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Mental Health Literacy, Stigma, and Help-Seeking Behavior: A Study Among Teenagers in Rumuolumeni, Rivers State

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Abstract

Adolescence is a critical period of significant physical, emotional, and social change, during which mental health problems often emerge. In Nigeria, the prevalence of mental health issues among adolescents is a growing concern, with studies suggesting that up to 20% of adolescents experience mental health problems. However, mental health literacy (MHL), which refers to the knowledge and beliefs about mental health and mental illness, is often poor among adolescents, leading to delayed or inadequate help-seeking. Furthermore, stigma and discrimination against individuals with mental illness are pervasive in Nigerian society, creating a significant barrier to help-seeking behaviour (HSB). In Rivers State, Nigeria, where this study is situated, there is a paucity of research on mental health literacy, stigma, and help-seeking behaviour among adolescents. This study aims to address this knowledge gap by investigating the level of mental health literacy, the impact of stigma, and help-seeking behaviours among teenagers in Rumuolumeni, Rivers State. A cross-sectional survey was conducted among 285 secondary school students (ages 13-19) from public and private schools. Data were collected using structured questionnaires and vignettes assessing knowledge of mental health conditions, attitudes toward stigma, and preferred help-seeking pathways. Chi-

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square tests were used to analyse associations between demographic factors and key mental health variables. The results show that 56.9% of participants could recognize symptoms of mental health conditions in themselves. However, fewer students accurately identified depression (36.3%), anxiety (22.8%), and addiction (41%). Stigma was a major barrier, with 24.8% of respondents reporting personal experiences of discrimination, often from friends (55.9%) and family (30.9%). Help-seeking was predominantly informal, with 64.9% preferring parents/guardians over mental health professionals (13.6%). While gender, age, and school type showed no significant associations with MHL, stigma, or HSB, religion significantly influenced stigma ($p = 0.020$). These findings emphasize the need for urgent attention to promote mental health literacy, reduce stigma, and encourage help-seeking behaviour among teenagers in Rumuolumeni, Rivers State. The findings suggest that adolescent-centred mental health education, stigma-reduction campaigns, and community-based interventions are essential to promote early intervention and improve adolescent mental health outcomes. By strengthening school curricula, training parents and guardians, and engaging religious leaders and the community, we can work towards creating a supportive environment that encourages teenagers to seek help and promotes positive mental health outcomes. The study's findings have important implications for policymakers, educators, healthcare providers, and community leaders working to promote adolescent mental health in Nigeria.

Keywords: Adolescents, Community, Health, Mental, Rivers State, Rumuolumeni, Teenagers

INTRODUCTION

In recent years, mental health has emerged as a critical global public health priority. The World Health Organization (WHO) estimates that mental health disorders account for a significant proportion of the global burden of disease, with depression projected to become the leading cause of disability-adjusted life years by 2030 (Blakemore, 2019). It is also reported that mental healthcare costs the global economy about $1 trillion in lost productivity (Babasola *et al.,* 2024). Mental health literacy (MHL) was coined in the late 1990s to describe the "knowledge and beliefs about mental health disorders" (Zenas *et al.,* 2020). Today, MHL is defined as knowledge and beliefs about mental disorders that aid their recognition, risk factors, treatment, management, and prevention, and is widely regarded as a strategic tool to address the challenges that may arise (Zare *et al*., 2022).

Improved MHL can enhance help-seeking behaviours, reduce stigma, and facilitate early intervention, which are crucial steps in reducing the personal and societal costs of mental health disorders (Wei *et al.*, 2015). Globally, adolescents represent a particularly vulnerable demographic group. Approximately 75% of mental health disorders manifest between the ages of 12 and 24, emphasizing the need for targeted interventions during these formative years (Bale *et al.*, 2019). However, research shows that adolescents often struggle to recognize symptoms of mental health conditions and are hesitant to seek help due to stigma and low mental health literacy (Velasco *et al.,* 2020). Apart from age, there are other factors that affect MHL. One of such factors is gender. Evidence suggests that females are more likely to identify mental health conditions and exhibit adaptive help-seeking behaviours compared to males (Coles *et al.*, 2016). Some other factors are socio-cultural, including family structure, religion, and school type. These factors significantly shape adolescents' perceptions of mental health and their willingness to seek support (Adeosun, 2016; Ngwu *et al.*, 2024). In the Nigerian context, mental health awareness has gained traction in recent years, driven by initiatives like the Mentally Aware Nigeria Initiative (MANI) and increased public discourse on mental health issues. Despite this progress, gaps remain in understanding the level of MHL across different demographic groups. According to Africa Polling Institute & EpiAFRIC (2020), many Nigerians are familiar with glaring signs of mental health conditions but cannot identify subtle symptoms, leading to delayed intervention and continued stigmatization. Additionally, adolescents in Nigeria are also affected by cultural beliefs that often frame mental illness as a spiritual or supernatural problem, thereby discouraging help-seeking behaviour (HSB) (Aluh *et al.*, 2018; Neem Foundation, 2021). Rumuolumeni, a semi-urban community in Rivers State, exemplifies these challenges. With limited access to mental health services and persistent socio-economic stressors, teenagers in this area are at heightened risk of experiencing untreated mental health conditions. Stigma and misconceptions about mental health worsen these conditions, leading to social isolation and diminished quality of life (Emenyi, 2023). Adolescent mental health is a growing global concern, with approximately one in seven adolescents experiencing a mental health condition (WHO Africa, 2022). These conditions, including depression, anxiety, and substance use disorders, significantly impact adolescents' academic, social, and emotional development. Globally, initiatives such as Australia's National Mental Health Strategy and the Swiss Youth Mental Health Literacy Survey have demonstrated the importance of improving mental health literacy to address these

challenges (Dey *et al.*, 2019). Programs targeting adolescents often emphasize early identification of mental health issues, reducing stigma, and fostering help-seeking behaviours. However, these initiatives are frequently tailored to high-income settings and may not be directly applicable to the unique sociocultural contexts of low- and middle-income countries. In Nigeria, mental health among adolescents is significantly under-researched despite evidence of a high prevalence of mental health disorders (Africa Polling Institute & EpiAFRIC, 2020). Studies indicate that cultural factors, including traditional and religious beliefs, often frame mental health issues as spiritual or supernatural, perpetuating stigma and hindering help-seeking behaviours (Emenyi, 2023). Structural barriers such as inadequate mental health services, low funding, and a shortage of professionals exacerbate the challenges adolescents face (Jibril, 2023). Mental health literacy (MHL) is an essential component of improving adolescent mental health outcomes, encompassing knowledge, attitudes, and skills that enable individuals to recognize, manage, and prevent mental health challenges (Zenas *et al.,* 2020; Zare *et al.*, 2022). Universally, the concept of MHL has evolved to address both individual and systemic health inequalities, with key components including knowledge of mental disorders, risk factors, treatments, and help-seeking efficacy (Wei *et al.*, 2015). Evidence suggests that higher MHL among adolescents facilitates early recognition of mental health conditions and encourages timely help-seeking behaviours, thereby reducing the risk of long-term complications (Kutcher *et al.*, 2016). In Nigeria, research on adolescent MHL remains limited, with existing studies often focused on university populations rather than secondary school students or younger adolescents (Adeosun, 2016). Cultural misconceptions, such as associating mental illness with spiritual or supernatural causes, further impede the development of MHL among Nigerian adolescents (Emenyi, 2023). Velasco *et al.* (2020) and Coles *et al.* (2016) agree that there are gender differences in MHL as female adolescents tend to demonstrate greater mental health awareness and willingness to seek help compared to males. Furthermore, family dynamics, including parental attitudes and support systems, significantly influence adolescents' mental health knowledge and behaviours (Adeyemi, 2024). Stigma is one of the most significant barriers to addressing mental health challenges, particularly among adolescents (Jibril, 2023). It manifests in various forms, including public stigma, self-stigma, perceived stigma, institutional stigma, and professional stigma (Emenyi, 2023). Schnyder *et al.*, (2017) describes public stigma as societal attitudes that label individuals with mental health conditions as dangerous or incapable, while self-stigma involves internalized

negative beliefs about oneself due to mental illness. Similarly, Alemu *et al.,* (2023) explains that internalised stigma can occur when people have suppressed negative but socially acceptable beliefs and attitudes towards mental health. These forms of stigma deter adolescents from seeking help, fearing discrimination and social rejection. In Africa, there is an abundance of gender, religious, and culture-based stigma which can prevent people from actively seeking help or participating in psychosocial support workshops or conversations (Ras, 2023). In the Nigerian context, Monday (2022) reports that stigma is deeply rooted in cultural and traditional beliefs. Mental health conditions are often attributed to supernatural forces or spiritual causes, leading to practices that stigmatize affected individuals rather than encourage professional intervention (Africa Polling Institute & EpiAFRIC, 2020). This stigma is further exacerbated by inadequate mental health education, which leaves adolescents and their families ill-equipped to recognize mental health issues or seek appropriate care. Reportedly, Nigeria ranks fourth - after Ethiopia, Kenya, and Egypt - as the country with the highest prevalence of high internalised stigma (Alemu *et al.,* 2023). Demographic factors, such as gender and family structure, influence the experience and impact of stigma. Female adolescents are more likely to encounter public stigma when seeking help, whereas male adolescents may internalize stigma more deeply due to societal expectations of masculinity (Velasco *et al.*, 2020). Additionally, adolescents from polygamous or single-parent families often face compounded stigma, both for their mental health challenges and their family background (Emenyi, 2023). According to Akinrinde *et al.,* (2024), addressing stigma requires targeted interventions that promote awareness, reduce discriminatory attitudes, and foster supportive environments. Help-seeking behaviour is a crucial aspect of addressing mental health challenges, as it determines whether individuals actively pursue support for their mental health concerns. Among adolescents, help-seeking is often shaped by multiple factors, including emotional competence, social influences, and systemic barriers. In their opinion, Radez *et al.*, (2021) records that adolescents frequently rely on informal sources, such as friends and family, rather than seeking professional help due to stigma, confidentiality concerns, and a lack of trust in healthcare providers. Globally, gender differences play a significant role in help-seeking patterns, with females being more likely to seek help compared to males, who often perceive help-seeking as a sign of weakness (Velasco *et al.*, 2020). Additionally, adolescents from disadvantaged backgrounds or underserved regions face structural barriers, such as limited access to mental health

services, high costs, and transportation challenges (Dey *et al.*, 2019). These barriers are particularly pronounced in low- and middle-income countries like Nigeria. In Nigeria, help-seeking behaviours among adolescents are influenced by cultural, religious, and familial factors. Emenyi (2023) proposes that adolescents are often discouraged from seeking professional help due to societal stigma and the belief that mental health issues can be resolved through spiritual means. Traditionally in Uganda, mental health disorders were attributed to external spiritual forces like curses and bewitchment with the average Ugandan referring to someone with mental health challenges as "Omulalu" meaning 'crazy' or 'insane' (Ras, 2023). This is similar to "Nye Ara" which means the same thing to the Ikwerre people who are the indigenous tribe in Rumuolumeni community. Cultural beliefs and terminologies like these are partly responsible for people's hesitation to seek mental help. Furthermore, inadequate mental health infrastructure and a lack of trained professionals exacerbate the reluctance to seek formal help (Africa Polling Institute & EpiAFRIC, 2020). The influence of family dynamics is also notable. Adeyemi (2024) argues that adolescents in supportive family environments are more likely to seek help, while those in restrictive or stigmatizing families may avoid disclosing their mental health concerns. Demographic factors such as gender, age, school type, religion, and family structure play a pivotal role in shaping adolescents' mental health literacy, stigma experiences, and help-seeking behaviours. Regarding gender, research proposes that male adolescents, compared to their female counterparts, are more likely to internalize stigma and avoid seeking help due to societal expectations of masculinity (Radez *et al.,* 2021). Age is another critical factor influencing mental health literacy and stigma. In their research, Kutcher *et al.*, (2016) clarify that older adolescents tend to exhibit higher levels of mental health awareness and are more likely to seek help than younger adolescents, who may lack the cognitive and emotional maturity to recognize mental health issues or navigate the help-seeking process effectively. Similarly, the type of school attended—whether public or private—can affect access to mental health resources and the prevalence of stigma. Private school students often have better access to educational programs on mental health, whereas public school students may face systemic barriers such as limited resources and underfunded health initiatives (Adeosun, 2016). Religion and family structure also significantly impact adolescents' mental health experiences. Religious beliefs can either support or hinder mental health awareness and help-seeking behaviours, depending on whether they promote understanding or encourage stigmatization (Africa Polling Institute & EpiAFRIC, 2020).

Family dynamics, including the presence of supportive parents or the structure of the family (e.g., nuclear vs. extended, polygamous vs. monogamous), play a crucial role in adolescents' willingness to seek mental health help. Again, Adeyemi (2024) explains that adolescents from supportive family environments are more likely to disclose mental health issues and pursue professional care, while those in restrictive or unsupportive families often face additional barriers. Policies, programs, and interventions targeting mental health have played pivotal roles globally and within Nigeria in addressing the challenges of mental health literacy (MHL), stigma, and help-seeking behaviours (HSB). Internationally, initiatives such as the World Health Organization's Mental Health Gap Action Programme (mhGAP) and Australia's National Mental Health Strategy have served as benchmarks for mental health promotion, particularly among vulnerable populations like adolescents (WHO Africa, 2022; Dey *et al.,* 2019). These programs emphasize integrating mental health services into primary healthcare systems, reducing stigma, and improving accessibility to mental health care. However, their success is often contingent on sufficient funding, effective implementation, and cultural relevance. In Nigeria, mental health policies and programs have shown varying degrees of success. Initiatives like the Mentally Aware Nigeria Initiative (MANI) and the enactment of the National Mental Health Act are milestones in fostering mental health awareness and reducing stigma (Akinrinde *et al*., 2024). Nevertheless, challenges such as limited infrastructure, inadequate funding, and a shortage of trained professionals persist, limiting the impact of these efforts. Additionally, most policies and interventions fail to address the unique needs of adolescents, particularly those in underserved regions like Rumuolumeni (Africa Polling Institute & EpiAFRIC, 2020). School-based interventions have proven effective in increasing MHL and promoting help-seeking behaviours among adolescents. Programs like psychoeducation and peer-led initiatives have been successfully implemented in high-income countries, offering a template for adaptation in Nigeria (Velasco *et al*., 2020). However, the integration of mental health education into Nigerian school curricula remains inconsistent and poorly funded (Adeosun, 2016). Furthermore, cultural and religious factors often shape the acceptability and effectiveness of such programs. Over the past decade, there has been an increasing global focus on mental health conditions and their significant impact on all aspects of human life. Nigeria has not been immune to this shift, with initiatives such as the Mentally Aware Nigeria Initiative (MANI) helping to raise awareness about mental health in the country (Africa Polling Institute & EpiAFRIC, 2020). Despite these efforts, a

critical gap remains in understanding the level of mental health literacy (MHL) across different age groups and demographic characteristics within Nigeria. Particularly among adolescents, stigmatizing attitudes and discriminatory behaviours toward mental health persist, and many teenagers struggle to seek help when experiencing mental health challenges. This study addresses the pressing need for localized data on MHL by investigating how demographic factors—such as gender, age, school type, religion, and family structure—shape mental health literacy in Rumuolumeni, Rivers State. By examining these factors, the study aims to identify key differences in MHL among adolescents and inform the design of targeted interventions and educational programs to improve mental health awareness and overall adolescent mental health outcomes in the region. In addition, this study seeks to explore the extent and nature of stigma surrounding mental health issues among adolescents in Rumuolumeni. By investigating how stigma influences both mental health literacy and help-seeking behaviours, the research aims to uncover the barriers that prevent teenagers from accessing mental health care. The findings will contribute to the development of culturally relevant strategies to combat stigma and improve mental health outcomes for Nigerian adolescents. Furthermore, this study examines the help-seeking behaviours of adolescents in Rumuolumeni, with a particular focus on how demographic factors such as gender, school type, and family structure influence their decisions to seek help for mental health issues. By identifying both the barriers and facilitators to help-seeking, the research will provide valuable insights for creating strategies that encourage healthier help-seeking behaviours and improve access to mental health care in Nigeria. Ultimately, the research seeks to contribute to the body of knowledge on mental health in Nigeria, providing insights that will enable mental health professionals and policymakers to develop culturally appropriate and context-specific interventions that align with both national and global mental health goals.

MATERIALS & METHODS

This study employed a descriptive cross-sectional design to assess Mental Health Literacy, stigma, and help-seeking behaviours among adolescents in Rumuolumeni, Rivers State. The study was conducted in two secondary schools (one public and one private) and involved 285 adolescents aged 13-19 years. The data collection took place over three days in January 2024, using a non-random convenience sampling approach and a self-administered

questionnaire. The study was approved by the National Open University of Nigeria (NOUN) and was supervised by Prof. Imarenezor Edobor Peter Kenneth.

Data Collection Instruments

This study used a paper questionnaire to collect data on Mental Health Literacy (MHL), stigma, and help-seeking behaviors among adolescents. The questionnaire consisted of several sections:

1. Demographic Information: Collected data on age, gender, school type, religion, and family structure.

2. Vignettes: Presented hypothetical scenarios of mental health challenges and asked participants to identify help-seeking behaviors.

3. Mental Health Literacy (MHL): Assessed knowledge of mental health conditions, treatment options, and stigma.

4. Stigma: Gauged stigmatization based on mental health.

5. Help-Seeking Behaviours: Explored willingness to seek help, types of support, and barriers.

6. Comparative Insights: Assessed perceptions of age, gender, religion, and school type as factors influencing MHL, stigma, and help-seeking behaviors.

The questionnaire used a mix of open and closed-ended questions to gather data.

Ethical Considerations

This study adhered to ethical principles to protect participants' well-being. Key considerations included:

1. Permission: Obtained from school principals.

2. Informed consent: Implied through voluntary participation.

3. Voluntary participation: Emphasized, with no consequences for non-participation.

4. Anonymity: Assured, with confidential responses.

5. Fair selection: Questionnaires distributed randomly among interested participants.

6. Age-appropriate language: Used to prevent distress or discomfort.

7. Support: Participants encouraged to seek guidance from trusted adults or mental health professionals if needed.

These measures ensured the study was conducted in an ethical and responsible manner.

Data Analysis

The study used a mixed-methods approach to analyze the data:

Quantitative Analysis:

1. Descriptive statistics: Frequencies and percentages were used to summarize responses on mental health literacy, stigma, and help-seeking behaviors.

2. Inferential statistics: Chi-square tests were conducted to examine relationships between demographic factors (age, gender, school type, religion, and family structure) and the study variables.

Qualitative Analysis:

1. Thematic analysis: Open-ended responses and vignettes were analyzed to identify recurring themes and patterns related to mental health literacy, stigma, and help-seeking behaviors.

2. Triangulation: Qualitative findings were combined with quantitative results to provide a comprehensive understanding of the research questions.

Limitations of the Study

The study acknowledges several limitations:

1. Financial constraint: Limited the number of schools and students that could be included.

2. Self-report bias: Participants may have provided socially desirable answers rather than their actual thoughts or behaviors.

3. Recall bias: Participants may have had difficulty remembering past experiences, leading to inaccurate responses.

4. Sampling limitations: The study only included secondary school students, excluding university students and those not in formal education.

5. Avoidance of sensitive topics: Participants may have felt uncomfortable discussing certain issues, leading to vague or incomplete responses.

To minimize these biases, the study:

1. Emphasized anonymity and confidentiality: To reassure participants that their responses would not be traced back to them.

2. Used neutral wording: To reduce the likelihood of socially desirable responses.

3. Encouraged honest responses: Students were encouraged to answer as honestly as possible.

These limitations should be considered when interpreting the study's findings.

RESULTS

Demographics

Two hundred and eighty-five (285) questionnaires were administered in this study, with a 96.5% adequate completion rate. The Community Secondary School (public school) accounted for 55.4% of the total responses. 62.8% of the respondents were young adolescents (13-15) while two of the respondents were below thirteen. 59.3% of the students were females. Most of the students were Christians (90.2%). Muslims made up 9.1%, while two students identified with "traditional" and "none", respectively.

Mental Health Literacy Among Teenagers

Familiarity with the concept of Mental Health

A frequency analysis was conducted to determine the percentage of teenagers who could identify signs of mental health issues in themselves and others. The results indicate that:

56.9% of the respondents could recognize signs of mental health issues in themselves, and 74.1% of the respondents could recognize signs of mental health issues in others.

Table 1: Awareness of Mental Health Issues

Awareness Variable	Yes (%)	No (%)
Can Identify Signs in Self	56.9	43.1
Can Identify Signs in Others	74.1	25.9

These findings suggest that familiarity with the concept of mental health issues is high among the teenagers.

Awareness of various Mental Health Conditions from Vignettes

Participants' ability to recognize specific mental health conditions from three vignette cases was assessed.

For David's case (Depression): Only 36.3% (n=85) accurately identified the condition using the term, Depression. Sixty-six students (28.2%) associated the condition with "mental health issues". Twenty-five students used the terms "sickness", "malaria", "fever", "typhoid", or "virus".

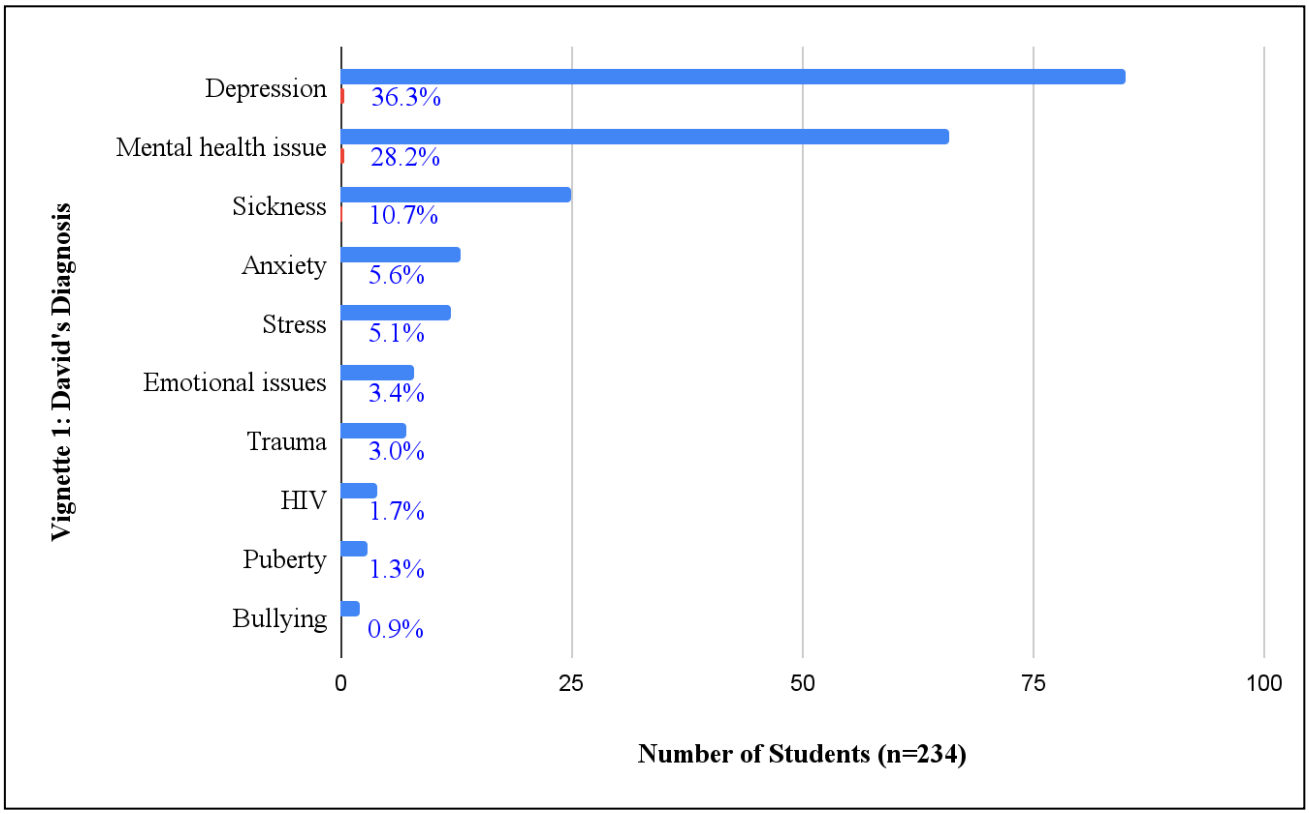


Fig 1: Bar Chart Distribution of David's Diagnosis

For Preye's case (Anxiety): While 38.6% (n=93) of the respondents associated the conditions with the exams, only 22.8% (n=55) correctly used the term "anxiety" or "anxious(ness)". 18.7% of the students simply diagnosed the condition as fear, stating it was either a "fear of exams" or "fear of failing".

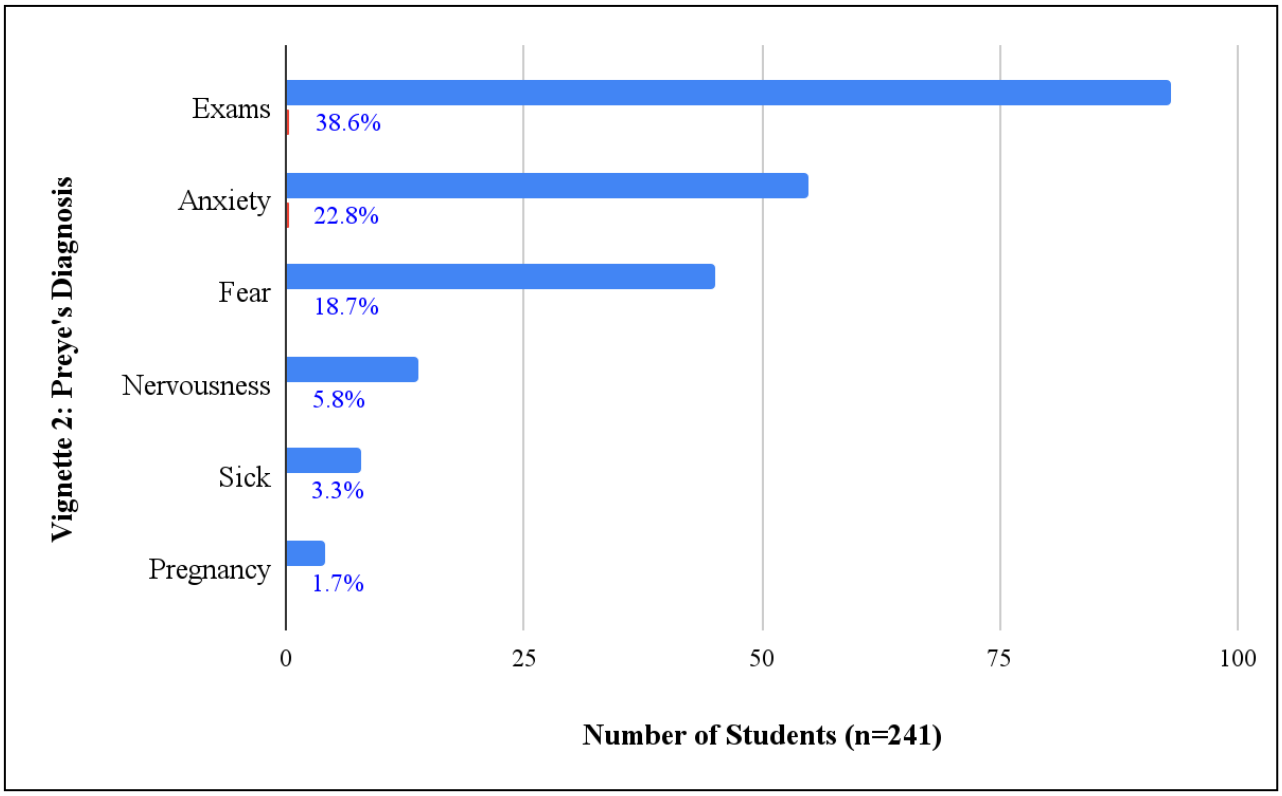


Fig 2: Bar Chart Distribution of Preye's Diagnosis

For Karibi's case (Alcohol Addiction): 28.2% (n=61) of respondents correctly identified the condition as "Alcohol Addiction". Thirty-six students diagnosed the condition as "Peer Pressure", while twenty-five students labelled the condition as "addiction". As a whole, only 37% of the students identified the vignette case as an addiction problem.

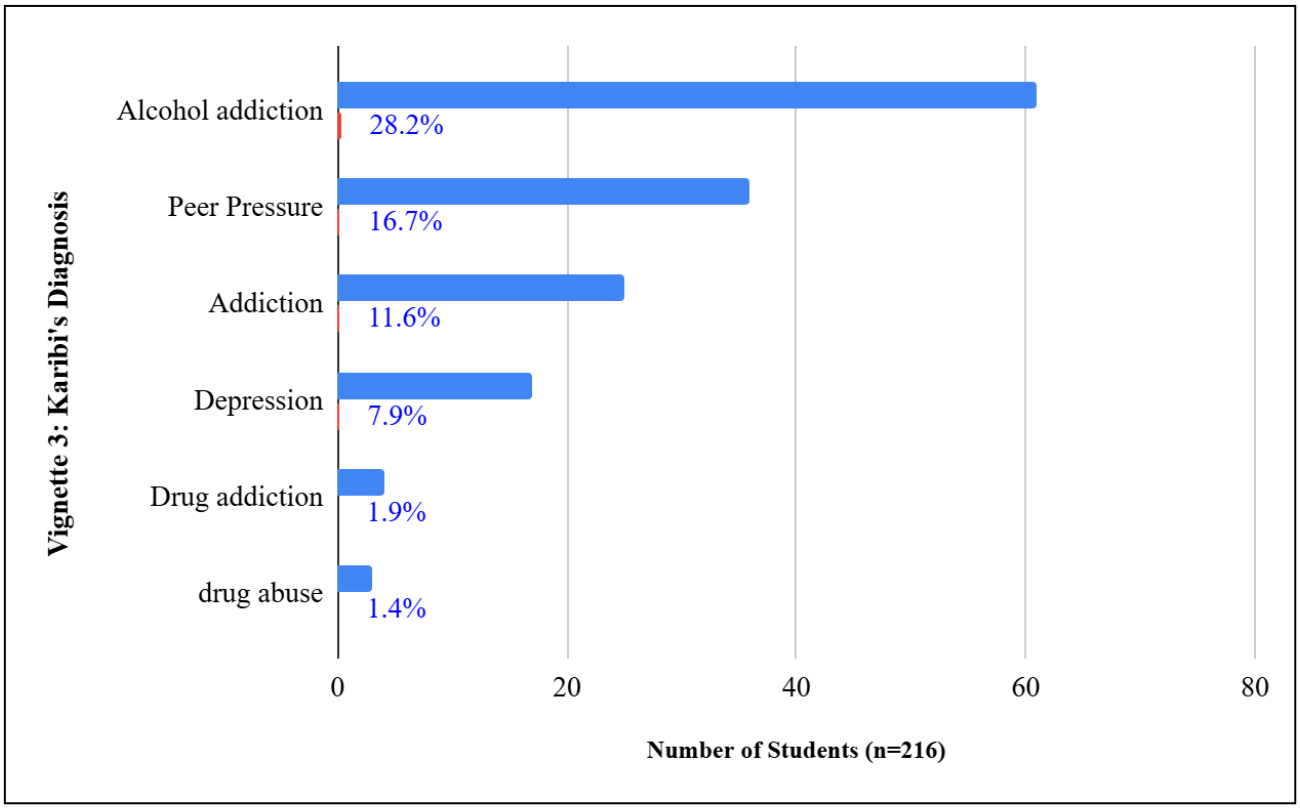


Fig 3: Bar Chart Distribution of Karibi's Diagnosis

Table 2: Identification of various Mental Health Conditions

Vignette Case	**Correct Identification (%)**	**Incorrect Identification (%)**
David (Depression)	36.3	63.7
Preye (Anxiety)	22.8	77.2
Karibi (Addiction)	41	59

These findings show that a large percentage of the teenagers are unable to correctly identify various types of mental health conditions.

Common Causes of Mental Health Problems

The most commonly reported cause was Peer Pressure, cited by 51.5% of respondents. This was followed by Family Issues, reported by 38.6%. Other notable causes included Trauma (36.4%) and Financial Problems (35.7%). A small percentage (12.9%) mentioned Genetics.

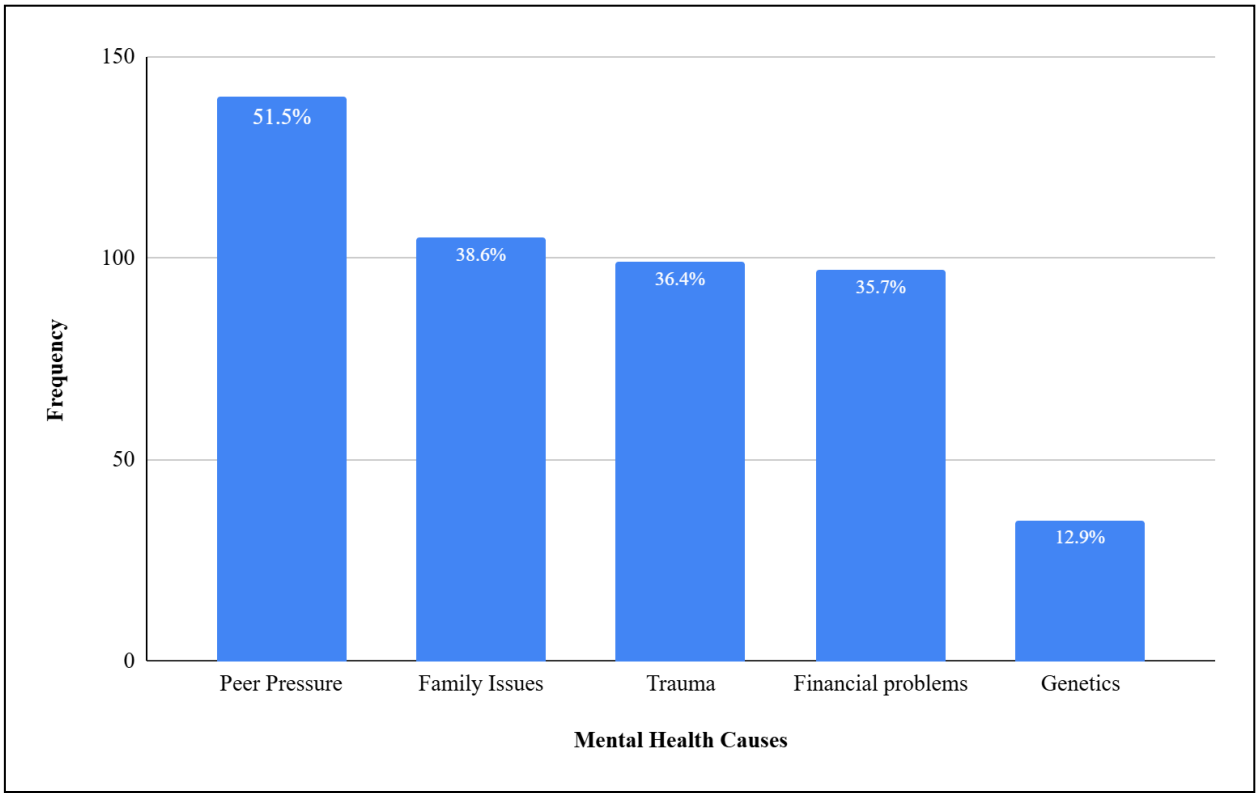


Fig 4: Distribution Of Perceived Causes Of Mental Health Conditions

These findings suggest that teenagers predominantly attribute mental health issues to peer pressure, family issues, trauma, and financial problems.

Findings on Teenagers' Perception and Response to Mental Health Issues

Comfort in Discussing Mental Health

The analysis revealed that 37.8% (n = 107) of teenagers feel comfortable discussing mental health issues, whereas 16.3% (n = 46) do not, and 45.9% (n = 130) were unsure. This suggests that mental health conversations are still challenging for some teenagers to have.

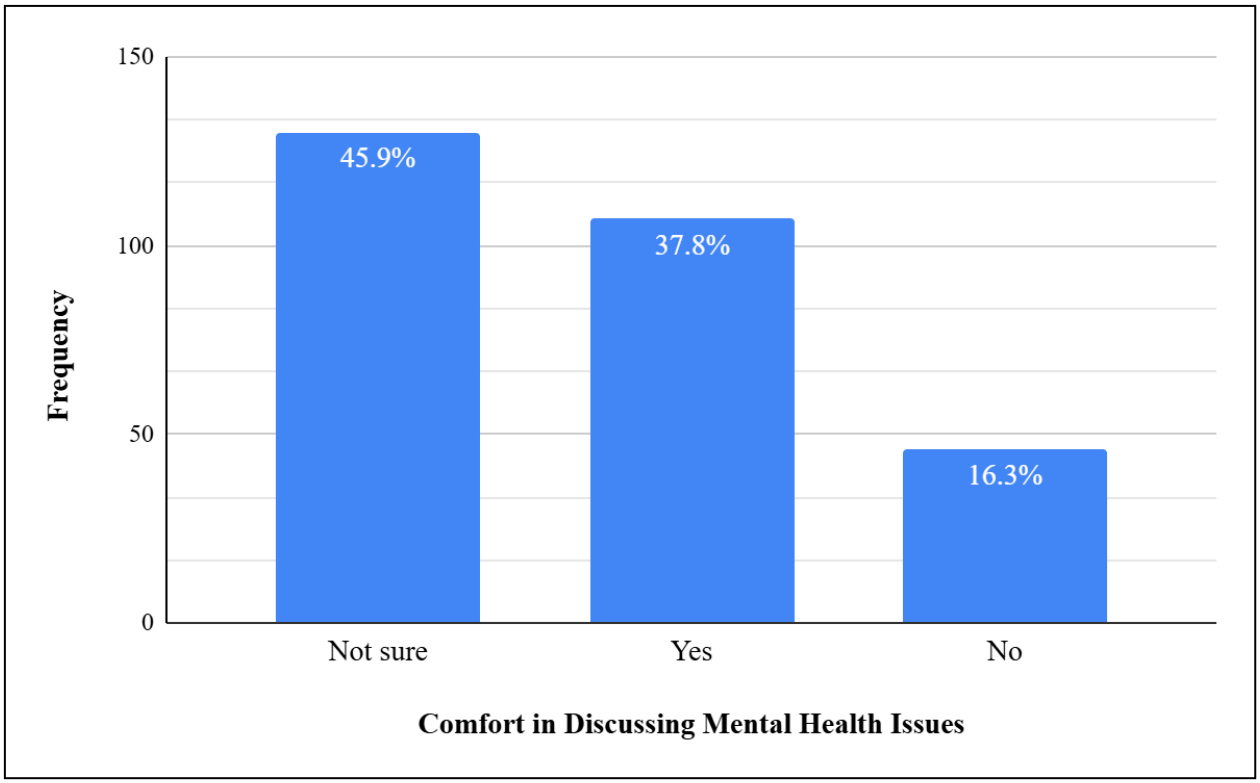


Fig 5: Comfort Level in Discussing Mental Health

Trusted Confidants for Mental Health Discussions

Among those who felt comfortable discussing mental health issues, 45.0% (n = 98) preferred confiding in parent/guardian friends. Healthcare professionals were the second highest choice for 16.8% (n = 18). The next preference was friends with 15.1% (n =33), closely followed by 13.8% (n=30) who prefer teachers or school counsellors. A small percentage preferred religious leader (1.4%, n =3) or siblings (0.9%, n =2).

Table 3: Preferred Confidants for Mental Health Discussions

Confidant Type	Frequency (n)	Percentage (%)
Parent/Guardian	98	45.0
Healthcare Professional	51	23.4
Friend	33	15.1
Teacher/Counsellor	30	13.8
Religious Leader	3	1.4
Siblings	2	0.9

These results highlight that Parent/Guardian and Healthcare professionals are the primary sources of support for mental health discussions, with religious leaders and siblings being less frequently considered.

Barriers to Open Discussions

For respondents who were uncomfortable or not sure about discussing mental health, the primary barriers are the belief that no one would understand them (52.6%, n = 82), fear of judgment (35.9%, n = 56), and the fact that nobody shares their mental health struggles in the family or religious setting (10.3%, n = 16).

Table 4: Barriers Preventing Open Discussion on Mental Health

Barrier Type	Frequency (n)	Percentage (%)
Lack of understanding by others	82	52.6
Fear of being judged	56	35.9
Nobody shares their Mental Health Struggles	16	10.3

These findings indicate that general lack of understanding about mental health and its challenges significantly contributes to teenagers' reluctance to discuss mental health issues.

Stigmatization

24.8% (n=68) reported that they had faced stigmatized because of mental health concerns while 75.2% (n=206) responded in the negative.

Table 5: Number Of Students Who Have Faced Mental Health Stigmatization

Faced Stigmatization	Frequency (n)	Percentage (%)
Yes	68	24.8
No	206	75.2

Of those who had faced stigmatization, Friends were the highest source of stigmatization with 55.9% (n=38), followed by Parents/Guardians with 30.9% (n=21). Healthcare professionals, teachers/counsellors and religious leaders ranked low 4.4%, 2.9%, and 2.9%, respectively.

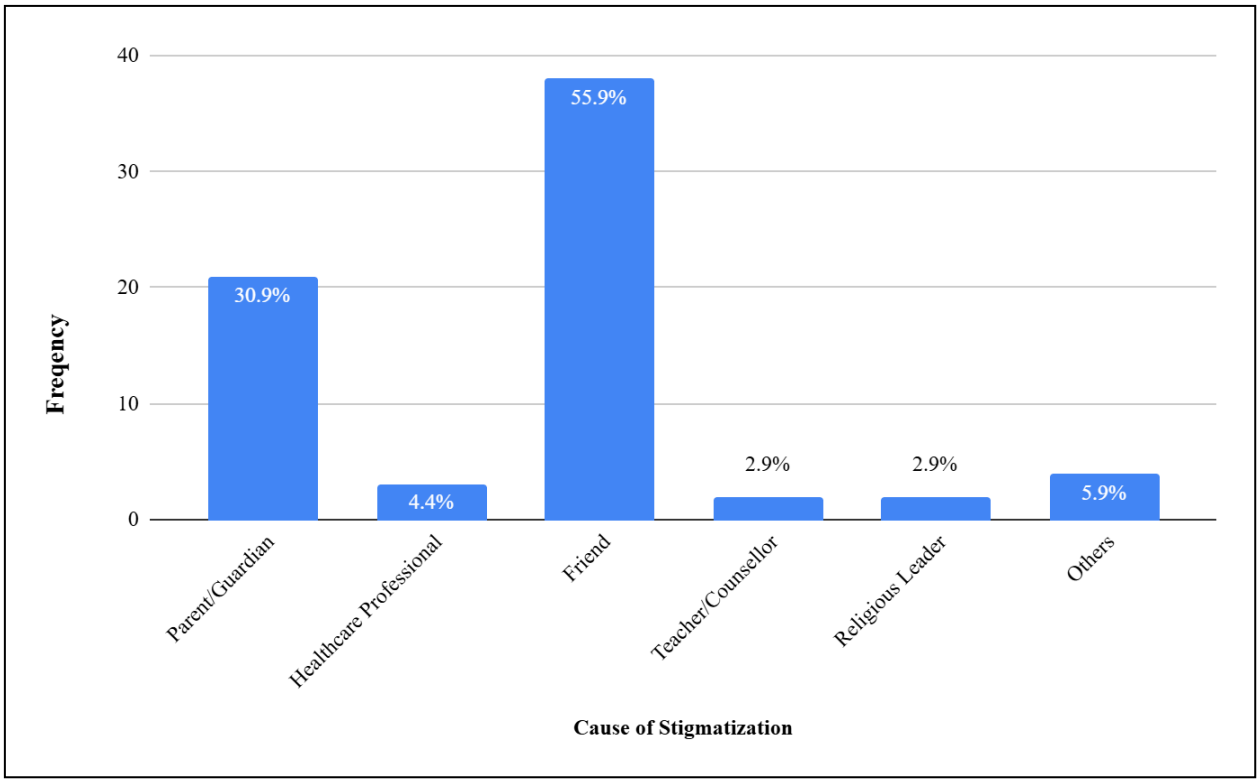


Fig 6: Primary Sources of Stigmatization

Help Seeking Behaviour

First Point of Contact for Mental Health Support

The study explored teenagers' preferences for seeking help when facing mental health challenges. As shown in Table 6, the majority (64.9%, n = 181) preferred reaching out to their parents/guardians, followed by healthcare professionals (13.6%, n = 38). A smaller percentage chose their Friend (9.7%, n = 27) or teachers/counsellors (9.7%, n = 27). Only 1.1% (n = 4) indicated that they would seek help from siblings and 1.1% (n=3) from religious leaders.

Table 6: First Point of Contact for Mental Health Support

First Point of Contact	Frequency (n)	Percentage (%)
Parent/Guardian	181	64.9
Healthcare Professional	38	13.6
Friend	27	9.7
Teacher/Counsellor	27	9.7
Sibling	4	1.4
Religious Leaders	3	1.1

These findings suggest that the majority of the teenagers are more likely to reach out to their Parent/Guardian than they would to their sibling or religious leaders.

Reason for Choosing the First Point of Contact

To better understand the factors influencing teenagers' choice of first contact for mental health challenges, responses were categorized into five themes: Trust and Confidentiality, Emotional Support and Understanding, Proximity and Availability, Expertise and Guidance, and Safety and Comfort. A cross-tabulation was performed to examine how these themes align with the selected first point of contact.

Table 7: Cross Tabulation of First Point of Contact and Reason for Choice.

First Point of Contact	Why Chose This First Point of Contact				
	Trust and Confidentiality	**Emotional Support and Understanding**	**Proximity and Availability**	**Expertise and Guidance**	**Safety and Comfort**
Parent/Guardian	8.7%	32.6%	31.2%	26.1%	1.4%
Healthcare Professional	2.6%	15.4%	3.8%	75.6%	2.6%
Friend	42.1%	42.1%	5.3%	10.5%	0.0%
Teacher/Counsellor	10.5%	36.8%	0.0%	52.6%	0.0%
Sibling	0.0%	66.7%	33.3%	0.0%	0.0%
Religious Leaders	0.0%	33.3%	33.3%	0.0%	33.3%

The results indicate that the most common reason for choosing parents/guardians as the first point of contact was Emotional Support and Understanding (32.6%) and Proximity and Availability (31.2%) and Friends were mostly chosen due to Trust and Confidentiality (42.1%) and Emotional Support and Understanding (42.1%). Healthcare professionals were mainly selected based on Expertise and Guidance (80.8%), while teachers/counselors were also contacted due to their Expertise and Guidance (52.6 5%).

Response to Mental Health Challenges

Table 5 presents the distribution of how teenagers react when they notice someone struggling with mental health issues. The majority (64.9%, n = 183) reported they would inform an adult (e.g., parent, teacher, or counselor), while 35.8% (n = 101) stated that they

would offer help. However, 2.8% (n = 8) admitted they would avoid the individual, and 3.6% (n = 10) were unsure of what to do.

Table 8: Response to Observed Mental Health Challenges

Response Type	**Frequency (n)**	**Percentage (%)**
Tell an adult	183	64.9
Offer help	101	35.8
I don't know	10	3.5
Avoid them	8	2.8

These findings suggest that while a significant proportion of teenagers are willing to tell an adult or offer help, few would either avoid the individual or do not know how to respond, indicating a potential gap in mental health awareness and intervention strategies.

Strategies Used to Address Mental Health Issues

Teenagers in Rumuolumeni adopt various coping mechanisms to manage mental health challenges. The most commonly reported strategy was talking to someone (38.8%), followed by engaging in hobbies/sports (32.2%) and praying/meditation (25.6%). A smaller percentage (9.5%) of respondents indicated that they avoid the issue, hoping it will resolve on its own or sleep and listen to music (3.7%). 1.8% of the respondents did not specify what their preferred coping strategy was.

Table 9: Coping Strategies Used by Teenagers

Coping Strategy	**Frequency (n)**	**Percentage (%)**
Talking to someone	106	38.8
Engaging in hobbies/sports	88	32.2
Praying/Meditation	70	25.6
Avoid the Issue	26	9.5
Sleeping/Music	10	3.7
Other	5	1.8

The high percentage of teenagers relying on talking suggests a preference for informal coping mechanisms over professional intervention. However, the percentage of those who choose avoidance as a strategy raises concerns about unresolved mental health issues and the need for better mental health education.

Proposed Solutions for Improving Mental Health Literacy and Reducing Stigma

Descriptive Analysis of Respondents' Suggestions

The study sought to identify solutions proposed by teenagers for improving mental health literacy and reducing stigma in their community. Based on the analysis of responses, six key themes emerged: counselling and therapy, mental health awareness and education, access to healthcare facilities and professionals, supportive community and social engagement, financial support, and religious/spiritual approaches.

Table 10: Description of Themes and Percentages.

Solution Theme	**Description**	**Percentage (%)**
Access to Healthcare Facilities and Professionals	Establishing psychiatric hospital, mental health centers. Equipping it with trained doctors and mental health consultants.	39.0
Counselling and Therapy	Counselling unit in schools. Therapy through interactions	31.1
Supportive Community and Social Engagement	Support groups and interactive sessions for mental purposes	13.0
Mental Health Awareness and Public Enlightenment	Creating a mental health awareness day. Mental health awareness programs, seminars, and campaigns.	9.6
Financial Support and Accessibility	Financial assistance for the needy	4.0
Religious and Spiritual Solutions	Prayers, Meditation	3.4

Visualization of Findings

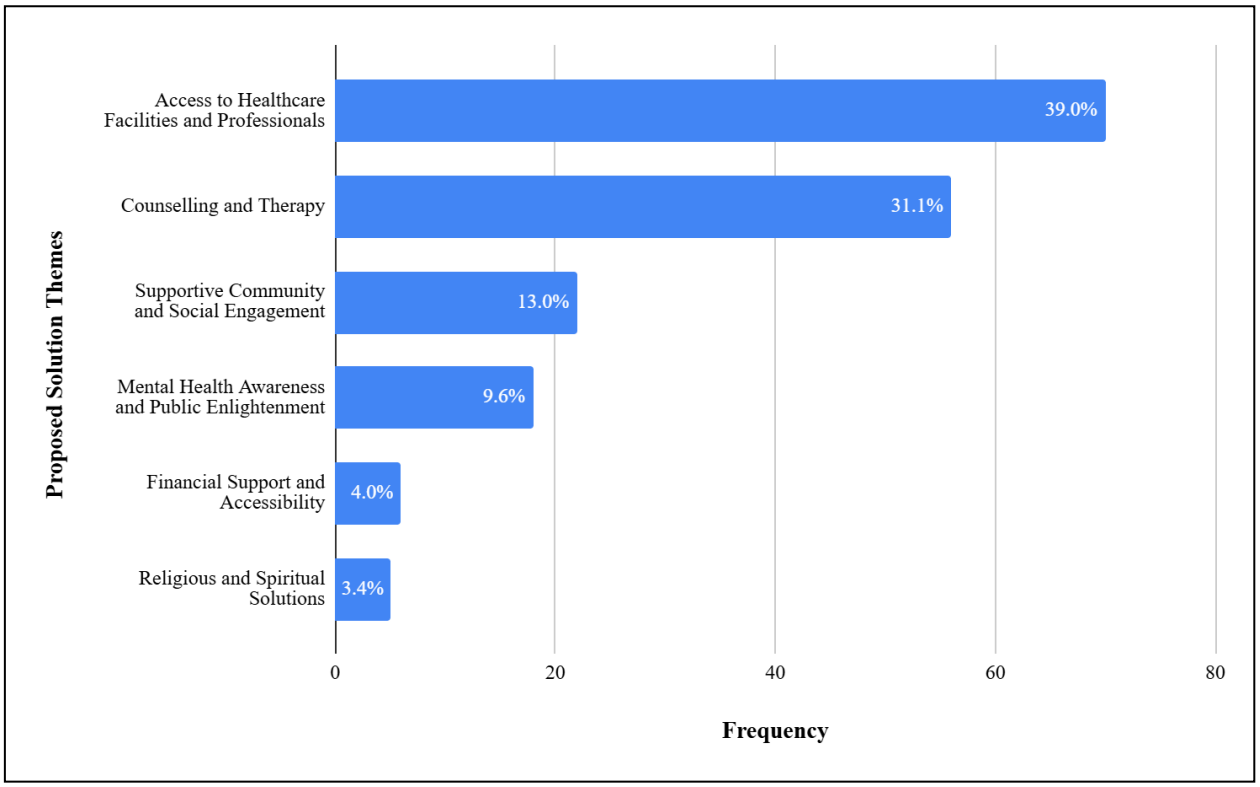


Fig 7: Bar Chart of Proposed Solution Themes

The chart highlights that access to healthcare professionals and facilities received the highest number of mentions, followed by counselling and therapy, supportive awareness and social engagement, and mental health awareness and public engagement.

The lower frequency of responses in the financial and religious categories suggests that while they are considered helpful, they are not as widely prioritized as professional intervention and awareness campaigns.

Significant Association Based n Specific Demographic Factors

Mental Health Literacy

The Chi-Square Test of Independence was conducted to examine whether there were significant associations in mental health literacy, based on gender, age, school type, and religion.

Table 11: Chi Square Results for MHL

Variable Pair	Chi-Square Value	p-value	Significant?
Gender vs. Mental Health Literacy	1.102	0.576	No
Age vs. Mental Health Literacy	2.910	0.573	No
School Type vs. Mental Health Literacy	4.869	0.088	No
Religion vs. Mental Health Literacy	4.381	0.625	No

Results Interpretation

1. The analysis found no significant association between gender and mental health literacy, χ^2= 1.102, p = 0.576, suggesting that gender does not significantly influence perceptions of mental health literacy among teenagers.
2. The analysis found no significant association between age and mental health literacy, χ^2= 2.910, p = 0.5763 suggesting that age does not significantly influence perceptions of mental health literacy among teenagers.
3. The analysis found no significant association between school type and mental health literacy, χ^2= 4.869, p = 0.088, suggesting that school type, public or private does not significantly influence perceptions of mental health literacy among teenagers.
4. The analysis found no significant association between religion and mental health literacy, χ^2= 4.381, p = 0.625 suggesting that religion does not significantly influence perceptions of mental health literacy among teenagers.

Mental Health Stigma

The Chi-Square Test of Independence was conducted to examine whether there were significant associations in mental health stigma, based on gender, age, school type, and religion.

Table 12: Chi Square Results for Stigma

Variable Pair	Chi-Square Value	p-value	Significant?
Gender vs. Mental Health Stigma	1.895	0.388	No
Age vs. Mental Health Stigma	2.907	0.573	No
School Type vs. Mental Health Stigma	3.218	0.200	No
Religion vs. Mental Health Stigma	15.089	0.020	Yes

Results Interpretation

1. The analysis found no significant association between gender and mental health stigma, χ^2= 1.895, p = 0.388, suggesting that being a male or female does not significantly influence perceptions of mental health stigma among teenagers.
2. The analysis found no significant association between age and mental health stigma, χ^2= 2.907, p = 0.573 suggesting that age does not significantly influence perceptions of mental health stigma among teenagers.
3. The analysis found no significant association between school type and mental health stigma, χ^2= 3.218, p = 0.200, suggesting that school type, public or private does not significantly influence perceptions of mental health stigma among teenagers.
4. The analysis found significant association between religion and mental health stigma, χ^2= 15.218, p = 0.020 suggesting that religion does significantly influence perceptions of mental health stigma among teenagers.

Help Seeking Behaviour

The Chi-Square Test of Independence was conducted to examine whether there were significant associations in Help-Seeking Behaviour (HSB), based on gender, age, school type, and religion.

Table 13: Chi Square Results for HSB

Variable Pair	**Chi-Square Value**	**p-value**	**Significant?**
Gender vs. Help Seeking Behaviour	0.024	0.877	No
Age vs. Help Seeking Behaviour	0.947	0.623	No
School Type vs. Help Seeking Behaviour	1.509	0.219	No
Religion vs. Help Seeking Behaviour	2.631	0.452	No

Results Interpretation

1. The analysis found no significant association between gender and help seeking behaviour, χ^2= 0.024, p = 0.877, suggesting that being a male or female does not significantly influence help seeking behaviour among teenagers.

2. The analysis found no significant association between age and help seeking behaviour, χ^2= 0.947, p = 0.623 suggesting that age does not significantly influence help seeking behaviour among teenagers.
3. The analysis found no significant association between school type and help seeking behavior, χ^2= 1.509, p = 0.219, suggesting that school type, public or private does not significantly influence help seeking behavior among teenagers.
4. The analysis found no significant association between religion and help seeking behavior, χ^2= 2.631, p = 0.452 suggesting that religion does not significantly influence help seeking behavior among teenagers.

Comparative Insights Based on Gender, Age, School Type, Religion & Family Background

To gain insights of how different groups of adolescents experience mental health challenges, respondents were asked their perceptions based on gender, age, family background, school type, and religion. The results are presented in the following subsections.

Perceived Gender Differences in Experiencing Mental Health Challenges

A majority (59.6%) of respondents believed that boys and girls experience mental health challenges differently, while 20.4% disagreed, and 20% were unsure.

Table 14: Perceived Gender Differences in Experiencing Mental Health Challenges

Response	**Frequency (n=280)**	**Percentage (%)**
Yes	167	59.6
No	57	20.4
Not Sure	56	20

Perceived Age Differences in Experiencing Mental Health Challenges

Two-thirds (66.5%) of participants agreed that older teenagers (16–19) have different mental health experiences compared to younger teenagers (13–15).

Table 15: Perceived Age Differences in Experiencing Mental Health Challenges

Response	Frequency (n=281)	Percentage (%)
Yes	187	66.5
No	34	12.1
Not Sure	60	21.4

Perceived Influence of Family Background on Mental Health Challenges & Support

The majority (76%) of respondents believed that family background significantly influences mental health challenges and support, whereas 11% disagreed, and 13% were unsure.

Table 16: Perceived Influence of Family Background on Mental Health

Response	Frequency (n=275)	Percentage (%)
Yes	209	76
No	30	11
Not Sure	36	13

To further explore how family background influences mental health, 132 responses were categorized into six key themes:

Table 17: Thematic Categories of Perceived Influence of Family Background on Mental Health

Theme	Frequency (n=132)	Percentage (%)
Parental Influence & Family Environment	43	32.6

Family Conflict & Dysfunction	38	28.9
Socioeconomic Status & Financial Constraints	30	22.7
Hereditary & Biological Factors	9	6.8
Social Comparison & Peer Pressure	8	6
Cultural & Religious Beliefs	4	3

Perceived Influence of School Type on Mental Health

More than half (55.4%) of respondents did not think that students in private schools receive better mental health support than those in public schools. However, 23.4% agreed, and 21.2% were unsure.

Table 18: Perceived Influence of School Type on Mental Health

Response	**Frequency (n=278)**	**Percentage (%)**
Yes	65	23.4
No	154	55.4
Not Sure	59	21.2

Perceived Influence of Religion on Mental Health

There were divided opinions on the role of religion in mental health literacy and help-seeking behaviour. While 37.7% of respondents believed religion plays a role, 36.9% were unsure, and 25.4% disagreed.

Table 19: Perceived Influence of Religion on Mental Health

Response	**Frequency (n=268)**	**Percentage (%)**
Yes	101	37.7
No	68	25.4
Not Sure	99	36.9

To further explore how religion influences mental health, 67 responses were categorized into five key themes:

Table 20: Thematic Categories of Perceived Influence of Religion on Mental Health

Theme	**Frequency (n=67)**	**Percentage (%)**
Religious Behaviour on Stigma & Restrictions on Help-Seeking	14	20.9
Religious Pressure & Mental Strain	9	13.4
Religion as Emotional, Financial & Social Support	12	17.9
Faith-Based Healing Over Professional Help	20	29.9
Religion as a Source of Guidance & Counselling	12	17.9

DISCUSSION

This study examined Mental Health Literacy (MHL), stigma, and help-seeking behaviors among teenagers in Rumuolumeni, Rivers State. The results showed a significant proportion of teenagers demonstrated awareness of mental health issues, with 56.9% recognizing symptoms in themselves and 74.1% in others (Velasco et al., 2020; Diala, 2024). However, nearly half of the respondents struggled to identify mental health symptoms in themselves, highlighting the need for enhanced mental health education programs. The most commonly recognized mental health conditions were addiction (41%),

depression (36.3%), and anxiety (22.8%) (Aluh et al., 2018). Students recognized the emotional impact of academic stress but struggled to accurately identify it as a mental health concern. The students were knowledgeable about the causes of mental health problems, citing peer pressure, family issues, trauma, and financial problems as key factors (WHO, 2024). Overall, the study highlights the need for targeted awareness campaigns to address gaps in mental health literacy among teenagers. This study examined mental health literacy, stigma, and help-seeking behaviors among teenagers in Rumuolumeni, Rivers State. Key findings include: Environmental stressors, such as peer pressure and family issues, were identified as major causes of mental health problems (Adeosun, 2016). Adolescents demonstrated limited knowledge of biological factors contributing to mental health conditions. No significant association was found between gender, age, school type, and mental health literacy (Furnham et al., 2013; McCarthy et al., 2011; Ahmad et al., 2021). Stigma remains a significant barrier to mental health discussions, with 62.2% of respondents unwilling or unsure about discussing mental health issues (Yassin, 2023). Friends and family members were identified as the leading sources of stigma (55.9% and 30.9%, respectively). Parents/guardians were the most trusted confidants for mental health discussions (45%), followed by healthcare professionals (23.4%). Fear of judgment and lack of understanding were identified as major barriers to discussing mental health issues (Schnyder et al., 2017; Garcez, 2021). Adolescents preferred seeking help from parents/guardians (63.3%), followed by healthcare professionals (13.6%) and teachers/counsellors (9.7%) (Ahmad et al., 2021; Radez et al., 2021; Zare et al., 2022). These findings highlight the need for targeted interventions to address mental health stigma and promote help-seeking behaviors among adolescents. This study examined mental health literacy, stigma, and help-seeking behaviors among teenagers in Rumuolumeni, Rivers State. Key findings include: Adolescents demonstrated moderate awareness of mental health issues, but struggled to identify specific conditions and sought informal help rather than professional services (Atilola et al., 2022). Stigma remains a significant barrier to mental health discussions, with 62.2% of respondents unwilling or unsure about discussing mental health issues (Yassin, 2023). Family background, socioeconomic status, and religion were identified as influencing mental health outcomes (Emeniyi, 2023; Reardon et al., 2017). The study found no significant association between demographic variables (gender, age, school type, religion) and help-seeking behaviors ($p > 0.05$). Conclusively, implementing peer-led advocacy programs and mental health education

in schools. Providing mental health literacy training for parents and guardians. Developing Nigeria-specific mental health assessment tools. Increasing funding and infrastructure for mental health services, and training programs for teachers, parents, and community leaders will help to reduce adolescents' mental health behaviour in the study area and indeed Rivers State and Nigeria in general. Future research should explore longitudinal changes in mental health perceptions and evaluate the effectiveness of interventions aimed at improving adolescent mental health outcomes.

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