



Family Factor as an Impediment to Effective Mental Health Service Utilization Among Behavioral Patients in Benin City, Edo State, Nigeria

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Abstract. This study aimed to explore family factors as impediments to effective mental health service utilization among behavioural patients in Benin City. Specifically, it examined how family beliefs and financial capability influence mental health services utilization. A qualitative narrative research design was employed, involving in-depth interviews with 14 informants which comprised 8 mental health outpatients and 6 mental health professionals from the Federal Neuropsychiatric Hospital, Uslu. The collected data were analysed thematically using Braun and Clarke's method. Findings revealed that family beliefs, particularly cultural and spiritual interpretations of mental illness, significantly hinder timely access to psychiatric care and leading to a preference for traditional and religious interventions over medical treatment. Additionally, financial incapacity emerged as a major barrier, with patients and mental health professionals reported that the cost of medications, consultations, and transportation discouraged sustained treatment and led to relapses. This study therefore concluded that both belief and economic hardship within families are major obstacles to mental health service utilization in Benin City as these factors delay diagnosis, interrupt treatment and ultimately worsen patient outcomes. Given the conclusion, it is recommended that culturally sensitive mental health education campaigns be implemented to dispel myths and promote biomedical care and advocates for government-subsidized mental health services and social welfare support for low-income families to reduce financial burden and improve treatment adherence.

Keywords: Family, Mental Health, Mental Health Disorder, Mental Health Service Utilization, Behavioural Patients, Belief, Financial Capability.

1. Introduction

Mental illness is a global health concern that significantly affects individuals' thinking, emotions and behaviour and therefore lead to distress and impaired functioning (Desjarlasi, 2015; Omorogiwa, 2017; 2019). Globally, it is estimated that approximately 792 million people which was about 10% of the population suffer from a mental health disorder (Ritchie & Roser, 2020) and Mental disorders account for approximately 12% of the total global burden of disease (Pearce, 2011). Despite this burden, about 85% of people with mental health conditions in developing countries do not utilize mental health services (Keynejad, Dua, Barbui & Thornicroft, 2018), due to numerous barriers including family related factors such as belief, finance, education, awareness, stigma, among others.

Across continents, the influence of family beliefs, family income, family attitude and family cultural norms may affect mental health services utilization among behavioural patients. In high-income countries such as the United States and Canada, time constraints and the structure of mental health systems shape mentally challenged individuals' help-seeking behaviours (Khan & Khan, 2011). In Asia, especially Malaysia, cultural interpretations of mental illness such as beliefs in spirit possession or witchcraft significantly influence how and when families seek care and support sick family members (Khan & Khan, 2011). Nsereko (2011) noted that in many cases, family members are gatekeepers to treatment and contributed to delaying formal care until traditional or spiritual avenues have been exhausted.

In Sub-Saharan Africa, mental illness is often viewed through spiritual or supernatural lenses, with widespread preference for non-medical treatment. A study in South Western Nigeria revealed that spiritual healers were more frequently consulted

than mental health professionals (Idemudia, 2017) and in both Uganda and Kenya, traditional healers are often the first point of contact for individuals with mental health conditions, with biomedical care sought only as a last resort (Nsereko, 2011). Thus, this family influenced on mental health services utilization and treatment may be frequently rooted in stigma, beliefs about the etiology of mental illness and concerns over cost and accessibility.

In Nigeria, despite being the largest economy in West Africa, mental health service utilization remains alarmingly low. Only about 10.4% of Nigerians with mental health conditions access formal care (Wang et al., as cited by Daliri et al., 2024). According to Idemudia (2017) the cultural beliefs of the family, and poverty, among other factors significantly influence mental health services utilization. This pattern is prevalent in other African countries such as Ghana and Kenya, where family belief, family attitudes and family socioeconomic status constraints have been identified as primary barriers to mental health service utilization (Ngatia, Kariuki, & Njonge, 2016; Bitta et al., 2017).

At the heart of these challenges is the family unit, which serves as both a critical support system and, paradoxically, a major impediment to care. Families play a pivotal role in the lives of persons suffering from mental illness (Hinton et al., 2019). According to Omorogiuwa and Azorundu (2024), family is one of the major factors which influence individuals' wellbeing and the health conditions of a family affects not only its members' personal life alone but also its general state and wellness. This is due to the fact that family often act as caregivers, decision-makers and mediators between the patient and the healthcare system and yet, many family members feel unprepared to provide care, lack knowledge about mental illness and face their own emotional burdens (Skundberg-Kletthagen et al., 2014).

Despite the increasing burden of mental illness and international calls for improved mental health service delivery, mental health service utilization in Nigeria and especially in Benin City as observed remains abysmally low. While previous studies have focused on systemic barriers such as stigma and poverty, there is a compelling need to understand how family factors specifically hinder or facilitate access to mental health care. The family unit, which is the first to detect changes in a person's behaviour, may holds the power to initiate or delay treatment. Their beliefs and financial status are capable of significantly shape the trajectory of behavioural patients. Hence, understanding these family factors is crucial to tailoring effective mental health interventions. So, this study, therefore, investigates the family factor as an impediment to effective mental health service utilization among behavioural

patients in Benin City. It aims to fill a crucial gap in the literature by exploring how family-related issues such as belief and financial capability affect mental health services utilization. The findings from this research are essential for policy makers, mental health practitioners and social workers seeking to design inclusive mental health strategies in Benin City and similar contexts.

1.1 Research Objectives

- Examine the influence of family belief through the lens of behavioral patients on mental health services utilization
- Examine the influence of family financial capability on mental health services utilization

2. Literature Review

Family relationships serve as the primary source of emotional support and are essential for developing coping strategies. The World Health Organization (2020) emphasizes that families are central to mental health care which act as both a potential source of recovery and a possible source of stress. The dysfunctional in the family environment can worsen mental health disorders through poor communication, neglect or abuse (Hosseini et al., 2021). On the other hand, supportive family environments can significantly improve recovery outcomes for individuals facing mental health challenges. Husmiati et al. (2022), revealed that individuals with mental disabilities who received treatment in hospitals but returned to unsupportive family environments exhibited low recovery rates. The study further emphasized that that family support creates a nurturing environment and provides encouragement (Husmiati et al., 2022)

In some cases, family involvement and support are limited not by lack of concern, but by fear of social stigma, financial incapacity and the prioritization of cultural interpretations over medical intervention (Shajani & Snell, 2019). The National Bureau of Statistics (2022) indicates that more than 63% of the population experiences poverty which includes deficiencies in education, healthcare, living conditions, employment and access to social services. Ibrahim and Olumide (2023) emphasize that poverty is intricately connected to systemic inequality, intergenerational deprivation and cultural practices that restrict access to formal institutions such as healthcare services.

In Nigeria, where socioeconomic disparity and cultural beliefs is obvious, behavioural patients may often remain untreated due to family financial capability or inability to afford mental health services such as medication, consultations,

admission and treatment, or access care. This is particularly concerning given that mental health conditions are projected to increase exponentially by 2030, driven by poverty, migration, lifestyle changes, and chronic stress (Mathers & Loncar, as cited by Daliri et al., 2024). World Health Organization (2022) reported that in 41% of African countries, including Nigeria, mental health care and services remains entirely out-of-pocket and this may further strain already vulnerable families.

3. Theoretical Framework

This study is built on two theories. Ecological System Theory and Health Belief Model. Ecological System theory which was propounded by Urie Bronfenbrenner in 970s with major assumption that various systems in human environment such as Micro, Mesos, Exos, Macro & Chrono influence human development, human behavior and response to social phenomena. While, The Health Belief Model (HBM) was propounded in 1950s by Rosenstock proposed that individuals choose to engage or disengage in health-related behaviours because of their belief on perceived susceptibility, severity, benefit and barrier (Becker & Maiman, 1975). Adopting these theories in this study provided holistic understanding on individual utilized mental health services.

4. Methodology

This study employed a qualitative method with narrative design approach and adopted semi-structure interview as a research instrument by focusing on in-depth explorations of informants lived experiences on family factor as an impediment to effective mental health service utilization among behavioral patients. This study was conducted in Benin City with inclusion of population of individuals between the ages of 18 and 65. This study sample size is 14 informants which consisted of 8 mental health outpatients and 6 mental health professionals which was drawn purposively from Federal Neuropsychiatric Hospital, Uselu. Data were collected through interview and data validation was ensured by using member checking method. Ethical approval was obtained from Federal Neuropsychiatric Hospital, Uselu with full informed consent from all the informants. Interviews were conducted in English and were recorded for transcription. The collected data were analyzed manually by using inductive thematic analysis method of Braun and Clarke of 2006 which enable the identification of recurring themes without pre-imposing theoretical frameworks.

5. Result

Theme one: Influence of family belief through the lens of behavioral patients on mental health services utilization

The conducted interviews on examination of the influence of family beliefs on the effective mental health service utilization among behavioral patients in Benin City, Edo State, revealed that all the Informants agreed that the family beliefs play a significant role in influencing mentally challenged individual and people attitudes and behaviors toward mental health and its services and thereby affecting the overall effectiveness of mental health service utilization.

Many of the Informants revealed that their family members often perceived mental health disorders as cultural and spiritual rather than a medical one. It was revealed that mental illnesses are perceived as a bad omen, a curse, divine punishment for wrongdoing, a result of ancestral offense or an affliction caused by spiritual attacks such as witchcraft or demonic possession. These beliefs and cultural interpretations lead families to seek traditional or religious interventions instead of professional medical treatment.

One of the Informants explained that;

“Many of the patients’ relative such as parent, believe that orthodox drugs are not effective in treating mental illnesses, so they use alternative method like churches or traditional shrine and this delay early diagnosis and effective treatment...” (IDI Informant; Mental Health Professional).

Another Informant stressed that:

“Yes, what my parent belief about mental disorder affected my treatment. I would have been better than this if my parent brought me to the hospital for the first time, I have this problem” (IDI Informant; Mental Health Professional).

Similar response also shared by one of the Informants, that:

“I belief that if I was brought to the hospital at the right time, things would have been better but my family members didn’t agree with my husband to bring me to hospital. They said my problem can be effectively cured spiritually. So, they took me to different places before I was brought to the hospital when the situation became too serious” (IDI Informant; Mental Health Outpatient).

Also, another Informant narrated that:

“In my place, people believe that mental illness is caused by evil forces or punishment from ancestors. That is why my family delayed taking me to the hospital. They first tried some traditional methods

before I was finally brought here” (IDI Informant; Mental Health Outpatient).

Another Informant also stated that:

“The family members’ beliefs on mental health disorder greatly affect not only patients but our intervention. Many of mentally challenged persons don’t visit hospital to received effective treatment especially those that think that mental illness is a bad omen and spiritual attack, so they preferred herbalist method or Church and these affect their recovery. Most patients were brought after it has gotten out of hand” and those who came for treatment, stop after coming for few times” (IDI Informant; Mental Health Professional).

It was also revealed that these beliefs and actions are not only leading to traumatizing event but also delayed the access to mental health services, disruption of treatment, affect effective rehabilitation and reintegration.

One of the Informants stated that:

“this belief is still following me even after treatment because people in my area even some of my family members are still seeing me as the person with spiritual problem after I was discharged. So, this is affecting me to continue with my normal life and my relation with others” (IDI Informant; Mental Health Outpatient).

Mental Health Professionals revealed that family beliefs greatly affect mental health services utilization and those beliefs lead to discontinuity of the treatment, stigmatization, social exclusion and denial of mental health conditions as medical realities as well as hinder early intervention, reduce treatment adherence and negatively impact recovery outcomes. It was further revealed that in most cases, patients are only brought to the hospital after traditional or spiritual efforts have failed and by that time the condition may have worsened.

One of the Informants explained that:

“Most relatives of the mentally challenged person belief that mental health problems can only be cured in a diabolical way and this belief has cause majority of mentally challenged persons to have lost their lives untimely due to inhumane treatment from the herbalists and lock up in a room” (IDI Informant; Mental Health Professional).

Another Informant explained that:

“family perception of mental illness as a spiritual or moral problem contributes to poor treatment adherence. Some patients stop taking their medication once they begin to feel slightly better, especially if relative convinces them the illness is not medical. This breaks the treatment process and affects recovery” (IDI Informant; Mental Health Professional).

Another Informant explained that:

“many people rely on traditional remedies and this delays access to mental health service such as clinical and early diagnosis and treatment until the condition is worse and some could not complete their treatment due to family belief of the causes of mental health problem and trust in native doctors, herbalists or spiritual leaders. There is patient who was brought to this facility so after two weeks of admission, his father said they want to leave and take the patient away because they consulted a native doctor who told them that the boy is being spiritually attacked because of his grandfather’s sin. The native doctor told them that they should not allow the boy to take the prescribe medications because the moment the boy takes the medication, the boy will not be cured forever. So, they took the boy a way and unfortunately the boy was brought back after a month in a very devastating condition” (IDI Informant; Mental Health Professional).

Also, one of the Informants said that:

“the beliefs of my patients’ family delay early intervention and make our work more challenging. In many cases, I have treated patients after other options like traditional healing or spiritual intervention have failed and by the time they arrive at the hospital, their symptoms are already severe and worse” (IDI Informant; Mental Health Professional).

Theme Two: Family Financial Capability and Mental Health Services Utilization

The findings from the interview sessions which was conducted to explore the influence of financial capability of the family on effective mental health service utilization among behavioural patients in Benin City, Edo State, revealed that the prevailing level of poverty in the family has a substantial negative impact on the quality and accessibility of mental health services.

One of the Informants said that:

“To be sincere, the treatment is expensive. My husband suffered a lot before he could raise admission money and after the discharge, coming to the hospital for check-up is not easy at all because of transport and medication money and anytime I visited for check-up I must buy drug and my place is also far to this hospital. Within 3-4 months my husband has spent close to 100 thousand for my drugs” (IDI Informant III; Mental Health Outpatient; 16/06/2025).

Another Informant expressed that:

“At the beginning, my family member took me to a prayer house because we couldn’t afford hospital bills. They prayed and did some spiritual work for me. It was only when I wasn’t getting better that they managed to bring me here. If we had money, maybe I would have started treatment earlier” (IDI

Informant VII; Mental Health Outpatient; 17/06/2025)

All the Informants shared that mentally challenged individuals face immense challenges in affording mental health services such as medications which are expensive and require long-term or even lifelong adherence. Informants shared that this financial hardship or burden discourages continued treatment, irregular and non-compliance with medication use, relapses, and treatment abandonment completely in most cases.

One of the Informants said that:

"The drugs they gave me are too expensive, and I and my family don't have a steady source of income. Sometimes I manage to buy, and other times I just stop taking them. It's not that I don't want to follow treatment, but my family can't afford it all the time" (IDI Informant; Mental Health Outpatient).

Similarly, one of the Informant narrated that:

"I buy my drug by myself. No family support, even if they are willing to help me, they don't have the capacity. so, I refused to buy my drug when it finishes until I had relapse because the cost of medication is affecting me a lot. It is so expensive and the money that I suppose to be using for other things are now being use for medication" (IDI Informant; Mental Health Outpatient).

Another Informant explained that:

"one of my drugs that I bought N200 around end of the year 2023 is now N1, 200 and this drug only lasted for a week plus transportation money to this hospital. The cost of medication is expensive for me and these has made me not getting medications at the right time and meeting up with my check-up date. Most times, I took break in my medication when my drugs finish and my family don't have the money to assist to buy my drugs or visit hospital for check-up" (IDI Informant; Mental Health Outpatient).

Another Informant said that:

"When I was discharged, I was told to continue coming for check-ups and to keep using the drugs but I couldn't keep up with check-up and medication because my family struggled to pay my admission fee and medication. They were drained already. I stopped coming for a while because I felt there was no point if I can't afford the medications" (IDI Informant; Mental Health Outpatient)

More so, one of the Informants expressed that:

"I try my best, but the drugs are expensive and I need to use them for a long time. Sometimes, when there's no money, I stay without it and then my condition starts again. That's why I've been in and out of the hospital more than once" (IDI Informant; Mental Health Outpatient).

An Informant further stressed that:

"My family said going to hospital would cost too much, so we tried traditional medicine first. They said it was cheaper and could work but my condition didn't improve. After wasting money there, we still ended up at the hospital" (IDI Informant; Mental Health Outpatient).

Also, Health professional Informants shared that some indigent patients often resort to traditional healers or spiritual houses due to the unaffordability of professional mental health services.

One of the Informants said that:

"Financial capacity on its own is one of the major causes of mental health disorder in entire Nigeria and apart from this causes, mental health treatment is very cost especially for low-income earners. So, due to this, people prioritize their need. It is only when their problem is getting worse that they will come to the hospital for help and those that came, their financial instability led to interruptions in medication, therapy, follow-up care and then resulting in relapse and worsening symptoms" (IDI Informant; Mental Health Professional).

Another Informant said that:

"The cost of medication is quite expensive. I prescribed a medication to patient's relative but unfortunately, they reported that the drug was N40,000 and they could not afford it on a monthly basis. Actually, the drug will last for a month and patient will use this drug for long time. So, unfortunately since they left that day, I have not set my eyes on the patient again for check-up and treatment. So, this financial instability issue affects mental health service utilization to this extent that People living in poverty often cannot afford transportation to mental health facilities, consultation fees, or medication costs. As a result, many do not seek or continue care" (IDI Informant; Mental Health Professional).

Another Informant also said that;

"Mental health services are expensive and due to Nigerian economy situation, most families and patients don't have the financial capacity for mental health treatment. So, because of that, people shine away from seeking professional help while some outpatients stop coming for check-up and also stop using orthodox medicine for alternative method like shrines and churches" (IDI Informant; Mental Health Professional).

One of the Informants also said that;

"It is very expensive to treat mental health problem. For instance, the admission fees in this psychiatric hospital is N420,000 which lasted for 30 days and many people are not capable to pay. So, this make people to run away from been admitted and prefer

traditional home for treatment” (IDI Informant; Mental Health Professional).

Similarly, one of the Informant narrated that:

“I often see patients that it is only after they’ve exhausted traditional or spiritual options because they believe that those are more less expensive. The high cost of mental health services, especially medications and follow-ups make many of indigent patients and family run away from formal care” (IDI Informant; Mental Health Professional).

In contrary to the above responses, one of the Informants said that;

“Many of the mentally challenged person thought that mental health services are expensive but it is not. It is actually affordable, there is cheap and expensive medications but the expensive one I can say, it starts from N20,000 upward on a monthly basis” (IDI Informant; Mental Health Professional).

6. Discussion

This study investigated the family factor as an impediment to effective mental health services utilization among behavioral patients in Benin City by assessed the influence of family belief and financial capability on mental health services utilization. The finding revealed that family members attribute mental health illnesses attributed to curses, witchcraft or divine punishment which consequently affected the effectiveness of mental health service utilization as this belief contributed to delay in seeking professional treatment as mentally challenged individuals first seek help from religious or traditional healers. Daliri et al. (2024), a qualitative study conducted in the Bolgatanga Municipality of Ghana which examined the perspectives of family caregivers, mental health service providers, and administrators regarding the impediments to accessing mental health care, identified five broad themes of barriers: individual-level, interpersonal, community-level, organizational, and policy-level obstacles. In particular relevance to this present study’s finding are the interpersonal barriers, which Daliri et al (2024) centered on family dynamics. Families were found to exert considerable pressure on decision-making processes regarding mental health treatment which is often influenced by entrenched cultural and spiritual beliefs. For instance, mental health conditions were frequently interpreted within a spiritual or moral framework, discouraging formal treatment and instead promoting traditional or faith-based interventions. Thus, this family belief system shaped the help-seeking behaviour and significantly limited the uptake or utilization of biomedical mental health services.

Additionally, a cross-sectional study conducted by Aass et al., (2022) in Norway which examined patients’ and family members’ perceptions of family support from nurses and other mental healthcare professionals, as well as the perceived quality of care within community mental health services, found a significant difference in perceptions between patients and their family members. The study concluded that while patients may feel adequately cared for, their family caregivers often feel unprepared, unsupported and excluded from the care process due to family belief.

Also, this study finding show that financial capability was another factor that influence the effectiveness of mental health services utilization. This study revealed that the cost of mental health services such as medication and hospital admission as well as transportation to the hospital facilities for treatment posed a significant challenge to utilization of mental health services and seeking of professional treatment. Therefore, this finding shows that the cost of mental health services has chase away many of the mentally challenged patients, stop their medications, non-compliance to medications, not meeting up with their check-up date, delay diagnosis and treatment, worsen the condition and leading to relapses. A study investigated by Ajefu, Demir and Haghpanahan, (2020) on the impact of financial inclusion on mental health among household heads in Nigeria, established a strong positive relationship between financial inclusion and improved mental health outcomes and utilization. More so, Ajefu, Demir and Haghpanahan, (2020) noted that families that are financially excluded lack the resources to seek timely and sustained mental health care, which results in worsening conditions and increased burden on caregivers. This is further arguing that economic barriers, such as lack of financial stability within families, constitute a significant impediment to accessing care. When families are unable to meet basic needs, including transportation costs, medication, or consultation fees, mental health services are deprioritized.

Also, it was revealed by Daliri et al. (2024) that financial constraints at the individual level is a major factor which intersected with family-level responsibilities and decisions. Families frequently struggled with the costs of transportation, medication and sustained care and thereby leading to inconsistent treatment and poor compliance and further complicated by stigma and mental health illiteracy, as families feared social exclusion and discrimination, thereby choosing to hide or deny the condition rather than seek help.

7. Conclusion and Recommendations

This study has investigated the family factor as an impediment to effective mental health services utilization among behavioural patients in Benin City, Edo State, Nigeria. Through the narratives of mental health outpatients and professionals, it is therefore concluded that family belief and family financial capability negatively influence effectiveness of mental health services utilization among behavioral patients and thereby resulted to; discouragement of individuals from seeking care, adhering to treatment and reintegrating socially; prompting individuals to seek help from traditional and religious institutions before turning to hospitals which thereby delaying appropriate care; the high cost of treatment, medication and transportation often leads to treatment discontinuation and relapse.

Based on the conclusion, this study therefore recommended that; Firstly, considering the negative influence of family beliefs on effective mental health services utilization, there is an urgent need for sustained mental health education and advocacy that is culturally sensitive and community-driven. This can be achieved through engagement and education on biomedical treatment and promote professional psychiatric care over traditional or spiritual alternatives.

Secondly, in light of family financial capability being a significant impediment, the Government, through the Ministry of Health and Welfare, should subsidize mental health treatments and provide free or affordable medications in public psychiatric institutions. More so, social welfare programmes should be extended to low-income families with mental health patients to reduce the financial burden associated with treatment, transportation and caregiving.

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