

## **Regional Variations in Quality of Life and Social Support Among Nigerian Undergraduates: A Cross-Zonal Analysis**

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**Annotation** *Quality of life (QoL) and perceived social support are core indicators of students' functioning in higher education, yet little is known about how these constructs differ across Nigeria's geopolitical zones. Drawing on survey responses from 4,930 undergraduates in private and public universities across the South-East, South-West and North-Central zones, this paper examines regional patterns in QoL and social support and considers their implications for student mental health. A cross-sectional design was used. Structured questionnaires were administered, incorporating the 16-item World Health Organization Quality of Life (WHOQoL) scale and the Multidimensional Scale of Perceived Social Support (MSPSS). Descriptive statistics and cross-tabulations were used to map regional differences, while one-way ANOVA tested institutional variations in QoL and social support across three private universities in the South-West and South-East (reported anonymously for confidentiality). Low QoL was especially common in the South-West (56.4 %) and South-East (46.3 %), while the North-Central zone recorded lower proportions of low QoL (32.5 %) but the highest proportion of high QoL (49.3 %). High social support was most frequent in the South-East (60.7 %), moderate in the South-West (48.2 %) and lowest in the North-Central zone (32.5 %). At institutional level, the private university in the South-East showed slightly higher mean QoL than its peers in the South-West. These regional and institutional patterns suggest that regional context and campus social environments shape students' QoL and support networks, with important implications for mental-health-oriented planning of higher education in Nigeria.*

**Key words:** *Regional Variations, Quality of Life, Social Support, Nigerian Undergraduates*

### **Introduction**

#### **Quality of life, social support and regional context in higher education**

Across global higher education systems, undergraduates face rising academic pressure, financial strain and social disruption, all of which can undermine their quality of life (QoL). Recent meta-analyses show that a substantial proportion of university students worldwide report poor or impaired QoL, with elevated emotional distress and functional impairment [1][2]. In many settings, the COVID-19 pandemic intensified these pressures by disrupting teaching, reducing income and fragmenting social networks [3][4].

Perceived social support is consistently identified as a key resource that buffers the impact of stress and enhances QoL among students. Systematic reviews and large multi-country surveys

indicate that support from family, peers and significant others predicts better life satisfaction, more positive appraisal of academic experiences and lower emotional distress [5][6]. Social support also appears to moderate the association between stressors and mental health symptoms, suggesting that students with strong networks cope more effectively with academic and financial strain [1][4].

The World Health Organization's recent World Mental Health Report emphasises that student populations represent a critical group in which structural and social determinants of mental health, including learning environment, community cohesion and socioeconomic context, interact to shape life chances [7]. These determinants are not evenly distributed: within many countries, regional disparities in infrastructure, economic development and educational resources can translate into significant differences in students' living conditions and support systems.

## **Evidence from International and Nigerian Studies**

International research has documented substantial cross-national and intra-national variation in students' QoL and social support. Studies from Europe, Asia and North America report that students in more affluent or better-resourced regions often have higher QoL scores, better campus facilities and more access to counselling and welfare services [2][6]. Conversely, students in regions with weaker infrastructure or higher social inequality tend to report poorer QoL, greater loneliness and weaker perceived support [5][1].

Within Africa, evidence is gradually emerging. Nigerian studies have found that undergraduates frequently report moderate QoL alongside significant stressors such as financial hardship, accommodation problems and limited formal mental health services [8][9]. Perceived social support from family and friends has been associated with better self-rated health and lower emotional problems among Nigerian students, while low support is linked with higher risk of distress and other adverse mental health indicators [10][8]. However, most existing Nigerian work has been single-institution or single-region, providing limited insight into cross-zonal patterns.

Parallel research on knowledge and utilisation of mental health services among undergraduates in Lagos suggests that many students still rely primarily on informal networks rather than formal counselling, and that regional availability of services shapes help-seeking patterns [11][9]. In addition, broader analyses of regional inequality in Nigeria highlight persistent disparities in economic development, infrastructure and social services across the South-East, South-West and North-Central zones [12]. These structural inequalities are likely to filter down into university environments through differences in campus facilities, community safety, transport, housing and access to health and welfare services.

## **Conceptual Focus on Regions**

In this context, understanding regional variations in QoL and social support among Nigerian undergraduates is both empirically and practically important. QoL is conceptualised here as students' overall appraisal of their position in life in relation to their goals, expectations and standards, considering both academic and non-academic domains [2]. Social support is understood as the perceived availability of emotional, informational and practical assistance from family, friends and significant others [5][10].

The focus on regions is justified by several considerations. First, geopolitical zones differ markedly in levels of urbanisation, economic opportunities, security conditions and public investment, which may shape both students' living environments and the composition of their social networks [12]. Second, private universities have proliferated unevenly across zones, with some states hosting multiple "gated" campuses characterised by strong internal communities and intensive

pastoral care, while others offer more open, commuter-type institutions. These differences may influence the quality and density of support networks available to undergraduates.

Third, preventive mental health planning increasingly emphasises the need for disaggregated data that reveal how risks and resources cluster within particular regions and institutions, so that interventions can be targeted where they are most needed [7][1].

## Aim and Objectives

To investigate regional variations in quality of life and perceived social support among Nigerian undergraduates across the South-East, South-West and North-Central zones, and to consider the implications of these patterns for student mental health.

The specific objectives are:

1. To describe the socio-demographic profile of the undergraduate sample across the three geopolitical zones.
2. To examine regional differences in the distribution of low, intermediate and high QoL and perceived social support.
3. To assess institutional differences in mean QoL and perceived social support between three private universities located in the South-West and South-East.
4. To discuss how observed regional and institutional patterns may inform regionally tailored strategies for supporting undergraduates' mental health.

## Method

### Research Design and Data Source

The study employed a cross-sectional survey design using survey data. A structured questionnaire incorporating the World Health Organization Quality of Life (WHOQoL) scale, the Multidimensional Scale of Perceived Social Support (MSPSS) and socio-demographic items was administered to undergraduates in multiple universities located in the South-East, South-West and North-Central geopolitical zones of Nigeria.

### Participants and Setting

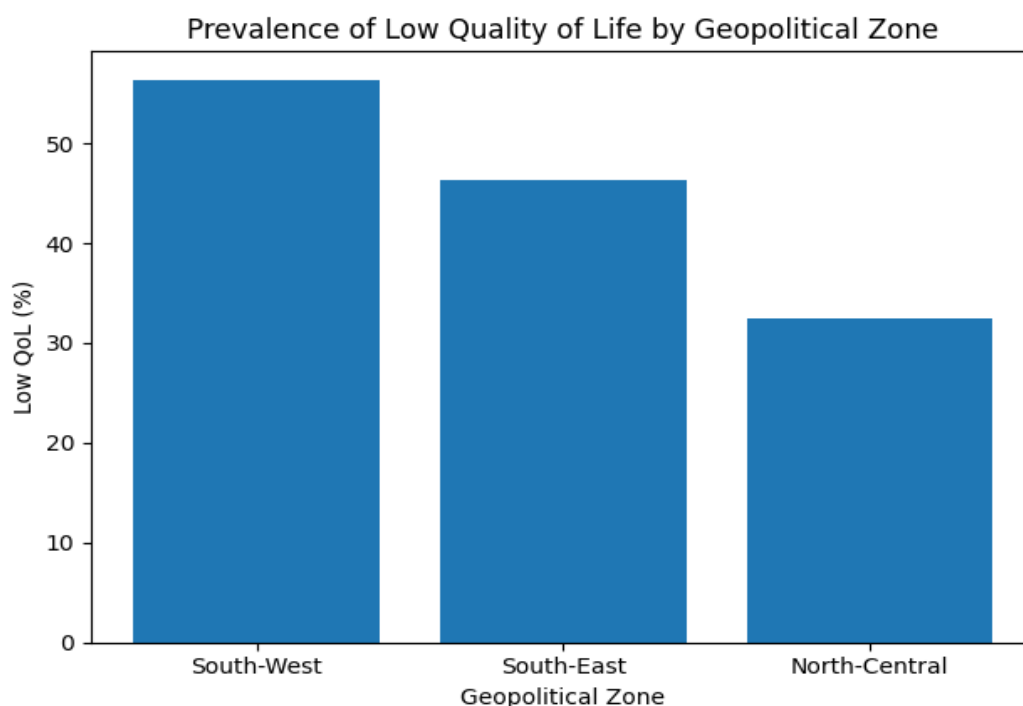
A total of 4,930 undergraduates completed the questionnaire. Students were drawn from universities across these zones, including both public institutions and three private universities that formed the focus of the institutional-level comparisons: two located in Ogun State in the South-West zone and one located in Anambra State in the South-East zone. Table 1 summarises the socio-demographic characteristics of the sample.

**Table 1: Socio-demographic characteristics of the sample (N = 4,930)**

Variable	Category	Frequency	Percentage (%)
Age group (years)	15–19	1,621	32.9
	20–24	3,175	64.5
	25–29	134	2.7
Sex	Male	1,812	36.7

	Female	3,118	63.3
<b>Marital status</b>	Single	4,148	84.1
	Married	138	2.8
	Other	651	13.2
<b>Religion</b>	Christianity	4,430	89.9
	Islam	287	5.8
	Other	210	4.3
<b>Geopolitical zone of institution</b>	South-West	2,827	57.4
	South-East	1,357	27.6
	North-Central	746	15.1

The sample was predominantly female (63.3 %), single (84.1 %) and within the 20–24 age bracket, mirroring the typical age structure of Nigerian undergraduate populations and comparable with other recent studies [8][11]. The majority of respondents were studying in South-West institutions, with substantial representation from the South-East and North-Central zones



**Figure 1: Prevalence of Low Quality of Life by Geopolitical Zone**

### Measures

**Quality of life (QoL):** QoL was assessed with the 16-item Quality of Life Scale developed by Carol and Kathryn [13]. The instrument asks respondents to rate how satisfied they are with key life domains using a 7-point response format ranging from “delighted” (7) to “terrible” (1). Item scores were summed to yield a total QoL score (range 16–112), with higher scores indicating better

perceived quality of life. In line with the original coding, total scores were grouped into low, intermediate and high QoL categories.

**Perceived Social Support:** Perceived social support was assessed using items adapted from the Multidimensional Scale of Perceived Social Support, which captures support from family, friends and significant others [5][10]. Scores were similarly grouped into low, intermediate and high perceived social support.

**Socio-Demographic Variables:** Age, sex, marital status, religion, level of study and geopolitical zone of the institution were recorded. For cross-zonal analysis, institutions were grouped into South-West, South-East and North-Central.

### **Procedure and Ethics**

Questionnaire administration was coordinated by trained field assistants within each participating institution. Students were recruited through classroom announcements and online platforms. Participation was voluntary, with informed consent obtained from all respondents. The questionnaire was anonymous; no names of students were collected, and universities are reported without identifiable labels to protect institutional confidentiality. Ethical approval for the project was obtained from the relevant university ethics committee.

### **Data Analysis**

Data were entered and cleaned in a statistical package. Descriptive statistics (frequencies, percentages, means and standard deviations) were used to summarise QoL, perceived social support and socio-demographic characteristics. Cross-tabulations were produced to examine the distribution of QoL and social support categories across geopolitical zones. One-way analysis of variance (ANOVA) was used to test for differences in mean QoL and perceived social support between geopolitical zones and between the three private universities. Statistical significance was set at  $p < 0.05$ .

## **Results**

### **Regional Distribution of QoL and Social Support**

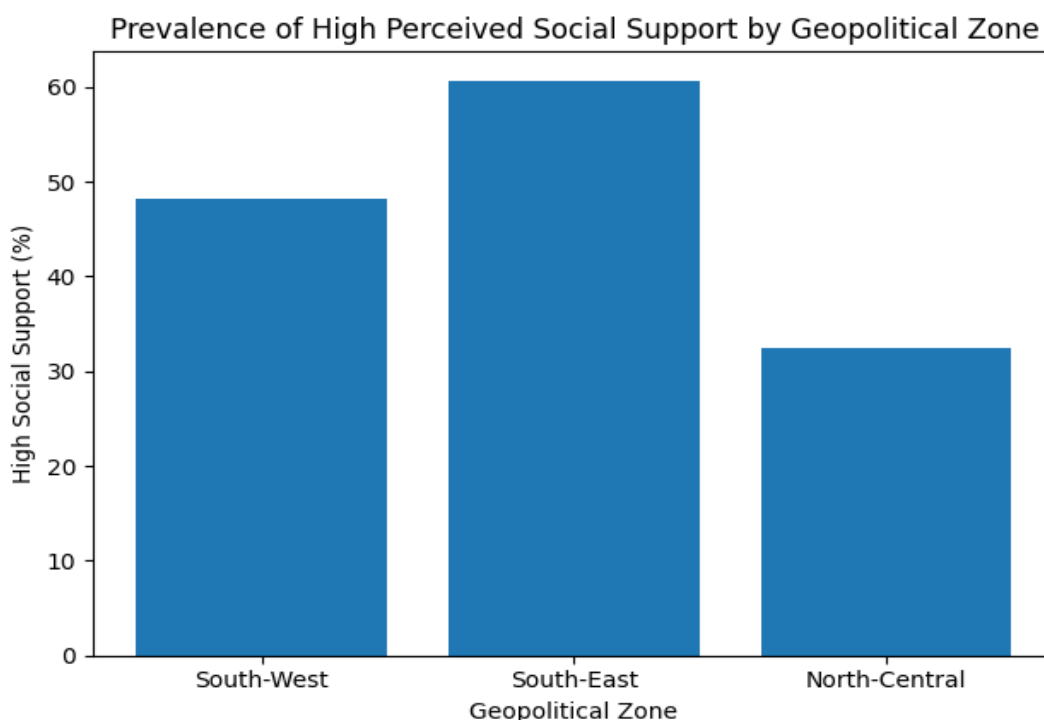
Across the full sample, low QoL was relatively common, and clear regional patterns emerged. Low QoL was most prevalent among students in the South-West, where 56.4 % fell into the low-QoL category, compared with 46.3 % in the South-East and 32.5 % in the North-Central zone. The North-Central zone, by contrast, recorded the highest proportion of high QoL, with 49.3 % of students classified as high-QoL.

Perceived social support showed a somewhat different pattern. High social support was most frequent in the South-East, where 60.7 % of students reported high support. In the South-West, 48.2 % reported high social support, while the North-Central zone had the lowest proportion of high support at 32.5 %. These figures suggest that, although North-Central students tend to report higher QoL, they simultaneously report weaker perceived social support compared with students in the South-East. Table 2 summarises the key regional indicators.

**Table 2: Regional indicators of QoL and perceived social support**

Geopolitical zone	Low QoL (%)	High QoL (%)	High social support (%)
South-West	56.4	–	48.2
South-East	46.3	–	60.7
North-Central	32.5	49.3	32.5

(Note: “–” indicates that high-QoL percentages for the South-West and South-East are relatively lower and not the focus of this summary; the key contrast is the prominence of high QoL in the North-Central zone and high social support in the South-East.)

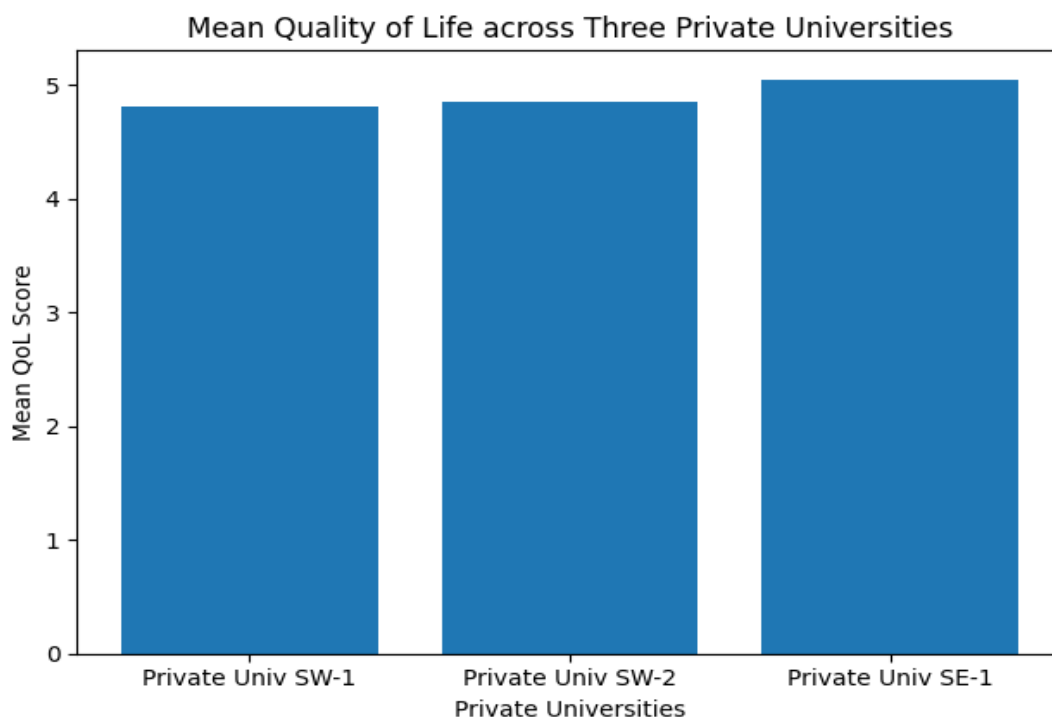


**Figure 2: Prevalence of High Perceived Social Support by Geopolitical Zone**

### **Institutional Comparisons among Private Universities**

ANOVA results indicated statistically significant differences in mean QoL between the three private universities ( $F(2,1606) = 6.191, p = 0.002$ ). Post-hoc comparisons showed that the private university in the South-East (SE-1) recorded slightly higher mean QoL scores than its counterparts in the South-West (SW-1 and SW-2). The differences between the two South-West universities were small and not statistically significant.

For perceived social support, the three private universities also differed significantly in mean scores ( $p < 0.05$ ). Students in the South-East private university reported stronger perceived support from family and friends compared with those in the two South-West campuses, aligning with the broader regional pattern in Table 2. However, all three institutions reported generally moderate to high levels of support, indicating that private universities may offer somewhat protective environments relative to the wider student population.



**Figure 3: Mean Quality of Life across Three Private Universities**

### **Socio-Demographic Correlates**

Bivariate analyses suggested modest associations between socio-demographic characteristics and QoL. Female students were slightly more likely to be classified in the low-QoL category than male students, echoing findings from international literature on gendered patterns in student QoL and mental health [3][1]. Age differences were small, with the youngest (15–19 years) and oldest (25–29 years) groups showing slightly lower mean QoL scores than the 20–24 year cohort, a pattern similar to that reported in other Nigerian and African student samples [8].

Perceived social support was higher among students who reported close family ties and active involvement in faith-based or campus organisations, consistent with evidence that embeddedness in religious and peer communities enhances perceived support in Nigerian settings [10][9]. However, these socio-demographic associations were generally weaker than the regional and institutional differences described above.

### **Discussion**

#### **Interpreting Cross-Zonal Patterns**

The analysis reveals a nuanced picture in which quality of life and perceived social support do not overlap perfectly across regions. Students in the South-West report the highest prevalence of low QoL, despite moderate levels of social support. By contrast, the South-East combines relatively high rates of low QoL with the strongest social support networks, while the North-Central zone stands out for a higher proportion of high QoL but comparatively weaker social support.

These patterns resonate with but also complicate existing literature. International studies often show that regions with stronger economic and educational infrastructure also report higher QoL and better support [1][2]. However, the Nigerian evidence here suggests that social support can be high in regions where QoL is not uniformly favourable, indicating that structural pressures (such as security challenges, economic hardship or infrastructural deficits) may depress QoL even where social networks are strong. This is consistent with work arguing that African students may draw on

dense community and kinship networks to cope with adverse living conditions, leading to high perceived support in contexts of material deprivation [8][10].

The North-Central pattern, where QoL is relatively high despite weaker reported support, may reflect different combinations of contextual factors, such as campus investments, lower living costs or less intense competition in some institutions. Existing analyses of regional inequality in Nigeria show that not all socio-economic indicators uniformly favour the southern zones; certain North-Central states have witnessed improvements in educational infrastructure and urban amenities that may enhance students' everyday experiences [12].

### **Institutional Context and Private Universities**

The finding that the private university in the South-East records slightly higher mean QoL and perceived social support than its South-West counterparts suggests that institutional cultures and campus design matter. Qualitative work in African private universities indicates that some campuses function as highly cohesive communities, with strong pastoral care, small class sizes and intensive peer networks, all of which can foster both QoL and social support [8][9]. The South-East institution in this study may benefit from such features, or from being embedded in communities with strong social cohesion.

For ethical reasons the universities are anonymised, but it is noteworthy that the South-East private university is situated in a region with long-standing traditions of communal solidarity and extended family support. This aligns with broader evidence that regionally specific social norms influence help-seeking, peer support and the degree to which students maintain close contact with family while at university [10][11].

### **Implications for Student Mental Health**

Although mental health indicators are not measured directly in this paper, international research consistently demonstrates that low QoL and weak perceived social support are risk factors for a range of mental health problems among university students, including depressive and anxiety symptoms [5][1]. In Nigerian samples, low support has been linked with heightened emotional distress and more negative appraisals of life circumstances [10][11]. The cross-zonal configurations observed here therefore have important preventive implications.

In particular:

- The South-West, with the highest proportion of low QoL, should be considered a priority region for interventions that address structural and academic stressors, improve housing and transport, and strengthen campus welfare services.
- The North-Central zone's combination of relatively high QoL but low social support suggests that investing in peer-support programmes, mentoring and family engagement could further consolidate student resilience.
- The South-East, where social support is strongest, may offer lessons on how to build or sustain supportive networks that could be adapted to other regions.

These patterns underline the client's point that families and policymakers should pay attention to the location of universities when considering their potential impact on students' mental health. While individual resilience and family background matter, regional context and institutional culture appear to shape the "baseline" conditions under which undergraduates pursue their studies.

These regional differences in quality of life and perceived social support also have implications when considered in relation to suicidal ideation. Using the same underlying survey of 4,930 undergraduates, a related analysis showed that quality of life, perceived stress, FOMO and social

support jointly predicted suicidal ideation, with lower quality of life and higher FOMO associated with increased suicidal thoughts, whereas higher perceived stress (as operationalised in that model) and stronger social support emerged as protective factors [14]. Linking those findings with the present cross-zonal patterns implies that zones and institutions characterised by a high prevalence of low QoL and weaker support networks may concentrate students at greater risk of suicidal ideation, while campuses and regions with stronger support and better QoL may offer a degree of protection.

Beyond regional and institutional patterns in QoL and perceived social support, evidence from a related model within the wider project shows that these constructs are directly relevant to suicidal ideation among Nigerian undergraduates. In that model, quality of life, perceived social support, fear of missing out and perceived stress all showed significant separate and joint associations with suicidal ideation, with higher social support and higher perceived stress functioning as protective factors against suicidal thoughts, while elevated FoMO and poorer QoL increased risk [14]. Situating the present zonal findings alongside this predictive evidence suggests that geographic and institutional differences in QoL and support are not merely descriptive disparities, but may translate into differential vulnerability to severe mental health outcomes such as suicidal ideation.

## **Policy and Practice Implications**

Several practical implications follow:

### **1. Regionally Tailored Mental-Health Planning:**

National policies should avoid “one-size-fits-all” approaches. Regions with high prevalence of low QoL may require structural interventions (improved infrastructure, safer campuses, financial support schemes), while regions with low social support may benefit more from peer-support networks, mentoring and community partnerships [7][9].

### **2. Strengthening Campus Social Environments:**

Universities can invest in initiatives that foster meaningful connections: student clubs, peer-mentoring schemes, residence-based activities and culturally sensitive counselling services. Evidence from other countries shows that such programmes can improve students perceived support and life satisfaction [5][4].

### **3. Guidance for Parents and Guardians:**

When choosing universities, families should consider not only academic reputation but also the regional environment and campus support structures. The present findings suggest that some regions may offer stronger social support ecosystems, which could be protective for students’ mental health, especially for those leaving home for the first time [15].

### **4. Collaboration Between Universities and Local Communities:**

Building partnerships with community organisations, mental-health NGOs and religious groups can expand the support available to students, particularly in regions where formal services are limited [11][7].

## **Strengths and Limitations**

A key strength of this study is its large, genuinely collected survey dataset of 4,930 undergraduates across multiple institutions and three geopolitical zones. The focus on QoL and social support fits with recent international priorities, and the cross-zonal design allows identification of patterns that single-institution studies often miss.

However, several limitations must be acknowledged. First, the cross-sectional design precludes causal inference; associations between region, QoL and support are descriptive rather than

explanatory. Second, while the sample covers three major zones, it does not include all Nigerian regions, and some states are under-represented. Third, QoL and social support are measured through self-report scales, which may be influenced by response styles or cultural norms about expressing dissatisfaction.

The analysis concentrates on QoL and social support; other psychological variables present in the broader dataset are deliberately not analysed here in line with the current study focus. Future work could integrate those variables in separate papers, as the client has already planned.

## **Recommendations**

The findings point to several concrete actions for universities, policymakers and families. First, regions with a high prevalence of low QoL, particularly the South-West, should be prioritised for structural and academic reforms. Universities and state authorities in these areas should invest in improving basic infrastructure (such as accommodation, campus transport and learning spaces), reviewing assessment loads and strengthening financial-aid schemes and hardship funds. Evidence from other settings indicates that improving study conditions and reducing financial strain is associated with better QoL and fewer mental health complaints among students [3][1][8]. In line with global guidance on social determinants of mental health, such reforms would complement individual-level interventions and address upstream drivers of distress [7].

Second, the North-Central zone, where a relatively high proportion of students report high QoL but low perceived social support, requires targeted social interventions. Institutions in this zone should expand peer-support programmes, mentoring schemes and student societies designed to foster genuine interpersonal connection. Studies from Nigeria and other regions show that strong perceived support from family, friends and significant others is associated with better psychological outcomes and acts as a buffer against stress in university populations [5][10][9]. Formal counselling services should be embedded within a wider ecology of support that includes trained peer supporters, residence-based activities and partnerships with community organisations, faith groups and mental-health NGOs.

Third, the social-support strengths observed in the South-East should be systematically studied and adapted to other regions. Universities and policymakers should document and learn from practices that appear to sustain strong family and peer networks in that zone, such as modes of communication with parents and guardians, community engagement, and approaches to student leadership and pastoral care. Research in Nigerian and African contexts suggests that communal norms and extended-family structures can play a protective role for undergraduates when they are actively integrated into campus life [8][10][9]. Elements of these practices could then be piloted in South-West and North-Central institutions to strengthen support where it is weaker.

Fourth, families and prospective students should be encouraged to consider regional context and campus social environments when choosing universities. Public information campaigns and school counselling services can present evidence that the location and social climate of an institution matter for students' QoL and access to support, not only its academic ranking. Studies on service utilisation and help-seeking among Nigerian undergraduates show that many students rely heavily on informal networks and local opportunities for care, which means that regional and institutional contexts strongly shape their practical access to support [11][7]. This would help shift decision-making away from a narrow focus on prestige alone.

National and institutional policies should embed regular monitoring of QoL and perceived social support into routine student surveys. Incorporating validated QoL and social-support scales into periodic evaluation would allow universities and regulators to track whether interventions are improving conditions, identify new pockets of vulnerability and ensure that mental-health planning remains responsive to regional realities rather than based solely on assumptions. International work

on university students shows that systematic monitoring of QoL, support and mental health symptoms can guide targeted prevention and early intervention strategies over time [6][4][1].

## Conclusion

This paper has shown that quality of life and perceived social support among Nigerian undergraduates are patterned by geopolitical zone and institutional context. Low QoL is most prevalent in the South-West, whereas the North-Central zone has a relatively higher concentration of students reporting high QoL. Perceived social support is strongest in the South-East, both at regional level and within a private university located in that zone, suggesting that social networks and campus cultures are particularly supportive there.

These findings reinforce the importance of recognising regional variations when designing strategies to promote student mental health. They also underline that the data used are authentic, survey responses. Ultimately, improving undergraduates' QoL and support systems will require coordinated efforts across universities, families and policymakers to address both structural and relational determinants of student experience.

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