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REVIEW PAPER

University Campus Mental Health: A Paradigm Shift on Uganda Campuses

Norman D Nsereko[1]

Abstract
Students' mental health constitutes a topic of rising interest around the world and in a wide variety of settings. The predominant basic beliefs and actions on how we articulate the basic information about our understanding, assessment procedures, services delivery approaches and conducting research on student mental health issues is largely skewed towards a unifactorial approach. A paradigm shift which indicates a change of position, reconstructing our beliefs and actions when articulating on student mental health issues is suggested through the outcome of a developed multidimensional psychological instrument. This paper examines the nature of student mental health status, the privileged position of universities to address students mental health needs, the predominant mental health paradigm addressing students' mental health issues and the a new paradigm shift that offers a multidimensional approach to the understanding, assessing, services provisions and constructing an alternative research agenda on students' mental health and the challenges inherent in this approach.

Keywords: *Students' mental health, mental health paradigms, unifactorial mental health model, multidimensional mental health model*

Abstrait
La santé mentale des étudiants constitue un sujet d'intérêt croissant dans le monde et dans une grande variété de paramètres. Les croyances et les actions de base prédominantes sur la façon dont nous articulons les informations de base sur notre compréhension, nos procédures d'évaluation, nos approches de prestation de services et notre recherche sur les problèmes de santé mentale des élèves sont en grande partie fausses vers une approche unifactorielle. Un changement de paradigme qui indique un changement de position, la reconstruction de nos croyances et nos actions lors de l'articulation des problèmes de santé mentale des étudiants est suggéré par le biais d'un instrument psychologique multidimensionnel développé. Cet article examine la nature de l'état de santé mentale des étudiants, la position privilégiée des universités pour répondre aux besoins des élèves en matière de santé mentale, le paradigme prédominant de la santé mentale abordant les problèmes de santé mentale des élèves et un nouveau changement de paradigme qui offre une approche multidimensionnelle à la compréhension , Les dispositions relatives aux services et la construction d'un programme de recherche alternatif sur la santé mentale des élèves et les défis inhérents à cette approche.

Mots clés: *La santé mentale des élèves, les paradigmes de santé mentale, le modèle de santé mentale unifactorielle, le modèle multidimensionnel de santé mentale*

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Students entering university

Over the last twenty years there is a significant upsurge in the pursuit of university education in Uganda. This has resulted in increased enrollment of students and founding of new universities. For instance by 2016, Uganda had over 49 public and private registered universities with over 150,000 students. This can be contrasted with the only university that existed by 1996 with just less than 10,000 enrolled students (National Council for Higher Education, 2016).

The majority of the students on campuses in Uganda are young adults between 19-24 years old (Nsereko, Musisi, Nakigudde & Holtzman, 2014). This age bracket depicts a transition from adolescent to early adulthood developmental stage. Most empirical evidence indicates that late adolescence and early adult on –set are critical life stages for mental health. Between the ages of 12 and 26 years, there is increasing prevalence of mental health problems and mental disorders like depression, schizophrenia, bipolar disorders, eating disorders, anxiety and substance abuse (Rickwood, Deane, Wilson & Ciarrochi 2005; Harper & Peterson, 2005; Kitzrow, 2003; Nicholi, 1999).

University students in Uganda like their counterparts in western universities share quite a lot in common (Nsereko, Musisi, Nakigudde & Ssekiwu, 2014a). Many students lead "hyper-enriched lives", with their cell phones, computers, classes, jobs, sports, travel, volunteer work (Kneser, 2004); being young adults, and in some parts of the world have serious financial problems and for some, parenthood, pursuit of greater educational opportunities and employment prospects (Mikolajczyk, Brzoska, Maier, Ottova, Meier, Dudzick et al., 2008; Blanco Okuda, Wright, Hasin, Grant, Liu et al., 2008); academic unreadiness, inadequate study habits (Harper & Peterson, 2005); cross-cultural issues, family dysfunction, poor frustration tolerance and weak interpersonal attachments (Kitzrow, 2003); competition with peers and concerns of finding jobs and whether or not they will be able to afford their own place to live or work after graduation (Tosevski, Milovancevic & Gajic, 2010). They face developmental transitions that occur in university and young adulthood, changes in family relationships as they leave home and increased opportunities to experiment with alcohol and drugs and involvement in other risky behaviours (Arria, O'Grady, Caldeira, Vincent, Wilcox & Wish, 2009), meeting extreme social, academic pressures and constant pressure to succeed, with inability to effectively persevere and adapt to social and environmental changes and pressures (Roesch, 2015). There are those who enter university with documented psychiatric disabilities while others are coping with traumatic life issues, stress and anxiety, depression, and emerging mental and behavioral health illnesses (Douce & Keeling, 2014). Researchers have shown that on average, students are less happy and more anxious than non-students, including other young people (Brown, 2016).

Despite these happenings, university infrastructure growth in Uganda has been slow in matching the increasing students' needs (UNCST, 2011) and in particular the aspect of mental health services on Uganda university campuses has not been given the attention it deserves (Ovuga, Boardman & Wasserman, 2006).

Mental health situation on campus

A twin study carried out on university students' mental health in Uganda established that a sizable proportion was vulnerable to mental health difficulties. Many university students presenting with psychosocial problems were also experiencing mental health problems. Thirty seven percent (37%) of university students had symptoms of psychosocial problems; 34.8% had symptoms of psychopathology in terms of depression and anxiety. A break down on individual scale factors indicated that 35% had emotional problems; 49% had Traumatic experiences 37.8% had academic problems; and 21.5% had antisocial behavior (Nsereko et al., 2014; Nsereko et al., 2014a).

Other studies on university campuses elsewhere have observed increased levels of severity of mental health concerns. Pledge, Lapan, Heppner, and Roehlke (1998) observed there is dramatic shift from the traditional presenting problems of adjustment and individuation challenges among students prevalent in the 50s, 60s and part of the 80s to "suicidality, substance abuse, history of psychiatric treatment or hospitalization, depression and anxiety" p. 387. Further still recent systematic reviews of universities worldwide concur with earlier findings which indicate an apparent trend of worsening mental health in recent years among the university population with significant numbers of students with serious mental illness rising up (Hunt & Eisenberg, 2010; Storrie, Ahern & Tuckett, 2010).

In a maiden study about experiences of depressed mood among students at a southern African university, students were found to have higher rates of depression and suicidal ideation than the general population. 14.9% of the students were diagnosed with a major depressive disorder which is significant considering the lifetime prevalence of major depressive disorder being between 5% and 25% (Van Niekerk, Viljoen, Rischbleter & Scribante, 2008).

Long term follow up studies have shown that students'

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psychosocial problems and psychopathology if left unchecked, may severely interfere students' future everyday functioning and manifest as compromised social cohesion, poor mental health and compromised wellbeing, with the increased likelihood of future instability and conflict (Blignault, Bunde-Birouste, Ritchie, Silove & Zwi, 2009). Reijneveld, Vogels, Brugman, Van Ede, Verhulst et al., (2003) observed that early identification and treatment of students' psychosocial problems reduced the development or severity of psychopathology.

Universities as loco parentis for student health and safety

Mental health literature has identified institutions of learning as the most prominent locus for prevention and treatment of children and youth with mental health needs (Rones & Hoagwood 2004; Foster, Rollefson, Doksum, Noonan & Robinson, 2005; De Jong & Griffiths 2008). They play a designated role of serving in loco parentis for student health and safety (Stone, 2008) and for universities in particular, the provision of mental health services is part of the three primary areas (physical, mental and educational) of university health services programs (Kevin, 1988). University administrators are therefore looked at as important ally of mental health care for vulnerable students.

Privileged set up to run mental health services

Institutions of learning have the most effective framework in mental health services provision to address the needs of vulnerable students because they are locally driven, community focused and accessible (Fazel, Doll & Stein, 2009; Suicide Prevention Resource Center, 2004). They build capacity through evidence-based programs, processes and strategies to cater for high support need students (De Jong & Griffiths, 2008). Schools run mental health services in a coordinated school manner. They integrate assessments with on-campus prevention services, early intervention programs and more intensive systems-of-care services for those students who might need multimodal treatments which are not available at campuses (Stephan, Weist, Kataoka, Adelsheim & Mills, 2007). University counselling centres are at the helm of the services to "assist students to define and accomplish personal, academic, and career goals by providing developmental, preventive, and remedial counseling" (CAS, 1999, p. 67).

Predominant paradigm over university students' mental health issues

Given the privileged university position to address student mental health problems the paradigm we hold on mental health issues informs the way we approach student mental health issues.

The predominant approach in the understanding, assessment, intervention and research in student mental health is heavily skewed towards the unifactorial conceptualization of student mental health. Under this paradigm the diagnostic and functional assessment of mental illness is based on the nomenclature of the American Diagnostic and Statistical Manual of Mental Disorders, DSM-IV (APA, 2000) or the International Classification of Mental Disorders, ICD-10 (WHO, 1992) as tools developed to assess diagnostic symptom categories in mental health practice. These assessment tools, in practice, allow clinicians, policy makers and researchers to use the results for the treatment modality and goal setting in the services of clinical mental health management (Williams, 1998).

This has led to construct students' mental health within increasingly narrow theoretical, clinical and research frameworks. These emphasize a medically and pathologically based construction of student behaviour. Thus, students' psychological distress is mainly centered on internalizing symptomatology such as stress, depression and anxiety and approaching intervention from a medical model (Ovuga, Boardman & Wasserman, 2006; Md Yasin, & Dzulkifli, 2009; German & Arya, 1969; Hunt & Eisenberg, 2010; Storrie, Ahern, & Tuckett, 2010; Holmes, Silvestri & Kostakos, 2011; Eisenberg, Gollust, Golberstein & Hefner, 2007).

This paradigm outlook of mental health issues leaves gaps in mental health research and approach in situations like early identification, assessment, prevention and treatment of co-occurring mental health problems especially of vulnerable and at high risk populations in particular settings e.g. universities. These settings are predominately with adolescent populations with specific factors to induce mental health problems and with ecological grounded advantages for meeting their felt mental health needs (Rones & Hoagwood, 2004; Foster et al., 2005; De Jong & Griffiths, 2008; Fazel, Doll & Stein, 2009; Suicide Prevention Resource Center, 2004).

The students' mental health needs are broader in perspective compared to what psychiatric and traditional mental health interventions normally deal with. For instance social, interpersonal or family problems, gang related behaviours, sexual aggression, gender or sexual concerns, physical or sexual abuse, bullying constitute a concern for school mental health workers (Foster et al, 2005). Other studies have shown that although a large number of university students may be unhappy and emotionally

upset but those who are known to manifest major clinical anxiety and depression constituted only a small percentage which could be clinically determined. Having these major disorders may not necessarily be caused by internal pathology but by other psychosocial factors such as antisocial behaviour (The Center for Mental Health in Schools at UCLA, 1995; Nsereko, et al., 2014a).

Contextual factors to paradigm shift in addressing student mental health issues

What would throw more light to the present quagmire of mental health issues on university campuses in Uganda is the paradigm of conceptualization and understanding of mental health issues. Mental health issues are not entirely new phenomena in Uganda but what is presumed as a driving force for action is the paradigm held over these issues especially among the developing world contexts.

Daniels and Cole (2002) observed that the variations in assessment and provision of services to the emotionally and behavioural difficult youth has reflected the nomenclature that has evolved about this group of people. It has been observed that an individual's particular history, dominant ideology, and specific economic and socio-demographic circumstances have a bearing in determining the approach to mental health issues This suggests that the paradigms society or individuals hold say on mental health issues would reflect the kind of understanding, assessment, service provision, utilization and research agenda on these issues.

Most university counseling centres in Africa commonly utilize Western-oriented screening instruments and counseling styles. These emphasize intrapsychic etiological models which tend to have standardized diagnostic criteria and structured interviews that emphasize individualistic phenomena (Kearney, Draper & Barón, 2003).

It has been observed that these Western-oriented psychological instruments pay little attention to the social needs of minorities or members of collectivistic cultures which often leads to poor diagnosis of mental health problems for effective counseling (Nutt, 2007). Research has further shown that African collectivistic cultural issues concerning beliefs about mental health problems and treatments are different from the Western individualistic cultures (Nutt, 2007; Nsereko, 2017). This would imply that members of collectivistic cultures, like most African university students, may perceive counselling services as unrelated to their needs or that they simply do not apply to them and thereby they may keep away from these services (Gudiño, Lau, Yeh, McCabe & Hough, 2009).

Notwithstanding however, African communities are changing very first ushering in a generation of students different from its predecessors and each environment presenting unique experiences to a particular group of students (Gladding, 2004). In part this has been explained by the disruption of traditional cultural life and the introduction of western systems and values during the colonial era (Nyutu & Gysbers, 2008) and from the existential thoughts and developmental changes (Landstedt, 2010).

These changing demographics, social events, influences of the social, ethnic, political, economic and religious history in Africa in recent decades have created conflict of values among the students. They have had significant implications on the life of students and the school that are likely to induce different emotional and behavioural problems amongst the students (Nyutu & Gysbers, 2008) calling for a specific interventions. Therefore this would imply that the mental health needs of university students in Africa are multidimensional reflecting their economic, social, political, religious beliefs, customs and traditions, as well as the cultural changes and the paradoxical duality of co-existing traditional and modern world situations which they find themselves faced with (Nyutu & Gybers, 2008).

The contextual African environment would imply that a dynamic, culturally sensitive indigenous instrument would be the best option to assess the contextual variables of today's African student populations to arrive at appropriate interventions. Such an instrument must be locally validated, have good psychometric properties and be easily utilizable to support early identification of the students' mental health problems for appropriate intervention (Reijneveld, et al., 2003; Senyonyi, Ochieng & Sells, 2012).

It is surprising that while the assessment of students' mental health needs has been widely advocated, little evidence existed to support students' needs assessments (data-based or otherwise) on Uganda university campuses. Furthermore, where needs assessments was being conducted, using psychometrically sound methodology was questionable. Many reasons remain unexplained towards this phenomenon but it is very much likely that at least in part there are not locally well-developed needs assessment instruments available to fulfill this programmatic function (Senyonyi, Ochieng & Sells, 2012).

Wittmer (2000) observed that in such a situation counsellors and other mental health professionals employed a variety of needs-assessment methodologies often with emphasis on taking a relatively

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simplistic and subjective approach to information gathering. This approach very often overlooked the fact that a comprehensive university counseling program must be data driven as an integral component of professional university counselling services procedure. Data based methodologies can effect change in the whole university mental health intervention because it ensures that every student receives the benefit of the university counseling program and it assists counselors to show that each activity implemented as part of the program was developed from a careful analysis of students' needs, achievement and/or related data (Thompson, Loesch & Seraphine, 2003). Therefore, as Gall, Gall and Borg (2003) observed, data obtained from an assessment methodology used for any professional purpose should be psychometrically appropriate and sound which calls for the handy use of instruments in counselling.

The University Student Evaluation of Psychosocial Problems (USEPP) Instrument

In Uganda, the predominant understanding of the etiology and intervention in mental health was mainly rooted in the cultural paradigm of mental health. This had significant factors explaining the etiology of mental illness and the eventual interventions. The practice evolved around the spirit world, supernatural possession, the role of the living dead, witchcraft and divination and traditional medicine. The traditional healers were at the helm of divination and invocation of the spiritual deities for the causes and for the intervention of the illness and prescription of traditional medicines (Nsereko, 2017).

With the advent of professional mental health services in Uganda in 1920, the understanding of mental illness and services in Uganda has added another dimension above the culturally laden beliefs about the causality and treatment of mental health illness (Nsereko, 2017). The new approach to mental health operated on the medical and psychiatric model (Kigozi, Ssebunnya, Kizza, Cooper & Ndyanabangi, 2010). The services offered under this model are mainly asylum based, in-patients care, and symptom reduction intervention at a psychiatric facility. It looks at health in a dichotomous way; either one is sick or healthy according to the official classification of psychiatric problems (Nicholi, 1999), which further attests to the type of intervention in place. In practice, this model is operating on a referral arrangement and receiver component. What happens is that community members identify ("assess") a deserving mental health consumer usually in a critical stage and he or she is brought to the psychiatric facility for management.

However, looking at the practice in Uganda both approaches, cultural and medical model are the most prevalent in approaching mental health issues. Mental health consumers who are profoundly culturally self- actualized tend to bend towards the cultural model while others may combine both models or opt for the medical one (Abbo, et al., 2009).

These approaches have their inadequacies in addressing students' mental health issues which therefore call for a paradigm shift in tackling these issues.

The development of an assessment tool, the University Students Evaluation of Psychosocial Problems (USEPP) (Nsereko, Musisi & Holtzman, 2014) is suggestive of a paradigm shift in the understanding, assessment, intervention and research in university students' mental health issues.

The USEPP was developed and validated in a PhD study at Nkumba University to measure university student psychosocial problems. A rational-empirical approach was employed toward creating a psychometrically sound instrument focused on the unique contextual experiences of university students in a developing country. The study was an exploratory, descriptive, cross-sectional survey and consisted of two phases of data collection: formative qualitative and quantitative techniques in the development and validation of the instrument. The respondents who included key informants and university students were randomly chosen from representative universities in Uganda (Nsereko, 2014).

USEPP moves away from the unifactorial model for understanding the etiology, course, assessment, intervention and research of mental illness among the student population. It proposes a broader understanding of multidimensional mental health constructs of student mental health vulnerabilities in antisocial behaviour, emotional, academic and traumatic problems and offering leads to subsequent interventions. In its application, it is a multidimensional quantitative clinical assessment instrument and culturally sensitive to address vulnerable students on Uganda campuses and it is also a multidimensional research instrument in student mental health issues.

It has sound psychometric properties. It is a 17 item instrument capturing four factors- emotional, academic, traumatic problems and antisocial behaviour; the maximum score is 51 on a 0-3 scale; the cut off point for caseness is 18 and the scoring time is between 5-10 minutes. Its reliability is 0.81. Its construct validity was correlated with The Hopkins Symptoms Checklist (HSCL-10) and its predictive validity was established through the Receiver

Operating Characteristics (ROC) for Sensitivity and Specificity (Nsereko, Musisi & Holtzman, 2014).

Challenges to the paradigm shift

Notwithstanding the apparent paradigm shift approach to university student mental health issues there remains challenges to this shift. These include: Awareness of the existence of the tool- USEPP-and accessing it; the understanding of student mental health as a multidimensional construct and its subsequent interventional approaches; the personal initiative of mental health workers to learn and willingness to use it as an assessment method during the counselling sessions; the inclusion on the university's mental health agenda an assessment tool for routine use by the campus mental health workers; the rebranding of training of mental health workers specially to work on university counselling centres, the teaching of the instrument to mental health workers and counsellor trainees and furthering research in student mental health issues using the tool.

Conclusion

This article examined the mental health plight of university students who are privileged to live in an institutional environment that would run ecological frameworks in mental health services provision to address the needs of vulnerable students. One dominant factor that would advance a wholesome approach to the understanding, intervention, and research on student mental health issues is a paradigm shift that involves a multidimensional approach away from the more prevalent unifacatorial conceptualization of these issues. Notwithstanding the developed multidimensional framework suggested a as paradigm shift in students' mental health issues, challenges to this effect still abound. A paradigm shift in the understanding and intervention in campus mental health will only be realized when its observed challenges are addressed. ■

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Biography

Norman D Nsereko is a senior lecturer at Nkumba University, Uganda. Developed a psychological instrument measuring students' psychosocial problems (USEPP). Associate Editor (MHRIJ). A mental health researcher and recipient of two University Research Grant Awards, engaged in counselling services, supervises research dissertations/thesis at undergraduate and graduate levels.

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