mental health among young Nigerians. Sociocultural norms emphasizing academic achievement and success place significant pressure on students to excel academically, often at the expense of their mental well-being (5). Moreover, structural issues within the education system, such as inadequate infrastructure, limited access to mental health support services, and stigma surrounding mental illness, further exacerbate the challenges faced by students (6, 7).

Despite the growing recognition of the importance of mental health in Nigeria, there remains a critical gap in research addressing the specific linkages between academic progress and mental well-being among young people. By addressing this gap, this study seeks to contribute to a deeper understanding of the factors shaping the mental health of Nigerian youth and inform evidence-based interventions aimed at promoting holistic well-being within educational settings. The intersection of academic progress and mental health represents a critical area of inquiry in Nigeria, with profound implications for the personal, academic, and societal outcomes of young individuals.

The impact of academic progress on the mental health of young people in Nigeria constitutes a significant burden, contributing to both morbidity and mortality rates among this demographic. Studies indicate that a substantial proportion of Nigerian youth experience mental health challenges directly linked to academic pressures, with implications for their overall well-being and life outcomes (3, 2).

Research findings suggest that the prevalence of mental health disorders among Nigerian students is alarmingly high. For instance, studies have reported prevalence rates of depression ranging from 20% to 70% among university students in Nigeria (3, 2). Anxiety disorders are also prevalent, with one study reporting a prevalence rate of 63.7% among medical students (6). These high rates of mental health morbidity underscore the profound impact of academic stressors on the mental well-being of Nigerian youth.

Furthermore, the burden of mental health challenges extends beyond morbidity to encompass mortality, albeit indirectly. Mental health disorders such as depression and anxiety are known risk factors for suicidal behavior, with studies highlighting the elevated risk of suicide among young people experiencing psychological distress (4). While specific data on suicide rates among Nigerian students may be limited, anecdotal evidence and global trends suggest that mental health-related suicides represent a concerning outcome of untreated or inadequately managed mental health disorders.

Nigerian students face a myriad of academic stressors, including intense competition, demanding coursework, and high expectations from family, peers, and society. The pressure to excel academically can lead to feelings of inadequacy, perfectionism, and burnout, contributing to psychological distress and emotional upheaval (5). The impact of mental health on academic performance is bidirectional, with poor mental health impairing academic achievement and academic stressors exacerbating mental health challenges. Studies have shown a strong association between mental health disorders and academic difficulties, including decreased concentration, impaired memory, and lower grades (6, 2). Academic underachievement, in turn, can perpetuate feelings of low self-esteem, failure, and hopelessness, creating a vicious cycle of academic and mental health struggles. These disorders can significantly

impair academic performance, social functioning, and overall quality of life, underscoring the urgent need to address mental health challenges within educational settings. Thus, this study assessed the impact of academic progress on the mental health of young people in Nigeria: A case study of undergraduate students in South-Western Nigeria.

## **MATERIALS & METHODS**

### **Research Design**

A cross-sectional descriptive survey design was employed to obtain quantitative descriptions of the impact of academic progress on the mental health of young people in Nigeria: A case study of undergraduate students in South-Western Nigeria

### **Study participants**

The study participants were undergraduate students in Southwestern Nigeria.

### **Research Setting**

This study was conducted in selected tertiary institutions in Southwestern Nigeria.

### **Sample Size Determination**

The minimum sample required was obtained using the Kish-Leslie formula for estimating sample size for a single proportion. A literature search was done to know the prevalence of undergraduate medical students with mental illness was 30% (8). This percentage was used to calculate the sample size. The estimated value was obtained as shown below:

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$$n = \frac{z^2 pq}{d^2}$$

#### **Where:**

n=sample size

z =the standard score (critical value) corresponding to a 95% confidence interval which is equal to 1.96

$d$  = the proportion of random sampling error between the sample and the population which is chosen to be 5%

$p$  = prevalence of undergraduate medical students with mental illness was 30% (8)

$q=1-p$

$$1.96^2 \times 0.30 \times (0.70) / 0.05^2 = 323$$

To compensate for non-response, 10% of the original size was added.

$$n_s = n_f / 0.9$$

Where:

$n_s$  = sample size to compensate for attrition

$n_f$  = original calculated sample size

$$n_s = 323 / 0.9 = 359$$

However, a total of **400** questionnaires were administered to improve the power of the study.

### Sampling Technique

$$n = \frac{\text{Number of undergraduate students in each university} \times \text{sample size for the study}}{\text{Total population of undergraduate students in all the selected universities}}$$

### Data Collection Technique

Before commencing the interview or administering the questionnaire, the research assistants introduced him/herself to the study respondents and verbal permission was obtained in addition to the ethical approval to be secured from the Federal Ministry of Health for the study. The purpose of the study was explained and assurance of confidentiality was made. When the respondents agreed to participate in the study, written consent was obtained. The interviewer-administered procedure was adopted for the administration of the questionnaire to the respondents who agreed to participate in the study.

### Study Instrument

A semi-structured interviewer-administered questionnaire was used to obtain information about the impact of academic progress on the mental health of young people in Nigeria. Data was collected from each undergraduate student using a pretested, semi-structured interviewer-administered questionnaire.

A multi-stage sampling technique was adopted as follows:

#### Stage 1: Selection of Institutions

From the 11 public universities in South-Western Nigeria, 5 universities were selected by simple random sampling without replacement.

#### Stage 2: Selection of respondent

Eligible respondents were selected in each of the selected universities until the targeted sample size was achieved. A proportionate allocation determined the number of questionnaires administered in each community. It was calculated depending on the total number of young people in each university. The number of questionnaires to be administered in each university was calculated as follows;

### Validation of the Instrument

The early-stage responses from the respondents were part of the judging criteria to ascertain if the instrument goes in line with the set objectives or not. Research methodology experts were duly consulted for their expert advice on the face and content validity of the instrument of data collection for this study. All corrections made were effected before the final copy of the instrument was produced.

### Data Management and Analysis

#### Procedure

For the ease of data collection and analysis, the data were collected with the use of Kobo-Collect. Data was properly checked on the field for completeness and accuracy before submission to the central server to prevent missing information that could invalidate some of the questionnaires. Analysis of data was done using Statistical Package for Social Sciences (SPSS) version 26. Descriptive statistics like frequencies, percentages, mean, and standard deviation were used to present data. Tables, charts and figures were

used for data presentation. Inferential Statistical tools including Chi-Square, t-test, correlation and logistic regression run at 0.05 level of significance.

### Ethical and Cultural Considerations

Ethical approval was secured from the Federal Ministry of Health before the commencement of the research. Written permission to conduct the study was obtained from all heads of the selected universities in South-Western Nigeria. During the research process, respondents were not subjected to any physical harm as the study did not involve any invasive procedures. Potential risks that could have arisen from asking questions about mental health that might have evoked emotional reactions will be explained to the participants. Prior arrangements for counselling and support were made for the anticipated emotional reactions by the participants considering the emotional nature of the topic under study. The respondents were allowed to answer the questions in a comfortable environment with privacy assured and no public interference. This was done during their free time and within the shortest possible time.

The respondents were informed of the nature of the study both orally and in writing so that they could make an informed decision regarding their participation. Written informed consent was obtained from all the participants of the research with the agreement that their identities would not be revealed. For this reason, pseudonyms were used throughout. The participants were informed that they had the right to withdraw from the study at any time without any prejudice.

## RESULT

**Table 1: Socio-demographic variables**

Variables	Frequency (%)
<b>Age</b>	
≤ 18	42 (10.5)
19 – 21	196 (49.0)
22 – 24	113 (28.2)
≥ 25	49 (12.3)
Mean ± SD	21 ± 2.74
<b>Gender</b>	
Male	211 (52.8)
Female	189 (47.2)
<b>Ethnicity</b>	
Yoruba	358 (89.5)
Hausa	26 (6.5)
Igbo	5 (1.3)
Others	11 (2.7)
<b>Religion</b>	
Christianity	211 (52.8)
Islam	189 (47.3)
<b>Marital Status</b>	
Single	384 (96.0)
Married	16 (4.0)
<b>Academic Level</b>	
100	73 (18.3)
200	40 (10.0)
300	64 (16.0)
400	138 (34.5)
500	85 (21.2)
<b>Monthly upkeep</b>	
≤ 10,000	205 (51.2)
10,001 – 50,000	165 (41.3)
> 50,000	30 (7.5)

Nearly half of the respondents (49.0%) were between the ages of 19-21 years old, 10.5% and 12.3% of the respondents were ≤ 18 and ≥ 25 years old with a mean age of 21 ± 2.74 years old. More than half of the respondents (52.8%) were males while 47.2% were females. The majority of the respondents (89.5%) were Yoruba, 6.5% and 1.3% were Hausa and Igbo respectively while the remaining 2.7% belonged to other tribes like Fulani and Gwari. Almost all of the respondents (96.0%) were single while 4.0% were married. About 34.5% and 21.2% of the respondents were in 400 and 500 levels respectively. On the monthly upkeep of the respondents, slightly more than half of the respondents (51.2%) were receiving monthly upkeep of ≤ 10,000 while only 7.5% of the



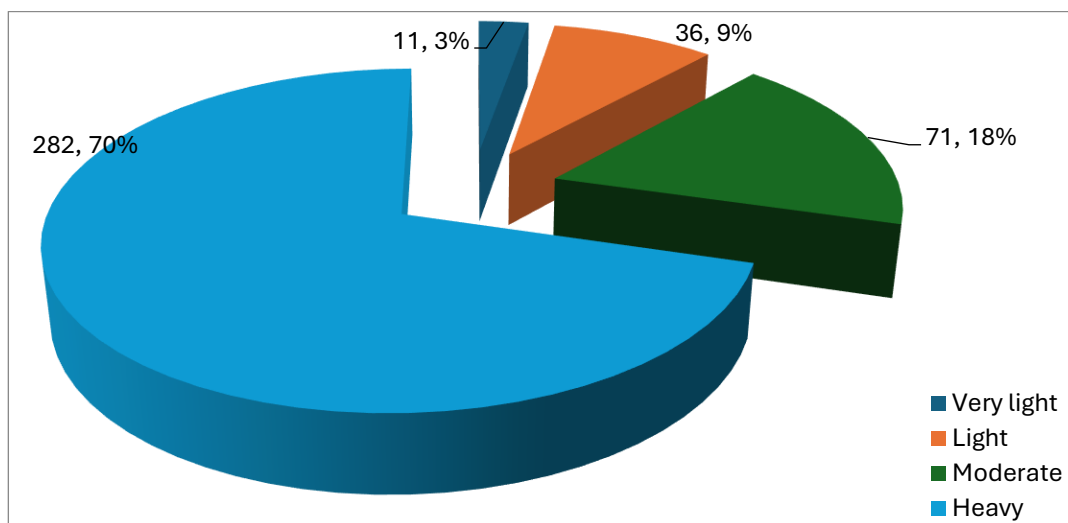
respondents noted that they receive monthly upkeep of > 50,000.

**Table 2: Relationship between academic progress and the mental health status**

Variables	Frequency (%)`
<b>Rating of overall academic performance</b>	
Excellent	61 (15.3)
Good	240 (60.0)
Average	79 (19.8)
Below average	20 (5.0)
Poor	0 (0.0)
<b>Academic pressure contributes to stress or anxiety in life</b>	
Yes	52 (13.0)
No	348 (87.0)
<b>Frequency of stress related to academic demands</b>	
Rarely	53 (13.3)
Occasionally	316 (79.0)
Frequently	31 (7.8)
Always	0 (0.0)

Most of the respondents (60.0%) identified that their overall academic performance is good while 5.0% noted that their academic performance is below average. Only 52

(13.0%) agreed that academic pressure contributes to stress or anxiety in life and 79.0% occasionally expressed related to academic demands.



**Figure 1: Current academic workload as claimed by the students**

Based on the current academic workload among the students, 70.0% noted that their workload is heavy, 18.0% and 9.0% claimed their academic workload is moderate and

light respectively while 3.0% of the respondents identified their academic workload as very light.

**Table 3: Mental Issues experienced by respondents**

Variables	Yes (%)	No (%)
Diagnosed with a mental health disorder before	45 (11.3)	355 (88.7)
Experienced symptoms of depression in the past month	35 (8.8)	365 (91.2)
Experienced symptoms of anxiety in the past month	24 (6.0)	376 (94.0)
Experienced depression before	80 (20.0)	320 (80.0)
Experienced anxiety before	98 (24.5)	302 (75.5)
Experienced stress before	95 (23.8)	305 (76.2)
Experienced panic attacks before	47 (11.8)	353 (88.3)
Experienced suicidal thoughts before	21 (5.3)	379 (94.8)

On the mental issues experienced by students, 11.8% and 8.8% of the respondents claimed to have been diagnosed with a mental disorder before and experienced symptoms of depression in the past month respectively. Also, 24.5% and 23.5% of the

respondents noted that they have experienced anxiety and stress before respectively. In addition, 11.8% and 5.3% of the respondents claimed to have experienced panic attacks and suicidal thoughts before respectively.

**Table 4: Coping mechanisms utilized by students to manage academic stress**

Variables	Yes (%)	No (%)
Exercise	236 (59.0)	379 (94.8)
Seeking social support	102 (25.5)	298 (74.5)
Engaging in hobbies or interests	226 (56.5)	174 (43.5)
Mindfulness or relaxation techniques	182 (45.5)	218 (54.5)
Seeking professional help	35 (8.8)	365 (91.2)

On the coping mechanism utilized by students to manage academic stress, 59.0% and 56.5% of the respondents utilized exercise and engagement in hobbies or interests as mechanisms used in coping with

academic stress respectively. Also, 45.5% and 25.5% of the respondents utilized mindfulness or relaxation techniques and sought social support respectively for coping against academic stress.

**Table 5: Availability and utilization of mental health support services**

Variables	Frequency (%)
<b>Aware of mental health support services available on your campus</b>	
Yes	130 (32.5)
No	270 (67.5)
<b>Utilized mental health support services on your campus</b>	<b>n=130</b>
Yes	43 (33.1)
No	87 (66.9)
<b>Level of satisfaction with mental health support service on campus</b>	<b>n=43</b>
Very satisfied	17 (39.5)
Satisfied	19 (44.2)
Neutral	5 (11.6)
Dissatisfied	2 (4.7)
Very dissatisfied	0 (0.0)

About 32.5% of the respondents noted that they were aware of mental health support services available in their respective institutions with 33.1% of them having ever utilized mental health support services.

About 44.2% and 39.5% of the respondents were satisfied and very satisfied with the mental health support service on campus respectively.

**Table 6: Association between mental health status and socio-demographic variables.**

Variables	Mental health disorder		$\chi^2$	p-value
	Yes (%)	No (%)		
<b>Age</b>			1.534	0.574
≤ 18	6 (14.3)	36 (85.7)		
19 – 21	20 (10.2)	176 (89.8)		
22 – 24	15 (13.3)	98 (86.7)		
≥ 25	4 (8.2)	45 (91.8)		
<b>Gender</b>			1.403	0.236
Male	20 (9.5)	191 (90.5)		
Female	25 (13.2)	164 (86.8)		
<b>Marital Status</b>			0.939	0.333
Single	42 (10.9)	342 (89.1)		
Married	3 (18.8)	13 (81.3)		
<b>Academic Level</b>			4.372	0.358

100	7 (17.5)	33 (82.5)		
200	6 (9.4)	58 (90.6)		
300	15 (10.9)	123 (89.1)		
400	6 (7.1)	79 (92.9)		
500	11 (15.1)	62 (84.9)		
<b>Monthly upkeep</b>			1.787	0.409
≤ 10,000	27 (13.2)	178 (86.8)		
10,001 – 50,000	16 (9.7)	149 (90.3)		
> 50,000	2 (6.7)	28 (93.3)		

The association between mental health status and socio-demographic variables showed no significant relationship with the age group,

gender and academic level of the respondents.

**Table 7: Association between socio-demographic variables and utilization of mental health support services**

Variables	Utilization of mental health support services		$\chi^2$	p-value
	Yes (%)	No (%)		
<b>Age</b>			5.782	0.123
≤ 18	2 (12.5)	14 (87.5)		
19 – 21	18 (36.0)	32 (64.0)		
22 – 24	12 (29.3)	29 (70.7)		
≥ 25	11 (47.8)	12 (52.2)		
<b>Gender</b>			0.103	0.748
Male	25 (34.2)	48 (65.8)		
Female	18 (31.6)	39 (88.4)		
<b>Marital Status</b>			0.113	0.737
Single	41 (32.8)	84 (67.2)		
Married	2 (40.0)	3 (60.0)		
<b>Academic Level</b>			3.318	0.506
100	4 (40.0)	6 (60.0)		
200	7 (30.4)	16 (69.6)		
300	11 (27.5)	29 (72.5)		
400	11 (47.8)	12 (52.2)		
500	10 (29.4)	24 (70.6)		
<b>Monthly upkeep</b>			0.513	0.774
≤ 10,000	20 (30.3)	46 (69.7)		
10,001 – 50,000	18 (35.3)	33 (64.7)		
> 50,000	5 (38.5)	8 (61.5)		

Association between socio-demographic variables and utilization of mental health support services was not statistically significant with age group, gender and monthly upkeep of the respondents.

## DISCUSSION

The study demonstrated a varied age distribution among undergraduates in selected tertiary institutions in South-Western Nigeria, with the majority falling within the age range of 19-21 years (49.0%). This corresponds to the standard age bracket for undergraduate students in numerous educational systems. Nevertheless, it is

worth mentioning that a considerable percentage of students, specifically 28.2%, fall between the age range of 22-24 or older. This indicates the inclusion of non-traditional or mature students in the college community. The sample shows a little male predominance (52.8%) in terms of gender distribution, whereas the Yoruba ethnic group is predominantly represented (89.5%) in terms of ethnicity. These findings emphasize the significance of taking intersectionality into account while meeting the requirements of varied student populations. Research has emphasized the impact of gender and ethnicity on academic



achievement, mental well-being, and availability of support services (9, 10). Concerning monthly allowance, a significant percentage of students indicate relatively low levels of income, with more than half reporting monthly maintenance costs of < 10,000. Financial limitations can have a substantial effect on students' ability to get resources, their academic achievements, and their general state of well-being (11, 12).

The study reveals that a majority of academic performance ratings (60.0%) are favourable, indicating a positive association between academic achievement and mental well-being. Nevertheless, it is crucial to acknowledge that a substantial proportion of students continue to report encountering stress or anxiety as a result of academic pressure (13.0%). This discovery highlights the intricate relationship between academic performance and mental well-being results. The frequency distribution of stress connected to academic expectations indicates that a significant majority of students experience stress on an infrequent basis (79.0%), while a lesser percentage report experiencing stress frequently (7.8%). These findings align with previous research, indicating that the academic requirements can function as stresses, affecting the mental well-being of students.

Recent research supports the idea that academic pressure is a contributing factor to the experience of stress and anxiety in students. An investigation conducted by (13) revealed a noteworthy correlation between elevated levels of academic stress and indications of anxiety and depression among university students. In a similar vein, (14) underscored the adverse consequences of academic pressure on psychological well-being, underscoring the necessity of proactive measures to bolster students' mental health. Moreover, the occurrence of intermittent stress among students corresponds to the results of a longitudinal study conducted by (15), which discovered variations in stress levels throughout the academic year, reaching their highest point during examination periods. This highlights

the recurring pattern of academic stress and emphasizes the significance of implementing specific interventions to reduce its negative impact on mental well-being. There was no statistically significant link found between the mental health state and socio-demographic characteristics, including age group, gender, and academic level of the respondents.

The study revealed that a significant percentage of students reported utilizing certain coping mechanisms, such as physical exercise (59.0%) and pursuing hobbies or interests (56.5%). The widespread occurrence of students using exercise as a means of dealing with stress is consistent with previous research that emphasizes the beneficial effects of physical activity on reducing stress and improving mental health in students. An illustrative instance is a study conducted by (16) which revealed a correlation between consistent physical activity and reduced levels of felt stress, as well as enhanced academic achievement among university students. This highlights the need to advocate for physical activity as a strategy for managing academic stress. In addition, individuals frequently reported utilizing social support and participating in hobbies or interests as coping mechanisms. (17) conducted research that highlighted the significance of social support networks in mitigating the adverse impact of academic stress on the mental well-being of students. Research has demonstrated that participating in leisure activities can offer a feeling of pleasure and calmness, acting as beneficial strategies for dealing with stress (18).

Although a significant number of students (45.5%) used mindfulness or relaxation techniques, a smaller number of students sought professional assistance. This discovery highlights the need to reduce the stigma around mental health problems and advocate for the availability of mental health services at universities. A study conducted by (19) highlighted the efficacy of mindfulness-based therapies in lowering stress and improving psychological well-being in students. The research stressed the

potential advantages of incorporating these practices into academic environments. The study reveals that a considerable percentage of students (32.5%) are aware of the mental health support services offered on their campus, whereas a substantial proportion (67.5%) are unaware of these services. Furthermore, out of the individuals who are aware of these services, only a small proportion (33.1%) have made use of them. This raises apprehensions over the availability and efficacy of mental health support services on college campuses. The results corroborate a study conducted by (16), which revealed that students were deterred from seeking help despite being aware of the programs due to obstacles such as stigma, worries about confidentiality, and a perception of ineffectiveness. In a similar vein, (11) highlighted the importance of taking proactive measures to reach out and implement specific interventions aimed at boosting the use rates and improving satisfaction with mental health services at college campuses.

## CONCLUSION

The study's findings highlight the complex connection between academic performance, psychological well-being, and the use of coping strategies and mental health support services among university students. Although most students demonstrate commendable academic success, a substantial proportion of them endure stress and anxiety as a consequence of academic pressure. This underscores the significance of simultaneously addressing the mental health requirements of students alongside academic assistance.

The high occurrence of stress caused by academic requirements highlights the need for specific interventions to reduce its negative impact on students' mental well-being. Engaging in coping mechanisms such as physical exercise, seeking social support, and participating in hobbies or interests are effective techniques for managing stress and enhancing the overall well-being of students. Promoting the utilization of these coping

strategies can foster a favorable campus atmosphere that supports academic achievement and personal development. Nevertheless, the lack of utilization of mental health support services gives rise to questions over their accessibility and effectiveness. To promote students' help-seeking behavior, it is crucial to overcome obstacles such as stigma, confidentiality concerns, and the perception of ineffectiveness. To enhance knowledge and usage rates of mental health services on college campuses, it is imperative to engage in proactive outreach and implement tailored interventions.

## Declaration by Authors

**Ethical Approval:** Approved

**Acknowledgement:** None

**Source of Funding:** None

**Conflict of Interest:** The authors declare no conflict of interest.

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How to cite this article: Usoro Udousoro Akpan, Tolulope Israel Oni, Obafemi Samuel Olayinka, Olawale Mathew Ibitoye, Sinclair Eke. Impact of academic progress on the mental health of young people in Nigeria: a case study of undergraduate students in South-Western Nigeria. *International Journal of Science & Healthcare Research*. 2024; 9(4): 80-90. DOI: <https://doi.org/10.52403/ijshr.20240413>

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