

# Help-Seeking Behaviour and Preferences for Mental Disorders Among of Adolescents in an Urban District in Abuja, Nigeria

Idoko Lucy O<sup>1</sup>, Okafor Kingsley Chinedu<sup>2</sup>, Ameerah Adeyemi A<sup>3</sup>

<sup>1</sup>MBBS, MPH, FMCPH, Department of Community Medicine & PHC, Bingham University, Karu,, Nasarawa State, Nigeria.

<sup>2</sup>MBBS, MPH, MPA, MHPM, FWACP, FMCPH, Department of Community Medicine & PHC, Bingham University, Karu, Nasarawa State, Nigeria.

<sup>3</sup>Ameerah, Adeyemi A, Department of Community Medicine & PHC, Bingham University, Karu, Nasarawa State, Nigeria.

## Abstract

**Background:** Help seeking actions and preferences are important in mental health because mental illnesses are treatable and manageable, and persons dealing with them can lead normal lives. This study seeks to assess the help-seeking behaviour and preferences for Mental disorders among of adolescents in an Urban District in Abuja, Nigeria.

**Methods:** This was descriptive, cross-sectional study conducted between August and October, 2021 among 405 adolescents in an Urban District in Abuja. Sampling was done using multistage sampling method. Ethical approval was granted by Bingham University Teaching Hospital, Jos, Plateau State, Nigeria .

**Results:** Adolescents show average help seeking behaviour. Majority (72.3%) agreed that mental illness is treatable and will seek advice first from parent or guardian (86.7%). Most preferred to get treatment in a hospital (79.7%) and to see a doctor (78.5%), about half (52.1%) prefer treatment from family and 79.8% preferred getting treatment from friends. Two thirds (67.5%) do not want treatment in a traditional home or by a traditional healer (61.2%) and 42.5% would not want to be treated in a mosque and church while 32.3% do not want to be treated by a religious leader. Adolescent's stated the following actions would help to improve appropriate help seeking stopping drug addictions (25.6%), avoiding worry or thinking too much (21.4%), speaking up on mental health issues (15.8%), creating awareness (20.6%), avoiding risk factors of mental illness (11.6%), "stop stigmatization"(19.5%), seeking advice (17.2%), "protecting people with mental illness"(16.7%), showing love (5.6%), care from government (10.2%). Concerning the best action if an adolescent develops mental illness, 40.8% stated that hospital treatment is best help seeking action for mental illness, 18.8% stated parents, 13.1% stated church or mosque, 25.9% said a psychiatric hospital, 1.4% said punishment and detention. is best appropriate help seeking for mental illness.

**Conclusion:** Adolescents showed an average help-seeking behaviour and preferences which suggests the need for health education and promotion for the need for early diagnosis, treatment to enhance health outcomes, and boost mental health

**Keywords:** Help seeking behaviour, help seeking actions, Mental illness, Mental disorders, Adolescents, Mental health.

**\*Corresponding Author:** Okafor Kingsley Chinedu, Department of Community Medicine & PHC, Bingham University, Karu, Nasarawa State, Nigeria.

## INTRODUCTION

Mental health is an important part of health and well-being as described in the definition of health, as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity<sup>(1)</sup>. Furthermore, the World Health Organization defines mental health as “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community.”<sup>(2)</sup>

Help seeking actions and preferences are important in mental health because mental illnesses are treatable and manageable, and persons dealing with them can lead normal lives<sup>(3)</sup>. However, if left untreated, mental disorders can influence the health of people and can threaten the development people, communities and their economy. Mental diseases have far-reaching effects for victims, their families, and society as a whole. These repercussions may include impairments, diminished functionality, physical disease, premature death by suicide, discriminatory treatment, and, lastly, increasing inequality in access to economic activities. As a result, those with mental problems tend to have shorter lives than the overall population<sup>(4) (5)(6)</sup>.

Mental diseases are quite widespread worldwide. One in every ten people globally suffers from one or more mental disorders, which include depression, anxiety, bipolar disorder, eating disorders, and schizophrenia<sup>(7)</sup>. Although mental disorders are common globally, they are not reported especially in low-income countries particularly countries in Africa where there is a dearth of data<sup>(7)</sup>. In terms of society and the economy, poor mental health raises health-care expenditures and use rates, as well as reduced labor productivity due to brain-drain from mental victims, resulting in a loss in countries' gross national product (GNP)<sup>(4)</sup>.

Aside from the consequences, people with mental disorders in Nigeria face challenges like stigmatization.<sup>(8)</sup> Stigmatization is seen as one of the most significant issues for persons with mental illnesses, particularly in Nigeria, where people with mental illnesses are connected with negative behaviour, actions and preferences. Sometimes they are shunned by society, and denied adequate self-help.<sup>(8)(9) (10)</sup>. Societal stigma may result in self-stigma, where people with mental disorders become prejudiced

towards themselves. This of course has negative outcomes on their health because they do not want to seek help, adequate care or continue treatment. They may even take the wrong actions and choices<sup>(10)</sup>. Stigma is viewed as a combination of mutually dependent problems: a lack of knowledge (ignorance), and negative attitudes (intolerance and exclusion, discrimination, violence, human rights violations)<sup>(11)</sup>. Stigmatization of the mentally ill is acquired over time and begins in childhood before being fully established in maturity. As a result, it is critical to understand an adolescents help-seeking behaviour and preferences for mental illness before they become well established<sup>(12)</sup>. In addition, adolescence is a critical period in a person's life where people begin to physically and psychologically mature. During this critical period, social and emotional behaviors are developed as well<sup>(13)</sup>. The WHO estimates that 10-20% of teenagers globally suffer from mental problems<sup>(6)</sup>.

Mental disorders are poorly understood by the general public, and some stereotypes about people living with mental disorders persist, leading to inappropriate health seeking behavior and actions. Communities, families, and patients respond to therapy for mental diseases in accordance with their beliefs. Mental illnesses are treatable and manageable. Poor help-seeking behavior toward mental disease has a detrimental impact on people with mental illnesses' help-seeking behavior.

Furthermore, knowledge of mental disorders and help seeking preferences influence the usage of mental health services and the decision to seek treatment.<sup>(14)</sup> Individuals seek help early and reveal mental illness to relatives and friends when they have good understanding of mental disease. Favorable help seeking behaviour includes tolerance, and support from community and government<sup>(15)</sup>. A good help-seeking behaviour and preferences supports early help seeking, enhance health outcomes, and boost mental health treatment utilization among persons living with illness<sup>(15)</sup>. Thus, it is important to study the help-seeking behaviour and preferences for mental disorders among of adolescents in an Urban District in Abuja, Nigeria.

## METHODS

The study was carried out in Gwarinpa District. Gwarinpa is one of the districts in Abuja Municipal Area Council<sup>(16)</sup>. Gwarinpa district is mainly an urban residential area that

provides housing for many civil servants and privately employed individuals. Gwarinpa is divided into 7 Avenues. Gwarinpa has 33 Secondary schools (31 private schools and 2 public schools). The selected school, Government junior and senior secondary school Gwarinpa Estate is located in 3<sup>rd</sup> Avenue, which is in Gwarinpa District, one of the 6 districts under AMAC. The JSS1-3 and SS3 classes are located in the same school compound while the SS1 and SS2 classes have recently been moved to a new school compound the schools are just opposite each other. The school has facilities like; library, computer laboratory, chemistry laboratory, physics laboratory and biology laboratory. The school has a total of 97 teachers with 51 in charge of the junior secondary school section and 46 in charge of the senior secondary school section including Administrative and Non-Administrative staff.

This was a descriptive cross sectional study the help-seeking behaviour and preferences for mental disorders among of adolescents in an Urban District in Abuja, Nigeria between August and October, 2021, The study participants consisted of consenting adolescent secondary school students in aged 10- 19 years . The federal capital territory (FCT), Abuja, is the capital city of Nigeria; it is geographically located at the centre of Nigeria with a population of 3,564,126 <sup>(16)</sup>. Abuja is divided into 6 area councils, among these councils is AMAC (Abuja municipal council) which consists of 6 districts Gwarinpa district, Maitama District, Wuse II District, Wuse Zone 5 and Garki.

The minimum sample size was 424, calculated using the Cochran formula <sup>(84)</sup> as shown below

$$N = Z^2 pq/d^2$$

Where: N= minimum sample size required ; Z=standard deviation with 95% confidence intervals (1.96 z value); P= 50% expected proportion used in a similar study <sup>(18)</sup>. Q= 1-p ; D= acceptable error margin 5 % (0.05);

$$N = \frac{(1.96)^2 (0.5) (1-0.5)}{(0.05)^2} =$$

N=385 ≈ 424 (With an estimated non-response rate of 10%)

Participants were recruited using a multi-stage sampling design was utilized

**Stage 1:** Selection of Gwarinpa district . A list of all 6

districts in Abuja Municipal Area council was used as sample frame. One (1) District was selected using simple random sampling (SRS) by balloting.

**Stage 2:** Selection of school in Gwarinpa district

There are only two public schools in Gwarinpa (Government Secondary School Gwarinpa, Life-camp and Government Junior and Senior Secondary school Gwarinpa Estate, 3<sup>rd</sup> Avenue). Simple Random Sampling (SRS) technique (balloting) was utilized to select Government Junior and Senior Secondary school Gwarinpa Estate as the school. The sample frame was a list of the two schools.

**Stage 3:** Selection of participants (Adolescents)

Systematic random sampling was carried out, a list of students in each class was obtained with the sampling interval:  $k=N/n$  where N is the population size and n is the sample size <sup>(85)</sup> ; There are 1,380 students in the Senior secondary and 900 students in junior secondary making a total population of 2,280 students. Thus,  $k=2,280/424=5.3$ . Every fifth student was selected to participate in the study and students who were absent or students who refused to participate were replaced by the next number on the list. This was done until the sample size was achieved.

Data was collected with a pretested self administered questionnaire. The questionnaire instrument is divided into two parts. The first part consists of demographic questions. The second part consists of questions relating to help seeking behaviour. Data was analysed using statistical package for social sciences (SPSS 25) version. Simple descriptive statistics like frequency, percentage, mean and composite mean and inferential statistics done.

Outcome Variables of help seeking behaviour was assessed using , a five-point Likert scale was used with each response was scored with values 1-5 representing (strongly disagree, disagree, moderately agree, agree, and strongly agree respectively). The questionnaires are based on five-point Likert scale, with response options from Strongly Disagree (SD), Disagree (D), Moderately Agree (MA), Agree (A), and Strongly Agree (SA). The 5-point scale was adopted due to it increased usage as a scale in contemporary studies <sup>(20),(21)</sup> .In addition, the interval range was calculated and used to compare the mean of each response to determine the response interpretation of the 5-point scale used. Thus, Highest Likert score (Strongly Agree) =5 ; Lowest Likert score (Strongly Disagree) = 1 ; Total Number of Likert point Scale= 5

5-1 =4 ; 4/5=0.80 . To correct for bias by making the difference uniform, 0.80-0.01=0.79 <sup>(21)</sup>. The table below shows the interval range and interpretation.

**Table 1.** *Interval Range and Interpretation*

Scale	Range	Response	Composite Mean interpretation
5	4.20-5.00	Strongly agree	Excellent help seeking behaviour
4	3.40-4.19	Agree	Good help seeking behaviour
3	2.60-3.39	Moderately agree	Average help seeking behaviour
2	1.80-2.59	Disagree	Fair help seeking behaviour
1	1.00-1.79	Strongly disagree	Poor help seeking behaviour

The composite mean was calculated by adding all individual means for each item and then dividing by the total number of items to determine the composite mean which is then used to ascertain the level of help seeking behaviour (if adolescent have excellent, good, average, fair or poor help seeking behaviour).The composite mean was calculated using SPSS and compared with the table above to ascertain the level of help seeking behaviour (if adolescent have excellent, good, average, fair or poor help seeking behaviour ).

Furthermore, all the items in each section for help-seeking were broken down into several tables to better explain

**Table 2.** *Reliability Statistics*

Item	Cronbach's Alpha Based on Standardized Items	No. of Items
Help seeking preference	0.580	12

According to Ndiyo (2005), constructs/items are internally consistent with each other if there Cronbach's alpha value is equal to or more than 0.50 <sup>(22)</sup> from the table above, all the Cronbach's alpha values of the constructs exceed 0.50. This indicates the degree of internal consistency among the variables or scales used to measure the help seeking preference of Adolescents in Gwarinpa FCT. Response rate was 96% as 405 participant returned the questionnaire out of 424.

**ETHICAL CONSIDERATION**

An ethical approval to conduct this study was obtained from the Bingham University Ethics Committee, Secondary Education Board (SEB) and the Universal Basic Education Board (UBEB). Informed consent to conduct study was obtained from the students, their parents/guardians and the school principal, using the informed consent form, and for students under the age of consent a witness was made present, and informed consent gotten from parents/guardians.

the data, (help seeking behaviour was grouped into Adolescents Preferred Treatments, and Adolescents First Help Seeking Preference). Percentages were calculated for the positive/ correct responses and negative/wrong responses gotten from adding strongly agree with agree responses along with strongly disagree and disagree to determine the number of adolescent's that agree or disagree with an item.

**RELIABILITY RESULTS**

To ensure and ascertain the reliability of the research instruments (items), Cronbach's basic alpha reliability test was employed.

The researcher closely followed the ethical guidelines, rules, and regulation regarding the conduct of health research involving human subjects. This implied asking for written informed consent after the participant has received an oral explanation of the goals and objective of the study its confidentiality and benefit of the study and for students under the age of consent a witness was made present. The purpose of the study was explained to each respondent Privacy and confidentiality was maintained throughout the research. The information to be obtained from the respondent was purely utilized for this study. Respondents' involvement in this study was completely on voluntary participation. Each respondent was asked to fill an informed consent form before filling the questionnaire.

To ensure and ascertain the reliability statistics of the research instruments (items), Cronbach's basic alpha reliability test was employed. Cronbach's alpha of 0.580 was gotten from a 12 standardized Items. Constructs/ items are internally consistent with each other if there Cronbach's alpha value is equal to or more than 0.50 <sup>(23)</sup>

from the table above, all the Cronbach’s alpha values of the constructs exceed 0.50. This indicates the degree of internal consistency among the variables or scales used

to measure the help seeking preference of adolescents in study the FCT.

**RESULTS**

**Table 1.** Mean responses of Adolescent students on Help Seeking Preference n = 405

Item no	Item	SD (1)	D (2)	MA (3)	A (4)	SA (5)	Mean	Decision
H1	Mental illness is treatable	19 (4.7)	29 (7.2)	64 (15.8)	173 (42.7)	120 (29.6)	3.85	Agree
H2	I will not tell anybody if I have mental illness	137 (33.8)	159 (39.3)	44 (10.9)	50 (12.3)	15 (3.7)	2.13	Disagree
H3	If I had mental illness the first person, I would ask for advice is my friend	136 (33.6)	153 (37.8)	57 (14.1)	43 (10.6)	16 (4.0)	2.14	Disagree
H4	If I had mental illness the first person, I would ask for advice is my parents/ guardian	13 (3.2)	13 (3.2)	28 (6.9)	132 (32.6)	219 (54.1)	4.31	Strongly Agree
H5	If I had mental illness, I would want to be treated in a mosque or church	75 (18.5)	97 (24.0)	70 (17.3)	104 (25.7)	59 (14.6)	2.94	Moderately Agree
H6	If I had mental illness, I would want to be treated in a traditional home	144 (35.6)	129 (31.9)	68 (16.8)	37 (9.1)	27 (6.7)	2.20	Disagree
H7	If I had mental illness, I would want to be treated in a hospital	28 (6.9)	21 (5.2)	33 (8.1)	146 (36.0)	177 (43.7)	4.04	Agree
H8	If I had mental illness, I would want to be treated by a doctor	15 (3.7)	35 (8.6)	37 (9.1)	137 (33.8)	181 (44.7)	4.07	Agree
H9	If I had mental illness, I would want to be treated by a traditional healer	126 (31.1)	122 (30.1)	80 (19.8)	58 (14.3)	19 (4.7)	2.31	Disagree
H10	If I had mental illness I would want to be treated by a pastor/ Imam	69 (17.0)	62 (15.3)	79 (19.5)	134 (33.1)	61 (15.1)	3.14	Moderately Agree
H11	If I had mental illness, I would want to be treated by my family	96 (23.7)	115 (28.4)	87 (21.5)	73 (18.0)	33 (8.1)	2.58	Disagree
H12	If I had mental illness, I would want to be treated by my friend	183 (45.2)	140 (34.6)	38 (9.4)	22 (5.4)	22 (5.4)	1.91	Disagree
	<b>Composite Mean</b>						<b>2.96</b>	<b>Average Help seeking behaviours</b>

**Table 2. Adolescents First Help Seeking Preference**

Item No	Adolescents First Help Seeking Preference	Number of Positive /correct Responses (%)	Negative/wrong responses (%)
H1	Mental illness is treatable	293(72.3)	48(11.9)
H2	I will not tell anybody if I have mental illness	296(73.1)	65(16.0)
H3	If I had mental illness the first person, I will ask for advice is my friend	289(71.4)	59(14.6)
H4	If I had mental illness the first person, I will ask for advice is my parents/ guardian	351(86.7)	26(6.4)

**Help Seeking Behaviour of Adolescents**

Table1 shows the mean responses of the adolescent students. Adolescents show Average help seeking behaviour as indicated by the composite mean (2.96)

Table 2 above summarizes adolescents' first help seeking preferences. Majority of the adolescents 293 (72.3%)

agreed that mental illness is treatable and 296 (73.1%) said that they will tell someone if they have mental illness. Majority of the respondents 289 (71.4%) agreed that they will not seek help from friends first if they had mental illness while,351 (86.7%) agreed that the first person they will seek advice from is a parent or guardian.

**Table 3. Adolescents Preferred Treatments**

Item No	Adolescents Preferred Treatments	Number of Positive / correct Responses (%)	Negative/wrong responses (%)
H5	If I had mental illness, I would want to be treated in a mosque or church	172(42.5)	163(40.3)
H6	If I had mental illness, I would want to be treated in a traditional home	273(67.5)	64(15.8)
H7	If I had mental illness, I would want to be treated in a hospital	323(79.7)	49(12.1)
H8	If I had mental illness, I would want to be treated by a doctor	318(78.5)	50(12.3)
H9	If I had mental illness, I would want to be treated by a traditional healer	248(61.2)	77(19.0)
H10	If I had mental illness I would want to be treated by a pastor/ Imam	131(32.3)	195(48.2)
H11	If I had mental illness, I would want to be treated by my family	211(52.1)	106(26.1)
H12	If I had mental illness, I would want to be treated by my friend	323(79.8)	44(10.8)

**Adolescent's Help seeking behaviour in Terms of Adolescents Preferred Treatments**

Table 3 above summarizes adolescents preferred treatment. In this study, majority of the adolescents believed in getting treatment through orthodox means as 323 (79.7%) and 318 (78.5%) respectively wanted to be treated in a hospital and by a doctor, a high proportion

of adolescents 273 (67.5%) and 248(61.2%) disagreed that would not want to be treated in a traditional home or by a traditional healer. In addition, 172 (42.5%) and 131(32.3%) respectively said that they would not want to be treated in a mosque and church or by a religious leader. Lastly, majority of the adolescents (52.1% and 79.8%) preferred getting treatment from family and friend

**Table 4.** Distribution of adolescents by recommendations for improving mental health among adolescents

Recommendations	Number of adolescents	Percentage (%)
Stop drug Addicts	55	25.7
Avoid thinking or worrying too much	45	21.0
Speaking up when you have symptoms of mental illness	34	15.9
Creating Awareness on symptoms & risk factors of mental illness	44	20.6
Help people stay away from things that cause mental illness	25	11.7
Advice Adolescents to not study difficult subjects like mathematics	11	5.1
<b>TOTAL</b>	<b>214*</b>	<b>100</b>

\*Note: not all the adolescents responded to this section of the questionnaire

**Adolescents Recommendations for Improving Mental Health Among Adolescents**

In this section, adolescent’s opinions on actions that would help to improve appropriate help seeking were asked. The following reveals responses given by adolescents. A quarter 25.6% of the respondents believe stopping drug addicts, 21.4% believe avoiding worry or thinking too much will improve mental health among adolescents,

15.8% stated that speaking up as would help mental health, 20.6% wrote “Creating Awareness” as a way to improve knowledge, 11.6% believes helping people stay away from things that cause mental illness can improve knowledge and lastly, 5.1% of the respondents believe advising people to not study difficult subjects mathematics will improve knowledge of mental health among adolescents.

**Table 5.** Adolescents recommendations for promoting the right action to mental health among adolescents

Recommendations	Number of adolescents	Percentage (%)
Stop stigmatization	42	18.6
Awareness	41	18.1
Seeking advice	37	16.4
Protecting people with mental illness	36	15.9
Stop drug abuse	35	15.5
Showing them love	12	5.3
Government should care for the mentally ill	23	10.2
<b>TOTAL</b>	<b>226 *</b>	<b>100</b>
<b>Best action when adolescents develops mental illness</b>		
Recommendations	Number of adolescents	Percentage (%)
Treatment in hospital	87	40.8
Treatment in Psychiatric hospital	55	25.9
Treatment by Parents	40	18.8
Mosque/ church	28	13.1
Punishment detention	3	1.4
<b>TOTAL</b>	<b>213</b>	<b>100</b>

\*Note: only a few adolescents responded to this section of the questionnaire

## Adolescents Recommendations for Promoting the Right Actions to Mental Health Among Adolescents

Table 5. 19.5% of the respondents wrote “stop stigmatization”, 19.1% of the respondents believe raising awareness is a way to promote right attitude to mental health, 17.2% wrote seeking advice, 16.7% wrote “protecting people with mental illness”, 16.3% believe stopping drug abuse is a way to promote right attitude to mental health and 5.6% believe showing love and government should care about the mentally are ways to promote the right attitudes to mental illness.

In Table 5, concerning the best action if an adolescent develops mental illness, 40.8% believe a hospital is best help seeking, 18.8% put down parents as best help seeking, 13.1% believed a Mosque or church would be appropriate help seeking for mental illness, 25.9% said a psychiatric hospital is appropriate help seeking for mental illness and 1.4% of the population wrote down punishment and detention.

## DISCUSSION

Adolescents have average help seeking behaviour as indicated by the composite mean (2.96). Some insights into the factors behind the average help seeking among adolescents may be gained by looking at adolescents first help seeking, and adolescents preferred treatment. In a study done in United States of America less than half of the students agreed that mental illness can be treated with medicine<sup>(24)</sup>. There is an exceptional public health need for adolescents to develop the habit of seeking help in hospitals and centers that will provide care and management of mental disorders and other problems.

In this study, 72.3% of the adolescents believe that mental illness is treatable. This is consistent with a study carried out in Nigeria<sup>(25)</sup> where 97.0% and of the respondents knew mental disorders can be treated and in United States of America<sup>(26)</sup> where 50.0% knew and in Southern Nigeria<sup>(27)</sup> where 58.1% knew that mental disorders can be treated compared to this present study 11.9% of the adolescents in this study did not believe mental illness is treatable, the reason for this could be attribute to the low recognition of symptoms of mental illness in this study along with the lack of social support and fear of being stigmatized as reported in other studies<sup>(28)</sup>. It is note worthy to commend the majority who knew that mental

illness was treatable. They can serve as mental health champions to aid improvements in help seeking behaviour and peer health education.

In addition, 71.4% and 86.7% of the adolescents said the first person they will seek help from is their friend and family. In a study carried out in south-east Nigeria reveals that only 29.1 and 32.4% respectively endorsed friends and family as their first help seeking<sup>(29)</sup> which shows an improvement and willingness of adolescents to open up about mental illness. However, this could pose a risk or problem as it could also be a barrier to help seeking as it may lead to adolescents not seeking help through orthodox means especially when there is a poor knowledge of mental illness among friends and family<sup>(28)</sup>. This also shows that improving mental health knowledge should also be targeted toward parents, adolescents, teachers and society. Numerous studies have shown that various factors like poor knowledge and stigma, contribute to adolescents not seeking help, self-stigma along with public stigma can make individuals sceptical about getting treatment for their problems, making them hide their problems and not get treatment because seeking professional help is perceived as a threat to self-esteem and are likely to be labeled as weird, mentally ill and discriminated against by the society<sup>(30)(31)</sup>. Most adolescents prefer to seek help from social support (family, friends, romantic partners, and roommate) rather than professional help<sup>(28), (31) (32), (33) (34)</sup>.

Furthermore, in terms of adolescents preferred treatments. Almost half of the adolescents (40.3%) said that they want to be treated in a mosque or church and 48.2% said they want to be treated by pastor or imam. . This finding corroborates with a study carried out in Nigeria where 64.3% of the respondents preferred prayer houses/faith healers<sup>(22)</sup>. This could be attributed to the fact that majority of the adolescents (73.1%) believe Evil spirits cause mental illness. A lower proportion was found in south East Nigeria where only 1.8 and 5.4% chose pastor and God respectively their preferred treatment<sup>(29)</sup>. This is different from an exploratory research carried out among adolescents in Surakarta, Indonesia where the majority (55.38%) of the adolescents said social support was the best thing they could give to people with mental disorders, 25.38% believed in seeking professional help and only 3.85% of the respondents believed in religious activities (praying)<sup>(32)</sup>.

Surprisingly, only 15.8% and 19.0% of the adolescents said



that they would want to be treated in a traditional home or by a traditional healer. In a similar study carried out in Lagos, the study revealed that only 3% of the respondents recommended seeking help from spiritual a traditional healer <sup>(35)</sup>, another study revealed similar results as only 3.9% said they would seek help from traditional healers <sup>(36)</sup> This shows the need for improvement in awareness of mental illness also to improve confidence in mental health services as this is also a barrier to seeking help <sup>(28) (29)</sup>.

A majority of the adolescents 79.7% and 78.5% said they would want to be treated in a hospital by a doctor. This is consistent in a study carried out in Kano <sup>(35)</sup> and Tanzania <sup>(37)</sup> where 98% and 86.2% respectively identified hospital as appropriate help seeking <sup>(37)</sup> , which shows a majority of the adolescents in this study are willing to seek help through orthodox means and shows a need for improvement in awareness about mental health and mental health services.

## CONCLUSION

Adolescents show average help seeking behaviour. Majority (72.3%)of the adolescents agreed that mental illness is treatable and will seek advice first from parent or guardian (86.7%). In this study, majority of the adolescents preferred to get treatment in a hospital (79.7%) and to see a doctor (78.5%), about half of the adolescents (52.1% prefer treatment from family and 79.8% preferred getting treatment from friends. Two thirds (67.5%) adolescents do not want to be treated in a traditional home or by a traditional healer (61.2%) and 42.5% would not want to be treated in a mosque and church while 32.3% do not want to be treated by a religious leader.

Adolescent's stated the following actions would help to improve appropriate help seeking stopping drug addictions (25.6%), avoiding worry or thinking too much (21.4%), speaking up on mental health issues (15.8%), creating awareness (20.6%), avoiding risk factors of mental illness (11.6%) , "stop stigmatization"(19.5%), seeking advice (17.2%), "protecting people with mental illness"(16.7%), showing love (5.6%), care from government (10.2%).

Concerning the best action if an adolescent develops mental illness, 40.8% stated that hospital treatment is best help seeking action for mental illness, 18.8% stated parents, 13.1% stated church or mosque, 25.9% said a psychiatric hospital, 1.4% said punishment and detention. is best appropriate help seeking for mental illness.

## RECOMMENDATIONS

### To Mental Health Stake Holders, Hospitals and Health Care Workers

Adolescents showed average help seeking behaviour, thus, there is need to increase the level of help seeking behaviour, preferences and actions of adolescents by peer education and media awareness and campaigns to promote mental health.

Hospitals should create adolescent mental health clinics and units to help identify cases, manage cases and track suspected cases in the communities. This clinic should be manned by physicians with training in adolescent mental health. Since adolescents know mental illness are treatable and were willing to seek treatment with doctors in hospitals.

Scientifically correct recommendations as prescribed by adolescents should be considered as part of the health educations themes and messages for their peers, friends, parents and communities. These messages should include stopping drug addictions, avoiding worry, speaking up on mental health issues, creating awareness, avoiding risk factors of mental illness, stopping stigmatization, seeking help and advice, protecting people with mental illness, showing love, care from government.

The majority who knew that mental illness was treatable can serve as mental health champions to aid improvements in help seeking behaviour and peer health education in the schools. This can be sustained by the formation of mental health clubs and groups in schools.

### To Local, State and Federal Government

Parents and guardians should be targeted for health educations and enlightenment because adolescents will seek their advice first when having mental challenges. Churches and mosques can serve as points of contact for adolescents in organizing mental health programs for the communities.

## REFERENCES

1. WHO, Conference IH. Constitution of the World Health Organization. 1946. Bulletin of the World Health Organization. 2002;80(12):983.
2. World Health Organization. Promoting mental health: Concepts, emerging evidence, practice: Summary report. World Health Organization; 2004

3. WHO Web site. [Online] 2019. [Cited: 22 October 2020.] <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>.
4. World Health Organization. Investing in mental health: evidence for action.
5. World Health Organization. Information sheet: Premature death among people with mental disorders. WHO website. [Online] [Cited: 15 November 2020.] [http://www.who.int/mental\\_health/management/infosheet.pdf](http://www.who.int/mental_health/management/infosheet.pdf).
6. World Health Organization. WHO website. [Online] 2020. [Cited: 26 November 2020.] <http://www.who.int/news-room/fact-sheet/detail/adolescent-mental-health> Adolescent mental health.
7. Hannah Ritchie and Max Roser. Our World Data. Mental Health. [Online] 2018. [Cited: 5 June 2020.] [ourworldindata.org/mentalhealth](http://ourworldindata.org/mentalhealth).
8. Onyemelukwe C. Stigma and mental health in Nigeria: Some suggestions for law reform. *JL Pol'y & Globalization*. 2016;55:63.
9. Shrivastava A, Johnston M, Bureau Y. Stigma of mental illness-1: Clinical reflections. *Mens sana monographs*. 2012 Jan;10(1):70.
10. Drake RE, Bond GR, Essock SM. Implementing evidence-based practices for people with schizophrenia. *Schizophrenia Bulletin*. 2009 Jul 1;35(4):704-13.
11. Kumar D, Kumar P, Singh AR, Bhandari SS. Knowledge, and attitude towards mental illness of key informants and general population: a comparative study. *Dysphrenia: a peer-reviewed biannual academic journal of psychiatry*. 2012 Jan;3(1):57.
12. Wahl OE. Children's views of mental illness: a review of the literature. *Psychiatric Rehabilitation Skills*. 2002 Sep 1;6(2):134-58.
13. Kessler RC, Angermeyer M, Anthony JC, De Graaf RO, Demyttenaere K, Gasquet I, De Girolamo G, Gluzman S, Gureje OY, Haro JM, Kawakami N. Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World psychiatry*. 2007 Oct;6(3):168.
14. Bonabi H, Müller M, Ajdacic-Gross V, Eisele J, Rodgers S, Seifritz E, Rössler W, Rüschi N. Mental health literacy, attitudes to help seeking, and perceived need as predictors of mental health service use: a longitudinal study. *The Journal of nervous and mental disease*. 2016 Apr 1;204(4):321-4.
15. Rüschi N, Evans-Lacko SE, Henderson C, Flach C, Thornicroft G. Knowledge and attitudes as predictors of intentions to seek help for and disclose a mental illness. *Psychiatric Services*. 2011 Jun;62(6):675-8.
16. Van der Ham L, Wright P, Van TV, Doan VD, Broerse JE. Perceptions of mental health and help-seeking behavior in an urban community in Vietnam: an explorative study. *Community mental health journal*. 2011 Oct;47(5):574-82.
17. National Population Commission (NPC) and National Bureau of Statistics (NBC). National Population Estimates. 2006.
18. Kaur H, Sharma S, Vallamkonda OS. Attitude toward mental illness among adolescents: A hospital-based study. *Indian Journal of Social Psychiatry*. 2019 Jul 1;35(3):193.
19. Stephanie Glen. sample size in statistics (how to find it): excel, cochran's formula, General tips. [Online] [Cited: 15 November 2020.] <http://www.statisticshowto.com/probability-and-statistics/find-sample-size/>.
20. QuestionPro. systematic sampling: definition, types, examples. [Online] 2020. [Cited: 7 April 2021.] <http://www.questionpro.com/blog/systematic-sampling/>.
21. Hartley J. Some thoughts on Likert-type scales. *International journal of clinical and health psychology*. 2014 Jan 1;14(1):83-6.
22. Ndiyo NA. Fundamentals of Research in Behavioural Sciences and Humanities.
23. Pimentel J, Pimentel JL. Some biases in Likert scaling usage and its correction. *International Journal of Science: Basic and Applied Research (IJSBAR)*. 2019 Apr;45(1):183-91.
24. Wahl O, Susin J, Lax A, Kaplan L, Zatina D. Knowledge and attitudes about mental illness: A survey of middle school students. *Psychiatric Services*. 2012 Jul;63(7):649-54.

25. Jombo HE, Idung AU, Iyanam VE. Knowledge, Attitudes and Perceptions about Mental Illness in Ekom Iman Community in Akwa Ibom State, South-South Nigeria. *Asian Journal of Medicine and Health*. 2019:1-9.
26. Chukwujekwu CD. Knowledge and Attitude about Mental Illness of Students in a University in Southern Nigeria. *Journal of Biosciences and Medicines*. 2018 Jun 5;6(6):95-104.
27. Fortune S, Sinclair J, Hawton K. Help-seeking before and after episodes of self-harm: a descriptive study in school pupils in England. *BMC public health*. 2008 Dec;8(1):1-3.
28. Aluh DO, Anyachebelu OC, Anosike C, Anizoba EL. Mental health literacy: what do Nigerian adolescents know about depression? *International journal of mental health systems*. 2018 Dec;12(1):1-6.
29. Corrigan PW, Watson AC. Understanding the impact of stigma on people with mental illness. *World psychiatry*. 2002 Feb;1(1):16.
30. Fortune S, Sinclair J, Hawton K. Help-seeking before and after episodes of self-harm: a descriptive study in school pupils in England. *BMC public health*. 2008 Dec;8(1):1-3.
31. Asyanti S, Karyani U. Mental health literacy among youth in Surakarta. *Stress*. 2018;18(13):85.
32. Ibrahim N, Amit N, Shahar S, Wee LH, Ismail R, Khairuddin R, Siau CS, Safien AM. Do depression literacy, mental illness beliefs and stigma influence mental health help-seeking attitude? A cross-sectional study of secondary school and university students from B40 households in Malaysia. *BMC public health*. 2019 Jun;19(4):1-8.
33. Aguirre Velasco A, Cruz IS, Billings J, Jimenez M, Rowe S. What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. *BMC psychiatry*. 2020 Dec;20(1):1-22.
34. Yar'Zever IS. Assessment of Relatives Beliefs and Attitude on Mental Illness and Treatment in Kano, Nigeria. *Annals of Medical and Health Sciences Research*. 2017.
35. Adeosun II. Adolescent students' knowledge of depression and appropriate help-seeking in Nigeria. *International neuropsychiatric disease journal*. 2016;6(3):1-6.
36. Benedicto M, Mndeme E, Mwakagile DS, Mwansisya T. Community knowledge, attitudes and perception towards mental illness in Dodoma municipality, Tanzania. *ARC J Public Health Community Med*. 2016;1(3):10-8.

**Cite this article:** Idoko Lucy O, Okafor Kingsley Chinedu, *et al.* *Help-Seeking Behaviour and Preferences for Mental Disorders Among of Adolescents in an Urban District in Abuja, Nigeria. International Journal of Research in Medical and Clinical Sciences; 2023;1(1);69-79.*

**Copyright:** © 2023. *This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.*