Innovative Approaches on How Administrators and Lecturers Can Advocate for Mental Health in Universities in The Post Covid-19 Era: A review

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Abstract: The goal of this paper is to look at some of the key issues that exist at the intersection of students' mental health status and the various roles that administrators can play in advocating for mental health in the university and lecturer room setting. University administration and lecturers work with students from various cultural, religious, and societal backgrounds, and their attitudes and mindsets are shaped by their life experiences. In this paper, we examine the need for administrators to assist these students in adjusting to their new environment and succeeding academically. This review has discussed the various activities that should be undertaken during the course of the study to improve the mental health of students, administrators, and lecturers.

Keywords: mental health, administrators, students, lecturers, University, mental illness

1. INTRODUCTION

Mental health awareness over the year has not been clearly addressed by the lecturers in the classroom setting, even though the side effects of this deadly invisible disorder have been seen and experienced semester after semester. A growing body of research about university students' mental health concerns underlines the need for educators to consider how mental health might affect students and what courses of action are available [1]. This is imperative given how mental illness may hinder students' ability to concentrate in the classroom, be innovative, and finish the course for which they enrolled. The Ministry of Education and Sport mandated that universities and schools provide counseling services on campus; however, research shows that these services are frequently insufficient to meet the changing needs of the student population. Furthermore, the university schedules for these programs do not emphasize importance because they are always handled with less urgency and more as a co-curricular activity [2]. Since the COVID -19 pandemic, new challenges and pressures on students to meet parents' and guardians' expectations have exponentially increased, affecting students' mental stability and leading to suicide or attempted suicide by students. A recent case involves a desperate Chemical engineer graduate from Kyambogo University who committed suicide after being subjected to undue pressure from his parents, who claimed that they had spent too much money on his education for him to be unemployed. In addition, On March 21, 2019, Ugandans learned that Arthur Basalirwa, a Makerere University Business School (MUBS) student, had committed suicide. It was discovered that Basalirwa had posted on one of his social media accounts a few hours before his death, saying, "I am sorry but it's too late,

I'm sorry too much weighing on me, I do not want to live to see another day." Could it be that he didn't have anyone to listen to his problems, and the lecturers were putting even more pressure on him to do better? These are just a few of the numerous suicides that have been reported [3][4].

2. LITERATURE REVIEW

People frequently regard mental health as a highly personal issue that affects only the individual. However, a combination of biological and genetic factors, psychology, and society influence mental illnesses and mental health in general. This intersectionality is significant, but the significant influence of societal factors is frequently overlooked [5].The diversity of cultures and backgrounds that affect an individual's mental health experiences is an intriguing aspect of society. Mental illnesses occur in all cultures and societies, though the stage, severity, and nature of the presenting symptoms can vary greatly. A variety of factors influence how people seek assistance. A variety of socioeconomic and cultural factors influence when, where, and how people seek help. There is no doubt that social determinants influence health, but cultural determinants influence mental health as well. Cultures can influence and contribute to the development of mental illnesses, shape symptoms, make certain subgroups more vulnerable, and change beliefs and explanations of illnesses [6]. This demonstrates that cultural beliefs and values play an important role in mental illness. Administrators and lecturers should be aware of this factor when working with students from different cultures. Because of misconceptions about the causes of mental illness, practitioners of traditional/alternative (T/A) treatments fill a significant gap in mental health service delivery in developing countries [6]. For example, the belief that mental illness is caused by demon

possession implies that expulsion of demons is an appropriate treatment. However, some researchers and clinicians have expressed concern that belief in demonic possession may limit patients' access to healthcare. Religious exorcisms in various forms are also used to "treat" psychiatric disorders. Exorcists of both Christian and Muslim faiths are on the rise in West Africa, where the number of religious sects is growing rapidly [7]. Mental illnesses, according to exorcists, are the work of evil spirits. Through ceremonies and prayers, they attempt to free afflicted people from such spirits. If mentally ill people act violently, it is because they are in the hands of satanic demons, which must be defeated. Religious practices have not been scientifically proven to be effective, but it is clear that faith in divine powers can lead to recovery. When this occurs, it is frequently regarded as a miracle [6]. There have been numerous reports in the media about such encounters. According to Margaret Kyosaba Biribonwa, a counsellor at Kyambogo University, depression is the leading cause of suicide among university students [8] [9]. According to her, most cases of depression are caused by maladjusted relationships, financial challenges, stress, academic anxiety, low self-esteem, drug abuse, poor performance, career indecision, uncertainty about post-school life, and other informational needs, which are a combination of cultural, societal, and religious pressures. According to a study conducted by Najjuka et al, the prevalence of symptoms for the three mental health conditions among the total sample was 80.7% for depression (n = 259, with 35 [10.9%] having mild, 134 [41.7] having moderate, 90 [28.0%] having severe, and none having extremely severe depression). A total of 316 (98.4%) participants had anxiety symptoms, with 11[3.4%] having mild, 59 [18.4] having moderate, that is, low levels of anxiety, 80 [24.9] having severe, and 166 [51.7%] having extremely severe anxiety, that is, high levels of anxiety. Stress n = 250 (77.9%), including 120 [37.4%] with mild stress, 130 [40.5] with moderate stress, and no participants with severe or extremely severe stress [10]. Due to a lack of service availability, university-based mental health services for medical students continue to be a challenge. Prior research has looked into the availability of mental health services in high-income countries, but little is known about mental health services in Sub-Saharan African countries like Uganda [11]. Medical students are more likely than other students to experience mental health problems during their studies. As a result, this group of students requires well-structured mental health services.

According to research that was done in Ugandan prisons by Jimmy B et al., most of the factors that have led to crimes of passion by the inmates were due to a prior history of mental disorder by the prisoner, such as an inability to control anger and how to process through the different challenges that come with life [12]. The purpose of this study was to investigate medical students' perspectives on mental health services at a public university in Uganda. In addition to receiving assistance from their college or university, many students use assistive apps such as Happify, Sanvello, Headspace, Calm,

Bearable, and others to cope with their mental health disorder. Assistive apps are an empowering way for people to use technology to improve their daily lives, but they are far too expensive for university students [13]. Nonetheless, there are links between learning and mental health that lecturers and administrators should investigate in depth in order to better understand how their advocacy can help students appreciate and self-diagnose their mental health status.

3. METHODOLOGY

In order for university administrators and lecturers to create and implement an effective method of dealing with students' and staff's mental health, attitudes toward both administrators and students must be transformed by involving practitioners such as community health workers and peer-based support to train them on how to handle less severe mental illness.

A cross-cultural approach that considers the needs of individual communities, for example, should include both local practices and the local languages used to express individual mental health needs. However, this can only be accomplished if mental health is prioritized. There is an urgent need for mental health champions in Universities, as well as the widespread dissemination of consistent and coherent mental health messages among faculty and departmental staffs, and students.

Mental illness stigma could be reduced by raising awareness, prioritizing treatment, and providing better support and education to administrators and lecturers. Furthermore, achieving population-wide targets on common signs and symptoms of mental illness in the post-pandemic era will benefit students and administrators by providing them with the necessary skills to navigate the new challenges encountered, as well as reduce the rate of attempted suicide and suicide in universities.

Training university administrators and lecturers to recognize common forms of mental illness, particularly at the first point of contact or during lectures, and to provide appropriate interventions should be a priority for all universities and colleges.

University policymakers should recognize the immediate and long-term effects of social upheavals on studies and equip counseling departments with the necessary tools to help prevent or make concerted efforts to reduce their negative effects on the psychological health of students both on and off campus (Hostel).

Universities should discuss mental health on their social media platforms and other online platforms frequently to create an environment where students feel free to express and process their emotions; this may help reduce suicide behaviors among university students who frequently use social media as a means of venting.

Furthermore, Universities should organize meetings to share strategies for reducing suicide behaviors among university students, this could be done in terms of allocating months or weeks, workshops to mental health advocacy on and off campus. Perhaps students and lecturers will be better equipped to handle pressure and be creative in their work, knowing that someone is concerned about their well-being.

Finally, because students spend the majority of their time at university and university premises (Hostels), administrators and lecturers must ensure that students have open access to counselling and guidance services, including a toll-free number where they can call and vent without being judged or interrupted. These counseling centers should have qualified personnel in developmental psychopathology, family dynamics, and specific college issues to provide sound advice and practical solutions to students' mental health challenges.

4. CONCLUSION

In summary, the most visible problem among university students and faculty is mental illness, which has resulted in student dropout, addiction, and suicide cases, among other things. Despite the fact that its effects are felt, there is little awareness or advocacy among university administrators, lecturers, and students. Academic, societal, religious, and cultural pressures, as well as stressors typical of fitting into the post COVID-19 aftermath effects, precipitate the first onset of mental health issues. If mental health advocacy strategies are implemented, administrators, lecturers, and students may be willing to have a proper clinical diagnosis of their mental health condition and seek proper treatment. Given that many traditional students continue to rely on their families while attending university, parental involvement in treatment may be incorporated into university strategies as well.

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