FEDERAL UNIVERSITY OF TECHNOLOGY, MINNA

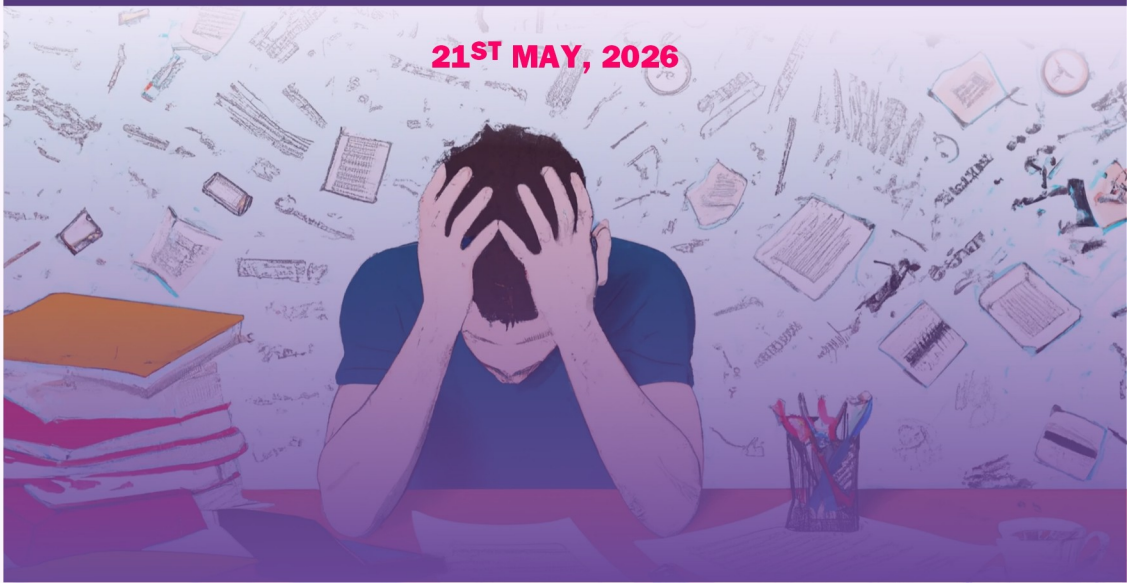
PUBLIC LECTURE

ON MENTAL HEALTH CHALLENGES IN NIGERIAN UNIVERSITIES

Remedies for Improved Productivity and Healthy Living for the University Community

Presented by:

DR. TAOFEEK ADEGOKE UTHMAN



21ST MAY, 2026

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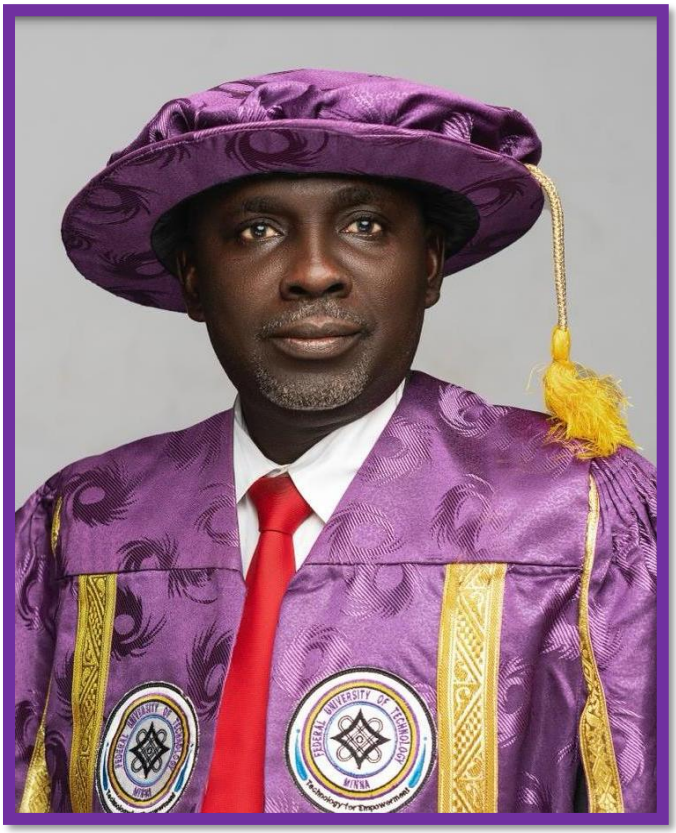
THURSDAY 21ST MAY, 2026



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SUMMARY

This presentation examines the severe and escalating mental health crisis affecting staff, faculty, and students in Nigerian universities. Drawing on empirical research from Nigeria and the broader African continent, it documents alarming rates of depression, anxiety, burnout, and chronic stress driven by systemic stressors including financial instability, strikes by university-based unions, academic pressure, and absent institutional support infrastructure. The presentation introduces evidence-based frameworks for recognition, prevention, and management — including early identification of stress symptoms, risk factor profiling, multi-level intervention strategies, occupational safety and health (OSH) integration, entrepreneurship as a psychological protective strategy, and practical neuroscience-based daily habits. It concludes with a call to action for institutional stakeholders, policymakers, and individual community members to prioritise mental well-being as the essential foundation for academic and professional success.

SECTION 1: INTRODUCTION

Our amiable Vice-Chancellor and members of university management, distinguished guests, faculty members, students, and fellow Nigerians — thank you for joining this important discussion on a topic that affects each of us, directly or indirectly: mental health challenges in Nigerian universities, and the remedies we must urgently implement to improve productivity and healthy living across our university communities.

As we gather, it is crucial to recognise that our universities are not merely centres of learning — they are complex human ecosystems in which young minds, mid-career professionals, and seasoned academics alike face immense and often invisible pressures. Mental health is not a luxury. It is a foundation for success, productivity, and human dignity. And today, that foundation is cracking.

In Nigeria, where over 20 million people live with mental health challenges and depression rates rank among the highest globally (WHO, 2023), our universities are ground zero for this crisis. A recent survey revealed that 76.83% of Nigerian university students have experienced mental health challenges during their academic journey (Orok et al., 2023). These are not abstract numbers — they represent our sons, daughters, colleagues, and future leaders struggling in silence inside our lecture halls, offices, and hostels.

The mental health crisis in Nigerian universities is not a private matter. It is a public health emergency, an institutional governance failure, and an economic liability — and it demands a collective, evidence-based, multi-level response. This paper provides that response.

SECTION 2: WHAT IS MENTAL HEALTH?

2.1 Definition and Scope

Mental health refers to a person's emotional, psychological, and social well-being. It affects how individuals think, feel, and act, and it plays a crucial role in how they handle stress, relate to others, and make choices. The World Health Organization defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO, 1948).

Mental health is not a binary condition of 'healthy' or 'ill'. It exists on a continuum, influenced by a dynamic interplay of biological, psychological, social, economic, and environmental factors. Critically, it is not fixed — it can improve or deteriorate over time, and it responds to intervention.

2.2 The Three Pillars of Mental Well-being

- Emotional: Ability to manage feelings, cope with adversity, and bounce back from setbacks
- Psychological: Clarity of thinking, self-awareness, decision-making, and personal growth
- Social: Quality of relationships, communication, and contribution to community

2.3 Key Mental Health Conditions in the University Context

- Stress — a state of mental or emotional strain resulting from adverse or demanding circumstances; the most prevalent mental health concern in universities
- Anxiety Disorders — characterised by excessive, persistent worry and fear; includes generalised anxiety, social anxiety, and panic disorder

- Depression — persistent low mood, loss of interest, fatigue, and impaired function; 20–40% prevalence reported among university staff globally
- Burnout — a syndrome of emotional exhaustion, depersonalisation, and reduced personal accomplishment
- ADHD (Attention-Deficit/Hyperactivity Disorder) — a neurodevelopmental condition affecting concentration, organisation, and impulse control; frequently undiagnosed in Nigerian university students
- Bipolar Disorder — characterised by episodes of mania and depression, often triggered or worsened by academic and work-related stress

Note: The correlation between stress and mental health challenges in university populations is one of the most consistently documented findings in psychiatric research. Meta-analyses show a strong positive correlation — typically r = 0.40 to 0.65 — between perceived stress and elevated rates of anxiety, depression, and burnout (Adeleke et al., 2025; Barbaryannis et al., 2022).

SECTION 3: THE SCALE OF THE CRISIS IN NIGERIA

The epidemiological picture of mental health in Nigerian universities is alarming. Despite significant limitations in national data collection, available evidence consistently reveals a crisis of substantial proportions across all cadres of the university community.

Key statistics:

- Over 20 million Nigerians live with mental health challenges
- Nigeria's depression rates rank among the top five highest globally (WHO, 2023)
- 76.83% of Nigerian university students have experienced mental health challenges (Orok et al., 2023)
- Stress correlation with anxiety and depression in universities: r = 0.40 to 0.65

3.1 Prevalence Among University Staff and Faculty

Condition	Global Prevalence (Staff)	Nigeria/Africa Evidence	Contributing Factors
Burnout	40–70%	High in South African academics; linked to productivity loss in Egyptian universities	Heavy workloads, admin duties, lack of recognition
Depression	20–40%	30–50% symptoms in Nigerian university employees; higher in women	Job insecurity, financial stress, stigma
Anxiety	30–50%	Significant association with stress in	Performance evaluation,

		Southwestern Nigeria studies	economic instability
High Stress	50–80%	Prevalent pre- and post-COVID in South African universities	Work overload, poor resources, pandemic disruptions

Sources: Narrative reviews (2023), meta-analyses (2024), and cross-sectional studies in Nigeria (2025) and South Africa (Adeleke et al., 2025; Ike et al., 2025).

3.2 Prevalence Among Students

- 32% of Nigerian medical students exhibit symptoms of depression (Isara et al., 2022)
- 14.9% of undergraduates in southwestern Nigeria present with mild anxiety; 10.4% with moderate anxiety
- 76.83% of students report having experienced mental health challenges during their university journey
- A student suicide at a southwestern Nigerian university in August 2025 sparked urgent calls for systemic reform (Suleiman, 2025)
- Body image, obesity, and sexual coercion have been independently linked to higher depression rates among students (Akinyemi et al., 2025)

SECTION 4: EARLY SIGNS AND SYMPTOMS OF STRESS

Early recognition of stress is one of the most powerful tools available to individuals, supervisors, and institutional health officers. Stress frequently presents subtly in its early stages — manifesting across four domains (physical, emotional, cognitive, and behavioural) before progressing to diagnosable conditions such as anxiety disorders, depression, or burnout.

4.1 Physical Signs and Symptoms

The body is often the first to signal stress, registering the physiological effects of elevated cortisol and adrenaline before the individual has consciously acknowledged distress. When the brain perceives a threat — real or imagined — the hypothalamus triggers the HPA (hypothalamic-pituitary-adrenal) axis, releasing cortisol and adrenaline. Under chronic stress, this system remains permanently activated.

- Frequent headaches or migraines
- Muscle tension, particularly in neck, shoulders, and jaw
- Unexplained fatigue and low energy despite adequate sleep
- Sleep disturbances — difficulty falling asleep, staying asleep, or sleeping excessively
- Gastrointestinal symptoms — nausea, diarrhoea, constipation, or abdominal discomfort
- Palpitations or awareness of a racing heartbeat
- Frequent colds or infections due to immune suppression
- Skin problems — acne flares, eczema, or unexplained rashes
- Changes in appetite — eating significantly more or less than usual
- Elevated blood pressure readings on routine checks

4.2 Emotional Signs and Symptoms

Emotional changes are frequently the most distressing early indicators of stress, yet they are often minimised — particularly in cultures, such as Nigeria's, where emotional expression is discouraged:

- Irritability and short-temperedness — snapping at colleagues, students, or family over minor matters
- Feeling overwhelmed — a sense that demands exceed capacity, even when the objective workload is manageable
- Anxiety and excessive worry — persistent concern about outcomes, performance, or the future
- Emotional numbness or detachment — feeling disconnected from work, colleagues, or relationships
- Loss of motivation or enthusiasm — previously engaging activities feel burdensome
- Mood swings — rapid transitions between emotional states without clear cause
- Increased sensitivity — crying more easily, or feeling easily hurt by criticism
- Sense of dread — apprehension about specific tasks or events

4.3 Cognitive Signs and Symptoms

Chronic stress impairs the brain's executive function — the prefrontal cortex-based capacities that underpin academic and professional performance:

- Difficulty concentrating — inability to sustain focused attention on complex tasks
- Forgetfulness — missing appointments, forgetting instructions, losing track of tasks
- Indecisiveness — excessive deliberation over minor decisions; avoidance of necessary choices

- Racing thoughts — inability to 'switch off', particularly at night or during rest
- Catastrophic thinking — consistently imagining the worst-case outcome
- Reduced creativity and problem-solving ability
- Poor academic or work performance — declining output, missed deadlines, increasing errors
- Mental fatigue — feeling cognitively exhausted after relatively modest intellectual effort

4.4 Behavioural Signs and Symptoms

- Social withdrawal — avoiding colleagues, friends, or social events previously enjoyed
- Procrastination — repeated avoidance of tasks despite awareness of their importance
- Increased use of alcohol, tobacco, or caffeine as coping mechanisms
- Risk-taking behaviours — gambling, reckless spending, or uncharacteristic impulsivity
- Presenteeism — physically attending work or class but cognitively and emotionally absent
- Absenteeism — increasing frequency of sick leave or unexplained absences
- Neglect of self-care — skipping meals, exercising less, ignoring personal hygiene
- Over-working — compensating for inadequacy by working excessive hours, paradoxically worsening stress
- Aggression or conflict — increased interpersonal friction with supervisors, peers, or family

4.5 The Warning Threshold

Stress is a normal human experience. It becomes a clinical concern when it is disproportionate to the stressor, persists beyond 4–6 weeks despite lifestyle modification, or significantly impairs functioning in work, study, or personal life. At this threshold, professional evaluation is warranted. Untreated chronic stress is the primary pathway to depression, anxiety disorders, burnout, hypertension, and cardiovascular disease.

SECTION 5: CAUSES OF MENTAL HEALTH CHALLENGES

Nigerian universities operate in a particularly challenging context in which multiple systemic, cultural, and environmental stressors converge on individuals who often lack the institutional support infrastructure to buffer their effects.

5.1 General Stressors Across University Communities

Academic Pressure

Overcrowded classes, frequent strikes, tough grading systems, and the publish-or-perish culture create an environment that prioritises institutional metrics over knowledge, growth, and wellbeing.

Financial Strain

Tuition costs, living expenses, 'black tax' (financial support to extended family), and the allure of betting worsen debt and fuel addiction. Unpaid salaries and delayed promotions compound financial anxiety among staff.

Housing and Infrastructure

Crowded hostels, long commutes, power outages, and unreliable internet connectivity create daily environmental stressors that erode resilience.

Social and Family Pressure

Cultural expectations of success, pressure to 'make the family proud', and the stigma of perceived failure create an invisible burden that students and staff carry alone.

Stigma and Spiritualisation

Mental health is widely trivialised or 'spiritualised' in Nigerian society — attributed to weakness, sin, or spiritual attack rather than medical reality — leading to delayed or absent help-seeking.

Campus Safety and Harassment

Sexual coercion, harassment, and campus insecurity have been independently linked to higher depression rates among Nigerian university students (Akinyemi et al., 2025).

Work-Life Blur for Staff

Administrative overload, research deadlines, student crises, and remote work disruptions create a state of chronic cognitive overload among faculty and non-academic staff.

5.2 Nigeria-Specific Systemic Stressors

- ASUU strikes have accumulated over 894 days of disruption cumulatively, creating academic uncertainty and chronic frustration for both students and staff
- Unpaid or irregularly paid salaries — financial stress is the single strongest predictor of burnout in Nigerian university staff (Adejuwon & Olubayo-Fatiregun, 2021)
- Absence of dedicated staff counselling units in most Nigerian universities
- Non-academic staff are systematically overlooked in mental health discourse despite facing similar or greater stressors

SECTION 6: RISK FACTORS FOR STRESS IN THE UNIVERSITY ENVIRONMENT

Risk factors are characteristics or circumstances that increase the probability of developing a stress-related mental health condition. Understanding risk factors enables targeted prevention, directing resources towards the individuals and groups most likely to benefit.

6.1 Individual-Level Risk Factors

Risk Factor	Description / Evidence
Female gender	Women in Nigerian universities report significantly higher rates of stress, depression, and anxiety, reflecting intersecting pressures of gender discrimination, household responsibilities, and career barriers (Adeleke et al., 2025)
Early career / junior status	Junior staff on precarious contracts experience markedly higher psychological distress due to job insecurity and limited institutional power
History of mental health problems	Prior mental illness is the single strongest predictor of future episodes; first-year students and newly appointed staff are particularly vulnerable
Poor coping style	Maladaptive coping — avoidance, emotional suppression, substance use — amplifies the impact of stressors
Low social support	Individuals with weak support networks demonstrate significantly higher stress vulnerability; loneliness is an independent predictor of depression
Financial insecurity	Students from low-income backgrounds and staff experiencing salary delays face a persistent

	stressor that overwhelms all other coping resources
Perfectionism	High personal standards and fear of failure are consistently associated with burnout, stress, and anxiety in university populations
Neurodevelopmental conditions	Undiagnosed ADHD, dyslexia, or autism spectrum disorder create unrecognised additional cognitive burdens
Physical health problems	Chronic illness or poor general health increases stress vulnerability; the relationship is bidirectional
Substance use	Alcohol, cannabis, and stimulants are independent risk factors for anxiety, depression, and psychosis

6.2 Occupational Risk Factors

- High quantitative demands — excessive workload, time pressure, and role overload
- Low job control — limited autonomy over how, when, and where work is performed
- Role ambiguity and role conflict — unclear expectations or conflicting demands from multiple supervisors
- Poor supervisor support — supervisors who are unsupportive, critical, or conflict-avoidant
- Job insecurity — particularly prevalent among contract and adjunct staff
- Workplace bullying and harassment — experienced by an estimated 30–40% of academic staff in sub-Saharan Africa
- Poor physical working conditions — inadequate office space, unreliable power, heat, and noise
- Lack of recognition — investing significant effort without commensurate recognition or advancement

6.3 Institutional Risk Factors

- Absence of formal mental health support services
- Punitive or unsupportive organisational culture that stigmatises mental health disclosure
- Poorly managed change — restructurings, budget cuts, and leadership transitions
- Discriminatory practices in promotion and opportunity
- Inadequate OSH infrastructure — failure to assess and manage psychosocial hazards
- Weak student welfare systems — inadequate orientation, pastoral support, and academic counselling

6.4 Societal and Environmental Risk Factors

- Economic instability — national inflation, currency devaluation, and cost-of-living pressures
- Political uncertainty — ASUU strikes, government budget cuts, and education policy instability
- Social media — increases social comparison, cyberbullying, and unrealistic expectations
- Gambling and betting culture — proliferating platforms targeting students create financial strain and addiction
- Cultural norms — stigmatisation and spiritualisation of mental illness delays help-seeking
- Post-COVID-19 effects — disrupted learning, social isolation, and financial loss continue to affect university populations

Note: Every risk factor has a corresponding protective factor. High social support, financial stability, access to professional help, positive organisational culture, regular exercise, adequate sleep, and strong coping skills all significantly buffer the mental health impact of stressors.

SECTION 7: IMPACT OF MENTAL HEALTH CHALLENGES

7.1 The Vicious Cycle

Mental health challenges in the university context create self-reinforcing cycles. Academic pressure generates stress and financial anxiety; these trigger burnout and poor performance; poor performance amplifies fear of failure and stigma; stigma prevents help-seeking; untreated distress worsens, and the cycle intensifies. Breaking this cycle requires simultaneous intervention at every node.

7.2 Impact on University Workers

On Individual Workers:

- Reduced job satisfaction and diminished sense of professional fulfilment
- Physical health deterioration — sleep disorders, hypertension, cardiovascular risk, and immune suppression
- Presenteeism — physical attendance with significant cognitive and emotional disengagement
- Absenteeism — increasing frequency of unplanned sick leave
- Increased risk of substance use or severe mental disorders
- In extreme cases, suicidal ideation — rare but documented in high-stress academic environments

On Productivity and Institutional Performance:

- Lower teaching and research quality — burnout produces less engaged teaching and fewer publications
- Higher staff turnover — particularly among junior and non-academic staff on precarious contracts
- Strained workplace relations — reducing collaboration, innovation, and institutional cohesion

- Economic cost — globally, poor mental health costs billions in lost productivity
- Ripple effect on students — stressed staff provide less support, creating cascading deterioration of the student experience

7.3 Impact on Students

- Lower academic performance — mental health challenges are among the strongest predictors of academic underachievement
- Higher dropout rates — students experiencing depression or chronic anxiety are significantly more likely to withdraw
- Delayed graduation — mental health difficulties extend time-to-completion
- Reduced innovation — a generation of students under chronic stress produces less creative output
- Lost economic potential — untreated depression and anxiety among the youth cohort represents a quantifiable national economic loss

SECTION 8: REMEDIES — A MULTI-LEVEL INTERVENTION FRAMEWORK

Effective response to the mental health crisis in Nigerian universities requires simultaneous, coordinated action across five levels — individual, departmental, university, government, and global — guided by principles of equity, cultural humility, data-driven practice, and sustainability.

8.1 Government and Policymakers

- Increase dedicated funding for campus mental health infrastructure
- Prioritise digital therapy through NGOs and helplines — evidence confirms these are effective in low-resource settings
- Enforce financial literacy programmes and regulate gambling platforms
- Address structural drivers — resolve the systemic salary delays and ASUU strike cycles
- Mandate dedicated mental health units in all accredited universities

8.2 Community and Society

- Reduce stigma through sustained public advocacy and community education
- 81.6% of Nigerian women use traditional medicine for health management (Li et al., 2020) — integrate it thoughtfully alongside modern care
- Encourage help-seeking; attitudes towards mental health improve significantly with education
- For men — digital support channels and anonymous helplines eliminate cultural barriers to disclosure

- Train community gatekeepers — lecturers, hostel wardens, student union leaders — to recognise and respond to mental health crises

8.3 Individual Level — Students

Emotional Tools:

- Start a 'feelings diary' — replace self-shame with lessons learned
- Practice mindfulness meditation — 10 minutes per day reduces amygdala activity over 8 weeks
- Talking heals — vulnerability is strength; webinars on mental health and masculinity demonstrate that men benefit most from breaking silence

Practical Support:

- Seek help early — the 'Sane' app, designed for Nigerian students, offers affordable therapy and support
- Build peer support networks — in-person connection is the strongest predictor of stress resilience
- Practice box breathing (4-4-4-4) before examinations or stressful encounters
- A 20-minute daily walk in green space lowers cortisol by approximately 20%

Academic Wellbeing:

- Protect 1–2 hours daily for personal time — time-blocking reduces the number-one preventable stressor
- Practise worry postponement — schedule 15 minutes per day to worry; write and defer worries outside that window
- Note three things you are grateful for each night — reduces depression and anxiety symptoms by approximately 25% in trials
- Limit caffeine after 2pm and reduce alcohol — both raise cortisol levels the following day

8.4 Individual Level — Staff

i. Continuous Professional Development (CPD):

Every staff member must assume personal responsibility for their professional development. CPD is not solely the university's obligation — it is a personal investment. Opportunities for advancement exist at every level, but only individuals who have prepared themselves ahead of time will be positioned to benefit. The history of Nigerian federal universities is replete with examples of individuals who rose to become Vice-Chancellors, Registrars, Bursars, and Council Chairpersons, in other universities, because they prepared well in advance, and applied when such vacancies are declared.

ii. Continuous SWOT Analysis:

Staff must cultivate the discipline of regularly reassessing their professional situation — Strengths, Weaknesses, Opportunities, and Threats — and making timely, informed adjustments. Also, they must moderate expectations within the constraints of what is locally attainable while casting ambitions as wide as possible within those boundaries. Examples abound of serving members of FUT Minna have served as Vice-Chancellors, Chairmen and members of Councils, Registrars, and Bursars in Universities leveraging their experiences from FUT Minna.

iii. Embrace Entrepreneurship:

Entrepreneurship — the identification and pursuit of opportunities to create value through innovation, risk-taking, and resource organisation — is not merely a career option for university staff. In the Nigerian context, it is a mental health strategy. For a full discussion, see Section 9.

8.5 University Level

- Establish an Occupational Health and Safety (OSH) Department in the University

- Establish dedicated mental health units — properly resourced, staffed, and accessible
- Implement multi-dimensional support: peer mentoring, mental health scholarships, staff training, and curriculum integration
- Promote awareness through sustained institutional campaigns
- Address grading rigour and institutional culture to reduce systemic stress
- Leverage cooperative societies and financial wellness programmes to reduce financial anxiety

8.6 Leveraging Cooperative Societies to Protect Mental Health

Financial stress is among the strongest predictors of mental health deterioration among university workers. University cooperative societies — such as Al-Halal, Golden Trust, and FUTMinna Multi-Purpose Cooperative Societies — offer soft loans at 5–10% per annum with flexible repayment. When staff can access credit quickly in times of need, financial distress is reduced and mental well-being is protected.

Recommendations:

1. Increase loan ceilings and reduce bureaucratic barriers to emergency credit
2. Introduce dedicated 'mental health loans' or zero-interest crisis funds
3. Mandate financial literacy and cooperative membership orientation for all new staff
4. Partner with the university clinic to screen for financial stress during routine medical examinations

SECTION 9: ENTREPRENEURSHIP AS A MENTAL HEALTH STRATEGY

Entrepreneurship — the process of identifying, creating, and pursuing opportunities to develop new products, services, or businesses through innovation, risk-taking, and vision — has been increasingly recognised as a powerful buffer against the psychological strain of financial uncertainty and institutional dependence. In the Nigerian university context, where salary delays, ASUU strikes, and economic instability create chronic financial anxiety, entrepreneurship is a mental health strategy.

9.1 Why Entrepreneurship Protects Mental Health

- Reduces financial anxiety — the single strongest predictor of burnout and depression in Nigerian university workers
- Provides purpose and autonomy — the antidotes to helplessness and institutional frustration
- Builds social capital and peer networks — the strongest predictor of stress resilience
- Boosts self-efficacy — the belief that one's efforts can change outcomes, a core buffer against depression
- Diversifies income streams — reducing vulnerability to salary delays, strikes, and economic shocks

9.2 The Evidence

- Financial stress is the strongest predictor of mental illness among Nigerian university staff (Adeleke et al., 2025)
- Self-employed individuals report higher eudaimonic well-being — meaning, growth, and contribution (WHO, 2023)
- ASUU strikes have accumulated 894+ days cumulatively — income diversification is not optional; it is a survival strategy
- Entrepreneurship fosters 'flow states' — periods of deep engagement that displace rumination and anxiety

- University cooperative societies already offer 5–10% p.a. soft loans — a ready platform for entrepreneurial ventures

9.3 Key Attributes of the Entrepreneurial Mindset

- Innovation — identifying and developing new ideas that meet market needs
- Risk-taking — accepting calculated uncertainty as the price of opportunity
- Vision — maintaining a clear and motivating sense of direction
- Problem-solving — reframing challenges as opportunities for creative response
- Adaptability — pivoting strategies in response to changing conditions

9.4 Entrepreneurship Opportunities for University Staff

Category	Opportunity	Description
Academic	Consulting & Training	Offer professional consulting, training workshops, and expert services to government, NGOs, hospitals, and corporates
Digital	Digital Content & EdTech	Online courses, YouTube channels, e-books, or podcasts on Udemy, Coursera, and Teachable
Agriculture	Agribusiness & Food	Cooperative farming, poultry, fish farming, or food processing — fundable through cooperative credit
Healthcare	Clinical Services	Medical, nursing, and allied health staff can operate private clinics, pharmacies, or telemedicine services
Property	Real Estate & Rentals	Student housing or short-let apartments near campus

Research	Grant Writing & Consultancy	Policy briefs, grant applications, and development reports for TETFund, PTDF, WHO, USAID, and World Bank

9.5 Entrepreneurship Opportunities for Students

- Freelance digital services — graphics design, coding, copywriting, and video editing on Fiverr, Upwork, and Toptal
- Campus-based micro-businesses — food vending, laundry, phone repairs, and logistics
- Peer tutoring and academic coaching — scalable into tutorial centres
- Fashion, beauty, and personal care businesses — high campus demand, low startup costs
- Tech and innovation — app development, AI tools, and digital solutions to local problems

9.6 The Five-Step Entrepreneurial Starter Roadmap

5. IDENTIFY YOUR ASSET — What skill or knowledge do you possess that others will pay for?
6. START SMALL, START NOW — One client, one product, one service. Prove the concept before significant investment.
7. ACCESS COOPERATIVE CREDIT — Use university cooperative soft loans at 5–10% p.a. as startup capital.
8. BUILD YOUR NETWORK — Join professional associations, seek mentors, connect with the Tony Elumelu Foundation.
9. PROTECT YOUR TIME AND WELLBEING — Entrepreneurship should reduce stress, not create new sources of it. Set boundaries.

SECTION 10: OCCUPATIONAL SAFETY AND HEALTH (OSH) AND MENTAL HEALTH

A safe workplace is a mentally healthy workplace. The relationship between Occupational Safety and Health (OSH) and mental well-being is direct, bidirectional, and extensively documented. In Nigerian universities, OSH is typically narrowly conceived as physical safety — fire exits, laboratory protocols, and accident prevention — rather than a comprehensive framework that includes psychosocial, biological, organisational, and chemical hazards that drive workplace mental health deterioration.

Under ISO 45001:2018 and ILO Convention 155, psychosocial hazards are explicitly included within the scope of OSH management systems. Nigerian universities are therefore obligated — legally and ethically — to assess and manage these hazards as part of their institutional health and safety responsibilities.

10.1 The Five OSH Hazard Categories — All Harm Mental Health

Hazard Category	Nature of the Hazard	Mental Health Impact
Psychosocial	Excessive workload, role ambiguity, harassment, bullying, job insecurity	MOST directly linked to anxiety, depression, and burnout
Physical	Noise, poor lighting, extreme heat, ergonomic strain, radiation	Depletes psychological reserves; causes irritability and concentration impairment
Biological	Infection risk, inadequate PPE for lab, clinical, and cleaning staff	Creates chronic fear and hypervigilance — a form of persistent low-grade anxiety

Chemical	Laboratory chemicals, cleaning agents, solvents, fumes	Impairs cognition, elevates cortisol, associated with depression and substance use
Organisational	Poor governance, no incident reporting, lack of worker participation	Breeds helplessness, disengagement, and injustice stress — core drivers of burnout

Every unaddressed OSH hazard is an untreated mental health risk.

10.2 What Good OSH Practice Delivers for Mental Health

- Psychological safety — staff can report concerns and seek help without fear of reprisal
- Workload management — risk assessments that include workload reviews reduce burnout
- Physical environment quality — adequate lighting, ventilation, and ergonomic workstations reduce fatigue
- Anti-harassment frameworks — policies protecting against workplace violence and bullying
- Employee health surveillance — routine screenings create early detection opportunities

10.3 Practical OSH Interventions for Nigerian Universities

Institutional Level:

- Establish a functional Joint Health and Safety Committee with student and staff representation
- Conduct annual hazard assessments across all five hazard categories in every department and hostel
- Implement a zero-tolerance policy on workplace harassment, sexual misconduct, and bullying

- Formally adopt NEBOSH or ISO 45001 as the institutional OSH management framework

Departmental Level:

- Conduct termly workload reviews — no academic should carry an unsustainable load without redress
- Ensure functional lighting, ventilation, and ergonomic seating in all offices and lecture rooms
- Enforce PPE compliance for laboratory, clinical, and technical staff
- Schedule formal rest breaks — sustained uninterrupted cognitive demand is classified as an OSH risk under ILO frameworks

Individual Level:

- Know your OSH rights — the Factories Act (Nigeria) and ILO Convention 155 entitle every worker to a safe workplace
- Report hazards early — every unreported near-miss is a risk deferred, not removed
- Pursue NEBOSH IGC or ISPON certification — OSH knowledge is personally protective and professionally marketable
- Use occupational health services — annual screenings and stress assessments are your first line of defence

SECTION 11: DAILY HABITS THAT LOWER STRESS HORMONES

11.1 The Neuroscience of Stress Management

Cortisol — the primary stress hormone — follows a natural diurnal rhythm: highest at waking, declining through the day, lowest at night. Chronic stress disrupts this rhythm, maintaining cortisol at abnormally elevated levels. The habits below are evidence-based interventions that restore healthy cortisol rhythm, reverse structural brain changes caused by chronic stress, and build neurological resilience.

11.2 The Stressed Brain vs. The Healthy Brain

Under Chronic Stress	With Evidence-Based Habits
Amygdala grows larger (fear response overactive)	Amygdala normalises (reduced anxiety reactivity)
Prefrontal cortex shrinks (decision-making impaired)	Prefrontal cortex thickens (8 weeks of meditation)
Cortisol chronically elevated (kills hippocampal neurons)	Cortisol drops 20–30% (aerobic exercise, morning sunlight)
BDNF drops — brain loses plasticity	BDNF rises — new neurons grow, memory improves

11.3 Recommended Daily Habits

#	Strategy	How It Works	How to Start	Frequency
1	Exercise (aerobic)	Reduces cortisol 20–30%; boosts BDNF; improves mood faster	20–30 min walk, run, cycling, or HIIT	Daily

		than antidepressants in many studies		
2	Sleep 7–9 hours	Most powerful cortisol regulator; one poor night raises stress hormones 50%+	Fixed bedtime; no screens 1 hour before bed	Nightly
3	Morning sunlight	Resets circadian rhythm; increases serotonin; lowers evening cortisol	10–30 min outside within 1 hour of waking	Daily
4	Breathwork	Double inhale through nose + long exhale activates parasympathetic system in under 2 minutes	3–5 cycles when stressed (Huberman protocol)	Anytime
5	Meditation / Mindfulness	Reduces amygdala size; thickens prefrontal cortex over 8 weeks	10 min/day — Headspace, Waking Up, or free apps	Daily
6	Gratitude practice	Reduces depression and anxiety symptoms by approximately 25% in trials	Write 3 things you are grateful for each night	Nightly

11.4 Quick Stress-Reset Techniques

#	Technique	Instructions	Duration	Best For
1	Physiological sigh	Inhale twice through nose, long exhale through mouth (repeat 3–5 times)	1 minute	Sudden anxiety or panic

2	Box breathing	Inhale 4s, hold 4s, exhale 4s, hold 4s	4 minutes	Before meetings or sleep
3	3-Minute body scan	Scan from toes to head, consciously relaxing each muscle group	3 minutes	Racing thoughts
4	Cold exposure	Cold water on face or 2–3 minutes cold shower	30–180 seconds	Immediate cortisol drop

11.5 Evidence-Based Nutrition for Mental Health

#	Supplement/Food	Effect	Recommended Approach
1	Omega-3 (EPA + DHA)	Comparable to antidepressants in some studies	2–3g/day high-EPA formula
2	Magnesium (glycinate/threonate)	Calms nervous system; improves sleep quality	300–400mg in the evening
3	L-Theanine + caffeine	Smooth focus without jitters	200mg theanine + 100mg caffeine (morning only)
4	Ashwagandha (KSM-66), A source of Magnesium (*Moringa and Bitter cola are equall local substitutes*)	Reduces cortisol 15–30% over 8 weeks	300–600mg/day

Important: Limit caffeine after 2pm and reduce alcohol — both substances raise cortisol levels the following day and significantly disrupt sleep architecture.

11.6 Social and Environmental Habits

- Weekly in-person social connection — stronger predictor of resilience than video or text contact
- Nature time — 20 minutes in green space lowers cortisol by approximately 20%
- Digital minimalism — phone away during deep work and the first and last hour of the day

11.7 Cognitive and Behavioural Tools

#	Technique	Instructions
1	Cognitive reframing	Ask 'Is this a real threat or just discomfort?' Most daily stressors are discomfort, not danger
2	Time-blocking and saying no	Chronic overload is the #1 preventable stressor. Protect 1–2 hours daily for yourself
3	Worry postponement	Schedule 15 min/day to worry. Outside that window, write worries down and postpone them
4	Gratitude practice	Write 3 things you are grateful for every night; reduces depression and anxiety by ~25% in trials

SECTION 12: WHEN TO SEEK PROFESSIONAL HELP

Self-management strategies are powerful, but they have limits. When stress crosses the threshold into clinical disorder, professional intervention is essential. Seek professional help if you experience:

- Stress lasting more than 4–6 weeks despite lifestyle modification
- Panic attacks, constant dread, or persistent hopelessness
- Burnout — emotional exhaustion + cynicism + feeling ineffective
- Physical symptoms of stress that do not resolve: persistent hypertension, sleep disorder, appetite changes
- Thoughts of self-harm or suicidal ideation — seek immediate support
- Inability to perform normal work, study, or daily tasks

12.1 Help Options Available in Nigeria (2025)

- Cognitive Behavioural Therapy (CBT) and Acceptance and Commitment Therapy (ACT) — available through digital platforms at affordable rates
- Sane app — designed for Nigerian students; affordable, confidential, remote therapy
- University Clinic or Health Centre — first port of call; a physician can assess and refer
- Medication — SSRIs and beta-blockers for acute anxiety, where clinically indicated
- Cooperative emergency funds — request financial support to relieve acute financial distress

12.2 One-Week Starter Plan

Days 1–7:

- Morning: 10 min sunlight + physiological sigh
- Midday: 20 min walk
- Evening: No screens 1 hour before bed + 300mg magnesium
- Night: Write 3 things you are grateful for

Most people notice a measurable improvement within 7–14 days of consistent implementation. Stress is manageable — start with one small change today and build from there.

SECTION 13: EXECUTIVE SUMMARY — KEY FINDINGS AND CALL TO ACTION

01 The Crisis is Real and Urgent

76.83% of students and 40–70% of staff are already affected. This is not a future concern — it is a present emergency inside every lecture hall and staffroom in Nigeria. The suicide of an OAU student in August 2025 must be the last time we express shock and move on without systemic change.

02 Systemic Causes Require Systemic Remedies

Financial instability, ASUU strikes, inadequate infrastructure, and absent counselling units are structural drivers. Individual resilience strategies, while valuable, cannot substitute for institutional and policy reform. Responsibility lies with universities, government, and society — not with the individuals who are suffering.

03 A Multi-Level Framework is the Only Adequate Response

Effective intervention requires simultaneous action at five levels: individual self-care, departmental workload reform, university-level mental health services, government policy and funding, and global governance alignment with SDG 3. Any approach that operates at only one level will achieve only partial results.

04 OSH Compliance is Mental Health Policy

Every unaddressed occupational hazard — psychosocial, physical, biological, organisational, or chemical — is an untreated mental health risk. Safe workplaces are mentally healthy workplaces. Universities that fail to implement formal OSH management systems are in breach of their duty of care.

05 Entrepreneurship is a Strategic Mental Health Tool

Income diversification through entrepreneurship reduces the financial anxiety that is the single strongest predictor of burnout and depression in Nigerian universities. It builds autonomy, purpose, social capital, and economic resilience simultaneously — serving mental health outcomes while contributing to national economic development.

SECTION 14: CONCLUSION

Mental health challenges in Nigerian universities are no longer a peripheral welfare concern. They are a central institutional, policy, and economic issue — one that directly determines the quality of teaching and research, the trajectory of student achievement, and the long-term human capital capacity of the Nigerian nation.

We have documented the scale of the crisis. We have identified the early signs and symptoms that enable timely intervention. We have mapped the risk factors that place certain individuals at disproportionate vulnerability. We have proposed a multi-level, evidence-based framework encompassing government policy reform, institutional transformation, OSH compliance, entrepreneurship as a protective strategy, and practical neuroscience-based tools for individual resilience.

What remains is the will to act. The evidence is not in dispute. The interventions are known. The resources — cooperative credit, digital platforms, existing health infrastructure, and the considerable expertise within our university communities — are available. What is required is collective commitment: from students, to seek help and support one another; from universities, to build the support infrastructure that staff and students deserve; from government, to fund and mandate the changes that the data demands; and from society, to end the stigma that keeps so many suffering in silence.

When we stop comparing ourselves to others and focus on our own growth, we free ourselves from unnecessary pressure. True success is not measured by how far ahead someone else is, but by how far we have come from where we started. Let us learn to genuinely celebrate others' progress — it does not diminish ours. It opens doors for us all.

"Focus on your journey, celebrate your wins, and cheer for others along the way. In the end, we all rise higher together."

Thank you for your attention.

PERSONAL COMMITMENT TO PROTECTING MENTAL HEALTH

FEDERAL UNIVERSITY OF TECHNOLOGY MINNA

STAFF MENTAL HEALTH PERSONAL COMMITMENT CHARTER

A Personal Pledge to Protect, Sustain, and Champion Mental Wellbeing

PREAMBLE

I recognise that my mental health is not a private matter peripheral to my professional role — it is foundational to it. As a member of staff at the Federal University of Technology Minna, I am entrusted with the education, health, and development of students, the stewardship of institutional resources, and the advancement of knowledge. I cannot discharge these responsibilities with excellence, integrity, or compassion if I am mentally depleted, chronically stressed, or psychologically unwell.

The World Health Organization defines mental health not as the mere absence of disorder but as a state of wellbeing in which an individual realises their own potential, copes with the normal stresses of life, works productively, and contributes to their community. I commit to pursuing this standard — not as a destination but as a daily practice, grounded in evidence, sustained by discipline, and held accountable through this charter.

I further acknowledge that my mental wellbeing is inseparable from the wellbeing of colleagues around me. A university staff community in which individuals protect their own mental health becomes, collectively, a psychologically safe institution — one capable of nurturing student resilience, withstanding institutional stress, and fulfilling its obligations to society. This commitment is therefore both personal and institutional in its significance.

THE SEVEN PILLARS OF MY MENTAL HEALTH COMMITMENT

I. Physical Activity and Cortisol Regulation

I commit to engaging in at least 150 minutes of moderate-intensity physical activity per week, prioritising the late morning or early afternoon window (9 am–4 pm) when cortisol dynamics optimally support both physical performance and neuroplasticity. I understand that regular exercise upregulates Brain-Derived Neurotrophic Factor (BDNF), supports hippocampal health, and is among the most powerful evidence-based interventions for the prevention and management of depression and anxiety.

V. Boundaries, Workload, and Recovery

I commit to establishing and maintaining healthy boundaries around my working hours, digital availability, and professional obligations. I recognise that chronic overwork depletes cognitive reserves, suppresses BDNF, elevates baseline cortisol, and ultimately compromises the quality of work it purports to serve. I will take my entitled leave, disconnect during rest periods, and advocate for workload structures that are sustainable for myself and my colleagues.

II. Sleep Hygiene and Circadian Discipline

I commit to protecting 7–9 hours of quality sleep per night, recognising that sleep is when cortisol reaches its nadir, BDNF synthesis peaks, memory consolidates, and emotional regulation is restored. I will avoid high-intensity exercise, heavy meals, and screen exposure within two hours of bedtime, and I will treat chronic sleep deprivation not as a badge of dedication but as an occupational health hazard.

III. Stress Awareness and HPA Axis Management

I commit to recognising the early signs of chronic stress — including persistent fatigue, cognitive dulling, emotional reactivity, and somatic complaints — as signals from my hypothalamic-pituitary-adrenal axis that my cortisol regulation is under strain. I will not normalise chronic stress as an inevitable cost of academic or administrative work, and I will act early when these signals arise, rather than waiting for crisis.

VI. Social Connection and Collegial Support

I commit to investing in authentic professional relationships within my department and institution, understanding that social connection is a primary buffer against occupational stress. I will not allow institutional hierarchies, departmental competition, or professional isolation to erode the collegial bonds that constitute the human infrastructure of a healthy workplace. I will also actively model supportive behaviour toward colleagues who show signs of distress.

VII. Advocacy for a Mentally Healthy Institution

I commit to advocating — through my voice, conduct, and leadership — for a university environment in which mental health is prioritised at the institutional level: through humane workload policies, accessible staff support services, psychologically safe management practices, and a culture in which distress is met with care rather than

IV. Help-Seeking Without Stigma

I commit to seeking professional psychological support when I need it — from the University's counselling services, occupational health, or appropriate clinical referral — without shame, delay, or self-judgment. I recognise that help-seeking is a sign of self-awareness and professional maturity, not weakness. I will not allow cultural norms that pathologise emotional vulnerability to prevent me from accessing care that I would readily recommend to a student or colleague.

judgment. I recognise that individual commitment, without systemic change, is insufficient; both are necessary.

VIII. Nutrition, Lifestyle, and Neurobiological Self-Care

I commit to nourishing my neurobiological health through adequate nutrition, hydration, reduced substance use, and mindful management of stimulant intake (including caffeine), recognising that these factors directly influence cortisol rhythms, mood regulation, and cognitive performance. I will approach my lifestyle as a form of occupational self-investment rather than an indulgence.

MY PERSONAL 90-DAY ACTION PLAN

I translate this commitment into concrete, time-bound actions below. I will review my progress at 30, 60, and 90 days.

Action Area	Specific Commitment	Timeline	Progress
Physical Activity	Schedule 3 exercise sessions per week in late morning or early afternoon	Week 1	

Action Area	Specific Commitment	Timeline	Progress
Sleep	Set a consistent 10:30 pm bedtime; no screens after 9:30 pm	Week 1	
Stress Monitoring	Complete the Perceived Stress Scale monthly; record results	Monthly	
Professional Support	Identify and register with a GP or counsellor for routine check-in	Month 1	
Workload Boundaries	Establish email non-availability hours (after 8 pm and weekends)	Week 2	
Nutrition	Reduce caffeinated beverages to ≤2 daily; increase water intake	Week 1	
Advocacy	Raise one mental health agenda item at next departmental meeting	Month 2	
Social Connection	Schedule a collegial lunch or informal check-in with a peer monthly	Monthly	

PERSONAL DECLARATION

I, the undersigned, make this commitment freely and in full recognition of its professional, personal, and institutional significance. I understand that protecting my mental health is not an act of self-indulgence — it is an act of professional responsibility, institutional citizenship, and care for those I serve. I commit to honouring the spirit and substance of this charter, reviewing it regularly, and holding myself accountable to the standards I have set.

I further acknowledge that this charter does not stand in isolation. It is embedded within the broader mental health governance framework of the Federal University of Technology Minna, aligned with the WHO Comprehensive Mental Health Action Plan 2013–2030, informed by the

principles of Universal Health Coverage, and grounded in evidence from neuroscience, occupational health, and global health security scholarship.

Full Name (Print)	Signature	Date

Department / Unit	Line Manager / Supervisor (Witness)

REVIEW SCHEDULE

Review Point	Focus	Date Completed	Notes / Adjustments
30-Day	Action plan progress check		
60-Day	Action plan progress check		
90-Day	Action plan progress check		
Annual	Action plan progress check		

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This charter is a voluntary personal commitment document. It does not replace clinical assessment, occupational health evaluation, or formal employment obligations. Staff experiencing a mental health crisis should contact the University Health Centre, a qualified clinician, or in emergencies, the nearest emergency medical facility.

PROFIE OF THE PRESENTER

Dr. Taofeek Adegoke Uthman is a public health physician, healthcare administrator, and academic with extensive experience at the intersection of clinical medicine, health systems management, and institutional leadership.

He holds a Bachelor of Medicine and Bachelor of Surgery (MBBS), a Master of Public Health (MPH), a Doctor of Business Administration in Healthcare Management (DBA), a Master of Business Administration in Human Resource Management (MBA-HRM), a Master of Technology (M.Tech), and the NEBOSH International General Certificate in Occupational Health and Safety — a credentials profile that reflects his commitment to both clinical excellence and health systems governance.

Dr. Uthman currently serves in dual capacity at Baze University, Abuja, as a **Lecturer in the Departments of Community Medicine and Public Health** and as **Chief Medical Officer and Director of Administration at Baze University Hospital (BUH)**. In his academic role, he engages undergraduate medical students on critical themes in health systems, planning, and administration, while on the hospital side he oversees clinical operations, policy development, and institutional governance.

His professional interests span health promotion, occupational health, health policy, and the social determinants of health. He holds a particular interest in **mental health within tertiary educational settings**, recognising the growing burden of psychological distress, anxiety, burnout, and depression among Nigerian university students

— conditions he observes not only in the literature but at the frontline of a busy university hospital. He is a strong advocate for integrating structured mental health services into university health systems and for reducing the stigma that continues to prevent students from seeking care.

He is a proud member of the Nigerian Medical Association(NMA), a chartered member of the Nigerian Institute of Management (NIM), and a fellow of the Institute of Management Consultant (IMC).

He brings to this presentation not only academic insight but lived institutional experience of the pressures facing both students and professionals within Nigeria's university health ecosystem.

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