SOCIAL SUPPORT, RESILIENCE, AND MENTAL HEALTH OF STUDENTS IN A UNIVERSITY IN NAMIBIA

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ABSTRACT

Aim: Mental health challenges have become a major concern for university students. University life can cause stress for some students, which, if left untreated, can lead to mental health challenges such as anxiety, depression, eating disorders, and sleep disorders. The current study aimed to describe the levels of social support, resilience, and mental health of undergraduate students at UNAM's main campus, as well as to describe the relationships between these variables. Methods: This descriptive correlational study used a quantitative approach. The research instruments included a socio-demographic questionnaire, the MSPSS-12 (to measure social support), the CD-RISC-10 (to measure resilience), and the GHQ-12 (to measure mental health). A convenience sample (n=146) of full-time undergraduates was used. The study received ethical clearance from the Decentralised Ethics Committee (CDC) by the University of Namibia's Research Ethics Policy and Guidelines. The SPSS version 29 was used for the analysis of the data. Specifically, descriptive statistics and Pearson's correlations were employed. Results: This study had more (n=105; 72%) female participants than male participants with the youngest being 18 years old and the oldest 55 years old. This study's findings revealed that social support and resilience were positively related ($r = 0.619$; $p = <0.0001$). Social support negatively affected mental health ($r=-0.672$ $p=<.001$). This study found that a larger number of female participants experienced anxiety and depression than male participants. Resilience negatively affected mental health ($r=-0.653$ $p=<.001$). If individuals are not resilient, they become vulnerable to mental illnesses such as depression and anxiety. However,

when individuals have adequate social support, they tend to be resilient to stressful situations and consequently experience good mental health. Conclusion**:** Appropriate interventions may be put in place for mental health, to raise awareness of the importance of good mental health and resilience to maintain overall well-being. This study recommends interventions that may identify, prevent, and treat mental health illnesses should be easily accessed on campus and these may include meditation, yoga, relaxation techniques, and mindfulness techniques. The university should consider psycho-education on mental health as a module compulsory for all first-year students as this will equip them with crucial information on stress, resilience, and ways to cope when they face challenges. The findings of this study could be used as a point of reference to inform higher learning institutions' policymakers, service providers, and stakeholders involved in the implementation of mental health awareness, interventions, and prevention services in higher learning institutions.

Keywords: Social support, resilience, mental health, university students, Namibia, MSPSS-12, CD-RISC-10, GHQ-12

TABLE OF CONTENTS

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DEDICATIONS

This research is dedicated to the following:

1. God Almighty, *Psalm 91*.
2. My Children
3. My Husband
4. Everyone else, extended family, friends, and acquaintances

DECLARATION

I, Moreblessings Mpofu, the undersigned, declare that this study is a true reflection of my research and that this work or part thereof has not been submitted for a degree in any other institution of higher education.

April 2024

Signature: Date:

LIST OF TABLES

LIST OF FIGURES

LIST OF ACRONYMS/ABBREVIATIONS

ABBREVIATION/ACRONYM	NAME
MSPSS-12	Multidimensional Scale of Perceived Social Support
CD-RISC-10	Connor-Davidson Resilience Scale
GHQ-12	General Health Questionnaire
UNAM	University of Namibia
USA	United States of America
UK	United Kingdom
W H O	World Health Organisation

LIST OF ANNEXURES

CHAPTER ONE

1.1 Introduction

This study aimed to describe the social support, resilience, and mental health of undergraduates. This chapter is divided into sections including the first section which discusses the background of the problem. The second section discusses the problem statement and the study's objectives which are presented in section three. Section four discusses the significance of the study. The following sections include the limitations of the study, the delimitation of the research, and finally the conclusion of the chapter.

1.2 Background of the study

Mental health challenges have become a significant concern for university students (Schreiber, 2019). University life has been found to influence stress which, if left untreated, leads to a high prevalence of mental health challenges such as anxiety, stress, and depression (Malkoc & Yalçın, 2015). Social support plays a pivotal role in people's lives. On one hand, when they have someone to turn to during stressful events, they can buffer against stress and reduce depressive symptoms (Liu et al., 2023). Consequently, they tend to maintain good mental health and overall well-being, and when people have good mental health, they become resilient to daily life stressors (Dimas et al., 2022). In a USA study, 41% of university students experienced depression, and 33% contemplated suicide due to a lack of social support and a low level of resilience (Chirikov et al., 2020). A South African study on emotional intelligence and mental health reported that

17% of university students experienced no social support and 4.1% had panic attacks due to the inability to face adversity (Lawal et al., 2018). In the UK, a study was done on university students' mental health to assess the level of mental health challenges. The study showed an equal rate of mental health challenges with those of the general public and only 5.1% were undergoing treatment (Huang et al., 2018). In Namibia, a study was done on the mental health of the general population post-independence and not solely on university students (Chipare et al., 2021). Results showed that most mental health issues were due to trauma perpetrated mostly by violence and war.

The above findings relate to the current study because they validate the need for more developments in mental health facilities and the availability of mental health professionals in state institutions for instance clinics (Bartholomew, 2016). Another study was done in Namibia on mental health and also included the experiences of adolescents living with HIV (Gentz et al., 2018). The same study revealed poverty, lack of social support, and orphanhood as the most risk factors for HIV among adolescents. In most Southern African countries, mental health is still stigmatised and perceived differently depending on cultural backgrounds and beliefs (Ojagbemi & Gureje, 2021).

In Namibia, traditions and culture play a significant role in mental health issues, while some cultures believe that mental health disorders and illnesses are caused by witchcraft, others believe that it is a communication from their ancestors (Evans et al., 2018). Therefore, this is evidence of the need for more developments in infrastructure for mental health facilities and awareness campaigns in the

Namibian context due to the general challenges with the mental healthcare system (Peltzer & Pengpid, 2017). There is also a lack of knowledge on the benefits of mental health treatments due to the challenges of adequate availability and access to mental health facilities and treatments (Bartholomew, 2016). That is partly due to a lack of adequate research on mental health to influence policies and interventions (Chipare et al., 2021). Therefore, the present study aimed to describe the social support, resilience, and mental health of students at UNAM's main campus.

1.3 Statement of the problem

This study describes the social support, resilience, and mental health of all full-time undergraduate students registered in the Faculty of Health Sciences and Veterinary Medicine at UNAM's main campus. In South Africa, a study was conducted on university students and mental health (Lawal et al., 2018). Results revealed a high prevalence of anxiety disorders at 37.1% and of eating disorders at 38.7%. These were discovered to be higher than for any substance use disorder at 6.6% and for mood disorder at 16.3%. Another previous study in the UK on university students' mental health, reported that university life is a phase of remarkable distress and that students need to be supported from the first year until the final year so that they may manage to transition from university into the workforce (Brown, 2018). Interpersonal relationships are of utmost importance in times of adversity. The support may be offered in different ways that include, emotional support, instrumental support, informational support, or appraisal support, and that enhances resilience and good mental health (Wu et al., 2020).

Additionally, a study by Campbell et al. (2022), reported that students who can adapt to change from high school to university life demonstrated better mental health than those who could not. Furthermore, Rodríguez-Hidalgo et al. (2020) conclude in their study that fear, anxiety, and stress play a detrimental role in the onset of symptoms of depression. Hence there is a need to design interventions specifically tailored for each student in need of treatment. In Namibia, a study was done on the lifestyle and mental health of school-going adolescents but not university students (Peltzer & Pengpid, 2017). Similar studies were also carried out in other countries, for instance, the UK, the USA, and China (Chirikov et al., 2020; Lawal et al., 2018; Prince, 2015; Rodríguez-Hidalgo et al., 2020). Previous literature found that adequate social support is a predictor of resilience and good mental health (Wu et al., 2020).

In the Namibian context, a study on mental health and social support in adolescents living with HIV/AIDS was carried out (Gentz et al., 2018). However, according to the researcher's knowledge, there is no existing literature on a study that describes the social support, resilience, and mental health of university students in Namibia. There is a lack of research on mental health in Namibia, especially the mental health of university students, and that is the gap this study wishes to fill. Moreover, the mental health studies conducted in Namibia only explored mental health from a Western perspective of psychopathology (Bartholomew, 2016).

1.4 Objectives of the study

This study's main aim is to describe the social support, resilience, and mental health of university students at UNAM's main campus.

The objectives of this study are four-fold namely:

- Describe the mental health of students in the Department of Psychology and Social Work at UNAM's main campus.
- Describe the levels of social support of students in the Department of Psychology and Social Work at UNAM's main campus.
- Describe the levels of resilience of UNAM students in the Department of Psychology and Social Work at UNAM's main campus; and
- Describe the relationships between social support, resilience, and mental health of UNAM students in the Department of Psychology and Social Work at UNAM's main campus.

1.5 Significance of the study

This study is designed to assist undergraduates improve their mental health by learning the importance of interpersonal relationships. The students will also learn how to deal with stressful events during their years of study and avoid mental disorders in their adulthood (Jaguga et al., 2018). The current study will also add to the body of knowledge in the mental health field about the importance of social support and resilience of university students. Such information is key, especially in identifying mental health challenges, and is crucial in providing interventions in counselling and support services for university students (Lawal et al., 2018).

Furthermore, the findings of this study will be used as a reference point by future researchers on university students' mental health, and this will limit the gap in knowledge regarding inadequate research on the mental health of university students in Namibia (Bartholomew, 2016). Intervention strategies that are incorporated with first-year modules will help students with mental health awareness. Thus, it enlightens UNAM's policymakers, lecturers, and students about the crucial need for immediate access to mental health facilities and treatments within its different campuses.

1.6 Limitations of the study

This study was conducted on one campus of UNAM. Thus, findings may not be generalized to all the university students within UNAM and Namibia. Additionally, the study focused only on a specific faculty of undergraduate students enrolled at the main campus and not necessarily at other UNAM faculties and campuses. Self-report questionnaires were used to collect data, and this was a limit because some participants may not have been truthful in their responses. This study used a quantitative approach, limiting the in-depth information that is acquired through the use of a qualitative approach.

1.7 Delimitation of the study

This study specifically focused on undergraduate students registered at UNAM's main campus. Furthermore, it focused specifically on their levels of social support, resilience, overall mental health, and the relationship between the different variables.

1.8 Chapter summary

This chapter has presented a brief overview of the social support, resilience, and mental health of university students. The chapter also stated the background of the study, the statement of the problem, the objectives of the study, the significance of the study, the limitations, and the delimitations of the study. The chapter further gave insights into the chapters to follow.

1.9 Outline of the chapters to follow

Chapter two is a presentation of the literature review and the theoretical framework. It also discusses the definitions of the study's variables, their sources, and outcomes. The chapter further discusses the theories and models of the variables of the study thereof. Chapter three is about the study's methodology, which includes the research design, the targeted population, the sample, the research instruments, data collection procedures, and the data analysis. Chapter four is a presentation of the results of the study. Chapter five is a discussion of the study's findings, its limitations, recommendations, and the study's conclusion.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

The chapter discusses the relevant and available literature on social support, resilience, and mental health of university students. Additionally, the theoretical frameworks that informed the research objectives are discussed.

2.2 Defining social support

Social support is referred to as the perception one has about the available assistance in his/her time of need (Kim et al., 2022). Social support is also defined as the resources by which one's relationships with others buffer against stressful events (Brunsting et al., 2021). Moreover, social support has been widely referred to as the capital that an individual receives from his/her friends, family, and significant others in times of adversity (Rahat & İlhan, 2016). They may include informational support, instrumental support, emotional support, and appraisal support. This means that interpersonal relationships play a pivotal role in preventing psychological challenges when an individual is experiencing stressful events (Godfrey, 2020).

2.2.1 Dimensions of social support

According to (Mostert & Pienaar, 2020), there are two dimensions of social support, namely, received social support and perceived social support that both promote positive mental health effects. Received social support is the perception an individual has about his/her social support. Perceived social support is the

actual actions received by an individual during his/her ordeal (Liu et al., 2023). The perceived social support may be offered in the following ways:

Emotional support is defined as the trust, care, love, and empathy that an individual receives while experiencing adversity (Visser & Law-Van Wyk, 2021). It is also defined as the reassurance, the active living, and the encouragement offered by the student's family, friends, and significant others (Parincu, 2023). Moreover, the impact of interpersonal relations with others on the individual suggests how the individual feels, for instance, the individual, may have assumptions that he/she belongs, matters, is loved, and is cared for by others (Villines, 2023). Furthermore, when the individual assumes that he/she is being negatively impacted by the stressful events, he/she eventually feels like he/she does not belong, is not loved, or is not cared for (Akçay, 2021). This is the point when social support comes in and reverses the assumption by providing the individual with appropriate needs for instance financial assistance, knowledge, and being empathic towards the individual facing challenges (Limone & Toto, 2022). The emotional needs required by the student in a challenging situation include feelings of safety and feelings of belonging, and the student may feel like he/she is appreciated and cared for (Kurtessis et al., 2017).

Informational support is the advice, facts, and crucial information an individual receives from his/her support system during a traumatic event to face and triumph over the challenge (Mathieu et al., 2019). Informational support offers the student the ability to solve his/her challenges and come up with solutions to his/her challenges (Lloyd-Jones, 2021). *Appraisal support* is the affirmations and praises

offered to an individual facing adversity and this encourages his/her confidence to move on with life (Campbell et al., 2022). According to Akçay (2021), appraisal support enables an individual to face challenges without being negatively impacted. Hence, university students who received appraisal support were found to be brave during their ordeal. *Instrumental support* is the different forms of tangible assistance provided to an individual during an ordeal, for instance, direct help from a lecturer on assignments and tests, a student receiving cooked meals from his/her mates, and peers writing notes for the student in need (Mathieu et al., 2019). Lloyd-Jones (2021), argues that instrumental support also offers emotional social support, for instance, understanding, care, and self-esteem. All the types of social support are interdependent but also depend on the environment in which the challenge is taking place and people are capable of providing more than one type of social support, for instance, instrumental support and emotional support (Schultz et al., 2022).

While other studies posit that social support may not benefit mental health in the absence of adversity, others argue that social support influences positive outcomes in the absence of adversity by enhancing self-worth, decreasing psychological distress, and influencing an individual to be optimistic (Brunsting et al., 2021; Castillo et al., 2019). The current study supports the notion that social support is crucial to an individual amidst a challenging phase as it influences the individual to feel cared for, and loved, and may yield some resistance in an individual in question (Perron, 2018). Esteem social support is when an individual feels respected when he/she utilises certain responsibilities or roles in their family

(Robinson et al., 2019). These may include a student being the first to study in a higher institution in his/her family and receiving praise for the achievement (Brunsting et al., 2021). The individual feels confident, and that he/she is being recognised.

2.2.2 Sources of social support

Sources of social support include family, friends, and significant others (Fernández-Martínez et al., 2017). When an individual has adequate social support during adversity, he/she can maintain good psychological well-being and, therefore, be resilient (Brunsting et al., 2021). Other studies have found alternative sources of social support that include group members, social media websites, common cultural norms, communities, organizations, and membership in certain groups (Logie et al., 2016).

A study conducted among university students in the UK on social support reported that social support enhances resilience when an individual experiences traumatic events or challenging situations (Campbell et al., 2022). University students who had social support were reported to have the ability to bounce back to normalcy after facing adversity, and not being overwhelmed by the adversity (Chen & Lucock, 2022).

2.2.3 Social support for university students

A study demonstrated social support is crucial for first-year undergraduate students as it assists them in adjusting to their new university environment (Ezalia et al., 2020). The results reported a significant relationship between social support

and optimal mental health and the relationship was revealed as medium. The study further demonstrated support from friends as the most common source of social support among university students in Indonesia and the findings concluded that there was no relationship between social support and social anxiety.

A study conducted among university students in the UK on social support reported that social support enhances resilience when an individual experiences traumatic events or challenging situations (Campbell et al., 2022). University students who had social support were reported to have the ability to bounce back to normalcy after facing adversity, and not being overwhelmed by the adversity (Chen & Lucock, 2022).

2.2.4 Outcomes of social support

Outcomes of social support include enhanced self-esteem, healthier behaviors, enhanced lifelong and optimal mental health, low levels of stress levels, and fewer depressive symptoms (Wright, 2016). Research demonstrates that university students' knowledge of their strengths, self-esteem, healthy relationships with others, confidence, situational context, environmental context, and optimism play a role in coping better with traumatic situations (Ahmed et al., 2022). Research reveals that social support reduces loneliness and indirectly places individuals at a lower risk of poor mental health (Robinson et al., 2019). In their study, Fernández-Martínez et al. (2017) reported that university students face different challenges than their peers who are not in university. These challenges include pressure to meet academic deadlines and pressure to graduate on time hence,

causing stress, anxiety, and depression symptoms. Furthermore, these challenges are correlated with dysfunctional behaviours such as alcohol consumption, smoking of illegal substances, poor sleep habits, poor diet, non-adherence to treatments, and lack of exercise (Beiter et al., 2015).

2.2.5 Research instruments for social support

This study used the MSPSS-12 due to its strengths that include, that it has good reliability and factorial validity among diverse samples, it has good psychometric properties, it is comprehensive and assesses multiple dimensions simultaneously, it is widely utilised, and has been translated into different languages (Kim et al., 2022). However, its weaknesses include being subjective and can be influenced by the participant's bias, culture, or mood (Zimet, 2016). Previous literature demonstrates the MSPSS-12 was utilised on college students in Lebanon and the findings determined that Lebanese university students are satisfied with life in general (Itani et al., 2022). The study further concluded that social support is crucial in predicting subjective well-being among university students. Kaur and Beri (2019) administered the MSPSS-12 investigating the psychometric properties of the scale on undergraduate students in India. The results showed that the scale has good internal consistency and is adaptive in the Indian context. Another study by Dambi et al. (2018) reviewed literature from 22 translated languages of the MSPSS-12 in 70 articles. They argued that most of the MSPSS-12 translated languages had reliable and valid outcomes These researchers concluded that the translated versions of the MSPSS are good to utilise due to adequate evidence that supports its translated versions (Dambi et al., 2018).

Finally, in South Africa, a study administered the MSPSS-12 to undergraduate students at Walter Sisulu University. The researchers aimed to assess the social support of students during their challenging times. The results showed that most students receive social support from their family, friends, significant others, and peers when they face stressful events (Baninzi & Mdleleni-Bookholane, 2019).

2.3 Defining resilience

Resilience is the ability to bounce back to normalcy in the face of a challenge (Ahmed et al., 2022). It is also defined as the ability to bounce back from adversity, frustration, and misfortune (Fernández-Martínez et al., 2017). According to Chen and Lucock (2022), resilience is the capacity of a dynamic system to adapt successfully. Furthermore, being optimistic, grateful, and kind are the character strengths of resilience found in university students that enable them to cope with mental health challenges (Ihm et al., 2021). Nonetheless, four elements that may assist in defining resilience include context, disturbance, capacity, and reaction (Lam et al., 2021). However, (Liu et al., 2023) argue that resilience is a complicated skill that is perceived differently in different contexts. This means that what has enabled an individual to be resilient in one context may not yield the same outcome in another context.

2.3.1 Dimensions of resilience

Physical resilience is the body's ability to deal with challenges that include injuries, demands, and illnesses, and being able to triumph amidst the challenges (Wu et al., 2020). People with physical resilience are reported to feel in control of their challenges, to have problem-solving skills, to be effective in regulating their

emotions, to have a survivor mentality, and to have adequate social support in times of need (Li et al., 2021).

Emotional resilience is one's ability to deal with negative emotions successfully during an ordeal. People with emotional resilience can calm their emotions and remain optimistic (Trigueros et al., 2020). *Mental resilience* is the ability to remain calm amid a crisis and this group of people is reported to have the ability to solve their crisis and aim to move on with their lives (Bano & Pervaiz, 2020). *Social resilience* is the connection that a group of people have when they face a challenge such as a natural disaster and the social support they receive within the group (Amrei et al., 2020).

2.3.2 Sources of resilience

Sources of resilience include having a good self-image, maintaining good relationships with others, maintaining a good social support system, supportive family, and supportive peers and colleagues (Rahat & İlhan, 2016). While some people are naturally resilient, others have been reported to have learned to be resilient because it is a skill (Moore, 2019). However, social support plays a pivotal role in resilience when an individual has good communication skills, self-confidence, the ability to regulate his/her negative emotions, and an internal locus of control (Li et al., 2021).

2.3.3 Resilience for University Students

University students face daily stressors and that is a natural phenomenon for instance overwhelming workload, pressure to meet assignment deadlines,

unemployed parents, being far away from loved ones, relationship challenges, and bullying (Robbins et al., 2018). Resilience is a crucial skill that enables university students to cope with setbacks, obstacles, and challenges they face during their years of study (Wu et al., 2020). There are *seven Cs* (7 Cs) proposed skills that are integral and interrelated components that may assist in resilience. These include competence, character, confidence, connection, contribution, coping, and control (Shallu & Batra, 2021).

Competence is the knowledge that a student has on how to deal with traumatic events effectively, meaning that the student in question should have dealt successfully with adversity before and bounced back to normalcy without being affected (Getanda et al., 2017). *Confidence* is the trust that a student has in his/her competence and character strengths to deal with adversity when it arises, while *Connection* is the positive relationships a student has with family, peers, community, colleagues, friends, and significant others (Abdul Kadir et al., 2021). *Character* is the ability to differentiate right from wrong when faced with adversity that involves making crucial decisions and, *Contribution* is when a student perceives him/herself as being a part of the community he/she lives in and that he/she contributes to it (Salimi et al., 2023). This encourages students to want to be better people since *Coping* is the coping skill that an individual has that includes stress reduction skills and social skills and this enables the individual to deal with stress when it arises (Baloran, 2020). *Control* is when people realise that they have control over their decisions and actions, and this gives them the courage to face challenges and thrive amidst them (Abdul Kadir et al., 2021). Additionally,

when an individual experiences all the seven Cs, he/she can face adversity, bounce back, and thrive during the stressful event. In a study by Rosenberg et al. (2021), the resilience of university students reported higher levels of negative mental health among first and fourth-year students than those in the second and third years. Moreover, the same study also demonstrated that resilience is not significant in the long term, hence interventions for students should be designed according to the student's year of study (Rosenberg et al., 2021).

2.3.4 Outcomes of resilience

Resilience is a skill that needs to be mastered hence, students need to learn the skill by remaining open to their interpersonal relationships (Malkoc & Yalçın, 2015). This enables them to utilise its benefits and keep a good mental health status (Moore, 2019). High resilience results in one experiencing feelings of autonomy, mastery, and vitality that give the ability to enhance positive emotions amidst stressful events while, low resilience has been reported to cause feelings of hopelessness, disconnection, fatigue or tiredness, depression, victimisation, stress, and difficulty in continuing with goals or tasks (Riopel, 2019).

2.3.5. Research instruments for resilience

The CD-RISC-10's strengths are that it is uni-dimensional and gives a straightforward assessment that is brief, and quick to administer since it is a shorter version of the CD-RISC-25 (Aloba et al., 2016). It is self-reported and allows the participant to reflect on his/her experiences (Pretorius & Padmanabhanunni, 2022). However, it has some weaknesses including that it is costly and it is limited, therefore may not gather adequate information on resilience (Nartova-Bochaver

et al., 2021). A previous study utilised the instrument on undergraduate participants in 6 provinces of China and the results revealed that, psychological distress is the major challenge faced by Chinese university students and that this poses a danger to their mental health (Zhang et al., 2016). The Russian version of the CD-RISC-10 was used for undergraduate students and the results showed anxiety and depression as the two most common mental health issues faced by Russian students (Nartova-Bochaver et al., 2021). Furthermore, the results also revealed the Russian version of the CD-RISC-10 as reliable with a satisfactory alpha of 0.85. Moreover, it was positively correlated with mental well-being such as positive affect, authentic living, and self-esteem. However, it was negatively correlated with self-alienation, depressive symptoms, self-esteem, external influence, and negative affect (Zlatkina, 2021). A study on the resilience of university students was conducted and findings showed that the resilience of university students is greatly influenced by their adequate social support (Fernández-Martínez et al., 2017).

The CD-RISC-10 was used on undergraduates to measure resilience and the results revealed a strong association between one's unique coping abilities and resilience (Robbins et al., 2018). According to Ahmed et al. (2022), it is when these stressors become constant, intense, uncontrollable, and chronic that high levels of anxiety and depressive symptoms occur. Another study in China revealed resilience is closely related to social support, good mental health, and academic achievement in university students (Fan & Liu, 2022). The study further demonstrated a positive correlation between social support and resilience among

university students. In Ghana, a study used the CD-RISC-10 on undergraduates' resilience and the results revealed that 54% of students were not aware of mental health issues, while 24% were stressed, 9% were depressed, and 9% had anxiety issues (Glozah & Pevalin, 2015). In South Africa, a study that used the CD-RISC-10 on undergraduates' resilience found that the majority of the participants had moderate levels of anxiety and depression (Pienaar & Padmanabhanunni, 2021).

2.5 Defining mental health

Mental health is defined as the complete state of an individual's well-being that warrants his/her full potential in social, occupational, and relational functioning (Clark et al., 2017). Mental health is also defined as a state of mental well-being that causes individuals to cope with daily stressors (Bantjes et al., 2023). Mental health is a state of one's well-being, where the person identifies his/her potential, deals with common stressful situations, can work and accomplish goals, and gives back to his/her community. Furthermore, mental health includes people's social, psychological, and emotional well-being that influences their thoughts, feelings, and behavior, therefore, assisting how they face adversity (Campbell et al., 2022).

2.5.1 Dimensions of mental health

Existing literature on mental health states that mental health challenges have become worrisome the world over, with a treatment gap of 70% due to insufficient or unavailable mental health services (Lipson et al., 2022). Furthermore, mental health includes students' social, psychological, and emotional well-being that influences their thoughts, feelings, and behavior, therefore, assisting how they face

adversity (Campbell et al., 2022). Social well-being is when a student experiences positive functioning that enables him/her to give back to society (social contribution), is optimistic about the future (social actualization), and that the way things are executed in the community makes sense (social coherence) (Brunsting et al., 2021). Psychological well-being is when a student acknowledges and embraces his/her personality, maintains healthy relationships with others deals with daily tasks, and is grateful for his/her life achievements (Kern et al., 2015). Emotional well-being is when people are interested in life. University students who meet all concepts of emotional well-being are considered to have optimal mental health (Doré et al., 2017).

2.5.2 Sources of poor mental health

Sources of university students' mental health include financial worries as most students are on fully funded scholarships and bursaries and this causes stress because they cannot meet all their financial needs (Rosenberg et al., 2021). Besides school fees, students need finances for their upkeep. Pressure to succeed is another source of mental health challenges because some students are expected to complete their studies and take over their parents' responsibilities as breadwinners and that weighs on them hence they experience anxiety, stress, and depression (Brown, 2018). Culture shock has also been reported to influence mental health challenges especially when a student is in a completely different culture and context (Brunsting et al., 2021). The inability to adjust causes students to resort to substance abuse, maladaptive behaviors, and poor academic performance (Campbell et al., 2022). Being away from home and overwhelming

academic workload also contributes to mental challenges in students due to lack of concentration and lack of sleep (Huang et al., 2018).

2.5.3 Mental health of university students

The mental health studies of university students in the USA reported that three-quarters of university students suffered either moderate or severe psychological distress (Rosenberg et al., 2021). The study further highlighted that most of the USA university students were in dire need of counselling services way before the COVID-19 pandemic era. In the UK, a survey was conducted on a sample of 21,027 undergraduate students across the UK. They measured the mental health of university students and findings demonstrated stress, anxiety, and depression as the most common mental health issues faced by university students (Campbell et al., 2022). The same survey also demonstrated an 8% constant rise in severe emotional, personal, behavioral, and mental health challenges that call for professional intervention. Moreover, the study also revealed the stigmatisation of mental health illnesses as an existing stumbling block that still prevents students from seeking psychological help, even when mental health services are immediately available within their universities (McIntyre et al., 2018). Hence, 78% of those diagnosed hide their symptoms because of fear of stigmatisation. Another study conducted on undergraduates reported that 82% of the participants were aware of the mental health support services available for them at their various universities, and only 13% had accessed the services while 63% preferred the services to be changed to online platforms (Chen & Lucock, 2022). A study conducted in Kenya on the mental health of university students reported

depression as the most prevalent with 36% of moderate depressive symptoms and severe depression at 6% (Jaguga et al., 2018). In South Africa, a national survey conducted on the mental health of university students stated that 66-77% of university students who suffer from mental health challenges are not acquiring any psychological assistance (Lawal et al., 2018). The same survey revealed other mental health challenges that include substance abuse, attention difficulties, and post-traumatic stress disorder (PTSD). The survey further reported 8,6% of planned suicidal behavior and 2,3% of attempted suicide (Lawal et al., 2018). Moreover, good mental health of university students enables them to cope efficiently with their daily stressors including transitioning from high school to university, new ways of learning, age, socio-economic status, region of origin, orphan wood, academic workload, lack of balance between academic and social life and lack of engagement in social activities (Evans et al., 2018).

In the Namibian context, a mental health review study reported depression as the most studied variable over other mental health issues and illnesses (Bartholomew, 2016). The same study revealed a lack of mental health studies involving university students' mental health. There is a dire need for more research on the mental health of university students in Namibia (Ndjaleka, 2017). Another study on mental health showed that mental challenges influence other illnesses that add to intentional and unintentional injuries and depression has also been stated as the principal mental health illness that highly affects women more than men specifically those in developing countries (Salimi et al., 2023).

2.5.4 Risk factors for mental health

Possible factors that negatively affect university students' mental health include uncertainty in career choice, pressure to accomplish academics, financial stress, workload, pressure to meet assignment deadlines, lack of social support, poverty, orphan wood, being away from home, and age (Quick & Henderson, 2016). The study further revealed that students who experience high levels of stress due to life's challenges are not able to resist the negative consequences which include high levels of depression and increased anxiety. A study conducted on the mental health of undergraduates revealed that pressure to succeed, post-graduation plans, and academic performance were the most common causes of high levels of anxiety, stress, and depression among university students (Beiter et al., 2015). Moreover, students who live away from home, off-campus, and those who are in their final year of study were reported as the most negatively affected.

The risk factors that also determine the poor mental health of university students include the history of a blood family member who suffers or suffers from a mental health illness (Quick & Henderson, 2016). Furthermore, they stated that the death of a loved one, financial challenges, and chronic illnesses such as asthma, diabetes, and HIV/AIDS also influence poor mental health. Campbell et al. (2022) add that being autistic, experiencing challenging situations in childhood, and being a member of the LGBTQ community were the risk factors that highly predict stress, high levels of anxiety, and depression among university students. A study by Limone and Toto (2022) showed that a lack of social factors such as sports activities, interpersonal relationships, and membership in groups within the

university is the most common risk factor for mental health challenges among university students. The researchers further highlighted that one (1) in five (5) students had current mental health challenges and half of them had experienced a serious mental health issue with 99% of them having experienced severe anxiety (Limone & Toto, 2022).

Region of origin may be contributory to the socioeconomic status of a student's parents (Dambi et al., 2018). In the Namibian context, regions like Kavango, Zambezi, Kunene, Oshikoto, and Ohangwena are considered the poorest (Mthoko et al., 2022). This means that a student from one of the mentioned regions may be financially constrained during his/her years of study and that may contribute to poor mental health (Bartholomew, 2016).

2.5.5 Common mental health challenges among university students

Depression has been reported as the most common mental health challenge the world over according to Cucinotta and Vanelli (2020). Depression can be defined as the experience of feelings of sadness, loss of interest in once enjoyable activities, loss of appetite, difficulty sleeping, and feelings of restlessness (Secord & Greenwood, 2014). Although these feelings may be normal as part of daily life, it is when these feelings are persistent and long-lasting that they become a mental health concern (Zhang et al., 2018). However, depression can also be caused by environmental changes, biological changes, social changes, genetics, and psychological changes (Huang et al., 2018).

Anxiety is defined as worrisome thoughts, tension, changes in blood pressure, and changes in heart rate (Southwick et al., 2014). Although it is a common emotion experienced by almost all people at a given time, it becomes detrimental to an individual if it persists for a longer period (Schreiber, 2019).

Substance abuse

Due to the demand to adapt to university life, undergraduate students have been found to resort to using alcohol, cannabis, and ecstasy as coping mechanisms (Blow & Isaacs, 2022). A survey was conducted in one of South Africa's universities and the results revealed a 63% prevalence rate of substance use, alcohol was at 81%, cannabis at 46%, and ecstasy at 5%. The researchers concluded that most of the students who use these only do so after they have entered university. Peer pressure and inability to cope with the pressure of being a freshman in university have been found to negatively impact the student's mental health and overall well-being

Academic pressure

Academic pressure causes anger, fear of failure, and feelings of inferiority and this influences stress (Amrei et al., 2020). Therefore, stress influences anxiety, poor academic performance, and depression however, stress can be dealt with by psycho-educating students on how to use healthy coping skills such as exercising, effective time management, remaining focused, and having adequate sleep/rest (Beiter et al., 2015). When stress is left untreated, it may progress to depression and this negatively affects a student's academic performance (Campbell et al., 2022).

Career counselling

Career counselling is crucial to students upon entering the university as it allows students to evaluate themselves and see what they would like to study. In many instances, students enter university without any idea about what they want to study, and this has been found to cause stress that can progress to depression (Mathieu et al., 2019). Career counselling offers students the tools, guidance, support, and information to make informed decisions about their career paths (Visser & Law-Van Wyk, 2021). Lack of career counselling influences career deficits, lack of career interest, and lower levels of career self-efficacy (Andrews & Cook, 2020).

2.5.6 Outcomes of mental health

Poor mental health has been found to cause lower academic performances, high depression levels, increased anxiety, and reduced quality of life (Quick & Henderson, 2016). Poor mental health causes students to lose interest in remaining in school and this is due to the co-existence of anxiety and depression that causes low academic achievement (Bantjes al., 2023). Good mental health in individuals is associated with better physical health, academic achievement, and performance (Campbell et al., 2022). Moreover, good mental health of university students enables them to cope efficiently with their daily stressors including transitioning from high school to university, new ways of learning, age, socio-economic status, region of origin, orphan wood, academic workload, lack of balance between academic and social life and lack of engagement in social activities (Evans et al., 2018)

2.5.7 Research instruments for mental health

Mental health is measured by many different tools to inquire about different changes. These include the mental health inventory (MHI), the generalized anxiety disorder-7 (GAD-7), the student risk screening scale (SRSS), the geriatric depression scale (GDS), Beck's depression inventory (BDI), depression/anxiety/stress scale (DASS) to mention but a few (Armino et al., 2021). However, this study used the general Health Questionnaire-12 (GHQ-12) due to its strengths including that it has been translated into other languages, it is quick to administer and to score (Gnambs & Staufenbiel, 2018). Additionally, it can identify psychological challenges. However, it has some weaknesses for instance, it is one-dimensional and is prone to response bias that affects its reliability (Gnambs & Staufenbiel, 2018).

The following studies have used the General Health Questionnaire-12:

Primasari and Hidayat (2016) administered the GHQ-12 to participants from Indonesia's five provinces. The researchers aimed to examine the GHQ-12's validity as a screening tool for mental health issues among Indonesians. The findings revealed a Cranach's alpha of 0.83 Likert scoring and 0.83 bimodal scoring. The researchers concluded that the GHQ-12 was valid and reliable to utilise as a screening tool for mental health disorders among the Indonesian population (Primasari & Hidayat, 2016).

In Colombia, the GHQ-12 was administered to participants who included university students and members of the general population in both clinical and

non-clinical samples (Ruiz et al., 2017). The researchers aimed at screening for emotional disorders among the general population, and the results showed a good internal consistency of alpha 0.90. Furthermore, their scores revealed a positive relation to emotional symptoms and a negative relation to life satisfaction among the participants. Finally, the researchers concluded that the GHQ-12 is a valid screening tool in the Colombian context and that, its scores can be used across clinical and non-clinical samples in Colombia (Ruiz et al., 2017).

(Chirikov et al., 2020) made use of the GHQ-12 on university students to assess their mental health. They aimed to determine the factor structure and the reliability of the GHQ-12. The findings revealed an unhealthy mental state of students due to the 47, 1% that scored high and the 52,9% that scored low (Chirikov et al., 2020). The Cronbach's alpha was satisfactory at 0.70 and the researchers concluded that the GHQ-12 is a good tool for screening the mental health of university students in the Malaysian context (Armino et al., 2021).

During COVID-19, Hu et al. (2020) administered the GHQ-12 to university students in Wuhu City China to measure their mental health. The results showed 73% poor mental health among the students. The researchers concluded that poor mental health is common among university students specifically those in their first year and those whose parents have a higher level of education (Hu et al., 2020). In South Africa, the GHQ-12 was used on university students from 17 universities across the country (Bantjes et al., 2023). They aimed to assess the most common prevalence of mental health issues among students in South African universities, especially in marginalised and historically segregated institutions (Bantjes et al.,

2023). The findings showed the highest scores for social anxiety disorders, post-traumatic stress disorder (PTSD), attention deficit hyperactivity disorder (ADHD), and eating disorders. The scores also showed high scores for mood disorders at 16.31%, and substance use disorders at 6, 6%, and that the prevalence was consistent. The same study further revealed the possible causes of psychological disorders that include physical health, relationships with family, inter-personal relationships with peers, financial challenges, academic performances, romantic relationships, and the health of loved ones, and of these about 70% of students suffering from mental disorders are not getting help (Bantjes et al., 2023). The study also found the common psychological disorders that included bipolar mood disorders at 34%, generalized anxiety disorders at 29%, hazardous substance use at 27%, ADHD at 24%, major depressive disorders at 23%, and PTSD at 22% (Bantjes et al., 2023).

2.6 Theoretical framework

This study used the following theories and models concerning social support, resilience, and mental health. According to the social constructionist perspective, social support enhances an individual's self-regulation and self-esteem amid adversity (Berkeley Graduate Division, 2023).

2.6.1.1 Model related to social support

2.6.1.2 Transactional model of stress and coping

Lazarus and Folkman (1984) posit that when people are faced with a stressful event, it depends on their level of confidence to be able to deal with the stress (Biggs & Brough, 2017). They further state that how people deal with stressful

challenges is what hurts their levels of stress. Moreover, they emphasise the fact that when faced with a stressful event, people are encouraged to first evaluate how the stress is relevant to their mental health and overall well-being because most stressful events meet three major categories that include: 1) *Irrelevant,* this means the event does not affect one's mental health, 2) *Benign-Positive*, that means the stressful event has a positive effect on one's mental health, and 3) *Stressful,* meaning the event includes trauma, loss, or harm that may negatively affect one's mental health (Hatzius et al., 2023). Hence, how people perceive their stressful events is dependent on their personalities and current emotions.

2.6.2 The resilience theory

Resilience theory posits that the nature of a traumatic event is not essential. However, it is how people deal with traumatic situations that they survive, recover, and thrive amidst their traumatic events (Ahmed et al., 2022). Furthermore, the theory also states that the nature of challenges is not crucial, but, how people respond to traumatic events is the point at which they may use their resilience skills (Mello, 2016). This means that people who are resilient in the face of a challenge can go through traumatic situations and not be affected negatively (Ahmed et al., 2022). However, there are two concepts of resilience theory namely stress inoculation that enables an individual to be adaptive to stress response and become resilient in a manner that is above normal, and that includes being resilient to future adversities (Forbes & Fikretoglu, 2018). The other concept is learned helplessness, when people fulfil self-prophesy that they cannot deal with adversity by not putting effort to improve the situation because they would have experienced

the adversity before for instance the death of a loved one or family member (Raufelder et al., 2018).

2.6.3 Model related to resilience

Seligman's 3Ps model of resilience has been reported as the best-known, concerning the positive psychology framework for resilience. The 3Ps include pervasiveness, personalization, and permanence, and these are regarded as the three automatic ways of emotional response to challenges (Seligman, 1990). Seligman further emphasises that when an individual meets these 3Ps, he/she can adapt and learn to deal with adversity.

According to Seligman (1990), the 3Ps state that *Pervasiveness* is when an individual adopts the assumption that one bad event will recur in his/her lifespan even in different contexts. Hence, people must realize that every challenge is different and is not guaranteed to recur for instance, an individual may not be hired after an interview and believe that he/she has failed as an individual (Moore, 2019). *Personalization* is when individuals internalise challenges and blame themselves for negative outcomes of events, for instance, a student may fail a module and blame themselves to the extent that they believe they are incompetent (Seligman, 1990). *Permanence* is when individuals believe that negative experiences are lifelong, meaning such individuals will not be motivated to improve their challenging situations because they believe that the challenge will last forever. Moreover, the lack of motivation overwhelms them, and may fail to bounce back after adversity, for instance, a student may not be motivated to want to pass a module after he/she has failed it before (Seligman, 1990). Seligman

(1990) points out that the 3Ps assist people in perceiving how thoughts, beliefs, and mindsets impact their lives. Seligman further indicates that people should comprehend the crucial roles of the 3Ps because they assist in adapting positively to challenges. Therefore, that influences resilience in people, and the ability to bounce back from daily stressors or traumatic life events.

2.6.4 Cognitive behaviour therapy (CBT)

CBT is a talking therapeutic process that pinpoints how an individual's thought patterns impact his/her behavior and this knowledge assists the individual in assuming the power of positive thinking and consequently, the same individual's coping mechanisms are enhanced (McManus, 2022). CBT aims at modifying dysfunctional thoughts and actions to improve symptoms and influence change that is long-lasting (Whitfield & Davidson, 2020). CBT assumes that the way people think feel, and behave is interconnected and that people's thinking determines their behavior (Huang et al., 2018). The negative thinking of university students has been discovered to stem from worry, being self-critical, self-doubt, and speaking negatively about self, and that is the point CBT is applied to eradicate the negative thoughts before they escalate (Serpas et al., 2022). Its interventions include learning new ways to deal with challenges or stressful events, comprehending those negative thoughts can ignite challenges, having self-confidence, cognitive restructuring, activity scheduling, behavior activation, the ability to face one's fears and triumph, and being able to apply calming techniques when negative thinking arises (Donker et al., 2015). CBT may be applied to treat

Anxiety disorders, PTSD, Depression, Eating disorders, Sleeping Disorders, and Bipolar Disorders (Huang et al., 2018).

2.6.5 Model related to mental health

2.6.5.1 The ABC model

The ABC Model was developed by Albert Ellis (1957) and it is also known as the ABC Technique of Irrational Beliefs. It aims at scrutinizing the irrational beliefs developed by an individual and records a three-column table. The column includes the Activating Event (A), the Belief (B), and the Consequence (C). The Activating event is the first column that records the objective event that influences dysfunctional thoughts. Beliefs are the second column where the concerned individual writes his/her negative feelings making this a bridge that connects the event and the distressing feelings. The consequence is the third column which is filled with the negative thoughts and actions that occurred, and this is where anxiety, anger, and sadness influenced by (A) are revealed (McManus, 2022).

According to Albert Ellis (1957, as cited in Stark, 2017), it is not the activating element (A) that influences the negative emotions and dysfunctional behavior in column (C), but it is the individual's wrong interpretation of the event that influences irrational belief system (B) that leads to the consequences (C) (Stark, 2017).

2.6.6 Application to the present study

The above theories and models are connected to this study because they assisted in describing the variables. The findings of this study contributed to the theories

by delivering information on how adequate social support acts as a buffer against mental health illnesses such as anxiety and depression. Moreover, the study also added information on how university students may remain resilient in times of stressful events.

2.7 Chapter summary

Chapter two has presented literature regarding social support, resilience, and mental health. Moreover, three groups of measurement tools that may be utilised to describe the variables used in the current study were mentioned. The MSPSS-12, the CD-RISC-10, and the GHQ-12. The next chapter lays out the research methodology of this study and the research procedure. Furthermore, the research design and research instruments are explained and discussed. The research data analysis methods are also explained.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

Chapter three aims to lay out the methodology used for this study. The current research design is, therefore, explained. The population and the sample of the study are also outlined. Moreover, the research instruments are presented and discussed. Additionally, the procedure of the study, the data analysis, and the ethical considerations are presented.

3.2 Research design

This study used a quantitative approach and a descriptive research design. A quantitative approach emphasises the objective measurements and the statistical analysis of data collected by way of questionnaires and surveys using computational techniques (Mohajan, 2020). A quantitative approach is used to discover the way people think, act, or feel in specific ways (Goertzen, 2017). Moreover, it emphasises the objective measurements and the statistical analysis of data collected by way of questionnaires and surveys using computational techniques (Barczak, 2015). This study is cross-sectional, and a survey was used to discuss the research objectives. The design was selected for the following reasons:

A descriptive study enables researchers to collect more data about a phenomenon and discern an occurrence in an uninterrupted context (McCarthy, 2018). The descriptive design is supportive of the aim of this study to describe the social

support, resilience, and mental health of university students at the University of Namibia. A cross-sectional design entails the collection of data one-off at a time and that contributes to this study since the items on the questionnaire ask questions concerning the past few weeks of the participant's life (Li et al., 2021).

Quantitative research approach can utilise the results of the study to generalise over a population due to its objective and structured nature (van Dam et al., 2020). Since the study aimed to describe the levels of perceived social support, resilience, and mental health of undergraduate students, a quantitative design enabled the researcher to look into the variables that have been explored in several additional populations in previous studies (Mohajan, 2020). This is because quantitative research measures theories that already exist, hence it is appropriate for the current study (van Dam et al., 2020).

3.3 Population

The population for this study included all male and female full-time undergraduate students registered in the Faculty of Health Sciences and Veterinary Medicine at UNAM's main campus, Department of Psychology and Social Work. The total number of full-time registered undergraduate students in the Department of Psychology and Social Work is 389 (E. Haufiku, personal communication, August 10, 2023). Participants included were from the 1st to 4th-year of study. Only full-time students in the Department of Psychology and Social Work were included. Excluded were nursing students, distance students, and postgraduate students.

3.4 Sample

A sample is defined as a subset of the population that is studied in a research project (McCarthy, 2018). The sample of this study consisted of 146 participants. Four of the participants' responses were excluded from the analysis because they were under the age of 18 hence 146 was the final sample. This study utilised a non-random probability sampling method called the convenience sampling technique. Convenience sampling includes available participants who are willing to participate at the time of data collection without being forced (McCarthy, 2018). Since the study focused specifically on participants from one department, convenience sampling seemed the most relevant technique. Additionally, convenience sampling is cost-effective, simple, and does not take a long time to administer (Etikan, 2016).

The inclusion criteria included undergraduate students who were registered full-time and in the Department of Psychology and Social Work in the 1st to 4th year of study. The exclusion criteria excluded all nursing students who may have been mixed with psychology and social work students during compulsory modules, for instance, Introduction to Psychology. The study further excluded all distance and part-time students.

3.5 Research instruments

The researcher asked participants to complete a questionnaire by ticking or circling the relevant answers applicable to them. The questionnaire was in English, and it consisted of four parts that included: 1) *Socio-demographic information*, 2) the *Multidimensional Scale of Perceived Social Support* (MSPSS-12), 3) the

Connor-Davidson Resilience Scale-10 (CD-RISC-10), and 4) the *General Health Questionnaire*-12 (GHQ-12).

3.5.1 Socio-demographic questionnaire

The SDQ (Appendix C) used in this study is a 6-item, researcher-developed instrument. The instrument inquired about gender/sex, age, marital status, year of study, socio-economic status, and region of origin. The participants were instructed to fill in some blank spaces on some questionnaires and to also tick/circle the boxes that applied to them. This researcher ensured that all participants satisfied the inclusion criteria to evaluate the expanse to which the collected data would be generalised. For instance, how balanced the sample was regarding gender, age, marital status, religion, economic status, year of study, etc.

3.5.2 Multidimensional scale of perceived social support -12 (MSPSS-12)

3.5.2.1 Rationale and description of the instrument

Social support was assessed by using the *Multidimensional Scale of Perceived Social Support* (MSPSS) (Appendix D), developed by Zimet et al. (1988) (Edwards, 2004). Three sources of social support can be differentiated that measure perceived social support that includes family, friends, and significant other (Souri & Hasanirad, 2011). Family (four items, e.g. “my family tries to help me”), Friends (four items, e.g. “I can count on my friends when things go wrong”), and Significant Others (four items, e.g. “there is a special person who is around when I am in need”) were part of the sources. The MSPSS-12 has been utilised for university students and demonstrated validity and reliability (Godfrey, 2020).

In Brazil, a study on university students revealed the alpha scores at 0.96 for family, 0.97 for friends, and 0.97 for significant others (Brugnoli et al., 2022). In Ghana, a study revealed that the MSPSS-12 had good internal consistency at alpha 0.83 (Nakigudde et al., 2009). In a South African study, the reliability and validity of the MSPSS-12 were endorsed (Baninzi & Mdleleni-Bookholane, 2019). In the Namibian context, the MSPSS-12 was used and proved valid and reliable (Besthorn et al., 2018).

3.5.2.2 Administration, scoring, and interpretation of the instrument

The MSPSS is a 12-item instrument that is scored on a seven-point Likert scale, that ranges from 1(*very strongly disagree*) to 7 (*very strongly agree*). University students with high levels of social support demonstrated low levels of mental challenges (Souri & Hasanirad, 2011). The MSPSS-12 has high internal consistency reliability with a Cronbach's alpha of 0.85 – 0.91 (Kaur & Beri, 2019). The total score of the MSPSS-12 is calculated by summing all 12 items and the mean subscales are added and divided by 4. Scores of 12-35 are determined as low perceived social support, 36-60 as medium perceived social support, and finally, 61-84 as high perceived social support (Brugnoli et al., 2022).

3.5.2.3 Reliability and validity of instrument

Research has demonstrated that the MSPSS-12 has good internal and test-retest reliability including moderate construct validity (Kim et al., 2022). The MSPSS-12 assumes that when an individual's level of social support is high, his/her levels of anxiety, stress, and depression are low (Zimet, 2016). The MSPSS-12 was found to be a valid and reliable instrument of perceived social support in the

African context (Kaur & Beri, 2019). The researchers further indicated that the instrument showed a good internal consistency at 0.83. In South Africa, the MSPSS-12 was used and produced good internal consistency including test-retest reliability (Pienaar & Padmanabhanunni, 2021). A study in Brazil on university students revealed the alpha scores at 0.96 for family, 0.97 for friends, and 0.97 for significant others (Brugnoli et al., 2022). Kenya, a study revealed the MSPSS had good internal consistency at alpha 0.83 (Jauregui et al., 2021).

3.5.2.4 Motivation for inclusion

The MSPSS was found to be appropriate for this study because it has been used on university students before and was found to be reliable and valid (Brugnoli et al., 2022). Moreover, it was also befitting for this study because it was designed to measure an individual's perception of social support from three different sources which include Family, Friends, and Significant Other (Calderón et al., 2021). The MSPSS-12 was validated for the African context since it was used in such countries as Uganda, South Africa, and Zimbabwe (Kaur & Beri, 2019). In the Namibian context, the MSPSS-12 was used and proved valid and reliable (Besthorn et al., 2018).

3.5.3 Connor - Davidson resilience scale -10 (CD-RISC-10)

3.5.3.1 Rationale and description of the instrument

Resilience was measured by the *Connor-Davidson Resilience Scale* (CD-RISC-10) originally developed as a 25-item scale by Connor and Davidson in 2003 (Zlatkina, 2021). The CD-RISC-10 was developed from the original by Campbell-

Sills and Stein (Malkoc & Yalçın, 2015). Moreover, it measures levels of resilience and the extent to which individuals have the skill to remain calm during adversity and the ability to go back to normalcy (Li et al., 2021).

The CD-RISC-10 is a self-reported questionnaire that consists of 10 items on a 5-point Likert scale ranging from a minimum score of 0 (*not true at all*) to a maximum score of 4 (*true nearly all the time*).

3.5.3.2 Administration, scoring, and interpretation of the instrument

The respondents' total score ranges from 0 – 40. The total score is calculated by adding all 10 items. Scores in the ranges of 0 to 20 indicate low resilience, 21 to 30 indicate moderate resilience and 31 to 40 indicate high resilience. A higher score determines high resilience in an individual (Aloba et al., 2016).

3.5.3.3 Reliability and validity of instrument

Research has shown that the CD-RISC-10 has high internal consistency, test re-test reliability, and divergent and convergent validity (Zhang et al., 2018). The CD-RISC-10 was tested and authorised for utilisation (Pedhu, 2023). Undergraduate students utilised the CD-RISC-10 and validated that resilience positively correlated with spirituality and Cronbach's alpha was at 0.85 (Shallu & Batra, 2021).

3.5.3.4 Motivation for inclusion

The CD-RISC-10 has been utilised in studies for undergraduate students, earthquake survivors, former Ugandan child soldiers, and the general community population, and the instrument was found to be the most utilised scale (Lam et al.,

2021). It is a self-report assessment to assess resilience in populations that include adolescents, the elderly, and psychiatric patients (Pedhu, 2023). In the Namibian context, the CD-RISC-10 was found to be reliable and valid for assessments (Martin & Maheswari, 2023).

3.5.4 General health questionnaire – 12 (GHQ -12)

3.5.4.1 Rationale and description of the instrument

Mental health was measured by the use of the 12-Item *General Health Questionnaire* (GHQ-12) by Goldberg and William (1988). It is a self-administered questionnaire that screens for mental health challenges (Glozah & Pevalin, 2015). It aims to evaluate different facets of distress to determine non-psychotic challenges as well as determine the overall mental health of individuals (Armino et al., 2021). The GHQ-12 is mostly utilised in non-clinical samples to measure mental health issues that are linked with anxiety, depression, somatic symptoms, and social dysfunction (Tomas et al., 2017).

3.5.4.2 Administration, scoring, and interpretation of an instrument

The GHQ-12 is rated on a 4-pint scale that utilises a timeframe of "In the last two weeks". Although there are three different ways of scoring the GHQ-12, the most commonly utilised in research is the Likert scoring method (0-1-2-3) (Namjoo et al., 2017). The bimodal is recommended for clinical settings. The total scores of the GHQ-12 range from 0 to 36 and a score of 0 to 15 means a typical response, while a score of more than 15 is considered evidence of distress, and any score

above 20 is regarded as severe challenges with psychological distress (Zhang et al., 2018).

3.5.4.3 Reliability and validity of the instrument

In the Brazilian population, the factorial validity and invariance of the GHQ-12 showed good psychometric properties across clinical and non-clinical groups (Primasari & Hidayat, 2016). In a Persian study, results showed a Cronbach's alpha for social dysfunction at 0.80 and psychological distress at 0.78. The test re-test correlation coefficient was from 0.84 to 0.93. The study then concluded that the GHQ-12 was reliable and valid in the Persian groups (Namjoo et al., 2017). In Ghana, a study revealed that the GHQ-12 was reliable and valid for the Ghanaian groups and that it had acceptable internal consistency (Glozah & Pevalin, 2015). In the South African context, the GHQ-12 displayed adequate reliability and validity in measuring psychological distress (Armino et al., 2021). In the Namibian context, the GHQ-12 was found to be reliable and valid (Bartholomew, 2016).

3.5.4.4 Motivation for inclusion

In Namibia, the GHQ-12 is appropriate for this study because a similar scale with 28 items was validated for the Namibian context (Haidula et al., 2003). The researchers aimed to create a Namibian version of the GHQ-12 and the findings demonstrated its validity as a relevant tool to screen distress among clinic attendees in Northern Namibia. This CD-RISC-10 was used in a previous study with the same variables as the current study in the USA and, the findings showed that university students' struggles and perceived social support remarkably

predicted resilience (Nurius et al., 2023). The study further revealed that university struggles, perceived social support, and resilience also remarkably predicted mental health. Hence, exposure to stress leads to lower levels of resilience.

3.6 Data collection procedures

An electronic mail requesting permission to collect data from the students was sent to lecturers for various modules. This was accompanied by the ethical clearance certificate and the information letter (see Appendix A and H). Ethical clearance for the study was sought from the Decentralised Ethics Committee (DEC) of the School of Allied Health Sciences (see Appendix H). Permission to conduct the study on UNAM students was sought from the UNAM's Postgraduate Research Support Services (see Appendix G). Data were collected by way of paper and pencil during lecture time. Both the information letter and the consent form also stated that the collected data would be kept confidential and anonymous with no names attached. This includes the fact that participants were not coerced and could withdraw from the study at any given time without any penalties applied. The pencil and paper method was applied when the researcher went to UNAM's main campus and distributed the questionnaires to the students during their class time. One hundred and fifty (I50) students were approached from first-year students to fourth-year students. However, four (4) questionnaires were not included as the students were under 18 years of age. Participants completed the forms within ten to 15 minutes. The researcher was present during data collection to ensure that the questionnaires were completed, and in case participants had questions or needed clarity on some questionnaires. The researcher then

emphasised the importance of fully completing all the questionnaires and answering all the questions. The participants were asked to return the questionnaires after they had fully completed them. The researcher and her supervisor's contact information was provided in the participants' information letter. Furthermore, the researcher was available to answer any questions during data collection.

3.7 Data analysis

The data obtained from this study were analysed by using the IBM Statistical Package for Social Sciences (SPSS) version 27 (Kabito & Wami, 2020). The researcher applied Cronbach's alpha to determine the reliability of the research instruments. The researcher used descriptive statistics (such as measures of central tendencies and dispersion) to establish levels of social support, resilience, and mental health. Descriptive statistics, tables, figures, and frequencies were utilised to analyse the collected data. According to McCarthy 2018, descriptive statistics recounts the dissemination of data in a data set, the attributes, and the fundamental features. The central tendencies and the range or variance were calculated, and frequency tables were utilised to give a clear picture of the representation of collected data because they assist in the organisation of information (Mohajan, 2020). The collected data were loaded into Microsoft Excel to study the data for better analysis. Additionally, Pearson's correlations were used to establish the relationships between the variables.

3.8 Ethics

The researcher obtained ethical clearance (see Appendix H) from the University of Namibia's Decentralized Ethics Committee. The consent form and the information letter (Appendix A and B) were included in this study's instruments enlightening all the participants about the aim, purpose, procedures, risks, and obligations of the study. Each participant had to give his/her consent by signing the form in the space provided at the end of the form. Participants were only included in the study if they were conveniently available and willing to take part in the study and if they were full-time undergraduates in the Faculty of Health Sciences and Veterinary Medicine and the Department of Psychology and Social Work. All information given in the information letter and the consent letter clearly stated that all data collected would be treated confidentially and anonymously. No personal information was collected for instance name and student number. Soft copies of the collected data were saved and stored in a password-protected file on the researcher's laptop. Hard copies were piled, put in a plastic bag, and stored in a lockable cabinet that was only accessible to the researcher. All data will be destroyed after five (5) years via formatting and shredding. All participants were provided with the contact information of the researcher and her supervisor in the information letter and consent form in case there was a need for further clarity on ethics. This study presented no appreciable physical and psychological risks.

3.9 Chapter summary

Chapter Three discussed the methodology of the study which included the research design, the population, the sampling techniques, the research instruments,

the procedures taken, the data analysis, and the ethical considerations. The following chapter (Chapter Four) presents the findings revealed in the study.

CHAPTER FOUR

RESULTS

4. 1 Introduction

The chapter provides the overall findings of the study as well as inferential statistics that examine the connection between variables. The Statistical Package of Social Sciences (SPSS) version 19 was used to analyse the data. Cronbach's alpha was used to determine the reliability of the research instruments. Descriptive statistics (such as measures of central tendencies and dispersion) were used to establish levels of social support, resilience, and mental health. Additionally, Pearson's correlation was used to establish the internal consistency of instruments used and the relationships between variables.

As mentioned in Chapter One, this study aimed to establish the social support, resilience, and mental health of university students at UNAM's main campus. The first objective was to describe the levels of social support of students in the Department of Psychology and Social Work at UNAM's main campus. The second objective was to describe the levels of resilience of these students. The third objective was to describe the mental health of these students. The fourth objective was to describe the relationships between social support, resilience, and mental health of UNAM students in the Department of Psychology and Social Work at UNAM's main campus.

4.2 Socio-demographic information of sample

A non-standardized demographic questionnaire used in this study was constructed to acquire demographic information of the participants. A total of 160 survey

questionnaires were distributed to potential participants. One hundred and fifty (150) were returned, yielding a 94% response rate.

All the questionnaires had a 100% item response rate. Four (4) questionnaires were completed by 17-year-olds. These were excluded from the analysis as participants were required to be at least 18 years of age to provide consent.

The sample consisted of one hundred and forty-six participants (n=146). Approximately 72% were female (n=105). The average age of the sample was 23 years (SD=5.11). The youngest participant was 18 years old while the oldest was 55 years old. Most of the participants were single (94%, n=138) while (1.4%, n=2) were divorced/separated and 4% (n=6) were married. Of the participants, 30% (n=43) were in the first year of study, and 21% (n=30) were in the fourth year of study. Approximately 88% (n=128) of the respondents were unemployed and 2.1% (n=3) were contract workers. Participants were from all the regions in Namibia with the highest 37.7% (n=55) being from the Khomas region followed by the Omusati region with 10.3% (n=15). Moreover, all the regions were represented in the study. The socio-demographic results are depicted in Table 4.1 and Figure 4.1 and Figure 4.2 below.

Table 4. 1: *Socio-demographical characteristics of the sample*

Variables	**Frequency**	**Percentage**
Gender/Sex		
Male	41	28.1
Female	105	71.9
Total	**146**	**100**

Marital Status		
Married	6	4.1
Single	138	95
Divorced/Separated	2	1.4
Total	**146**	**100**
Year of Study		
1st Year	43	29.5
2nd Year	42	28.8
3rd Year	31	21.2
4th Year	30	20.5
Total	**146**	**100**
Employment Status:		
Employed	6	4.1
Unemployed	128	87.7
Self-Employed	8	5.5
Contract Worker	3	2.1
Total	**146**	**100**

Figure 4.1: *Ages of participants*

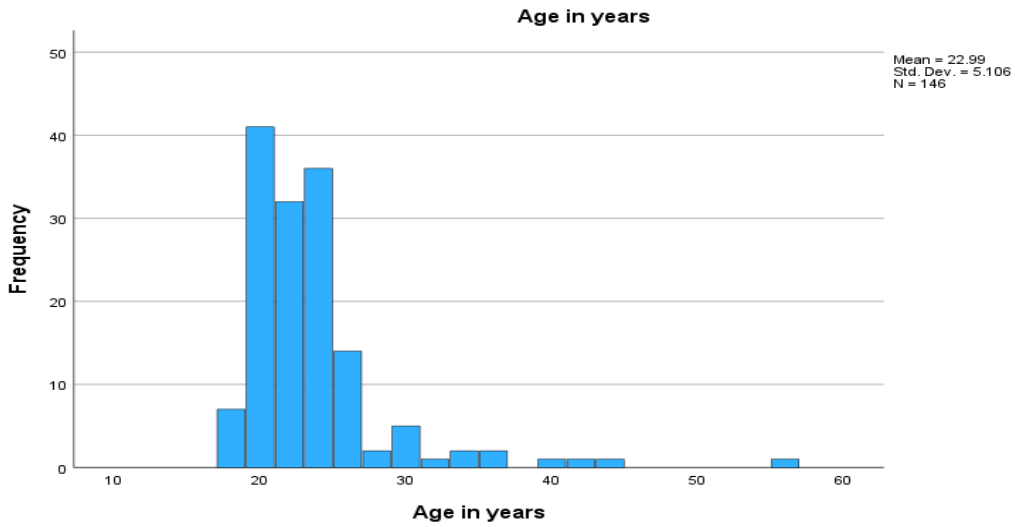
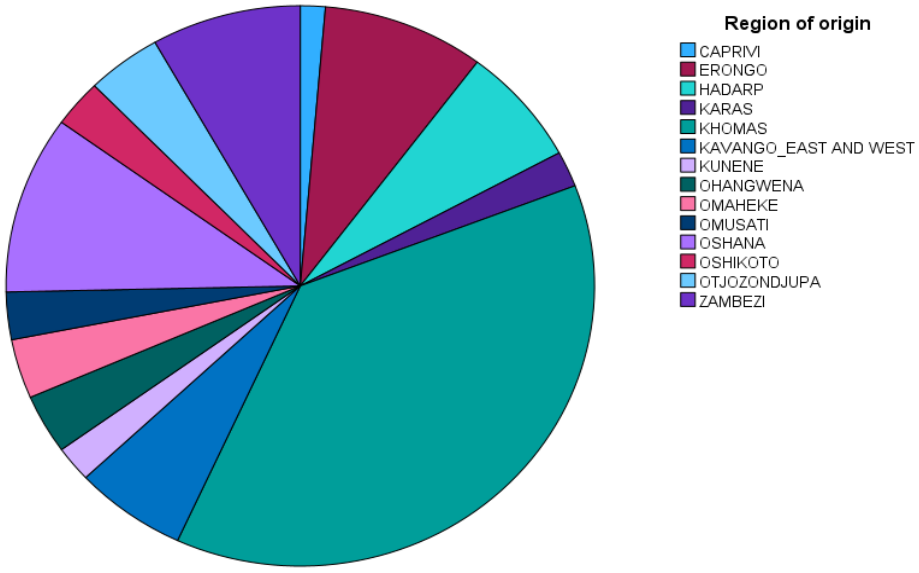


Figure 4.2: *Region of Origin*



4.3 Social support

4.3.1 Reliability

The first objective was to describe the level of social support of students registered in the Department of Psychology and Social Work at UNAM's main campus. The MSPSS-12 was used to assess three sources of social support, namely, (a) Significant Others, (b) Family, and (c) Friends. An analysis was done on the twelve (12) items of the questionnaire. The Cronbach's alpha for the MSPSS-12 total is .92. The Cronbach's alpha of this study for Significant Others was .98, Family was .90, and Friends was at .90. These outcomes reveal the reliability of the MSPSS-12 in this study is very good internal consistency, which was within the accepted ranges because it is within the ranges of .85 to .91 (Kaur & Beri, 2019).

4.3.2 Descriptive statistics for social support (MSPSS-12)

The descriptive statistics relating to social support as measured with the MSPSS-12 are indicated in Table 4.2. These include the mean, standard deviation, sum, maximum, and minimum scores obtained. The means for the MSPSS-12 subscales were as follows: Significant Others, the mean (18.78) (n=19; 13%) indicated low levels of perceived social support from their significant others. The family subscale had a mean (of 20.64) (n=20; 14%) also indicated low perceived social support. Lastly, the Friends subscale had a mean (20.66) (n=20; 14%) that revealed low perceived social support from Friends.

Table 4.2: *Descriptive statistics for social support (MSPSS-12)*

Subscales	**Min**	**Max**	**Mean**	**Standard Deviation**	**Cronbach's Alpha**
MSPSS-12 (Total)	12	84	60.08	22.49	.915
Significant Others	4	28	18.78	9.58	.979
Family	4	28	20.64	7.14	.893
Friends	4	28	20.66	5.77	.897

4.4 Resilience

4.4.1 Reliability

The second objective of the study was to assess the levels of resilience of the students. The CD-RISC-10 is self-rated and reveals one's stress-coping capabilities considering adaptation, stress endurance, and hardiness (Zlatkina, 2021). This study found a Cronbach's alpha of .88 for the CD-RISC-10, depicting very good internal consistency for this research instrument.

4.4.2 Descriptive statistics for resilience (CD-RISC-10)

The CD-RISC-10 comprises 10 items that are scored on a 5-point scale, for instance, items such as "*coping with stress can strengthen me*" and "*I can stay*

focussed under pressure". It is scored by summing all ten (10) items. The possible scores range from 0 to 40. Scores from 0 to 20 indicate low resilience, 21 to 30 indicate moderate resilience and 31 to 40 indicate high resilience (Cheng et al., 2020). The findings highlight a very good internal consistency which was within the accepted ranges of .85 to .91

Table 4.3*:* *Summary of descriptive statistics of the CD-RISC-10*

Variable (CD-RISC-10)	**N**	**Variance**	**Mean**	**Standard Deviation**	**Cronbach's Alpha**
Resilience	10	50.39	27.11	7.112	.876

4.5 Mental Health

4.5.1 Reliability

The third objective was to assess the levels of mental health of students. The 12-item General Health Questionnaire (GHQ-12) was used to assess the risk of developing common non-psychotic mental health challenges that are associated with social dysfunction, anxiety, somatic symptoms, and depression (Anjara et al., 2020). It is a self-administered questionnaire widely utilised for its consistent reliability (Granieri et al., 2020). For the current study, Cronbach's alpha was .89, depicting high internal consistency for the GHQ-12. For the GHQ-12 subscales, the Cronbach's alphas were .85, for Anxiety and Depression, .81 for Social Dysfunction, and .86 for Loss of Confidence.

4.5.2 Descriptive statistics for mental health (GHQ-12)

Table 4.5 below summarises descriptive statistics for the variable Mental Health. The GHQ - 12's items are scored on a 4-point Likert scale ranging from 0-3. The questionnaire uses a timeframe of "*for the past two weeks*" and it is scored using three (3) possible methods. This study used the 0-1-2-3 method because it is widely used in research. The possible total scores range from 0 to 36 and scores of 1 to 15 are considered normal levels of good mental health. Scores above 15 suggest moderate levels of mental health illnesses, and scores above 20 suggest severe mental health illnesses (Anjara et al., 2020). This study found (n=78; 54%) had moderate symptoms of mental health issues, (n=40; 27%) had good symptoms, and (n=27; 19%) showed moderate to severe symptoms of mental health issues.

The mean score for the total General Health Questionnaire -12 (GHQ-12) was (18.47) revealing a moderate range of mental health illnesses among the participants. The mean scores for the GHQ-12 subscales were as follows:

Anxiety and Depression mean (7.55; SD=3.731) indicated an average range of mental health illnesses such as depression and anxiety among others. Social Dysfunction, the mean (7.51; SD=3.669) showed an average range of mental health issues just like the Anxiety and Depression scale. Loss of Confidence had a mean (of 2.45; SD=2.071 revealing mild mental health illnesses among participants. The mean score (21.45) (n=22; 15.1%).

Table 4.4: *Summary of descriptive statistics for mental health GHQ-12*

Variable	**N**	**Mean**	**Standard Deviation**	**Cronbach's Alpha**
GHQ-12 (Entire)	**146**	**18.47**	**8.685**	**.886**
Anxiety and Depression	146	7.55	3.731	.853
Social Dysfunction	146	7.51	3.669	.813
Loss of Confidence	146	2.45	2.071	.863

4.6 Correlation between social support, resilience, and mental health

To perform a linear regression analysis, it was first necessary to determine whether the data had a linear relationship. A parametric Pearson's correlation (*r*) was employed to accomplish this. The table below indicates Pearson's (*r*). For the linear relations between social support and resilience, the findings suggest that there exists a strong and positive significant correlation ($r = 0.619$; $p = <0.001$). There was a strong negative significant correlation between social support and mental health ($r = -0.672$; $p = <.001$). Lastly, the relationship between resilience and mental health was negative, strong, and significant ($r = -0.653$; $p = <.001$). The MSPSS-12 depicted a correlation of .619**, revealing a moderate positive

linear relationship between perceived social support and resilience. The CD-RISC-10 depicted -.653**, and lastly, the GHQ–GHQ–12icted -.672**.

4.7 Chapter summary

This chapter presented the results of the study. The sample consisted of one hundred and forty-six (146) participants. Their ages ranged between 18 and 55 years, and more female students were in the sample. The majority of the participants were in the first year of study. Approximately 90% of the participants were single. Participants were from all the regions with the highest being from the Khomas region followed by the Omusati region. All the scales and their subscales demonstrated adequate reliability coefficients for all variables and constructs in the current study. The results showed a strong and positive significant correlation. There was a strong negative significant correlation between social support and the mental health of participants. The relationship between resilience and mental health was negative, strong, and significant.

The following chapter presents a discussion of the results, the conclusions of the study, and recommendations for future research and practical implementation. Additionally, the limitations of the current study are presented.

CHAPTER FIVE

DISCUSSION, LIMITATIONS, CONCLUSION, AND RECOMMENDATIONS

5. 1 Introduction

The results of this study were presented in the previous chapter. The discussions of the results, the conclusions of the study, and recommendations for future research and practical implementation are presented in the fifth chapter. Furthermore, the limitations of the current study will be presented.

5.2 Discussion

5.2.1 Socio-demographical information

This study found that there were more female students (72%) than males (28%). This pattern of results is consistent with the report by the National Council for Higher Education (Mahler, 2021) that there are more females than males enrolled in Namibian institutions of higher learning. The results of this study reflect this reality. The mean age of the current study was (mean=22.99; SD=5.11). The youngest participant was 18 years and the oldest participant was 55 years. Although 38% of the participants were from the Khomas region, the sample included participants from all regions of the country.

5.2.2 Social support (MSPSS-12)

The first objective of the study aimed to discuss the levels of social support of university students. The measurement technique utilised for this objective was the Multidimensional Scale of Perceived Social Support (MSPSS-12).

Greater perceived social support has been associated with low levels of anxiety and depression symptoms (Kaur & Beri, 2019). This suggests that when an individual has adequate social support, he/she becomes less vulnerable to mental health issues (Kim et al., 2022). Scores ranging from 12 to 35 are considered as low perceived support, 36 to 60 are considered as moderate perceived support, and 61 to 84 are considered as high perceived support. The total MSPSS-12 in this study found (n=88; 60%) moderate levels of perceived social support. This means that the participants had some level of social support from their Significant Others, Family, and Friends. The MSPSS-12 subscales and their scores are as follows:

Significant Others (n=28; 19%) revealed that the participants experienced high levels of perceived social support from their Significant Others. The *Family* subscale (n=31; 21%) suggests that the participants experienced moderate to high levels of social support from their families. This is consistent with a previous study that revealed that family support is crucial in people's lives as it acts as a buffer against mental health illnesses (Robinson et al., 2019). Lastly, the *Friends* subscale (n=30; 20%) revealed that the participants experienced high perceived social support from their friends (Kim et al., 2022).

For this Namibian study, the MSPSS-12 seems to be reliable and valid with a Cronbach's alpha 0f .92. The findings highlight a very good internal consistency which was within the accepted ranges of .85 to .91. This finding is consistent with previous literature that has demonstrated that the MSPSS-12 has good internal consistency when it is utilised in different age groups in different contexts (Kaur & Beri, 2019). Additionally, the current study found that the MSPSS-12 was

psychometrically sound with a Cronbach's alpha of .90 for Significant Others, .89 for Family, .89 for Friends, and overall, .91 for the entire scale. The present results are consistent with a study on social support during the COVID-19 pandemic (Godfrey, 2020).

5.2.3 Resilience (CD-RISC-10)

The second objective of the study was to describe the levels of resilience of university students at UNAM's Department of Psychology and Social Work at the main campus. The measurement technique utilised was the Connor-Davidson Resilience Scale – 10 (CD-RISC-10). For this study, 28 participants; 19% indicated a level of low resilience, 86 participants; 59% indicated moderate resilience, and 32 participants; 22% indicated high resilience. When people are resilient, they protect themselves from mental health challenges such as stress and depression to mention but a few (Bantjes et al., 2023).

This study assessed the psychometric properties of the resilience scale and the results showed acceptable internal consistency concerning Cronbach's alpha (Heppner et al., 2016). The entire scale had a Cronbach's alpha of .88, demonstrating a very good internal consistency for the current study. This was consistent with prior literature that utilised the CD-RISC-10 (Pretorius & Padmanabhanunni, 2022). Previous studies suggest that resilience acts as a buffer against the effect of lower levels of social support and enhances overall mental health (Dambi et al., 2018).

5.2.4 Mental health (GHQ-12

The third objective of the study was to describe the levels of mental health of university students in the Department of Psychology and Social Work at UNAM's main campus. The GHQ-12 was used for this objective to assess the non-psychiatric challenges of university students. The GHQ-12 has three subscales that include Anxiety and Depression with a Cronbach's alpha of .85, Social Dysfunction with a Cronbach's alpha of .81, and Loss of Confidence with a Cronbach's alpha of .86. These subscales showed good structural characteristics and confirm prior research (Pienaar & Padmanabhanunni, 2021). The entire scale had a reliability analysis of Cronbach's alpha of .88, validating its reliability and validity in the Namibian context of university students. This study found (n=78; 54%) moderate symptoms of mental health issues, (n=40; 27%) had good symptoms, and (n=27; 19%) showed moderate to severe symptoms of mental health issues. The result of this scale confirms previous literature that the GHQ-12 is an appropriate assessment for mental illnesses in populations of different ages and contexts (Zhang et al., 2018). In the Namibian context, a study was conducted on medical students to determine the prevalence of depression, anxiety, and burnout. The results revealed a prevalence of 43,6% for depression, 30,6% for anxiety, and 36.2% for burnout (Mhata et al., 2023). The study concluded that more than one (1) in three (3) students were either burnout, depressed or anxious (Mhata et al., 2023).

5.2.5 The relationship between social support, resilience, and mental health

The fourth objective of the study was to discuss the relationship between social support, resilience, and mental health of university students on the UNAM's main campus.

5.2.5.1 The relationship between social support and resilience

Findings showed that there exists a strong and positive significant correlation between social support and resilience. This means that people who perceive higher levels of social support from their Significant Others, Family, and Friends are bound to have higher levels of resilience (Brugnoli et al., 2022). Moreover, as the perceived social support increases, so do the resilience levels. These results are consistent with the claim that when individuals have adequate social support from their significant others, family, and friends, they tend to be resilient to mental health challenges (Wang et al., 2017). Moreover, social support is crucial in people's lives because it acts as a buffer against mental health challenges (Granieri et al., 2020). A study revealed that sources of social support such as Significant Others, Family, and Friends significantly moderated the relationship between resilience and social support (Hong et al., 2023). With this finding, participants would be encouraged to be active in their interpersonal relationships to sustain social support.

5.2.5.2 The relationship between social support and mental health

Findings also showed that there was a strong negative significant correlation between social support and mental health, meaning that as social support decreases, the chances of developing mental illnesses increase (Liu et al., 2023).

Inadequate social support has been associated with poor mental health (Hu et al., 2020). This means individuals who have adequate social support may become resilient to mental health challenges such as anxiety, depression, suicidal ideation, eating disorders, substance use, and alcohol abuse (Visser & Law-Van Wyk, 2021). This finding confirms other literature that posits that adequate perceived social support of university students acts as a buffer to mental health illnesses (Granieri et al., 2020).

5.2.5.3 The relationship between resilience and mental health

The relationship between resilience and mental health was negative, strong, and significant. This reveals that as levels of resilience increase in individuals, their mental health challenges decrease. The more an individual is resilient to life stressors, the more he/she maintains good mental health.

5.3 Conclusion

The current study aimed to discuss the social support, resilience, and mental health of students in the Department of Psychology and Social Work at UNAM's main campus, and the relationship between these variables.

- The first objective of the study was attained by use of the MSPSS-12 and results revealed moderately high levels of social support of the participants. The minimum scores showed moderately low levels of social support while the maximum scores revealed moderately high levels of social support of the participants. This pattern of results is consistent with previous literature that posits that when social support is adequate so are the levels of resilience. This study

found moderately high levels of perceived social support among university students in the Department of Psychology and Social Work at UNAM. This study found a very good internal consistency of the MSPSS-12 which was within the accepted ranges of .85 to .91. The MSPSS-12 was psychometrically sound in this study. It was also found reliable and valid for use in the Namibian context.

- The second objective of this study was attained by making use of the CD-RISC-10. The results revealed moderate levels of resilience. The CD-RISC-10 was found reliable in this study.
- The third objective was attained through the use of the GHQ-12. The results showed that the participants had a lower level of mental illness. The GHQ-12 was found reliable for this study.
- The Fourth objective was to describe the relationship between social support, resilience, and mental illnesses. There was a significant strong positive relationship between social support and resilience. This suggests that when people have enough perceived social support from their interpersonal relationships, they tend to be resilient against common mental illnesses such as eating disorders, anxiety, and depression to mention but a few. The relationship between resilience and mental health was strong and significant, suggesting that when people are resilient against stressful events, they tend to maintain good mental health.
- Lastly, the relationship between mental health and social support was negative, strong, and significant, meaning that when people have inadequate social support, they become vulnerable to mental health illnesses. As social support decreases, the possibility of developing mental health illnesses increases.

5.4 Limitations

The following limitations were encountered in the data concerning this study. The current study limits the generalization of the results. This study concentrated on one department in one faculty at one campus instead of all departments in all faculties of all the campuses at UNAM. This means that the results may not be generalized to other departments and other faculties. Moreover, the study paid more attention to the students in psychology and social work, leaving out other programs.

This study was cross-sectional, descriptive, and correlational. A limitation of correlational studies is that such studies do not provide insight into cause and effect. They merely describe the relationship between variables. Lastly, this study was quantitative. A qualitative approach would have been useful in providing in-depth insight into the variables in the study.

5.5 Recommendations of the study

5.5.1 Recommendations for future research

In terms of future research, it would be useful to extend the current findings by examining the findings of the current study in broader samples and exploring the risk of mental health challenges among university students, especially in the Namibian context. Future studies should explore the risk of mental health challenges among university students, especially in the Namibian context. Future

research may use different assessment instruments, approaches, and designs than the ones used in the current study.

5.5.2 Recommendations for practical implementations

Despite the limitations found in this study, the results suggest several practical implications. The MSPSS-12 in the study is a psychometrically sound tool with excellent internal consistency and may be applied to Namibian university students to assess the adequacy of social support. The CD-RISK-10 is reliable and may be utilised in the Namibian context. The GHQ-12 is found reliable and valid to be used in the Namibian context for different age groups.

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APPENDIX A: Ethical clearance certificate

ETHICAL CLEARANCE CERTIFICATE

Ethical Clearance Reference Number: SAH33/23 **Date: 12/06/2023**

This Ethical Clearance Certificate is issued by the University of Namibia Decentralized Ethics Committee (DEC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the School of Allied Health Sciences Decentralized Ethics Committee.

Title of Project: Social support, resilience, and mental health of university students at the University of Namibia's main campus
Principal Researcher: Moreblessings Mpofu
Student Number: 201878548

Centre for Research Services

Take note of the following:

1. Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the ethics committee. An application to make amendments may be necessary.
2. Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the ethics committee
3. The Principal Researcher must report issues of ethical compliance to the ethics committee (through the Chairperson) at the end of the Project or as may be requested by the ethics committee
4. The ethics committee retains the right to:

i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,
ii) Request for an ethical compliance report at any point during the course of the research.

The ethics committee wishes you the best in your research.

Dr T.W. Shumba (Chairperson, Ethics Committee)

Prof. Davis Mumbengegwi (Head, Multidisciplinary Research)

APPENDIX B: Permission letter

CENTRE FOR RESEARCH SERVICES
Office of the Pro-Vice Chancellor: Research, Innovation & Development
University of Namibia, Private Bag 13301, Windhoek, Namibia
340 Mandume Ndemufayo Avenue, Pioneers Park, Office F223 - Fblock, Second Floor
☎ +264 61 206 4673; E-mail:kmbulu@unam.na; URL.: http//www.unam.edu.na

UNAM
UNIVERSITY OF NAMIBIA

RESEARCH PERMISSION LETTER

Date: 27/07/2023

Student Name: Moreblessings Mpofu

Student Number: 201878548

Programme: Master of Clinical Psychology

Approved Research Title: Social support, resilience, and mental health of university students at the University of Namibia's main campus

TO WHOM IT MAY CONCERN:

I hereby confirm that the above-mentioned student is registered at the University of Namibia for the programme indicated. The proposed study met all the requirements as stipulated in the University guidelines and has been approved by the relevant committees.

The proposal adheres to ethical principles as per attached Ethical Clearance Certificate. Permission is hereby granted to carry out the research as described in the approved proposal.

Best Regards

Dr. AEE Shikongo
Head: Postgraduate Research Support Services
Tel: +264 61 206 3129
E-mail: aeshikongo@unam.na

CENTRE FOR RESEARCH SERVICES
Office of the Director
2023 -07- 27
University of Namibia
UNAM

APPENDIX C: Consent form

I have been asked to participate in this study and have been informed about the nature of the study. I understand the following:

- ✓ My participation in this research is voluntary, and I may terminate my participation at any time without any repercussions on me.
- ✓ I will be required to complete all research questionnaires in full.
- ✓ Should I need any clarification about questions in the questionnaires, the researcher or researcher's supervisor will be available to provide clarification.
- ✓ All information obtained from me will be regarded with utmost confidentiality and my identity will not be disclosed.
- ✓ There are no physical or psychological risks involved in the study.
- ✓ I may contact Moreblessings Mpofu (0813750778 or bpanashmorebee@yahoo.com) the researcher, at any time should I have any questions concerning the research.
- ✓ By agreeing to participate, I will be given a signed copy of the information letter. By signing this consent form, I understand what my involvement in the research study means and I voluntarily agree to participate in the research. Signature of Participant Date

  ……

  Signature of Researcher…… 

APPENDIX D: **Multidimensional Scale of Perceived Social Support-12**

(MSPSS-12)

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement, by circling on the number preferred.

1= Very Strongly Disagree
2= Strongly Disagree
3= Mildly Disagree
4= Neutral
5= Mildly Agree
6= Strongly Agree
7= Very Strongly Agree

1. There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2. There is a special person with whom I can share my joys and sorrows	1	2	3	4	5	6	7
3. My family really tries to help me.	1	2	3	4	5	6	7
4. I get the emotional help and support I need from my family.	1	2	3	4	5	6	7
5. I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6. My friends really try to help me.	1	2	3	4	5	6	7
7. I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8. I can talk about my problems with my family.	1	2	3	4	5	6	7
9. I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10. There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11. My family is willing to help me make decisions.	1	2	3	4	5	6	7
12. I can talk about my problems with my friends.	1	2	3	4	5	6	7

APPENDIX E: The Connor-Davidson Resilience Scale-10 (CD-RISC-10)

Instructions: We are interested in how you feel about the following statements. This is to determine how well you are equipped to bounce back after a trauma, tragedy, or stressful event. Read each statement carefully. Indicate how you feel about each statement by circling the preferred number.

0 – Not true at all

1 – Rarely true

2 - Sometimes true

3 – Often true

4 – True nearly all the time

1. Able to adapt to change	0	1	2	3	4
2. Can deal with whatever comes	0	1	2	3	4
3. Tries to see the humorous side of problems	0	1	2	3	4
4. Coping with stress can strengthen me	0	1	2	3	4
5. Tend to bounce back after illness or hardships	0	1	2	3	4
6. Can achieve goals despite obstacles	0	1	2	3	4
7. Can stay focused under pressure	0	1	2	3	4
8. Not easily discouraged by failure	0	1	2	3	4
9. Think of yourself as a strong person	0	1	2	3	4
10. Can handle unpleasant feelings	0	1	2	3	4

APPENDIX F: The General Health Questionnaire-12 (GHQ-12)

Instruction: In the next few questions, we would like to know if you have experienced any medical complaints, and how your health has been in general, over the past few weeks. Please circle the appropriate number.

- **Over the past few weeks, have you or have you been able to:**

1. To concentrate on whatever, you're doing?	0=better than usual	1=same as usual	2=less than usual	3=Much less than usual
2. Did you feel that you are playing a useful part in things?	0=More so than usual	1=Same as usual	2=Less so than usual	3=Much less than usual
3. Felt capable of making decisions about things?	0=More so than usual	1=Same as usual	2=Less so than usual	3=Much less than usual
4. To enjoy your normal day-to-day activities?	0=More so than usual	1=Same as usual	2=Less so than usual	3=Much less than usual
5. To face up to your problems?	0=More so than usual	1=Same as usual	2=Less so than usual	3=Much less than usual
6. Feeling reasonably happy, all things considered?	0=More so than usual	1=Same as usual	2=Less so than usual	3=Much less than usual
7. Did you lose much sleep because of worry?	0=Not at all	1=No more	2=Rather more	3=Much more

		than usual	than usual	than usual
8. Felt constantly under strain?	0=Not at all	1=No more than usual	2=Rather more than usual	3=Much more than usual
9. Did you feel you could not overcome your difficulties?	0=Not at all	1=No more than usual	2=Rather more than usual	3=Much more than usual
10. Feeling unhappy and depressed?	0=Not at all	1=No more than usual	2=Rather more than usual	3=Much more than usual
11. Losing confidence in yourself?	0=Not at all	1=No more than	2=Rather more than usual	3=Much more than usual
12. Thinking of yourself as a worthless person?	0=Not at all	1=No more than usual	2=Rather more than usual	3=Much more than usual

APPENDIX G: **Socio-demographic questionnaire**

Socio-Demographic Questionnaire

The information you provide will be used to gain more information about people in general and will not be used to identify you in any way. Please respond to all items.

Instructions: Please **tick** in the appropriate box for each item**:**

1. **Gender/Sex:** Male ☐
   Female ☐
2. **Age …….**
3. **Marital status:** Married ☐
   Single ☐
   Divorced/separated ☐
   Widow/ Widower ☐
4. **Year of study:** 1st Year ☐
   2nd Year ☐
   3rd Year ☐
   4th Year ☐
5. **Socio-economic status:** Employed ☐
   Unemployed ☐
   Self-employed ☐
   Contract worker/s ☐

Region of origin……

ANNEXURE H: Information letter

Dear participant, I, Moreblessings Mpofu, am a registered clinical psychology master's student at the University of Namibia. As part of my studies, I am currently conducting research on the following topic: **Social support, resilience, and mental health of university students at the University of Namibia's main campus.**

This study is to determine the mental health challenges students at the main campus may be undergoing and investigate how they perceive social support as well as how resilient they are when faced with adversity. The major objective of this study is to describe the social support of UNAM students at the main campus as well as describe their resilience and mental health. This will determine the relationship between social support, resilience, and mental health of UNAM students in the School of Allied Health Sciences. This is a friendly request to you as a participant in this research study. Your participation is voluntary and you will be requested to sign a consent form. Confidentiality will be maintained. Participants will not be asked to fill his/her personal information for instance student number and name to ensure anonymity.

There are no risks expected in the research. Please take note that participation is voluntary and you may choose to withdraw from participation at any time without penalties. Should there be any questions on aspects of ethical concerns contact me the researcher or my supervisor on contacts given below. 1 The results of the research may be made available to you at your request. Should you agree to participate you will be required to complete the accompanying questionnaires.

You must respond to all the questions in all honesty since there is no wrong or right answer. Should you require any further explanation about questions in the questionnaires, you may ask me. When you have completed the questionnaires in full, please return them to the researcher. Kindly complete the attached consent form and the questionnaires. Should you need any further information, you are welcome to contact me at the contacts provided below or my supervisor Dr. Elizabeth. N. Shino at:

Telephone (061) 206 3807 or Email: eshino@unam.na.

Thank you for your participation, it is greatly valued.

Yours sincerely, Moreblessings Mpofu

Email: bpanashmorebee@yahoo.com

Cell phone: 0813750778 Department of Psychology and Social Work

ANNEXURE I: Language Editor's report

ACET Consultancy
Anenyasha Communication, Editing and Training
Box 50453 Bachbrecht, Windhoek, Namibia
Cell: +264814218613
Email: mlambons@yahoo.co.uk / nelsonmlambo@icloud.com

27 October 2023

To whom it may concern

LANGUAGE EDITING – MOREBLESSINGS MPOFU

This letter serves to confirm that a **MASTER OF ARTS IN CLINICAL PSYCHOLOGY** thesis titled SOCIAL SUPPORT, RESILIENCE, AND MENTAL HEALTH OF UNIVERSITY STUDENTS AT THE UNIVERSITY OF NAMIBIA'S MAIN CAMPUS was submitted to me for language editing.

The thesis was professionally edited and track changes and suggestions were made in the document. The research content or the author's intentions were not altered during the editing process and the author has the authority to accept or reject my suggestions.

Yours faithfully

PROF. (DR) NELSON MLAMBO
PhD in English
M.A. in Intercultural Communication
M.A. in English
B. A. Special Honours in English – First class
B. A. English & Linguistics