ATHABASCA UNIVERSITY

EXPLORING NIGERIAN UNIVERSITIES ONLINE STUDENTS' EXPERIENCES

OF MENTAL HEALTH SUPPORTS: DESCRIPTIVE PHENOMENOLOGY

BY

OLUYEMI ALEXANDER ADEGBITE

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The undersigned certify that they have read the dissertation entitled

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Oluyemi Adegbite

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The examination committee certifies that the dissertation
and the oral examination is approved

Supervisor:
Dr. Agnieszka Palalas
Athabasca University

Committee Members:
Dr. Pamela Walsh
Athabasca University

Dr. Kathleen Leslie
Athabasca University

External Examiner:
Dr. Mpine Makoe
University of South Africa

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Quote Page

"RESEARCH IS FORMALIZED CURIOSITY. IT IS POKING AND PRYING WITH

A PURPOSE."

ZORA NEALE HURSTON

1891 - 1960

Dedication

This dissertation is dedicated to my wife, Fadekemi Adegbite, her emotional support has been invaluable during the challenging part of my educational journey. I am also very thankful to my two lovely children, Tolu and Tomi Adegbite, their positive contribution has been a source of inspiration to continue and complete this journey. This achievement is a tribute to your love, unflinching support, encouragement, and moral and financial support. Collectively, you fueled my determination to accomplish this milestone, which would not have been possible without you all. I am profoundly grateful for your presence, patience, and selfless sacrifices.

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Lastly, I want to thank all my research participants in Nigeria who volunteered for this study. Despite their tight schedules, they were all magnanimous with their time. I want to express my gratitude to them all for sharing their experiences that made this study a reality. Thank you each and thank you jointly.

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Abstract

The local problem of this study was the lack of institution-wide mental health support services and plans of action for online students to address mental health impairments among online students in Nigerian universities. Even though the overall student performance depends on their state of mental health, in Nigeria, there is no evidence suggesting that online students' mental health wellness is being addressed. The study was informed in part by my early interaction with classmates living with mental health impairments, my experience as a special education teacher, numerous peer-reviewed articles, initial pilot interviews with faculty members, and my interactions with a few online students on the lack of clear institution-wide support services, policy, and protocols to combat mental health impairments among online post-secondary students in Nigeria. The high incidence of mental health impairments among university students is making news headlines these days in Nigeria and around the world, yet online students' cases are hidden and exacerbated by their programs' remote nature. The learners are located far from their campuses and almost anonymous in the grand scheme of things on the university campus. University faculty, administrators, postsecondary students, distance education students, and their parents are impacted by the policy gaps that have led to the lack of support and provision of mental health services for online students. Therefore, the major stakeholders would be interested in establishing policies and protocols that will provide support systems to address mental health issues among online students. The theoretical frameworks guiding this study are based on the constructivist theory and Dewey's philosophy of pragmatism. The research questions focused on how

students perceived the mental health support services and plans of action and the support they received from their institution during mental health crises. Semi-structured interviews were conducted with carefully selected online students of my research sites in two Nigerian metropolitan cities to obtain data about the phenomenon under study. Developing mental health support services and plans of action for online students in Nigeria will ensure that students living with mental health impairments will have a greater opportunity to succeed and complete their education.

Keywords: Mental health in higher institutions in Nigeria, mental health conditions in post-secondary schools, mental health well-being, positive mental health, mental health impairments among online students in Nigeria, online students' mental health, online students' mental health support services, mental health plans of action for online students in Nigerian universities, open and distributive learning, and distance education students.

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Chapter 1: Introduction

Overview of the Chapter

This chapter provides an overview of the study, including the location and participants involved. It presents the local problem under investigation, the groups affected by the issue, and who can benefit from the solution. This section further highlights the activities of the study site regarding the awareness and widespread nature of mental health problems. Massey et al. (2014) noted that just as the rates of enrolment in post-secondary institutions continue to increase, so also the "incidence of mental health impairments" (p. 323). There is a need for more mental health support services to address cases of mental health conditions in Nigerian higher institutions, especially among online students.

Obeta et al. (2022), in their study of online learning and stress among students, noted that traditional face-to-face is discreetly being replaced by online teaching and learning, which is causing some stress due to the difficulties that online students face. Studies show that the awareness and information about mental health impairments among online students rarely make headline news in the major news outlets in Nigeria because online students are situated away from their university campuses (Atilola, 2016; Barr, 2014; Waterhouse et al., 2020).

The emergence of COVID-19 temporarily changed the traditional way (modus operandi) of teaching and learning as we know it. Many post-secondary institutions transitioned from the in-person mode of learning to online, making recognizing and responding to mental health issues more challenging. Agwuocha (2020) described the

wrathful challenges experienced by the global education system during the COVID-19 crisis as "the largest shock experienced in this present age" (p. 91). These emerging challenges were compounded in Nigeria by other perennial problems such as technology affordances, connectivity problems, and technology affordability (Aboagye et al., 2021; Akour et al., 2021; Amarneh et al., 2021; Cullen et al., 2020; Moreno et al., 2020). The inherent opportunities provided by the COVID-19 crisis globally and in Nigeria are well documented in the literature. It was argued that all concerned open and distributed learning (ODL) stakeholders could convert these challenges into opportunities and modernize online education (Agwuocha, 2020). Zaheer et al. (2015) in their "E-learning and Students' Satisfaction" study, concluded that students were satisfied with their online learning experiences; this indicated a promising future for online learning in Nigeria and around the world.

Background of the Study

The magnitude of mental health impairments among online postsecondary students warrants proactive measures to prevent the irreparable damage that untreated mental health impairments could do to students. The university campuses remain veritable sites where students may experience mental health impairments for various obvious reasons (Conradson, 2016; Massey et al., 2014). Okoro et al. (2021) stressed the need for appropriate mental health interventions and support services for post-secondary institution students in Nigeria by qualified social workers and counsellors to help students attain mental health wellness and academic success. Similarly, Nsereko (2018) argued for an evidence-based intervention and support services to address students'

mental health difficulties for universities to produce a mentally healthy and academically competitive student population. Mental health among online students should be considered a priority area and accorded the required financial and manpower resources.

My research locations were two Nigerian universities in metropolitan cities in the western part of the country. They are state-owned and publicly funded universities, established in the 1980s to address the increasing demands for post-secondary education. This institution is well-equipped and one of the best in its category. Currently, there is nearly no literature and research on the issues related to online students' mental health support and services in Nigerian universities. As an undergraduate student in Nigeria about two-three decades ago, I was not aware of any service, plans, or program designed to address students' mental health impairments among students.

When students in crises showed apparent signs of mental health issues, all the university administration could do was prevent other students from being harmed or impacted. Rather than helping students deal with mental health issues, administrators saw them as potential dangers from whom other students must be protected. I had to help transport one of such students back to his community without help or intervention from the university during my postgraduate studies in Nigeria. There was no follow-up from the university authority, and he was never heard from after the incident.

This suggested a need to better understand the universal problem of mental health issues among post-secondary online students and explore it locally in Nigeria (Atilola, 2016; Barr, 2014). At the same time, Goothy et al. (2020) noted that global discussions on students' mental health wellness have accelerated because of COVID-19 and the

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growing number of issues with online students globally. The current ongoing discussions about mental health wellness that have gained more currency in the era of COVID-19 is a welcome development and could be explored locally in Nigeria (Goothy et al., 2020; Ren & Gui, 2020).

Context of the Study

In many public reports (available on the website), internal reports (from employees), and other grey documents, and during conversations with several people within the institution, the words mental health support services did not come up. The few employees who agreed to speak on condition of anonymity said the university has no provision for the institution's online students. Online students have less presence on the campus; they are remotely located away from the institution's main campus and in most cases, online students have less contact and interaction with faculty and other university community members. The commonness of mental health conditions among post-secondary institutions, especially online students who are mostly connected remotely, warrants proactive measures to prevent the adverse effects of mental health impairments' impact on students (Atilola, 2016).

Research findings concluded that proactive early detection, preventive measures, and interventions are required to curb the incidence of mental health impairments among students in post-secondary institutions (Atilola, 2016; Conradson, 2016; Olding & Yip, 2014; Schwean & Rodger, 2013). Effective detection, diagnosis, and care are critical to supporting mental health among students at post-secondary institutions (Barr, 2014). Massey et al. (2014) argued that mental health impairments are not among the priorities

and discussions taking place at universities. He forewarned that rising mental health issues are "threats to the academic well-being of students" (p. 325).

Additionally, studies showed that untreated mental health impairments among students could derail their dreams of academic success. Massey et al. called for developing a comprehensive approach to boost and support students' mental health and well-being on campus. This call was one of the premises of my study. Conradson (2016) noted that many university students experience significant mental health issues such as anxiety, depression, and mood disorders during their studies without getting the help they need. He advocated for a collective response oriented toward relief for students living with mental health impairments in post-secondary institutions. Atilola (2016) claimed that there is no evidence to show that distance education providers in Nigeria have established any unique support services for their online students despite the growing profile of mental health impairments among students. Mental health issues have not been given the necessary attention (Esan et al., 2014).

In this phenomenological qualitative study, the local problem addressed was the exploration of students' experiences of mental health support services and plans of action put in place for online students to address the increasing cases of mental health impairments among online students in Nigerian universities. Wada et al. (2021) argued that the severely constrained resources for mental health support and services in developing countries like Nigeria underscore the need for additional mental health resources to stem the rates of mental health impairments among students. While

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improved medical technology and better identification methods have led to higher rates of diagnosis of mental health impairments such as anxiety and depression, mental health services and interventions for online students are lagging (Atilola, 2016; Massey et al., 2014).

Lawal (2019) pointed out the failure of governments at both state and federal levels to provide the resources needed to help higher institutions of learning deal with the rising cases of mental health impairments in Nigerian universities. The politicians and technocrats did not acknowledge the crises unfolding on campuses around the country (Monday, 2022). As stated by Lawal, the Ministry of Health did not prioritize mental health in the country even as the WHO (2016) raised the alarm that many Nigerians continue to grapple with mental health problems. The critical chronicles of Nigerian students dying of suicide by the Nigerian media organizations have hardly explored the underlying factors of what often pushes promising youths to take their own lives. As a result, a rigorous scholarly investigation and studies are required to find ways to help students living with mental health conditions at Nigerian post-secondary institutions.

The absence of an institution-wide support services plans of action, and policy, to respond to the rising mental health impairments among online students in Nigeria made it difficult for students and staff to know what to do in crises (Aluh et al., 2019; Amoran et al., 2007; Heck et al., 2014; Suleiman, 2016). Commenting on the series of deaths by suicide among Nigerian university students, Lawal (2019) accentuated the federal government's passivity and silence. Despite the alarming nature of the problem, the government continues to conduct business as usual. Nigerian higher education students

are in a season of anomie and constantly face tough times under the threat of mental breakdown.

As enrolment continues to increase, the presence of mental health impairments also grows among students and has an enormous effect on their studies (Akpinar, 2021; Markoulakis & Kirsh, 2012). When students' mental issues continue to linger, they find themselves expending increased energy to cope, and the more frustrated and helpless they become. Heck et al. (2012) observed that an effort to find a balance between mental health well-being and academic work would include dedication among stakeholders to create and sustain a supportive campus culture and institutional ethos on mental health to keep students mentally fit and emotionally balanced (Ajike et al., 2022; Funk et al., 2012; Jack-Ide & Uys, 2013; Randazzo & Cameron, 2012).

Despite the prevalence of mental health conditions among university students, there are gaps in policies and an acute shortage of research as well as data on student mental health issues. In most cases, the focus of many universities is centred on security and risk management rather than developing better policies, robust support systems, and provision of mental health services to help students when they are faced with mental health issues that could potentially derail their academic ambition (Keating et al., 2004; Kotera et al., 2021; Massey et al., 2016; Wada 2021).

Online Students' Perceptions of Mental Health Support Services

The current higher education environment in Nigeria is characterized by the increasing proliferation of distance education programs giving rise to many non-traditional students enrolling in the system (Ihuoma & Abaa, 2022; Nsereko, 2018;

Olayemi et al., 2021). Before enrolment, some of these students had been outside the school system for many years and, therefore, require assistance and orientation about what university education entails. In a study of online students' perceptions of institutional supports and resources, Milman et al. (2015) pointed out that online students face some peculiar challenges such as irregular power supply, technology affordances, and loneliness caused by the asynchronous learning environment that characteristically different from traditional face-to-face students. The authors suggested that online education providers must investigate these unique challenges, needs, and support that those online learners may need to succeed in their learning.

Online education has a unique attraction to a specific category of students as it remains the only avenue for them to go beyond high school. It is an accessible and flexible way for many in this category to pursue post-secondary education because it is compatible with their situations and lifestyles. Many come from marginalized and socio-economically disadvantaged groups, which puts them in precarious positions. Some hold full-time employment outside of their studies, trying to balance family demands, work, and study simultaneously. Some students had to adopt various coping strategies and self-help mechanisms to overcome the urge to drop out of school (Britto & Rush, 2013; Kessler, 1995; Stoessel et al., 2015).

Massey et al. (2014) pointed out that university campuses remain sites where students experience mental health conditions because of academic and other real-life pressures. This is compounded for online students because of their remoteness and isolation from the campus. Effective detection, diagnosis, and care at the institution are

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critical to positive mental health in higher learning institutions. There is a need for more services to address these issues in higher institutions because instances of mental health impairments continue with no sign of relenting (Adewuya et al., 2006).

Mental health conditions have been linked to disability that affects over 4.4 million people worldwide (Cooke et al., 2015; Wynaden et al., 2014). It is estimated that up to 85 percent of students with mental health conditions may not have access to treatment. Low mental health budget, lack of mental health specialists, and lack of mental health awareness amongst the populace were cited as some of the problems of capacity building in mental health care in low and middle-income countries like Nigeria (Abdulmalik et al., 2013; Bello, 2018; Khenti et al., 2016). Improving care for students with mental health conditions can significantly enhance academic achievement and stem attrition among distance education students. Regarding mental health care, capacity building in Nigeria is still at the infancy level (Abdulmalik et al., 2013; Bello, 2018).

A Nigerian Minister of State for Health said, "The country was still operating one of the world's most outmoded and irrelevant mental health laws" (Ighodaro et al., 2015, p. 1). A new mental health law is still under consideration, with no changes to the status quo in the last 8 years; meanwhile, those with mental health impairments in Nigeria cannot access the critical care they need (Ighodaro et al., 2015, p. 281). Several studies point to the increasing stress, anxiety, and depression among students of higher institutions in Nigeria. With incidents related to mental health impairments in Nigeria constantly making the news headlines daily, students have no access to the affordable mental health they need (Abdulmalik et al., 2013).

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Ighodaro et al. (2015) and Abdulmalik et al. (2013) noted that despite demonstrable evidence that affordable treatment for common mental health conditions exists, several barriers such as non-release of appropriated funds, red tape, and non-availability of specialists create a situation where the students with the highest need for mental health services fall through the cracks and get no access to treatment. At the time these articles were published, there were gaps in policy and strategies in postsecondary schools in Nigeria to respond effectively to the rising problem of mental health conditions among postsecondary institutions, particularly among distance education students. There was no mention of online students' mental health impairments in many Nigerian students' mental health research findings (Abdulmalik et al., 2013; Akinsulore et al., 2018). The situation has not improved much since then. It is a welcome development that the former president of Nigeria signed the Mental Health Act Bill into law in 2023 before he left office. How this Bill will affect the situation on these grounds is still up for debate.

New Hope for Mental Health Care in Nigeria

In a new dawn of hope for millions of Nigerians impacted by mental health conditions, the former Nigerian leader, President Buhari in January 2023, signed into law the National Mental Health Act, 2021, the first of its kind in the country 62 years after the Lunacy Act of 1958. This act as described by Ugwu and Baiye (2023) is a very significant step towards universal mental health care for Nigerians. This bill addresses the protection and promotion of people suffering from mental health conditions. The new law moved away from the use of "lunacy" to a more acceptable phrase "mental health"

which is meant to reduce stigma and change the public perception of people with mental health impairments. The new law incorporates a strong community-based focus, well-defined government structures to enhance the implementation, and protection of human rights, and addresses the funding gaps (paras 1 – 5). The enactment of this law is a positive and important development; however, it remains to be seen if this new law will make any real positive changes for Nigerians who are living with mental health impairments in the short and long runs, particularly higher institution students.

Weak Health Care System in Nigeria

There is growing evidence in the literature that points to the increasing cases of mental health conditions among higher educational institutions generally around the world and increasingly so in low and middle-income regions of the world, among which Nigeria is one. With a population of over 200 million people and many of them living below the poverty line, mental health conditions are widespread among students, and many of them will not receive treatment that could help them reverse the limiting effects of mental health impairments (Lasode et al., 2018; Pedrelli et al., 2015).

Similarly, Eaton's et al. (2018) study on integrating mental health services into the primary healthcare system identified treatment gaps among people with mental health conditions due to Nigeria's fragile healthcare system. The study's findings estimated that around 85 percent of people do not have access to mental health treatment and services. Numerous other studies have documented the prevalence of mental health conditions among post-secondary school students and warned about the adverse effects of mental health impairments in all aspects of students' lives (Fink, 2014; Kirsch et al., 2015; Peer

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et al., 2015; Wada et al., 2021; Windhorst & Williams, 2016). Most of these studies highlighted the problems that mental health impairments can have on students such as depression and anxiety. Not much has been done in accessing policymakers to make positive changes in the system that may help students overcome mental health impairments' limiting effects.

Students with mental health conditions are at high risk of academic failure. They are prone to dropping out of university (Fidel, 2011; Ishii et al., 2018). Fink (2014) noted that the shifting landscape of mental health care among distance education learners is inimical to the "imperative to produce well-rounded graduates" equipped with the skills, knowledge, and technical know-how to address the increasingly complex problems facing Nigerian society (p. 380). Evidence in the literature established an increasing presence of mental health conditions among post-secondary school students, including distance education learners (Pedrelli, 2015).

Kirsch et al. (2015) observed that mental health conditions have become a growing concern since the 1990s. Several studies indicated that students with mental health conditions have fewer effective relationships with peers, lower engagement with class activities, and lower graduation rates (Lasode et al., 2018; Peer et al., 2015). Mental health care is a crucial component of academic success and is of critical concern to students and their families. The number of students with mental health-related conditions is on the rise on campuses; it accounts for many students seeking academic accommodations.

Research shows that a high percentage of the students surveyed showed signs of mental health conditions, the most common combination being mood and anxiety disorders (Holmes & Silverstri, 2016; Mowbray et al., 2006). Several other studies amply revealed a sharp increase in the number of students seeking services for mental health conditions in many institutions of higher learning (Akpinar, 2021; Bolatov et al., 2020, 2021; Gallagher, 2014; Watkins et al., 2012). To take full advantage of the higher education system, students will do more than just show up in lecture halls and online classes; they will have to be mentally fit to participate fully during class interactions.

Several research findings showed no system-wide shared "understanding of mandates, responsibility, and scope among the various mental health service providers" (Cooke et al., 2015, pp. 19-22). This makes combatting the rising profile of mental health conditions in post-secondary institutions more challenging and institution-wide mental health service delivery ineffective and irresponsive to student needs. Cooke et al. (2015) described the current mental health conditions response strategy as grossly inadequate to meet the significant increase in students' demands for mental health services. Boggs (2015), in a white paper on post-secondary school mental health, noted that significant policy gaps exist in many post-secondary institutions. These must be addressed by creating a framework for a new service delivery system and shared responsibility for comprehensive student mental health care. Many other internal documents obtained described policy gaps concerning policies capable of timely response to students with mental health impairments. Successful mental health strategies can only come through an

informed policy and protocol directed at all sorts of mental health impairments that can affect academic success (Gureje et al., 2015).

Markoulakis and Kirsh (2013) argued that despite evidence suggesting the spike in mental health conditions among post-secondary students, less work has been done to establish support services, policies and protocols in addressing these conditions and promoting positive mental health among students. Several research findings indicated that these problems were exacerbated partly because of a lack of clear mental health policy in higher institutions and at the ministry level. Heck et al. (2014), in a study on the survey of mental health services at post-secondary institutions, described the obstacles against effective mental health policies as "fragmented services, a reactive response, piecemeal funding, and high resource needs of mental health treatment, and these problems are not receiving the needed attention" (p. 251).

These conditions will have to be ameliorated for students to be successful in their education. Studies have shown that untreated mental health impairments can persist over several years and reduce individuals' ability to interact with other people. Untreated mental health impairments will also affect the overall level of functioning, meeting educational goals, and consequently, lowered productivity level of students (Cook, 2007; Raunic & Xenos, 2008). Only timely identification and treatment can help students with mental health issues and improve their quality of life (Murphy et al., 2015).

Problem Statement

The local problem of this study is the lack of institution-wide mental health support services and plans of action for online students to address mental health

impairments among online students in Nigerian universities. Even though the overall student performance depends on their state of mental health, in Nigeria, there is no evidence suggesting that online students' mental health wellness is being addressed (Atilola, 2016; Barr, 2014).

Brief Research on the Problem Statement

Nsamba and Makoe (2017) noted that support services for online students are vital because of the isolated nature of distance education. Waterhouse et al. (2020) argued that technological advances have led to many non-traditional students enrolling in long-distance education with inherent risks of developing mental health impairments due to mental stress associated with balancing online education, work, and family simultaneously. The growth in distance education has not been accompanied by the necessary mental health support services and plans of action to address mental health impairments among online students. Despite research evidence showing a sharp increase in the level of mental health problems on campuses, of all academic priorities, mental health discussions are not part of them (Kirsch, Doerfler, & Truong, 2015; Heck et al., 2014; Markoulakis & Kirsh, 2012). Studies identified a lack of mental health prevention programs and structured mental health wellness promotion on Nigerian university campuses with a huge unaddressed mental health concern among online students in Nigeria (Adewuya, 2006; Tella & Omigbodun, 2008, Yusuf et al., 2013).

Tellier and DeGenova (2014) argued that mental health impairments will have a significant implication for administrators of postsecondary institutions and providers of mental health services with many students entering postsecondary institutions within the

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age bracket that marks the onset of mental health conditions. Conradson (2016) observed that a high proportion of contemporary university students experience significant mental health problems such as anxiety, depression and mood disorders during their studies, he argued that a collective response oriented towards relief for students who are living with mental health issues in higher education institutions will be appropriate.

Objectives and Research Question

The main objectives of this study were to explore online students' experiences of mental health support services in Nigeria and to bring their silent voices and the gentle murmuring of Nigerian online students to the forefront of discussions among online education providers and other stakeholders. To ensure the safety of online students with mental health issues, the university should develop the institution's crisis management and mental health support services to bring relief to students during the onset of a mental health crisis. Thus far, the few publications on post-secondary students' mental health impairments were focused on traditional face-to-face students with no mention of online learners. The exploration and evaluation of mental health support services and plans of action for online students will be evaluated from the perspective of current online students in Nigerian universities. This study made suggestions and recommendations based on the descriptive analysis of the lived experiences of my research participants. In the study, I reflected on the need to advocate for the online student community and consequently attempted to add to the nascent body of literature on online students' mental health issues in Nigeria.

Guiding Research Questions

The local problem addressed in this study is the lack of institution-wide mental health support services and plans of action for online students to address mental health impairments such as anxiety, depression, and mood disorders among online students in Nigerian universities. Answers to the research interview questions below explained how students viewed mental health support services and plans of action to address mental health impairments made available for them or the lack thereof by their institution. To explore students' lived experiences effectively, study participants answered my central research question, and some carefully crafted semi-structured open-ended interview questions to shed light on the description of their lived experiences.

The Main Research Question

The primary research question for this study is: What are online students' perceptions of their institution's mental health support services and plans of action for online students to address mental health impairments among online students in Nigerian universities? Sub-questions included: Who are the people that students can speak to when seeking mental health support? and What are the coping strategies online students devise to improve their mental health stability?

Methodology

Research design refers to the method of organization and data collection strategy adopted for a study. The methodology provides instructions for data collection and analysis. It ensures that the researcher addresses the research problem and organizes all the different components of the study coherently. Here I presented my research design,

data collection methods, and setting of my research in this chapter. The methodology will be further discussed in Chapter Three.

Phenomenological Research Design

The guiding methodology I used to ground this study is the descriptive phenomenological paradigm. Phenomenology as a research method focuses on human consciousness and the content of an actor's everyday conscious experiences. It seeks to understand what it was like to live with those experiences within the specific context in which they occurred. (Giorgi, 2010). Moustakas (1994) described phenomenology as the study of the shared meaning of peoples' daily experiences. The focus of a phenomenologist is "the understanding of meaningful, concrete relations implicit in the original description of experience in the context of a particular situation" (p. 14). As a research method, phenomenology is inductive, dynamic, and subjective. It studies lived experiences from the first-person point of view alongside the relevant conditions of the experiences (Giorgi, 2007; Jackson et al., 2018; Lopez & Willis, 2004; Reiners, 2012).

Research Design

Since the main objectives of this study were to explore online students' experiences of mental health support services in Nigeria and to bring the silent voices and the gentle murmuring of Nigerian online students to the forefront of discussions among online education providers and other stakeholders, I relied on primary research design. I went out to the research sites to collect my data directly from my research participants in the environment where they experienced the phenomenon under investigation.

Rationale for using Descriptive Phenomenological Study

Phenomenology is a philosophy of experience. One of the main commitments of phenomenological research is to seek reality from individuals' narratives of their lived experiences, emotions, and feelings of participants, and to weave together and produce comprehensive descriptions of the phenomenon under study. Human beings always engage in the process of meaning-making, which is the purview of phenomenological research, and the goal of this research is to understand and describe the lived experiences of my research participants as they construct meanings from their experiences. Phenomenology, therefore, studies the structure of consciousness of research actors from a first-person perspective. I followed phenomenology as a branch of philosophy that encapsulates the descriptive method of qualitative research with its emphasis on describing rather than conceptualizing or interpreting actors' lived experiences.

Descriptive phenomenology provides several concepts that support enrich description of research participants' lived experiences. It supports flexibility and is connected to many diverse ranges of inquiry traditions. It offers a view of social interaction that is based on empathy rather than the use of theory in explaining human actions. The use of semi-structured phenomenological interviews enable researchers to better understand the lived experiences of actors. The phenomenological approach implies a suspension of the research's everyday assumptions about the phenomenon under study to capture the different ways that people experience the world. I consider descriptive phenomenology as a philosophy of choice for this study because it agrees with my philosophical belief and worldview (Braun and Clarke; 2013; 2014, 2022; Fuchs

et al., 2019; Moustakas, 1994; Yüksel & Yıldırım, 2015). This was described further in Chapter Three.

Data Collection

I collected my data through a face-to-face semi-structured interview strategy at a mutually agreed upon location in Nigeria without unnecessary inconvenience to the participants. However, as a contingency plan to accommodate Covid-19 protocols and restrictions consideration was also given to the possibility of collecting my data virtually, over the telephone, or a combination of both if the need arises. This will be discussed further in chapter three.

Research Setting

My research settings were located within two metropolitan cities in Nigeria at various locations where my research participants reside, leave, work, and attend online schools. My research setting involved two online institutions in Nigeria.

Theoretical Frameworks

Pragmatist Theory

Pragmatism and constructivist theories were adopted for this qualitative study. Using these theoretical frameworks supported the generation of an understanding that could help policymakers access and assess reform efforts from the past. It could also help policymakers to adopt a solution that addresses contemporary social problems such as mental health impairments among online students. Pragmatism focuses on actions and situations that bring about interactions among actors to promote a policy process.

Pragmatism originates from the works of pragmatists such as Peirce, William

James, Herbert Mead, and John Dewey (Cherryholmes, 1992; Morgan, 2007). Pragmatism as a philosophy is closely linked to the mid to late-nineteenth-century skepticism and rejection of absolutist ideologies that led to the American Civil War and the carnage that followed (Maddux et al., 2015; Story, 2002). It is also a rejection of "spectator theories of the truth and meaning" (Maddux et al., 2015, p. 65). The idea that human beings are passive in learning came under scrutiny. Pragmatism argues that those individuals are pre-eminently active participants in the process of learning. The meaning attached to their lived experiences largely derives from the complex interplay between individuals and their social environment (Cherryholmes, 1992).

Fine (2001) and Rossman and Wilson (1985) declared that pragmatism emerges from actions, situations, and consequences rather than post-positivism antecedent and application in the belief that researchers' ideas and conclusions are influenced by what they observed. Researchers do not focus on methodology, but the research problems and all available approaches are explored to look for strategies that work to find solutions to the research problems (Mackenzie & Knipe, 2006). This way, researchers can look for methods, techniques, procedures, and styles that best meet their study's purpose and needs. Dewey's notion of pragmatism is that of "general reliability" (Fine, 2001, p. 111). There is no a priori methodology into which everything must fit; one is developed along in the process.

Tashakkori and Teddlie (2010), reflecting on Dewey's theory of knowledge, emphasized the importance of focusing on the research problems rather than methodology and using a variety of approaches that work to derive knowledge about the

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phenomenon under study. The truth of pragmatism is whatever works at the time of need; as a result, pragmatism opens the door to various worldviews, a variety of methods, as well as different forms of data collection and analysis. Pragmatism rejected the idea that the truth could be accessed or known by a single "scientific method" (Mertens, 2005, p. 26). Pragmatism looks for and works on the "what and how" of research problems (Creswell, 2003, p. 11). The research question is at the center of the data collection and analysis methods that are likely to illuminate the research question without loyalty to any philosophical school of thought. Pragmatism puts me as a researcher in the driver's seat and enables me to select tools that can best address my research questions.

Constructivist Theory

The constructivist paradigm aligns with the philosophy of Edmund Husserl's descriptive phenomenology with a worldview that all human experiences occur in social settings, and reality is, therefore, socially constructed (Creswell, 2013; 2018). Hence, I relied on the research participants' view of the phenomenon being studied based on the understanding of actors' lived experiences from their points of view. These actors construct their realities through complex social interactions "involving history, culture, language, and action" with varying degrees of complexity (Schwandt, 1994, p. 222). I put a premium on the social actors' first persons' accounts of the situations being studied knowing full well that there could be multiple realities (Creswell, 2003, 2013; Mackenzie & Knipe, 2006; Mertens, 2005, 2012).

Mills et al. (2006) asserted that constructivists view participants' words and actions as a veritable source of data that could be obtained as objectively as possible. My

focus was on attention to detail, situated meanings attached to the lived experiences, and the phenomenon's complexity as seen by my research participants. I listened to research participants, and watched their gestures, and body language which may revealed some more information; I asked questions, recorded responses, and examined phenomena to describe their lived experiences. Mogashoa (2014) concluded that there are no other explanations for phenomena besides the personal and social construction of meanings attached to those phenomena by the actors who experienced them. The definition and explanation of these events will largely depend on the research's aim and purpose, controlled by epistemological and methodological commitments (Cleaver & Ballantyne, 2014; Creswell, 2018; Erickson,1986; Mogashoa, 2014; Wolcott, 1992).

Constructivist Thinking

Goodman (1984) was primarily responsible for defining the delineations of the constructivist's theory of reality and cognition, which is pluralistic and pragmatic. In Goodman's philosophy, the inquiry process is not about discovering the ready-made world but about people constructing their realities based on their experiences. Goodman sees the world as a melting pot of many versions and versions-making worlds; what is different are the frames of what is interpreted and the system of interpretations. Constructivists believe that the mind is active in constructing knowledge and has its roots in the arguments over the rational foundation of knowledge. As Nunes and McPherson (2007) put it, "knowledge of the world is not a simple reflection of what there is" but rather an aggregate of social artifacts; a reflection of what we make of what is there" (p. 10).

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Constructivists accept that what is believed to be objective knowledge and truth is a function of perspective. Knowledge and truth can only be created and not discovered by the minds; hence, constructivists assembled the plurality and plasticity of reality which can be expressed in various languages. Plasticity and reality can be shaped and stretched to fit the "purposeful acts of intentional human agents" (Schwandt, 1994, p. 236). What is real is the construction in the minds of individual social actors and the question of which structure is true is sociohistorical relative (Guba & Lincoln, 1985; Scheer et al., 2012; Schwandt, 1994).

I subscribe to the maxim of constructivism that social actors attempt to make sense of their lived experiences in the environment where they encountered the experiences. The quality of the construction shared depends on the scope and range of information available to the actors and their level of sophistication (Lincoln & Guba, 1989). Constructivist and pragmatist approaches to research are inclined to look at and understand "the world of human experience" from the actors' construction of their own lived experiences and the meanings they attached to those experiences (Cohen & Manion, 1994, p. 36). These frameworks represented the worldviews and the lenses through which the lived experiences of my research participants would be viewed and described in my descriptive phenomenological qualitative research (Kwan & Wong, 2015; Swan, 2005).

Rationale for the Study

The lack of institution-wide mental health support services and plans of action to address mental health impairments among online students in Nigerian universities

justified the need for this study. The lack of protocols and mental health support services for online students makes it difficult for staff and students to know what to do in crises (CMHA, 2013; Heck et al., 2014). The journey through the mental health help-seeking process should be clearly understood by students, which is not the case for Nigerian online students. Many students in my research sites declared that they do not know the clear path to follow during a mental health crisis. Despite research evidence showing a sharp increase in the level of mental health problems on campuses, not much has been done in terms of support services for online students grappling with mental health impairments in Nigerian universities (Kirsch, Doerfler, & Truong, 2015; Markoulakis & Kirsh, 2012)

Mental health impairments such as anxiety, depression, and mood disorders among postsecondary school students have made news and gained new currency with considerable interest among various stakeholders worldwide (Popovic, 2012; Stockdale, 2014). Many Nigerian online students who suffer from mental health impairments do not have access to the critical prevention and care they need to mitigate their problems. Despite research findings that identified a substantial number of students who experience mental health impairments, many of them are unable to get help due to a lack of knowledge on how to get help in their institutions (Buhari et al., 2021). Studies revealed that mental illness is the fourth cause of disability in the international community, and by 2030, it is estimated that the economic burden of mental impairments alone will surpass the costs of all other physical diseases combined (WHO, 2016). The available data showed that 30% of disability claims are from mental illness; this represents about "70

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percent of total disability costs" (Stockdale, 2014, p. 6). Support services that can help

students reverse mental impairments will benefit online students with mental health

issues, not only at my research sites but at postsecondary institutions in general (McCloy

& DeClou, 2013).

All efforts to find a balance between mental health wellbeing and academic work

will include a dedication to creating and sustaining a supportive campus culture and

institutional ethos about mental health. The creation of a framework for new mental

health support services and action plans in postsecondary schools will be appropriate,

and currently, this is in its infancy in Nigerian online postsecondary schools (Massey et

al., 2016; Randazzo & Cameron, 2012).

Mental Health, Culture, and Tradition in Nigeria

The Nigerian Perception of Mental Health Conditions

Nigeria has a population of over 200 million people, it was estimated that one out

of every four Nigerians suffers from mental health issues and about 40 percent of

Nigerians suffer from mental health impairments (Oyewumi et al., 2015; UNO, 2013).

Numerous research findings identified the Nigerian cultural beliefs about the causes of

mental health and poor knowledge of mental health conditions as the major hurdles to

improving mental health conditions in the country (Amawulu & Prosper, 2018; Labinjo

et al., 2020). The cultural beliefs in the supernatural origins of mental health conditions,

bewitchment, and evil spirit possessions enabled misconceptions about mental health

conditions to flourish among Nigerians (Charles, 2011). In the Nigerian context, spiritual

and traditional healing homes are regarded as the first points of call for the treatment of

mental health conditions. Many people of Yoruba origin in Nigeria consider prayers, fasting, and divine interventions as therapeutic during mental health conditions intervention (Gureje et al., 2019; Jidong et al., 2021; Oshodi et al., 2014; Wada et al., 2021).

In Nigeria, as in most parts of Africa, discussing mental health conditions is taboo. Mental health conditions are regarded as afflictions by the higher powers (gods) who enforce morality or punish people for taboo violations in the community (Ikwuka et al., 2016; Onyemeluwke et al., 2016). Research findings showed that the traditional belief systems emphasize spirituality, hence, individuals with mental health conditions will seek either spiritual or traditional healers' services when searching for help. Jindong et al. (2022) concluded that cultural belief systems are the critical underlying factors that dictate how people "think, act, or engage in mental health-seeking behaviours" (p. 505).

Purpose of the Study and Research Question

The purpose of this phenomenological qualitative study was to explore and describe online students' experiences of mental health support services and plans of action to address mental health impairments among online students in Nigeria. Researchers, mass media organizations, academics, student leaders, and other stakeholders in recent years have expressed concerns about the impact of mental health problems in Nigeria, particularly among higher education students (Amawulu & Prosper, 2018; Conradson, 2016; Levecque et al., 2017).

Holmes and Silvestri (2016) posited that the growing profile of mental health impairments among higher-education students, which were major parts of the gaps

identified in this study, have not been given the attention deserved by problems of such magnitude. Institution-wide policy plans of action and support systems to address mental health problems remain underdeveloped in many higher institutions, and in many cases nonexistent, particularly in Nigeria (Atilola, 2016; Levecque et al., 2017). This study explored the lived experiences of a student population whose perspectives are relatively not addressed in the current scholarly literature.

Goals of the Study

The main goal of this study was to bring the silent voices and the gentle murmuring of Nigerian online students to the forefront of discussions among online education providers and other stakeholders. Thus far, the few publications on post-secondary students' mental health were focused on traditional face-to-face students with no mention of online learners. This study made suggestions and recommendations based on the descriptive analysis of the lived experiences of my research participants. In the study, I reflected on the need to advocate for the online student community and consequently attempted to add to the nascent body of literature on online students' mental health issues in Nigeria.

Mental Health Stigma

The pervasive limited knowledge about mental health and the stigma associated with mental health conditions in Nigeria have been identified as major barriers to mental health help-seeking individuals. This contributed to low service utilization among individuals living with mental health conditions. In Nigeria and many African countries, self-imposed stigma rooted in personally assumed negative views about mental health

conditions also prevented some people with needs from seeking help (Andrade et al., 2014; Barke et al., 2011; Buhari et al., 2021; Onyemelukwe, 2016).

Adewuya and Makanjuola (2008) in their study identified social distance and deliberate avoidance of people living with mental health conditions as inimical to the treatment of mental health conditions in the country. This situation further exacerbates the burden of people living with mental health impairments in the country. Families of people with mental health conditions in Africa, though supportive, still worry about the stigma of having people with mental health conditions in their families (Quinn & Knifton, 2014). There is evidence in the literature that stigma associated with mental health conditions affects the timely intervention and treatment of people living with mental health needs (Girma et al., 2013; Martínez et al., 2013).

The Nigerian Youths and Mental Health Awareness

There is a renewed awareness among Nigerians generally, particularly the youth, predicated on the global wave of Covid-19 restrictions. In Nigeria, young people within the age bracket of 15 – 29 years are regarded as youth (Ibrahim & Audu, 2020; National Youth Policy, 2019). The Nigerian youth are taking the lead with the establishment of advocacy and non-governmental organizations (NGOs) in the country. The mission of these groups is to target stigma in a deliberate attempt to assist in improving the quality of life of people living with mental health conditions (Armiya'u, 2015; Armiya'u et al., 2022; Buhari et al., 2021). The stigma and misinformation around mental health conditions are sustained by the culture of silence among the populace. Monday (2022) noted that the renewed awareness among the Nigerian youth is a "rare bright spot for

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Africa's most populous country, which has a mental health crisis that advocates say the government pretends doesn't exist" (Monday, 2022, para. 5).

The NGOs and advocacy groups set up by young Nigerians are changing the narratives around mental health conditions and they are slowly but steadily changing the discourse and mental health perception in the country. Though these NGOs' activities are still limited to major urban centers in the country, hopefully, they will soon spread to remote areas where they are also desperately needed. Studies have shown that recognition of mental health symptoms among university students in Nigeria is very low. Most university students surveyed were unable to label anxiety, depression, and mood swings as mental health impairments (Ajike et al., 2022; Aluh et al., 2019; Suleiman, 2016).

Nigerian youths at the center of mental health awareness have founded and funded many NGOs with thousands of young volunteers to propagate mental health education at the grassroots level. Such groups include the Mentally Aware Nigeria Initiative (MANI), led by the youth and youth-focused, working towards ending stigma, misinformation, and discrimination attached to mental health conditions in Nigeria. MANI has reached over 130 million social media users annually and over 30 000 people have received mental health support through MANI in the last 4 years. MANI's maxim according to Ugo (2021) is "that stranger that you can reach out to talk about your mental health" (para. 9). Apart from MANI, which has become a household name in Nigeria, other NGOs such as Love, Peace, and Mental Health Foundation (LPM), Asido Foundation, NEEM Foundation, and many more have sprung up and are equally doing a

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great job around mental health awareness in the country. Presently in Nigeria, altogether, there are over 40 NGOs and advocacy groups currently existing and operating in the country. This is the kind of awareness that my study sought to build on among online education providers and other stakeholders in Nigeria.

Theoretical and Conceptual Frameworks

Theoretical Framework

The researcher is obliged to define concepts and theories that will ground and logically connect all the concepts to the study; Osanloo and Grant (2016) called it the "blueprint" (p. 13). It helps guide the researcher's thinking in planning research and logically aligning the study to the research question (Camp, 2001; Osanloo & Grant, 2016; Varpio et al., 2020). Without the theoretical framework, a researcher cannot adequately articulate the vision for and structure of the study; just like a house could not be built without a blueprint (Kivunja, 2018).

Conceptual Framework

Kivunja (2018) posited that conceptual and theoretical frameworks are two different concepts and should not be used interchangeably. Kivunja opined that the term conceptual framework is elusive and trying to "unpack it in research could be messy" (p. 47). I settled with the term theoretical framework in my study since, in qualitative studies, researchers are not required to discuss their conceptual framework (Creswell, 2013).

Significant Difference Between Conceptual and Theoretical Frameworks

The significant difference between the two concepts is in the application of the terms. The application of objectivist deductive and subjectivist inductive approaches is due to the ontological and epistemological beliefs between the two schools of thought (Marriam, 1998; Varpio et al., 2020). The theoretical framework helps the researcher shape how research questions are formulated and how the answers are sought. My research was situated in the inductive research paradigm, moving from general conceptualizations to specific observable behaviour in a top-down approach. The theoretical frameworks that I used for exploring this study were the pragmatist and constructivist paradigms. I chose these paradigms because they helped me ground my research and logically connect all the concepts to the study (Camp, 2001; Kivunja, 2018; Varpio et al., 2020).

Limitations of the Study

Queiros et al. (2017) argued that the objective of a phenomenological qualitative study is to bring about a deep understanding of the problem under investigation, not to offer numerical representativity. Qualitative analysis is particular about the nature of reality, meanings, values, motives, aspirations, beliefs, and attitudes; therefore, the researcher is the study's subject and object. The limitations of this study involved the areas over which I must make some conscious choices that may inherently impact the outcomes of my investigation. These areas included the relatively small homogeneous sample size from two institutions only, the research setting (located in two states within the country), the use of a specific methodology (qualitative phenomenology), the biases I

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harboured as a researcher (from my lived experiences), and the participants' biases based on their lived experiences (Simon & Goes, 2013; Theofanidis & Fountouki, 2018). The findings may not be generalizable, but the outcomes may resonate with other online higher institutions in Nigeria (Helltrom, 2006, 2008; Korstjens & Moser, 2018, 2017; Maxwell, 2012).

Delimitations of the Study

These are the conscious decisions I made as a researcher to situate my study within certain boundaries, and these decisions are within my control and in some ways would impact the outcome of my study. One of these was my decision to explore only online students' perceptions of their institution's mental health policy. I also made a conscious decision about my study sites, the population that I perceived to be rich in the type of data that I sought, my sampling method, my selection criteria, the theoretical approaches, and the exclusion of face-to-face regular university students. These limitations and delimitations were meant to establish parameters for my study and probable areas for future research endeavours (Theofanidis & Fountouki, 2019).

Operational Definition of Key Terms

Definitions of terms used in this study were adopted from various documents and duly referenced in this chapter.

Anxiety

The definition of anxiety was adopted from the Canadian Mental Health Association's (2014) document. The CMHA recognized anxiety disorder as a mental illness and defined it as excessive worry about several everyday life problems over an

extensive period. Many people living with anxiety experience physical symptoms such as muscle tension and sleep difficulties.

Depression

WHO (2016, 2021) defined depression as a mental illness characterized by incessant sadness and loss of interest in activities that an individual typically enjoys, accompanied by an inability to function, and carry out daily activities for at least two weeks. People with depression may also exhibit a loss of energy, a change in appetite, sleeping too much or less, reduced concentration, self-harm, and suicidal thoughts.

Open and Distributed Learning

Pregowska et al. (2021) defined open and distributed learning as an instructional model that enables learners, learning content, and instructors to reside in different locations such that instruction and learning can take place independently of the time and place. The advent of web technologies has made learning anywhere and anytime possible and accessible to everyone around the globe in real time. Students can learn at home, at their pace, place, and time (Calder & McCollum, 2013; Gallardo-Echenique et al., 2015).

Crisis

The CMHA (2017) described a crisis as a period of intense psychological and behavioural upset triggered by life hazards involving significant losses such as the death of loved ones, illness, or severe disappointment.

Positive Mental Health

Orpana et al. (2016) defined positive mental health as a feeling of positive self-esteem. A sense of coherence is the capacity to think, feel, and act in ways that enhance an individual's ability to enjoy life and deal with challenges (CMHA, 2014).

Mental Health Issues

Mental health issues are those factors that lead to diminished capacities, be they cognitive, emotional, or behavioural that can interfere with an individual's enjoyment of life and adversely affect interaction with society and learning (CMHA, 2015).

Mental Health Impairments

Health Canada (2013) defined mental impairments as those factors that becloud the ability of individuals to be coherent, think, and feel and diminish individuals' ability to enjoy life (HC, 2013).

Policy

A policy is an established law, regulation, procedure, administrative action, or voluntary practice of government and other institutions (Centre for Diseases Control and Prevention, 2015; Jones, 2013).

Protocol

Miller (2013) defined protocol as a framework outlining steps to be taken where, when, why, and by whom. The protocol is usually linked to policy and provides directions or steps for professionals to follow in performing functions or duties.

Chapter 1 Summary

The introduction portion of this dissertation contained information about the type and nature of the problem that was the focus of my study. This chapter articulated the research question that had been carefully designed to explore the questions raised by the issues identified and supported by the selected research methodology. This chapter further discussed the research design, setting, purpose, rationale, and goals of the study. This chapter also presented the relevant background information related to the study, its limitations, and delimitations. The operational definitions of specific terms used in the study were also discussed. Finally, I introduced the theoretical frameworks - the lens through which the data was collected, analyzed, and described to produce results that may guide mental health support services and plans of action for online students in Nigeria. The next chapter discussed the literature review that informed my research.

Chapter 2: Review of the Literature

This qualitative study explored online students' experiences of mental health support services and plans of action for online students put in place by their institutions to address mental health impairments among students in Nigerian universities. Research is also needed to identify how online students cope with mental health conditions in the selected universities and to determine if there are support services available to assist online students who may be grappling with mental health conditions. There is a dearth of published literature on online students' mental health support services in Nigerian post-secondary institutions (Ihuoma & Abaa, 2022). Hopefully, this study might encourage more discussions on mental health conditions among online post-secondary school students. This literature review was undertaken to identify scholarship related to online students' mental health impairments and to address the gaps identified in the literature

and research concerning the lived experiences of online students living with mental health impairments in Nigerian universities.

Literature Search Strategies

This section critically examined the literature related to the four critical constructs essential to the study: (a) online students, (b) mental health conditions, (c) available support services for distance education students, and (d) coping strategies of online students. This dissertation used open and distributed learning (ODL), online students, e-learning, and distance education interchangeably to refer to online learning in Nigeria. The literature review covered several areas of mental health conditions generally among post-secondary schools and further narrowed down the discussion to post-secondary online students in Nigeria. Several of the peer-reviewed journal articles and research papers used in the review of related literature were obtained using Education Search Complete, Sage, ProQuest, Google Scholar, Athabasca University Library database system, National Open University, Nigeria, Ryerson University Library database system, and the University of Toronto Library system mainly to retrieve journals and articles that are relevant to my research.

I also used the Canadian Mental Health Association (CMHA) website. While searching for relevant journals and articles, I used keywords, search strings, and phrases such as mental health, mental health conditions in post-secondary schools, mental health wellbeing, positive mental health, online students' mental health, open and distributive learning, and distance education students to trigger recent articles related to my topic in English only. My literature search was limited to journals and articles that were not older

than seven years with a preference for more recent articles. This literature review concentrated on relevant studies that would help answer my research question: What are online students' perceptions of their institution's mental health policy and the support systems put in place to improve students' mental health?

The previously written peer-reviewed journals did not adequately discuss either mental health support services and plans of action to address mental health issues among online students in universities or address the lived experiences of online students with mental health impairments in any Nigerian universities. Literature related to the four constructs of this study will be discussed in the following paragraphs.

The Four Critical Constructs of the Study

Online students

Online students are faced with unique challenges different from their regular traditional face-to-face student counterparts. Challenges such as communication infrastructure, the remote nature of online education, technological devices, bandwidth, and internet connectivity interfere with online education, particularly in a developing country like Nigeria. Schulte and Makoe (2020) pointed out that online students also struggle with the issue of motivation, level of preparedness, support from the institution, and adequate remote learning platform and accessibility. Lister et al. (2023) stated that untreated mental health conditions could have a "serious effect on students' attainment, progression and study outcomes" (p. 103). Students grappling with mental health conditions are less likely to have a successful outcome in an online environment. Saxena et al. (2014) declared that research into mental health conditions "from most low-income

and middle-income countries are far too low" (p. 2)." Considering the impact of mental health impairments on individuals' output, more needs to be done around research into mental health impairments support services in middle-income and low-income countries such as Nigeria (Fazel et al., 2014).

Pregowska et al. (2021) concluded that rapid technological developments in video and audio streaming have led to learning more about the virtual world. Distance learning is widely viewed as rapidly increasing access to higher education for people with tight schedules and adults who may not be able to afford the traditional full-time time face-to-face on-campus education because they cannot take time off work to attend classes. However, little is known about these students' challenges and experiences within the online environment. This is even more pronounced in Nigeria, a developing country with technological and structural deficits and challenges. More background knowledge of online students could be a mitigating factor in lessening the stress level of students in countries like Nigeria (Adewale & Tahir, 2022; Aduwa-Ogiegbaen et al., 2005; Amawulu & Prosper, 2018; Armiya'u et al., 2022; Ihuoma & Abaa, 2022; Mursu et al., 2000; Osagie, 2012).

Mental Health Conditions

Many definitions of mental health are available in the literature ranging from policy to scientific purposes. One of the frequently used reports by policymakers is adopted from the World Health Organization. WHO (2013, 2021) defined mental health as "a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute

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to her or his community" (p. 6). Orpana (2016) and Iasiello et al. (2019) noted that a positive state of mental health is more than the absence of mental health impairments; it encompasses all-round emotional and spiritual well-being, which enhances the "capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face" (p. 17).

Lister et al. (2023) concluded that students operating under the burden of mental health impairments are less likely to complete their education and more likely to drop out. There is an increasing concern around mental health impairments and the need to take a proactive measure by developing mental health support services for online students, however, research findings suggest that attention was only focused on the traditional face-to-face campus-based students. Online education providers in Nigeria continue to see mental health impairments as problems belonging to individuals, rather than identifying triggers and causes in the environment and building a support system and appropriate intervention plan that can help students cope with the situation (Jones et al., 2018).

Online Students' Mental Health Support Services

Crawley (2012) described support services for online students as all-encompassing, ranging from administrative, academic, and personal services from the first to the last contact they have with their institutions. Evidence in the literature points to increasing rates of adoption of online education as evidenced by the increase in the numbers and proliferation of various kinds of online programs. As open and distributed education has moved towards the mainstream, the need for support services to maximize

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online student success has become more pressing than ever before. Contemporary knowledge-based economies demand a new set of skills for the future workforce which invariably places more emphasis on requests for higher education, training, and re-training of manpower. Ultimately, open and distributed learning becomes the new gateway to training more manpower needed to take up the challenges of the economies (Barr, 2014; Crawley, 2012; Schulte & Makoe, 2020).

Studies have shown that online education comes with its challenges for students, and these challenges may be easy to ignore because students are remotely connected. Research findings have identified stressors that contribute to the exacerbation of mental health impairments among students who are predisposed to mental health issues. Lister (2023) opined that distance education students develop mental health impairments at a higher rate than their regular on-campus counterparts. Despite the increasing number of students engaging in distance learning, support services for remote learners have not been given the due attention that such an important area deserves. Studies show that of all student services, the area that is falling behind in open and distributed learning is mental health services (Barr, 2014; Brown, 2016).

The issue of online student support services is well documented in the literature. There is a convergence of opinions that the provision of online student services is an indispensable part of distance education and, in fact, a prerequisite for accreditation in many countries. Nsamba and Makoe (2017) argued that evaluation of the quality of students' support services in distance education is necessary because distance learning is a service-intensive enterprise. However, evidence in the literature concludes that online

student support services did not receive the attention they deserved. Many of the problems and difficulties faced by online students are regarded as personal and not institutional factors; therefore, they are beyond the institution's control (Barr, 2014; Lister; 2023; Simpson, 2018; Waterhouse et al., 2020).

Coping Strategies of Online Students

The literature review provided strong evidence that mental health is of primary concern in postsecondary schools worldwide, but it is still much less discussed in Nigeria's online higher education environment. Wynaden et al. (2013), in a study of over 1300 Australian students, found that at any point in time, many students are pursuing and trying to complete their university education, whether face-to-face or online, while living with mental health problems or managing an onset of mental health impairments. These students were adopting various strategies and coping mechanisms which sometimes may not be healthy. Such strategies include being dismissive of mental health impairment symptoms and trivializing the effects of their symptoms. The use of language such as, "It will be fine, nothing good comes easy, this is Nigeria, we are used to this, nothing is wrong with me." These and many more dismissing words that online use to maintain an appearance of normalcy.

My search for online students' mental health-related documents on many Nigerian universities' websites provided no records whatsoever. As I read through the health services pages of many higher institutions' websites, there was no mention of mental health-related policies or support services, and plans of action for online students, and my search for students' handbooks produced no results either. Despite the

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identification of more mental health cases on Nigerian university campuses, not much

has been accomplished in terms of creating support services to help students. Higher

education institution leaders worldwide face challenges in putting together effective

mental health welfare policies, but there was no evidence that something was being done

in Nigeria. Mental health remains one of the critical areas in health that is prone to

relatively low-priority policy areas in post-secondary schools around the world and is

particularly more pronounced in Nigeria (Bello, 2018; Schreiber, 2018; 2019).

Eaton et al. (2018) argued that as is in many other sub-Saharan African countries,

Nigeria's mental health treatment deficit due to workforce shortage and financial

resources is put at around 85 percent. Eaton and colleagues further explained the deficit

gaps in uncoordinated and decentralized primary care levels, non-implementation of

mental health policy, and the use of less specialized general health staff for general tasks

such as identification, treatment, and delivery of "psychological therapies' (p. 2). The

study concluded that there is a need to prioritize mental health care in low and middle-

income countries such as Nigeria. The need becomes more paramount in the Covid-19

pandemic era that has witnessed a widespread surge in online student registration

(Aramiya'u et al., 2022; Mheidly et al., 2020; Wasil et al., 2021).

Online education providers in Nigeria have not invested in or given due attention

to online students' mental health welfare (Bello, 2018). WHO (2016, 2021) revealed that

mental health conditions are the fourth cause of disability in the international community.

By 2030, the economic burden of mental health conditions alone will surpass the costs of

all other physical diseases combined. In many cases, higher institutions generally do not

have the capacity for various reasons to mitigate the conditions in which many distance learners find themselves. Advocates of mental health care in higher institutions urged online education providers to do whatever it takes to help learners reverse mental health conditions' limiting effects. For students to increase their chances of reaching their educational goals, policies and support systems must be implemented to help students during crises (Ishii et al., 2018; McCloy & DeClou, 2013; Stockdale, 2014).

Several scholars have argued that proactive preventive early detection and prevention measures are required to curb the incidence of mental health impairments among youths in general and students in post-secondary institutions (Conradson, 2016; Olding & Yip, 2014; Schwean & Rodger, 2013). Adewuya et al. (2006), in a study carried out among Nigerian university students with a depressive disorder, contended that "mental health conditions are serious public health problems, and that these conditions are sources of immense suffering and could interrupt and disrupt students' lives during the critical learning and acquisition of skills period in their lives" (p. 674).

Gaps in Literature

There is an increasing demand for open and distributive education around the world in which Nigeria is not left out. Technological advances and the decreasing cost have led to a global growth in online distance education. It is not a surprise therefore that more non-traditional students are enrolling in distance education in Nigeria for various reasons. The growth in ODL is expected to be accompanied by a need for the creation and maintenance of support services and plans of action to support these non-traditional students, however, research findings indicated that was not the case (Barr, 2014;

Crawley, 2012; Waterhouse, 2021). As discussed above in this chapter, there is a dearth of research on online postsecondary students' mental health generally, and specifically on student support services and plans of action to help online students dealing with mental health impairments in Nigeria. There are virtually no studies or research found in Nigeria on support services and plans of action for online students' mental health, and the fewer studies that were found on the burden of emotional and mental impairments among Nigerian university students only focused on the regular face-to-face university students, with no mention of non-traditional atypical online students (Adewuya, 2006; Buhari et al., 2021; Tella & Omigbodun, 2008; Yussuf et al., 2013).

Barr (2014) and Richardson (2015) concluded that research on students' mental health impairments in the online environment is nonexistent. Distance education students in Nigeria struggle because of their limited access to campus-based medical and other facilities. There was no literature found on how to support remote learners in Nigeria, distance education providers find it easy to overlook online students' needs. Lister (2023) pointed out that higher education can act as a trigger for mental health difficulties among adult learners, but research in support services in this area is limited to the regular campus environment and therefore, barriers to online students' mental wellbeing may not be understood. With an increasing number of online students taking part in distance education, it is critical to bridge these gaps and develop suitable intervention and support services for this group of students (Jones et al., 2018). Online education has come to stay, and online students must be provided with cost-effective and accessible support services around the clock (Crawley, 2012). Just as ODL continues to expand, so also the need for

more research into planning and deployment of support services and plans of action for online students' mental health and well-being. The outcome of this study is expected to influence the design of effective, suitable, cost-effective, and relevant mental health support services and plans of action for online students in Nigeria.

Nigeria's Online Students' Mental Health

This research attempted to identify and bring the struggle of online students with mental health impairments in Nigeria to the attention of online education providers. The study investigated the online students' perceptions of mental health support services, plans of action, and the coping strategies of online learners in one Nigerian university. Furthermore, the study discussed ways to mitigate their suffering and improve their quality of life while pursuing post-secondary education. Generally, there are limited studies on mental health impairments in Nigeria, post-secondary institutions, and online students suffer the same fate. There is even less published literature on the struggles of post-secondary online students with mental health impairments in Nigeria. Hence, this study attempted to add to the literature on online students struggling with mental health impairments.

Nigerian online students have no recourse when they have mental health issues that can seriously affect them (Adewale & Tahir, 2022; Amoran et al., 2007). Retention of online students has been a growing concern for distance education administrators in Nigeria for many reasons. Still, mental health does not appear to be one of those areas of priority, as there is no mention of mental health during discussions among online education providers (Fidel, 2011; Lawal, 2019). A mental health and school dropout

study in Denmark revealed that about 5 percent of students who dropped out of university did so because of mental health impairments (Hjorth et al., 2016).

The issue of attrition in Open and Distributed Learning is well documented in the literature. One of the reasons attributed to student dropouts is the lack of support services and plans of action for online students' mental health impairments. Other factors include conflicts with work, family, study workload, lack of support from other social networks, and lack of motivation on the part of students (Fidel, 2011; Nsamba & Makoe, 2017; Waterhouse et al., 2020). The attrition rate in any distance learning should be accorded due importance because it is essential for "the existence of such institution" (Fidel, 2011, p. 1). The decision to pursue an online education is usually a tough one. It is a pivotal period in which these learners make a vital career decision that can affect their social mobility and future advancement. Hjorth et al. (2016) suggested that the outcome of the inability to receive proper mental health support when needed could be dire for students.

It is desirable to have support services and plans of action that could help students living with mental health conditions to succeed in an open and distributed learning environment. Scharaschkin and McBride (2016) argued that not having a policy to help students with mental health issues could not be justified under any circumstances. Education remains a golden asset for many online learners in Nigeria, without which their dream of having a university education could be jeopardized. Every effort, therefore, should be made to protect its standards and ensure that students get help when needed. Mental health impairments should not be allowed to derail the ambitions of learners who are facing great odds in higher education, as this could put future

innovation and the building of potentially great minds in jeopardy (Ishii et al., 2018;

Keyes et al., 2012; Melnyk et al., 2015; Olowalagba, 2016).

Positive Mental Health Determinants

The renewed focus on promoting mental health care and general health well-

being in recent times has been well documented in the literature. This growing interest is

anchored in the determinants of positive mental health to identify the major concepts that

could influence and enhance the promotion of mental well-being among individuals. In

addition to sociodemographic and psychological factors, Ahrnberg et al. (2021) identified

positive self-esteem, character strengths and social inclusions. Ahrnberg et al. see

positive mental health as a function of "sociodemographic and psychological factors" (p.

362).

Positive mental health is integral to the human capacity to maintain a fulfilled life

and make all-important life decisions. It is a function of individual personal attributes,

other environmental factors, and the "socioeconomic circumstances" within which

individuals find themselves (WHO, 2012, p. 3; 2021, p. 51). These determinants

dynamically interact and may make or mar an individual's state of mental health. Many

factors are responsible for individuals' mental health status; some of these determinants

could be inherent in the individual, some may run in the family, while others may be

within the broad society such as economy, housing, education, and environment, to

mention the key ones. These determinants' interactions could indelibly impact an

individual's health (Orpana, 2016). Protecting the vulnerable target groups, among which

are online students, becomes imperative to prevent the onset of mental health

impairments during their study. Students' responses to my research and interview questions revealed that their institution failed to demonstrate due diligence and care for online students' positive mental health and well-being.

Lamers et al. (2011) concluded that positive mental health is not merely the absence of mental illness; the presence of positive feelings is also part of the equation. Mental health embodies positive feelings and positive functioning translated to balanced emotional and psychological well-being. An individual could appear free of any mental impairments, however, there could be underlying mental health issues that could be triggered at any moment, depending on where an individual is on the continuum. Research findings agree with the views expressed by others on the issues of mental health impairments (Keyes, 2002; Riby, 2016, 2017).

Optimal Mental Health

The use of "The Dual Continuum Model of Mental Health and Mental Illness" features well in the research about mental health in educational and hospital settings. The model operates from the premise that it is possible to have optimal mental health with and without underlying mental illness, this is regarded as "flourishing mental health." On the other hand, there is "poor mental health with and without mental illness." (see Figure 1). Franken et al. (2018) used the dual continuum model in an adult mental health setting to show that the model has important implications for measuring mental health care outcomes.

Lasiello and Agteren (2020) opined that the dual continuum model implies that mental health and mental illness reflect opposite ends of the same continuum and

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individuals move on the continuum away from or towards positive mental health or mental illness. Lasiello and Agteren in their scoping review of the evidence and implications of the dual continuum model of mental health concluded that an individual could experience high levels of positive mental health even with the diagnosis of mental illness. It was proposed in the study that a systematic adoption of the dual continuum model could inspire significant improvement and reform in the mental health care system.

The merits of the dual continuum include the description of mental health to be independent of other concepts, tested and measured. Individuals could disclose information about mental health while withholding personal information about mental illness, also, an individual could be mentally healthy and mentally ill at the same time. Lastly, it is less labour intensive, less invasive can be widely applied, and provides avenues for proactive rather than reactive design of mental health promotion and intervention. Research findings suggest that the dual continuum model has important implications for practice, research, policy, and mental health care and intervention (Eklund et al., 2010; Franken et al., 2017; Lasiello & Agteren, 2020). Research findings concluded that the continuum is a valid instrument to determine and measure well-being in people with mental health impairments. Evidence in the literature concludes that the feeling of well-being is a crucial part of integral mental health impairments' recovery, and the dual continuum model indicates that the absence of mental illness does not indicate or guarantee well-being in an individual (Trompetter et al., 2015; Trompetter et al., 2017).

The awareness of this model enabled me to understand my research participants and the description of their lived experiences regarding their mental health status and knowledge of mental health impairments. I was able to relate to their explanation about what they believe to be mental health impairments and how they described their mental health status during my semi-structured interviews with my research participants. Research findings indicated that Nigerian students have low knowledge of mental health impairments and the early symptoms of mental health crises. This model validated students' assumptions about mental health impairments. My research participants believed that only individuals with full-blown psychosis have mental health problems, this was reflected in their explanations (Adewuya, 2006; Aluh, 2018; Barr, 2014; Okpalauwaekwe et al., 2017).

Figure 1

The Dual Continuum Model of Mental health and Mental Illness

Optimal mental health
("flourishing")

Optimal mental health
with mental illness

Optimal mental health
without mental illness

Serious mental illness

No mental illness symptoms

Poor mental health
with mental illness

Poor mental health
without mental illness

Poor mental health
("languishing")
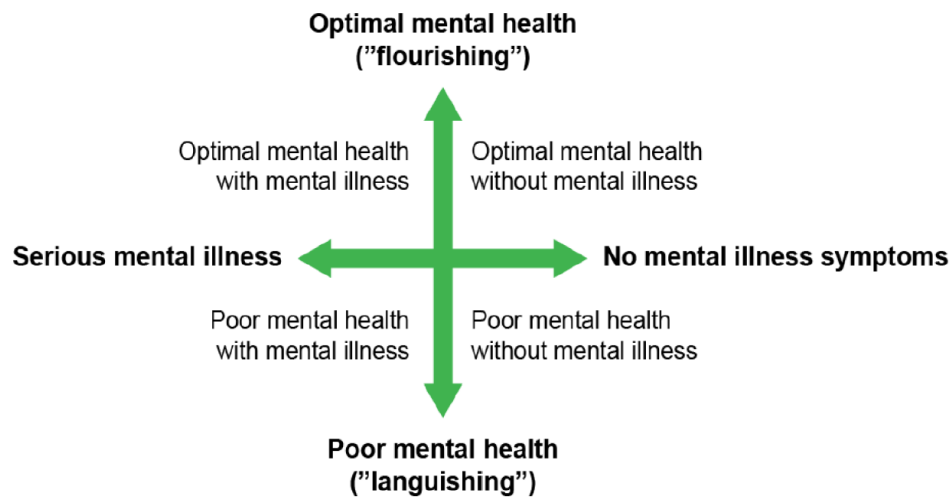
(Dual Continuum Model of Mental Health and Mental Illness; McKean, 2011; taken from Report of the Provostial Advisory Committee on Student Mental Health (2014).)

Mental Health Support Services

The guiding question of this phenomenological research was inquiring into the online students' perceptions of their institution's mental health support services available for them in coping with mental health conditions. The study also examined the coping strategies of online students living with mental health impairments in a Nigerian university. Mental health has become a focal point in higher institutions because any mental health condition affecting a student can profoundly affect a learner's academic performance and advancement opportunities (Amawulu & Prosper, 2018; Kirsch et al., 2015). WHO (2021) stated that a positive mental health condition is an essential part of an individual's ability to have a fulfilled life, "including the ability to form relationships, study, work or pursue pleasure" as well as the ability to make sound daily decisions and choices (p. 51).

Given the critical consequences that mental health conditions could have on the academic success of distance education learners, more needs to be done to accommodate them, including addressing their mental health needs. Considering the importance of these students' decision to pursue post-secondary education despite the financial, family, and social burdens placed on them, the university and society can do more to support them by providing an enabling environment. In a study of 604 undergraduate students with disabilities carried out in a Canadian university, students with mental health impairments had a lower course completion rate of 40 percent. In contrast, students with other disabilities have a completion rate of about 46 percent. The study further revealed that students with mental health impairments received the least attention and fewer services than all students with other forms of disabilities. While other students received disability-specific assistance, such as adaptive technology, students living with mental health impairments received relatively little attention (Moisey, 2004). Moisey's findings were consistent with more recent studies by Belch (2011), Conrad et al. (2015) and George et al. (2018).

Barr (2014) noted that of all online student services, the area that was mainly affected by lack of funds and lagging was the "availability of mental health support, especially Mental Health services" (p. 1). Lederer and Hoban (2021; 2022), in the annual survey that did not distinguish between face-to-face and online students, found that respondents reported anxiety, depression, mood swings, and stress as the primary mental health conditions impairing their learning. These conditions were found to affect class attendance, assignment completion, and submission and could worsen without early

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intervention. There is evidence in the literature that much has been done to support post-secondary mental health worldwide. However, such evidence is not readily available in Nigerian post-secondary institutions, even much less for post-secondary online students (Adewale & Tahir, 2022; Armiya'u et al., 2022; Lawal, 2019; Osagie, 2012).

Chapter 2 Summary

The review of the literature above discussed the literature search strategies. It examined the current state of research on post-secondary institutions' mental health support services and plans of action to help online students dealing with mental health conditions. The chapter also highlighted underlying determinants of positive mental health in individuals some peculiar challenges faced by Nigerian distance education students and the coping strategies adopted by students. I also examined the scholarships around the four critical constructs of this study.

I briefly discussed the increasing profile of open and distributed learning as well as the proliferation of online learning in Nigeria universities with its implications for online students' mental health. This chapter briefly mentioned the weak Nigerian health care system and how it affects the provision of mental health services for Nigerian university students generally. The special terms used in this study were defined, while Keyes' dual continuum model was examined along with its implications for mental health impairments. The next chapter discussed the theory and methodology adopted for this study.

Chapter 3: Methodology

Introduction

General Overview of the Chapter

The brief overview of this chapter is hereby discussed to highlight the important areas such as the research design, the branch of the philosophy and the methodology used, the data collection and data analysis process, the interview process, and the rationale for my choice of descriptive phenomenology. This chapter also presented the scope of this qualitative study in line with my research questions and objectives, my sampling method, criteria for inclusion and exclusion of participants, my biases and preconception of the phenomenon under study, as well as how maintained rigour in the study.

This qualitative study adopted Braun and Clarke's (2006; 2022) six-step descriptive phenomenological method to explore the lived experiences of online students in Nigerian universities while Braun and Clarke's (2013; 2014) thematic data analysis method was used to identify the emerging themes in the study. In this chapter, I also reviewed Husserl's descriptive phenomenological philosophical foundations and how they are integrated into psychology and other social science disciplines. These reviews helped me to adequately educate myself in making an informed decision about which method I could use to ground my study. This chapter further explains the research

methodology that guided my research. I presented and discussed the research question, research design, interview questions, participant selection, data collection, and data analysis methods. Furthermore, I discussed the study's theoretical frameworks and ethical considerations.

Research Design

While there are many types of qualitative approaches to choose from, the research design adopted for this study is the descriptive phenomenological qualitative research design. Sandelowski (2000) argued that descriptive qualitative methodology is the design of choice when the researcher aims to produce straight forward description of the phenomena and make something of the data collected. Phenomenology is a form of qualitative research that focuses on the study of people's lived experiences. As a research design, it focuses on human consciousness and the content of an actor's everyday conscious experiences. It seeks to understand what it was like to live with those experiences within the specific context in which they occurred. (Giorgi, 2010). Moustakas (1994) described phenomenology as the study of the shared meaning of peoples' daily experiences.

I consider the descriptive qualitative design to be appropriate for my study because it allowed me to contextualize how my research participants perceived their lived experiences. The focus of a phenomenologist is "the understanding of meaningful, concrete relations implicit in the original description of experience in the context of a particular situation" (p. 14). As a research method, phenomenology is inductive,

dynamic, and subjective. It studies lived experiences from the first-person point of view alongside the relevant conditions of the experiences (Giorgi, 2007; Jackson et al., 2018; Lopez & Willis, 2004; Reiners, 2012). I used descriptive research design for this study to ground my interview process, selection of my research participants and for my data collection and analysis. These will be fully discussed further in the latter part of this chapter.

Philosophical Foundations of Descriptive Phenomenology

Epistemological and Ontological Grounding

Phenomenology is both a philosophy and a research paradigm. As a philosophy, it provides a theoretical guideline for researchers to understand the phenomenon under study at the level of subjective reality (Qutoshi, 2018). Epistemology is the theory of knowledge and is defined as what counts as knowledge and how knowledge claims are justified (Creswell, 2014; Flik, 2009). Edmond Husserl during the first decade of the 20th century successfully established phenomenology as an approach to studying the lived experiences of human beings at the conscious level of understanding (Fochtman, 2008). The researcher uses bracketing as an essential tool in describing the appearance of phenomena to gain insights into the lived experiences of the study participants. Embracing phenomenology as a philosophical framework for this study enabled me to understand and describe the phenomenon under study and the lived experiences of my research participants. I used phenomenology as a philosophical and methodological

guide for this study in the selection of structured interview methods, data collection, and data analysis.

My years of teaching experience, personal experiences, and now as a doctoral student have influenced my beliefs and worldviews. I believe that truth is subjective, and qualitative study means getting close to the research participants. Getting to know them and assembling the truth from the subjective evidence based on the personal views of the research participants enabled me to represent their lived experiences as accurately as possible. Therefore, I believe that knowledge is known through the subjective realities and experiences of the people under study, taking at face value the accounts of the lived experiences of my research participants consciousness is a central assumption in phenomenology and understanding the subjective consciousness is important to phenomenologists (Qutoshi, 2018). By minimizing the distance between the researcher and the research participants, the subjective truths can be learned from the actors' points of view. Guba and Lincoln (1988) declared that the researcher would bridge the gap, which is termed "objective separateness" between the researcher and the research subjects (p. 94).

Ontology

Ontology is mostly concerned with reality and existence and addresses the question of what is out there to be known (Kant, 2014). Ontological issues deal with the nature of reality and its characteristics. It focuses on the nature of reality, things out there to be known that are independent of our knowledge of them. It is the belief about the nature of reality (Creswell, 2014; Creswell & Poth, 2018, p. 19). As a researcher, I

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embraced the idea of multiple realities and believe that various truths make sense differently, dependent on the context and the individual experiencing the phenomenon. My ontological assumptions dictated my choice of research type, data collection and data sources, the method adopted, and the type of research questions. Creswell and Poth (2018) asserted that multiple realities in qualitative study manifest in the use of a variety of evidence in the themes and the use of actual words from different individual perspectives, and their experiences are viewed differently (Creswell & Poth, 2018; Marriam, 1998; Moustakas, 1994; Varpio et al., 2020).

Axiology

Axiology is the role of values in research and how our values can influence our belief system (Creswell, 2014; Merriam, 2009). Qualitative study is value-laden, so sometimes researchers bring their values to their research. It is customary for a qualitative researcher to declare these values, acknowledge them, and actively report those biases and the value-laden nature of the information gathered from the participants. It is also good standard practice to include the proviso that the narrative represents the description of participants' lived experiences (Denzin, 1989). The primary value I held that underlies this research is equity. I believe that everyone in any community should have equitable access to basic health care and mental health services that can help them function as valued members of society. This was discussed in more detail under the positionality section.

Research Method

The overarching research question for this study is: What are online students' perceptions of their institution's mental health support services and plans of action for online students to address mental health impairments among online students in Nigerian universities? Merriam and Tisdell (2016) asserted that, like in other forms of qualitative studies, data can be collected through interviews with research participants, focus groups, document analysis, and observation of participants. In my literature review, the phenomenological qualitative study tradition was adjudged to be suitable for exploring the type of research question that I raised, and the problem posed in my study. This approach offered a great advantage because of its descriptive nature and ability to uncover the meanings attached to participants' lived experiences using various methods (Alase, 2017; Patton, 2015). The qualitative approach allowed me to explore my research question in more depth. It provided me with an opportunity to shift qualitative approach boundaries and develop a design that fits my research question (Braun & Clarke, 2014; Caelli et al., 2003; Campbell et al., 2013; Creswell, 2013, 2014; Kahlke, 2014; Percy et al., 2015; Yin, 2003, 2009).

Rationale for My Research Design Option

There are many research options from which a researcher can choose to undertake a study. Many research traditions that have been used in the past include a survey research design which could be used in both qualitative and quantitative studies, grounded theory, mixed methods, and qualitative research methods.

Survey Design

In a survey research design, investigators administer a survey to a sample or a population depending on the type of research to elicit information that could answer the research questions. This type of design collects quantitative or qualitative data depending on the type of study and does not involve giving treatment to participants. Survey design describes trends in data; hence, I could have used this design, but it does not possess the closeness to real-life situations like a descriptive qualitative method and could not produce what Flyvbjerg (2013) described as a "multiple wealth of details which are important" to answer my research questions (p. 223). The survey method is also not as flexible because researchers do not engage study participants one-on-one, so close interaction is missing in the survey research method.

Grounded Theory Design

Another design commonly used in research is grounded theory design. It is a systematic procedure in the qualitative method used to explain the educational process of events, actions, or activities by constantly comparing incidents with other incidents in a set of data between levels of conceptualization until a "substantive theory" is formulated (Merriam, 2009, p. 200). Grounded theory is useful when the researcher intends to generate a broad theory to explain a phenomenon, particularly when the existing theories fail to address the contemporary problem being faced (Creswell, 2013). This type of design is more suitable when a researcher wants to develop a new theory to explain a phenomenon or modify an existing theory, I could not use this method because this is not the focus of my study, and it is beyond the scope of this study.

Mixed Method Design

A mixed methods design is used in a qualitative study design in which the researcher wants to collect both quantitative and qualitative data to provide a better understanding of a problem that neither of them can provide adequately by itself. Creswell and Plano Clark (2011) described mixed method research design as "multiple ways of seeing" (p. 4). This is a preferred method by experienced researchers because this method can provide a better understanding of the research problems and questions (Creswell, 2013). Mixed method design is particularly good when in a situation where one research method does not address or answer all the research questions (Bradt et al., 2013). I avoid this method because of its complexity and the length of time needed to complete a mixed-method research design.

Rationale for using Descriptive Qualitative Research Design

Braun and Clarke (2013; 2014, 2022) described the qualitative research paradigm as being about meaning, context, experiential, and offering multiple answers, and rich and compelling insights while using all sorts of data. I chose the qualitative research paradigm because of its flexibility and ability to adapt to various research questions. The qualitative research method "encompasses several philosophical orientations and approaches" (Merriam, 2009, p. 19). It supports flexibility and is connected to many diverse ranges of inquiry traditions (Patton, 2015). It provides the constructivist descriptive lens to analyze and understand the issues I am interested in (Alase, 2017; Merriam, 1998; Patton, 2015). The qualitative method is suitable for exploring and examining social phenomena, which in my study was the online students' perceptions of

the institution-wide mental health support services and plans of action put in place to help students dealing with mental health impairments in Nigerian universities.

This paradigm is ideal for solving problems, providing services, and improving programs, or developing policies (Caelli et al., 2003; Creswell, 2014; Kahlke, 2014; Patton, 2015; Percy et al., 2015; Yin, 2003, 2009). The rich data obtained from interviewing research participants formed an essential pillar that addressed my research questions. Participants were able to tell their stories within the context of where they had their experiences (Campbell et al., 2013; Lapan et al., 2012). Ultimately, I chose the phenomenological qualitative paradigm because of the above positive attributes and because it allowed me to write in a flexible manner such as a thick description of my research participants' lived experiences that adequately deliver their stories without any restrictions (Creswell, 2007; Flick, 2009; Lapan et al., 2012).

Descriptive Phenomenological Research

Phenomenology as a research method focuses on human consciousness and the content of an actor's everyday conscious experiences. It seeks to understand what it was like to live with those experiences within the specific context in which they occurred. (Giorgi, 2010). Moustakas (1994) described phenomenology as the study of the shared meaning of peoples' daily experiences. The focus of a phenomenologist is "the understanding of meaningful, concrete relations implicit in the original description of experience in the context of a particular situation" (p. 14). As a research method, phenomenology is inductive, dynamic, and subjective. It studies lived experiences from

the first-person point of view alongside the relevant conditions of the experiences (Giorgi, 2007; Jackson et al., 2018; Lopez & Willis, 2004; Reiners, 2012).

Types of Phenomenology

Neubauer et al. (2019) described phenomenology as a very powerful approach to conducting a qualitative inquiry. It is a research paradigm that allows researchers to describe phenomena from the perspectives of those who have experienced them. There are many phenomenological approaches that a researcher can embrace and draw from depending on the nature of the study and the purpose of the study. The transcendental and hermeneutic traditions are singled out for special mention in my study. Husserlian's transcendental (descriptive) phenomenological approach embraces the philosophical assumption that "reality is internal to the knower" (pp. 92-93). It is an approach that seeks to identify and describe the essence of a phenomenon from the first-person perspective of those who have experienced it (Fuster Guillen, 2019).

Edmond Husserl was the known father of descriptive phenomenology, with the publication of his *"Logical Investigations."* Husserl gave much attention to the careful description of lived experiences using phenomenological reduction through reflective practice. He insisted on the definition of conscious everyday experiences while all preconceived opinions are set aside (Connelly, 2010; Giorgi, 2007; Lopez & Willis, 2004; McCaslin & Scott, 2003; McCaslin, 2021). On the other hand, Heidegger's (interpretive) phenomenological approach believes that the lived experiences of an actor can be explained only through an interpretive process situated in the individual's direct experiences in the subjective of everyday life (lifeworld).

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Husserl's Descriptive Phenomenology

Edmond Husserl (1989) presented his idea of descriptive phenomenology, where he tried to eliminate prejudgment and presupposition in the description of the lived experiences of the people. His motive was to describe things as they are and to understand meanings in the light of self-regulation and intuition without interference from the natural world. In the description of whatever phenomenon under study, Husserl preferred to use the term intuition as opposed to a deduction because of the intentional relationship between the act and the object of consciousness (Neubaer et al., 2019).

Husserl's method involves three steps: (1) assumption of transcendental attitudes, (b) conscious exploration of the instance of the phenomenon, and (3) detailed description of the essence that was discovered (Connelly, 2010; Giorgi, 2007; Husserl, 1989). During the descriptive exercise, a descriptive phenomenologist will "bracket or suspend" any prior knowledge or belief about the phenomenon being studied (Zimmermann, 1983, p. 6). Husserl argued that human actions are influenced by what is perceived to be accurate. Hence, a scientific approach is needed to explain the components of a group's lived experiences. Husserl's phenomenological reduction emphasized how knowledge and claims are justified. In Husserl's opinion, the description of an actor's lived experiences can be carried out in a bias-free means, while Heidegger expressed that interpretive phenomenology is not bias-free because the observer (researcher) is part of the world.

Critical Elements of Descriptive Phenomenology

Critical Elements of DP

Husserl started from the premise that every conscious awareness is intentional, and nothing can escape our consciousness. Husserl preferred transcendental reduction, where "consciousness is treated as the field for seeing, for an intuitive experiencing" (Marinay, 2020, p. 3). Husserl asserted that phenomenology is possible only after phenomenological reduction, in which phenomena are described and not constructed. He enjoined researchers to embrace a transcendental reduction perspective in which the acts of consciousness are regarded as pure conciseness of a phenomenon. Husserl identified some elements that can reveal the "hidden aspects" of experiences (Jackson et al., 2018, p. 3). These elements include epoche, free imagination synthesis (eidetic), lifeworld, and noema (mental object). In this study, I only applied epoche, specifically, experiential epoche (suspension of my judgment, an attitude of non-involvement) to reduce the effect of my biases on the outcome of the study as much as possible.

Epoche

The idea of epoche is about setting aside biases and prejudgments (bracketing) and opening a research interview with a receptive presence and unbiased mind. Phenomenologists try to suspend their belief in the world's reality. Nothing has changed; the world remains as it was before, and everything remains an act that can be investigated while we are left with a real, actual, objective, and reduced world for phenomenologists and phenomena (Butler, 2016; Marinay, 2020; Morrow, 2015). Husserl's term epoche is

described as a negative moment where phenomenologists "bracket the world or parenthesize the objective world" (Marinay, 2020, p. 4).

Eidetic/Free Imaginative Variation Synthesis

Eidetic and free imaginative variation in Husserl's phenomenology is used interchangeably to denote the method used by phenomenologists to describe the essential nature of the phenomenon under study. As described by Moustakas (1994), it is a system of seeking the plausible meaning of the true essence of a phenomenon via the process of free imaginative variation. The process occurs within the sphere of free imagination by starting with actual or imagined instances of the phenomenon under study. This will be followed by the multiplicity of variant scenarios and end the process with the synthesis of the variants until invariant "eidos" or forms show themselves (Mohanty, 1991; Moustakas, 1994).

Phenomenological Transcendental Reduction

Phenomenological transcendental reduction in the way Husserl envisioned it to be the first step in a phenomenology study. The investigator separates the self from the mundane attitude of viewing the world and describes what is seen concerning structural qualities within the context of the experience. This, in Husserl's view, is transcendental reduction because it leads back to our experience of understanding things. It is a never-ending process of the unlimited possibility of discovery that expands imaginative horizons (Mohanty, 1991; Moustakas, 1994).

Procedural Steps in Descriptive Phenomenology

Husserl noted that the lived experiences of individuals of a phenomenon had features that can be perceived by those who experienced the phenomenon, and these features can be identified to aggregate a generalizable description of the phenomenon (Neubauer et al., 2019). The phenomenology procedural steps identified below were observed during my interview and data analysis process to gather and analyze my data to describe the lived experiences of my research participants.

Transcendental Stage

This first stage reduction is necessary for descriptive phenomenological study in which the researcher refrains from the natural attitude of everyday life through the process of epoche. By epoche, phenomenologists try to do away with their biases and prejudices around them because, as Husserl claimed, our knowledge of things interferes with our new experiences. Hence, phenomenologists must block out the natural attitude and describe things as they appear from the first-person point of view of lived experiences. My goal was to suspend all my knowledge and preconceived notions about the phenomenon under investigation. I acknowledged that suspending all knowledge may not be humanly possible, however, being aware of epoche helped me to consciously suppress my judgement and preconceived notions to be able to describe the lived experiences of my research participants as precisely as possible.

Transcendental-Phenomenological Reduction

The second phase involved considering participants' experiences individually and a complete description of the pheromone's meaning and essence as presented by the participants. It is the stage of transition to reflection with a change of attitude. It involves critical detachments; the researchers describe the facts rather than explain them (Schmitt, 1959). My goal here is to constantly check my assumptions and biases to neutralize them and prevent influence on the phenomenon under study. I inclined toward objectivity in the study wherein I could describe the facts of the participants' lived experiences of the phenomenon without resorting to conceptualization and categorization.

Imaginative variations

This stage involves explicating all the structures of the phenomenon more distinctively to elucidate how the phenomenon appears to the consciousness of the participants (Neubauer et al., 2019) called this the how of the phenomenon" p. 92). Imaginative variation in Husserl's phenomenology is used interchangeably to denote the method used by phenomenologists to describe the essential nature of the phenomenon under study. As described by Moustakas (1994), it is a system of seeking the plausible meaning of the true essence of a phenomenon via the process of free imaginative variation. The process occurs within the sphere of free imagination by starting with actual or imagined instances of the phenomenon under study. This will be followed by the multiplicity of variant scenarios and end the process with the synthesis of the variants until invariant "eidos" or forms show themselves (Mohanty, 1991; Moustakas, 1994).

Features of the experiences are imaginatively altered to view the phenomenon under investigation from varying perspectives.

Why Descriptive Phenomenology Design?

I adopted descriptive phenomenology because of its practical applicability to my study of online students' perceptions of their institution's mental health policy and support systems put in place by their institution to support their mental health wellness. Descriptive phenomenology design enabled me to study my participants' conscious experiences from the first-person point of view, including all the relevant conditions of related incidents. Conscious experiences are accompanied by intentionality, and the descriptions of these experiences are adjudged to be the actual reality of the participants' lived experiences. Despite the emphasis on the subjective lived experiences of the participants, descriptive phenomenology puts in place a system to manage personal biases and conjectures. The focus of descriptive phenomenology is on the intrinsic properties of the issues at hand to identify what is essential to the phenomenon of phenomenological reduction (Morrow et al., 2015).

Shakalis (2014) opined that the description of the phenomenon comes from the participants rather than the researcher, which helps to reduce the susceptibility of hidden biases (Giorgi, 1996; Holloway, 2005). Descriptive phenomenology is particularly valuable where there are relatively few studies as in the case of my research of the online students' perceptions of the mental health policy and support systems of their institution in Nigeria. This method enabled me to use the actual words of the real actors in the description of the phenomenon under investigation. I was able to aggregate a concise but

all-encompassing description of the phenomena under investigation and corroborated the description by the rich first-person accounts of the research participants. The above description of descriptive phenomenology and its unique predisposition to describe the first-person account of research participants' experiences influenced my decision to adopt this method for my study. Data collection and analysis were conducted using Braun and Clarke's six-step descriptive phenomenology and thematic data analysis as mentioned above.

Limitations of Phenomenology

One of the criticisms of descriptive phenomenology is the idea of bracketing, which is central to this approach. Epoche attempts to reduce a complex problem to its essential components by eliminating one's prejudices about the phenomenon (Allen-Collinson, 2011; Weatherford & Maita, 2019). Many have argued that the notion of bracketing is too simplistic and unattainable as researchers bring their preconceptions, personal experiences, beliefs, and attitudes to their research. In my view, the idea of total "bracketing" in phenomenology is difficult, if not unattainable, because a researcher will still harbour unconscious biases that may influence the study's outcome (Al-Busaidi, 2008; McCance & Mcilfatrick, 2008; Shorey & Ng, 2022). As the investigator, I tried (very hard) not to prejudge or think about my own experience during the interview. I just kept an open mind and listened attentively to the respondent without any interruption except when asking a follow-up question.

Data Collection Methods

The qualitative data collection and sampling methods that I have adopted have a complementary relationship with each other. Data collected from the selected sample were both direct and indirect. Direct data include written words, recordable words, actions, and interactions, including visual body language. In general, during the data collection process, considerations are equally given to feelings, actions, experiences, responses, and as well as reactions to experiences. Indirect data, on the other hand, may include but are not limited to document reviews, photographs, paintings, poems, and songs. Depending on the type of research problem, and data required, qualitative researchers have many data collection options that can be used either in combinations or as a single method (Barrett & Twycross, 2018; Lopez & Whitehead, 2013). My data collection methods are discussed in the following paragraphs below.

Participants Selection

The first potential online student participant for this study was identified through a referrer from a faculty member in a meeting facilitated by a mutual friend of ours, who is a professor at another institution. He recommended the faculty member after my initial discussion with him about my proposal and the type of research participants that I needed for my study. All meetings and interviews between my research participants and I took place outside of the university campus via a face-to-face interview.

The Process of Data Collection

Participant interviews are the primary method used in phenomenological qualitative studies. These interviews could be structured or semi-structured depending on

the study's type and the nature of the problem (Braun & Clarke, 2013, 2022; Creswell, 2013; Flynn et al., 2018; Lopez & Whitehead, 2013). The purpose is to help a researcher gather valid and reliable data relevant to the study's research questions and objectives of the study (Creswell, 2013, 2014). I used a semi-structured interview method to collect the relevant data and utilized Braun and Clarke's six-step descriptive phenomenological and thematic data analysis method to analyze my data.

The Setting. Data collection settings are located in two metropolitan cities in the western part of Nigeria where my participants live and experience the phenomenon under study. As is the case with most online students in Nigeria, all my research participants kept their day full-time jobs while engaging in their online studies.

Population. My study participants were current online students of my research sites who were purposively identified and carefully selected because of their unique relationship with my research sites.

Semi-Structured Interview Method

Interview Method Used. Easterby-Smith et al. (2008) characterized semi-structured interviews as a method that allows the researcher to ask questions based on the list of themes to investigate the phenomenon under study. A semi-structured interview is informal and suitable for exploring and explaining the research question and my study objectives (Easterby-Smith et al., 2008). I used semi-structured interviews because of their utility for exploring my research questions. These types of interviews helped me to elicit and ascertain my respondents' subjective responses about students' perceptions of

the policy and the support systems established by their institution (my research site) to tackle mental health conditions among online students (McIntosh et al., 2015).

Semi-structured interviews come with a guide that provides a clear questioning path and allows flexibility and freedom to ask questions to cover the research questions and objectives (see Appendix D). The respondent or I could pause or stop the interview completely. Also, I could stop the interview if there is a clear indication that the respondent is becoming stressed or uncomfortable or for any other cogent reason and reschedule it. This method allowed me to use prompts for more elaboration if more detail was needed, and the respondents had more freedom to give lengthy responses. The semi-structured interview method helped me to develop a rapport with my respondents and their world as they reflected on their lived experiences (Barrett & Twycross, 2018; Gill et al., 2008).

The semi-structured overarching research question and the follow-up questions (see Appendix D) were framed with the intent of uncovering students' views on the mental health policy and support systems in their institution. To get a feel of what students knew about mental health, participants were asked to describe their mental health status. They were also asked to describe what they had learned from their institution about mental health to determine if they were aware of any institution-wide policy in the school. Questions on whom to speak with for support and students' experiences during these help-seeking attempts were meant to help me determine if students knew where to go when looking for mental health help. The last two questions

were framed to have a glimpse of students' online experiences and how they coped with any fallouts from distance learning.

The Techniques. I created my data-capturing instrument and directly collected my data in the field outside of my study sites, where the study participants faced or experienced the phenomenon being studied. Data were obtained using semi-structured interviews at a mutually agreed-upon location without inconveniencing the participants (Merriam & Tisdell, 2016). All participants answered my overarching research question and 6 follow-up questions that helped me elicit and ascertain my respondents' subjective interpretation of their lived experiences.

Recruitment and Number of Participants

There is no convergence of opinions in the literature on sample size in phenomenological qualitative studies. Much depends on the investigator and the scope of the study. Generally, the number of participants in qualitative studies varies depending on the purpose, the extent to which the questioning is unstructured, and the duration of contact and interactions. In my sampling method, consideration was given to whether the sample was rich in relevant information as the focus of this study was to reach the utmost depth of the phenomenon as much as possible, to cover the depth and "do analyses which are as deep as possible" (Flick, 2009, p. 123). It is not uncommon to study just a few homogeneous individual numbers of participants as too many participants may affect the ability of the researcher to provide an in-depth and rich analysis of the issues under study (Bogdan & Biklen, 2007; Miles et al., 2019; Patton, 2015).

Saunders and Townsend (2016) noted that less attention had been paid to the number of participants in qualitative studies across the social sciences. As Patton (2015) pointed out, in qualitative research, the number of participants should be large enough and varied enough to illuminate the purpose of the study. However, the credibility of qualitative phenomenological depends on how the participants can "cover the breadth, depth of and the quality of data within their responses" (Patton, 2015, p. 336). I was cautious not to over-rely on responses given by the participants to whom I could have easy access as this may be to the detriment of representation and coverage of other shades of opinions on my research problem (Brinkmann, 2015; Bryman et al., 2012; Flick, 2009).

Purposive, Snowballing and Opportunistic Sampling Methods

I employed a purposive sampling method to select four participants who possessed the quality and richness of the data needed to answer my research questions because of their relationship with my research sites or past experiences of the phenomenon under study. Furthermore, I used the snowballing sampling strategy to select three participants while two more participants were selected through an opportunistic sampling method to cover the study's depth and to provide an authentic analysis of the phenomenon under investigation (Creswell, 2005, 2014; Patton, 2015; Saunders & Townsend, 2016). In total, I selected nine participants. The purposive sampling method allowed me to select current online students with the right experience of the phenomenon that I considered "information-rich participants" (Patton, 2015, p. 96) where a great deal could be learned about the issues central to the purpose of my study.

This helped me to fully explore the social issue under study (Bogdan & Biklen, 1998; Creswell, 2014; Engle, 1999; Flick, 2009; Patton, 2002).

Next, I used the snowballing strategy to select three participants recommended by my other participants who were identified through the purposive sampling method as discussed above to include a variety of opinions on the problem identified in my study (Merriam & Tisdell, 2016). Lastly, I used an opportunistic sampling strategy as suggested by Bogdan and Biklen (2007) to select 2 more participants to take advantage of "new information to best answer my research questions" (p. 209). These last two participants were suggested by one of my previous participants who knew them and felt that they had some information that could help me to answer my research question with the intention of including more shades of opinions in the outcome of my study. Hence, my participants were selected through purposive, snowballing, and opportunistic sampling strategies.

Inclusion and Exclusion Criteria. Participants for this study could be any online student of my research sites purposively identified because of their unique relationship with my research sites. Anyone who is not a registered online student of my research sites was excluded from participation. My study participants were current online students of my research sites who were purposively identified by my contacts or recommended by other participants; they were carefully selected and found to be rich in the information that would answer my central research question as well as the interview questions (Bogdan & Biklen,1998, 2007; Merriam & Tisdell, 2016). I followed the steps listed below to identify those students whom I attempted to recruit for my study.

My Role as an Interviewer. As a researcher and interviewer using a semi-structured interview approach my questioning strategy was based on descriptive semi-structured questioning strategy using imaginative variation to explore the lived experiences of my research participants. It is part of my role to consider the phenomenon under study from different perspectives while clustering themes into textual description (Neubauer et al., 2019, called this "what of the phenomenon" p. 92). My role was to obtain information and collect data from research participants. I was committed to the highest ethical standards; I showed respect and empathy toward my research participants. Having this in mind, I also acknowledged that qualitative is a human endeavour and could be subject to bias (Yin, 2014). Having worked in the education industry for the last 25 years, and having encountered students grappling with mental health impairments, I am also committed to advocacy and strong-based mental health support services and emotional support for online students grappling with mental health impairments.

Guiding Research Questions

The main research question guiding this study was: What are online students' perceptions of their institution's mental health support services and plans of action put in place to help online students dealing with mental health impairments? This question led to the discussion of mental health conditions such as anxiety, depression, and mood disorders among online students (Holmes & Silvestri, 2016; Levecque et al., 2017). Answers to the above research question provided an understanding of how students viewed the institution-wide mental health policy and the support systems made available to them or the lack thereof by their institution. In exploring students' lived experiences

effectively, my participants also answered some carefully crafted semi-structured open-ended questions to shed light on the perceptions of their institution's policy, support systems, and interpretations of their lived experiences.

The first interview question centred on what naturally comes to students' minds when they hear the phrase "mental health" and the awareness of their mental health situation. Other questions explored the views and opinions of participants on what their experiences and those of their friends had been while attempting to access mental health support. Participants also talked about their online schooling experience. During the interview sessions, research participants shared their awareness of their institution's policy and protocol on mental health impairments or the lack thereof.

Sources of Data Collection

Merriam and Tisdell (2016) asserted that in qualitative research, most data are collected through interviews when the researcher engages the research participants in conversations based on questions related to the study. Qualitative researchers design their interview and data collection protocols reflecting the nature of the problems under investigation. Researchers collect their data in the field at their study site, where their study participants face or experience the phenomenon being studied. Data are collected by direct interaction with the participants, behaving and acting within the context where they experienced the phenomena being investigated.

I collected my data through face-to-face semi-structured interviews at a mutually agreed upon location in Nigeria without unnecessary inconvenience to the participants. However, as a contingency plan to accommodate Covid-19 protocols and restrictions

consideration was also given to the possibility of collecting my data virtually, over the telephone, or a combination of both if the need arises. During my first telephone call before departing Canada, I interacted with the participants to introduce and familiarize myself with them and arranged for my face-to-face semi-structured interviews when I arrived in Nigeria during the summer. This first telephone call also gave me the opportunity to discuss my research topic and obtain verbal informed consent from my research participants (Gobat et al., 2019; Moises Jr, 2020; Mourad et al., 2020).

Research Interview Questions

RQ1. Could you please briefly tell me what spontaneously comes to mind when you hear the phrase "mental health"?

RQ2. Can you please tell me how much you learned about mental health from your institution?

RQ3. Who are the people within your institution that you will need to speak with for any mental health support or questions?

RQ4. Briefly, could you please describe your online schooling experience on a typical day or week?

RQ5. Can you please describe any difficult experiences you have encountered as an online student?

RQ6. Can you please describe any coping strategies you devised to help you overcome a difficult situation?

Data Analysis Overview and Coding Process

Braun and Clarke's Six-Step Descriptive Phenomenological Method

Braun and Clarke's (2006, 2022) six-step phenomenological method and thematic data analysis method were adopted for this study because they offer a clearer and more systematic approach to data analysis was utilized for my thematic data analysis. Morrow et al. (2015) argued that this method offered a transparent systematic approach to exploring the lived experiences of research participants. The structure of this six-step framework offers a rigorous data analysis with each step staying as close as possible to the data collected. Braun and Clarke's method of data analysis is helpful in the discovery of the fundamental structures of the phenomenon under investigation. As indicated in Figure, I followed the six steps in the particular order that they appeared. I like the thematic nature of this model for its accessibility rather than the distilling style in Giorgi's method. The 6 steps listed in the Braun and Clarke framework were followed closely in my study to discover the fundamental structures of the phenomenon under investigation, while I also utilized Braun and Clarke's (2013, 2014; 2022) thematic data analysis method to identify the emerging themes.

Positionality

Positionality explains the researcher's worldview and biases that may significantly impact the process and setting of research. A researcher usually has multiple overlapping identities, and meanings are made from identities that may have a bearing on assumption. Declaring positionality helps the researchers to be mindful of these subjectivities and biases (Bourke, 2014; Holmes, 2020; Kezar, 2002; McIntosh, 2010).

My positionality reflected the position I adopted in conducting this study, which influenced the research and its outcomes. Lin (2015) argued that developing a reflexive understanding of one's ontological and epistemological assumptions of a research paradigm, which I addressed in my biases and positionality sections, helped to reveal where I stand as a researcher about other research traditions. This helps in explaining the position and the rationale behind selecting such a standpoint. Holmes (2020) identified three areas in which positionality is located: "the subject under investigation, the research participants, and the research context and process" (p. 2). Some aspects of positionality are fixed, while others are fluid, subjective, contextual, and may change over time.

Who I am as a person and my lived experiences influenced my choice of this descriptive phenomenological study and sat well with my interest in exploring the values and subjectivities of other people as they interact with their environment to create their realities. As a Nigerian, a Christian, an educator, an emerging researcher, and someone who has lived and studied within the Nigerian educational system with links to many students that mental health issues have impacted, I consider myself to have a unique knowledge of how students living with mental health issues in Nigeria's post-secondary institutions could be negatively affected. I viewed my positionality from insider and outsider perspectives. I am aware that these multiple positionalities could impact my view and the study's outcomes. Engaging in the process of reflexivity minimized the impact of my positionality on the outcomes of my results.

As an insider, I have endured a similar situation and closely interacted with a few students with mental health issues in a Nigerian post-secondary school setting. I am

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familiar with some of the phenomena under discussion, and I have had close interactions

with students enrolled in online learning while dealing with mental health issues. I also

consider myself an outsider because my distance learning experience has not been in a

Nigerian post-secondary institution where the technological infrastructures are still

developing. My Canadian distance learning experience is not comparable to the Nigerian

platform in terms of the level of infrastructural development. However, I did a few online

studies in Nigeria and experienced the unreliability and unpredictability of technological

infrastructures that online students could face in Nigeria (Jansen Van Vuuren et al., 2004;

Creswell, 2014; Merriam et al., 2001).

Researcher's Bias

The first strategy was to be aware of my biases and positionality and consider

them before and during the research. I considered my biases, preferences, and

positionality in detail to prevent them from interfering with the research process as

themes emerge; these are declared below. I used reflexivity and created an audit trail of

my thoughts during the study period. Observers' biases are natural, mainly when the data

must go through the researchers' minds before going on to paper. Researchers need to

strike a balance between complete participant and complete observer as the need arises

during the fieldwork (Creswell, 2014; Junker, 1960; Leung, 2015; Ranney et al., 2015).

Self-Reflection

Creswell (2014) described reflectivity as a characteristic of qualitative study. As a

researcher, I have already declared the biases I brought to this study because of my

background, which may shape my view and the interpretation of the findings of this

study. I used the process of self-reflection as described by Creswell and created a narrative that was open and honest as much as possible to describe the lived experiences of my research participants that might resonate with others in similar contexts.

Strategies for Reducing Bias and Error

My personal experience partly informed the choice of this study. As an undergraduate and postgraduate student in Nigeria a few decades ago, a special education teacher, and my involvement with some teenage students who suffer from mental health impairments in the school system, my lived experiences put me in good stead to investigate this phenomenon. My experience also informed this study, as an online student, a teacher of online students during the Covid-19 pandemic, and my involvement with adult students without access to mental health support and the services they need to function well influenced my choice of this topic. I consider myself eminently qualified to carry out this study. This research reinforced my resolution to assist in illuminating policies, support systems, and protocols that could reduce students' suffering and stem the effects of mental health impairments among online students of postsecondary institutions in Nigerian universities.

My background as a special education teacher, world views, values, and beliefs could have affected my judgment, interpretation, and understanding of issues. Lincoln and Guba (1985) declared that the researcher is a significant variable in the study equation; his or her background may shape the interpretations of issues. Similarly, Creswell (2014) maintained that reflexivity is essential to qualitative research. The steps

identified below were followed strictly to reduce the influence of these biases in my judgment and interpretations of issues.

Data Collection

Data for this study data were collected through semi-structured interviews with my research participants. Each interview session lasted approximately 40 – 50 minutes. The interviews were audio recorded and later transcribed. I also made field notes during the interviews.

Data Transcription

The data collected during observations, interviews, and field notes were converted into a computer document for analysis, and all interviews were conducted in the English language. During the interviews, I used my personal handheld device to record each interview and later personally transcribed the interviews as part of my plan to immerse myself in the data. Each interview session lasted between 30 and 45 minutes. During the transcription process, I ensured that all participants were deidentified and the transcripts formatted for easy coding (Percy et al., 2015; Ranney et al., 2015).

Data analysis

The frameworks that anchored this qualitative study were the constructivist and pragmatist paradigms. The study was built around four constructs: (a) online students, (b) mental health impairments, (c) mental health support services, and (d) coping strategies of online students. Percy et al. (2015) argued that theoretical framework analysis is used when some predetermined themes are examined during data analysis. Patton (2015) posited that research is not aimed at validating the nature of reality or generating

grounded theory but "seeking practical and useful insight to inform action" (p. 152). I used the data analysis strategies listed below to achieve my research objectives.

I conducted face-to-face semi-structured interviews with 6 postgraduate and 3 undergraduate online students of my two research institutions at various stages of their doctoral, master's, and first-degree programs. The lived experiences of my research participants resulted in rich, detailed, and varied accounts of their unique experiences. Some of these participants are in the same department and their involvement in the school contributed to the rigor and credibility of the data collected. As part of the analysis process, I used my stand-alone recording device to record the interviews and transcribed the recorded interviews myself as part of familiarizing myself with the data and getting closer as much as possible to my data (Finlayson et al., 2019; Merriam, 2009). I observed the data collected wholistically to get a sense of the unique story of each individual while being open to finding nuances and unanticipated outcomes.

Guided by Braun and Clarke (2006; 2014, 2022), and Merriam's (2009) thematic coding process, I reviewed each transcript several times and took note of repeating ideas, concepts, and themes throughout the process. The goal at this stage was to become familiar with the content and relevant parts for further analysis. At this stage, I identified various ideas, and themes, and highlighted potential quotes related to my research's main question. My theoretical frameworks were used as guides when reading through the transcripts to ensure that participants' voices and opinions about the phenomenon under investigation were reflected. As Merriam (2009) described it, I had a "conversation with

the data" (p. 178) checking for concepts that are surprising, unusual, and conceptually interesting.

Data Analysis Via the Lens of Descriptive Phenomenology

Sundler (2019) identified three important areas in the process of data analysis such as attaining familiarity with the data through open-minded reading, searching for meanings and themes, and organizing themes into meaningful wholeness. The focus of descriptive phenomenology is the exploration of how phenomena are experienced as they rise into actors' consciousness. Phenomenologists can unfold the lived experiences of actors by unpeeling the layers of relationships through thoughts, feelings, and behaviours to uncover the essential essences of the phenomenon as they are (Leigh-Osroosh, 2021; Vagle, 2018). Following the tradition of descriptive phenomenological studies, during the data analysis, I embraced bracketing to actively set aside my biases without becoming part of the analysis to ensure the epistemological rigour of the analysis. The following steps were strictly followed during my data analysis phase:

(a) After audio transcription, I read the entire interview transcript to get a holistic understanding of the lived experiences described by participants and took note of initial ideas.

(b) I embarked on the coding for meaning units, Braun and Clarke called this stage generating initial codes from the dataset.

(c) Searching for themes by collating codes into themes and gathering relevant data for each potential theme.

(d) I reviewed themes making sure that the themes were in tangent with the coded

extracts and the dataset and used this to map out the thematic analysis.

(e) The next stage defining and naming themes. This is the analysis and refining of

the specifics of each theme to prepare the data for the overall story to tell. Leigh-

Osroosh (2021) called this stage transforming units into third-person narratives in

readiness for structural description.

(f) The last stage is reporting production. Here I selected the most vivid and

compelling extracts, examples, and quotations and related everything to my research

question and literature review for my final report. The final stage distilled and

weaved together the core structural description of the phenomenon under study as

described by my research participants (Braun & Clarke, 2006, 2014, 2022; Leigh-

Osroosh, 2021; Sundler, 2019).

Thematic Analysis

Thematic analysis (TA) is a method used in descriptive studies to identify,

analyze, and report patterns in the dataset. It allows for easy summary with in-built

quality control procedures in which themes and codes are reviewed in the context of the

dataset (Braun & Clarke, 2006; 2022). I used an experiential orientation in my data

analysis by prioritizing how my research participants described their experiences of the

phenomenon under investigation. This is done by investigating and adopting the meaning

ascribed to the phenomenon by the respondents as the reflection internally held by the

participants.

I embraced TA not only because of its theoretical flexibility, but also for its flexibility in terms of research question, sample size, data collection method, and approach to the generation of themes and meaning. Thematic analysis provides the researcher with a robust and systematic framework for developing themes and coding quantitative data which can then be used for identifying patterns across the dataset in relation to the research question (Clarke & Braun, 2014). Each transcript was reviewed a few times following the same open coding process looking for an emerging list of ideas, concepts, and themes. I read and re-read all the transcripts a few times and I established a series of several open codes and themes. The analysis of the interviews with 9 research participants yielded 21 categories of common related themes that were further synthesized to a smaller manageable number of themes (see Appendix A). All the identified themes were weaved together to tell a story about the data collected (Attride-Stirling, 2001; Braun & Clarke, 2006, 2014; 2019, 2022).

Figure 2

Braun and Clarke Thematic Data Analysis Framework
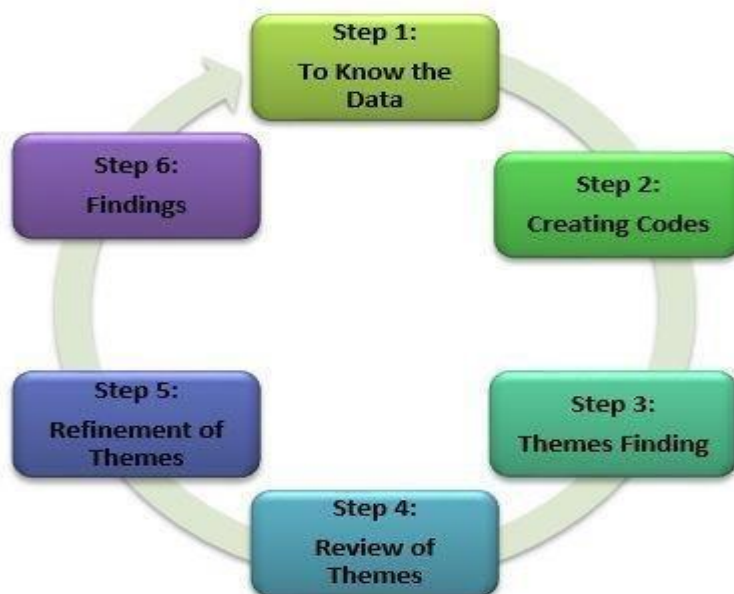
Note. Six-Phrase Framework of Thematic Analysis by Braun and Clarke (2006) (https://www.researchgate.net/figure/Six-Phrase-Framework-of-Thematic-Analysis-by-Braun-and-Clarke-2006_fig4_340294053)

Inductive Analysis

Researchers use inductive analysis to condense raw textual data into a summary, establish clear links between research objectives and study outcomes, and show underlying experiences revealed in the raw data (Braun & Clarke, 2006, 2022; Percy et al., 2015; Thomas, 2006). Using an inductive data-driven approach, codes were produced that mainly reflect the content of my data free from any pre-conceived theory to best represent the lived experiences of my participants as communicated by them.

Semantic codes relied on the surface meaning as communicated by respondents. I used this method where applicable to establish links in the outcomes of my study. It was applicable in my study because of its descriptive nature, and it is intended to identify the

phenomenon through the actors' perceptions. (Creswell, 2009; Finlay, 2009). I used an in-depth interview strategy which relied on the interaction between the researcher and participants gave me better access to my participants' inner perceptions without inhibiting their feelings and opinions about their lived experiences as online students.

During the interview, I presented a friendly demeanor, somebody who was ready to listen and sympathetic to their cause. I conducted the initial reading of my interview transcripts to identify all texts and segments that were related to my research objectives. These categories were reduced to weed out redundancy among the identified categories. This stage produced 21 core related themes and ideas which were incorporated into the most important categories and resulted in 5 major themes that were discussed in chapter 5. The process below was followed: preparation of data files also known as data cleaning, reading of the data files or transcripts several times, identification of related themes, reducing overlapping and redundancy, reviewing and refinement and selecting appropriate quotes that helped me to establish connections between the themes and my research question (Liu, 2016; Thomas, 2003).

Theoretical Analysis

Percy et al. (2015) and Nowell et al. (2017) noted that theoretical analysis is utilized in a study when the researcher has some predetermined categories to examine during the analysis phase of the study. However, the investigator is still open to other possibilities or emerging themes. I used theoretical analysis to illuminate my findings without closing the door against new emerging pieces. The use of theoretical analysis enabled me to view the data from another perspective by drawing on the theoretical

frameworks adopted for this study and reflecting on the philosophical assumptions. I gained a clearer perspective on the actions of my research participants and the data collected using my theoretical frameworks' assumptions.

The description of my research participants' lived experiences was closely linked to the theoretical frameworks adopted for this study. The findings were based on the personal statements and first-person subjective accounts of the research participants. The collective story integrated various views and different shades of opinions of all the research participants. The compilation of the findings was based on the theory that there is no universal truth out there to be discovered, the truth is constructed by the actors who experienced the phenomenon (Leeming, 2018; Minayo, 2012).

Collapsing Codes into Emerging Themes

The next stage in my data analysis was to collapse the codes and identify the emerging themes to present evidence for the central phenomenon of the study. The names of all the codes were informed by the main research question, my knowledge, as well as my orientation of the phenomenon under investigation. The meaning of these themes was attested to and made clearer by my research participants in their responses during the interview sessions (Merriam, 2009). After I had immersed myself in the data, I was able to generate some categories that were combined to form different themes through a quality time engagement with the data. I used Clarke and Braun (2006; 2013; 2014, 2022) and Creswell (2016) as my guide to identifying all the relevant themes and sub-themes that are related to one another to form a chronological storyline.

During the ongoing prolonged determination of themes, I continued to engross myself in the data as suggested by Braun and Clarke (2006, 2022). I was able to identify the major themes and subsumed minor themes into the major ones. Throughout this process, I kept an open mind and continued to look for nuances in my data while categorizing the data into major themes. The names of these themes were intuitively informed largely by the purpose and the overarching research question of this study (Clarke & Braun 2006, 2013, 2014; Merriam, 2009). The final themes that emerged thoughtfully represented the data collected, they were all mutually congruent and wholistically related.

Ethical Considerations

I sought and got my ethical clearance for this study through the Athabasca University Ethics Board (see Appendix A). Creswell (2013) and Dongre and Sankaran (2016) posit that ethical issues span the entire research process and may not end even after the study. Ethical issues are a growing concern in qualitative studies because they involve face-to-face engagement with research participants. Ethical questions may arise about personal disclosure, credibility, and authenticity. I have no conflict of interest to declare in this study, and I have no working or supervisory relationships with any of my research participants. Therefore, the following ethical strategies were employed throughout the study (Dongre & Sankaran, 2016; Flick, 2007, 2013; Padgett, 2012).

Informed consent

As part of my obligations, I divulged enough information about the research to make it possible for my participants to decide whether to participate or not. Several

studies echoed the identical opinion that an investigator must give a full description of

the research, including the researcher's identity, research procedure, other participants in

the study, and the number and duration of interviews. Also, I gave my contact

information to my research participants in case anything comes up that they would like to

discuss with me (Creswell, 2014; Flick, 2013; Padgett, 2012; Saunders et al., 2012).

Securing and destroying data

Participants often share intimate details about themselves with the investigator;

unless they are sure that these personal details will be adequately protected, their ability

to respond truthfully may be affected. There is a need to guarantee the data's security and

the data's ultimate destruction at the end of the study. Bogdan and Biklen (2007) argued

that researchers should be vigilant in "maintaining high ethical standards" and make

appropriate accommodations for protecting the data and anonymity of their subjects (p.

232). I ensured that the data collected was protected. Even though participants' names

appeared on the original informed-consent documents, these forms have been properly

secured and stored away in a location separate from the data at my workplace to prevent

any accidental leakage. Digital files were labelled with a pseudonym given to each

participant and securely kept from the public. All data were safeguarded with a

password-protected computer while in use until they were due to be destroyed as per the

REB regulations.

The safe boundary with the research participants

Some ethical issues may arise from the sustained relationship between the

researcher and research participants. Most qualitative studies warrant active face-to-face

interviews with the participants, which may raise some ethical concerns. The closeness of research participants and the researcher, coupled with the lack of strict neutrality, calls for caution and constant vigilance by the researcher. I was constantly cautious when encountering a morally ambiguous situation not to succumb to the temptation of getting too involved or crossing the line of "disapproval of inappropriate responses and unsavoury behaviour" (Padgett, 2012, pp. 17 – 18). During the interview and data-gathering phase of my research, I maintained a purely business relationship with my research participants and avoided getting closer than necessary (Bogdan & Biklen, 2007; Creswell, 214; Hannes & Parylo, 2014).

Protection of participants' identity

Protecting research participants and their identities is mandatory; the ethics rules and government regulations request strict protection of research participants' identities (Creswell, 2013). The principle of participants' privacy, anonymity, and confidentiality was followed and protected during and after my data collection. The security and privacy of my participants were ensured by using pseudonyms, removing all personal information, and using password-protected devices to store my data. Interviewing study participants is intrusive, and there is a need to protect the privacy of individual informants. Clandinin et al. (2009; 2010) noted that researchers should use fictionalized interim texts while the final research texts are written with "a broader audience in mind" (p. 7). To protect the identity and privacy of my study participants, efforts and measures were taken to disguise their identities and protect their privacy as dictated by the ethics and university regulations. I ensured that data could not be linked to an individual

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participant, and only pseudonyms were included in the interview protocols. To preserve

the originality of participants' words while anonymity remained intact, the interviews

were transcribed verbatim (Park et al., 2016; Tomkinson, 2015)**.**

Protection of the institution

The protection of the research institution also raised an ethical issue that the

researchers should be aware of and protect. Just like individual participants, an institution

as an entity also needs to be protected. Measures taken to protect the institution of my

study participants included not identifying the institution by its actual name on any

document. A password-protected device was used to store all information about my

research site (Bogdan & Biklen, 2007; Creswell, 2003; Merriam, 2009; Padgett, 2012).

Measures were taken to ensure that the stakeholders in my research would not be

traceable, no real names were used in public documents such as my dissertation, and no

specific information was included that would identify the institution.

Right to withdraw from the study.

Opinions in the literature indicated that apart from obtaining informed consent

from participants who can do so, their rights during and after the data collection phase

must be communicated to them. Such rights include the right to withdraw at any time

without a penalty, and no participant should feel coerced to participate in the study.

When inviting participants to my research, I informed all the potential participants

upfront and assured them that participation is voluntary, and that consent may be

withdrawn at any time (before the final compilation of my data analysis phase) without

any penalty or direct loss of any privilege or negative consequence (Bogdan & Biklen, 2007; Padgett, 2012; Patton, 2009; Saunders et al., 2012).

Evidence of Quality Procedures

Reliability and Validity

Flick (2009) posited that the argument on validity and reliability in qualitative research is yet to be settled. Korstjens and Moser (2017; 2018) also shared the same sentiment. The question of subjecting qualitative research to the same criteria as quantitative research is still raging in the research community. Flick suggested some strategies for grounding qualitative research, such as process evaluation and audit trail (Flick, 2009; Korstjens & Moser, 2017; 2018). Kirk and Miller (1986) argued that the classical definition of reliability and validity could not be applied to qualitative research because the definition did not consider the peculiarity of the qualitative procedure. In ensuring reliability and validity in qualitative research, attention was paid to the quality of the recording and data collection strategies. I followed note-taking conventions and proper documentation of data, and constantly checked for the accuracy of the information given by participants (Gibbs, 2007; Kirk & Miller, 1986).

Alternate Criteria

Creswell (2014) and Lincoln and Guba (1985) discussed alternative terms in a qualitative study that addressed the issues of validity and reliability. In grounding qualitative research and ensuring reliability and validity, the following words were used: trustworthiness, credibility, dependability, transferability, and confirmability. Evidence in the literature supports using these alternative terms to establish validity and reliability

in qualitative research (Creswell, 2014; Creswell & Miller, 2000; Kirk & Miller, 1986; Kirk et al., 1988). In their series on guidance to qualitative research, this assertion was also supported by Korstjens and Moser (2017). They highlighted the qualities of good qualitative research papers and answered the lingering questions on the issues of trustworthiness in qualitative research.

Member Checking

I used member checking, which Creswell (2014) and Korstjens and Moser (2017) described as the process of getting feedback from research participants to ensure accuracy and avoid any misrepresentation. I shared the final interview transcripts with each of my research participants to ensure that I correctly and adequately represented the views and opinions expressed during the interviews. I also kept copies of my field notes and established audit trails where all documents could be inspected (Creswell, 2014; Hall, 1961). Korstjens and Moser (2017) concluded that member checking serves as a check-in qualitative data analysis process and is an "ongoing dialogue regarding interpretations of informants' reality and meanings" (p. 259). Probst and Berenson (2014) called it the process of soliciting participant feedback to acknowledge that the researcher's interpretations represented the participants' opinions and facts. Member checking helps to improve the accuracy, validity, and credibility of evidence contained in the data sets to establish the authenticity of the research results (Creswell, 2012).

Recordkeeping and Audit Trail

Ang et al. (2016) described an audit trail as a frequently used strategy in a qualitative study to keep records of how the research is conducted and the steps followed

to establish objectivity, validity, reliability, and credibility. By documenting and reviewing research documentation during the research process, the narrative account of the researcher can be re-validated by others and testify to the accuracy of the narrative and information presented (Carcary, 2009; Creswell, 2009; Padgett, 2012). I kept comprehensive field notes that included what I did, saw, heard, or thought during the entire study period. These trails described my stand on what I saw, observed, and participated in, my thoughts on how to carry out the research, and what I learned during the investigation. The recordkeeping and audit trails encompassed sampling decisions and ethical concerns; a choice made each day of the study. The audit trails, essentially field notes, were kept safe, current, and accessible to establish the dependability and conformability of my study.

Rich, Thick Descriptions

In this dissertation, I used detailed, thick descriptions to convey my research findings. I also gave a detailed description of the settings, considered many perspectives on the themes, and provided good quotations from my research participants to make the results richer, more realistic, and more believable. A detailed description of the setting gives a variety of perspectives about the themes to give the results a more realistic and richer outlook (Creswell, 2014). Thorne (2020) warned qualitative researchers not to fall into the pitfall of what she described as a "data dump" (p. 2). A verbatim quotation as good and inviting as it may look can discredit the qualitative narrative as my readers are not privileged to be part of my data immersion, reflection, and discovery. I paid attention

to this warning and only used quotations where necessary to accentuate my participants' lived experiences.

Gaining Access to My Research Participants

To be able to complete any study, I needed to have access to the research site and potential participants. I used the strategies below to access my research site and participants.

Strategies for Gaining Access and Contacting Participants

The topic of my research interest is not a widespread discussion in many higher institutions in Nigeria. Hence, creativity in gaining access to the research site and participants becomes critical. I followed some of the strategies suggested in the literature to gain access to my research site (Johl & Rengnanathaan, 2010; Monahan & Fisher, 2015; Okunu et al., 2007).

I had a meeting with a faculty in one of the Nigerian universities. I explained my research interest as well as my intention to have access to some of their online students. He connected me with a faculty in another institution with the type of student population needed for my study. My contact in the new potential research site referred my first prospective participant to me, and I had a lengthy conversation with him, I have kept professional contact with him while waiting for my Ethics approval.

As soon as my proposal was approved and the Ethics approval secured, I continued discussions with my initial contact, who was my potential participant referred by a faculty member known through a mutual friend. I had more conversations on my research topic and the qualifications of my other potential participants. My next mission

was to develop new acquaintances during my subsequent visits to the research site and

continued looking for more potential participants which materialized after sharing more

information about the study with my other potential participants through my first

participant. I contacted more potential participants so that I could use my participants'

selection and qualifications criteria to cover a variety of views and opinions on the

phenomenon under study.

Chapter 3 Summary

In this chapter, I reviewed and described the research method and theoretical

frameworks adopted for my study and the rationale for adopting the research method and

design. I also discussed the types of phenomenological research designs adopted for my

study. I explained my reasons for adopting Husserlian's descriptive phenomenological

method approach, including steps and the cardinal principles involved in Husserl's

method of phenomenology. I also briefly discussed Braun and Clarke's six-step

descriptive phenomenology and the connection between Husserl's methodology. I

mentioned the essential features of descriptive phenomenology and their application in

phenomenological studies. Furthermore, I described the methodology adopted for this

qualitative study, the limitations of the phenomenological study, and the research sites,

which were two of the Nigerian universities in metropolitan cities in the western part of

Nigeria.

I subsequently explained the rationale for my choice of data collection method

and the criteria for selecting participants and sampling methods. I described the strategies

for gaining access to the research site, protection of my research site, data sources,

method of data collection, and data analysis plan. I explained my strategies for reducing

biases, errors, and ethical issues that researchers should be aware of and guard against.

Since Covid-19 posed a direct threat to data collection methodologies and processes in

the research field, I discussed my alternative data collection strategies in this chapter.

Chapter 4 focused on the results of my data analysis and my participants' descriptions.

Chapter 4. Results

In the following paragraphs, I introduced each of my research participants along with their course of study and their age brackets as given by each participant during interviews. I also used their words to describe their lived experiences emanating from their opinions about what they think of their mental health status, mental health policy, and the support systems of their institution. All my research participants were generous with their time outside of their school and work hours, despite the demands placed on them by their work, school, and family engagements. In the face of these challenges, my research participants came forward and readily willingly shared their online schooling experiences at a Nigerian university. The participants shared their candid opinions and perceptions of mental health policy and the support systems of their institution.

Data Analysis for Identification of Themes

Data analysis was carried out based on the descriptive phenomenological research tradition. I relied on Braun and Clarke's (2006, 20014, 2022) six-step data analysis framework to complete my data analysis process. A detailed explanation of this process is laid out in chapter three above.

Research Participants Characteristics

All the participants reside in the metropolitan cities of Lagos and Oyo states respectively. As is the case with most online students in Nigeria, all my research participants kept their day full-time jobs while engaging in their online studies. This chapter presented the data collected from my research participants without being interpreted as part of my deliberate efforts to prevent my biases or any preconceived

opinion from interfering with the data. This process ensures that readers access an objective account of the data collected as much as possible. Table 1 shows my research participants' age brackets and course of study.

Table 1

Research Participants' Information

Pseudonym	Age Bracket	Course of Study
Sir Benny	50 – 55	Business Administration Ph.D. Candidate
Frank	30 – 35	Business Administration Ph.D. Candidate
Jerry	40 – 45	Business Administration Ph.D. Candidate
Tina	30 - 35	Business Administration Ph.D. Candidate
Anita	35 – 40	Environmental Resource Management Master's Student
Bobby	50 - 55	Business Administration Ph.D. Candidate
Justin	25 - 30	Undergraduate in the Department of Peace and Conflicts Resolution Studies
Justina	25 – 30	Undergraduate student in the Department of Peace and Conflicts Resolution Studies
Rita	25 – 30	Master's student in the Department of Cooperative and Rural Development Studies

Note. Individual Participant's Characteristics *(N = 9).*

Participants in this study participated in a range of online learning activities depending on their programs of study and whether they were in an undergraduate or graduate program. Students take part in both synchronous and asynchronous sessions for their online learning activities using a variety of devices for their online and offline sessions. All my research participants joined instructors' led sessions and interacted with one another by posting and responding to each other's postings. Apart from synchronous and asynchronous sessions, the universities also established study centers where students can go and interact with lecturers and one another for specific reasons. The school can also summon students to come for some joint activities, students who may be facing some academic difficulties could also request to meet with instructors for extra help.

Each participant responded to the questions: (a) what comes to your mind when you hear the phrase mental health impairments? and (b) how would you describe your mental health status at the moment? These two questions were posed to my participants to determine their prior knowledge of what constitutes mental health impairments, while the second question was to gauge their general awareness of their mental health status. During the interview sessions, each participant rated their mental health status on a scale of one to 10 (one being the lowest and 10 being the highest in terms of positive mental health status). Each of the participants was informed that the higher their number, the better their mental health status. Their responses were discussed further in Chapter 5.

Online Learning Structures

Graduate and undergraduate courses run on either a 3 or 4-month semester basis depending on each course of study. Students are expected to post frequently and respond to online individual or group postings and discussions with their colleagues. Sometimes students participate in group work depending on their areas of study. Some students may be involved in practicums where they work with peers from other departments and other institutions while on industrial attachments. The paragraphs below described individual participants using pseudonyms given by me or selected by the respondents themselves, to protect their privacy and individual identities.

The average age of the research participants was 34 years. There were nine participants in total from two different universities located in the western part of Nigeria. Some of the participants agreed that they had some form of anxiety and sleepless nights while studying online at one time or another but did not receive any help from the school. The purposive, snowballing, and opportunistic sampling strategies were used to select nine participants from my research sites, and my selection process was discussed in Chapter Three.

First Virtual Meeting with My Research Participants

Before I visited Nigeria in July of 2023, I had nine separate virtual meetings with all my research participants who had agreed to take part in the study to familiarize myself with them. The convenient time of the meeting was arranged with each participant individually through the use of short message service (SMS) and WhatsApp messages. I worked around their schedules without causing any undue inconveniences to them. The

purpose of my virtual meeting was to introduce myself and my research topic and get to know them. During the meeting, I gave them all the relevant information that they needed to obtain informed consent while I formally asked for their participation. The meeting with each of them lasted between 10 to 15 minutes. During the meeting, we concluded with the agreement that another meeting would take place when I arrive in Nigeria in early July where the participants will sit for their face-to-face interview.

Research Participants Descriptions

It is important to declare here that some of the quotes in this section and in other chapters had been edited to make the meaning clearer and understandable, and to get rid of "redundant words or sentences and to make it grammatically correct" (Thorne, 2020, p. 6). In some cases, I used direct quotations from the research participants where appropriate while in other situations I paraphrased my participants.

Frank. My first meeting with him was on June 18, 2023, just for a few moments to introduce myself, talk about my research interest, and formally ask him for participation in the study. Our second meeting took place on July 09, 2023. Frank is in the 30 – 35 age bracket and in the second year of his Ph.D. program. He provided elaborate and lengthy answers to each of the interview questions. When asked to describe his mental health status, he described himself as a mentally balanced individual who does not struggle with any mental health issues, but he admitted to having occasional anxiety when an assignment deadline is approaching. He sees someone with positive mental health as one who can do what is supposed to be done at the right time and can do it the right and calculative way. Frank sees himself in this category of those who have a happy

family life, who can make and keep friends and relate well with them. Even when there is a misunderstanding, "We can settle it amicably, that is my notion of positive mental health sir". Even though Frank admitted to having occasional anxiety, he believes that he has no mental health issues whatsoever. Frank gave himself six out of 10 while rating his mental health status.

Frank knows a student who had issues with mental health as an online student, however, Frank said that the student did not accept that she had a mental health impairment until after many conversations with her explaining to her how much she had changed from when he had first known her. They both struggled to get her some help at the school to no avail until she eventually dropped out of school due to her inability to cope with the stress of online schooling. This student is now married with children, and they are still in touch, but Frank could not persuade the individual to take part in this study because the person is now married and did not want to revisit the past.

Bobby. Is in the 50 – 55 age bracket**.** He agreed to our virtual meeting on April 16, 2023. We had a little problem with the internet connection, but we eventually had our meeting after a brief delay. The second interview meeting took place on July 08, 2023. Bobby is in the third year of his Ph.D. program. He is a very reserved and thoughtful individual who does not volunteer much information. He kept his responses brief and would have to be probed further to release more information. Bobby was very philosophical while describing his online schooling experience. He explained how difficult it was to manage full-time work with his school assignments and the various deadlines he had to meet and still create time for his family. Sometimes he feels

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pressured and develops anxiety when the deadline is approaching and still has some work to complete. On a scale of one – 10, while rating his mental health status, Bobby gave himself seven. Despite having occasional anxiety that he said can trigger "high blood pressure and sleepless nights", Bobby believes, using his exact words, that he has a "stable head" that can help him contribute to society.

Bobby's program involved some practicum where he met and worked with people from other institutions and other departments. They talk about general issues facing students such as academic stress and social issues including mental health impairments. Bobby noted that no one was ready to share in detail what specific mental health issues they struggle with. As Bobby noted, "Mental health issues are rarely talked about, those who may need help do not even come forward. The authority does not talk about mental health issues, students with obvious signs of mental health issues are not admitted in the first place." When he was encouraged further to explain if that is the school policy, he could not affirm his claim that students with a history of mental health issues are not admitted into the school. It is not surprising that students are not willing to share information about their mental health publicly. Studies show that Nigerians fear that they will be judged if people find out about their struggles with mental health impairments (Andrade et al., 2014; Barke et al., 2011; Onyemelukwe, 2016).

Anita. Our first meeting took place on April 29, 2023, while the second interview meeting was held on July 05, 2023. She is a master's student of Environmental Resource Management within the 35 – 40 age bracket. She combined full-time work with her online schooling. Anita revealed that she once had a stint with anxiety and panic attacks

as an online student, but she did not receive the help that she needed at school. She briefly explained how she struggled to identify whom to speak with while trying to seek help at school and how she was given a phone number that was not assigned. She eventually had to look elsewhere for help when her school could not offer her the help that she needed to overcome her anxiety. She also talked about the problem she had with her matriculation number that had not been resolved to date. She had written many letters to the authorities but one year later, she is still waiting for a resolution. Anita picked four to represent her mental health status, and she did not give any reason for her selection when probed further.

Anita also knows a few friends who had similar mental health issues and the school could not help them. One of her friends had to drop out of school, and like her, he could not receive the help he needed from the school health center. The best the Student Affairs department did was to call his family and advise the family to ask him to withdraw from the school to go and take care of his health with a promise that the school would keep his placement and could return when he was fit to continue with his academics. Anita could not confirm if the student had returned to school because she had not heard from him anymore.

Sir Benny. Is in the 50 – 55 age bracket. We had our first virtual meeting on June 18, 2023. The second interview meeting was scheduled to take place on July 09 but got cancelled by Sir Benny due to some other commitments, but we finally met on July 15, 2023. Sir Benny is a third-year Ph.D. student of Business Administration in the institution. He has a unique perspective on how the institution is handling the issue of

mental health policy at the institution, maybe because he is also presently a lecturer assistant at the institution. He sees things differently from the other participants. I kept in mind his status as a lecturer in the institution while listening to his story. He made a point alluded to by other participants, perhaps students do need more encouragement to come forth and ask for help when needed. He rated his mental health status seven out of 10.

Sir Benny claimed that the only serious problem that the institution had around mental health policy and support program was convincing students with mental health impairments to come forward and speak out so that they could get the help they needed. As the interview session went on, he could not corroborate some of the claims he made about how the school handled mental health issues among students when probed further about any specific program provided by the school to help students struggling with mental health issues.

Jerry. I met with him on May 13, 2023, while our second interview meeting took place on July 14, 2023. Jerry is within the 40 – 45 age bracket, a third-year Ph.D. student in the Department of Business Administration at the institution. He juggles between full-time work and his academic work. He also manages to take care of his family which he relies on for support. Jerry scored his mental health status 7 out of 10 because he believes that when it comes to mental health, no one can score a perfect point. Jerry thinks he can make all important decisions well and does not suffer from any stress or mental health impairments. He gave himself a seven because he believes that he can handle stress and control his emotions very well.

Jerry has many friends who were going through a rough time with their mental health, and he believes that their institution is not doing much to help them. In his words "the university does not have any policy" to help online students. In some cases, people do not even believe in mental health impairments, "because when you talk about it, they brush it aside." Jerry was very outspoken about his feelings and opinions on what should be done to help online students. Jerry said, "I do not know anyone that has been able to go through the process of successfully getting any mental health support". There is no clear mental health policy that students can point to or follow when there is a need to access mental health services. Jerry pointed out further that he is "not aware of any policy about mental health in my school", therefore, he cannot claim to have "a positive perception of such policy".

Tina. My first virtual meeting with Tina was on May 15, while our second interview meeting in Nigeria was on July 07, 2023. Tina is within the 30 – 35 age bracket and is also a third-year Ph.D. student of Business Administration and an assistant lecturer at a university. Tina has some friends and knows some online students who had issues with their mental health but would not admit that they struggle with mental health. Tina knew some students who were looking for mental health help within the school, but she was not aware of how long the students had been visiting the Dean of Student Affairs office for help. Tina also could not ascertain if these students got the help they needed. During the interview, Tina thought that the school authority had done enough to educate students about mental health impairments because of the permanently displayed banner

for those who may visit the campus. Her views are similar to Sir Benny's, who also has an employment relationship with the institution.

Tina maintained that students get enough information about mental health at the health center during the students' orientation period. She noted "I don't think there is anything much for the authority to do. The awareness is done during the orientation. I know that there are banners for them to see and they can always launch their complaints." Other participants also confirmed that mental health was mentioned but only briefly during student orientation week, and this was adjudged to be grossly inadequate. My other participants' accounts differed from Tina's point of view on mental health support at the institution. Other participants claimed that apart from the brief mention of mental health, nothing else is done to help students who need help. When she was asked to rate her mental health status on a scale of one – 10, Tina picked seven to describe her mental health status. Tina also does not have a clear knowledge of any documented mental health policy aside from the banners erected on the campus.

Justin. My first virtual meeting with Justin was back on June 18, 2023, from 10:15 to 10:27 am. Our second face-to-face interview was planned on July 21, 2023. He is an undergraduate student in the Department of Peace and Conflicts Resolution Studies in the 25 – 30 age bracket. Justin is in his late twenties and a self-sponsoring student who combines full-time work with his online education. He owns a private business outside of his online schooling that takes a big chunk of his time trying to meet his customers' requests for services, sometimes at very short notice. He started his 4-year online degree program in 2013, and because of his dire financial situation and lack of financial support,

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he dropped out of his program to source funds. He concentrated on his private business and also worked as a clerical assistant to gather more funds. After he had managed to save up some money, he resumed his online studies again.

Things have been difficult for Justin, but he promised himself that he will not abandon his program come what may. In his own opinion, his current state of mental health is balanced, and he has no problem juggling things. While talking about his mental health status, Justing declared that positive mental health [to him] deals with "thinking, the way one thinks, understands, the way we receive feedback and the way we process the information received." When he was asked to rate his current mental health status, he rated himself six out of 10. When probed further about his choice of mental health status rating, he said, "I picked six because of some circumstances such as environmental and personal pressures." Justin had seen many students dropping out of the program for one reason or the other. He is aware of a few students who dropped out because of financial pressure, anxiety, and fear of not being able to cope with the rigour of online school.

Justin had seen many online students drop out of the program, mental health being one of the reasons. He reasoned that it is very easy for online students to develop mental health impairments because according to Justin:

It is strictly an online program, and being an online program, it is quite challenging. I said it's challenging because when we are doing our registration and given the course materials, we do not have a physical tutor, we are on our own, and we have to read and try as much as possible to understand it and relate it based on our understanding. In my opinion, the school can do more to help students overcome

any mental health challenges, but right now, that is not happening. In terms of

mental health policy for online students, I do not see much.

Justin's claim is supported in the literature in a view expressed by Rutkowska et al.

(2020). Online learning has resulted in long-term social isolation and peer interaction

limitations among online students, and this could trigger mental health issues in some

vulnerable online learners.

Justina. She is an undergraduate student within the 25 – 30 age bracket. I

had a virtual meeting with her on July 21 and our second interview took place on

August 02, 2023. Justina was one of the participants recommended by one of my

other participants. Justina is in her late twenties, and she is a third-year undergraduate

student in the Department of Peace and Conflicts Resolution Studies at one of the

Nigerian online higher institutions. As is the case with many Nigerian online students,

she is a self-sponsored student who worked as an administrative secretary in a small

retail business. She is passionate about completing her course of study and getting a

chance to participate in the National Youth Service Corp (NYSC). NYSC is a national

program that every young Nigerian who has completed a degree, or an equivalent must

participate in by law. Justina believes that her state of mental health is good and stable,

and she can manage her affairs well.

On a scale of one to 10, Justina gave herself a four and went on to justify why she

chose four. She explained: "I cannot give myself beyond four because of the situation of

things in the country. There are lots of technological and environmental factors in this

country that give online students anxiety and stress." Justina knew some students who stopped showing up in their online classes and dropped out altogether due to financial problems as well as issues related to technology affordances. Many of these students lack technological know-how, many of them have been out of school for many years and are therefore lacking proper orientation in how to handle online school. Technology affordability is also a serious issue for many online students in Nigeria. As Justina put it:

> The prohibitive cost of getting a good device here in Nigeria means that many of us will buy fairly used devices that give us connectivity problems. This on its own is a nightmare that can trigger anxiety for many students. As for me, I am lucky to have a good iPad that I use for my online lectures. Many students connect to online classes with their cell phones that are not functioning properly.

Many students cannot afford a good new device for their online classes. In many cases, students had to work with used devices that were not functioning properly or often malfunctioned during classes.

  Rita. She is another participant introduced by one of the participants that I had interviewed. I had a virtual meeting with her on July 21, 2023, and our second interview meeting was on August 05, 2023. Rita is between the 25 – 30 age bracket and is an online postgraduate student in the Department of Cooperative and Rural Development Studies. She is married with a young daughter and lives with her husband in a Nigerian metropolitan city. Rita works full-time and must juggle her studies and maintain her home with the rigour of catering to a young toddler. Her husband is a strong supporter of

her education and contributes immensely both morally and financially. Rita described herself as mentally stable and emotionally strong.

When she was asked to describe her state of mental health, she said "I have a balanced mental health because of my strong family support. Presently, I am physically fit, I can reason well, co-exist with others, and go about my daily business peacefully." When she was asked to pick a number on a scale of 1 to 10, to describe her state of mental health, surprisingly, Rita picked 3! Even when I further explained that 1 was the least and 10 was the highest, she did not change her number. She stated that the current situation of things in the country is worrisome, and she is having trouble coping with all the demands of her academic, official, and domestic obligations. When Rita was responding to a question about what type of information she would like to see in her school policy, she articulated her view in this way:

> There should be a procedure on how to handle anything that has to do with students' mental health in a special way. I will advise the university to create a body that can help students who are dealing with mental health challenges. The body should be able to educate students and explain to them better anything that has to do with their mental health. At the moment, I do not see or hear anything about such a policy, the university can do better.

Many of my research participants echoed the view that their institution has a lot more to do with creating policy and an enabling environment where online students can thrive.

Major Themes Identified

The analysis of my interviews with 9 research participants yielded 21 that were further synthesized and collapsed into a smaller manageable number using research participants' words to accentuate the 5 major themes. The 5 major themes that emerged are discussed in chapter 5 (see Appendix A).

Table 2

Major Themes and Sub-Themes

Major Themes	Sub Themes	Participants' Words
Importance of Stable Mental Health	1. *Emotionally balanced, with a clear mind* 2. *Mental health mandate* 3. *Collaborative efforts from all stakeholders* 4. *Consistent enlightenment and regular communication* 5. *Online students lack awareness*	"People with good mental health who can balance their emotions and do not have issues juggling things." "It is important for the university and tertiary institutions to understand that a clearer mind is necessary for students to function." "Positive mental health to me is when you can do what should be done at the right time and you do it right and the way it should be done, and you are being calculative. You see yourself as a useful and contributing member of society. You have a happy family life, and you can make and keep friends and relate well with them, even where there is a misunderstanding you can settle your rifts amicably."

Ubiquity of Mental Health Impairments	1. *What mental health looks like* 2. *Constant power interruption (accessibility issues)* 3. *Common bandwidth problem, technology affordance, and affordability (accessibility issues)* 4. *Lack of open discussion about mental health conditions* 5. *Education for social mobility in the society*	"There are a lot of people with mental health issues around online students. Generally, mental health is not regarded as much by the authorities. There are situations where the students wonder what the authority is doing about students' welfare."
Creating and Publicizing Mental Health Support Services	1. *Poor mental health education* 2. *Talking about positive mental health* 3. *Rising profile of virtual classes* 4. *Working in concert with the authority* 5. *Institutional obligation*	"I think there should be consistent workshops, talks, or seminars to educate the university students on mental health, both graduate and undergraduate students. They should tell students about what the university's mental health policy is and where students can find more information about this subject matter." "There should be a special office in that student affairs unit or even a department and its responsibility should be about student mental health and helping students with mental health issues." "People may have it and don't even know that they have it. That's one of the fundamental challenges of mental health problems and

that is where counselling and aggressive awareness campaigns become necessary."

"Mental health awareness among online students is generally very poor. I am not privy to anywhere in my online environment where a mental health policy is mentioned."

| Talking About Mental Health Impairments and Destigmatizing Mental Health | 1. *Bigger roles for the Student Union*
 2. *Dedicated Mental Health Unit*
 3. *Positive experience*
 4. *What do mental health issues look like*
 5. *Mental health is personal*
 6. *Collaborative efforts from all stakeholders* | "I believe the student union is the closest to the students, they are always around on the ground, so there should be a link between the student union and the school authority. Students should be able to table whatever issues or grievances before them and relay them to the school authority."

 "Student Union should embark on a vigorous awareness blitz through the organization of seminars, workshops, and general awareness sessions around the campus and online."

 "We do not talk about it. We are on our own. Mental health is regarded as a personal thing, nobody discusses each other's mental health."

 "There was no message about mental health at the time that we applied to the school for admission, and there was none after admission." |

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| Low Mental Health Priority | 1. *Rising profile of mental health*
 2. *Desire to have an education.*
 3. *Desire to succeed*
 4. *Mental health has a low value* | "So mental health is not regarded as anything, I don't think they value students' mental health. My perception is that mental health means nothing to the authority today."
 "We do not talk about it. We are on our own. Mental health is regarded as a personal thing, nobody discusses each other's mental health."
 "Nothing about mental health. None that I am aware of. There was no message about mental health at the time that we applied to the school for admission, and there was none after admission." |

Note. Major themes and quotes from research participants.

The Importance of Stable Mental Health

The participants in this study were adults attending online classes and working full-time to take care of their families at the same time which in itself could be very challenging. During the interview sessions, many of them alluded to the importance of having stable mental health if students must be successful in their studies. Participants' responses indicated that the authority has not given enough support to online students. They asserted that the university should know that a clearer mind is necessary for students to function well in their studies. Research findings support students' claim that the university authority should provide social and emotional support to enhance students' mental health stability (Chen, 2023;

Winzer, Sorjonen & Lindberg, 2018). Students saw their education as a pathway to making their lives better. Education was seen as the only veritable way to move up on the social ladder and achieve their dreams in life, they will need all the emotional and social support to complete their studies.

This has been a popular belief among students in Nigeria. Education remains the only way to move from campus to corporation and live a fulfilled life. All the participants remained hopeful and wanted to complete their education come what may, and not even mental impairments will stop them. They believe that mental health could be demystified if it is talked about, and help is provided for students that seek help. This notion was expressed during the interviews by all of them. When asked about what made them continue their education despite all the challenges they faced daily as online students, they all gave a similar answer that hinged on their determination to succeed under any conditions. They were all highly resilient and regarded their sacrifices as the necessary hurdles they must overcome if they wanted to realize their dreams.

All participants in this study saw themselves as having positive mental health when prompted to respond to a question about their mental health status. Most of them admitted having occasional stress, anxiety, and sleepless nights, yet they did not see any of these feelings as subtle symptoms of mental health impairments. When asked to rate their mental health status on a scale of one – 10, with 1 being the lowest and 10 being the highest level of positive mental health, their numbers ranged from 3 to 7. Some participants explained the reasons behind their scores when I probed further about their choice of mental health status numbers. In some cases, their responses demonstrated misconceptions about what constituted

mental health impairments. This was in line with the findings in the literature that mental health literacy is abysmally low among Nigerian university students (Alu et al., 2018; Bell & Omigbodun, 2009; Okpalauwaekwe et al., 2018).

My research participants believed that if you behave in a socially acceptable manner, then you have positive, stable, and balanced mental health. Bobby, a Ph.D. student, while talking about his mental health status said:

> People with mental health impairments or unstable mental health are those who cannot be schooled or taught, those who cannot sit down, and they cannot be taught in the class, they could not be able to assimilate. In other words, somebody with mental issues cannot assimilate new knowledge that could free him or her. I am not in this category, so, I can say that I have a good head, I am good for society, I have good mental health and I have a stable mind.

The point of view expressed by Bobby was very popular among the participants. Anybody who does behave abnormally publicly or who does not go about talking to himself in public could not be suffering from mental health impairments. Most of my participants agreed with Bobby's idea of people with mental health impairments.

Anita, a master's student, expressed the same view. She said among other things: "Well for me, I have a stable head, I am teachable, I will never do something that will go against the norms of the society, so I can say that I have good mental health." Comment of this type coming from research participants is not surprising, it reinforces McKean's (2011) Dual Continuum of Mental Health and Mental Illness findings in which it was concluded that many people go around with poor mental health without showing any symptoms of mental illness.

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Generally, in Nigeria, individuals are often only recognized as having mental health impairments if they exhibit full-blown psychosis, and there is a prevalent fear surrounding such individuals. Such people are usually feared, and they are often kept out of the general population.

All participants admitted that they knew many students that are living with mental health impairments while studying online and none of them seemed to get the help they desperately needed. While responding to the question if they knew whom to speak with, should they or any of their friends need mental health services, their responses were similar. The answer was that they did not know anybody to speak with or any department to visit. Bobby said "No. Nobody that I am aware of. You just have to look elsewhere or outside for help. The only time they talked about mental health was during students' orientation week, and that was it." Anita and Jerry used almost similar words: "None that I am aware of. No. Not a single place, person, or document that I am aware of. There was no message about mental health at the time we applied to the school for admission and there was none after admission."

Similarly, Frank, Tina, and all others corroborated the above sentiments that there is nowhere to get help in case of any mental health emergency. Anita, who experienced anxiety due to academic pressure and family demands, said she did not approach the school for help. When asked why, she answered, without any hesitation, "No, I did not go, because there was no indication that I could get any professional to speak with within the school. It did not even cross my mind that I should try the school." When I prompted Anita to find out if she has any other thing to say, she responded quite quickly:

Yeah, I have a lot to say. There are a lot of people with mental health issues around here among online students. Generally, mental health is not regarded as much by the authorities. There are situations where the students wonder what the authorities are doing about students' welfare. For example, we are having issues with our matric numbers, and this is not what happened because we are at fault, it was on the authority, and it has been going on for years now. We have written letters, but they were not able to do anything about it. So, you can imagine spending years doing a course that should last 9 months online. So mental health is not regarded as anything, I don't think they value students' mental health. My perception is that mental health means nothing to the authorities today. That is what I will say.

These were some of the sentiments expressed by many of my research participants during my data collection interviews. It was a widely held view among students that the university authority is only interested in the money they get from students.

Tina also shared her experience when she was looking for mental health help from the school. There was no dedicated place where students could go and talk to anyone about their mental health issues. Tina summed up her experience in the statement below:

I will use myself as an example. There was a certain time that I needed a counsellor to talk to in and outside of the school environment. The first piece of advice anybody will give you is to talk to a friend, not even a professional, and by the time I realized that I needed to talk to a professional, there was nobody to talk to in the school and even outside the school environment. The only contact number they gave me at the time was from the school and I tried the number, but it did not go through because it was not

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assigned. The number was no longer in service. So, for me, I feel that right now the

school cannot be bothered about students' mental health impairments. They did not even

think that mental health was an issue.

Sir Benny also talked about when he was having a panic attack and anxiety, he did not

approach the school for help and when asked why, he said he relied on friends for remedy.

Many of the respondents would rather talk to a trusted friend before thinking of any

professional help. The general opinion among students was that the school was not

particularly keen on assisting students to deal with their mental health issues since mental

health is rarely discussed at school. The quotation below was how he was able to deal with

his mental health issues:

> At the time, getting a solution was not on my mind. But there came a time when I knew I
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> had to speak to one or two people. I needed to talk to some confidants and some
>
> colleagues, and in the course of sharing and talking, the burdens were lifted, and
>
> solutions were shared. Out of the many things that were discussed, there were positive
>
> and negative ones. Students have a general opinion that they have no recourse during
>
> mental health emergencies other than to bottle it in and focus on their studies to ensure
>
> that they are on top of everything that is needed to graduate.

Sir Benny said he was able to deal with the issues that were bothering him at that time. His

advice to others is that do not bottle everything in, talk to people around you and look for

some good advice.

When the participants were responding to a question about their coping mechanism,

they all expressed faith in their friends, classmates, and significant others that the people

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could help them when the need arose. In a similar view expressed by all research participants, Jerry said, "When I think I am having difficulty coping or focusing, I leave everything right there and I can speak to friends, colleagues and a distant person that I know." Justin expressing the same opinion said that "somebody needs a one-on-one friend to rely on, somebody that could be trusted and confided in." Sir Benny summed this up nicely while expressing a similar opinion.

> As I said to myself, the process is don't bottle it in. If you bottle it in, it will eat you up and become complex. Find the right few people to talk to and in the process of speaking up, you begin to lift the burden gradually. Once that is done, if suggestions are made, filter them and act on them immediately to apply them towards solving the problems. Out of the many things that were discussed, there were positive and negative ones. These positive ones were filtered and led to some positive actions being taken and it yielded results.

The solution that worked for some of the participants was talking to friends, colleagues, and trusted ones, instead of looking for help at the school. Talking to friends and trusted ones seemed to be therapeutic for some.

In Nigeria, what often occurs is that many individuals keep their struggles with mental health bottled up until the situation escalates. People rarely talk about their encounters with mental health for fear of being labelled. Participants expressed the opinion that it is high time that the university developed a mental health mandate in collaboration with the student union government and other stakeholders to help students deal with the staggering issues of mental health problems among online students. It was a popular opinion expressed by my research

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participants that the authorities should act and develop a plan of action to help students. In Jerry's words, "the university authority, department of student affairs, student union government, and other stakeholders should work collaboratively to create mental health awareness in the school."

Ubiquity of Mental Health Impairments

WHO (2017; 2022) declared that one in every four Nigerians suffered from mental health impairments and over 50 million were living with mental health conditions. There is a convergence of opinions among my research participants that many students continue their education online while living with mental health impairments, even though they are hesitant to openly discuss it because they view mental health as a personal matter. Anita expressed the view that nobody talks about their mental health status, even when it is obvious. Students do not want to talk about their mental health status and pretend that it is not there. The fact remains that mental health impairments are widespread even if students might be hesitant to acknowledge them. Sometimes when it is apparent that some people have issues, students are dismissive and would want to deny it and pretend that everything is fine. What Anita said here applied to the majority of mental health impairment cases among students:

No. Nobody that I know likes to talk about their mental health. Even If you have an idea that a particular student needs help with mental health care and you approach them, they are likely not going to tell you what the issue is. Normal life things that most people don't take as an issue. They will normalize it and say it is what society is like, most people don't see it as an issue. They tend to hide the problem and seem like they don't want to talk about it. When you try to say something like these days, I have noticed this and

that……After much persuasion, they may say a few words but not in detail to make you

help them.

This was a popular view among students generally. They have come to accept their mental

health impairments as normal and part of students' lives. Students are completely desensitized

to mental health impairment symptoms.

Jerry was rather outspoken about his feelings and his thoughts about what the university

authority and other stakeholders need to do to help online students living with mental health

impairments. He said among other things:

I will say that it is important for the university and other tertiary institutions to

understand that a clearer mind is necessary for students to function well. A clear mind is

an effective mind. Yes. As I said earlier, a lot of students are going through serious

mental health issues, and this is coupled with academic stress and well-being the

university does not have any policy that I know to help us. When we talk about mental

health issues, people tend to brush it aside because is not an open medical issue. At the

end of the day, students can't cope with academic work and students can't go to write an

examination. Students are flagged as having failed not knowing that the students are

dealing with accumulated social and mental health issues related to stress and depression.

The above expression captured students' view of the university's inaction when it comes to the

provision of mental health services and support for students who may need mental health help.

Everyone, while responding to a question about what they can do to help a friend who may

need mental health help echoed a similar opinion.

Students who may need help do not admit it. This is consistent with research findings that Nigerians do not like to talk about mental health issues for fear of being stigmatized (Ihua, 2020; Labinjo et al., 2020). My research participants believed that mental health issues are widespread among online students, and they have an opinion about major triggers that have led to an upsurge trend of mental health impairments among online students in Nigeria. Respondents believe that the earlier the authority responded to this issue, the better for students who are living with mental health impairments and pretending that everything is fine.

Nigeria has infrastructural and technological challenges that are exacerbating the difficulties faced by online students in the country. Respondents said that inability to connect to their online classes and online submission of assignments ahead of deadlines usually led to anxiety and stress for students as many of them missed out on some vital information. The solution does not appear to be coming any time soon because of the general situation in the country. Rita nicely dissected and articulated some of the problems of online students in Nigeria, and she wished that something could be done as soon as possible so that students could complete their education. She summed up her thoughts in the quotes shared below:

> One of the major challenges for online classes is the instability of internet connectivity, and sometimes frequent disconnection which at times forces lecturers to cancel our online classes. Even when a connection is established, it takes a long time to download documents and graphics. If the connection is good, students can also interact online. Connectivity is still a very big challenge and a big threat to online classes in Nigeria. Another major challenge is the constant power disruption as well as the inability of the lecturers to understand the students because of the lack of physical presence and facial

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contact. The lecturer may not know how students feel. The lecturer cannot read the body language online or have feelings about whether the students understand the lesson or not. A lot of times that gives me some anxiety and sleepless nights. You know that things that you missed might affect your final grades and things like that. And you know here, once the instruction is given, nobody listens to you anymore, you just have to do the needful and meet the deadline.

In Rita's opinion, these types of challenges are contributing in no small measure to the spread of mental health impairments among online students. Many of her fellow students seemed to agree with this as well.

Justina, in what looked like a confirmation of Rita's point, described her terrible online moments that have shaped her memory of online schooling in Nigeria as, "stressful, frustrating, and very bad. Sometimes, we will be having a very good conversation and just like that, the network will start logging you out by itself and we will have to reschedule the class or use voice notes or WhatsApp to communicate."

Most of my interview respondents have similar experiences around connectivity, technology affordances, and affordability. These issues are a cause for serious concerns that give students anxiety and sleepless nights, particularly in Nigeria. There is a general feeling among my respondents that the university does not care about their mental well-being. They expressed the view that the school authorities do not take students' welfare and mental health wellness seriously. They also believe that this opinion is widespread among Nigerian students in general.

Creating and Publicizing Mental Health Policy

All the research participants shared a common view on mental health policy and mental health education among online students. They felt strongly that the authorities showed insufficient concern for their mental health and mental health needs. The only time that students briefly heard about mental health from their institution was during the initial student orientation week and nothing thereafter. Justina, when responding to a question about whether she gets her information about mental health from school, responded unwaveringly:

> No. They do not talk about mental health, not the school, not the tutors. I just know that I have to continue with my studies no matter what and finish before they increase our school fees again. I do not want to abandon what I have started. I will describe the situation as a mental health policy vacuum. Is like nobody cares.

The words nobody "cares" come up so many times from many of my respondents. They felt like the authority had no obligation to care about their mental health issues.

When responding to a question about mental health policy, Rita in her response said she does not know about any mental health policy for online students in the school: "No, I am not aware of any detailed mental health policy put in place other than the mention of mental health generally during student orientation week shortly after admissions and resumption." Apart from the general health care center, students are not properly educated about whom to talk to during any mental health emergency. There is a counsellor that students can see; however, the department concentrates only on career services, nothing about mental health. Rita added "Since I have been in this school, I have not seen any student that has come to the counselling department for mental health service. I know there are students with mental health impairments,

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but they do not come forward." I have heard this statement from virtually all my research participants.

Generally, the research participants held the view that online students' mental health wellness deserves more attention. They felt that there should be a clear procedure on how to handle mental health emergencies among online students because of their peculiar circumstances. Remote learning has resulted in long-term social isolation and peer interaction limitations among online students, there is a need to focus on what they might need to be successful (Rutkowska et al., 2020). Online students do not have the luxury of on-campus physical interactions with one another and with their lecturers daily. Therefore, students feel that there should be a clear lay down policy and procedures that they can follow to get the help they might need in a timely fashion. My respondents noted that mental health education among online students is generally poor despite the rising profile and popularity of virtual classes in Nigeria.

A clear message from the data collected was that the participants were not sure whether a clear policy and protocols on mental health existed in their institution because they could not find any documents online or anywhere that stipulated what should be done during a mental health emergency. The only time they were told about mental health was during the students' orientation week. They all shared similar views when responding to the question: Are you aware of any mental health policies and protocols in your institution? They could not say with confidence that their school had any policy on how to deal with mental health impairments. They all agreed that there is a need to create and publicize a robust mental health policy and protocols that students and staff can follow in an emergency.

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The respondents were very clear about what they like to see in their institution's policies and protocols document when responding to a question: What kind of information would you want to see in your institution's policy on mental health? Frank said:

> I think there should be consistent workshops, talks or seminars to educate students on mental health, and what mental health impairments look like, for both graduate and undergraduate students. They should tell students about what the university's mental health policy is and where students can find more information about this subject matter. There should be consistent enlightenment and regular communication coupled with minor training. Students should know where to go when to go, whom to speak with, and a telephone number to call with each step clearly stated to guide students.

Justin added more layers to the above suggestion and added his point of view about what path he thought the authority should follow. Below are his thoughts:

> I think the university should set up a committee and all the committee must do is to write a clear mental health policy, educate, and enlighten students on mental health impairments. The committee should devise a way to determine and know students' mental health status.

Jerry put this more elaborately and compellingly. He observed that students should be educated on the symptoms of mental health impairments because one of the fundamental problems is that many students who experience it do not even know that they have mental health issues. Using Jerry's words:

> That is where counselling and aggressive awareness campaigns, lecturing, seminars, and workshops come in to let people know the symptoms when they have mental health

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challenges. The focus should be more on psychological well-being. Medical facilities should be provided and improved to provide support for people with mental health issues. There should be a committee in the university that handles cases of people with mental health issues. The first thing they should do is to have an enabling mental health policy. This means a more visible mental health policy stating the department, office, phone number, and a particular officer to contact. It should stipulate what students who are having mental health issues need to do, and where they need to go. In my institution, I am not aware of anywhere that anybody can go apart from the university's ill-equipped health center despite the increasing demands for mental health services.

It is believed that if the university can create a policy and procedure for mental health services, some students will come to look for help and support during mental health crises.

Generally, students do not like to talk about their mental health status openly, but there is no controversy about the fact that many students know that mental health impairments among online students are widespread. It is also a shared view among the participants that the university should establish a clear policy and protocols on how to help students who may come forward for mental health services.

Talking about and Destigmatizing Mental Health Impairments

My research participants expressed several similar opinions based on their lived experiences about the various roles that all stakeholders in Open and Distributed Learning in Nigeria should play to ensure the well-being of online students facing mental health issues. As Jerry pointed out:

Mental health awareness among online students is generally poor, and online learning puts an additional burden on students because most of the time they are on their own. The inability of some students to cope with the academic demands of online learning can sometimes lead to mental health issues.

Participants have some compelling reasons for wanting to complete their education and obtain their degree because they believe that their future depends on it.

Students did not want anything, not even mental health impairments, to derail their mission. There was a consensus among respondents that the university should talk about mental health often and, at the moment, it is not happening. Apart from the brief mention of mental health during the orientation week, they claimed that nobody mentioned it afterwards. By talking about it, mental health could become depersonalized and destigmatized, and students may feel comfortable talking about their mental health. Justin when answering a question on where he gets his information about mental health, said "As at the time of registration, we have a counsellor who mentioned and enlightened us about mental health just a little bit, not in detail." Responses from the other participants were similar to Justin's. They wanted bigger roles for their student union in dealing with mental health impairments.

Participants wanted a dedicated mental health unit created to engage and educate students about positive mental health and publicize mental health policy and support systems in their institution. The Student Affairs department should also have an enlightenment wing with sole responsibility for arranging year-round seminars, workshops, and talks in collaboration with all other stakeholders in and outside of the university. In line with other participants' views, Jerry said:

Student unions in concert with the Student Affairs unit should play a very big role

through the organization of seminars, workshops, awareness blitz and general awareness

information sessions around the campus. The body should also organize department-to-

department mental health awareness among students and maintain a huge online

presence. Talking about mental health frequently both online and in virtual classrooms

will encourage students to come forward and share their experiences thereby propelling

them to get help during mental health emergencies.

In Benny's opinion, "A problem shared is half solved". When you share your challenges and

issues with others, you lift your burdens off yourself, in that way, you may improve your mental

health and function better.

Low Mental Health Priority

It is well documented in the literature that mental health impairments are not being

discussed and given the attention that problems of such magnitude deserve by the various higher

institution stakeholders in Nigeria (Atilola, 2016; Barr, 2014; Okoro et al., 2021). Studies

revealed that policy and support systems to tackle mental health impairments in Nigeria are

nonexistent (Levecque et al., 2017). All my research participants echoed this sentiment. One of

the reasons expressed was that students knew that the authority had no provision for them.

While responding to a question: Are you aware of any mental health policy or support

systems in your school? Bobby was quick to answer "no", but then expressed uncertainty,

contemplating the possibility that there might be.

No. None that I am aware of, not a single place or document. I am not aware of any in

the school, and not on the website either. To be precise, it's no. Is not even talked about

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anywhere, those who may need help do not even come forward. No, sorry, the answer

cannot be no, because there are some, in this school, maybe health center, I believe,

maybe there is someone there that can attend to students with mental health issues.

Some of my respondents answered similarly, expressing uncertainty about the existence of

policies and support systems in the school. They couldn't say with any degree of certainty that

their institution has any policy on mental health. This implies that even if there were policies and

support systems in place, students were not aware of their existence.

While responding to the same question on mental health policy, Anita thought there could

be, but she did not know where to go if she needed help with her mental health: "There is a

Healthline on the school website, and there is a clinic also, I believe there should be, but I don't

know any specific place that I can go for such information should I need to." Frank does not think

the school has a policy: "Physically, no. You know everything is online, and there is no

information online about mental health help. So, no place to go for help and no communication

about mental health among students".

Jerry also was unaware of any mental health policy, but he speculated that the university

health center might be able to help if the need arises. He is aware that the university has a health

center. Jerry put it as follows:

> I am not aware of any policy. I know the university has a health center that covers and
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> provides general health care for students, but I am not aware of any policy dedicated to
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> mental health in the university. Mental health is not an area of high priority here for
>
> online students because we do not go to campus for lectures, and many lecturers do not
>
> even know us.

Jerry's response to any awareness of any mental health or support system in the school was similar to most of the participants. Many of them like Jerry could not articulate any policy or support system in the school.

Many of my research participants believe that the university is not doing enough to assist students who are struggling with mental health impairments in the online environment. In most cases, authorities remain indifferent to students' plight. I consider it worthwhile to echo how Justin expressed his frustration about how the university is handling mental health crises among students. He believes that the university authority must help students to succeed. His characterization of the university's handling of mental health issues is presented below in his words:

> In my own opinion, mental health policy among Nigerian Universities is not very encouraging. Most of these institutions do not have a committee that can tackle mental health problems among students. University authorities believe that mental health is a personal thing. Mental health impairments are affecting students. It is affecting students so badly that their time staying in school is just a waste. Most of them will not even graduate. Some of them will become delinquents, join cults, or even die in the process. The sad part is that things that are affecting students are minor issues that the university can help with by just setting up a committee that can tackle those issues. I will call this committee a police officer or monitoring group to check, find out about students' backgrounds, show them love and help them to overcome their mental health problems.

Justin's statement summed up the lived experiences of online students in Nigeria. Most of these students were from low socio-economic backgrounds, they could not afford full-time face-to-face university programs.

They were a very vulnerable group of people. Many of them were self-sponsored; any minor mental health problem could derail their education. They all saw their education as a way to get out of poverty. Students wanted the authority to develop policies on mental health and lay down procedures on what students can do or what process students can follow to get the help that they may need in a timely fashion. Rita expected the university to do something about online students' mental health because not knowing what to do in an emergency complicates mental health issues for online students. In her words:

> There should be a procedure on how to handle anything that has to do with students' mental health in a special way. I will advise the university to create a body that can help students who are dealing with mental health challenges. The body should be able to educate students and explain to them better anything that has to do with their mental health regularly, not just one time off.

I concluded from my participants' responses, that students did not know what the providers of online education in Nigeria are doing about the rising profile of mental health impairments among online students. However, participants had a good idea about what the authorities should be doing to help online students who are living and attending online classes with mental health impairments.

Education is seen as the only veritable conduit of social mobility, hence my research participants proclaimed that they would continue to work on and complete their course of studies

come what may. All the respondents were asked to explain the reasons why they continued their studies despite all the difficulties they were facing in their online schooling. The word "burning desire to have an education" came out several times and was one of the driving forces behind their efforts. They were all willing to give up anything that would stand between them and their education. Bobby was brief in his response when he said "The burning desire to have an education. The education that will distinguish me and enable me to contribute my quota to the society." Others adduced similar reasons such as personal goals, desire to succeed at all costs, and taking advantage of the power of knowledge because, in their opinion, you cannot get anywhere without the right education.

Jerry elaborated while justifying the reasons why he would not give up on education under any condition, he put it convincingly in the statement below:

The desire to succeed and achieve the goal that I have set for myself. The desire to achieve my predetermined goal of having my academic qualifications irrespective of the conditions at the end of the day. I tried to live above all odds, it is a thing of the mind, I have a predetermined goal that at the end of the day, I will live above every odd. As I said before, I am pretty determined that come what may, nothing will stop me. When there are pressures, I take a rest and come back again, I can check my mental health and make sure that I am okay.

Rita was a bit thoughtful while responding to the same question, she alluded to the fact that challenges are everywhere, and it is not peculiar to Nigeria. She would not allow mental health impairments or anything for that matter to stop her because, according to her, "nothing good comes easy". Rita more than any other participant I interviewed has the motivation to

complete her online studies despite all the difficulties faced by online students in Nigeria because her advancement depends on it. She elaborated further below:

> I am trying to work towards my end goal. I need this degree to get the promotion that I am working towards at my place of work. So, to get to the next level, I need this degree, hence, I am highly motivated to complete my degree. If I do not complete this degree now, I will have to wait for another 3 years, and by then the requirements might have changed again. That is partially the reason I said I have to finish my degree come what may. That degree is a means of social mobility, and I don't want anything to stop me.

Rita would not let anything stand between her and her degree. She is determined to obtain her diploma come what may.

It is noteworthy to state here clearly that in line with findings in the literature, all my research participants claimed that they were satisfied with their online educational experience, despite all the technological hiccups, and they would recommend online studies to other people if asked (Adewale & Tahir, 2022; Ayanbode et al., 2022; Itasanmi & Oni, 2020; Palmer & Holt, 2009). Using Jerry's glowing words about open and distributed learning, he declared:

> I love my virtual classes. The virtual class is devoid of tension, the tension of having to be in an academic environment, the crowd, and the distractions. When you work from the comfort of your home, you tend to be more relaxed. That is my personal belief and as for me, I believe that that makes me a better student.

All other participants echoed similar views. They would recommend online learning for their friends any time if they were asked despite the challenges and difficulties they have encountered. They all believed that pursuing higher degrees was a worthwhile venture.

Chapter 5. Discussion

In this chapter, I centered my overarching research questions within my conceptual frameworks and current literature in the discussion of my research findings. My exploratory descriptive phenomenology examined the online students' perceptions of mental health support services and plans of action of their institution; therefore, the findings were considered within the context of the limitations and delimitations' boundaries set for this study.

One of the major aims of this research was to amplify the silent voices of my research participants who have adopted an open and distributed learning system to advance their education beyond the high school diploma that has become untenable in the contemporary Nigerian competitive labour market. My overarching research question and the follow-up questions were addressed using participants' words because only those who feel it can know it. Mental health is a field that is permeated by structured intervention and empirical investigations**.** This study captured and presented data that is rarely presented in the literature.

This phenomenological study focused on consciousness and its contents such as judgements, emotions, and perceptions as experienced by my research participants (Balls, 2009). This chapter positioned the findings of the study in my literature review and discussed the major themes that emerged from the data, validated and supported by participants' words. I have organized the findings around the four primary critical constructs of the study: (a) online students, (b) mental health conditions, (c) available

support services for distance education students, and (d) coping strategies of online students to shed light on students' perceptions and thoughts about mental health.

Scope of the Study

The scope of this study is limited to the exploration of students' perceptions of mental health support services and plans of action put in place to help online students deal with the burden of mental health impairments. This study was limited to two online universities in two metropolitan cities in the western part of Nigeria. The target population is the current online students in my research sites selected based on my participants' selection strategies. The study covered the online students' perceptions of the mental health support services and plans of action provided by their institutions to help students living with mental health impairments. This study was undertaken to bring the silent voices of Nigerian online students to the forefront of discussions among online education providers in Nigeria. The study was also undertaken to contribute to the limited literature on mental health support services for online students in Nigeria and to the existing knowledge of online education in Nigeria.

Theme 1: The Importance of Talking about Mental Health

The findings of this study indicated that online students realized the importance of student mental stability, and the request to establish mental health policy and support systems among my research respondents was strong. They expressed fears that students with unstable mental health cannot be taught or assimilate new knowledge that can liberate them. Even though many of the participants overlooked some known mental health impairments early symptoms such as anxiety, mood swings, panic disorder, and

depression as an integral part of mental health conditions, nevertheless, participants clamoured for more robust mental health support systems.

One of the findings in this study that was consistent with the findings of other recent studies was that online students did not know that stress, anxiety, depression, and mood swings were part of the insidious symptoms of mental health impairments. This particular finding begs for more targeted education and awareness campaigns among online students in Nigerian universities (Aluh et al., 2018; Aluh et al., 2019). All my research participants admitted that they sometimes experienced stress, anxiety, and sleepless nights at one time or the other during their online schooling, yet they saw this as part of a normal online school experience. Bobby even said, "I sometimes develop BP because of school-related stress." High blood pressure is often called BP in Nigeria. While many of them gave themselves between 3 and 7 out of 10 when asked to rate their mental health status, they still claimed that their mental health was perfectly normal.

Aluh (2018) and Okpalauwaekwe et al. (2017) found that knowledge of mental health impairments was "abysmally low." Among Nigerian students (Aluh, 2018, p. 5). The common symptoms associated with mental health impairments among the respondents included full-fledged psychosis, eccentric behaviour, aggression, and destructiveness. As long as you look normal without any appearance of mental distress, you are mentally fine. Respondents do not think that people could have mental health impairments without showing any sign of it (Keyes 2002). In Frank's opinion:

> Positive mental health to me is when you can do what should be done at the right
>
> time and you do it right and the way it should be done, and you are being
>
> calculative. You see yourself as a useful and contributing member of society.
>
> You have a happy family life, and you can make and keep friends and relate well
>
> with them, even where there is a misunderstanding you can settle your rifts
>
> amicably. That is my thought, sir.

My participants' opinion was contrary to Keyes' (2010) findings which clearly stated that

someone can show signs of optimal mental health while having some underlying mental

health impairments. Someone who appears perfectly normal with good mental health can

have mental impairments.

In contrast to this finding, Winzer et al. (2018) noted that stability in mental

health has not been studied as a determinant of mental health, even though mental health

stability "seems to be an important factor for future positive and negative life events" (p.

3). On the contrary, Keyes et al. (2010) observed that small declines in mental health are

strong indicators of future mental impairments, they called for an investment in mental

health promotion and protection.

There was a consensus among my participants that the university authority in a

collaborative manner should formulate and establish a mental health mandate for online

students in their institution. All my respondents expressed an opinion about what should

be done to help students develop stable and positive mental health. To paraphrase my

research participants, part of developing stable mental health would be to create an

enabling mental health policy. There should be a more visible mental health policy for

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online students. It should stipulate what students who have mental health issues should do, whom they need to see, and where they need to go when help is needed with a functional phone number.

The views expressed by research participants are well supported in the literature. Wada et al. (2021) declared that to achieve stable positive mental health in the country, there is a need for mental health-related policy, legislation, and financing for better and affordable mental health services. Similarly, Moksnes and Reidunsdatter (2019) in their study of self-esteem and mental stability concluded that stable mental health is integral to the quality of life and contributes immensely to the "functioning of individuals, families, communities and the social and economic prosperity of the society" (p. 59).

Theme 2: Ubiquity of Mental Health Impairments

All participants reported the prevalence of mental health impairments among online students; some of them had close contact with some fellow students with acute mental health issues without receiving the help they needed. Abdulmalik et al. (2019) in their study of the mental health situation in Nigeria reported that about 21.8 million Nigerians are at risk of developing mental health impairments at some point during their lifetime, while about "10. 4 million Nigerians may be suffering from at least one mental disorder in any given year" (p. 4). The lack of open discussions and invalidation by students of concern were part of the lived experiences of my research participants. It was expressed by participants that many students living with mental health conditions will not talk about it, even when you mention it to them, they will deny it, and they will refuse to ask for help. This study revealed that many Nigerian higher institution students are not

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adequately knowledgeable about the insidious symptoms of mental health conditions, and this has been one of the major hurdles to improving mental health conditions among students (Ihua, 2020; Labinjo et al., 2020).

These findings are consistent with literature on the attitudes of Nigerians to the discussion of their mental health status. Participants echoed this point repeatedly during interviews. Mental health is personal, and no one likes to discuss it in public for fear of being labelled (Ikwuka et al., 2016; Labinjo et al., 2020; Onyemeluwke et al., 2016). Some of the environmental elements that give online education students in Nigeria some sleepless nights are constant power interruptions and bandwidth problems. These conditions, according to some participants, add to their harrowing experiences daily. As alluded to by other respondents, Jerry articulated it in this way: "The major challenge for online classes are power interruptions, slow and convulsed internet connectivity."

If the connection is good, students can also interact, but connectivity is still a very big challenge and threat to online classes in Nigeria". Palvia et al. (2018) validated the notion that "online education has become more feasible technologically, economically and operationally" (p. 233). However, despite the obvious merits of distance education such as increasing enrollments, elimination of overcrowded lecture halls, and extending post-secondary education to many non-traditional students, many universities especially in developing countries like Nigeria are faced with technological impediments that can limit the growth of online programs. There has been an astronomical rise in the status of online education in Nigeria, but there are still certain impediments such as bandwidth connectivity problem that affects its smooth operation. Palvia argued that

telecommunications infrastructure must improve with a focus on high bandwidth connectivity to ease online students' problems with connectivity.

Theme 3: Creating and Publicizing Mental Health Support Services

Participants in my study expressed frustration about the lack of information on where to go, what to do, and whom to contact when they have mental health concerns. My participants' views on mental health services were well documented in the literature and also congruent with research findings on the lack of resources, coordination, and predictability when it comes to the provision of mental health services. My research participants expressed the opinion that not knowing the professional to contact for mental health support is a barrier to some students who could have come forward for help at the onset of mental health conditions (Armiya'u et al., 2022; Ganasen et al., 2008; Jack-Ide & Uys, 2013).

Jerry was frustrated that information about how to access mental health services was not widely made available or disseminated to encourage students to seek treatment when they sense any mental health symptoms. Tina frankly said "Mental health awareness among online students is generally very poor. I am not privy to anywhere in my online environment where a mental health policy is mentioned." The notion that the university authority should establish a department that would be saddled with the responsibility of creating, publicizing, and implementing mental health policy came up repeatedly during the interviews. My participants were unanimous in their request for proper mental health education, promotion of positive mental health, and an open-door counselling policy for online students in their institution. Wada et al. (2021) noted that

there is a need for routine public enlightenment outreach and training programs to support mental health education. He concluded that research and information about mental health and services are either very hard to come by or non-existent in many cases in Nigeria. Wada et al. advocated for the creation of the National Orientation Agency (NOA) to collaborate with the Federal Ministry of Health in creating "the public education and awareness campaigns on mental disorders especially within educational institutions…" (p. 3).

Theme 4: Depersonalizing and Destigmatizing Mental Health Impairments

This study's Participants expressed the view that the negative feelings and stigma attached to mental health in society would prevent them from discussing their mental health status freely and openly. My participants said that students believe that talking about their mental health status openly may affect their self-esteem and their public persona, that is one of the reasons why students will not admit that they have mental health impairments. Moksnes and Reidunsdatter (2019) suggested that mental health and self-esteem are reciprocally associated, this may be consistent with the reason why many Nigerians do not want to discuss the state of their openly. This was expected, however, what surprised me during the interviews was that, even in 2023 and despite the activities of numerous NGOs on the ground addressing mental health issues in Nigeria, very little has changed about the general belief and stigma that is still attached to mental health conditions in Nigeria.

Sir Benny pointed out that in Nigeria, "a lot of people believe that when you talk about your mental health issues, people mock them, they look down on them, so most

people want to remain silent." This opinion was well documented in the literature, and this has affected and will continue to affect the possibility of timely intervention (Girma et al., 2013; Onyemelukwe, 2016; Quinn & Knifton, 2014). Participants in this study appealed for a bigger role for the student union, a dedicated mental health unit, and a cool-off period for students who may be affected to get themselves together without losing their studentship.

Theme 5: Low Mental Health Priority

Research findings indicated that mental health policy and service provision are not on top of the agenda of many Nigerian higher institutions (Atilola, 2016; Amawulu & Prosper, 2018; Gureje et al., 2015; Holmes & Silvestri, 2016; Levecque et al., 2017;). Semrau et al. (2015) identified a large treatment gap for mental health care in low and middle-income countries like Nigeria where people receive no or inadequate mental health care. Many of my research participants cannot identify any policy or support systems established by the university to cater to online students who may need mental health assistance. Winzer et al. (2018) pointed out that stable mental health is essential for success in post-secondary schools as students are mostly affected during this critical period of their tertiary education as a result of many stressors that students face in the higher education system. Despite this lack of support for them, these students were determined to complete their education under any condition that they may find themselves in. The desire to succeed and achieve their educational goals above all odds was cited by all the participants as their intrinsic motivation and their reason for perseverance.

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Tina, like other participants, re-assured herself with the statement "I feel that challenges are everywhere. It's not peculiar to Nigeria, and nothing good comes easy". Students love their virtual classrooms, Jerry summed it all up with this statement: "The virtual class is devoid of tension, the tension of having to be in an academic environment, the crowd, and the distractions. When you work from the comfort of your home, you tend to be more relaxed. That is my personal belief and as for me, I believe that it makes me a better student".

As the demands for online post-secondary education in Nigeria continue to soar, calls have been made by several non-governmental organizations and individuals pointing out the need for addressing the mental health needs of online students. It is critical to incorporate the online students' lived experiences at the center of the policymaking apparatus as a matter of urgency, to ensure that the mental health needs of online students are met. The school has been identified as a prime place where mental health services can be provided because of its potential to assemble a critical mass of young people in the same spot at the same time for easy access (Bella-Awusah et al., 2019).

One of the findings of this study, as alluded to in Abdulmalik et al. (2016), indicated a clear demand for targeted intervention by my research participants. Students look up to the university community and other stakeholders to promote mental health awareness and encourage strategies to reduce stigma, capacity building, and initiatives for growing mental health service utilization by online students.

Chapter 6. Implications and Conclusion

In this concluding chapter of my research, I presented the summary of the study, its contribution to literature, suggested future research direction, and its implications for practice. I ended with my thoughts on the findings of my research.

Summary of the Study

This descriptive phenomenological research was predicated on the dearth of studies and the gaps in the current literature on online students' mental health policy and support systems in Nigerian Universities. The central focus of my study was to explore and understand how Nigerian online students perceive their institution's mental health support services and plans of action put in place to help students grappling with mental health impairments. All 9 research participants responded to my overarching research question and 6 follow-up questions on mental health policy and support systems in Nigerian universities.

The study was centered around the four related and essential constructs instrumental for the understanding of my research participants' lived experiences as online students in the Nigerian post-secondary education system. These critical constructs were (a) online students, (b) mental health conditions, (c) available support services for distance education students, and (d) coping strategies of online students. Braun and Clarke's (2006, 2014) six-step data analysis and thematic data analysis were adopted to discover the fundamental structures of the phenomenon under investigation.

The data gathered from the research participants during my semi-structured interviews provided some outcomes and findings that could be considered significant. Some of my research participants worked full-time and some were self-employed while attending online school. They were all magnanimous in granting an audience despite their busy schedules to discuss their experiences as online students in Nigeria. They all appeared motivated and planned to complete their education and earn their diploma under some difficult circumstances in some cases. In this study, I have attempted to use online students' lived experiences to construct students' perceptions of their institution's mental health policy and support systems.

During the literature review phase of my research, I found out that limited attention had been given to post-secondary online students in Nigeria. Most of the few available peer-reviewed journals on post-secondary school students' mental health and policy were dominated and dedicated to regular face-to-face university students. Mental health cases among post-secondary students have been under-investigated and under-reported in Nigeria. More than ever before, universities are witnessing an increasing

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number of students enrolling for university education with undiagnosed and undetected underlying mental health conditions that require intervention and support. Ongoing research is needed to generate discourse among all stakeholders to facilitate intentional and targeted actions by the government and other mental health service providers. Government and higher institutions' plans of action and service intervention both at practical and policy levels are insufficient and, in many cases, nonexistent (Atilola, 2016; Barr, 2014; Okoro et al., 2021).

The Covid-19 pandemic has given online education a new currency around the world, Nigeria inclusive. As was the case around the world, on April 30, 2020, the Federal Government of Nigeria ordered all institutions to be shut down to curb the spread of the virus. To mitigate the loss resulting from the school closures, the Nigerian educational system had not prepared for such a measure and would have no choice but to incorporate digital learning into the Nigeria tertiary education system (Agwuocha, 2020; Jacob et al; 2020). Efforts were directed towards the use of technology to support and ensure the continuity of students' education during the lockdown period via remote learning activities with its unprecedented toll on students' mental health and dropout among post-secondary students (Kolawole et al., 2020; Udem et al., 2021).

However, it remains to be seen if online education providers and other stakeholders in Nigeria would look beyond the challenges, focus, and convert these to opportunities as presented by the Covid-19 pandemic to embrace a paradigm shift in the education system. Digital learning has become the new normal globally, and in Nigeria in particular. This provides numerous challenges to many African countries, this mode of

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education entails the incorporation and use of specific digital devices and applications in education which exacerbates mental health issues as a result of long-term social isolation and peer interaction among online students (Rutkowska et al., 2020).

Negative Perception of Mental Health Support Services

The analysis of data collected revealed widespread negative perceptions of mental health support services and plans of action among online students of my research site. The students have a mistrust of and distrust of their institution's authorities. My respondents believed that the authorities do not care about their mental stability because nobody talks about mental health or mental health policy after student orientation week and there is no indication that things would change anytime soon. Respondents struggled to pinpoint any specific support services system put in place by their institution to help with the mental health needs of online students.

Regardless of any modest efforts by online education providers to create support services and a supportive environment for online students living with mental health conditions, it will yield no results if there is no corresponding awareness drive to sensitize students. Lack of information about mental health policy and support systems among online students means the university will not be the first point of call when mental health help is needed. That is one of the reasons why many Nigerian students chose traditional medicines and spiritual homes as their first points of call (Gronholm et al., 2017; Labinjo et al., 2020; Okpalauwaekwe et al., 2017).

In most cases, their responses were "I believe maybe there is, maybe the school has one, I do not know", I believe there may be one, but not talked about, there is a

Healthline on the school website, and there is a clinic also, there could be a policy."

Respondents were not sure whether a mental health policy exists or not. If there is any mental health support services system, the awareness of such system and plans of action among students is very low. Bobby's response summed it up. "To be precise, it's no. Is not even talked about anywhere, those who may need help do not even come forward. No, sorry, it cannot be no, because there are some in this school, maybe a health center, I believe, maybe there is after all. After all, we do have a health center."

Furthermore, findings indicated that students would rather rely on their friends and significant others for mental health support than talk to their school authorities about their mental health needs. This could be attributed to the strong belief among Nigerians that mental health is a personal thing. There is a strong belief among students that you do not need to talk about your mental health status with anyone other than your trusted individuals within your close circle. Anita declared that she would not talk to anyone except "somebody I could confide in, my close friend that I can always rely on." Rather than talking to experts about their mental health needs, students will mask their symptoms and devise some coping strategies to exhibit the appearance of normalcy. Coping strategies such as "this is normal, nothing to worry about, it will soon go away, everybody feels the same way, this is Nigeria, nothing good comes easy."

Respondents indicated that they would rather not explore mental health help at school because they are unsure of any mental health services available at school. Students questioned their institution's sincerity. Frank, while responding to a question

about how long it takes for anyone to get access to mental health support, described the situation as unreliable.

> That is a very good question (repeated three times). The answer I can give to that particular question, I cannot rely on that answer. That is a very good question. What I observed is that it is only their loved ones or somebody they hold in high esteem that will get quick access. It may be love or maybe not love, and maybe somebody they have feelings for that can make them accept that yes, they have mental health problems. As for me, I can work on myself. A lady that I know will not even accept that she has a mental health problem. It was almost after a year that she accepted that she had a mental health problem after she got help from somewhere else, but not at school.

My research participants echoed the point which was supported by several research findings that online education providers, the state and federal governments as well as other stakeholders in Nigeria need to provide funding and all the necessary enabling environment for post-secondary online institutions to help and give online students living with mental health impairments some relief (Abdulmalik et al., 2019; Wada et al., 2021).

Mental health impairments are one of the leading causes of disabilities around the world and cases of mental health are more pronounced in developing countries such as Nigeria. It is estimated that over 50 million Nigerians are living with mental health impairments and many of them are without access to the help they need. There is a pervasive neglect of mental health issues at all levels of government in Nigeria. The

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same culture exists in higher institutions while Nigeria is still stuck with the 1991 mental health policy that has remained the stumbling block for mental health service delivery in Nigeria (Massey et al., 2014; Ryahn et al., 2020; Suleiman, 2016; UN, 2016).

It is heartwarming to know that Nigeria has finally enacted a new mental health law signed by President Buhari shortly before he left office. He signed the National Mental Health Act of 2021 into law on January 5, 2023, to replace the 65-year-old and outdated Lunacy Act of 1958. This was a welcome development for all Nigerians, however, as Mbaezue et al. (2020) observed, legislation alone cannot fix mental health problems in Nigeria. Mental health law has to be backed up by adequate budgetary allocation, effective implementation, and manpower training. Twenty-three years ago, African leaders met in Abuja, Nigeria and agreed to allocate at least 15 percent of their annual budget to health, but that has not come to fruition. Nigeria has consistently failed to meet this target. President Tinubu in his recent budget proposal, only five (5) percent of the budget was allocated to the Federal Ministry of Health and all its agencies for both Recurrent and Capital expenditure. For the new mental health law to make any impact, there is a need to address the funding gap in the Nigerian health system (Onwuzoo, 2023).

Main Research Question

My overarching research question was, "What are online students' perceptions of their institution's mental health support services and plans of action for online students to address mental health impairments among online students in Nigerian universities"? This study aimed to explore the research participants' lived experiences to discover and

assemble the emerging themes, knowledge and perception of mental health support services, and online students coping mechanisms while undertaking distance education. While responding to my main research and the follow-up questions, the study enumerated online students' limited knowledge of their institution's mental health policy and support systems put in place to help students in need. This study identified a pervasive negative tone in students' descriptions of their institution's treatment of students' mental health. It also uncovered students' vague knowledge of what constitutes mental health impairments, and this was consistent with findings in the literature as discussed in the previous chapter.

Conceptual Frameworks

This descriptive phenomenological study explored the lived experiences of 9 online students in a Nigerian metropolitan university with a focus on their perceptions of the mental health policy and support systems of their institution. In this study, data were analyzed through the lens of pragmatism and constructivism. I attempted to direct attention to this mostly invisible student population and make their stories alive. Using pragmatism as an approach, I did not focus on methodology alone, but on my research problems while I searched for strategies that worked for finding solutions to my research problems. There is no a priori methodology that everything must fit. I focused on all approaches that worked to derive knowledge of the phenomenon under study. (Fine, 2001). Pragmatism rejected the idea that the truth could be accessed or known by a single "scientific method" (Mertens, 2005, p. 26). I put my research question at the center of my data collection strategies.

In my application of pragmatism, I relied on the 3 core principles that underlie a pragmatic approach to inquiry: (a) an emphasis on action knowledge, (b) recognition of the interconnectedness between experience, knowing and acting, and (c) inquiry as an experiential process (Kelly & Cordeiro, 2020). Pragmatism seeks to understand the multiple factors involved in people's actions in a given situation. Decisions are based on what works best in finding answers to the questions under investigation (Ramanadhan et al., 2021). In line with the constructivist approach, pragmatism views knowledge as being constructed based on real-life experiences, meaning is created from human experiences, and truth is tentative and can change over time. Lastly, I embraced pragmatism because of its human rights stance, it advocates for human rights and freedom. An inquiry of this nature should bring relief and benefit the condition of man (Ramanadhan et al., 2021). Bobby's reflection on online students' coping strategies was indicative of a pragmatism outlook. Bobby said among other things that "coping or getting over any difficult situation is learning new knowledge. It is to seek new knowledge about the situation. I feel I have to keep working on school assignments, even when I feel I am not all right. I have to get things done no matter what." Bobby created knowledge from his real-life experience and acted within an actual real-world situation based on his experience.

This research also explored the lived experiences of online students in a Nigerian university through the lens of the constructivist approach. The constructivist paradigm aligns with Husserl's descriptive phenomenological philosophy with a worldview that all human experiences occur in a social setting; hence, the reality is constructed by the

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actors who experience the phenomenon (Creswell, 2018; MacLeod et al., 2022). In this study, I relied on the participants' accounts of the phenomenon under investigation as they narrated their stories. These participants constructed their realities through social interactions in a dynamic matrix involving "history, culture, language and action" (Schwandt, 1994, p. 222). In the study, as indicative of a constructivist worldview, I put a premium on the social actors' first persons' accounts of the situations being studied because, I agreed that there could be multiple realities as constructed by the actors, therefore, the reality is fluid and can change over time (Creswell, 2013; Mackenzie & Knipe, 2006; MacLeod et al., 2022; Mertens, 2012).

In this study, I recognized that my participants constructed their realities (knowledge) based on their previous experiences, their level of knowledge at the time, attitudes, and values, hence, actors construct their realities in different ways closely dependent on the contexts. As Mogashoa (2014) put it, there are no other explanations for phenomena besides the personal and social construction of meanings attached to those phenomena by the actors who experienced them. What is real is the construction in the minds of individual social actors. I believe the constructivist maxim that social actors attempt to make sense of their lived experiences in the environment where the experiences were encountered. During my data analysis phase, I focused on my participants' socially constructed meaning of their lived experiences as online post-secondary education students in a Nigerian university. With the constructivist lens, I captured, aggregated, explored, described, and exemplified their narratives using my participants' own words.

Recommendations Based on Research Findings

The recommendations below are suggestions based on the findings of my study which embodied my research question, themes, and the literature review of the four main critical constructs of the study, and the aims and objectives of my study.

Campus Orientation Program for Online Students

Research findings show that students' support services are often not integrated with the total package for online students. This regularly leads to frustration and disenchantment with online education. In line with the traditional online face-to-face student orientation program, it is recommended that a similar orientation program be provided for online students to familiarize them with important information such as processes, deadlines, settings, and available services on campus. It is also important that staff in the vital departments that deal with student support services be adequately trained to be empathetic and sensitive to the unique and specific needs of online students and given sufficient resources to customize online student needs (Britto & Rush, 2013; Buhari et al., 2021).

Assessment of Online Students' Readiness

Some of these students have been out of the school systems for many years, and many of them are not fully prepared to take online courses. It is recommended that potential online students be tested for readiness for success in online the education system. One of the ways to do this could be through a self-assessment instrument that will measure their potential for success in an online school environment. A dedicated help desk for online students for technical support should be given priority to respond to

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student inquiries via emails, online advising through a chat room, and phone lines during off-hour periods to accommodate working-class online students (Mercer & Simmons, 2010).

Online Student Electronic Newsletter

Creation and circulation of online student e-newsletters is strongly recommended for online education service providers in Nigeria. This will encourage communication between the university and students regularly. Many of my research participants complained about information blackout. Students do not receive regular information from their school, they are left to fetch out many important information on their own. In many cases, students complained that it is difficult to navigate their school websites. It is a good practice to provide links to all useful information pages on the school website.

The above recommendations based on my research questions, objectives of the study, and the research findings will help improve students' productivity, satisfactory user experience, and quality of life for online students. This might lead to the creation of a healthy and vibrant online student population. It may eventually lead to the development of policy and mental health intervention which is beyond the scope of this study.

Talking About Mental Health

Winzer et al. (2018) noted the dearth of research on mental health is detrimental to the development of positive mental health. Evidence in the literature suggests that the knowledge of mental impairments is low in Nigeria because people hardly talk or admit that they have problems with their mental health (Alu et al., 2018; Bell & Omigbodun,

2009; Okpalauwaekwe et al., 2018). One of the aims of this study was to encourage discussion about mental health impairments within the online student population in Nigeria. It is recommended that online education providers promote and encourage discussions at every level in their areas of influence. Students should be assured of mental health support services, they should be made to realize that it is not a death penalty to develop mental health issues, talking about it and getting help is the solution.

Ubiquity of Mental Health Impairments

The UNO (2015) estimated that one in four Nigerians struggles with mental health impairments, that is about 40 percent of Nigerians living with mental health impairments. This revelation indicated that mental health impairments are widespread, and many people are moving around with mental health issues without knowing it. With the current higher education environment in Nigeria characterized by the increasing proliferation of distance education programs and given the fact that university education is associated with stress and conflicts arising from the rigour of learning, it is recommended that online education providers in Nigeria invest in cost-effective mental health support services regimes and establish strong plans of action to cater for online students who are living with mental health impairments system (Buhari et al., 2021; Ihuoma & Abaa, 2022; Nsereko, 2018; Olayemi et al., 2021).

Creating and Publicizing Mental Health Support Services

Wada et al. (2021) noted that there is a need for routine public enlightenment outreach and training programs to support mental health education among online students. Information about mental health and services is either very hard to come by or

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non-existent in many cases at my research site. My research participants also expressed frustrations about not knowing what to do or whom to contact when there is a need for mental health support. It is recommended that online education providers in Nigeria establish an arm's length body that will be saddled with the responsibility of establishing comprehensive and holistic mental health support services and elaborate plans of action to help online students living with mental health impairments.

Depersonalizing and Destigmatizing Mental Health Impairments

One of the findings of this study was the pervasive limited knowledge about mental health and the stigma associated with mental health conditions in Nigeria. This was also one of the barriers to mental health help-seeking individuals among online students. My research participants claimed that the stigma associated with mental health issues prevents them from discussing their mental health status openly and freely in public. The mindset held by many students about mental health will continue to affect the possibility of intervention unless it is changed (Girma et al., 2013; Onyemelukwe, 2016; Quinn & Knifton, 2014). It is recommended that online education providers in Nigeria organize and involve mental health professionals, university administrators, and the student body collaboratively to embark on a consistent mental health education campaign. This targeted campaign may help take the stigma out of mental health impairments among students.

Low Mental Health Priority

Evidence in the literature supported students' assertion that students' positive mental health is not one of the priorities of online university administrators in Nigeria

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(Atilola, 2016; Amawulu & Prosper, 2018; Gureje et al., 2015). This claim was also very prominent in the participants' responses to my follow-up research questions. To be successful at school, students must be mentally alert and stable. Gureje et al. (2015) argued that the gap between the need and available services for mental health is wide. In Nigeria, there is "a gross inadequacy of mental health specialist services" (p.2). It is recommended that online education stakeholders in Nigeria start and sustain conversations about mental health impairments among online students in their institutions. These discussions should be on top of their agenda and should be centered on the provision of structured mental health services and plans of action would be discussed.

Significance of the Study

This study might provide online education providers with new information to drive online students' mental health policy at the university to assist help-seeking students. Furthermore, the study findings might also help the authorities understand students' thinking and perceptions of the university's mental health policy and improve discussion and collaboration among all stakeholders. The university might gain insight into how to develop a comprehensive, inclusive, holistic approach, and frameworks valuable for the implementation of some targeted intervention strategies.

Online education providers in my research site and similar contexts in Nigeria might develop a greater understanding of students' attitudes towards official directives coming out from the administration. Furthermore, the findings may also help to improve the university's public image among students of the institution as well as among other

critical stakeholders. The authorities have a duty to make mental health policy and support systems available and more visible on the university websites and virtual classes to improve students' knowledge of the mental health provisions available to them. This will make mental health support more seamless for all students of the institution. The need for a conspicuous and clear mental health policy and support systems for online students should be made paramount. This will translate into changes in the administration's behaviour and consequently lead to the formation of innovative practices and capacity-building programs that can make a difference for students and increase their chances of success.

The results of this research might also contribute to the United Nations Sustainable Goals. Specifically, many sub-goals in Goal 3 aimed at promoting healthy living and well-being for all ages. Target 3.4 aimed at reducing by one-third premature mortality from all non-communicable diseases by promoting the prevention and treatment of mental health and well-being, while Target 3.D., intends to strengthen the capacity of all countries, especially the developing countries of which Nigeria is one for early warning signs and management of health risks (UNO, 2016).

Lastly, this study intended to contribute to the literature on online students' mental health policy and support systems in Nigeria. During my literature search for online students' mental health policy in Nigeria, the dearth of studies in this area gave me an impetus to complete this study and bring the plights of this silent and obscure population to the attention of the stakeholders in the online education environment and

the general public. It is intended to tell the stories of this silent, mostly invisible group, using their first-person lived experiences.

Hopefully, this study can empower online students and the interested public to develop a participant and activist culture and demand for change in the current dormant state of affairs in the online students' mental health service provision in Nigeria. This becomes even more urgent, considering the popularity of Open and Distributed Learning systems of education around the world, particularly in Nigeria's post-Covid-19 pandemic educational environment. Taking care of online learning students' mental health is a win-win situation for everyone involved.

Suggestions for Future Research

The Nigerian online students as repeatedly demonstrated during my interviews displayed their resilience, adaptability, and intrinsic motivation in completing their online education and earning their diplomas under limiting circumstances. These students exhibited their relentless propensity to learn through hardship and difficult circumstances. Therefore, it behooves online education providers and policymakers to institute an integrated mental health policy, support systems, and programs to provide succors for students living with mental health impairments.

One of the suggested future research areas is exploring ways to track and document online students who are living with mental health impairments and do not register with any service providers in Nigerian universities. Given the fact that these students do not have daily access to various on-campus facilities that are available to regular face-to-face students, it behooves the university authorities to devise all means

that could be explored to help this category of students. Also, it could be beneficial to find and include participants who have received help and recovered from mental health impairments in the past as part of the research participants. This would facilitate a comparative study of both groups and these findings could be compared with the results of this and other studies.

Another possible direction could be quantitative and mixed methods studies of Nigerian online education providers to investigate their beliefs about mental health impairments among online students. A quantitative study would allow for a larger sample among online education providers. The findings of such a study could help to shed light on why a robust mental health policy and support systems have not been developed to cater to online education students' mental health needs in the country. This would provide opportunities to increase online students' agencies to control their online educational experiences.

Limitations of the Study

Queiros et al. (2017) argued that the objective of a phenomenological qualitative study is to bring about a deep understanding of the problem under investigation, not to offer numerical representativity. Qualitative analysis is particular about the nature of reality, meanings, values, motives, aspirations, beliefs, and attitudes; therefore, the researcher is the study's subject and object. The limitations of this study involved the areas over which I must make some conscious choices that may inherently impact the outcomes of my investigation. These areas included the relatively small homogeneous sample size, the research setting, the use of a specific methodology, the biases I

harboured as a researcher, and the participants' biases (Theofanidis & Fountouki, 2018).

The findings may not be generalizable, but the outcomes may resonate with other online

higher institutions in Nigeria (Korstjens & Moser, 2017, 2018).

My descriptive phenomenological dissertation study explored online students'

perceptions of their institution's mental health policy and support systems. The study

provided an in-depth analysis of the participants' lived experiences using their first-

person' points of view. I hope that this study will bring about the desired changes in the

direction of bringing online students' mental health to the top of the agenda of issues to

be tackled by online education service providers in Nigeria. I also anticipated that the

changes would not be limited to mental health alone, but also online students' physical

health and general improvement in the open and distributed learning matrix. Online

education in Nigeria should move away from its current low-tech state by substantially

investing in online learning pedagogy that can deliver an accessible, meaningful, and

valuable learning experience for all learners.

Final Personal Thoughts

During my interactions with my research participants, I also reflected on how

their lived experiences were related to my personal experiences as an undergraduate and

graduate student in Nigeria a few decades ago. I can relate to their narratives during their

initial exposure to online learning at the beginning of their educational journey. I can also

imagine how I would have felt if my online activities were to be in Nigeria. I can only

imagine how much my mental stability would have been affected if I did not get timely

responses to my many numerous questions from my professors: if I had difficulties

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logging into my virtual classes and reaching my professors when needed, and if I had frequent problems with my internet connection. These are some of the problems faced by online students in Nigeria regularly.

Unlike some of my participants and many online students in Nigeria, I have a good knowledge of educational technology and I am familiar with learning and conducting research in an online environment, which makes a difference for me. Many online students in Nigeria only possess a beginner's knowledge of educational technology, and that makes accessibility an issue for them. It is incumbent on me as a researcher, on all online education providers and other stakeholders to respond in a way that online students living with mental health impairments could be taken care of and their suffering alleviated. By doing so, we may improve the online learning experiences for all learners and make their investment a worthwhile venture.

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Appendix A Approval, Athabasca University

Athabasca University
RESEARCH CENTRE

CERTIFICATION OF ETHICAL APPROVAL

The Athabasca University Research Ethics Board (REB) has reviewed and approved the research project noted below. The REB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and Athabasca University Policy and Procedures.
Ethics File No.: **25125**

Principal Investigator:
Mr. Oluyemi Adegbite, Doctoral Student Faculty of Humanities & Social Sciences\Doctor of Education (EdD) in Distance Education
Supervisor/Project Team:
Dr. Agnieszka Palalas (Supervisor)

Project Title:
Online Students' Perceptions of Mental Health Policy in Nigerian Universities: A Descriptive Phenomenological Analysis

Effective Date: April 05, 2023,   **Expiry Date**:   April 04, 2024
Restrictions:

Any modification/amendment to the approved research must be submitted to the AUREB for approval prior to proceeding.

Any adverse event or incidental findings must be reported to the AUREB as soon as possible, for review.

Ethical approval is valid *for a period of one year*. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

An Ethics Final Report must be submitted when the research is complete *(i.e. all participants contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable))* or the research is terminated.
Approved by: **Date: April 05, 2023**
Katie MacDonald, Chair Faculty of Humanities & Social Sciences, Departmental Ethics Review Committee

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Athabasca University Research Ethics Board
University Research Services Office

1 University Drive, Athabasca AB Canada T9S 3A3
E-mail rebsec@athabascau.ca
Telephone: 780.213.2033
Appendix B: Participant Invitation Letter

March, 2023

Researcher	Supervisors
Oluyemi (Yemi) Adegbite	Dr. Aga Palalas
Candidate, Doctor of Education in Distance Education	Associate Professor, Distance Education Faculty of Humanities and Social Sciences
Cell: +1647-713-5819	Cell: (+1780) 977-6390
Email: yemiadegbite@yahoo.ca	Email: agapalalas@athabascau.ca
	Athabasca University
	1 University Drive
	Athabasca, AB T9S 3A3, Canada

Dear <name of participant>,

My name is Oluyemi Adegbite, and I am a student in the Doctor of Education in Distance Education Program at Athabasca University, Alberta, Canada. As a requirement to complete my degree, I am conducting a research study on online students' perceptions of mental health policy in Nigerian universities. My supervisor's name is Dr. Palalas who can be contacted at any time via the contact information above.

What is the purpose of this study?

This study proposes to explore the online students' perception of the mental health policy and support system put in place to help students living with mental health conditions in an open and distributed learning environment. I am seeking online

students' feedback about their perception of the mental health policy and the support system made available to online students.

Why me?

We are looking for six people presently enrolled as online students representing twenty-first-century adult learners. <Name> has given me your name and contact information because they thought you would be interested in this study.

What will be expected of me?

What I expect from you as my research participant is to help me answer my main research question and then some follow-up questions regarding the mental health policy and support system put in place by your institution to support students' mental health wellness. The interview sessions will be one-on-one face-to-face interviews. Another short follow-up may occur through telephone conversation if the need arises, so a functional telephone line will be needed.

You may withdraw from the project at any time during the interview session without giving a reason and without consequence. All audio recordings and writing about your experience will be removed from the data if you so choose prior to the end of the study. The data will be rendered anonymous once the last session is complete.

What is the plan?

The time frame is any date and time mutually agreed upon by both the investigator (myself) and the participant (you) in the months of July to August 2023. (More specifics will be announced after the Ethics Committee approval).

We will start with telephone conversations so that the two of us can get to know each other better. I will explain how things will proceed together through the interview sessions. After the interviews, I will review the transcript with you via emails or shared documents in google drive to ensure I have captured your thoughts correctly. For the first interview session, I will request a two to 3-day turnaround to review, clarify, or revise your contribution; for the last session which is the wrap-up, the timeframe will be a week to review, clarify, or revise your contribution. Throughout the sessions, it will be one-on-one dialogues and other participants will not know about our conversations.

What are the risks and benefits of participating?

For this study, there is no risk that is beyond what you could experience in your day-to-day activities. If at any time you feel uncomfortable answering any questions, you can omit the question or discontinue your participation in this research. You could experience some emotional outbursts, should this happen, you will have access to the services of a Clinical Psychologist and or a psychiatrist during the interview sessions. Your participation could shape the mental health policy innovation in The Nigerian Open and Distributed Learning environment. You will be compensated 10,000 Naira cash for your contribution to this study. As a benefit, you might develop an in-depth knowledge of mental health policy and support system in your institution and learn how to navigate the system for your mental health wellness.

How will the information collected be used?

Your responses will be audio-recorded with your name stated at the beginning of the interview, to enable me to report and account for what you said during the interview without mixing it with that of another participant. Your actual name will be substituted with a pseudonym during the final compilation of the reports. Your name and phone number will not be shared with a third party.

Every effort will be made to protect your personal information and feedback through passwords, encryption, and two-step sign-in authorization. Once the session is complete, the analysis of the qualitative data with your information will be brought into a central software and removed from other sources. Once the project is written up, the sensitive data in my possession will be removed and destroyed after five years. The existence of the research will be listed in an abstract posted online at the Athabasca university library's digital thesis and project room and the final research paper will be publicly available without any of your sensitive information. A copy of the final dissertation will be made available to you at your request.

What do I need to do to participate?

If you would like to participate, please sign the attached Consent Form, and return it to me in person or at <u>yemiadegbite@yahoo.ca</u> at your earliest convenience. I welcome you to reach out to me with any questions. I can also be contacted via cell phone or WhatsApp at +1647-713-5819. Thank you for your consideration in helping me to explore the online students' perception of the mental health policy in your institution. I look forward to working with you!

Name: - _____

Signature _____

_____

This project is supervised by Dr Palalas agapalalas@athabascau.ca and has been

reviewed by the Athabasca University Research Ethics Board. Should you have any

comments or concerns regarding your treatment as a participant in this project, please

contact the Research Ethics Officer by e-mail at rebsec@athabascau.ca or by telephone at

+1780.213.2033.

Appendix C: Participant Consent Form

PARTICIPANT CONSENT FORM

Online Students' Perception of Mental Health Policy in Nigerian Universities: A Descriptive Phenomenological Analysis

Approval # 25125

STUDY TEAM

<u>Principal Investigator (Researcher):</u>

Oluyemi Adegbite,

Graduate Student, Faculty of Humanities & Social Sciences

Athabasca University, Alberta

Email: yemiadegbite@yahoo.ca

Phone: +1647-713-5819

 Supervisors:

Dr. Aga Palalas

Faculty of Humanities & Social Sciences
Athabasca University, Alberta

1 University Drive

Athabasca, Alberta AB

T9S 3A3

Dear Research Participant,

My name is Oluyemi Adegbite, and I am a doctoral student at Athabasca University. As a requirement to complete my degree of Doctor of Education in Distance Education, I am conducting a research project about online students' perception of mental policy in

Nigerian universities. I am conducting this project under the supervision of Dr. Aga Palalas.

This form is a part of the process of informed consent. The information provided should help you understand what this research is about and what your participation will involve, should you choose to participate. Please contact the principal investigator, Oluyemi Adegbite, if you have any questions about the research project or would like further information before you consent to participate. If you have any further questions, you may also contact my research supervisor Dr. Aga Palalas.

As a participant, you will be asked to take part in the first audio-recorded individual-interview about your experience as an online student and your perception of your institution's mental health policy, and then a follow-up interview to talk about people to talk to about mental health in your institution and your coping strategies as an online student. Participation in each interview session will take approximately 45-60 minutes of your time.

The main benefit of participation in this study is the opportunity to contribute to the development of knowledge in the field of online mental health policy and support systems in open and distributed learning programs. The aim of the study is to better understand what supports are needed to boost mental health policy and support systems for online students.

There are no known risks associated with participating in this study. Any information that is obtained with this study and that can be identified with you will remain confidential and will not be shared with a third party. I may present a summary of the findings at conferences and publications without any identifiable information. There will be no way of linking individual names with a particular response of the research participants. While I do not anticipate any risk, it is important to acknowledge that talking about your mental health experience could generate feelings and emotions. If this occurs, you will be offered an opportunity to talk to a Clinical Psychologist and or a psychiatrist to speak more specifically about these feelings.

If you choose not to participate, or if you decide to withdraw from the research once it has started (by notifying me that you no longer wish to participate), there will be no negative consequences at any time. Your participation in this study is entirely voluntary, and if at any time you become uncomfortable, you may refuse to answer any questions or share information. Within 4 weeks following the interview, you will receive an interview transcript via email and be given the opportunity to alter/clarify any comments that you have made.

I will make every effort to ensure your confidentiality is maintained. You will not be identified in publications. I will be responsible for maintaining the confidentiality of any

data that I possess and will be kept secure using a password-protected device. All participants will be given a pseudonym that will be used if there is a need to refer to a specific participant in the written version of the research. All data, both audio and written, will be stored safely in a locked cabinet. My dissertation supervisor and I will be the only people with access to the data. Data kept on my personal laptop will be double password protected along with the files being password protected.

This study will be conducted through face-to-face interviews with the research participants while the second follow-up interviews may either be conducted face-to-face or by telephone conversation. Using a Nigerian telephone provider under the "Telecoms privacy and data security provisions in Nigeria" for the protection of subscribers' privacy. The security and privacy policy for telephone users can be found at the following link:

https://www.lexology.com/library/detail.aspx?g=85f516e9-6520-4cf6-9c45-8ade7a2b70a5

Once the research is completed, participants can obtain a copy of the results by request sent to the principal investigator or through the Athabasca University Library's Digital Thesis and Project Room. You may keep a copy of this form that explains the nature of your participation and the handling of the information you supply. If you have any questions about this study or require further information, now or anytime during the study, please contact Oluyemi Adegbite or Dr. Aga Palalas using the contact information above.

This study has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns regarding your treatment as a participant in this study, please contact the Office of Research Ethics at 1-800-788-9041, ext. 6718 or by e-mail to rebsec@athabascau.ca.

Thank you for your assistance in this project, your participation is greatly appreciated,

Informed Consent:

Your signature indicates that you have read the information provided above and have decided to participate in this study. You may withdraw at any time after signing this form if you decide you do not wish to participate. The information that you have provided up to that time can be retained by the researchers in their reports or you can request that we don't use it and it will be withdrawn. (If you decide to withdraw, we will ask you for your preference at that time).

Name: _____ Date: _____

Signature: _____

By initialing the statement(s) below, _____ I would like to receive a copy of the

results of this research study by email.

e-mail address: _____

Appendix D: Semi-Structured Interview Protocol

Semi-structured Interview Protocol

Participant Name: _____ Alias: _____

Discipline: _____ Date

of Birth: _____ Date: _____ Time Start:

_____ Time End: _____ Total Time: _____Location_____

Overarching research question

What are the students' perceptions of the mental health support services and plans of

action put in place by their institution to ensure their mental health wellness in response

to the spiking problem of mental health impairments among students?

RQ 1.) How would you describe your mental health status?

 a. Can you tell me about what comes to your mind when you hear the keywords:

"Mental health wellness"?

b. What is your notion of positive mental health?

c. What kinds of information would you like to see in a university mental health support

services protocols on mental health?

d. Do you have anything more to say?

RQ 2.) Can you please tell me how much you have learned about mental health from your institution?

 a. Can you please tell me what you have learned about mental health from your institution?

 b. What type of discussions do you usually have with fellow students and your lecturers about mental health generally?

c. What do you know about your institution's mental health policy and available support?

d. Can you sum up in a few words your knowledge of mental health support in your institution?

RQ 3.) Who are the people you need to speak with for mental health support in your institution?

 a. Describe the process of getting in touch with the personnel you need to speak with if there is a need for mental health support.

b. Where and how do you get the information you need about mental health support in your institution?

c. What role does student organization play in assisting students with mental health needs?

d. What do you think the university community should do to help students who are struggling with mental health problems?

RQ4. Could you please describe your online schooling experiences in a typical day or week?

a. In a few words, can you sum up your online school experiences so far?

b. Would you recommend online learning for your friends?

c. Has the online learning environment met your expectations?

d. Can you sum up in a few words your online learning positive experience?

e. Do you have any negative experiences or any regrets?

RQ5. Describe your experience with any mental health support you have received from your school during your study.

a. Have you or anyone you know had any reason to ask for mental health help in the past?

b. Can you describe your experience while you were trying to seek mental health support from your institution?

c. How long did it take you to access the mental health support you need?

d. Can you describe your state of mental health before and after you have received help from your institution?

RQ 5.) Describe any mental health coping strategies that you have had to devise in the past.

a. Have you ever had to keep up working on schoolwork/assignments even when you feel you are not all right?

b. Can you describe the strategy you adopted to deal with any challenges you faced while working on your assignments?

c. What did you do to get rid of those challenges?

d. Do you know of any other students with similar experiences?

e. What makes you continue with your studies despite those challenges?

 f. Do you have anything else you wish to tell me?

Thank you for your time. I appreciate your help.

Yemi Adegbite

Athabasca University, Alberta, Canada.

Appendix E: All Emerging Themes and Codes

Table 2

Emerging Themes and Codes

Themes	Codes	Participants' Words
Mental stability	*Emotionally balanced, with a clear mind*	"People with good mental health who can balance their emotions and do not have issues juggling things."
Collaborative efforts from all stakeholders	*Consistent Enlightenment and Regular Communication*	"The university authority, Department of Student Affairs, and the Student Union should work together to create mental health awareness in the school."
Ubiquity of Mental Health Impairments	*Mental health impairments are not a priority*	"Generally, mental health is not regarded as much by the authorities. Students often

		wonder what the authorities are doing about students' welfare."
Desire to Succeed	*Continue to study under any condition*	"The only condition for academic success is to continue to study and complete my program."
Constant Power Interruption	*Online students' major problem*	"Steady power supply is a success criterion for online schools in the country. Technology affordance and affordability for online students."
Friends and Significant Others	*Trusted friends*	"Students should have a few trusted friends and significant others that they can talk to about their problems and that can help to lift their burdens gradually."
Open Door Counselling Policy	*Confidence and assurance*	"The university authority should create an aggressive open door counselling policy where students can freely come and share their mental health issues."
Create and Publicize Mental Health Policy	*Mental health policy vacuum*	"I know the university has a health center that covers general health care for students, but I am not aware of any policy dedicated to mental health."

Talking About Mental Health Impairments	*Acceptance of having mental health issues*	"Students do not accept that they have mental health issues, maybe because of shame or people will have biases towards them."
Bigger Role for Student Union	*Create Awareness Blitz*	"Student Union should embark on a vigorous awareness blitz through the organization of seminars, workshops, and general awareness sessions around the campus and online."
Dedicated Mental Health Unit	*Create mental health within the student affairs department*	"There should be a special office in that student affairs unit or even a department and its responsibility should be focused on student mental health and helping students with mental health issues."
Poor Mental Health Education	*Online Students lack awareness*	"Mental health awareness among online students is generally very poor. I am not privy to anywhere in my online environment where a mental health policy is mentioned."

Low Mental Health Priority	*Mental health has a low value*	"So mental health is not regarded as anything, I don't think they value students' mental health. My perception is that mental health means nothing to the authority today."
Mental Health is Personal	*Nobody discusses each other's mental health status*	"We do not talk about it. We are on our own. Mental health is regarded as a personal thing, nobody discusses each other's mental health."
Identify the Symptoms	*What mental health issues look like*	"People may have it and don't even know that they have it. That's one of the fundamental challenges of mental health problems that call for awareness blitz ."
Positive Experience	*Recommending open and distributed learning*	"I can easily recommend ODL to my friends, it helps me to structure myself on my own time and manage my time properly."
Mental Health Mandate	*Institutional Obligation*	"I will say that it is important for the university and tertiary institutions to understand that a clearer mind is necessary for students to function."

Rising Profile of Virtual Classes	*Love virtual class*	"I love my virtual classes. The virtual class is devoid of tension, the tension of having to be in an academic environment, the crowd, and the distractions"
Cool off Period	*Think less about deadlines*	"I will take some time off without thinking about the assignment, clear my head, and then come back to the assignment again."
Desire to have an Education	*Social mobility in the society*	"The burning desire to have an education. Education that would distinguish me and enable me to contribute my quota to society."
Student Union – University – Authority Collaboration	*Working in concert with the authority*	"I believe the student union is the closest to the students, they are always around on the ground, so there should be a link between the student union and the school authority. Students should be able to table whatever issues or grievances before them and relay them to the school authority."

Note. All emerging themes and codes with short quotes from research participants.