



Mental Health Challenges Among Students in Zambian Higher Institutions of Learning

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Abstract

This chapter discusses the myriad challenges that threaten the mental health of many students in Zambian higher institutions of learning. The unit chapter with the title ‘Mental Health Challenges Among Students in Zambian Higher Institutions of Learning’ fits well in the main them of ‘Digital Transformation in Emerging Economies: The Future of Business, Education, and Governance’. It particularly addresses the issues related to education and governance in higher institutions of learning. Mental health affects everyone and students in higher institutions of learning are particularly vulnerable. The chapter, therefore, unfolds several possible causes of mental health challenges. They include but not limited to academic stress, social isolation, financial stress, digital overload and social media, lack of family support, romantic relationships, generalised anxiety and bereavement. These among many others have been identified and analysed to be contributing heavily to mental health challenges among students. Having identified the causes, the chapter discusses interventions and strategies to address mental health challenges. The need for campus mental health policies that help sensitise students in higher institutions of learning has been emphasised. It must be noted that this chapter presents a well-researched data from many credible sources including World Health Organisations and other credible studies done in Zambia. It is the hope of the author that students and management in higher institutions of learning will take time to implement some of the suggested strategies and interventions to help address mental health in their institutions.

Keywords: *Mental health, students, higher institutions of learning, academic stress, social isolation.*

Introduction

Many students in higher institutions of learning, including those in Zambia, fall within the age range of late-adolescents to young adults’ years (15–25 years brackets). Mostly they navigate a unique merging of developmental changes and academic expectations. These present a

considerable mental health burden. For example, stress from heavy course works and financial instability; emotional turmoil linked to intimate relationship conflicts or breakups; digital-age stress that result in cyberbullying and social media addiction; and the negative impact of grief and bereavement when students lose a beloved one create ripple effects on learning outcomes, health-protective behaviours, and even suicide risk.

Globally, studies have presented research-based evidence that consistently highlights depression, anxiety, and self-harm as leading factors that contribute to adolescent morbidity and mortality, with suicide ranking among the top causes of death in young people. Further, surveys done by health-professions, medical, and nursing cohorts consistently document elevated rates of depressive and anxiety symptoms. Despite all these research evidence, help-seeking among students who are at risk of these mental health issues remains low. This has particularly been constrained by stigma, limited campus counselling opportunities, and other structural barriers to care (Chanda et al., 2023; Mwape et al., 2025; Phiri et al., 2025).

It must be noted that Zambia's Mental Health Act No. 6 of 2019 has established a rights-based framework for promotion, prevention, and treatment of mental health. Further, the National Health Strategic Plan (2022–2026) also calls for scaled integration of mental health into primary and tertiary services (Parliament of Zambia, 2019; Ministry of Health, 2022). Despite these policy advances, most higher institutions of learning are yet to operationalize comprehensive support systems that address the full spectrum of student needs, from universal well-being promotion to targeted interventions for grief, romantic relationship distress, and general mental health challenges.

This chapter, therefore, analyses the latest national and international evidence on determinants and outcomes of student mental health in Zambian higher institutions of learning. It first addresses the interplay of academic stress, financial pressures, social isolations, intimate relationship strain, and grief and bereavement. These coupled with limited institutional support underscore the urgency of tailored interventions within higher institutions of learning contexts. The international best practices and national mandates are translated into a practical, campus-level blueprint encompassing awareness campaigns, gatekeeper training, peer-support networks, and stepped-care pathways designed to foster resilient and inclusive learning environments across Zambian higher institutions of learning.

Definition

According to the World Health Organisation (WHO, 2024), mental health is described as a positive state of emotional, psychological, and social functioning. It reflects how individuals think, feel, and interact with others. It also encompasses individual's ability to manage stress, make sound decisions, and adapt to change. It must be noted that mental health is not limited to the absence of mental illness but includes resilience, meaningful relationships, life satisfaction, the capacity to cope with daily life challenges, and being able to contribute to the community's development.

It is, therefore, important to note that one's negative state of emotional, psychological, and social functioning of an individual may be the result of mental health challenges. Such challenges might

make such victims fail to think, feel, and interact with others normally, as well as render them unable to manage stress, make sound decisions, and adapt to change.

Common Causes of Mental Health Challenges Among Students

Several international and national studies have demonstrated that there are various causes of mental health challenges that students in higher institutions of learning face. Some of them are highlighted below

Stress and anxiety

Stress is said to be the overall feeling experienced or response by the body to a threatening or potentially harmful situation (stressor). Stress is specific to each person, and it can either be positive or negative depending on how it is experienced. Stress is said to be positive when the learner is said to think more clearly in a threatening situation through a great focus and concentration at tasks. It becomes negative when one's capabilities and resources are insufficient to meet the demands of a given situation (Ministry of Education, 2014).

Anxiety mostly exists when individuals are at odds with themselves. The underlying conflict comes from a clash between incompatible impulses, desires, or values. Such a conflict prevails when a person is angry but is afraid of giving offence. It also exists when a person is eager to be popular but has concerns against doing what may be necessary to become popular. The conflict and frustration in the individual produce anxiety and tension.

Mostly, students in higher institutions of learning face mental health challenges when experience negative stress and or anxiety and it can be because of the following:

Academic Stress

As earlier indicated, stress remains a prevalent risk factor for most mental health-related challenges. Most students frequently encounter academic pressures especially due to heavy course workloads, examinations and strict deadlines for assignment/project submissions. Such become stressors that are likely to lead to maladaptive coping behaviors such as substance abuse or withdrawal, that further heighten vulnerability to mental illness (Mudenda et al., 2022).

It is also reported that students in higher learning institutions experience negative stress amid limited resources and intense competition. For example, 45 percent of medical undergraduates in Lusaka screened positive for moderate-to-severe anxiety during examination periods, with academic pressure emerging as the strongest stressor (Mwape et al., 2025). This situation is not only peculiar to Zambian health sciences students but to almost all students in higher institutions of learning. Exam period comes with increased academic pressure on students which threaten their mental health. It can, therefore, be indicated that academic stress is no doubt one of the causes for mental health challenges among students in higher institutions of learning in Zambia.

Social Isolation

It must be noted right from the outset that human beings are social beings. It is, therefore, imperative for every student to interact with others on campus and in the community. Feelings

of loneliness, lack of familial support particularly for first year and away-from-home students significantly contribute to mental health challenges. This is also true for students transitioning from either home or other institutions. According to the study done by Chanda et al., (2023), transitional stressors such as adapting to new social environments, living away from family, and managing increased autonomy are linked to sleep disturbance and emotional exhaustion.

Financial Stress

In a country where most families are not financially stable, financial burdens related to tuition and living expenses presents a challenge to students' mental health. Many students in higher institutions of learning fail to meet the day-to-day requirements, especially those who are on self-sponsored programmes. Thinking about how to deal with the rising tuition and living costs, in the absence of part-time jobs that might help them ease the financial burdens adds pressure that undermines emotional and psychological well-being of most students. Mayeya et al., (2020) argue that financial strain and uncertainty about tuition, living expenses, and future employment increase stress and worsen mood disorders.

Digital Overload and Social Media Impacts

Digital overload is one of the contributors to mental health challenges among students in Zambian higher institutions of learning. It normally occurs when students are exposed to an excessive volume of information and communication through smartphones, laptops, and any other digital devices. The constant stream of notifications, messages, and news feeds overwhelms cognitive resources. This normally leads to decision fatigue, reduced attention span, and impaired working memory. For example, a study conducted in Zambia, suggests that most undergraduates in higher institutions of learning check their phones over 50 times per day. This results in fragmenting study sessions and eroding deep-focus learning (Chanda et al., 2023).

Further, digital platforms facilitate harassment and cyberbullying that inflict psychological harm beyond traditional campus insults. Victims of such harassments experience intrusive rumination, sleep disturbance, and avoidant behaviours, which can escalate to clinical anxiety or depression if left unchecked. Simultaneously, curated images of peers' achievements fuel upward social comparison, fostering envy and a pervasive sense of inadequacy (WHO, 2024).

In addition, some students have become addicts of heavy social media usage. This often triggers anxiety, reduced real-world social support, attention difficulties, addiction-like behaviors, and worsens mental health outcomes. According to WHO (2024), digital stressors, including cyberbullying and constant social comparison on social media, contribute to heightened anxiety and low self-esteem issues.

Anxiety is particularly prevalent in higher institutions of learning settings. Recent study findings from Lusaka reveal that generalized anxiety disorder and depression commonly co-occur among medical students, with significant consequences for concentration, sleep, and academic performance (Mwape et al., 2025). Prolonged anxiety not only diminishes students' cognitive and emotional functioning but also increases their risk of long-term mental health disorders

Lack of Family Support

A family is a very important institution in the life of every person. Everyone needs to have a sense of belonging to a particular family. It is, therefore, imperative to state that students who perceive low emotional and practical support from their families are significantly more vulnerable to mental health challenges. A strong family cohesion, in this case, acts as a buffer against negative stress as it fosters resilience and adaptive coping strategies. In the absence of a strong family support system, students may struggle to manage academic pressures, interpersonal conflicts, and life transitions.

It is reported that higher rates of depression and anxiety are common among students who perceive low emotional and practical support from their families. For example, a University of Zambia study found that undergraduates reporting poor family support were twice as likely to screen positive for moderate to severe depressive symptoms (Kapansa, 2021).

Further, it is reported that students with low family support systems may also have an increased risk of substance misuse. WHO (2024) indicates that without caregivers to monitor stress or model healthy coping strategies, students may turn to alcohol or drugs to self-medicate. In addition, there is a likelihood of heightened suicidal ideation among students who lack emotional and practical support from their families. Kaoma and Mwansa (2023) postulate that isolation from family intensifies feelings of hopelessness and bereaved or conflict-affected students show a threefold rise in self-harm thoughts.

Intimate (Romantic) Relationships

Intimate (Romantic) and interpersonal relationships often form a central part of students' social identity during university/college years. For many students, most of whom are in late adolescence or emerging adulthood, intimate and close interpersonal relationships serve as central sources of emotional support, identity formation, and belonging. These bonds can be protective and preventing against academic and social stressors. However, when such relationships face difficulties such as breakups, unreciprocated affection, interpersonal conflict, or even intimate partner violence, students may experience intense emotional and psychological distress. Some studies have indicated that romantic instability and relationship strain are associated with elevated depressive symptoms and reduced academic performance among students (Borelli et al., 2023).

Although Zambia's specific prevalence data on romantic and intimate distress remain limited, qualitative research at the University of Zambia indicates that roughly one-third of first-year students identify relationship conflict as a primary driver of low mood, anxiety, and sleep disturbance (Kapansa, 2021). This aligns with global findings that romantic instability and interpersonal strain are strongly associated with elevated depressive symptoms, heightened anxiety, and reduced academic performance among young adults (Borelli et al., 2023). Further, in the Zambian context, intimate relationship stressors have also been linked to suicidal ideation among young populations (Sinyangwe et al., 2023). The emotional intensity of these relationships combined with developmental factors such as identity exploration, heightened sensitivity to rejection, and limited coping experience can increase the chances for mental health issues.

Grief and Bereavement

Grief is an intense response to loss, of which mourning is but one stage while any loss is bereavement, and it is not only death. Therefore, bereavement may also result from illness, accidents, or other causes. In some cases it is compounded by lifestyle conditions such as high blood pressure, diabetes and other public health challenges. Grief can manifest as persistent sadness, intrusive memories, difficulty concentrating, and disrupted sleep patterns, all of which can impair academic functioning.

Grief and bereavement, therefore, represent profound psychosocial stressors that can significantly disrupt the mental health of students in higher institutions of learning. While grief is a normal response to loss, when prolonged it may evolve into complicated grief or prolonged grief disorder, conditions strongly associated with depression, anxiety, post-traumatic stress disorder, and suicidal ideation (Eisma & Lenferink, 2024).

Among students, bereavement, whether through the death of a parent, sibling, or close friend, can compound existing academic and social stressors, leading to concentration difficulties, poor academic performance, and withdrawal from peers (Cupit & Servaty-Seib, 2023). In Zambia, where extended family bonds are strong and community ties are central to identity, the loss of a loved one can be deeply destabilising for students. Furthermore, any loss may additionally carry financial consequences, exacerbating stress and vulnerability, especially if the deceased was a bread winner.

Higher institutions of learning should, therefore, consider grief and bereavement as critical contributors to student mental health challenges and integrate responsive supports such as grief counselling services, compassionate leave policies, and structured peer-support programs. Such interventions not only mitigate adverse outcomes but also foster resilience and academic continuity (WHO, 2024).

Poor self-concept

Students also encounter mental health challenges due to poor self-concept. Self-concept is the sense of self. Its basis is one's knowledge of what he/she has been and has done. Its function is to guide in deciding what to be and do in the future. Self-concept therefore helps one to understand him/herself and control or regulate one's behaviour. The positive self-image leads to having self-esteem while the poor self-concept leads to low self-esteem.

Further, it is also important to understand the real self and the ideal self. The real self is a person's concept of what he/she is like while the ideal self is a person's concept of what he/she wishes to be like. Most students are at a critical period in the development of self-esteem, which is a positive self-evaluation. Self-esteem is based on the extent to which one feels loved by those considered to be important to them. The ability to perform a task one considers important and attainment of moral and ethical standards also contribute to self-esteem. Finally, the extent to which one influences his/her own life as well as other people's lives also matters. Students do so mainly by comparing their real and ideal selves and judge themselves by how well they measure up to social

standards and expectations and how well they perform. If they fail to evaluate themselves positively, they may have low self-esteem that may lead to depression.

Strategies and Interventions for Addressing Mental Health Challenges in Higher Institutions of Learning

Maintaining positive mental health is key to a successful student life. It is, therefore, important that mental health challenges among students in higher institutions of learning are addressed. Addressing mental health challenges requires a multi-pronged, evidence-based approach that integrates universal promotion, targeted prevention, timely treatment, and structural supports. Below are some of the strategies and interventions that can be put in place to address issues of mental health challenges.

Universal Promotion and Mental Health Literacy

These interventions target all students to build resilience, reduce stigma, and foster a mentally healthy campus culture. For example, there is a need to integrate mental health literacy and life-skills training into orientation programmes and core curricula, covering stress management, emotional regulation, and help-seeking pathways (WHO, 2024).

Apart from that, higher institutions of learning should have campus policies, campus spaces, and student services that aim to address mental health challenges. This can also be realised by launching campus-wide awareness campaigns each semester or term to normalise conversations about mental health and publicise available supports (Ministry of Health, 2022). Overall, higher institutions of learning should promote holistic well-being practices including physical activity, healthy nutrition, adequate sleep, and mindfulness-based stress reduction activities.

Selective Prevention for At-risk Groups

Institutions of higher learning should identify groups of students that are at risk. They may include those experiencing academic stress, romantic relationship strain, bereavement, or financial hardships. These groups require focused support to prevent escalation of mental health challenges. After identification, there should be peer-support groups supervised by trained counsellors or senior students that can help share coping strategies, reduce isolation, and build problem-solving skills (Chanda et al., 2023). Further, there is a need to have gatekeeper training for faculty, residence advisors, and student leaders to recognise mental health distress signals such as withdrawal and declining academic performance. If possible, after noticing the signs of distress, the victims can be referred to the campus counsellors or health facilities.

In addition, structured workshops on time management, financial literacy, and healthy lifestyle habits are necessary for both students and members of staff. Family-inclusive interventions should strengthen home-campus support networks, especially for students from emotionally distant or unsupportive environments. Such interventions should also include grief and bereavement support through professional counselling, compassionate leave policies, and peer or faith-based support networks within higher learning institutions. It is also important to encourage students to join social clubs such as sports, choir, even academic clubs.

Indicated Treatment for Students with Diagnosed or Severe Symptoms

The peer counsellors and trained campus counsellors should remain alert to identify students showing clear signs of anxiety, depression, or other disorders. For such students, timely access to evidence-based therapies is critical and the following should be put in place by institutions of higher learning. Firstly, there should be a brief, campus-based Cognitive Behavioural Therapy (CBT) delivered individually or in small groups to reduce anxiety and depression. This will help most students who are diagnosed or are with severe symptoms. Further, intensive therapies that involve face-to-face counselling, and pharmacotherapy can be administered for those diagnosed with severe depression (WHO, 2022; Ministry of Health, 2022).

In the absence of physical interaction with the counsellor, digital mental health platforms that include guided smartphone apps and tele-counselling can help to overcome barriers of stigma, location, and staffing constraints. Therefore, such facilities should be put in place for students in higher institutions of learning to utilise them.

Structural and Crisis Response Supports

Higher Institutions of learning should put in place robust systems and policies that underpin effective programme delivery and sustainability. For example, there should be a 24/7 crisis hotlines and clear suicide-prevention and postvention protocols, with rapid linkage to local health facilities.

The institutions should also ensure that there are academic accommodations that will ensure flexible deadlines, reduced course loads, and mental-health leave to maintain academic continuity during acute episodes. This is important and can lead to reduced academic stress.

Finally, regular, anonymous campus surveys to monitor trends of mental health challenges should be encouraged so that resources are allocated responsively. This will also help evaluate intervention impact. It is important for higher institutions of learning to establish wellness centres and safe spaces operating daily to provide accessible, stigma-free support.

Linking Causes to Interventions

Domain	Cause / Barrier	Suggested Intervention
Academic Stress & Transitions	High academic demands & adaptation stress	Orientation, workshops & peer mentoring
Social Isolation	Loneliness & weak support systems	Peer groups, community events & family involvement
Financial Strain	Tuition costs & employment burden	Financial aid & budget counselling

Digital Overload	Social media addiction & diminished social skills	Digital literacy training & offline engagement spaces
Lifestyle Factors	Poor sleep, nutrition & sedentary behaviour	Lifestyle education & wellness programmes
Family Support	Emotionally distant or unsupportive environments	Family-inclusive interventions & communication workshops
Resource Gaps	Insufficient counselling & accessibility issues	Increase support staff & hybrid service delivery
Stigma & Awareness	Reluctance to seek help due to embarrassment	Awareness campaigns & destigmatising education

Conclusion

It must be noted that mental health challenges are real in our higher institutions of learning. Stress and anxiety are among the leading causes of mental health challenges. Intimate relationships problems and bereavements are common among students in higher institutions of learning. Therefore, a comprehensive mental health strategy for Zambian higher institutions of learning is a needed. It must entrench mental health into campus culture, expand resources and reduce barriers, foster peer and family support, integrate holistic well-being practices, and ensure robust crisis response systems within institutions. By combining universal, selective, and indicated interventions, higher institutions of learning can create inclusive, supportive environments that promote resilience, academic success, and lifelong well-being.

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