

Knowledge and Practice of Mental Health Hygiene among Nursing Science Students in Nigeria

Iyinoluwa Tioluwani Idowu*, Alice Igbekele Ogundele

Department of Nursing Science, Elizade University, Ilara-Mokin, Ondo State, Nigeria

ABSTRACT

Objectives: This study assessed the level of knowledge of mental health hygiene among Nursing Science students in Nigeria private universities.

Methods: This study utilized the cross-sectional descriptive survey design. In this study, data were collected from a sample of population of Nursing Science students, in some selected private university within southwestern Nigeria. A total of 475 questionnaires were retrieved out of 500 administered. Statistical analyses were performed using IBM SPSS (Version 27). **Results:** The result of the study revealed that majority of the students were between the ages of 20 to 24 years and 91.6% of them were female. The results showed that 87.4% of the students thought that mental health hygiene was as important as physical hygiene and 68.4% of them were awareness of mental health resources provided in the universities. The study discovered that 67.4%, of the students engaged in physical exercise to support mental well-being occasionally. The study also revealed that there are no enough resources to support systems in the universities to maintain mental health hygiene. **Conclusion:** The study highlighted the importance of education, training, and support systems for students to effectively manage their own and others' mental health. Also, coping strategies, and access to resources like counselling services, mental health literacy program, workshops among others are very important to address mental health problem in the university. The study recommends integration of mental health hygiene into nursing curricular, and actively promoting mental health services within universities and healthcare settings.

Keywords: Mental Health, Mental Health Hygiene, Nursing Student, Knowledge, Practice.

INTRODUCTION

Globally, there have been focus on mental disorders, recently the focus has shifted to mental health and well-being. In contrast to mental disorders, the concept of mental health and mental well-being is important for everyone in society especially among young adults navigating the

Vol No: 10, Issue: 02

Received Date: August 02, 2025

Published Date: October 17, 2025

*Corresponding Author

Iyinoluwa Tioluwani Idowu

Department of Nursing Science, Elizade University, Ilara-Mokin, Ondo State, Nigeria, Phone: 08164279897, Email: idowuiyinoluwa056@gmail.com

Citation: Idowu IT and Ogundele AI. (2025). Knowledge and Practice of Mental Health Hygiene among Nursing Science Students in Nigeria. Mathews J Psychiatry Ment Health. 10(2):53.

Copyright: Idowu IT and Ogundele AI. (2025). This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

challenges of higher education [1]. Emerging adulthood, the developmental stage common among university students, is characterized by instability, identity exploration, self-focus, and a feeling of being 'in-between' adolescence and full adulthood. It is a critical life stage marked by significant transitions and heightened stress, leading to a high prevalence of mental health disorders. This period presents unique challenges that can have long-term consequences for well-being. Gender plays a significant role in shaping these experiences, with women often reporting higher levels of psychological distress [2].

Effective coping mechanisms, social support, and self-esteem are essential for navigating these challenges and promoting mental health during this crucial period [3]. These characteristics are amplified for college students, including those in Nigerian private universities, due to heightened academic pressures and significant life changes. Given the documented prevalence of mental health disorders among university students, with rates exceeding those of the general population, a reactive approach to mental well-being is simply insufficient [1].

University life presents a unique set of stressors, including academic pressure, social adjustment, and financial concerns, which can significantly impact student's well-being [4]. The cumulative effect of academic pressures, coupled with the inherent instability of emerging adulthood, creates a fertile ground for mental health challenges to take root. Can we afford to wait until students are in crisis before addressing their mental health needs? Waiting for crises to emerge is not a viable solution. Instead, a proactive approach to mental health hygiene, such as mindfulness and stress management techniques empowers students to develop resilience and adaptive coping mechanisms. This focus on prevention not only reduces the likelihood of developing debilitating conditions but also enhances overall well-being, leading to a more fulfilling and productive university experience. By prioritizing mental health, students can take control of their lives and build a foundation for long-term well-being. While mental health is a global concern, specific cultural and contextual factors within Nigeria, such as academic pressures and socio-economic challenges, limited access to mental health services, stigma surrounding mental health necessitates a focused examination of mental health hygiene practices among Nigerian private university students.

Mental hygiene is an important part of overall health and well-being. Mental hygiene is the practice of taking care of one's mental health, including identifying and managing stress, improving coping skills, and developing healthy habits and attitudes [1]. According to the World Health Organization [5], mental hygiene is defined as "the promotion and preservation of sound mental health through the maintenance of adaptive attitudes and behaviors". It also refers to the practice of taking care of one's mental well-being and maintaining a healthy state of mind. It involves adopting habits and strategies that promote good mental health and prevent the onset of mental illnesses [2].

Mental health hygiene is not merely a supplementary practice, but a fundamental necessity for undergraduates in Nigerian private universities, influencing their academic performance, emotional resilience, campus environment, and long-term well-being. The rigorous academic demands and social adjustments inherent in university life create a unique set of stressors, making proactive mental health strategies indispensable. Effective stress management and anxiety reduction are core components of mental health hygiene, directly translate to improved focus and academic excellence, mitigating the potential for decreased motivation and performance.

Furthermore, cultivating emotional resilience through these practices empowers students to navigate the inevitable challenges of university life with greater ease, fostering overall well-being. A campus culture that champions mental health hygiene creates a supportive and inclusive atmosphere, reducing stigma and promoting a healthier community for all students. Perhaps most importantly, the development of robust mental health habits during university years provides a lasting foundation for psychological wellness, preparing graduates to confidently face the demands of their future lives. Prioritizing mental health hygiene is, therefore, not just beneficial, but crucial for ensuring a fulfilling and successful university experience in Nigerian private universities.

Mental health challenges (MHC) will not only affect the minds of university students but also affect their psychological and physiological health, which will ultimately affect their health status, performance, and their university experiences [6]. Building upon these general challenges, Undergraduate students in Nigerian private universities face additional

complexities, including mental health stigma and a lack of educational initiatives such as mental health literacy programs. Given the escalating rates of mental health issues among university students in Nigeria, addressing these knowledge gaps is a matter of urgent priority.

This study assessed the knowledge regarding mental health hygiene among Nursing Science students in Nigerian private universities. Specifically, it investigated students' understanding of mental health hygiene, the strategies they employ to maintain their mental well-being, and the perceived barriers they face in practicing good mental health hygiene. The findings of this study provided valuable insights for the university administration, students support services and health professionals in developing and implementing effective programs to promote mental health and well-being among students.

The study also identified critical knowledge gaps among private university Nursing Science students in Nigeria regarding essential mental health hygiene practices such as mindfulness techniques, stress management strategies, and sleep hygiene. These knowledge gaps directly hinder students' ability to effectively implement crucial mental health hygiene practices, exacerbating their vulnerability to mental health challenges.

LITERATURE REVIEW

Existing research demonstrates that mental health literacy remains inadequate across global university populations, with particularly pronounced deficiencies in developing educational contexts. The World Health Organization's (2022) multinational survey revealed that only 35% of university students could accurately identify depression symptoms, with even lower recognition rates (28%) for anxiety disorders [5]. This global pattern appears exacerbated in Nigeria, where Adewuya and colleagues' (2019) research indicated that 62% of undergraduates misinterpreted mental health symptoms as spiritual phenomena rather than medical conditions, with merely 29% demonstrating awareness of available campus counseling services [7].

Cultural factors substantially influence mental health practices, creating distinctive challenges within Nigerian academic environments. Research by Gureje and associates (2020) documented that 55% of Nigerian students avoided

seeking mental health support due to stigma and fear of social labeling - a trend notably less prevalent in Western contexts where peer normalization of therapy demonstrates positive effects [8]. A Harvard University (2021) study found American students were 2.3 times more likely to access mental health services when their social networks openly supported such practices. This cultural divergence is further compounded by stark institutional resource disparities: while 90% of UK universities maintain 24/7 mental health support systems [9], only 20% of Nigerian institutions provide comparable services [7]. A case study from Obafemi Awolowo University Nigeria revealed 82% of students cited excessive wait times as a primary barrier to accessing care [10], suggesting similar challenges likely exist in some selected private universities given comparable resource constraints.

The relationship between mental health hygiene and academic performance has been well-established in international research but remains understudied within Nigerian institutions. Lipson and colleagues' (2022) meta-analysis of 140,000 students globally demonstrated concrete academic consequences, with poor sleep hygiene correlating to a 0.5 GPA decrease and mindfulness practices associated with 18% higher retention rates. Nigerian data from Adewuya et al. (2019) showed students with untreated anxiety experienced threefold higher course failure rates, though alarmingly, only 12% recognized the connection between mental health and academic outcomes [7]. Some Nigerian public institutions such as Ahmadu Bello University, Nigeria have documented positive academic impacts from mental health practices, with regularly exercising students scoring 15% higher on examinations [11]. However, the absence of institution-specific research in some private Nigerian University represents a critical knowledge gap this study aims to address.

These empirical findings directly inform the current investigation's research questions regarding undergraduates in private Nigerian Universities. Existing studies from comparable Nigerian institutions suggest probable knowledge gaps concerning mental health hygiene concepts among private universities students in Nigeria, though institution-specific assessment remains necessary. Documented practices at other universities indicate likely reliance on both adaptive and maladaptive coping

strategies, while cultural and institutional factors identified in broader Nigerian research probably influence private university students similarly. The demonstrated connection between mental health practices and academic performance internationally, coupled with preliminary Nigerian evidence, underscores the urgency of examining this relationship in Nigerian Private Universities to inform targeted interventions that could enhance both student wellbeing and educational outcomes.

RESEARCH METHOD

This section of the paper discusses the research design, research setting, target population, sample size, sampling technique, the instrument for data collection, validity and reliability, method of data collection, method of data analysis and ethical considerations.

Research Design

A descriptive cross-sectional study design was used in this study. This study investigated the mental well-being of private universities undergraduates in Nigeria by assessing the knowledge and practice of mental hygiene among the students. In this study, data were collected from a sample of population of undergraduate students. The multiple benefits of this research design which include: being comparatively quick to conduct and easy to administer, limited control effects, its' propensity to foster participants' participation, its' ability to chart aggregated patterns, as well as its' being readily amenable to inferential analytic techniques, among others, makes it appropriate for this study.

The target population of this study consist of male and female nursing science students who are presently studying at the Department of Nursing Science in some selected private universities in south western Nigeria. The study did not consider the nursing students who are in 100-level of study, but currently enrolled, consenting nursing students (200L–500L).

Instrument of Data Collection

In this study, the data collection instrument considered for collecting the required data is a structured questionnaire. Questionnaires are well-suited for quantitative data collection, allowing the study to gather numerical information on the knowledge and the practice of mental

health hygiene among undergraduate students of some selected private universities in Nigeria. The structured format of the questionnaire ensured consistency in data collection. Respondents answered the predefined questions, facilitating standardized responses for analysis. Compared to other methods, such as interviews or focus groups, questionnaires are cost-effective in production, distribution, and data processing.

This study employed a structured paper-based questionnaire to collect quantitative data on undergraduates' knowledge and practices of mental health hygiene in the universities. The standardized format ensured consistency in responses, enabling systematic analysis of predefined questions. In summary, the questionnaire served as an appropriate data collection instrument for collecting the information required among undergraduate students due to its quantitative nature, scalability, cost-effectiveness, efficiency, and the ability to gather standardized and objective insights from a diverse population.

The first section of the questionnaire was used to collect the demographic information of the respondent which include gender, age, ethnicity, religion, department and level of study. Section Two was used to collect information about the respondent's knowledge of mental health hygiene. Section three was used to collect information about factors that influences the practice of mental health hygiene.

Validity and Reliability of the Instrument

The validity of the instrument was established through content and face validity criteria. The adopted questionnaire was given to the study supervisor for the congruence of contents with the set objectives and the ability of the content to elicit the proper information. The instrument was assessed for its relevance to the subject matter, its scope, and coverage, and appropriate corrections were made to suit the study objectives.

Method of Data Collection and Data Analysis

A structured paper based questionnaire was used to obtain information from respondents. A stratified random sampling was used to ensure that the sample accurately represents the proportions of different subgroups within the population.

The quantitative data obtained from the structured

questionnaire was subjected to a systematic analytical process to address the study's objectives. Following data collection, all completed questionnaires undergo thorough cleaning to identify and address missing or inconsistent responses, ensuring the reliability of the dataset. Responses were coded numerically to facilitate statistical analysis; for instance, categorical variables such as gender (male/female) were assigned numerical values (e.g., 1 and 2, respectively), while Likert-scale responses (e.g., "strongly agree" to "strongly disagree") were converted into ordinal scores (e.g., 1–5).

Descriptive statistics were employed to summarize the demographic characteristics of respondents and the overall trends in mental health hygiene knowledge and practices. Frequencies and percentages were calculated for categorical variables (e.g., the proportion of students aware of mental health hygiene principles), while continuous variables (e.g., knowledge scores) were analyzed using measures of central tendency (mean, median) and dispersion (standard deviation, range). These analyses provided a comprehensive overview of the baseline data.

For any open-ended questions included in the questionnaire, qualitative responses were analyzed thematically. Recurrent themes were identified through manual coding, and representative excerpts were used to contextualize quantitative findings. Finally, results were visualized using tables and charts (e.g., bar graphs for frequency distributions, scatter plots for correlations) to enhance clarity and interpretation. All statistical analyses were performed using IBM SPSS (Version 27).

RESULTS AND DISCUSSION

Results

This section presents the results of the analysis of the data that was collected for this study according to the

information that was collected based on the various sections of the questionnaire adopted for data collection. It contains the results of the answers to the research questions that were asked alongside the outcome of the statistical tests that were performed for the research hypothesis. A total of 500 questionnaires were distributed and out of which 475 questionnaires were completely filled and returned giving a response rate of 95%.

Results of Distribution of Demographic Information

The results of the distribution of the age-groups of the students revealed that majority of the students were aged 20 to 24 years consisting of 64.2% of the students followed by 32.6% who were aged 15 to 19 years while 2.1% and 1.1% were aged 25 to 30 years and 30 years and above respectively. The results of the distribution of the gender of the respondents revealed that majority of the students were female consisting of 91.6% while 8.4% were male students. The results of the distribution of the year of study of the students revealed that majority of the students were in 400 level consisting of a proportion of 27.4% while 26.3% each were in 300 level and 500 level while 20.0% were in 200 level.

The results of the distribution of the living arrangement of the students revealed that all the students stayed on-campus. The results of the presence of mental health conditions among the students revealed that majority of the students had none consisting of 71.6% however 23.2% had mental health conditions while 5.3% preferred not to say. The results of distribution of students receiving any form of mental health treatment or counseling revealed that 84.2% were not receiving mental health treatment or counselling while 15.8% were receiving mental health treatment or counseling. Table 1 shows the results of distribution of demographic information and figure 1 shows the distribution of the age-groups of the respondents.

Table 1. Results of Distribution of Demographic Information

Variables	Categories	Frequency	Percent (%)
Age-Group	15 to 19 years	155	32.6
	20 to 24 years	305	64.2
	25 to 30 years	10	2.1
	30 years and above	5	1.1
Gender	Male	8	8.4
	Female	435	91.6
Year of Study	200 Level	95	20.0
	300 Level	125	26.3
	400 Level	130	27.4
	500 Level	125	26.3
Living Arrangements	On-campus	475	100.0
	No	340	71.6
Do you have any known mental health conditions?	Yes	110	23.2
	Prefer not to say	25	5.3
Do you currently receive any mental health treatment or counselling?	No	400	84.2
	Yes	75	15.8

Results of the Distribution of the Level of Knowledge regarding Mental Health Hygiene

The results of the response to the rating of overall knowledge of mental health hygiene revealed that 56.8% was good, 23.2% was very good, 18.9% was fair and 1.1% was poor as shown in table 4.2. Therefore, majority of the students had a good knowledge of mental health hygiene. The results of the response to the awareness of the term “mental health hygiene” revealed that majority were aware owing for a proportion of 73.7% while 26.3% were unaware. The results of the response to the importance of mental health hygiene for overall well-being revealed that a majority deemed it extremely important owing for a proportion of 57.9% followed by 34.7% who deemed it quite important while 5.3% were neutral and 2.1% deemed it not at all important.

The results of the response to students who thought that mental health hygiene was as important as physical hygiene revealed that a majority of 87.4% thought so however 6.3% each were either not sure or do not think so. The results of the response to the awareness of any mental health resources provided by Elizade University revealed that majority were aware of such owing for a proportion of 68.4% while 31.6% were unaware. The results of the response to those who have ever received any mental health education or training during studies revealed that majority have received such treatment owing for a proportion of 63.2% while 36.8% had not received.

The results of the response to the belief that poor mental health hygiene could negatively affect academic performance revealed that majority believed so owing for a proportion of 88.4% however 6.3% were not sure while 5.3% do not

believe so. Table 2 shows the distribution of the responses to the level of knowledge regarding mental health hygiene using frequency distribution tables.

Results of the Distribution of the Practice of Mental Health Hygiene

The results of the response to engagement in activities that help reduce stress among students revealed that majority engaged few times a week owing for a proportion of 36.8%,

followed by 33.7% who engaged occasionally, 25.3% who engaged daily and 4.2% who never engaged as shown in table 4.3. The results of the responses to practicing good sleep hygiene revealed that majority did not practice accounting for a proportion of 55.8% while 44.2% did. The results of the responses to those who engaged in physical exercise to support mental well-being revealed that majority engaged occasionally owing for a proportion of 67.4%, followed by 18.9% who did not engage and 13.7% who engaged regularly.

Table 2. Distribution of the responses to the level of knowledge regarding mental health hygiene

Variables	Categories	Frequency	Percent (%)
How would you rate your overall knowledge of mental health hygiene?	Poor	5	1.1
	Fair	90	18.9
	Good	270	56.8
	Very good	110	23.2
Have you heard of the term" Mental health hygiene" before?	No	125	26.3
	Yes	350	73.7
In your opinion, how important is mental health hygiene for overall well-being?	Not at all important	10	2.1
	Neutral	25	5.3
	Quite important	165	34.7
	Extremely important	275	57.9
Do you think mental health hygiene is just as important as physical hygiene?	No	30	6.3
	Yes	415	87.4
	Not sure	30	6.3
Are you aware of any mental health resources provided in the university?	No	325	68.4
	Yes	150	31.6
Have you ever received any mental health education or training during your studies?	No	175	36.8
	Yes	300	63.2
Do you believe that poor mental health hygiene can negatively affect academic performance?	No	25	5.3
	Yes	420	88.4
	Not sure	30	6.3

Table 3. Distribution of the responses to the practice of mental health hygiene

Variables	Categories	Frequency	Percent (%)
How often do you engage in activities that help reduce stress (e.g., physical exercise, hobbies, socializing, and meditation)?	Never	20	4.2
	Occasionally	160	33.7
	Few times a week	175	36.8
	Daily	120	25.3
Do you practice good sleep hygiene (e.g., going to bed at the same time, limiting screen time before bed)?	No	265	55.8
	Yes	210	44.2
Do you engage in physical exercise to support your mental well-being?	No, I don't exercise	90	18.9
	Yes, regularly	65	13.7
	Occasionally	320	67.4
Do you feel comfortable talking about your mental health concerns with friends or family?	No	170	35.8
	Yes	120	25.3
	Sometimes	185	38.9
	Never	60	12.6
How often do you take breaks from academic work to relax or engage in leisure activities?	Occasionally	235	49.5
	A few times a week	100	21.1
	Everyday	80	16.8
	Never	60	12.6
Do you engage in any form of self-care (e.g., relaxation techniques, hobbies, spending time with friends)?	Occasionally	235	49.5
	A few times a week	100	21.1
	Everyday	80	16.8
	Rarely	10	2.1
How often do you feel overwhelmed by academic stress?	Sometimes	95	20.0
	Frequently	370	77.9
Do you limit or monitor your social media use to protect your mental health?	No	90	18.9
	Yes	215	45.3
	Sometimes	170	35.8
Do you avoid negative or toxic environments (e.g., people, situations) that may affect your mental health?	No	20	4.2
	Yes	375	78.9
	Sometimes	80	16.8

The results of the response to students who felt comfortable talking about mental health concerns with family and friends revealed that majority did so sometimes owing for a proportion of 38.9% followed by 35.8% who never did and 25.3% who did. The results of the responses to taking breaks from academic work to relax or engage in leisure activities revealed that majority of the students did so occasionally owing for a proportion of 49.5%, followed by 21.1% who did so a few times a week, 16.8% who did so every day and 12.6% who never did. The results of the response to students who engaged in any form of self-care revealed that majority of the students did so regularly owing for a proportion of 48.4% followed by 45.3% who did so occasionally and 6.3% who do not engage.

The results of the response to feeling overwhelmed by academic stress revealed that majority felt so frequently owing for a proportion of 77.9%, followed by 20.0% who felt so sometimes, and 2.1% who rarely felt so. The results of the response to students who limit or monitor social media use to protect mental health revealed that majority did so owing for a proportion of 45.3% while 35.8% limit sometimes and 18.9% who never limited social media use. The results of the response to students who avoided negative or toxic environments that may affect their mental health revealed that majority did so owing for a proportion of 78.9% followed by 16.8% who avoided such sometimes and 4.2% who never did. Table 3 shows the distribution of the responses to the practice of mental health hygiene using frequency distribution tables.

Results of the Distribution of the Attitude towards Mental Health Hygiene

The results of the responses to how likely students are to seek help if feeling mentally stressed or anxious during studies revealed that majority felt either unlikely or likely owing for a proportion of 33.7% each however 18.9% were very

unlikely to seek help while 13.7% were very likely to seek for help as shown in table 4. The results of the response to the importance of prioritizing mental health hygiene when faced with academic pressures revealed that majority deemed it important owing for a proportion of 81.1% however 12.6% were not sure while 6.3% do not think it is important to do so.

The results of the response to feeling that mental health is a stigma among students revealed that majority feel so owing for a proportion of 70.5% however 17.9% do not feel so while 11.6% were not sure. The results of the response to the thought that mental health should be discussed more openly revealed that majority of the students think so owing for a proportion of 89.5% however 6.3% do not think so while 4.2% were not sure. The results of the response to feeling comfortable using university-based mental health services revealed that majority of the students were not comfortable owing for a proportion of 44.2% however 32.6% felt comfortable while 23.2% were not sure.

The results of the response to the belief that mental health services in Nigerian Private Universities are accessible and helpful revealed that majority of the students do not believe so owing for a proportion of 52.6% however 25.3% were not sure while 21.1% belief so. The results of the response to the thought that mental health hygiene should be incorporated into the university curriculum revealed that majority of the students think so owing for a proportion of 81.1% however 10.5% were not sure while 8.4% do not think so. The results of the response to participation in workshops or seminars on mental health hygiene revealed that majority of the students would be willing to participate owing for a proportion of 75.8% while 24.2% would not be willing to participate. Table 4 shows the distribution of the responses to the attitude towards mental health hygiene using frequency distribution tables.

Table 4. Distribution of the responses to the attitude towards mental health hygiene

Variables	Categories	Frequency	Percent (%)
How likely are you to seek help if you're feeling mentally stressed or anxious during your studies?	Very unlikely	90	18.9
	Unlikely	160	33.7
	Likely	160	33.7
	Very likely	65	13.7
Do you think it's important to prioritize mental health hygiene even when you face academic pressures?	No	30	6.3
	Yes	385	81.1
	Not sure	60	12.6
	No	85	17.9
Do you feel that mental health is a stigma among university students?	Yes	335	70.5
	Not sure	55	11.6
	No	30	6.3
	Yes	425	89.5
Do you think mental health should be discussed more openly in the university?	Not sure	20	4.2
	No	210	44.2
	Yes	155	32.6
	Not sure	110	23.2
Would you feel comfortable using university-provided mental health services if needed?	No	250	52.6
	Yes	100	21.1
	Not sure	120	25.3
	No	40	8.4
Do you believe mental health services in the university are accessible and helpful?	Yes	385	81.1
	Not sure	50	10.5
	No	115	24.2
	Yes	360	75.8

Results of the Distribution of the Barriers to practicing Mental Health Hygiene

The results of the responses to the feeling that there are enough resources to support systems at Elizade University to maintain mental health hygiene revealed that majority felt there was not enough resources owing for a proportion of 65.3% however 29.3% were not sure while 5.3% were certain that enough resources were available as shown in table 5.

The results of the responses show that the University should offer more resources for mental health support with 89.3% agreeing that the university should offer more resources for mental health support however 5.3% each either felt they were not sure or that the resources available at the University were enough as shown in table 5. Table 5 shows the distribution of the responses to the barriers to practicing mental health hygiene using frequency distribution tables.

Table 5. Distribution of the responses to the barriers to practicing mental health hygiene

Variables	Categories	Frequency	Percent (%)
Do you feel there are enough resources or support systems in the niversity to maintain mental health hygiene?	No	310	65.3
	Yes	25	5.3
	Not sure	140	29.5
Do you feel that the university should offer more resources for mental health support (e.g., counseling, workshops, and support groups)?	No	25	5.3
	Yes	425	89.5
	Not sure	25	5.3

Discussion of Findings

In this section full discussion on the findings of the study were done and reference made to relevant literature.

Demographic Information

In this study, it was observed that the majority of students enrolled in nursing science fall within the age bracket of 20 to 24 years, with a predominant representation of females. These findings are consistent with the research conducted by Ogunmuyiwa et al. (2025) [12] regarding Gender and Age Differential on Competence Level in Clinical Practice among Nursing Students in a Tertiary Institution in Nigeria, which indicated that approximately 80% of nursing students are female and within the ages of 20 to 24 years. Furthermore, the study revealed that all participants resided on the university campus, aligning with the guidelines set forth by the Nursing and Midwifery Council of Nigeria [13]. Additionally, the research disclosed that around 15% of the respondents were receiving mental health treatment or counseling. This suggests that there exists a minority of students grappling with mental health issues, a finding corroborated by Orok et al. (2023) in their study entitled Prevalence and Factors Associated with Mental Health Problems among Undergraduates in a Nigerian University [11]. This study determined that the prevalence of mental health issues among Afe Babalola University, Nigeria students was 9.6%.

Knowledge about Mental Health Hygiene

The study revealed that majority of the respondents had a good knowledge of mental health hygiene (Table 2) and the respondents are aware of the concept of the term ‘mental health hygiene’. The study established that majority of the nursing science students most especially in the higher level had good knowledge of mental health hygiene. Although in Nigeria, nursing science students’ knowledge of mental health hygiene is inadequate, with some studies showing negative perceptions and attitudes. Many students may not fully grasp the importance of mental health hygiene as a daily practice to maintain and promote mental well-being and some studies shows that knowledge of mental health hygiene is still very low among students generally [14]. This study established the fact that a reasonable number of nursing science students in Nigerian University are not really well grounded in mental health hygiene.

According to the study, majority of the students believe that mental health hygiene is as important as physical hygiene. This finding is in tandem with the Frank et al (2025), which noted that poor physical and mental hygiene can cause an individual to fall short on sleep [15]. Also, the study found out that a good number of students are not aware of any mental health resources provided by most private Universities in Nigeria, so there is a need for private Universities in Nigeria

to raise enough awareness about available mental health resources within the university.

Practice of Mental Health Hygiene

According to the study, majority of the students believed that engaging in activities such as physical exercise can help reduce stress which is one of the best ways to practice a good mental health hygiene. The study also revealed that practicing sleep hygiene is a good practice, this is in line with the study by Frank et al 2025 titled Factors Influencing Good Sleep Hygiene Behavior among Students in College of Medical Sciences in South- South, Nigeria, which says Sleep hygiene is essential for maintaining both health and academic performance, particularly for medical sciences students who often face unique stressors [15]. This is tandem with the result of the study which revealed that academic stress can cause mental health problem among students and that physical exercise is very important to mental well-being of students. The result of the study established that fact that physical exercise significantly impacts mental health, and serve as a powerful tool for managing and preventing various mental health condition.

Poor mental health hygiene can negatively affect academic performance. Mental health issues like depression and anxiety can impair concentration, motivation, and overall learning abilities, leading to lower grades and decreased academic engagement. Previous studies [16-19] have shown that these issues are strongly associated with reduced academic achievement. This study confirmed the previous studies that states that poor mental health hygiene can negatively affect academic performance.

Attitude towards Mental Health Hygiene

According to this study, majority of the students may unlikely seek help and the study also revealed that majority believed that it is important to prioritize mental health hygiene even when you face academic pressure (Table 4). A good number of students believe that that mental health is a stigma among university students. So, the result of this study confirmed the study [20] which stated that stigma threatened three aspects of student life: being, doing, and belonging.

The study stated that mental health should be discussed more openly in Nigerian Private Universities, open discussions about mental health are crucial for University

students. It helps reduce stigma, promotes understanding, and encourages students to seek help when needed. Openly discussing mental health challenges can help to normalize seeking help and reduces the shame and fear that can prevent students from accessing support. When students feel comfortable talking about their mental health experiences, it will foster empathy and understanding among their peers, creating a more supportive community. Open conversations can encourage students to recognize the signs of mental health issues in themselves and others, and to seek professional help when needed.

Mental health challenges can significantly impact academic performance. By addressing these challenges openly, students can receive the support they need to manage their studies and achieve their academic goals. The study revealed that mental health hygiene should be incorporated into the university curriculum and participation in workshops or seminars on mental health hygiene are important in the university.

Barriers to practicing Mental Health Hygiene

It was noted that in this study that majority of the students were of the opinion that there are not enough resources or support systems in Nigeria Private Universities to maintain mental health hygiene and that the university should offer more resources for mental health support (for example, counseling, workshops, support groups).

Finally, the study revealed that the university should encourage open discussions about mental health among university students, and the university should implement strategies such as mental health education and awareness campaigns. Educational initiatives should be part of university program which will eventually help students understand mental health conditions and reduce stigma.

In addition, the study concluded that the university should create safe spaces for open dialogue and discussion on mental health hygiene. Support groups, peer counseling, and workshops should be part of university program and mental health courses should be incorporated into the curriculum. An Experienced counselor who has a very good understanding of mental health and what it entails is very crucial in the university. The students also suggested that the counselling office should be in academic environment and

hall of residence and that the present counselling office is a bit far from the students. These will make students have access to counseling services, mental health support groups, and other resources which is very crucial.

Implication of Findings to Nursing Science

The impact of nursing students' knowledge and practice of mental health hygiene on Nursing Science is multifaceted. It directly influences the quality of care for patients with mental health conditions, shapes nursing curricula and research, and contributes to the reduction of stigma surrounding mental illness.

Nursing students' understanding and application of mental health hygiene principles directly impact their ability to provide effective and compassionate care to patients with mental health conditions. This includes understanding the importance of creating a safe and supportive environment, recognizing and addressing stigma, and utilizing appropriate interventions.

Research on nursing students' knowledge and attitudes towards mental health can inform the development of more effective and relevant curricula. This can lead to improved teaching methods, increased exposure to diverse populations, and a greater emphasis on mental health literacy.

Studies on nursing students' knowledge and practice of mental health hygiene can contribute to the advancement of Nursing Science by identifying areas of strength and weakness, informing best practices, and generating new research questions. This research can also help to understand the factors that influence mental health stigma among nursing students and develop interventions to reduce it.

By increasing awareness and promoting positive attitudes towards mental health among nursing students, the overall stigma surrounding mental illness in the healthcare field can be reduced. This is crucial for improving the quality of care for individuals with mental health conditions and ensuring that they receive the support they need.

Nursing students' understanding of mental health literacy, which encompasses the ability to identify and respond appropriately to mental health needs, is critical for effective patient care. Studies that assess mental health literacy among nursing students can help to identify areas where

more education and support are needed.

In essence, the knowledge and practice of mental health hygiene among nursing students is a critical component of Nursing Science, influencing not only the well-being of patients but also the profession itself. By investing in the education and training of future nurses in this area, we can improve the quality of care for all patients and contribute to a more inclusive and supportive healthcare system.

In summary, it was discovered in this study that nursing students demonstrated good knowledge and practice towards mental health hygiene, however it was discovered that majority of the students will unlikely seek help which shows there is a need for awareness about the importance of seeking help which may be caused by lack of support system/ counselling services or fear of being judged or criticized.

Mental Health Hygiene Knowledge and Practice

The study highlighted that nursing students generally possess good knowledge and practice concerning mental health hygiene.

Mental Health Literacy

While the students demonstrated a grasp of fundamental hygiene principles, their understanding of mental health and its maintenance appeared less comprehensive.

Attitude and Behavior

The study indicated that students had a mixed bag of attitudes and behaviors related to mental health, with some exhibiting positive attitudes towards mental health but lacking the necessary practical knowledge to translate this into action.

Need for Improvement

The findings suggest that nursing curricula should be enhanced to strengthen students' knowledge and skills in mental health hygiene, including aspects like stress management, coping mechanisms, and the importance of seeking help when needed.

Importance of Mental Health in Nursing

The study underscores the vital role of mental health in nursing practice. Mental health assessments and

interventions are crucial for improving patient outcomes and promoting the overall well-being of both patients and nurses.

Factors Influencing Mental Health

Several factors influence students' perceptions and practices regarding mental health, including feeling of self-worth, socioeconomic factors, and behavioral factors.

The study recommends integrating mental health hygiene into nursing curricular, providing training in problem-solving and coping skills, and actively promoting mental health services within universities and healthcare settings.

CONCLUSION

In conclusion, this study highlighted the importance of education, training, and support systems for students to effectively manage their own and others' mental health. Research consistently points to the need for interventions that address mental health literacy, coping strategies, and access to resources like counselling services. This study revealed the need to improve nursing students' understanding of mental health conditions and the stigma associated with them. Students need to be equipped with skills to manage stress, anxiety, and other challenges they face. Access to effective and efficient counselling services, peer support groups, and faculty mentorship are crucial for students' well-being.

The study also discovered that mental health courses need to be integrated into nursing curricula and addressed in a culturally sensitive manner. Interventions which include physical activity promotion, problem-solving training, and opportunities for students to discuss their concerns are very essential.

It is essential for university to incorporate training programs, and mental hygiene practices are recommended to improve adherence to hygiene protocols. The study also revealed a strong relationship between a student's knowledge of mental health hygiene, their attitude towards it, and their actual practice. Finally, this study emphasize the multifaceted nature of mental health and the need for comprehensive interventions that address both the knowledge and practice of mental health hygiene among nursing science students in Nigerian Private Universities.

In order to maintain good mental health hygiene in the university, it is important for the university to create safe spaces for open dialogue and discussion on mental health hygiene. The university should have a good counselling unit with an experienced counsellor within the vicinity of the students preferably within academic and hostel environment so as to allow students to have easy access to the counsellor.

University should put in place an enabling environment for students to discuss mental health challenges. The university should also organize regular seminars and workshops on mental health and mental health hygiene every semester. It will also be benefiting and educating if the mental health courses are being incorporated into the curriculum. In conclusion, Students should be allowed to have access to counseling services, mental health support groups, and other resources which can aid their mental well-being.

The study recommends integrating mental health hygiene into nursing curricular, providing training in problem-solving and coping skills, and actively promoting mental health services within universities and healthcare settings.

ACKNOWLEDGEMENTS

None.

CONFLICTS OF INTEREST

The author declares that there is no conflict of interest.

REFERENCES

1. Gautam S, Jain A, Chaudhary J, Gautam M, Gaur M, Grover S. (2024). Concept of mental health and mental well-being, it's determinants and coping strategies. *Indian J Psychiatry*. 66(Suppl 2):S231-S244.
2. Eisenberg D, Hunt J, Speer N, Zivin K. (2011). Mental health service utilization among college students in the United States. *J Nerv Ment Dis*. 199(5):301-308.
3. Matud MP, Díaz A, Bethencourt JM, Ibáñez I. (2020). Stress and Psychological Distress in Emerging Adulthood: A Gender Analysis. *J Clin Med*. 9(9):2859.
4. Barbayannis G, Bandari M, Zheng X, Baquerizo H, Pecor KW, Ming X. (2022). Academic Stress and Mental Well-Being in College Students: Correlations, Affected Groups, and COVID-19. *Front Psychol*. 13:886344.

5. World Health Organization. (2022). Mental health. Available at: <https://www.who.int/data/gho/data/themes/theme-details/GHO/mental-health>
6. Oldfield J, Rodwell J, Curry L, Marks G. (2018). Psychological and demographic predictors of undergraduate non-attendance at university lectures and seminars. *Journal of Further and Higher Education*. 42(4):509-523.
7. Adewuya AO, Ola BA, Afolabi OO. (2006). Validity of the patient health questionnaire (PHQ-9) as a screening tool for depression amongst Nigerian university students. *J Affect Disord*. 96(1-2):89-93.
8. Gureje O, et al. (2020). The role of stigma in mental health care utilization in Nigeria. *Psychiatric Services*. 71(5):498-501.
9. American College Health Association. (2022). Standards for student mental health and well-being. USA: acha.org.
10. Ojo OO, Alao AA. (2021). Mental health literacy and help-seeking behaviors among Nigerian undergraduates. *Journal of Mental Health*. 30(4):456-463.
11. Orok, Okuoru W, Oni IO, Ojo TF, Tunrayo O, Bamitale T, et al. (2023). Prevalence and factors associated with mental health problems among undergraduates in a Nigerian university. Available at: <https://www.researchsquare.com/article/rs-3542029/v1>
12. Ogunmuyiwa AO, Anyama SC, Howells BB, Ogunleye CA, Esan DT. (2025). Gender and Age Differential on Competence Level in Clinical Practice Among Nursing Students in a Tertiary Institution in Nigeria. *SAGE Open Nurs*. 11:23779608251331587.
13. Nursing and Midwifery Council of Nigeria. (2016). Minimum requirements for general nursing and midwifery education in Nigeria. Available at: https://nmcn.gov.ng/wpcontent/uploads/2023/12/Requirement_for_General_Nursing_Midwifery_in_Nigeria.pdf
14. Bimerew M, Muhawenimana F. (2022). Knowledge, attitudes, and practices of nurses towards hand washing in infection prevention and control at a psychiatric hospital. *International Journal of Africa Nursing Sciences*. 16:100399.
15. Frank MD, Ootobo EN, Akpan-Idiok PA, Simon-Uriah PA, Atakulu PO. (2025). Factors Influencing Good Sleep Hygiene Behavior Among Students in College of Medical Sciences in South-South, Nigeria. *J Nurs Care Repo*. 6(1):1-6.
16. Arima M, Takamiya Y, Furuta A, Siriratsivawong K, Tsuchiya S, Izumi M. (2020). Factors associated with the mental health status of medical students during the COVID-19 pandemic: a cross-sectional study in Japan. *BMJ Open*. 10(12):e043728.
17. Chu T, Liu X, Takayanagi S, Matsushita T, Kishimoto H. (2023). Association between mental health and academic performance among university undergraduates: The interacting role of lifestyle behaviors. *Int J Methods Psychiatr Res*. 32(1):e1938.
18. Awadalla S, Davies EB, Glazebrook C. (2020). A longitudinal cohort study to explore the relationship between depression, anxiety and academic performance among Emirati University students. *BMC Psychiatry*. 20(1):448.
19. BlackDeer AA, Wolf D, Maguin E, Beeler-Stinn S. (2023). Depression and anxiety among college students: Understanding the impact on grade average and differences in gender and ethnicity. *J Am Coll Health*. 71(4):1091-1102.
20. Wada M, Suto MJ, Lee M, Sanders D, Sun C, Le TN, et al. (2019). University students' perspectives on mental illness stigma. *Mental Health & Prevention*. 14:200159.