

**THE EFFECTS OF UNDIAGNOSED DEPRESSION
ON ACADEMIC PERFORMANCE AMONG COLLEGE
STUDENTS**

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CERTIFICATION

The undersigned certify that this project report prepared by: **ABDULSALAM OYINSOLA FATHIA, MATRIC NO ND/23/SDV/FT/0009**: the effects of undiagnosed depression on academic performance among college students meets the requirement of the Department of Social Development for the award National Diploma [ND] in Social Development, Kwara State Polytechnic, Ilorin.

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DEDICATION

This research work write and dedicated to Almighty Allah and my lovely parent Mr. and Mrs. Abdulsalam

ACKNOWLEDGEMENT

I would like to express my sincere gratitude to everyone who contributed to the successful completion of this project.

First and foremost, I thank the Almighty God for the strength, knowledge, and good health throughout this project.

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ABSTRACT:

Depression is a prevalent mental health issue among college students, often remaining undiagnosed and thereby exerting a detrimental impact on academic performance. This thesis investigates the correlation between undiagnosed depression and academic outcomes, aiming to elucidate the extent to which unrecognized depressive symptoms affect students' academic achievements. Through a comprehensive literature review and empirical analysis, the study seeks to highlight the necessity for early detection and intervention strategies within educational institutions

CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

Depression is a pervasive mental health issue affecting millions of individuals worldwide, with college students being particularly vulnerable due to academic pressures, financial stress, social challenges, and transitional life experiences. While diagnosed depression can be managed through therapy and medication, many students remain undiagnosed, leading to a silent struggle that negatively affects their academic performance.

Analyzed the connection between melancholy and scholarly execution among understudies. The

investigation taken after a negative relationship between wretchedness and grade points; it needed to realise that members who had a higher score on the BDI would probably see their present scholarly execution as unacceptable, paying little mind to a high or poor-quality point normal (Försterling & Binser, 2002). The study objective is to determine how the student's academic performance is deteriorated by depression. This study is based on collage students, so collage-going students are considered for the study. There is numerous factors like peer pressure, maintaining a CGPA, career, and so on, which cause depression.

Undiagnosed depression manifests in various ways, including persistent sadness, lack of motivation, difficulty concentrating, fatigue, and social withdrawal—symptoms that can significantly hinder a student's ability to perform academically. Studies have shown that students experiencing undiagnosed depressive symptoms often face challenges such as declining grades, absenteeism, and difficulties in completing assignments and exams. However, due to stigma, lack of awareness, or limited access to mental health services, many students do not seek professional help, exacerbating the impact of their condition.

Understanding the effects of undiagnosed depression on academic performance is crucial for educational institutions, policymakers, and mental health professionals. By identifying the extent of this issue and its consequences, universities and colleges can develop effective intervention strategies to support students' mental well-being and improve academic outcomes.

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1.2 Statement of the Problem

Depression is one of the leading causes of poor academic performance among college students. However, many students experiencing depressive symptoms go undiagnosed, making it difficult for institutions to provide adequate support. This study seeks to address the following issues:

To what extent does undiagnosed depression affect the academic performance of college students?

What are the common academic challenges faced by students with undiagnosed depression?

How does undiagnosed depression impact students' engagement, attendance, and academic motivation?

What measures can be taken to support students with undiagnosed depression and improve their academic outcomes?

1.3 Purpose of the Study

This study aims to:

Examine the prevalence of undiagnosed depression among college students.

Analyze the relationship between undiagnosed depression and academic performance.

Identify specific academic challenges faced by students experiencing undiagnosed depression.

Assess the factors contributing to undiagnosed depression among college students.

Provide recommendations on strategies for early identification and intervention to mitigate the academic impact of undiagnosed depression.

1.4 Research Objectives

1. To identify the symptoms of undiagnosed depression among Kwara State Polytechnic students.
2. To assess the academic performance of students exhibiting signs of undiagnosed depression.
3. To examine the relationship between depressive symptoms and academic performance.

4. To explore the coping strategies used by students with symptoms of undiagnosed depression.

1.5 Research Hypotheses

H0: There is no significant relationship between undiagnosed depressive symptoms and academic performance among Kwara State Polytechnic students.

Ha: There is a significant relationship between undiagnosed depressive symptoms and academic performance among Kwara State Polytechnic students.

1.6 Significance of the Study

This research is significant in several ways:

For students: It highlights the potential impact of undiagnosed depression on academic performance, helping them recognize the importance of mental health and seek support when needed.

For educators and administrators: The findings will provide insights into the prevalence of undiagnosed depression and its academic consequences, allowing institutions to implement targeted support programs.

For policymakers: The study contributes to discussions on mental health policies within higher education, advocating for improved access to psychological support services.

For researchers: It adds to existing literature on mental health and academic performance, offering a foundation for further studies on mental health interventions in education.

1.7 Scope of the Study

This study focuses on college students within selected universities. It examines the prevalence of undiagnosed depression, its impact on academic performance, and the underlying factors contributing to this issue. The study does not include students with formally diagnosed depression or those undergoing professional treatment. The research

is limited to self-reported data, academic records, and qualitative insights from students and faculty members.

1.8 Operation Definition of Key Terms

Depression: A mental health disorder characterized by persistent sadness, lack of interest, and other cognitive and physical symptoms that impair daily functioning.

Undiagnosed Depression: A condition where an individual experiences depressive symptoms but has not been formally diagnosed by a healthcare professional.

Academic Performance: The measurable outcomes of a student's educational activities, including grades, attendance, and engagement.

Mental Health Stigma: Negative attitudes and beliefs surrounding mental illness, often preventing individuals from seeking help.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter provides an overview of relevant literature, including conceptual clarifications, theoretical frameworks, and empirical studies related to depression and academic performance among students.

2.2 Conceptual Review

2.2.1 Concept of Depression

Depression is a prevalent and multifactorial mental health disorder that significantly impacts an individual's emotional, cognitive, and physical well-being. It is often characterized by persistent feelings of sadness, hopelessness, and a profound lack of interest or pleasure in activities that were once enjoyable. Unlike a temporary episode of feeling low, depression is a clinical condition that interferes with a person's ability to function effectively in various aspects of life. The World Health Organization (WHO, 2022) has noted that depression is one of the leading causes of disability globally, affecting millions of individuals and contributing to significant social and economic challenges.

Depression primarily manifests through emotional and cognitive disturbances. Individuals may experience pervasive sadness, a profound sense of hopelessness, and a diminished sense of self-worth (American Psychiatric Association, 2022). These feelings often persist for weeks or months, leading to a loss of interest in activities previously enjoyed, such as hobbies or socializing (Breslau et al., 2020). Cognitive symptoms include difficulties with concentration, decision-making, and memory (Gonda et al., 2012). The inability to focus and think clearly can affect a person's performance in academic, professional, and personal settings, contributing to a diminished quality of life. These cognitive impairments can sometimes be mistaken for other conditions, making it challenging for individuals to seek appropriate help.

Additionally, depression often leads to intrusive negative thoughts. Individuals may ruminate on past failures or fear future disappointments, leading to a heightened sense of helplessness and hopelessness (Beck, 1976). This persistent negative thought cycle exacerbates the condition, making it difficult for individuals to break free from depressive states without professional intervention. While depression is commonly associated with emotional and cognitive symptoms, it can also present with physical manifestations. People with depression may experience changes in appetite and weight, either eating excessively or having little to no interest in food (Muench & Hamer, 2010). Sleep disturbances, including insomnia or hypersomnia (sleeping excessively), are also common (Vgontzas et al., 2013). These disturbances are linked to the dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, which affects mood and sleep patterns (Yehuda et al., 2016). Moreover, fatigue and physical exhaustion are hallmark symptoms of depression (Hammen, 2015). Even small tasks, such as getting out of bed or completing work-related duties, can feel overwhelming for individuals with depression. This level of fatigue can impair one's ability to engage in everyday activities, including maintaining relationships and meeting professional or academic responsibilities.

Depression often leads to significant social isolation and withdrawal from previously fulfilling relationships. Individuals with depression may find it challenging to engage in social interactions, leading to feelings of loneliness and further exacerbating their symptoms (Cacioppo & Patrick, 2008). Over time, this social withdrawal can strain personal and professional relationships, contributing to a cycle of increased isolation and emotional distress.

The impact of depression on academic or professional performance can be substantial. In educational settings, depression has been linked to lower grades, decreased motivation, and higher rates of absenteeism (Eisenberg et al., 2009). Similarly, in the workplace, depression can reduce productivity, increase the likelihood of absenteeism, and even contribute to job loss (Kessler et al., 2006). The persistent lack of motivation and

concentration difficulties in depressive states significantly hinder an individual's ability to meet academic or work-related goals.

2.2.2 Undiagnosed Depression

Undiagnosed depression refers to the presence of clinically significant depressive symptoms in an individual who has not undergone formal psychological or psychiatric evaluation by a qualified mental health professional. In such cases, the person may experience persistent low mood, loss of interest in previously enjoyable activities, fatigue, sleep disturbances, poor concentration, changes in appetite, and feelings of worthlessness—but these symptoms remain unrecognized or unacknowledged as a mental health condition (American Psychiatric Association, 2022).

A major challenge associated with undiagnosed depression is the lack of recognition of the symptoms—either by the affected individuals themselves or by those around them, such as peers, family members, or educators. This can be due to limited mental health literacy, cultural or religious beliefs, stigma surrounding mental illness, or normalization of emotional distress as a typical part of student life (Bello & Olabisi, 2022). In many African societies, including Nigeria, mental health issues are often misunderstood, and people are discouraged from seeking professional help, thereby increasing the likelihood of underdiagnosis or total neglect.

Additionally, institutional and systemic barriers contribute to the prevalence of undiagnosed depression. These include the absence of on-campus mental health services, a shortage of trained counselors or psychologists in tertiary institutions, and a general lack of proactive screening programs for psychological wellbeing (Okeke et al., 2020). Consequently, students silently endure depressive symptoms while trying to meet academic demands, often at the cost of their academic performance, self-esteem, and overall quality of life.

Undiagnosed depression is particularly concerning among college students who may already be facing academic stress, social pressure, financial challenges, and major life transitions. When left untreated, it may escalate into more severe psychological problems,

such as chronic depression, suicidal ideation, or substance abuse, posing a significant risk to students' educational attainment and mental health outcomes (Eisenberg et al., 2009; Gureje et al., 2010).

In the context of this study, undiagnosed depression is a critical variable used to examine the invisible burden many students carry a burden that may go unnoticed by teachers and institutions but has a measurable impact on students' academic performance and general wellbeing.

2.2.3 Depression Among Students

Depression among students is a growing concern in educational institutions globally, including in Nigeria. It is often triggered by a combination of academic, financial, social, and personal stressors that characterize the student experience. Academic pressure from tight deadlines, high expectations, examination anxiety, and competitive environments frequently overwhelms students, especially those without adequate coping mechanisms or support systems (Ibrahim et al., 2019). In addition, financial difficulties such as inability to pay tuition, secure accommodation, or afford basic needs can cause persistent stress and feelings of helplessness, which may contribute to the onset of depressive symptoms (Ogunyemi & Oni, 2019).

Social factors also play a significant role. Students may face peer pressure, challenges in forming or maintaining relationships, isolation, or even bullying especially in the context of adjusting to new environments, as in the case of freshmen. Furthermore, family-related issues such as parental conflict, bereavement, or lack of emotional support can exacerbate emotional vulnerability during the course of study (Nwoye & Onah, 2021). Common symptoms of depression among students include loss of concentration, persistent fatigue, sleep disturbances, irritability, social withdrawal, poor academic performance, and a general lack of motivation or interest in school activities. Some may also experience unexplained physical complaints like headaches or stomach aches. While these symptoms are often visible, they may be misinterpreted as laziness or poor attitude, both by peers and faculty members (World Health Organization, 2022).

A critical problem is that many students do not recognize these symptoms as indicators of depression. Instead, they may internalize their struggles, attributing their emotional distress to personal weakness or bad luck. This lack of awareness, combined with societal stigma surrounding mental health, results in many students suffering in silence without seeking professional help (Okeke et al., 2020). In some Nigerian tertiary institutions, students have limited or no access to psychological support services, further increasing the risk of depression going undiagnosed and untreated. Untreated depression can have severe consequences, including declining academic performance, substance use, self-harm, or even suicidal ideation. According to Eisenberg et al. (2009), students with untreated depression are more likely to experience academic failure and are at higher risk of dropping out of school altogether. Therefore, identifying and addressing depression early is critical not only for students' psychological wellbeing but also for their academic success and long-term personal development. In the context of institutions like Kwara State Polytechnic, where mental health infrastructure is often inadequate, the silent burden of depression may be widespread. This underscores the need for awareness campaigns, early detection mechanisms, and institutional commitment to student mental health support.

2.2.4 Types of Depression

Depression is not a one-size-fits-all condition. It manifests in several different forms, each with its unique features:

1. **Major Depressive Disorder (MDD):** This is the most well-known form of depression, often referred to as clinical depression. It is characterized by persistent feelings of sadness or a lack of interest in most activities. To be diagnosed with MDD, an individual must experience symptoms for at least two weeks. Symptoms include feelings of hopelessness, significant changes in sleep and appetite, and thoughts of death or suicide.
2. **Persistent Depressive Disorder (PDD):** Previously known as dysthymia, this is a chronic form of depression where a person experiences low mood for at least two

years. Although the symptoms may not be as severe as major depression, they are long-lasting and can lead to a decline in social and occupational functioning.

3. **Bipolar Disorder:** While not solely a form of depression, bipolar disorder involves episodes of both depression and mania (elevated mood and activity). During depressive episodes, individuals may experience similar symptoms to those of major depression.
4. **Seasonal Affective Disorder (SAD):** This type of depression occurs at specific times of the year, most often in the winter months when there is less natural sunlight. Symptoms tend to dissipate in the spring and summer, but during the winter, individuals may experience low energy, changes in sleep patterns, and increased cravings for carbohydrates.
5. **Postpartum Depression:** This form of depression occurs after childbirth and affects both mothers and, less commonly, fathers. Symptoms include severe mood swings, fatigue, and difficulty bonding with the baby. Postpartum depression can interfere with a person's ability to care for themselves and their child.
6. **Atypical Depression:** This form of depression is marked by specific symptoms, such as increased appetite, excessive sleeping, and a heavy feeling in the limbs. Despite these atypical features, it is still considered a form of major depression.

2.2.5 Causes of Depression

Depression is a complex mental health disorder that arises from a combination of biological, psychological, and environmental factors. Its causes are multifaceted, and while certain risk factors may increase vulnerability to depression, the condition can also manifest without clear or identifiable triggers. Below are key causes that contribute to the onset of depression:

1. Biological Factors

Biological factors, particularly genetics and neurochemical imbalances, play a significant role in the development of depression. Studies have shown that individuals with a family history of depression are more likely to experience depressive episodes, suggesting a genetic predisposition to the disorder (Kendler et al., 2006). The brain's neurotransmitters—such as serotonin, norepinephrine, and dopamine—are involved in regulating mood, and imbalances in these chemicals can contribute to symptoms of depression (Meyer & Quenzer, 2018).

Changes in brain structure and function, especially in areas that regulate emotions and decision-making, such as the prefrontal cortex and hippocampus, have also been associated with depression. For students, hormonal changes related to puberty or stress responses can exacerbate emotional vulnerability, making them more susceptible to depressive episodes.

2. Psychological Factors

Psychological factors, including an individual's personality traits, coping mechanisms, and cognitive patterns, can influence the likelihood of experiencing depression. For example, people with low self-esteem, a negative self-image, or pessimistic thinking patterns are more prone to depression (Beck, 1967). Students, in particular, may be more vulnerable if they have difficulty managing stress, adjusting to new academic environments, or coping with failure. The way they perceive challenges such as academic difficulties or social exclusion can influence their emotional response, sometimes leading to depression.

Another psychological factor is rumination, the tendency to repeatedly focus on negative thoughts or experiences. Students who engage in rumination may dwell on academic setbacks, interpersonal conflicts, or personal shortcomings, which can deepen feelings of sadness and hopelessness, leading to depression (Nolen - Hoeksema, 2000).

3. Environmental and Social Factors

Environmental and social stressors are significant contributors to depression, particularly among students. Academic pressure is one of the most common stressors for students, often caused by high expectations, intense coursework, exams, and fear of failure. A study by Ibrahim et al. (2019) found that academic stress is a major factor in triggering depression among college students, especially in competitive environments. Additionally, financial strain can be a major stressor for many students, particularly those from low-income backgrounds. Worries about paying tuition fees, purchasing textbooks, or managing living expenses can create anxiety, which may lead to depression when compounded with academic demands. Social isolation, the lack of a support system, and strained relationships with family or peers are also significant contributors. Students away from home for the first time may struggle with homesickness or loneliness, leading to feelings of alienation and depression (Berk, 2018). Peer pressure, bullying, or social exclusion can further exacerbate these feelings.

For some students, family problems such as parental divorce, conflict, or loss of a loved one can have a profound emotional impact. These experiences can trigger depression, particularly when students lack the coping strategies to manage emotional distress.

4. Trauma and Abuse

Experiencing trauma, whether physical, emotional, or sexual abuse, can significantly increase the risk of developing depression. In many cases, traumatic experiences during childhood or adolescence can have long-term effects on mental health. Students who have experienced trauma may struggle with feelings of shame, guilt, or fear, which can manifest as depression. For students, traumatic events such as the loss of a family member, a breakup, or being the victim of harassment can trigger depressive symptoms (Brewin et al., 2000).

5. Chronic Illness or Medical Conditions

Chronic illnesses, whether physical or mental, can also contribute to the onset of depression. Students dealing with long-term illnesses, disabilities, or serious medical conditions may experience feelings of helplessness, fatigue, and hopelessness, which can trigger or worsen depression. The stress of managing a health condition while trying to meet academic or social expectations can be overwhelming. In some cases, certain medications used to treat physical illnesses can have side effects that include depressive symptoms. Additionally, medical conditions like diabetes, cardiovascular disease, and thyroid disorders have been associated with higher rates of depression (Penninx et al., 1998).

6. Substance Abuse

Substance abuse, including alcohol, drugs, or prescription medication misuse, is closely linked to depression. Substance abuse can alter brain chemistry, increase vulnerability to emotional distress, and impair the individual's ability to cope with stress. Students may turn to substances to self-medicate their depressive feelings, leading to a cycle of depression and substance dependence. Moreover, substance use can mask the underlying depression, leading to undiagnosed or untreated conditions (Pettinati et al., 2004).

2.2.6 Management and Prevention of Depression

The management and prevention of depression, particularly among students, require a comprehensive approach that incorporates **psychological intervention, social support, educational resources, and policy development**. These strategies aim to address both the symptoms of depression and the underlying causes, while also fostering environments where students feel supported and empowered to seek help.

1. *Psychological Interventions*

Psychological or therapeutic interventions are essential in the treatment and management of depression. Among the most effective approaches for managing

depression are **Cognitive Behavioral Therapy (CBT)** and **Interpersonal Therapy (IPT)**. These therapies help individuals identify and change negative thought patterns, improve coping strategies, and address social or interpersonal issues contributing to depression.

- **Cognitive Behavioral Therapy (CBT):** CBT is a widely used therapeutic approach that focuses on altering distorted thinking and behavior. It helps individuals recognize negative thought patterns, challenge them, and replace them with healthier, more realistic thoughts. This therapy has been proven effective in reducing symptoms of depression and preventing relapse, making it especially useful for students coping with academic or social stress (Beck, 2011).
- **Interpersonal Therapy (IPT):** IPT focuses on improving interpersonal relationships and social functioning. It helps individuals address issues such as conflict with family or peers, social isolation, or grief, all of which can contribute to depressive symptoms (Markowitz & Weissman, 2012). For students, IPT can help address challenges like homesickness, peer pressure, and difficulty adjusting to new social environments.

In addition to these therapies, **psychodynamic therapy** and **mindfulness-based approaches** have also been shown to be beneficial in treating depression by encouraging self-reflection and fostering emotional regulation.

2. Pharmacological Treatment

In cases of moderate to severe depression, **antidepressant medications** may be prescribed as part of the treatment plan. These medications work by altering brain chemistry, particularly the levels of neurotransmitters such as serotonin, norepinephrine, and dopamine, which play a role in mood regulation.

- **Selective Serotonin Reuptake Inhibitors (SSRIs):** SSRIs are commonly prescribed for depression and have a relatively low side-effect profile compared to older antidepressants. They are often used as a first-line treatment for students with significant depressive symptoms (Muench&Hamer, 2010).

- **Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs):** SNRIs are another class of antidepressants that are effective for treating depression, especially when symptoms include fatigue or chronic pain (Tylee et al., 2014). However, medication should always be combined with therapy, and students should be closely monitored for side effects and overall effectiveness. Medication alone is rarely a sufficient long-term solution for depression.

3. *Social Support and Peer Interventions*

A strong social support system is essential for managing depression. Support from family, friends, peers, and faculty members can help alleviate feelings of isolation and provide emotional and practical assistance during difficult times. In the context of **student mental health**, peer support groups can play a vital role in helping students feel understood and less alone. Peer-led programs, where students share their experiences with mental health and coping mechanisms, have been shown to reduce stigma and provide a sense of community (Wilkins et al., 2020). Educational institutions can also foster an environment of support by creating spaces for **peer counseling** and mentoring programs, where senior students or trained peer counselors provide emotional support and guidance to their peers. Additionally, **faculty members** and **academic advisors** should be trained to recognize signs of depression in students and refer them to appropriate counseling or mental health services.

4. *Institutional and Campus-Based Interventions*

Educational institutions, particularly universities and polytechnics, play a critical role in the management and prevention of depression. Campuses must provide adequate mental health services to support students who may be struggling with depression.

- **Counseling Services:** Establishing easily accessible counseling services is one of the most effective ways for institutions to manage student mental health. Providing both **individual therapy** and **group therapy** can help students address

their emotional concerns and academic stress. Campuses should also ensure that these services are **confidential, affordable, and available throughout the academic year.**

- **Mental Health Screening:** Regular mental health screening and early detection programs should be implemented, where students can voluntarily participate in mental health assessments to identify early signs of depression. This proactive approach allows institutions to intervene early and prevent more severe symptoms from developing.
- **Awareness Campaigns:** Universities should organize mental health awareness campaigns to educate students about the signs and symptoms of depression, the importance of seeking help, and the resources available to them. Reducing stigma and increasing awareness can encourage more students to seek help before their condition worsens.
- **Stress Management Programs:** Many students experience depression due to academic stress, so offering stress management workshops or mindfulness programs can help mitigate these pressures. **Time management workshops, relaxation techniques, and mindfulness-based stress reduction (MBSR)** programs are particularly effective in teaching students how to cope with stress in healthy ways (Sukhera et al., 2019).

5. Prevention of Depression

Preventing depression, especially among students, requires a multi-faceted approach that addresses the underlying risk factors. Prevention strategies should focus on **promoting mental health literacy, reducing stigma,** and enhancing coping mechanisms.

- **Promoting Mental Health Literacy:** Increasing awareness about mental health and mental illness in educational settings is crucial in preventing depression. Educating students, staff, and faculty about mental health can reduce the stigma associated with seeking help and foster a more supportive campus environment.

- **Enhancing Coping Skills:** Teaching students effective coping strategies to deal with stress, conflict, and emotional distress can prevent depression. Skills such as **problem-solving**, **emotion regulation**, and **resilience** training can empower students to navigate the challenges they face more effectively.
- **Creating Supportive Environments:** Creating a campus culture where students feel valued, supported, and understood is essential for preventing depression. Institutions should strive to foster inclusivity, reduce social isolation, and promote a sense of belonging among all students.

2.2.7 Academic Performance

Academic performance refers to the outcomes or achievements of students in their educational endeavors, often measured through assessments such as test scores, grade point average (GPA), examination results, and overall course completion. It serves as a key indicator of a student's cognitive development, learning progress, and academic success within a specific educational context. Several factors significantly influence academic performance, and among the most notable are mental health, study habits, peer influence, motivation, teaching quality, and learning environments. According to Chika and Nwankwo (2020), students' emotional and psychological wellbeing plays a crucial role in determining their academic success. Depression, anxiety, and stress, particularly when left undiagnosed or untreated, can hinder concentration, memory, class participation, and test-taking ability, ultimately lowering academic performance.

Additionally, effective study habits such as time management, goal-setting, and consistent revision enhance students' ability to understand and retain academic content. Peer influence can be both positive and negative, depending on the social dynamics and the value a student places on academic achievement. Furthermore, a supportive and well-resourced learning environment characterized by qualified teachers, access to learning materials, and a positive school climate can greatly enhance student performance (Ogunyemi& Oni, 2019).

In the context of tertiary institutions like **Kwara State Polytechnic**, academic performance is not only crucial for the personal development of students but also reflects the quality of education offered by the institution. Poor academic outcomes, particularly when linked to underlying mental health issues such as undiagnosed depression, can result in increased dropout rates, reduced self-esteem, and limited future opportunities for students (Eisenberg et al., 2009).

Thus, in this study, academic performance is viewed not only as an end result of educational engagement but also as a sensitive indicator that may reflect the presence of hidden psychological challenges, particularly among students experiencing undiagnosed depressive symptoms.

2.3 Theoretical Review

2.3.1 Cognitive Theory of Depression

The Cognitive Theory of Depression, developed by Aaron T. Beck in 1976, suggests that depression is largely caused by negative thought patterns and cognitive distortions. According to Beck, individuals with depression tend to have a distorted view of themselves, the world, and the future, a concept referred to as the negative cognitive triad. For instance, a student struggling with depression may believe that they are incapable (negative view of self), that their academic challenges are insurmountable (negative view of the world), and that their future holds little hope (negative view of the future). These pervasive negative thoughts not only contribute to feelings of sadness and hopelessness but also interfere with cognitive processes such as concentration and memory, which are essential for academic performance. In addition to the negative cognitive triad, Beck identified several cognitive distortions, including catastrophizing (expecting the worst possible outcome), overgeneralization (drawing broad, negative conclusions from a single event), and personalization (blaming oneself for things beyond their control). These distorted thoughts reinforce a depressive cycle, leading to reduced motivation and engagement, which in turn negatively impacts academic performance.

Students with undiagnosed depression may be unaware of how these cognitive patterns are influencing their thoughts and behaviors, leading them to disengage from their academic pursuits or perform poorly due to lack of concentration and motivation.

2.3.2 Maslow's Hierarchy of Needs

Proposed by Abraham Maslow in 1943, offers a framework for understanding how unmet psychological needs can contribute to emotional distress and hinder academic achievement. According to Maslow, human beings are motivated by a series of hierarchical needs, starting with basic physiological needs (such as food, water, and shelter) and progressing toward higher-level needs such as self-esteem and self-actualization. Maslow suggests that in order to focus on higher-level goals, such as academic achievement, lower-level needs must first be met. In the case of students experiencing depression, their basic psychological and emotional needs may be compromised. They may struggle with fulfilling even basic needs, such as maintaining a healthy sleep schedule or managing stress, due to the overwhelming effects of depression. For example, a student who is anxious about their financial situation or is dealing with family problems may find it difficult to concentrate on their studies. Moreover, when a student's need for safety and security is not addressed—whether it's through a lack of social support, feeling unsafe in their environment, or financial instability—depression can deepen, preventing them from engaging fully with academic tasks.

Further, depression can significantly interfere with the love and belonging needs that Maslow describes. Students experiencing depression may feel socially isolated, disconnected from their peers, or unable to form meaningful relationships, which only exacerbates their emotional distress. The lack of connection and belongingness can lead to a diminished sense of self-worth, further complicating their emotional well-being. If esteem needs are also unmet, the student may struggle with feelings of inadequacy and a lack of confidence, which can result in withdrawal from academic challenges. Without emotional and social support, the student may find it difficult to pursue academic or

personal growth—preventing them from achieving the self-actualization that Maslow describes as the realization of one’s full potential.

In the context of undiagnosed depression, both Beck’s cognitive theory and Maslow’s hierarchy help explain why students may struggle academically. The cognitive distortions and negative thought patterns outlined in Beck’s theory can impair concentration, motivation, and overall academic performance. Meanwhile, Maslow’s theory suggests that when a student’s emotional, psychological, and social needs are unmet, depression can take hold, further preventing them from excelling academically. Therefore, addressing these underlying psychological needs—such as providing students with emotional support, fostering a sense of belonging, and promoting positive thought patterns—becomes essential in helping students overcome depression and improve their academic outcomes.

2.4 Empirical Review

Ojo et al. (2021) found a strong correlation between depressive symptoms and poor academic performance in a study conducted among university students in Southwest Nigeria. Similarly, Yusuf & Abdulraheem (2022) observed that students with high depressive scores on screening tools performed significantly lower academically. International studies, such as by Eisenberg et al. (2019), revealed that about 30% of college students screened positive for depression, and those undiagnosed were more likely to drop out of school. These studies collectively underscore the need for mental health awareness and support in academic institutions.

Cohen & Wills (2020) found that students with untreated depression often experience impaired cognitive functions such as attention and memory, which are critical for academic success. Their research indicated that depression can lead to chronic difficulties in concentrating, thus impairing students’ ability to complete assignments and retain information.

Sharma et al. (2021) found that depressive symptoms significantly reduced students' participation in classroom activities, which led to lower academic engagement and poorer academic performance. The lack of engagement was linked to feelings of worthlessness and diminished motivation, which are common symptoms of depression.

Nguyen et al. (2020) examined the academic performance of university students in Southeast Asia and concluded that untreated depression led to higher absenteeism. Depressed students were more likely to miss classes, assignments, and exams, leading to significant drops in their grades and overall academic standing.

Patel & Thakur (2021) also investigated the effect of depression on academic performance among South African college students and reported that those who did not receive a clinical diagnosis or treatment for their depression exhibited persistent struggles with time management, which hindered their academic progress.

In a longitudinal study, Smit et al. (2019) tracked the academic performance of students with varying levels of depressive symptoms over four years. They found that students who were diagnosed early and received support showed improvements in both mental health and academic performance, whereas those who remained undiagnosed or untreated continued to face significant challenges throughout their college years.

Another study by Lo & Cheng (2020) focused on Australian university students and concluded that depression significantly impacts students' ability to set academic goals and prioritize their studies. Students with depression often reported feelings of hopelessness about their academic future, further compounding their struggles with motivation.

Liu et al. (2021) studied the relationship between depression and academic burnout among Chinese university students, finding that untreated depression was strongly correlated with higher levels of burnout, which directly contributed to declines in academic performance. In the United States, Kuehner et al. (2020) conducted a study that found depression in college students was associated with lower grade point averages (GPA) and higher rates of academic probation. The study suggested that the

stigma surrounding mental health in academic settings often prevents students from seeking the help they need, which can have long-term consequences for their academic careers.

Alzahrani & Alshehri (2021) investigated depression among Saudi Arabian students and noted that depressive symptoms led to difficulties with academic planning, task initiation, and decision-making. These issues resulted in delays in completing assignments and projects, leading to reduced academic achievement.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter contains the methodology used for this study. They includes research design, population of the study, sample size and sampling techniques, research instrument, methods of data collection, method of data analysis.

3.2 Research Design

This study adopts a **descriptive survey design** to investigate the effects of undiagnosed depression on academic performance among students at Kwara State Polytechnic. Descriptive survey design is particularly suited for understanding the nature, extent, and distribution of a particular phenomenon within a defined population. In this case, it will allow for the collection of data on students' depressive symptoms and their academic performance, providing a snapshot of the relationship between the two variables. The descriptive nature of the study will ensure that both quantitative and qualitative data are captured, facilitating a comprehensive analysis of the research problem.

3.3 Population of the Study

The target population for this study includes all full-time students enrolled in the **2024/2025 academic session** at Kwara State Polytechnic. This population is chosen due to the assumption that a significant portion of students may be experiencing depressive symptoms that remain undiagnosed, which could potentially affect their academic performance. The study aims to capture data from students across different disciplines and academic levels, allowing for a broader understanding of the issue within the institution.

3.4 Sample Size and Sampling Technique

To ensure representativeness and generalizability of the findings, a **stratified random sampling technique** was employed. The stratification was based on **gender** and **academic level** (e.g., National Diploma 1, National Diploma 2, Higher National Diploma 1, and Higher National Diploma 2). This approach ensures that both male and female students from different academic levels are adequately represented in the sample. A sample size of **200 students** was selected, which is deemed sufficient to capture a diversity of experiences and ensure the results are statistically significant.

The stratified random sampling method allows for the deliberate selection of students across different demographic and academic categories, thus reducing sampling bias. The stratified groups are randomly selected, ensuring each participant has an equal chance of being included, which further enhances the reliability and validity of the study findings.

3.5 Research Instrument

A **structured questionnaire** was designed as the primary tool for data collection. The questionnaire contains three distinct sections, each aimed at gathering specific types of data necessary for the study:

- **Section A: Demographic Data** – This section collects basic demographic information such as age, gender, academic level, and faculty of study. This information will help provide a profile of the respondents and facilitate the examination of potential differences across subgroups.
- **Section B: Patient Health Questionnaire-9 (PHQ-9)** – This section uses the **PHQ-9**, a widely validated screening tool, to identify depressive symptoms among the respondents. The PHQ-9 consists of 9 items that assess the frequency and severity of symptoms such as loss of interest, feelings of hopelessness, fatigue, and trouble concentrating. The scores from the PHQ-9 will be used to categorize

students based on the severity of their depressive symptoms (e.g., mild, moderate, severe).

- **Section C: Academic Performance Indicators** – This section collects information related to the academic performance of students, including their Grade Point Average (GPA), class attendance, participation in coursework, and frequency of missed assignments or exams. These indicators are used to assess the impact of depressive symptoms on students' academic outcomes.

3.6 Method of Data Collection

Data collection was carried out through the **physical distribution of questionnaires** over a period of **three weeks**. During this time, trained research assistants were stationed in various locations around the campus, including libraries, student centers, and lecture halls, to administer the questionnaires to the selected students. Students were given clear instructions on how to complete the questionnaire and were assured of confidentiality to encourage honest and accurate responses. The three-week data collection period allowed for adequate time to reach a diverse pool of students across different academic schedules.

3.7 Method of Data Analysis

Data collected from the questionnaires were analyzed using both **descriptive** and **inferential statistics** to draw meaningful conclusions from the responses:

- **Descriptive Statistics:**
 - **Mean:** The average score for each variable (e.g., the severity of depressive symptoms, GPA) will be calculated to provide an overall sense of the respondents' experiences.
 - **Frequency:** This will be used to determine how often certain symptoms of depression or academic challenges occur among the students.

- **Percentage:** The percentage distribution of responses will be calculated to understand the proportion of students experiencing mild, moderate, or severe depressive symptoms, as well as those with high, medium, or low academic performance.
- **Inferential Statistics:**
 - **Pearson Correlation:** This statistical test will be used to measure the strength and direction of the relationship between depressive symptoms (as measured by the PHQ-9) and academic performance indicators (e.g., GPA). A positive or negative correlation will provide insight into how depression impacts academic performance.
 - **Regression Analysis:** This will be used to determine the extent to which depressive symptoms can predict changes in academic performance. Regression analysis will help identify whether undiagnosed depression significantly accounts for variations in GPA or other academic indicators.

All statistical analyses were conducted using **SPSS version 25.0**, a software package commonly used in social sciences research. The SPSS software will facilitate the organization, analysis, and presentation of data, allowing for both detailed and comprehensive analysis of the research questions.

3.8 Validity and Reliability

To ensure the **validity** of the instrument, the questionnaire was reviewed by a panel of experts in **psychology** and **education**. These experts provided feedback on the relevance, clarity, and appropriateness of the questions, ensuring that the instrument accurately measures what it is intended to measure—namely, depressive symptoms and their effects on academic performance. Based on their input, the questionnaire was refined to improve its clarity and focus.

For **reliability**, a pilot test of the questionnaire was conducted with **20 students** from a similar academic institution. The responses from this pilot study were analyzed, and a **Cronbach's Alpha coefficient of 0.83** was obtained, which indicates good internal consistency and reliability. This suggests that the instrument is stable and dependable for use in the main study.

CHAPTER FOUR

DATA PRESENTATION, RESULTS AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter presents the findings of the study, which investigated the effects of undiagnosed depression on academic performance among students of Kwara State Polytechnic. The results are organized into several sections, beginning with the demographic characteristics of the respondents, followed by a detailed analysis of depressive symptoms and academic performance indicators. Inferential statistics were applied to examine the relationship between depression and academic performance.

4.2 Data Presentation

4.2.1 Demographic Data

Table 4.1 provides the demographic characteristics of the 200 respondents who participated in the study. The demographic data include gender, age, academic level, and faculty. These characteristics provide context for understanding the distribution of depressive symptoms and academic performance across different student groups.

Table 4.1: Demographic Data of Respondents

Demographic Variable	Frequency (n)	Percentage (%)
Gender		
Male	110	55
Female	90	45
Age Group		

18-21	120	60
22-25	50	25
26 and above	30	15
Academic Level		
ND1	50	25
ND2	50	25
HND1	50	25
HND2	50	25
Institute		
Institute of General Studies	40	20
Institute of Technology	40	20
Institute of Environmental Studies	40	20
Institute of Applied Sciences	40	20
Institute of Finance and Management Studies	40	20

The demographic data show that the majority of respondents are male (55%) and fall within the age range of 18-21 years (60%). Students from various academic levels and faculties are equally represented, which ensures the findings are not skewed by any particular group.

4.2.2 Prevalence of Depressive Symptoms

Table 4.2 presents the frequency and percentage distribution of depressive symptoms as measured by the **Patient Health Questionnaire-9 (PHQ-9)**. The scores were classified into three categories: mild, moderate, and severe depression.

Table 4.2: Distribution of Depressive Symptoms Based on PHQ-9 Scores

Depressive Symptom Severity	Frequency (n)	Percentage (%)
No Depression	40	20
Mild Depression	80	40
Moderate Depression	50	25
Severe Depression	30	15

The findings show that **65%** of the respondents (80 students with mild depression and 50 with moderate depression) experience some form of depressive symptoms. A smaller proportion, **15%**, exhibit severe depressive symptoms, indicating a significant presence of undiagnosed depression among students at Kwara State Polytechnic.

4.2.3 Academic Performance Indicators

Table 4.3 presents the academic performance indicators based on students' self-reported Grade Point Average (GPA) and frequency of missed classes or assignments.

Table 4.3: Academic Performance Indicators

Academic Performance Indicator	Frequency (n)	Percentage (%)
GPA Range		
Below 2.0	30	15
2.0 - 2.5	70	35
2.6 - 3.0	60	30
Above 3.0	40	20
Frequency of Missed Classes		
0-1 times per week	100	50
2-3 times per week	60	30
4 or more times per week	40	20
Frequency of Missed Assignments		
None	120	60
1-2 times	50	25
3 or more times	30	15

The GPA data indicate that **50%** of the respondents have a GPA between 2.0 and 2.5, while **15%** of students are performing below a 2.0 GPA. The majority of students report missing classes occasionally (50%), with **60%** reporting missing assignments fewer than 1-2 times.

4.3 Inferential Statistics

4.3.1 Pearson Correlation between Depression and Academic Performance

To examine the relationship between depressive symptoms and academic performance, a Pearson correlation was conducted between the PHQ-9 scores and GPA. The results are presented in Table 4.4.

Table 4.4: Pearson Correlation Between Depressive Symptoms (PHQ-9) and GPA

Variable	GPA
PHQ-9 Scores	-0.45

The Pearson correlation coefficient of **-0.45** indicates a moderate negative correlation between depressive symptoms and GPA, suggesting that as the severity of depressive symptoms increases, GPA tends to decrease. This finding supports the hypothesis that undiagnosed depression negatively affects students' academic performance.

4.3.2 Multiple Regression Analysis: Depressive Symptoms as a Predictor of Academic Performance

A multiple regression analysis was conducted to determine the extent to which depressive symptoms (as measured by PHQ-9 scores) predict changes in GPA. The results are shown in Table 4.5.

Table 4.5: Regression Analysis for Depressive Symptoms Predicting GPA

Predictor Variable	β (Standardized Coefficient)	t-value	p-value
PHQ-9 Scores	-0.50	-5.25	0.001

The results of the regression analysis indicate that depressive symptoms significantly predict GPA ($\beta = -0.50$, $t = -5.25$, $p < 0.001$). This finding confirms that depressive symptoms are a significant negative predictor of academic performance among students. The stronger the depressive symptoms, the lower the students' GPA.

4.4 Discussion of Results

The findings of this study provide compelling evidence that undiagnosed depression is prevalent among students at Kwara State Polytechnic and is associated with decreased academic performance. Approximately **65%** of students reported mild to moderate depressive symptoms, with **15%** exhibiting severe symptoms. These figures highlight the significant mental health challenges faced by students, which are often undiagnosed and untreated.

The correlation analysis further supports the hypothesis that depressive symptoms are negatively correlated with academic performance, with a moderate correlation coefficient of **-0.45**. This suggests that as students' depressive symptoms increase, their academic performance tends to decline. The multiple regression analysis confirms that depressive symptoms significantly predict academic performance, with depressive symptoms accounting for a significant portion of the variance in GPA. This finding underscores the importance of addressing mental health issues in academic settings to improve student outcomes.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introduction

This final chapter presents a summary of the study, discusses the conclusions drawn from the findings, and provides recommendations for both practical interventions and future research. The study aimed to explore the effects of undiagnosed depression on academic performance among students at Kwara State Polytechnic, with a focus on identifying depressive symptoms and their relationship with academic outcomes.

5.2 Summary of the Study

The study adopted a descriptive survey design to investigate the impact of undiagnosed depression on academic performance among students of Kwara State Polytechnic. A total of 200 students participated in the study, which utilized a structured questionnaire with three sections: demographic data, depressive symptoms (measured using the **Patient Health Questionnaire-9** or PHQ-9), and academic performance indicators (e.g., GPA).

The demographic data indicated that the sample consisted of 55% male and 45% female students, with the majority of students falling within the age range of 18-21 years. The findings revealed a high prevalence of depressive symptoms among students, with **65%** of respondents experiencing mild to moderate depression. The study found a significant negative correlation between depressive symptoms and academic performance, with **students experiencing higher depressive symptoms reporting lower GPAs**. The regression analysis showed that depressive symptoms were a significant predictor of academic performance, highlighting the need for early detection and intervention.

5.2 Conclusion

This study has highlighted the significant role that undiagnosed depression plays in affecting the academic performance of students at Kwara State Polytechnic. The

prevalence of depressive symptoms among students and their negative impact on academic outcomes calls for immediate attention from educational institutions. The implementation of mental health programs, early detection mechanisms, and the provision of comprehensive support services are critical steps toward improving the academic and emotional wellbeing of students. It is hoped that this study will contribute to the growing recognition of the importance of mental health in academic settings and serve as a catalyst for change in Nigerian higher education institutions.

5.3 Recommendations

Based on the study's findings, the following recommendations are proposed:

1. **Implementation of Mental Health Screening Programs:** Kwara State Polytechnic and other tertiary institutions should introduce regular mental health screening programs to identify students at risk of depression. Tools like the PHQ-9 should be incorporated into the academic support services to allow for early detection of depressive symptoms.
2. **Establishment of Mental Health Support Services:** It is recommended that the institution set up a dedicated mental health support service, staffed with trained counselors and psychologists. This support service should offer counseling sessions, group therapy, and resources to help students manage stress, anxiety, and depression.
3. **Training for Faculty and Staff:** Faculty members should receive training on recognizing the signs of depression in students. Understanding the symptoms of depression can help professors and academic staff to identify students who may be struggling academically due to mental health issues.
4. **Integration of Mental Health Education into the Curriculum:** It is crucial for mental health education to be integrated into the academic curriculum. This would educate students on the importance of mental health, raise awareness about depression, and teach coping strategies.

5. **Peer Support Programs:** Developing peer support programs where students can support one another can be an effective strategy in managing mental health. Peer counselors, who are trained to listen and guide their peers, can be invaluable in providing emotional support and encouraging students to seek professional help when needed.
6. **Support for Students with Low GPAs:** Institutions should consider providing additional academic support for students identified as at-risk due to mental health challenges. Offering tutoring, academic counseling, and stress management workshops can help these students stay on track with their studies while they address their mental health concerns.
7. **Further Research on Mental Health in Nigerian Tertiary Institutions:** Further research should be conducted to explore the broader scope of mental health issues among students in Nigerian tertiary institutions.

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