

## **COPING STRATEGIES AND SUPPORT SYSTEMS IN THE TREATMENT OF MENTAL HEALTH PROBLEMS IN NIGERIA.**

By

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### **Abstract**

Nigeria today confronts a state of emergency in mental health. Despite there being policies aimed at addressing mental issues in Nigeria, there is still significant disparity between the demand and supply of mental

health services, and at the same time, in-depth information on mental health services is non-existent. Therefore, this study explored coping strategies and support systems in the treatment of mental health problems in Awka South Local Government Area, Anambra State. Social learning theory by Albert Bandura served as the theoretical framework. It also employed a cross-sectional survey design and multi-stage sampling technique where a total of 400 respondents who are residents of Awka South Local Government Area of Anambra were randomly sampled using a structured questionnaire and in-depth interviews. Data collected were presented and analyzed using descriptive statistics such as percentages and frequency distribution tables. Interviews were transcribed and analyzed with the use of the thematic method of data analysis. The study hypotheses were tested using the chi-square ( $\chi^2$ ) test of statistics. The study findings revealed that mental health problems are highly prevalent in Awka South Local Government Area, with most respondents affirming their visibility and public concern. It showed that youth are the most affected demographic, likely due to socio-economic pressures such as unemployment and drug abuse. It was recommended that, amongst other things, the Anambra State Government, in collaboration with non-governmental organizations, should implement community-based awareness programs to educate residents of Awka South

Local Government Area on the causes, symptoms, and treatment of mental health problems.

**Key Words:** Coping Strategies, Mental Health Problems, Treatment, Support Systems

## **Introduction**

Mental health is an integral part of health and well-being, and yet it's been neglected in this part of the world (Wada et al. 2021). Across the globe, 450 million people have mental disorders, and 25% of the population will suffer from mental health problems at some time in their lives (WHO, 2021). In the view of Rehm and Shield (2019), mental health problems contribute to approximately 7% of the global health burden, impacting disabilities. According to the World Health Organisation (2021), mental health is more than just the absence of mental disorders or disabilities. It is an important and essential component of health. Going by this statement, mental health is a state of well-being in which the individual realises his or her own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community (WHO, 2021).

In Africa, with Nigeria not an exception, mental health problems appear to be increasing in importance (Sankoh and Sevalie, 2018). To Sankoh and Sevalie (2018), between 2000 and 2015, the continent's population grew by 49%, yet the number of years lost to mental health problems increased by 52%. In Nigeria, the subject of mental health is often culturally evaded, as many people are not usually inclined to discuss it openly (Bakare, 2013; Onyewunmi et al., 2015). The reality, however, is that mental health statistics in Nigeria are alarming. Nigeria is a country with a population of more than 200 million people, with about 60 million people going through mental health issues (The Borgen Project, 2023). According to Fadele et al. (2024), Nigeria today confronts a state of emergency in mental health.

This is because Nigerians with mental health problems are often rendered to their household members since the available mental health workforce is apparently out of proportion, the majority of whom are centralised in urban areas, compounded by the lack of knowledge and capacity to cater to mental health problems at the primary healthcare level (Ugochukwu, 2020). Statistics indicate that about 80% of people in Nigeria with severe mental health problems are unable to obtain care, which is primarily attributable to the country's stigma and negative social attitudes toward mental health issues as well as lack of facilities, resources, and mental health

professionals (Fadele et al. 2024). Also, according to Ikwuka (2016), there is a widespread belief in Nigeria that mental health problems originated from supernatural causes, such as being possessed by evil spirits. Hence, it is common for individuals with mental health problems to be left in the hands of the “gods” or traditional healers for help (Ikwuka, 2016).

Moving forward, Nigeria's federal government has continuously earmarked less than 15% of the benchmark of the health sector budget allocation agreed upon in April 2001 by leaders of the African Union. According to Wada et al. (2021), in 2012, Nigeria earmarked 5.95%, 4.4% in 2014, 5.5% in 2015, 4.23% in 2016, 4.16% in 2017, 3.9% in 2018, and less than 5% in 2020. Presently, despite the low budget allocation for health care in Nigeria, mental health care does not have a clearly defined allocation from the total health care budget allocation (Fadela et al. 2024). These shortcomings have stalled mental health practitioners from carrying out adequate research and engaging in other activities that will positively enhance the treatment of persons with mental health problems.

Statistically, the WHO estimates that a whopping 20% of Nigerians, or around 40 million people, are affected by mental health problems (Coker, 2018). According to

Coker (2018), some of Nigeria's most prevalent mental health problems include depression and anxiety disorder. In 2017, about 7 million Nigerians (3.9% of the population) had depressive disorders, and 4.9 million Nigerians (2.7%) had anxiety disorders. On top of this, substance abuse disorders, bipolar disorder, schizophrenia, and personality disorders are common in Nigeria.

Therefore, following the above-stated problems, it is established that treatment of mental health problems in Nigeria desperately needs improvement, and thus, it is imperative to have an empirical study on the subject of discussion, as it will help to unearth ideas, opinions, and various viewpoints that will aid in developing a feasible framework and coping strategies that would spur the treatment of mental health problems in Nigeria. It is therefore against this backdrop that this study is aimed at exploring coping strategies and support systems in the treatment of mental health problems in Awka South Local Government Area, Anambra State.

## **Review of Related Literature**

### **Concept of Mental Health Problem**

'Mental health problem' refers to a health condition involving changes in emotion, thinking and behaviour (or a combination of these). Mental health problems can be associated with distress and/or problem functioning in social, work or family activities (Chesla, 2020). Awadalla et al. (2020) defined it as all diagnosable mental disorders. Mental health problems are common among youths in Nigeria. It is treatable, and a vast majority of individuals with mental health problems continue to function in their daily lives. Mental health illness results in significant changes in thinking, emotion and behaviour. The opposite of it, which is mental health, involves effective functioning in daily activities resulting in productive ventures, healthy relationships, the ability to adapt to change and coping with adversity (Awadalla et al., 2020).

Mental health is the foundation for emotions, thinking, communication, learning, resilience, hope and self-esteem (Ikejiuba, 2020). Mental health is also key to relationships and personal and emotional well-being and contributes to community development. This makes it a component of overall well-being. It can influence and be influenced by physical health. Many people who have mental health problems do not want to talk about it (Ikejiuba, 2020). But a mental health problem or illness, according to Field (2020), is nothing to be ashamed of. It

is a medical condition, just like heart disease or diabetes, and can be treated. Research is continually expanding our understanding of how the human brain works, and treatments are available to help people successfully manage mental health problems.

Speaking further, Castro and Rice (2021) posited that mental illness does not discriminate; it can affect anyone regardless of age, gender, geography, income, social status, race, ethnicity, religion, spirituality, sexual orientation, background or other aspects of cultural identity. Crocker (2022) agreed that while mental illness can occur at any age, three-fourths of all mental illness begins by age 24. Mental illness takes many forms. Some are mild and only interfere in limited ways with daily life, such as phobias (abnormal fear). Other mental health illnesses are so severe that a person may need care in a hospital. Similar to other medical illnesses, the optimal way to provide care depends on the illness and the severity of its impact (Castro & Rice, 2021; Crocker, 2022).

Ahmed et al. (2021) stressed that mental health conditions are treatable, and improvement is possible. Many people with mental health conditions return to full functioning after treatment. It is not always clear when a

problem with mood or thinking has become serious enough to be a mental health concern. Sometimes, for example, a low or depressed mood is normal, such as when a person experiences the loss of a loved one, but if that depressed mood continues to cause distress or gets in the way of normal functioning, the person may benefit from professional care. People of diverse cultures and backgrounds may view mental health conditions differently. However, stigma around mental illness and treatment prevents many people from seeking needed treatment in Nigeria (Ahmed et al., 2021).

### **Prevalence of Mental Health Problems in Nigeria**

Mental health remains a critical yet often overlooked public health issue in Nigeria, a country grappling with a complex interplay of socio-economic, cultural, and systemic challenges. With a population exceeding 200 million, Nigeria faces a significant burden of mental health problems, affecting individuals across all demographics (Wenger & Mittleman, 2020). The prevalence of mental health problems in Nigeria is alarmingly high, driven by factors such as poverty, conflict, stigma, and limited access to mental health services. Understanding the scope of this issue is essential for developing effective interventions and

fostering a society that prioritizes psychological well-being (United Nations, 2019).

Estimates suggest that approximately 20–30% of Nigerians experience some form of mental health problems at any given time, with conditions such as depression, anxiety, substance abuse, and post-traumatic stress disorder (PTSD) being among the most common (Abubakar, 2021). According to the World Health Organization (WHO, 2021), Nigeria has one of the highest rates of depression in Africa, with over 7 million Nigerians affected. Suicide rates, often linked to untreated mental health conditions, are also a growing concern, with Nigeria recording an estimated 12.1 suicides per 100,000 people. These figures likely underestimate the true prevalence, as underreporting and misdiagnosis are rampant due to cultural stigma and inadequate diagnostic resources (WHO, 2021; Akinrinde et al., 2024).

Several factors contribute to the high prevalence of mental health problems in Nigeria. Poverty, affecting over 40% of the population, creates chronic stress and exacerbates conditions like depression and anxiety (Ameh, 2019). The ongoing insurgency in the Northeast, coupled with communal violence and kidnapping across

the country, has led to widespread trauma, particularly among women and children. For instance, survivors of Boko Haram attacks often exhibit symptoms of post-traumatic stress disorder (PTSD), yet access to psychological support remains scarce. Additionally, rapid urbanization and unemployment especially, among youth, fuel feelings of hopelessness, thereby contributing to substance abuse and other maladaptive coping mechanisms (Ameh, 2019; Abubakar et al., 2025).

According to Nolan et al. (2020), depression is one of the common mental health problems. Hopelessness and helplessness are its main causes. Depression is a prevalent problem among young people across Nigeria. For students, it affects learning abilities and the ability to perform their daily and routine activities efficiently. Depression is marked by sad feelings among undergraduates, and it is now known as a common mental illness.

### **Perceptions of Mental Health Problems among People**

Mental health issues among young Nigerians are increasingly recognised as a critical public health concern, yet perceptions of these problems are shaped by

a complex interplay of cultural, social, religious and modern influences (Novotney, 2021). Nigeria, with its youthful population of over 60 per cent citizens under 25, faces unique challenges in addressing mental health. Young Nigerians navigate a society where traditional beliefs, stigma, economic pressures and globalised perspectives collide, resulting in diverse and often conflicting views and perceptions of mental health problems (Novotney, 2021). The perceptions of Nigerians about mental health problems among young people have been examined by different researchers (Novotney, 2021; Nwakoby, 2021; Olowu, 2022; Ogonna et al., 2024). Their viewpoints and perceptions have been discussed as follows:

### **Cultural and Traditional Perspectives**

In many Nigerian communities, mental health problems are often misunderstood through a cultural lens that attributes them to supernatural causes. Among young Nigerians, particularly those in rural areas or with strong ties to traditional practices, mental illnesses such as depression, anxiety or schizophrenia may be perceived as spiritual afflictions.

### **Religious Influences**

Religion plays a significant role in shaping perceptions of mental health in Nigeria. Many young Nigerians view mental health problems through a religious framework, often interpreting them as tests of faith, demonic possession or consequences of sin (Ogbonna et al., 2024). In charismatic Christian churches and some Islamic sects, mental health struggles may be addressed through deliverance sessions, fasting or exorcisms rather than therapy or medication. For example, a young Nigerian experiencing anxiety might be encouraged to pray fervently or undergo spiritual cleansing rather than seek psychiatric care. While these practices offer community support, they can reinforce stigma by framing mental health issues as moral or spiritual failings.

### **Economic and Structural Factors**

Economic hardship and inadequate healthcare infrastructure shape how young Nigerians perceive and address mental health problems (Ozota et al., 2024). With over 50 per cent of Nigerian youths unemployed or underemployed, according to a recent survey by the National Bureau of Statistics (NBS, 2023), financial stress exacerbates conditions like anxiety and depression. Many young people view mental health struggles as secondary to survival needs, dismissing

them as “luxury problems” that only the privileged can afford to address. The scarcity of mental health services in Nigeria reinforces the perception that professional help is inaccessible.

### **Social Stigma and Peer Influence**

Social stigma remains a formidable barrier to addressing mental health problems among young Nigerians. Mental health illness is often equated with "madness", a term that evokes images of severe, visible disorders rather than common issues like depression or anxiety. Young people fear being labelled as weak or unstable, which can lead to social exclusion or discrimination in academic and professional settings (Owens et al., 2021).

### **Challenges Affecting the Treatment of Mental Health Problems**

Mental health problems are caused by complex interactions between social, psychological, and

biological factors. Life events such as childhood adversity and loss of one's parents, siblings, or loved ones contribute to the intensity of mental strain among the youths (Owens et al., 2021). According to Umejesie (2023), when young people get worried about their poor family backgrounds, past and present ugly experiences, their journey in life, academic performances, amongst others, so much so that they begin to feel like they have achieved nothing, such youths are likely to feel and experience mental health problems. Looking at causes of mental health illness among youths, Ameh (2019) stated that an individual's beliefs regarding life, the world, and the future can affect mental health. That is why people who blame themselves for their financial misfortunes often experience mental health problems. This section explores the challenges affecting the treatment of mental health problems in Nigeria (Uchegbu, 2021; Umejesie, 2023). They are discussed as follows:

### **Inadequate Mental Health Infrastructure**

One of the most significant barriers to treating mental health problems in Nigeria is the lack of adequate mental health infrastructure. The country has fewer than 10 psychiatric hospitals to serve its large population, with most facilities concentrated in urban areas, leaving rural communities underserved (Adewuya, 2021; Ogbonna et al., 2024). For instance, facilities like the Federal Neuropsychiatric Hospitals in Yaba, Lagos, and Aro

Neuropsychiatric Hospital in Abeokuta are overburdened and often lack modern equipment or sufficient bed space. Community-based mental health services, which are essential for early intervention and ongoing care, are virtually non-existent in most regions.

### **Stigma and Cultural Beliefs**

Stigma surrounding mental health is a pervasive challenge in Nigeria, deeply rooted in cultural and religious beliefs. Mental illness is often misunderstood and attributed to supernatural causes such as witchcraft, demonic possession, and ancestral causes. These misconceptions discourage individuals from seeking professional help, as families may prefer traditional healers or religious leaders over medical practitioners (United Nations, 2019; Stanley & Chinwe, 2022). For example, in many Nigerian communities, a person exhibiting symptoms of schizophrenia might be taken to a spiritual healer for rituals rather than a psychiatrist for mental evaluation.

### **Limited Human Resources**

The shortage of mental health professionals in Nigeria is a critical barrier to effective treatment. The country has fewer than 300 psychiatrists for its population, translating to a ratio of approximately one psychiatrist per 10,000 people (Adewuya, 2021; Breslau et al., 2023). Additionally, there is a scarcity of clinical

psychologists, psychiatric nurses, and social workers trained in mental health care.

### **Policy and Funding Gaps**

Nigeria's mental health policy framework is outdated and poorly implemented. The country's mental health legislation, primarily based on the Lunacy Act of 1946, is archaic and does not reflect modern understandings of mental health or human rights (Awoke, 2021; Aydogan&Buyukyilmaz, 2021). Although efforts have been made to update the mental health bill, it has not been passed into law, leaving a regulatory vacuum.

### **Theoretical Framework**

Social learning theory by Albert Bandura 1961 has been selected to serve as the theoretical framework for this study because it holds that people learn new behaviors through imitation, and some of these new behaviors, like drug use, could lead to mental health illnesses such as depression, delusion, hallucination, phobias, anxiety, mood swings, insomnia, psychosis, and schizophrenia. It is instructive to note that usually, youths see bad behaviors as fun and a good way to explore life until mental illness sets in. This perhaps is one of the reasons why criminologists stress the need to have a good neighborhood and learning environment for youths so that they will not be exposed to the negative peer and social media influences in society. This position and

logical argument by social learning theory has earned it a spot in this study as the most suitable theory to provide good understanding of the treatment of mental health problems and convey existing misconceptions and perceptions, challenges, and treatments of mental health problems among residents of Awka South Local Government Area of Anambra State, Nigeria.

### **Methodology**

A mixed-methods research design was adopted for this study. The area of the study was Awka South Local Government Area, located in Anambra State, with its headquarters in Awka. Awka South has a land area of 10.95 square meters and experiences two distinct geographical seasons (the rainy and dry seasons), with an estimated total amount of precipitation of 2950 mm. Nine towns make up the Awka South Local Government Area: Awka, Nibo, Nise, Isiagu, Mbaukwu, Okpuno, Ezinato, Umuawulu, and Amawbia. The indigenous people of Awka South are primarily of the Igbo ethnic group. They have a rich culture and customs, strengthened by a hierarchal demarcation of responsibilities within the traditional administrative cadres aimed at maintaining law and order in society. According to the 2025 National Population Commission (NPC), using the estimated 3% annual population growth rate, Awka South LGA has a total population of 303,447 persons. The population is made up of 160,723 males

and 142,724 females. Additionally, the study sample included 400 persons aged 18 years and above who are residents of Awka South Local Government Area. The sample size was calculated using Yamane's (1967) statistical method. The study used both nonprobability and probability sampling techniques. To maximize the study's results, the researchers used both quantitative and qualitative methods. Structured questionnaires and the In-Depth Interview (IDI) were tools utilized to gather quantitative and qualitative data for this study. The Test-Retest Reliability Technique was used in the investigation. The Statistical Package for the Social Sciences (SPSS) version 25 was employed to manage and analyze the data collected for this study. Descriptive statistics, encompassing fundamental percentages, charts, and frequency distributions, were employed to organize, display, analyze, and interpret the data.

## Results

**Table 1: Respondents' views on when last they saw an individual suffering from a mental health problem in Awka South Local Government Area**

Responses	Frequency	Percentage (%)
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Less than two days ago	128	34.6
Less than a week	108	29.2
A month ago	84	22.7
Two months and above	50	13.5
<b>Total</b>	<b>370</b>	<b>100.0</b>

### Field Survey, 2026

Table 1 presents respondents' views on when last they saw an individual suffering from a mental health problem in Awka South LGA. The data reveals that the majority, 128 respondents (34.6%), reported seeing someone with a mental health problem less than two days ago, followed by 54 respondents (29.2%) within a week. This suggests that mental health issues are frequently observed in the community. A smaller proportion, 84 respondents (22.7%), reported seeing such cases a month ago, and 50 respondents (6.2%) reported two months or more. This indicates a high visibility of mental health problems in Awka South LGA.

**Table 2: Respondents' views on the assessment of the prevalence of mental health problems in Awka South Local Government Area**

<b>Responses</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Very High	146	39.5
High	108	29.2
Low	66	17.8
Very Low	50	13.5
<b>Total</b>	<b>370</b>	<b>100.0</b>

**Field Survey, 2026**

Table 2 indicates respondents' views on the assessment of the prevalence of mental health problems in Awka South LGA. The data reveals that 146 respondents (39.5%) rated the prevalence as very high, and 108 respondents (29.2%) rated it as high, indicating a strong perception of widespread mental health issues. A smaller proportion, 66 respondents (17.8%), rated it as low, and 50 respondents (13.5%) rated it as very low. This suggests that most respondents perceive mental health problems as highly prevalent in the area.

**Table 3: Respondents’ views on the notable challenges affecting the treatment of mental health problems in Awka South LGA**

<b>Responses</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Stigmatisation and cultural beliefs	150	40.5
Inadequate mental health infrastructure	86	23.2
Shortage of mental health professionals	74	20
High cost of treatment	44	11.9
Lack of health insurance	16	4.3
<b>Total</b>	<b>370</b>	<b>100.0</b>

**Field Survey, 2026**

Table 3 notes respondents’ views on the notable challenges affecting the treatment of mental health problems in Awka South LGA. The data reveals that 150 respondents (40.5%) identified stigmatisation and cultural beliefs as the primary challenge, followed by 86 respondents (23.2%) citing inadequate mental health

infrastructure, 74 respondents (20%) pointing to a shortage of mental health professionals, 44 respondents (11.9%) mentioning high cost of treatment, and 16 respondents (4.3%) indicating lack of health insurance. This suggests that cultural and systemic barriers are significant impediments to mental health care in Awka South LGA.

This data is corroborated by the interviews conducted. Findings from the interviewees are reproduced below.

**An interviewee stated:**

Drug abuse is a big problem causing mental illness, and many people end up on the streets because there's no proper care. Stigma and lack of hospitals are huge challenges (Male, 45, married, health care provider, Awka South indigene).

**Another interviewee stated:**

People with mental problems are often taken to prayer houses or left to roam. The biggest issues are stigma and no mental health facilities. Treatment is too expensive for most (Female, 35, married, trader, Awka South).

**Another interviewee also stated:**

There are many challenges, like no professionals or clinics. Cultural beliefs make people think it's spiritual, so they don't seek proper treatment. Drug abuse is also a cause (Male, 50, married, civil servant, Awka South).

**Table 4: Respondents' views on strategies to improve the treatment of mental health problems and enhance support systems in Awka South Local Government Area**

<b>Responses</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Public enlightenment on mental health problems	170	45.9
Increase in the number of mental health professionals	108	29.3
Provision of adequate mental health infrastructure	92	24.8
<b>Total</b>	<b>370</b>	<b>100.0</b>

**Field Survey, 2026**

Table 4 shows respondents' views on strategies to improve the treatment of mental health problems and

enhance support systems in Awka South LGA. The data reveals that 170 respondents (45.9%) identified public enlightenment as the most effective strategy, followed by 108 respondents (29.3%) citing an increase in the number of mental health professionals, and 92 respondents (24.8%) mentioning provision of adequate mental health infrastructure. This suggests that respondents believe awareness and systemic improvements are key to enhancing mental health care in the area.

This data is corroborated by the interviews conducted. Findings from the interviewees are reproduced below.

**An interviewee stated:**

Public enlightenment is crucial to reduce stigma. We need more mental health professionals and proper clinics. The government should fund these efforts to help people (Female, 42, married, teacher, Awka South indigene).

**Another interviewee stated:**

We need campaigns to educate people about mental health. More trained professionals and facilities would

make a big difference. Policy support is essential (Male, 48, married, health care provider, Awka South).

**Another interviewee also stated:**

Educating the public and building mental health centers are important. Training more professionals will help treat people properly and reduce roaming cases (Female, 32, single, student, Awka South).

**Discussion of Findings**

The study explored coping strategies and support systems in the treatment of mental health problems in Awka South Local Government Area, Anambra State. From the findings, it was observed that mental health problems are highly prevalent in Awka South Local Government Area, with most respondents affirming their visibility and public concern. These findings corroborate the findings of a similar study conducted by the World Health Organization (2021), which noted that Nigeria has one of the highest rates of depression in Africa, with over 7 million affected. From the findings, it is instructive to assert that mental health problems are a significant public health issue in Awka South Local Government Area.

On the issue of perceptions of mental health problems among people in Awka South Local Government Area of Anambra State, the data that were analyzed showed that youth are the most affected demographic, likely due to socio-economic pressures such as unemployment and drug abuse. This finding aligns with Crocker (2022), who noted that three-fourths of mental illness begins by age 24. The high prevalence and public concern underscore the need for urgent interventions. The study also found that supernatural beliefs, such as demonic possession, dominate perceptions of mental health problems, corroborating Ahmed et al. (2021), who highlighted that stigma and cultural beliefs prevent many from seeking treatment in Nigeria. From the findings, it then implies that cultural norms significantly shape health-seeking behavior.

Moving on, an issue of the challenges affecting the treatment of mental health problems in the Awka South Local Government Area of Anambra State, the study identified drug abuse, stress, trauma, and poverty as major causes of mental health problems, supporting Abubakar (2021), who linked socio-economic factors like poverty to mental health issues in Nigeria. The prevalence of stigma and discrimination, as noted by 60.2% of respondents, further complicates treatment, aligning with the findings of Awadalla et al. (2020) on the impact of stigma. The study also revealed significant

challenges, including stigmatization, inadequate infrastructure, and a shortage of professionals, corroborating Ameh (2019), who emphasized systemic barriers in Nigeria's mental health care system.

Amidst these challenges on the issue of measures that can be employed to improve the treatment of mental health problems and enhance adequate support systems in the Awka South Local Government Area of Anambra State; the benefits of addressing mental health problems were indirectly highlighted through the need for improved treatment pathways, as many individuals are currently left to roam the streets or rely on prayer houses and traditional healers. Equally, the study identified public enlightenment, increased professionals, and infrastructure development as key strategies, supported by the WHO (2021), which advocates for awareness and systemic improvements to enhance mental health care.

### **Conclusion and Recommendations**

Based on the findings, it is concluded that mental health problems are a significant public health issue in Awka South Local Government Area, Anambra State, with high prevalence and public concern, particularly among youth. The dominance of supernatural beliefs, such as demonic possession, shapes negative perceptions and contributes to widespread stigmatization, which hinders treatment. Socio-economic factors, especially poverty

and drug abuse, are major drivers of mental health issues, exacerbating the challenges faced by the community. The lack of mental health infrastructure and professionals, coupled with cultural barriers, results in inadequate treatment, with many affected individuals left without proper care. Addressing these issues requires a multifaceted approach, including public education, increased professional capacity, and improved infrastructure. Based on the findings and conclusions, the following recommendations are made:

1. The Anambra State Government, in collaboration with non-governmental organizations, should implement community-based awareness programs to educate residents of Awka South LGA on the causes, symptoms, and treatment of mental health problems. These campaigns should aim to dispel myths about demonic possession and promote understanding of mental health as a medical condition.
2. The government should invest in training and recruiting more mental health professionals, including psychiatrists, psychologists, and counselors, to address the shortage in Awka South LGA. Scholarships and incentives could encourage professionals to serve in rural areas.

3. The state government should establish well-equipped mental health facilities and psychiatric units in existing hospitals within Awka South LGA to provide accessible and affordable treatment options for residents.
4. Community leaders and health authorities should develop policies that promote social inclusion and reduce stigmatization of individuals with mental health problems. This could include integrating mental health education into school curricula and community programs.
5. The government should implement poverty alleviation programs and youth employment initiatives to reduce the socio-economic pressures contributing to mental health problems, such as unemployment and drug abuse.

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