



## DEMOGRAPHICS, MENTAL HEALTH LITERACY, AND DELAY FACTOR ON MENTAL HEALTH HELP-SEEKING ATTITUDE IN INNER CITY YOUTHS IN UYO, NIGERIA.

Leonard C. Orji<sup>1</sup>, Gboyega E. Abikoye<sup>2</sup> and Alliu Sadiat<sup>3</sup>

<sup>1</sup>Department of Psychology, University of Agriculture and Environmental Sciences, Imo State.  
Email: [drleonardorji@outlook.com](mailto:drleonardorji@outlook.com), Mobile NO. 08078615503

<sup>2</sup>Department of Psychology, University of Uyo, Akwa Ibom State

<sup>3</sup>Department of Psychology, Caleb University, Imota Ikorodu, Lagos State

### Abstract

*The study aimed at investigating the roles demographic factors, mental health literacy and delay factor play in the help-seeking attitude towards mental healthcare among young adults within the inner city of Uyo in Akwa Ibom state, Nigeria. Measures of mental health literacy, delay factor and attitude towards help-seeking for mental health help seeking as well as socio-demographic variables were administered to 385 participants aged 18 to 24 years. Participants were selected based on multistage sampling technique from the inner city areas. Bivariate analyses and stepwise regression model were used to analyse data. It was observed that delay factor ( $r = -0.18$ ;  $p < .01$ ) and mental health literacy were significantly associated with attitude toward mental health ( $r = -0.16$ ;  $p < .01$ ) while age ( $r = -0.03$ ;  $p > .05$ ), sex ( $r = -0.06$ ;  $p > .05$ ), and income ( $r = 0.04$ ;  $p > .05$ ) were not significantly associated with attitude toward mental health. Further, it was observed that delay factor was a more robust predictor  $\{\beta = -0.18$ ;  $p < .00\}$  of attitude toward mental health than mental health literacy  $\{\beta = -0.13$ ;  $p < .01\}$ . These findings point to the important roles knowledge about mental health and reasons for delay play in understanding help-seeking attitude of youths towards mental health. The study concludes that interventions should target at removing barriers and societal stigmas in addition to better enlightenment on mental health care.*

**Keywords:** mental health, mental health knowledge, delay factor, roles, help-seeking attitude.

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## Introduction

Research has shown an increase in the epidemiology of mental disorders with equally an overwhelming need for mental health services particularly among the youths (Rickwood, Thomas & Bradford, 2012). Our youths find it taxing seeking help for mental health issues; even when they do, it is done so late and this delayed help-seeking has its consequences for treatment outcome (Rickwood et al., 2012). Government have tried to make access to healthcare a reality, yet some physical and psychological factors have continued to hinder their efforts particularly as it concerns the mental health of our study population (Bentil & Bentil, 2015), hence, Kavitha, David & Sandeep (2013) noted that general health without mental health is incomplete

Studying attitude toward help-seeking and delay factors for critical ages 18 – 24 (when most mental disorders crystallise according to Developmental psychologist) has become necessary considering the fact that this age group often record incessant breakdown and their inability to seek help

provide the motivation to address this gap (Orji & Abikoye, 2019). It is the belief of the present researcher that a better understanding of mental help-seeking in this population is necessary if individuals and governments must overcome the gap as well as strengthen our mental health programme development.

Delay in help-seeking or patient delay may be defined as the time taken from the detection of a symptom to the first consultation with a healthcare professional for that symptom (Horgath, Michaud, & Mery, 1980). A number of delay factors may militate against mental help-seeking. Eigenhuis, Waumans, Muntingh, Westernman, Van Meijel & Batelaan (2021), identified possible delay factors to include lack of knowledge about events that could affect outcome, individual functioning and wellbeing, health literacy, accessibility, ambiguity concerning the consequences of action, and procedural uncertainty concerning means to seek help. Negative helper evaluation may cause delay in help-seeking for a distressing personal problem. Similarly, Thompson, Hunt & Issakidis (2004) found that delay in help-seeking can

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be caused by public mental health illiteracy and relationship with length of delay. In a study of help-seeking attitude among young persons with depressive disorder Magaard, Tharanya, Seeralan, Schutz & Brutt (2017) reported a significant association of demographic factors: age, sex and income level with help-seeking behavior. Koydemir-Ozden & Erel (2010) in a similar study aimed at understanding the role socio-demographic variables, previous experience of seeking professional help and presence of a problem play on help-seeking attitude of university students, selected undergraduates from a Turkish Urban University who completed the Attitude towards seeking psychological help (ATSPH-SF) and demographic information forms. The result indicated that gender and age were significantly associated with Help-seeking behavior. Schumerus, Appel, Meffort, Lupp, Anderson, Grabe & Sebastian (2012) in a population based study applying the behavioural model of health services use assessed the influence of personality - related factors on help-seeking for depression.

Using a stepwise regression model, they found that age, higher education, more perceived social support, presence of childhood abuse, higher level of conscientiousness, severe depression and higher level of resilience were associated with help-seeking for depression. However, they also reported that gender, and the following personality traits: Extraversion, Openness, Agreeableness and Neuroticism (including Alexithymia) did not significantly predict help-seeking. Gender-specific evidence was not found. Also Packness, Waldorff, Christensen, Hastrup, Simonsen, Vestergaard & Halling (2017) in a study of Impact of Socio-economic position and distance on mental healthcare utilization among the Danish showed that low socio-economic persons are less likely to seek help from a co-paid psychologist as well as General Practitioners when compared with persons in high socio-economic position. They also revealed that low socio-economic persons who had contact with a therapist tends to have low rate of visit when compared with persons of high socio-economic status.

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Similarly, Wilson (2010) found that young people appear poorly informed about mental health and are unlikely to consult a professional for their mental health problems.

Gabriel & Violato (2010) reviewed some literature on depression literacy among patients and the general public and found that most depressed individuals did not seek help from mental health sources because of the erroneous belief they had about depression, anti-depressants and myriads of other mental illnesses. The study further showed that patients felt the need to seek treatment for major depressive episodes or when the illness has led to significant dysfunctionality in major life domains (Gabriel & Violato, 2010). Findings also indicated that females, younger and more educated persons tend to be more accurately informed about the causes and treatment of depression, and more likely to seek professional help for depression.

. Therefore, the focus of this study will be to understand the influencing roles of some identified demographic factors (age, gender and income level) and psychological variables (mental health literacy and delay

factors) play in the help-seeking of youths. This would help the readers of this study to understand the various reasons why youths delay or experience barriers in help-seeking even when there are obvious reasons to seek help. The term ‘help-seeking’ actually originated from medical sociology literature which sought to assess illness behavior by Mechanic (1962) while addressing human health behavior relating to monitoring, definitions and interpretation of symptoms, prevention or remedial action and utilization of health care systems. Illness behavior which help-seeking has become a subset developed in response to the fact that people do not consult health care professionals whenever they experience symptoms. In the past, however, reports have shown that people consult doctors for only about one in ten (10) “medically significant symptoms” experienced (Tuckett, 1976).

Another important concept that was considered in this study is that of delay in help-seeking. This concept together with seeking help for mental health problems have largely been investigated (Amato & Bradford, 1985). However little attention has

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been given to help-seeking and delay factor in the mental health of youths, though scanty literature convey a general study of reasons for delayed help-seeking. Chua (2011) reported depression as a common mental health issue in Singapore with varieties of help sources and types to mitigate it. However only 31.8% of those with this disorder sought professional help and only did so after delaying for years, for example, four and thirteen years' delay for depression and alcohol abuse cases respectively. It is obvious that 68.2% representing those who should seek help but hardly sought for it while 31.8% of those who sought for help waited 4 to 13 years before seeking help. In another study by Orji (2020) to understand the predictive roles behavioural influences and delay factors play among young adults vis - a - vis their mental help-seeking attitude. 385 respondents were recruited from inner city youth population in Uyo. The Basic to Access Care and Evaluation Scale (BACE) was used to measure delay and other forms of barrier towards help - seeking. The hierarchical model of regression was used to

analyze the data. It was reported that delay factor presented a high significant influence on young adult's help-seeking attitude towards mental health. According to the author delay had more robust influence when compared with other variables.

### Objectives of the Study

In view of the above reviews, the objectives the study is stated as follows:

- i). to establish if any relationship exists between personal demographic variables (age, gender and income level) and attitude towards seeking mental healthcare among inner city youths.
- ii). to ascertain the influence of mental health literacy on attitude towards seeking mental healthcare among inner city youths.
- iii). to ascertain the influence of delay factors (barriers) on attitude towards seeking mental healthcare among inner city youths.

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In view of the objectives of the study, it is therefore hypothesized as follows: that demographic variable (age, gender and income level) will be significantly o-relate with attitude towards seeking mental help among inner city youths; that mental health literacy will significantly predict attitude towards help-seeking for mental healthcare among inner city youths, and lastly that delay factor will significantly predict attitude towards help-seeking for mental healthcare among inner city youths,

**METHOD**

***Research Design***

A descriptive (cross sectional) survey design strategy was adopted for this study. The study variables were described as they occur and are also observed at the same time. It investigated the relationship between personal demographics and help-seeking attitudes of inner city youths as well as the predictive roles of two psychological variables (mental health literacy and delay factors) on attitude towards seeking help for mental health among inner city youths. Three

different tests including the socio-demographic form were administered to the participants to enable data collection.

***Participants***

Three hundred and eighty-five youths selected based on convenience sampling approach participated in this cross-sectional survey. Participants were between the ages 18 and 24 years old. This selection was done among youths selected from several locations within the inner city of Uyo using a multistage sampling approach, while 174 or 45.2% of participants were males, 211 (54.8%) were females. Detailed participants' characteristics are presented in Table 1.

***Measures***

A four-sectioned questionnaire was used for data collection. Demographic and background such as age, sex, educational qualification, average monthly income and marital status information, were requested in the first section of the questionnaire.

Mental health literacy was assessed with the Mental Health Knowledge Schedule (MHKS) developed by Evans-Lacko, Little, Meltzer, Rose, Rhydolerch & Thornicroft (2010). The instrument assesses mental

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health knowledge across 6 domains - help-seeking, recognition, support, employment, treatment and recovery - and 6 items that enquire about knowledge of mental health conditions. Items on the scale are scored from 1 (Strongly Disagree) to 5 (Strongly Agree). An individual's scores are added to obtain a composite mental health knowledge score, a higher the scores denotes better mental health knowledge whereas lower scores are indication of poor mental health knowledge. A Cronbach's coefficient of 0.75 was obtained for the scale in this study.

Delay factors were assessed using the 36-item Barriers to Access to Care Evaluation (BACE v3) Scale (Clement, Broham, Jeffery, Henderson, Hatch & Thornicroft, 2012). The scale substantially assesses for delay or discouragement in using or seeking access to mental health assistance with higher scores indicating more delay or discouragement to seeking access to mental health. The scale identifies potential intervention areas and increases help-seeking and service use. In the present study, a

Cronbach's coefficient of 0.62 was obtained for the scale. Also, the estimate of validity coefficient of 0.79 provides strong confidence for its use (Uwaoma, Udeagha & Madukwem, 2011).

Attitude towards Seeking Professional Psychology Help Scale (ATSPPHS) was assessed using a scale developed for that purpose by Fischer and Turner (1970). The original scale contained 29 four-point Likert-formatted items with options ranging between 0 and 3 and with higher scores indicating favorable attitude. However Fischer and Farina (1995) revised the original 29 items and came up with a 10-item ATSPPHS-SF used to measure general ATSPPHS for mental health issues. Items are also rated on a 4-point Likert-type scale (3=Agree, 0=Disagree). Items, 2,4,8,9 and 10 are reversed scored. Scores are then summed up, with higher scores indicating more positive attitude towards seeking professional psychology help. A Cronbach's coefficient of 0.77 was obtained for the scale in the present study. Split-half reliability coefficients were 0.77 and 0.79 for the two

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halves respectively. A validity coefficient of 0.88 indicates that the scale is valid.

***Procedure***

Two major sampling approaches were used in the study. First, the multistage sampling method was used to select four locations noted for high inner-city youth density in Uyo. While the convenience sampling approach was used in selecting participants for data collection. Data were personally collected by the authors. Data collection was done simultaneously in the four locations in order to avoid diffusion and multiple participation. Of the 400 copies of the questionnaire administered, 385 were returned with usable data.

The study was conducted in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki and its later amendments. The study protocol was approved by the Research Ethics Review Committee of the Ministry of Health, Akwa Ibom State, Nigeria (2019). Participation in this study was voluntary, and written informed consent was obtained from each participant prior to their participation.

Collection and handling of data were done in such a way as to ensure confidentiality and anonymity of participants and responses. Participant received non-monetary incentives (light refreshments and toilet soap) for participating in the study.

***Method of Data Analysis***

In analyzing the data for the present study the IBM SPSS 23 was used. Descriptive statistics (percentage, mean and standard deviation) were used in analyzing the participant's demographic data. In testing the first hunch in the study a bivariate correlation was carried out to determine the relationship between demographic variables and help-seeking attitude of inner city youths in Uyo, utilizing Pearson's R. Stepwise regression statistic was used in predicting the influence of mental health literacy and delay factors on attitude towards mental health help-seeking among inner city youths.

**RESULTS**

Participants' demographic profiles are presented in Table .1. The result shows that 51.9% of the respondents are in the age bracket of 18 – 21, 48.1 percent are between



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22 – 24years. The age group of interest to this study is 18 – 24 years, the researcher merely want to give options to the respondents, yet making sure that they fall within the selected age band especially for those who may not want to disclose their age.

Further, the Table also indicates that 45.2% are males, while 54.8% are females. This shows that more females took part in the study than males while 54.8% are females. This shows that more females took part in the study than males.

**Table .1: Participants Demographic Profiles**

<i>Variables</i>	<i>n</i>	<i>%</i>	<i>Mean</i>	<i>SD</i>
<i>Age</i>				
<b>18 – 21</b>	200	51.9		
<b>22 – 24</b>	185	48.1		
<i>Gender</i>				
<b>Male</b>	174	45.2		
<b>Female</b>	211	54.8		
<i>Religion</i>				
<b>Christianity</b>	342	88.8		
<b>Islam</b>	33	8.6		
<b>Other</b>	10	2.6		
<i>Income Level</i>				
<b>Lower Level</b>	182	47.3		
<b>Middle Level</b>	145	37.7		
<b>Upper Level</b>	58	15.1		
<i>Marital Status</i>				
<b>Single</b>	35.1	91.2		
<b>Married</b>	6.8	2.6		
<b>Others</b>	2.1	8		
<i>Educational Qualification</i>				
<b>Primary School Cert.</b>	28	7.3		
<b>Secondary School Cert.</b>	187	48.6		
<b>Diploma / University Degree</b>	139	36.1		
<b>PG Degree</b>	24	6.2		
<b>Others</b>	7	1.8		
<b>Mental Health Knowledge</b>			19.64	5.76
<b>Delay Factors</b>			36.71	15.60
<b>Attitude toward Seeking Professional Psy Help</b>			16.02	4.02

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Results on the demographic profile are as presented in table 1. Respondents are largely Christians with 88.8% of the total respondents. As regards the income level of the respondents' background, 47.3% has

lower level income status, 37.7% has middle level income status while those of the upper level income status are 15.1%. This is an indication that majority of the respondents have a lower income background.

**Table 2: Bivariate analysis showing inter-correlations among study variables**

Variables	Age	Gender	Income	MHL	Delay Factors	ATMH	Mean	SD
<b>Age</b>	-						-	-
<b>Gender</b>	<b>-.09</b>	-					-	-
<b>Income</b>	<b>-.02</b>	<b>.03</b>	-				-	-
<b>MHL</b>	<b>-.01</b>	<b>-.07</b>	<b>.04</b>	-			<b>19.64</b>	<b>5.76</b>
<b>Delay Factors</b>	<b>.16**</b>	<b>-.05</b>	<b>.01</b>	<b>.20**</b>	-		<b>36.71</b>	<b>15.60</b>
<b>ATSMH</b>	<b>-.03</b>	<b>-.06</b>	<b>.04</b>	<b>-.16**</b>	<b>-.18**</b>	-	<b>16.02</b>	<b>4.02</b>

MHL = Mental Health Literacy

ATSMH = Attitude toward seeking professional Mental Health

\*\*Correlation significant at 0.01 level

+Coding of nominal / categorical variable (Gender): male = 1, female = 2

We explored the association of the predictor variables with attitude towards seeking professional mental health (Table 2). Results indicated that only delay factors ( $r = -0.18$ ;  $p < .01$ ) and mental health literacy were significantly related to ATSMH ( $r = -0.16$ ;  $p < .01$ ). These imply that the less delay factors (perceived barriers to mental health), the more favorable ATSMH, and surprisingly,

the more mental health literacy, the less favourable ATSMH. Age ( $r = -0.03$ ;  $p > .05$ ), sex ( $r = -0.06$ ;  $p > .05$ ), and income ( $r = 0.04$ ;  $p > .05$ ) were not significantly associated with ATSMH.

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**Table 3: Stepwise regression showing the prediction of attitude toward seeking psychological help by delay factors and mental health literacy**

Step	Predictors	$\beta$	t	Sig.	F	R	R <sup>2</sup>	R <sup>2</sup> $\Delta$	F $\Delta$	Sig.
1	Delay Factors	<b>-0.18</b>	<b>-3.52</b>	<b>.00</b>	<b>12.40</b>	<b>.18</b>	<b>.03</b>	<b>.03</b>	<b>12.40</b>	<b>0.00</b>
2	Delay Factors	<b>-0.15</b>	<b>-2.98</b>	<b>.00</b>	<b>9.55</b>	<b>.22</b>	<b>.05</b>	<b>.02</b>	<b>6.52</b>	<b>0.01</b>
	MHL	<b>-0.13</b>	<b>-0.55</b>	<b>.01</b>						

In order to further explore the strength of the associations between psychological variables (delay factors and mental health literacy) and ATSMH, we performed a stepwise regression (Table 3). Delayed factors were entered in the first step while delay factors and mental health literacy were entered in the second step. Results indicated delay factor was a more robust predictor  $\{\beta = -0.18; t = -3.52; p < .00\}$  of ATSMH than mental health literacy  $\{\beta = -0.13; t = -0.55; p < .01\}$  and the addition of mental health literacy tends to water down the potency of the predictive powers of delay factors.

## DISCUSSION

This section discusses the study within the context of the literature, with a view to

comparing the findings of the study to those of the other researchers whose works were earlier reviewed. From the test of hypothesis one, it was found that demographic variables of inner city youths (age, gender and income level) did not significantly associate with ATSMH. Situating the result to our study context it clearly shows that the age, sex and income level of the participants had no association with help-seeking attitude towards mental health. The study by Schumerus, Appel, Meffort, Lupp, Anderson, Grabe & Sebastian (2012) partly supported the present result when they reported that gender factor did not significantly associate with ATSMH even though age returned a positive factor. The present finding can also be explained with

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reference to our culture where the young adults still have attachment with their families and cultures regarding decision making in life, hence their age, gender or income level have not associated with their decisions to seek mental healthcare.

From the test of hypothesis two it found that having mental health knowledge will positively affect attitude towards help-seeking. From the result therefore, mental health literacy was shown as a very important factor in help-seeking among young adults. The present finding is consistent with the work of Gabriel & Violato (2010) who reviewed literature on depression literacy among patients and the general public and concluded that younger patients are more informed about the causes and treatment of depression and finally that knowledge is likely to predispose towards seeking help. The Findings of Wilson (2010) also corroborated the findings of the present study. According to the author educating young adults within the age range of 14 - 24years will clearly influence their thoughts and ability to seek help in the present and future. This position was also supported by

Orji (2020). A major reason for the present findings bothers on learning and sustainability of knowledge. When one acquires some level of understanding through learning and retains it over time, it will certainly create a new orientation in the person which is bound to affect his attitude generally. Therefore acquiring and retaining knowledge about mental health will certainly influence peoples' attitude towards help-seeking for mental health problems.

From the test of hypothesis three, it was found that delay factors significantly associate with help-seeking attitude towards mental healthcare. This also brings to light some of the reasons identified by Eigenhuis et al., (2021) as the causes of delay in help-seeking among people, for example, lack of knowledge about the outcome of events, individual functioning and wellbeing and time taken to detect illness. In addition to the barrier factors Thompson et al., (2004) also supported by arguing that public mental health illiteracy is a factor that causes more tendency for delay in seeking mental health care among younger persons. From the result therefore it is obvious that the less favourably

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the perceived barriers to help-seeking the more likely the people will seek help. Zola's (1973) help-seeking model as reviewed in the present study clearly presents the role of perception in symptom acknowledgment or denial and the decision to seek help which is either encouraged or delayed by social factors. Bentil et. al., (2015) also supported the result in their investigation of the barrier factors in seeking mental health care and how help-seeking can be improved. Part of their findings showed that the person seeking help was part of the barrier factors that affect the process of seeking help. When personal challenges like mental health problems cannot be understood and accepted as a reality when it occurs in one's life then the tendency to seek help may be delayed or hindered.

Another reason for the present finding may be found in the stigma associated with mental health challenges. Societal stigmas on mental illness have not helped recovery and rehabilitation processes in mental health care. Therefore, it becomes difficult for people to

acknowledge personal mental health challenges for fear of being stigmatized.

### Conclusion and Recommendations

This study investigated the roles of personal demographics, mental health literacy and delay factors in help-seeking attitude for mental health of young adults in the inner city of Uyo.. The findings failed to report a significant association between the demographic (Age, Sex and Income) and the criterion (help-seeking attitude) variables. This clearly shows that demographic factors have less influence on the help-seeking attitude for mental health of younger persons. However, a significant influence of the psychological variables (mental health literacy and delay factors) on the help-seeking attitude of young adults towards their mental healthcare were found.. These psychological variables showed direct predictions of the criterion variable (ATSMH). The young adults should be educated to recognize the symptoms of mental disorder and accept their challenges. They should be able to see mental health issues as not being different from other

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physical health disabilities. Based on the findings of this study the following recommendations are made:

In view of how ignorance and stigma have created gap between the people and mental health care, it is advisable that families and cultures should allow the young adults irrespective of their age, sex or income level to make personal decisions inputs concerning

their personal mental health challenges in addition to a formidable educational program on mental health care. This will help to clear some of those misconceptions that have caused delay or hindered their ability to seek help regarding mental healthcare.

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