

IMPACT OF THE EFFECTIVENESS OF HEALTH EDUCATION IN PROMOTING MENTAL HEALTH AWARENESS AND REDUCING STIGMA AMONG UNIVERSITY OF IBADAN STUDENTS.

Abdulqudus Olansile IBRAHIM¹

Ayobami OLALUWOYE²

Baliqis AKANO³

Blessing Oluwafunmike ADEWUMI⁴

University of Ibadan, Department of Social Work

Abstract

Health education-based interventions have emerged as an effective method of decreasing mental illness stigma and creating greater awareness about psychological disorders. Hence, health education is significant in promoting mental health awareness and reducing stigma, particularly among university of Ibadan students. However, this study examined the impact of health education in reducing stigma and promoting mental health awareness, challenging barriers to mental health, and facilitating coping mechanism among University of Ibadan students. The study employed a descriptive research design and the target population for this study included both undergraduate and postgraduate students of the University of Ibadan aged 18 years and above, across all faculties of the University. A stratified random sampling technique was adopted, with the fourteen faculties as the strata. A sample size of 18 students was randomly selected from the population of 252 in the fourteen faculty. A self-developed questionnaire was used to collect data from the respondents and contained 33 items. The study used SPSS version 24.0 to analyze data on mental health awareness, utilizing descriptive statistics and Pearson Product Moment Correlation to examine relationships. The research received ethical approval from the University of Ibadan Research Centre, with informed consent obtained from participants. The result of the first hypothesis showed that there is a statistically significant relationship between effectiveness of health education and stigma reduction among university of Ibadan students ($r=.580$, $n=252$, $p (.001) <.05$). Hence, the null hypothesis was rejected. The second hypothesis tested revealed that there is no statistically significant relationship between effectiveness of health education and challenging barriers to mental health ($r=.023$, $n=252$, $p (.712) >.05$). Hence, the null hypothesis was accepted. The last hypothesis tested showed that there is a statistically significant relationship between effectiveness of health education and health coping mechanisms among university of Ibadan students ($r=.425$, $n=252$, $p (.001) <.05$). Hence, the null hypothesis was rejected. This study concluded that health education significantly enhances mental health awareness, reduces stigma, and strengthens coping mechanisms among University of Ibadan students, although it does not effectively address systemic barriers to mental health care. It is therefore recommended that future interventions should not only sustain and expand interactive, peer-led, and empowerment-based health education programs but also implement broader structural reforms, improve access to mental health services and use technological platforms for wider outreach, and continuously monitor program effectiveness to achieve comprehensive and sustainable mental health outcomes.

Keywords: Health Education, Mental Health Awareness, Stigma Reduction, University Students, Coping Mechanisms and Mental Health Care.

Introduction

Mental health has increasingly become a cornerstone of overall wellness, but it is still one of the globe's most under-served areas of health. Mental disorders contribute significantly to ill results, untimely mortality, rights violations, and massive economic spending both at the domestic and global levels (World Health Organisation, 2023). According to the World Health Organization (WHO), one in every eight individuals on the world suffers from a mental disorder, with most not getting the professional help they deserve because of continued stigma, lack of awareness, and weak access to mental health services (World Health Organization, 2022). This global phenomenon discusses the inclusion of mental health care within mechanisms of universal health coverage in order to deliver equitable and accessible care to affected populations (World Health Organization, 2022).

Amongst vulnerable groups, students at university are particularly at risk for mental illnesses. The academic environment, with its intellectual and personal growth facilitation, comes with accompanying stressors of scholarly pressure, monetary limitations, and social accommodation needs. These weaknesses put students at higher risk for psychological distress, anxiety, and depression. Although increased awareness of such problems is present, many students are far behind in terms of actually obtaining access to mental health support, including a tendency towards self-reliance, low emotional intelligence, poor mental health knowledge, and problems of cost and time (Eisenberg, Hunt, & Speer, 2013; Mahmoud, Staten, Lennie, & Hall, 2022). Therefore, the majority of mental disorders in students remain untreated, negatively influencing academic performance, social conduct, and future welfare.

Health education-based interventions have emerged as an effective method of decreasing mental illness stigma and creating greater awareness about psychological disorders. Health education interventions are designed to neutralize misinformation and combat negative attitudes by introducing facts around stigmatized diseases, according to the Committee on the Science of Changing Behavioral Health Social Norms (2016). These interventions are designed to replace harmful stereotypes—for instance, the inaccurate notion that individuals with mental illness are violent—by presenting facts that show homicides among people who have mental illness are comparable to those of the general population (Corrigan, Morris, Michaels et al., 2012). While the majority of studies into educational interventions have been directed toward stigmatization of mental illness and not drug use disorder, evidence suggests that such interventions reduce self- and public stigma, enhance stress management, and enhance self-esteem when embedded in cognitive and behavioral therapy frameworks (Cook, Purdie-Vaughns, Meyer, et al., 2014; Heijnders & Van Der Meij, 2006).

Universities, as institutions of learning, research, and social interaction, provide strategic and focal site for the rollout of mental health education programs aimed at countering stigma and promoting mental health literacy. For Nigeria, the University of Ibadan, Nigeria's oldest and most highly rated university, is a microcosm of society's views toward mental health. Notwithstanding the increased level of effort at national and institutional levels towards responding to mental health problems, stigmatizing beliefs, misinformation, and strongly held stigmatizing attitudes continue to hinder progress (Gureje, Lasebikan, Ephraim-Oluwanuga, et al., 2005). The context raises pertinent issues regarding the sufficiency of health education efforts in altering students' attitudes and destigmatizing mental illness in Nigerian institutions of higher learning. However, against this backdrop, this study seeks to evaluate the contribution of health education interventions towards enhancing mental health awareness and reducing stigma among University of Ibadan students.

Through the assessment of changes in students' knowledge, attitude, and experience, the study hopes to provide empirical evidence that will inform the roll-out of effective mental health interventions within Nigerian universities and comparable institutions around the globe.

Methodology

The study used a descriptive research design to examine the impact of the effectiveness of health education in promoting mental health awareness and reducing stigma among university of Ibadan students. The target population for this study included both undergraduate and postgraduate students of the University of Ibadan aged 18 years and above, across all faculties of the University. A stratified random sampling technique was adopted, with the fourteen faculties as the strata. A sample size of 18 students was randomly selected from the population of 252 in the fourteen faculty. A self-developed questionnaire was used to collect data from the respondents and contains 33 items measuring: Demographic Characteristics, Effectiveness of Health Education (General Impact), Health Education and Challenging Barriers to Mental Health and Health Education and Facilitating Mental Health Coping Mechanisms. To test for the validity and reliability of the instrument, a pilot study was conducted by administering 20 questionnaires to the respondents in another university outside the targeted area. The result of the pilot test revealed: "Effectiveness of Health Education" .860 Cronbach's Alpha, "Reducing Stigma" scale .791 Cronbach's Alpha, "Health Education and Challenging Barriers to Mental Health" scale .859 Cronbach's Alpha, "Health Education and Facilitating Mental Health Coping Mechanisms" scale .856 Cronbach's Alpha. After data collection, items were encoded in a way that was appropriate for data analysis; SPSS (Statistical package for social science) Computer software version 24.0 was used to encode and analyze the data collected using the descriptive statistical measures (frequency, percentage, means scores and standard deviation) were used to describe the general pattern of mental health awareness of the respondents in line with their socio-demographic backgrounds. Information obtained from effectiveness of health education scale was analysed and correlated with mental health awareness and stigma reduction scale using Pearson Product Moment Correlation (PPMC). Ethical approval was gotten from University of Ibadan Research Centre and informed consent was approved from the respondents.

Result**Table 1: Demographical characteristics of respondents in the study**

s/n	Variables	Labels	Frequency	Percentage
1	Age	18-22 years	45	17.9
		23-27 years	74	29.4
		28-32 years	48	19.0
		33 years and above	85	33.7
2	Sex	Male	69	27.4
		Female	183	72.6
3	Faculty	Arts	18	7.14
		Science	18	7.14
		Social science	18	7.14
		Education	18	7.14
		Law	18	7.14
		Medicine	18	7.14
		Agriculture	18	7.14
		Engineering	18	7.14
		Others	108	42.9
4	Level of study	100 level	16	6.4
		200 level	18	7.1
		300 level	17	6.7
		400 level	31	12.3
		500 level	4	1.6
		Postgraduate	166	65.9
5	Marital Status	Single	175	69.4
		Married	72	28.6
		Divorced	04	1.6
		Others	01	0.4
5	Have you received any formal health education on mental health?	No	65	25.8
		Yes	187	74.2
6	Have you or someone close to you experienced mental health challenges?	No	133	52.8
		Yes	119	47.2
7	Do you actively participate in university-organized mental health awareness programmes?	No	176	69.8
		Yes	76	30.2

Table one showed the demographical characteristics of the respondents in the study. The largest age category was 33 years and above (33.7%), followed by those aged 23-27 years (29.4%). Majority of the respondents were female (72.6%), revealing a gender imbalance in the sample. The result was distributed equally among the faculties because of the stratified sampling technique, indicating an equal representation (7.14%), of respondents. Regarding the level of study, majority were postgraduate student (65.9%), which reflected a more mature and possibly more experienced cohort in terms of exposure to mental health issues. A large percentage of the respondents are

single (69.4), followed by the married group of (28.6). In terms of mental health exposure and awareness, a large proportion of respondents (74.2%) had received formal health education on mental health, and 47.2% had personally experienced or known someone close, who experienced mental health challenges. However, despite this exposure, 69.8% of respondents did not actively participate in university-organized mental health awareness programs, indicating a gap between awareness and engagement.

Hypothesis One: There is no significant relationship between the effectiveness of health education in promoting mental health awareness and reducing stigma among university of Ibadan students.

Table 2: Pearson Product Moment Correlation (PPMC) showing the relationship between the effectiveness of health education in promoting mental health awareness and reducing stigma among university of Ibadan students

Variables	Mean	Std. Dev.	n	r	p-value	Remarks
Effectiveness of health education	30.5119	4.74319	252	.580*	<.001	Sig.
Reducing stigma	16.4683	2.47115				

* Correlation is significant at the 0.05 level (2-tailed).

Table two presents the findings of a Pearson Product Moment Correlation (PPMC) analysis investigating the relationship between the effectiveness of health education in promoting mental health awareness and reducing stigma among university of Ibadan students. The table showed that there is a statistically significant relationship between effectiveness of health education and stigma reduction among university of Ibadan students ($r=.580, n=252, p (.001) <.05$). Hence, effectiveness of health education influenced/enhanced the reduction in stigma in the study. The hypothesis is rejected.

Hypothesis Two: There is no significant impact on the effectiveness of health education in challenging barriers to mental health among university of Ibadan students

Table 3: Pearson Product Moment Correlation (PPMC) showing the relationship between the effectiveness of health education in challenging barriers to mental health among university of Ibadan students

Variables	Mean	Std. Dev.	N	r	p-value	Remarks
Effectiveness of health education	30.5119	4.74319	252	.023	.712	Not Sig.
Challenging barriers to mental health	14.2619	3.52380				

* Correlation is significant at the 0.05 level (2-tailed).

Table three presents the findings of a Pearson Product Moment Correlation (PPMC) analysis investigating the relationship between the effectiveness of health education in challenging barriers to mental health among university of Ibadan students. The table showed that there is no statistical significant relationship between effectiveness of health education and challenging barriers to mental health ($r=.023$, $n=252$, $p(.712)>.05$). Hence, effectiveness of health education does not influence challenging barriers to mental health in the study. The hypothesis is accepted.

Hypothesis Three: There is no significant impact on the effectiveness of health education in facilitating mental health coping mechanisms among university of Ibadan students

Table four: Pearson Product Moment Correlation (PPMC) showing the relationship between the effectiveness of health education in facilitating mental health coping mechanisms

Variables	Mean	Std. Dev.	N	r	p-value	Remarks
Effectiveness of health education	30.5119	4.74319	252	.425*	<.001	Sig.
Coping mechanism	15.7619	2.66280				

* Correlation is significant at the 0.05 level (2-tailed).

Table four presents the findings of a Pearson Product Moment Correlation (PPMC) analysis investigating the relationship between effectiveness of health education in facilitating mental health coping mechanisms. The table showed that there is a statistically significant relationship between effectiveness of health education and health coping mechanisms among university of Ibadan students ($r=.425$, $n=252$, $p (.001) <.05$). Hence, effectiveness of health education influenced/enhanced coping mechanism in the study. The hypothesis is rejected.

Table 5: Effectiveness of health education in promoting mental health awareness and reducing stigma

s/n	Statement	SD	D	A	SA	\bar{x}	S.D.
1	The university provides adequate health education on mental health issues.	12 4.8%	67 26.6%	127 50.4%	46 18.3%	2.82	0.781
2	Health education programs have improved my understanding of mental health.	4 1.6%	20 7.9%	136 54.0%	92 36.5%	3.25	0.667
3	The methods used in health education programs (e.g., seminars, workshops) are engaging and informative.	1 0.4%	14 5.6%	147 58.3%	90 35.7%	3.29	0.586
4	Health education at the university has increased my willingness to discuss mental health topics.	6 2.4%	48 19.0%	126 50.0%	72 28.6%	3.05	0.756
5	I have participated in health education programs on mental health at the university	12 4.8%	121 48.0%	90 35.7%	29 11.5%	2.54	0.759
6	I can identify common symptoms of mental health conditions due to health education.	7 2.8%	21 8.3%	147 58.3%	77 30.6%	3.17	0.689
7	I understand the causes and risk factors associated with mental health disorders.	5 2.0%	25 9.9%	142 56.3%	80 31.7%	3.18	0.683
8	I am aware of available mental health support services on campus.	14 5.6%	89 35.3%	106 42.1%	43 17.1%	2.71	0.814
9	I believe mental health education has helped me recognize early warning signs of mental distress.	6 2.4%	24 9.5%	152 60.3%	70 27.8%	3.13	0.672
10	Health education has influenced my perception that mental health is as important as physical health.	4 1.6%	15 6.0%	117 46.4%	116 46.0%	3.37	0.670
11	I believe that people with mental health conditions should not be discriminated against.	8 3.2%	9 3.6%	95 37.7%	140 55.6%	3.46	0.716
12	I feel comfortable interacting with individuals diagnosed with mental health disorders.	8 3.2%	59 23.4%	127 50.4%	58 23.0%	2.93	0.768
13	My perception of people with mental illness has improved due to health education programs.	3 1.2%	19 7.5%	158 62.7%	72 28.6%	3.19	0.613
14	I believe seeking professional help for mental health issues is a sign of strength rather than weakness.	3 1.2%	12 4.8%	107 42.5%	130 51.6%	3.44	0.644
15	I would support a friend or colleague experiencing a mental health challenge without judgment	3 1.2%	3 1.2%	124 49.2%	122 48.4%	3.45	0.586
Weighted Mean =3.13							

Table five showed the analysis on the Effectiveness of Health Education in Promoting Mental Health Awareness and Reducing Stigma. The study revealed an overall positive perception among respondents regarding the role of health education in shaping attitudes and awareness around

mental health. With a weighted mean of 3.13, responses generally lean towards agreement and strong agreement. Statements such as *"Health education has influenced my perception that mental health is as important as physical health"* ($\bar{x}=3.37$), *"I believe that people with mental health conditions should not be discriminated against"* ($\bar{x}=3.46$), and *"I would support a friend or colleague experiencing a mental health challenge without judgment"* ($\bar{x}=3.45$) recorded some of the highest mean scores, highlighting that health education is fostering empathy, destigmatization, and supportive attitudes. Additionally, participants reported improved understanding of mental health concepts, symptoms, and causes, as seen in high mean scores for statements like *"I can identify common symptoms of mental health conditions due to health education"* ($\bar{x}=3.16$) and *"I understand the causes and risk factors associated with mental health disorders"* ($\bar{x}=3.17$). However, participation in actual health education programs showed relatively lower engagement ($\bar{x}=2.54$), indicating that while attitudes and awareness are generally high, direct involvement in educational activities could be further encouraged.

Table 6: Health education and challenging barriers to mental health

s/n	Statements	SD	D	A	SA	\bar{x}	S.D.
1	I believe mental health education has helped remove misconceptions about mental illness.	37 14.7%	13 5.2%	132 52.4%	70 27.8%	2.93	0.957
2	I am more willing to seek mental health support services after participating in health education programs.	26 10.3%	31 12.3%	152 60.3%	43 17.1%	2.84	0.827
3	Health education has addressed cultural or religious barriers that affect mental health awareness.	30 11.9%	32 12.7%	145 57.5%	45 17.9%	2.81	0.866
4	I believe stigma is a major barrier to seeking mental health care, and education has helped address this.	31 12.3%	23 9.1%	124 49.2%	74 29.4%	2.96	0.937
5	The university's health education programs have encouraged open discussions about mental health challenges.	28 11.1%	44 17.5%	151 59.9%	29 11.5%	2.72	0.811
Weighted Mean =2.85							

Table six showed the measure of Health Education and Challenging Barriers to Mental Health, it revealed a generally positive but moderate perception among respondents regarding the role of health education in overcoming obstacles to mental health awareness and care. With a weighted mean of 2.85, responses mostly fall between agree and strongly agree, indicating that participants acknowledged the beneficial impact of mental health education, though with varying levels of conviction. The highest-rated item, *"I believe stigma is a major barrier to seeking mental health care, and education has helped address this"* ($\bar{x}=2.96$), indicating that stigma remains a significant concern, but education is playing a key role in mitigating its effects. Similarly, the belief that mental health education has helped remove misconceptions about mental illness ($\bar{x}=2.93$) reflects growing awareness and attitudinal shifts. However, items such as *"The university's health*

education programs have encouraged open discussions about mental health challenges” (\bar{x} =2.72) and “Health education has addressed cultural or religious barriers” (\bar{x} =2.81) show relatively lower mean scores, implying that while progress has been made, there are still gaps in reaching deep-seated social and cultural challenges.

Table 7: Health education and facilitating mental health coping mechanisms

s/n	Statements	SD	D	A	SA	\bar{x}	S.D.
1	I have learned and developed coping strategies for stress and anxiety through health education.	6 2.4%	26 10.3%	158 62.7%	62 24.6%	3.10	0.661
2	Health education has improved my ability to manage academic and social pressures.	9 3.6%	29 11.5%	154 61.1%	60 23.8%	3.05	0.704
3	I feel more confident in helping friends cope with mental health challenges.	3 1.2%	25 9.9%	157 62.3%	67 26.6%	3.14	0.628
4	Health education has motivated me to seek professional help when needed.	7 2.8%	19 7.5%	145 57.5%	81 32.1%	3.19	0.688
5	I practice self-care techniques (e.g., mindfulness, relaxation) as a result of health education.	6 2.4%	11 4.4%	141 56.0%	94 37.3%	3.28	0.659
Weighted Mean =3.15							

Table seven showed the measure of Health Education and Facilitating Mental Health Coping Mechanisms. It revealed a strong positive response from participants regarding the role of health education in equipping them with effective mental health coping strategies. With a weighted mean of 3.15, the study revealed that health education programmes have substantially contributed to students' mental well-being. Notably, the highest-rated item, “I practice self-care techniques (e.g., mindfulness, relaxation) as a result of health education” (\bar{x} =3.28), reflected a clear adoption of practical coping strategies, suggesting that such programs are not only informative but also action-oriented. Furthermore, statements like “Health education has motivated me to seek professional help when needed” (\bar{x} =3.19) and “I feel more confident in helping friends cope with mental health challenges” (\bar{x} =3.14) revealed that the impact extends beyond self-awareness to include peer support and help-seeking behaviors. The study demonstrated that health education plays a critical and effective role in promoting proactive coping mechanisms and fostering resilience among students.

Discussion of Findings

The first hypothesis, which states that there is no significant relationship between the effectiveness of health education in promoting mental health awareness and reducing stigma among university of Ibadan students and the result showed that there is a statistically significant relationship between effectiveness of health education and stigma reduction among university of Ibadan students. Hence, effectiveness of health education influenced/enhanced the reduction in stigma in the study and the null hypothesis was rejected. The finding is in tandem with research conducted by Shim, Eaker, and Park (2022) who investigated mental health education among college students and found that increased awareness programmes were associated with reduced stigma and improved help-seeking behaviours. Similarly, Song, Hugh-Jones, West, et al. (2023) conducted a systematic review and

meta-analysis, concluding that structured anti-stigma interventions were effective in changing young people's perceptions, particularly when education was interactive and sustained over time. In the healthcare setting, Raj (2023) highlighted the positive impact of educational interventions on reducing stigma among healthcare providers, noting that increased knowledge led to more empathetic and non-discriminatory behaviours. Complementing this, Wong et al. (2024) confirmed through a systematic review that targeted education significantly lowered stigma levels among healthcare students and professionals. Thornicroft, Mehta, Clement and colleagues (2016) emphasised the role of public awareness campaigns and formal education in altering public attitudes sustainably. Within educational institutions, Waqas, Malik, Fida, et al. (2020) and Nazeer, Nazeer, Fatima, Akber, et al. (2024) affirmed that interventions conducted in academic environments were successful in promoting mental health literacy and challenging misconceptions among students. Griffiths, Carron-Arthur, Parsons, et al. (2014), through a meta-analysis, also reinforced the conclusion that educational programmes significantly decrease stigma, especially when delivered through structured, theory-based models. Moreover, Stuart (2016) and Hampson, Watt, Hicks, et al. (2018) highlighted that education, particularly when addressing both cognitive and emotional aspects of stigma, fosters greater compassion and social inclusion. These findings are supported by Gaiha, Salisbury, Usmani, et al. (2021), who suggested that innovative educational approaches, such as arts-based interventions, could enhance engagement and effectiveness among youth populations.

The second hypothesis which states that there is no significant impact of the effectiveness of health education in challenging barriers to mental health among university of Ibadan students. The result of the findings revealed that there is no statistically significant relationship between effectiveness of health education and challenging barriers to mental health. Hence, effectiveness of health education does not influence challenging barriers to mental health in the study and the null hypothesis was accepted. Despite the implementation of health education initiatives aimed at reducing mental health barriers, several studies have revealed persistent challenges, suggesting that such interventions may not always yield significant impacts. For instance, Ibrahim, Ibrahim, Al-Tameemi, & Riley (2020) highlighted that mental health management continues to be impeded by systemic barriers such as stigma, lack of resources, and insufficient training of health professionals, factors which health education alone struggled to address effectively. Similarly, Hempler, Pals, Pedersbæk, & DeCosta (2018) found that although health education targeted at individuals with mental illness was theoretically grounded and culturally sensitive, it faced considerable limitations in practice. Participants often encountered entrenched social and institutional barriers, suggesting that the effectiveness of health education initiatives can be undermined when societal attitudes and support systems are not concurrently reformed.

Moreover, Atkinson, Bramley, and Schneider (2009) reported that professionals perceived significant systemic obstacles—such as bureaucratic inefficiencies, limited funding, and fragmented service delivery—that hindered the educational advancement of mental health service users. Family dynamics also appear to play a crucial role. Carbonell, Navarro-Pérez, and Mestre (2020) illustrated that challenges within mental healthcare systems often negatively impact families, creating additional barriers that health education alone could not mitigate. These familial and systemic stresses suggest the need for more comprehensive interventions beyond education to support mental health outcomes effectively. In the academic sector, Hartrey, Denieffe, and Wells (2017) conducted a systematic review revealing that students with mental health difficulties continue to face substantial participation barriers in higher education, despite various educational

support programs. Issues such as stigma, lack of appropriate accommodations, and insufficient peer and faculty understanding plwete identified. Zhang, Bai, & Li (2020) found that even among special education teachers, resilience could buffer mental health challenges; however, the presence of persistent teaching barriers diminished this protective effect. This suggests that unless environmental and institutional obstacles are addressed, health education and resilience-building alone may not significantly impact mental health outcomes.

The last hypothesis which states that there is no significant impact of the effectiveness of health education in facilitating mental health coping mechanisms among university of Ibadan students. The result of this finding showed that there is a statistically significant relationship between effectiveness of health education and health coping mechanisms among university of Ibadan students. Hence, effectiveness of health education influenced/enhanced coping mechanism in the study and the null hypothesis was rejected. This result collaborated many studies that have examined the relationship between effectiveness of health education in facilitating mental health coping mechanisms. Several recent studies have evaluated different educational strategies, ranging from peer-led workshops to psychoeducational programs, aiming to enhance coping skills and overall mental well-being. Ahorsu, Sánchez Vidaña, Lipardo et al. (2021) implemented a peer-led program that combined mental health promotion with coping strategy workshops among students. Their study revealed significant improvements in mental health awareness, help-seeking behavior, and general well-being, underscoring the value of peer influence and interactive learning models in mental health education.

Sattar, Yusoff, Arifin et al. (2021) reviewed effective coping mechanisms among medical students, highlighting that structured psychoeducation improved adaptive coping and reduced psychological distress during medical training. Similarly, Tahara, Mashizume, and Takahashi (2021) explored coping strategies among healthcare workers during the COVID-19 pandemic, emphasizing the protective role of positive reframing and active problem-solving skills promoted through workplace-based health education. Srivastava & Panday (2016) argued that psychoeducation is an effective adjunct treatment, particularly in improving patients' coping abilities, fostering better illness insight, and promoting treatment adherence. Furthermore, Bondarchuk, Balakhtar, Pinchuk et al. (2024) highlighted how specific coping strategies, such as emotional regulation and social support seeking, significantly affect mental health outcomes when taught effectively through structured programs. Similarly, Gautam, Jain, A., Chaudhary et al. (2024) reviewed the determinants of mental health and emphasized that teaching adaptive coping strategies is fundamental for mental well-being across various demographics.

A positive clinical psychology approach was advocated by Hu, Huang, Yao, & Chen (2024), who found that strength-based health education programs facilitated the coping and development of college students with mental disorders. Technological innovation in health education was examined by Eboime, Obi-Jeff, Orji. et al. (2024), who compared traditional in-person life skills education to mobile app-facilitated programs among internally displaced persons in Nigeria. Their protocol suggested that mobile-based interventions could be a scalable and effective way to teach coping skills and improve mental health in resource-constrained settings. Empowerment-based interventions also contribute significantly. Grealish, Tai, Hunter, et al. (2017) demonstrated that empowerment mediated the positive effects of psychoeducational and psychological interventions on mental health recovery in young people, suggesting that coping education must address personal agency. Lastly, support groups have been found effective educational settings for teaching coping strategies. Worrall, Schweizer, Marks, et al. (2018) concluded through a literature

review that support groups enhanced coping, emotional resilience, and mental health recovery by providing both peer learning and emotional validation.

Conclusion and recommendation

This study concludes that health education significantly enhances mental health awareness, reduces stigma, and strengthens coping mechanisms among University of Ibadan students, although it does not effectively address systemic barriers to mental health care. It is therefore recommended that future interventions should not only sustain and expand interactive, peer-led, and empowerment-based health education programs but also implement broader structural reforms, improve access to mental health services, leverage technological platforms for wider outreach, and continuously monitor program effectiveness to achieve comprehensive and sustainable mental health outcomes.

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