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Mental Health Knowledge among Students in Higher Learning Institutions in Tanzania: A Case of The Institute of Social Work

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Abstract

Mental health problems among students in higher learning institutions are increasingly becoming noticeable all over the world and in Tanzania, specifically. While this is the case, there is a gap in qualitative data on the conceptualization of mental health among students. This study examines students' knowledge of mental health at the Institute of Social Work (ISW) through a qualitative, hermeneutic phenomenological study inspired by Social Construction of Reality Theory. For data collection, the study employed in-depth interviews with 23 participants and conducted six focus group discussions. Data was analyzed using thematic analysis. The results indicate that mental health is mainly understood in functional terms of emotional stability, clear thinking, and daily functioning, and mental health problems are understood as a disturbance in normal functioning, which is usually recognized through observable behavioral changes. Due to the variety of sources shaping students' knowledge, such as peer networks, digital media, mass media, and institutional actors, levels of mental health literacy become uneven. It has a high degree of stratification by age and educational exposure, with more clinical concepts voiced by postgraduate students. The research findings draw conclusions that knowledge of mental health in ISW is socially constructed, dynamic, and unequal, influenced by age, gender, educational exposure, peer group, digital media, and institutional backgrounds. The study recommends that interventions aimed at increasing mental health literacy among higher-education students should consider age, gender, educational exposure, peer groups, digital media, and institutional backgrounds. Further, the study recommends that improving mental health education and support structures is critical for the well-being of students in Tanzania.

***Keywords*:** *Mental health; mental health problems; higher learning institutions; Social Construction of Reality; Tanzania.*

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Introduction

Mental health problems, also known as mental disorders or psychological distress, have existed since time immemorial. In classical Greek society, these circumstances were expounded in terms of the supernatural, the biological, and the psychological (Barlow and Durand, 2015). Modern evidence indicates that mental health problems have not become less obvious or more urgent on an international level. All regions and all socio-economic groups experience them. Practically, all communities are now more strongly influenced by multifaceted and compounding stressors such as economic crises, rapid social change, conflict, as well as natural and human-made disasters, including the COVID-19 pandemic (Barlow and Durand, 2015; World Health Organization [WHO], 2022). Mental health problems are a significant burden of disease, disability, and premature deaths worldwide. WHO (2022)

estimates that 1 in 100 deaths in the global context is a result of suicide, with over 50 percent of all these deaths happening below the age of 50. Youth and adolescents in institutions of higher are not left behind. This renders the mental health of students in universities and colleges a significant issue in public health and social welfare.

Students of higher learning institutions are becoming identified as a segment of the population with a high level of mental health problems in comparison to the general population (Dachew et al., 2015; Tariku et al., 2017; Muhia and Nanji, 2021; Nsereko, 2018; Mboya et al., 2020; Hernandez-Torrano, 2020). Life in universities is often characterized by rapid developmental change, typically during the late adolescence/early adult stage, when individuals negotiate emerging identities, new roles, and increased autonomy. Simultaneously, academic demands and achievements, economic factors, social and intimate interactions, family values, and doubt in future professions and careers are several intersecting stress factors that students encounter (Rweyemamu et al., 2024). In case such demands exceed available internal and external resources, the threat of mental distress, anxiety, depression, and other issues grow significantly.

This challenge is of vast proportions, as evidenced by various parts of the world. Institutional studies and systematic reviews indicate substantial variation in the prevalence estimates of mental health problems among university students due to methodological differences, contextual differences, and population heterogeneity (Daniel et al., 2021). Certain studies indicate very high rates. Indicatively, psychological distress levels among university students have reached 71.9 per cent in certain samples of medical students at Jazan University, Saudi Arabia (Sani et al., 2012). In the United Kingdom, a survey among multiple universities established that approximately one-fifth of students had a current mental health diagnosis and that almost half had experienced a serious psychological issue that they felt they required professional assistance (Pereira et al., 2019). Australian, Norwegian, and other high-income study environments also report significant distress, anxiety, and depression rates among university populations.

Mental health problems have also been the case in various African universities, particularly during and after the COVID-19 pandemic (Graham and Eloff, 2022). Hakami (2018) reported that 71.9 per cent of medical students at Jazan University were experiencing psychological distress; Kelemu (2020) found that 53.2 per cent of medical students at Samara University in Ethiopia were experiencing psychological distress. Other Ethiopian universities (Adama, Gondar, Hawassa) have found prevalence rates of around 40-52 per cent (Mutinta, 2022).

Mental health disorders are also related to more risk behaviors, including substance abuse (e.g., alcohol use, cigarette smoking, khat chewing), unsafe sexual behaviors, and other acts of self-harm or violence (Siraji et al., 2022). Students with mental conditions can hardly attend classes regularly, have problems with assignment fulfillment, involvement in academic life, and, in extreme situations, can be suspended or drop out of school. Although some students can complete their degrees despite having some mental health problems, they still might struggle during entry into early career, such as low productivity, high levels of absenteeism, and problems with long-term employment (Hinkelman & Luzzo, 2007).

Tanzania has not been an exception to this trend. Even though there are no detailed national statistics on the prevalence of mental health problems among students in higher learning institutions, institution-based research portends a worrying scenario. For instance, Onditi et al. (2014) found that approximately 70 percent of non-medical students had mental health problems in one of the universities in Tanzania. Mboya et al. (2020) discovered that about one out of ten undergraduate students experienced mental distress. Rushahu and Mukandala (2023) maintain that depression, anxiety, and stress levels were very high at the University of Dar es Salaam, with prevalence rates of 81%, 74.7%, and 81.0%, respectively. These results indicate that a significant percentage of students have mental health challenges that can disrupt their daily operations and educational achievements.

In addressing these issues, the Government of Tanzania has undertaken numerous policy and legal initiatives to enhance mental health. Major frameworks under consideration include the Mental Health Act of 2008 and the National Health Policy of 2007, which require the incorporation and enhancement of mental health services. Higher learning institutions (HLIs) have implemented student welfare policies, established counselling departments, and developed institutional-level psychosocial support infrastructure to address students' mental health needs (Rushahu and Mukandala, 2023). The services typically offered in these units include individual and group counselling, psycho-social education,

crisis intervention, and referrals. Despite these activities, the available evidence indicates that the prevalence of mental health problems in HLIs is still very high and that students still struggle with various unmet needs (Rushahu and Mukandala (2023). Although the current studies on Tanzanian students, like those conducted by Mboya et al. (2020), Rushahu and Mukandala (2023), Rweyemamu et al. (2024), and Kavindi et al. (2024), have significantly contributed to the body of knowledge regarding the prevalence and correlates of mental health problems amongst university students, they raise several questions, which remain unanswered. In particular, information regarding how higher learning students in Tanzania understand mental health and mental health problems is scarce. In addition, the majority of these studies employed quantitative, self-report survey designs, which are limited in their ability to capture context-specific meaning, emotional subtleties, and multifaceted social dynamics. This is why there is a need for qualitative studies that capture students' voices and experiences, using the Institute of Social Work as a case study. The general objective of the study was to explore mental health knowledge among students in higher learning institutions in Tanzania. Specifically, the paper sought to examine how students at the Institute of Social Work understand and conceptualize mental health, examine the sources from which they obtain mental health information and knowledge, and examine the socially recognized signs and manifestations of mental health problems within the Institute of Social Work.

Literature Review

Empirical evidence across countries indicates that gaps in awareness and knowledge tend to hinder appropriate help-seeking among students. In Nigeria, a study has discovered that approximately 88% of the undergraduate-level students were not able to recognize the symptoms of mental distress and the risk factors associated with it (Aluh et al., 2019). Poor mental health literacy has been linked to the unwillingness to seek psychological counselling, late treatment, and the exercise of unhelpful or damaging coping mechanisms, despite the availability of services (Sreeramareddy et al., 2007). The study by Onditi and Masatu (2014) aimed to examine psychosocial stressors and help-seeking behavior among undergraduate student teachers at one of the Tanzanian university colleges of education. The research employed a self-completed questionnaire to assess students' experiences of psychosocial stressors, knowledge of available counselling services, and sources of preferred help. There was limited knowledge of where students could obtain assistance (e.g., deans, wardens, and friends), indicating limited awareness of the mental health support systems available. The research did not systematically measure mental health literacy (e.g., comprehension of mental conditions, symptom awareness, etiology, or prevention). It further paid attention only to student teachers within a single institutional type, adopted an entirely quantitative design, and did not address how students define and construct mental health problems. Therefore, it provides little insight into the depth of Tanzanian students' conception of mental health knowledge.

Mboya (2020) conducted another study and examined the variables related to mental distress among undergraduate students at a medical university in northern Tanzania (Kilimanjaro Christian Medical University College). The hypothesized correlates of psychological distress were measured by the K10 measure and included family history of mental illness, academic performance, and social support. The authors address mental health awareness and literacy (with references to Nigerian research on inadequate recognition of symptoms). Still, they did not directly assess students' knowledge and misconceptions regarding mental health. Nonetheless, there is no operationalization of mental health knowledge. In addition, their study does not involve any evaluation of how students comprehend distress, which symptoms they would identify, what they consider its causes, or where they would seek appropriate assistance. The sample for the study was also restricted to medical/ health science students, who are likely to possess greater background knowledge on mental illness than non-medical students.

The article by Kavindi et al. (2024) examines the rate of psychological distress among first-year university students in Tanzania. The research focused on prevalence and related variables (e.g., gender, socioeconomic status, interpersonal relationships) among first-year students, who are at high risk of adjustment difficulties. The level of psychological distress was quantified, and the paper revealed that the development of mental health awareness and services is required. The authors, however, fail to provide a comprehensive evaluation of students' knowledge of mental health conditions, symptoms, or services. The way in which first-year students interpret distress, naming it, describing it, or determining whether it is a serious one or not are not discussed.

A study by Rweyemamu et al. (2024) evaluated mental distress and its predictors among undergraduate students at the University of Dodoma (UDOM) in central Tanzania. Along with the prevalence of distress, the study included questions about awareness of symptoms of the most common distress and risk factors (e.g., worry, loss of interest, sleep problems), which provide a limited view of the level of mental health knowledge among UDOM students. However, knowledge is evaluated on a superficial, symptomatic level. It does not venture into more conceptualizations (e.g., local terminology of distress, cultural assumptions about its causes, perceived intensity) or the acquisition of knowledge (e.g., peers, social media, religious beliefs, etc.). The research is also quantitative and single-site, thus it cannot provide the most detailed, socially constructed meanings of mental health knowledge across various institutional settings.

Rushuhu and Mukandala (2023) investigated the causes of depression, anxiety, and stress among students at the University of Dar es Salaam (UDSM). The levels of depression, anxiety, and stress are recorded as very high on the standardized scales, and the issue of low treatment of the mental health of students and their minimal consideration in the institutional planning is reported. Although the authors emphasize the need to enhance mental health literacy and services, they do not empirically measure students' mental health knowledge and awareness of available support. Questions like how the students perceive their symptoms, how they might be aware of them as some mental health problems, or what they think about formal and informal care are not answered.

Basela (2018) conducted a study on socio-cultural issues affecting students' access to counselling at the University of Dodoma (UDOM), Tanzania. This qualitative study examined students' awareness of counselling services, cultural beliefs, and attitudes that facilitate or impede help-seeking. It demonstrates that some students are aware of the availability of counselling but hold misconceptions about who it serves and what it promises. Nonetheless, the area of concern is service-related knowledge rather than general mental health knowledge (e.g., definitions of mental illness, symptom identification, and perceived origins). It is also a monoinstitutional thesis, not a multi-site study that is peer-reviewed, and specifically covers the development of mental health knowledge in students over time, as well as differences between programs and study levels.

The article by Daudi et al. (2023) explored attitudes toward seeking professional psychological assistance among university students in Tanzania and was published in the journal of Counselling Psychology Quarterly. The research was done on the attitude and predictors of help-seeking in professional psychological services. Mental health knowledge or literacy can also be among the predictors (including stigma, prior service utilization, etc.) and thus provide indirect information about the relationship between knowledge and readiness to seek help. Nevertheless, the use of mental health knowledge as a predictor variable rather than an exploratory variable is still rare in areas where this knowledge is measured. The research methodology was survey design using a set of standardized scales and it provides little information about how students cognitively perceive mental health problems, how they are labeled, or how they are framed within socio-cultural discourses.

Having reviewed previous studies conducted on the current subject (i.e. Kavindi et al., 2024; Onditi et al., 2014; Mboya et al., 2020; Rushuhu and Mukandala, 2023; Rweyemamu et al., 2024), it emerges that they have primarily focused on prevalence estimation and the identification of risk factors (e.g., academic workload, financial stress, substance use). Still, little attention was paid to student knowledge regarding mental health problems. Further, studies by Basela (2018) focused on service-related knowledge rather than general mental health knowledge (e.g., definitions of mental illness, symptom identification, and perceived origins).

Generally speaking, from the reviewed literature, it is clear that information is scarce regarding how higher learning students in Tanzania understand mental health and mental health problems. In addition, the majority of the previous studies employed quantitative, self-report survey designs, which are limited in their ability to capture context-specific meaning, emotional subtleties, and multifaceted social dynamics. Hence, there is a need for in-depth, qualitative studies that capture students' voices and experiences in mental health knowledge. The theoretical framework that informed the study is discussed below.

This study was guided by the Social Construction of Reality Theory proposed by Berger and Luckmann (1966), which posits that knowledge about the world, including knowledge about health and illness, is not purely objective but is continuously produced, shared, and validated through social interaction. From this perspective, mental health knowledge is shaped by the cultural, social, and

institutional environments in which individuals live. Students in higher learning institutions interpret concepts such as "mental health," "stress," "depression," or "abnormal behavior" through meanings that circulate within their families, peer groups, religious communities, and academic settings. When applied to Tanzanian higher education, this framework implies that students' knowledge of mental health is not merely a reflection of biomedical definitions but also arises from social constructs of narrative, moral values, and cultural expectations. As an example, the social meanings of stress as part and parcel of the student life, depression can be seen as a manifestation of weakness, or the view that mental illness is caused by spiritual power, are constructed meanings within a social context that impact the definition of mental health problems between students. These common interpretations also influence how students categorize certain emotions or behaviors as normal, serious, shameful, or requiring external intervention.

The theory also emphasizes the impact of institutional practices and symbols on mental health knowledge. In universities, messages from lecturers, counselors, student leaders, and administrative offices shape perceptions of what constitutes mental health and what constitutes a valid response. In the case where counselling centers are perceived as environments of the severely ill, or when mental health campaigning is not implemented in schools, learners might develop the notion that their emotional distress is to be dealt with in secrecy or in an informal manner. On the other hand, institutions that publicly talk about mental wellness encourage psychosocial support, and make help-seeking a normal support thus constructing a more favorable and enlightened mental health culture. The Social Construction of Reality framework is particularly useful in this study as it aligns with a qualitative, hermeneutic-phenomenological approach to exploring lived experiences and students' interpretations. It allows analysis of learning patterns with regard to ISW students' acquisition and sharing of knowledge about mental health in peer interactions, media exposure, academic settings, and the broader cultural context. In this theoretical perspective, mental health knowledge is not regarded as a set of absolute facts but as a dynamic, socially constructed process that expresses personal experience and shared meaning.

Methodology

This research employed a qualitative research approach, informed by a crosssectional and phenomenological design, which enabled the researcher to collect data on various participants at a given moment and to incorporate participants' lived experiences, feelings, and understandings of mental health (Groenewald, 2004). This method has given a more contextual and in-depth insight into the conceptualization in the academic setting. The research took place at the Institute of Social Work (ISW) in Dar es Salaam, a post-secondary academic institution with over 5,500 students pursuing certificate, diploma, bachelor's, and master's degree coursework in various fields. Given the nature of such programs, a significant proportion of students are exposed to social and human welfare issues, which could influence their knowledge of mental health. Nevertheless, there is a dearth of qualitative studies in Tanzania concerning ISW students, which creates a gap in the knowledge of the mental health experience of the students. The aim of this study was thus to develop context-specific insights to inform interventions at the institutional and national levels.

Students at various levels of study, student welfare officers (including the Dean of Students, wardens, and counselors), and academic staff were included as participants. These groups were chosen for their direct engagement in students' lives and well-being. Sampling was primarily purposive to include pertinent individuals in the study across programs and levels. The sample size was determined by data saturation and it comprised six (6) focus group discussions with students, 12 indepth interviews with students, six (6) key informant interviews with academic staff, and five (5) key informant interviews with student advisers. All conversations and discussions were conducted in private areas on campus, favorable to the participants. Interviews and discussions were conducted in Swahili, audio-taped with participants' consent, transcribed, and translated into English for analysis. Thematic analysis was employed to identify meaningful patterns and meanings in the data, using NVivo to organize and code the data.

Credibility was enhanced in several ways. The data collection tools were assessed for credibility, with academics and mental health specialists consulted to review and optimize the interview guides and FGD protocols. Piloting with a limited number of academics and students enabled the refinement of questions to improve their clarity and relevance. The team-based development and review of tools, a shared understanding of concepts, and pre-testing of tools were identified as means to increase dependability. During the analysis, new interpretations were debated within the research team to

mitigate personal bias. The Tanzania Commission of Science and Technology (COSTECH) and the Institute of Social Work granted ethical clearance. The informed consent, privacy, and confidentiality were strictly followed. The participants were informed clearly of the intentions of the study, the study procedures, expected benefits and risks, and that they were free to participate in the study and withdraw any time they wished. Transcripts and reporting were conducted in pseudonyms. Data were saved in secure password-protected devices, and audio files were destroyed at the end of the study. Three third-party interviewers (not members of the ISW academic staff) were recruited and trained in one week to reduce the power situation and possible response bias by learning research ethics, interviewing, and confidentiality methods. This was to be done to make the students felt safe enough to speak the truth in a candid manner so that the data collection process was as neutral and ethical as it could be.

Findings

Students' Understanding and Conceptualization of Mental Health, Mental Health Problems and Mental Health Illness A common view on mental health among students was pegged on the notion of personal stability, proper functioning, and the capability of living what they referred to as a normal life. According to an undergraduate student under 19 years old:

> *Mental health is the state of being emotionally, psychologically, and socially well. It helps a person think clearly, manage fears, communicate, and cope with challenges* (IDI, Female Participant, 2025).

The above view of the student represents a functional concept of mental well-being in which mental health is taken to be the capacity to stay balanced, productive, and socially active despite the difficulties in life. Conceptualizations of this nature point to the perceived intellectual capabilities of students who view mental health as highly influential in academic performance, relations with peers, and general quality of life in the university setting.

Similarly, an 18-year-old certificate student emphasized:

> *It is the state of the mind-ability to think clearly, feel well, relate with others, and manage responsibilities* (IDI, Female Participant, 2025).

These definitions focus on the common everyday functioning as opposed to biomedical classification. Mental health was perceived as a way of life in reliance on other members of the family, peers, and educators, and not an internal, or clinical, state. Students associated mental health with their ability to attend classes, focus, mingle, and deal with academic stress.

Institutional actors, however, often used a more clinical language. A counsellor noted:

> *Mental health refers to the psychological, emotional, and social functioning of a person, how they think, feel, behave, and cope* (IDI, Female Participant, 2025).

Thus, multiple frames, experiential and professional, coexist at ISW. Students' functional meanings reflect the everyday lived realities, while the counselor's clinical definitions reflect training and institutional expectations. These diverse understandings not only shaped how participants defined mental health but also influenced how they differentiated mental health from mental health problems and mental illness. Participants generally distinguished between mental health as a positive state and mental health problems or mental illness as a disruption of that state. A diploma student summarized:

> *Mental health is a person's ability to manage their emotions and personal state… Mental health problems occur when a person cannot control their emotions and begins to show psychological and emotional symptoms that interfere with their normal ability to live* (IDI, Male Participant, 2025).

Another student emphasized loss of stability:

> *Mental illness is when that stability is disturbed and functioning declines* (IDI, Female Participant, 2025).

Younger students often expressed this distinction narratively, linking mental health problems to specific events:

> *…a condition where a person is not mentally stable due to various issues, which may result from illnesses or severe stress… deaths, such as losing someone you love, or when someone has been absent for a long time, which affects your mental well-being* (IDI, Female Participant, 2025).

Such descriptions are more contextual and relational, rather than merely abstract in terms of diagnosis. The relationships and continuous stressors were key in the inherent constructions of mental health problems among students. Further, the findings show that students' understanding of mental health is shaped not only by personal experiences but also by their age, educational exposure, and social environment. Younger students (17-20 years) used experience and emotional words, and the definition of mental health was mostly based on the ideas of stress, confusion, overthinking, or excessive thoughts. One of the informants had this to say:

> *It is a condition associated with stress, depression, trauma, and mental disorder that helps bachelor's students to organize their knowledge* (IDI, Female Participant, 2025).

The vocabulary of the learners of master's and older ones was more advanced, like "bipolar disorder", "psychological functioning", "emotional regulation", and "anxiety".

> *It is an abnormal condition in which people show signs of bipolar disorder and psychological dysfunction* (FGD, Female Participant 12, 2025).

> *Mental health has something to do with emotional instability and anxiety…..* (FGD, Female Participant, 2025).

The institutional actors (counselors, wardens, lecturers) used professional language when referring to such diagnostic categories as behavioral impairment, treatment routes, confidentiality, and treatment routes.

> *…conditions that affect the way a person thinks, feels, behaves, and functions psychologically and have impact on the way people behave* (FGD, Female Participant 12, 2025).

These varied perspectives show that mental health is understood differently within the same academic institution. Some viewpoints align more closely with biomedical and psychological models, while others are rooted in everyday survival experiences and social realities. This variation reflects the different social and educational contexts through which individuals interpret mental health. Such differences contribute to the stratification of knowledge in the institution.

Sources of Information and Emerging Mental Health Literacy

The knowledge of mental health among students is the result of a mixture of both formal institutional contributions and informal social and digital interactions. These sources differ in the extent of credibility, depth, and influence, and together they affect students' interpretation and reaction towards mental health problems. Mental health information, in most cases, especially among the younger students, is usually introduced by the peer networks and student leaders, who are the available and credible agents in the campus environment.

> *Here on campus, there are leaders and peers who provide information… They often use Google to look up information on the topic* (IDI, Male Participant, 2025).

This account illustrates the central role of peers in mental health knowledge transmission. Importantly, it also reveals how peer-provided information is frequently supplemented by rapid online searches, signaling an early blending of interpersonal and digital sources. Based on this, peer-mediated exposure, digital platforms such as Google and YouTube become key tools for individual learning and coping. Students often move seamlessly from shared advice to private online exploration.

> *There was a day… I took my phone and asked Google… then went to YouTube… I listened to ways of solving the problem, and things got better* (FGD, Male Participant, 2025).

The story represents dependence on online platforms to find instant emotional assistance and solution. It shows how students, on their own, make use of online materials to cope with distress, usually without a formal counselling system in place. In addition to personal searches, communication platforms on social media further spread this online interaction to the group spheres, specifically with WhatsApp chat rooms. One of the respondents had the following to say:

We have a WhatsApp group for sharing information on student welfare and available services (FGD, Male Participant, 2025).

This quote highlights the contribution of a peer-led digital community in disseminating information on well-being and institutional support. Although these channels increase communal awareness and mutual support, they also blur the distinction between official guidance and unofficial explanations. The mass media and foreign news sources are gradually influencing mental health knowledge,

beginning with students, as they mature and become more exposed, and then placing their own experiences within the context of global discourses. One participant said:

I often get information from the media… a BBC report… increasing globally and contributing to many youth suicides (IDI, Male Participant 2, 2025).

The passage illustrates how international media outlets construct mental health as a global health concern. It is also an indicator of increased awareness of the magnitude and gravity of mental health problems among the youth of the world. Compared with unofficial and media-based sources, institutional seminars and counsellor-led events are formalized pathways for mental health education, yet their effects appear uneven. One respondent said:

Awareness exists because we study social work, but understanding varies. Many still lack deep knowledge (IDI, Female, counsellor, 2025).

The observation highlights the disconnection between the exposure to mental health concepts and their profound internalization. Although institutional work is effective at creating awareness, it does not necessarily yield practical or personally significant knowledge. Altogether, these interrelated sources produce various mental health discourses, which are sometimes contradictory. Information received is actively interpreted and adopted by students, and digital platforms play a specific role in shaping self-diagnosis and coping.

Socially Recognized Signs and Manifestations of Mental Health Problems

According to the findings, emotional symptoms play a pivotal role in recognizing a mental health issue, with special attention being given to the observable behavioral and functional changes. Withdrawal and social isolation, which are commonly interpreted as early distress, were among the indicators mentioned. Some participants mentioned the following as signs of mental health:

> *Withdrawing from others, avoiding interacting with people, reducing conversation with others and engagement in social activities* (IDI, Male
>
> Participant, 2025).
>
> *Isolation, withdrawal, missing classes, and loss of interest in community activities, loosing motivation and sometimes declining in class performance* (IDI, Female instructor, 2025).

Such reports, based on both students and teachers, indicate a common understanding that disengagement is a red flag. This emotional distress correlates with observable interruptions in social and academic life. Closely related to withdrawal were the displays of anger and interpersonal conflict, which the participants interpreted as an external manifestation of internal distress. One participant said:

> *Anger, frequent conflicts… They think they are okay, but actually, they have a mental health problem* (IDI, Female Participant, 2025).

This perception is an interpretation of emotional dysregulation as a behavioral signal, upholding the inclination to determine mental health problems by socially disruptive behavior. The respondents also associated mental health problems with loss of focus and academic performance, especially where behavioral alteration influenced learning. One participant said:

> *You look at them, but they are not listening… when you talk to them, there's nothing, they respond in shock* (IDI, Male Participant, 2026).

In this case, compromised attention and responsiveness are construed as cognitive expressions of distress, which further enables mental health recognition on performance-related hardships that can be witnessed. Some students reported somatic and anxiety-related symptoms in addition to cognitive changes, particularly when it comes to performances like presentations. One participant said: *"During presentations... I shake a lot"* (Participant 3, male, 18). This narrative shows that internal anxiety manifests as a physical response that becomes readable in a behavioral context. These indicators were generally accepted, but institutional actors warned that not all distress is a manifestation of mental illness. One participant said as follows:

> *Not everyone with mental health challenges has a mental illness; some experience prolonged stress or emotional disturbance* (IDI, Male Counsellor, 2026).

This differentiation presents a different reality, which distinguishes temporary emotional distress from those mental disorders that are clinically defined. In general, the visible behaviors were highly relied upon by students and members of staff in determining the presence of mental health problems. Less

obvious internal symptoms, like hopelessness, rumination, sleeping issues, or suicidal ideation, were mentioned infrequently, which demonstrates a bias in mental health recognition.

Discussion of the Findings

Constructed Understandings of Mental Health, Mental Health Problems, and Mental Illness

The findings show that students at the Institute of Social Work have multiple and sometimes overlapping understandings regarding mental health. While younger students tended to describe mental health in terms of stress, confusion, overthinking, and the ability to cope with everyday challenges, older students and institutional actors relied more on psychological and clinical language. These findings extend previous Tanzanian studies, which largely focused on the prevalence and predictors of psychological distress rather than examining how students themselves conceptualize mental health (Kavindi et al., 2024; Mboya et al., 2020; Rushuhu and Mukandala, 2023; Rweyemamu et al., 2024). The current study depicts that students are not merely knowledgeable or unknowledgeable on mental health; rather, they actively construct meanings of mental health through their experiences, educational exposure, and social interactions.

This argument is in line with Berger and Luckmann's (1966) Social Construction of Reality Theory, which argues that knowledge is shaped through social processes and interactions. Hence, students' conceptualizations of mental health are reflections of the social realities of their daily lives, academic pressures, relationships, and social environments, while the counselor's definitions reflected professional training and institutional expectations. This finding provides new insight beyond previous studies by showing that mental health knowledge exists in multi-layers informed by experience, educational level, and profession, which coexist within the same institution.

The other significant finding is that participants in general distinguished between mental health and mental health problems and mental illness. Mental health was seen as a positive state of well-being, mental health problems as a disruption to this state and mental illness as a more severe disruption. This is similar to the continuum model of mental health suggested by WHO (2022) and observed by Hakami (2018) as well as Mutinta (2022). The current study, however, includes a contextual element as younger students were more likely to give life experiences rather than diagnoses to explain mental health problems, e.g., bereavement, relationships, and life stressors that had persisted for a lengthy period, a point that has not been explored in earlier research about mental health in Tanzania.

The results also show that there is a difference in mental health knowledge by age and educational exposure. The younger students used emotional and experience based descriptions while older and postgraduate students had knowledge of clinical concepts like anxiety, emotional regulation, and bipolar disorder. This is in line with the findings by Basela (2018), Mboya et al. (2020) and Rweyemamu et al. (2024), which suggest that exposure to education and mental health information leads to high awareness. The present study, however, has shown the developmental process of knowledge at each level of the educational process and the way students move from a commonsense approach to a more professional and psychological interpretation of mental health.

Sources of Information and Emerging Mental Health Literacy Platforms

The findings indicate that students obtain mental health knowledge from a variety of sources, such as peers, student leaders, social media platforms, online searches, mass media, and institutional sources such as counselors and seminars. This finding partially diverges from Onditi et al. (2014), who reported limited awareness of where students could seek assistance and limited knowledge of available support

systems. The present study suggests that students now have access to a wider range of information sources, particularly digital platforms such as Google, YouTube, WhatsApp, and online media.

However, the findings also reveal that increased access to information does not necessarily translate into deeper understanding. Although students frequently accessed mental health information online, counselors observed that many still lacked comprehensive knowledge of mental health concepts. This finding complements the observations of Daudi et al. (2023), who highlighted the importance of mental health knowledge in shaping help-seeking behavior, while also extending previous literature by demonstrating how students actively combine information obtained from peers, digital media, and institutional actors when constructing their understanding of mental health.

The study further contributes new knowledge by identifying digital media as a central arena through which mental health meanings are produced, shared, and interpreted. Whereas previous Tanzanian studies concentrated on counselling services, psychological distress, or help-seeking behavior, the current study shows the growing role of digital platforms in shaping mental health literacy among university students. This reflects changing patterns of knowledge acquisition among young people and it highlights the need for institutions to provide accurate and culturally relevant mental health information through digital channels.

Socially Recognized Signs and Manifestations of Mental Health Problems

The findings indicate that the signs students identified most often as indicative of mental health problems were withdrawal, social isolation, anger, interpersonal conflict, decrease in academic performance, trouble concentrating, and physical reactions associated with anxiety. Ambikile and Iseselo (2017) found that within Tanzanian communities, mental health problems are often diagnosed based on behaviors and/or socially observable symptoms. The current study also shows that although less overt symptoms like hopelessness, sadness, sleep problems, ruminations and suicidal ideation were reported by participants, they were not frequently mentioned. It indicates that "apparent" behavior and functional disability are still major factors in the recognition of mental health problems. Symptoms like worry, loss of interest, and sleep problems are fully represented in the assessment of mental distress in previous studies, including Rweyemamu et al. (2024). However, the current study shows that students may not perceive all these symptoms as symptoms of mental health problems in their everyday life. This is a novel contribution to knowledge as it brings insight into a visibility bias in the recognition of mental health. Student and staff perceptions of disruptive behaviors were more likely to refer to social interaction or academic performance than to internal emotional experiences. Emotional distress, therefore, can go undetected until it is apparent in a child's behavior or learning. This emphasizes the importance of enhancing students' mental health awareness through mental health education programs to help them identify the visible and invisible signs of mental health problems.

Conclusions

This study explored the mental health knowledge among students in higher learning institutions, taking the ISW as a case study. The study has shown that mental health knowledge is socially mediated: influenced by age, gender, educational exposure, peer group, digital media, and institutional backgrounds. The following can be concluded from the findings:

Firstly, students had mostly defined mental health in functional, emotional stability, clear thought, daily functioning, and being able to manage relationships, more than they had defined it in clinical terms. Mental health problems were viewed as interference with normal functioning, and stress, emotional dysregulation, and loss of control. Greater clinical concepts and diagnostic terminology were observed among master's students, counselors, and academic faculty, suggesting stratified knowledge based on academic exposure and work experience.

Second, the various sources from which students learn about mental health include peer groups, student leaders, Google, YouTube, WhatsApp groups, and mass media. These spaces are convenient for accessing information, but also lead to disproportionate levels of knowledge and even contradictory interpretations. There is a general awareness, but not everyone, especially students at the lower levels of their studies, understands this subject thoroughly. Specifically, digital platforms can be powerful but also pose risks of misinformation and simplified coping mechanisms.

Third, the analysis indicated substantial variation in knowledge of mental health by age and education. Students of certificate and diploma programs are more likely to use experiential and emotional language compared to older students and postgraduates who are more abstract and clinical in their use

of language, e.g., depression, bipolar, or psychological functioning. Professional discourse is employed by staff members, particularly counselors and lecturers, revealing a gap between professional knowledge and students' understanding.

Fourth, students report cues of mental ill health primarily in the form of observable changes in behaviors, including isolation, withdrawal, anger, poor academic performance, and performance anxiety (i.e., shaking during presentations). Such interpretations are in line with the cultural norms in Tanzania, where mental stress is mostly identified by observable behavior as opposed to the internal emotional symptoms. Such an effect of visibility bias can contribute to under-identification of internal suffering, hopelessness, and suicidal ideation.

Lastly, although the students have general awareness, they still have lapses in their capacity to distinguish between everyday stress and more severe mental health problems. Stigma and misconceptions continue to play a role and affect help-seeking, even when such counselling services are available. This is due to the convergence of multiple experientials, cultural, academic, spiritual, and digital realities, which construct an intricate mental health knowledge environment that demands specific interventions. Overall, there is an increasing yet disparate level of mental health knowledge at ISW that is socially defined and stratified in terms of age, education, and social context. Institutional approaches to enhance mental health literacy, address misconceptions, and reinforce early help-seeking behaviors among students are necessary.

Recommendations

It is evident that institutions of higher learning, using the case of the Institute of Social Work, should strengthen mental health support systems and student awareness programs. Structured, ongoing mental health literacy programs for institutions should be incorporated into student orientation, classroom education, and extracurricular activities. Such programs must present accurate, culturally specific information on mental health, typical warning signs, coping mechanisms, and existing support resources to enable students to be more aware of and responsive to their well-being. Counseling services should also become more visible by undertaking proactive outreach, such as mental health awareness week, open days, mobile counseling desks, and visits to departments. An open approach to communicating about the confidentiality, accessibility, and role of counselling services is one way to minimize stigma and encourage students to use support without fear.

Institutionalized mental health should not be isolated in certain programs like social work or human resource management. Basic mental health literacy and psychosocial well-being should be incorporated into curricula across all academic fields to equip students with life skills that enhance their personal and professional development. Ongoing professional growth of counselors and student welfare officers is also necessary so that they can be well prepared to handle the emerging mental health problems, such as digital-related stress and trauma-informed care.

Since a large number of students regularly use digital tools such as Google, YouTube, and WhatsApp, it is also important to consider how to help students acquire digital literacy skills that enable them to find high-quality mental health information and avoid misleading or dangerous content. Peer-support activities, such as peer counselling clubs, mental health ambassador groups, and wellness committees can be used to establish a safe space where participants can discuss and offer support to one another.

At the broader policy level, institutions of higher learning should develop comprehensive mental health policies that articulate and map clear prevention, response, and support strategies for students' well-being. The mental health and well-being indicators must be incorporated into institutional quality assurance and accreditation models by national regulatory bodies and education authorities to make student mental health a primary component of institutional performance and accountability.

Limitations of the Study

The study was conducted at a single higher learning institution, which may limit its generalizability to other universities and colleges in Tanzania. The qualitative data in the study depended largely on participants' willingness to share personal experiences and perceptions; some participants may not have provided sensitive information due to fear of stigma or social criticism. Furthermore, the crosssectional design captured a single point in time and did not assess changes in students' mental health knowledge and behaviors over time. There was also a lack of time and resources to engage more

campuses and student populations. Notwithstanding these limitations, the study provides valuable insights into the understanding and experience of mental health in a Tanzanian higher-education setting.

Areas for Further Study

These results require further study by conducting research at other higher learning institutions across Tanzania to yield more holistic and generalizable findings. Longitudinal designs that track students would offer greater insight into how mental health knowledge, attitudes, and coping styles change throughout their academic programs. The effectiveness of mental health literacy programs, counselling services, and peer-support programs in enhancing student well-being and academic achievement also warrants investigation. As online platforms and social media increasingly influence students' lives, there is a need to examine how online information affects mental health beliefs, coping practices, and help-seeking behavior, and how digital tools can positively affect students' mental health.

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