

MENTAL HEALTH HELP-SEEKING BEHAVIOUR OF IN-SCHOOL ADOLESCENTS IN NSUKKA LGA

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Abstract

The existence of mental health conditions among in-school adolescents has risen exponentially during the past decade. Mental health is pivotal to the development of communities and countries therefore, help-seeking for mental health is paramount. The study investigated mental health help-seeking behaviour among in-school adolescents in Nsukka LGA. Cross sectional survey design was adopted. Study population comprised of all 14,989 in-school adolescents in public secondary schools in Nsukka LGA at the time of the study. A sample of 400 students determined by Taro Yamane formula constituted the sample size. Mental Health Help Seeking Behavior Questionnaire (MHHSBQ)) which was partly designed by the researcher and partly adapted from General Help Seeking Questionnaire (GHSQ) was the data collection instrument. The instrument was face validated by three research experts from University of Nigeria Nsukka. A reliability index of .742 was obtained using Cronbach's alpha statistic. Mean and standard deviation were used to answer research questions while the null hypotheses were tested using t-test and ANOVA at .05 level of significance. Results show that students mostly sought help from parents/guardians ($\bar{X}=5.69$, $SD=1.56$), doctors ($\bar{X}=4.95$, $SD= 1.770$) and mental health professionals ($\bar{X}=4.80$, $SD= 1.784$). Females ($\bar{X}=6.08$, $SD= 1.313$), younger adolescents ($\bar{X}=5.89$, $SD= 1.241$), those in girls only schools ($\bar{X}=6.32$, $SD = 1.405$) and in junior class ($\bar{X}=5.88$, $SD= 1.131$) sought help from their parents/guardians more than their counterparts. Significant difference existed in help seeking behaviour based on gender, school type and class level ($p < .05$) but no significant difference based on age ($p > .05$). Informal help seeking for mental health challenges (parents/guardian) is the most prevalent form of help seeking behaviour among in-school adolescents. Mental health should be integrated in secondary school curriculum so as to help students develop favourable behaviour towards help seeking for mental health.

Keywords: Mental health, help seeking behaviour, in-school adolescents, stigma

Introduction

The existence of mental health conditions among in-school adolescents has risen exponentially during the past decade. Mental health is paramount to personal well-being, family relationships, and successful contributions to society. It is pivotal to the development of communities and countries. Therefore, help-seeking for mental health is paramount. Globally, it is estimated that 459 million people have mental disorder and 25% of the population will suffer mental illness at some point in their life [World Health Organization (WHO), 2019]. Mental health is a public health problem with significant institutional neglect and widespread stigma in Nigeria. Mental health statistics shows that 80 per cent of Nigerians with mental health needs cannot access care due to societal attitudes toward mental illness and lack of resources, facilities, and mental health staff (Fakiya, 2023). Negative perceptions of the causes of mental illness still abound among mentally ill patients and their relatives in Enugu state which is compounded by ignorance of existing mental health services (Aniebue & Ekwueme, 2009).

Mental health can be defined as a state of well-being in which the individuals realize his or her abilities, can cope with normal stresses of life, work productively and fruitfully, and is able to make contributions to his or her community (WHO 2020). It also includes our emotional, psychological, and social well-being which affects how we think, feel and act and helps to determine how we handle stress, relate to others, and make healthy choices (Fadele et al., 2024). In-school adolescent may face various stressors and challenges related to academic pressure, peer pressure, relationship and family dynamics which can impact their mental health. Mental health determines how in-school adolescent perceive their mental wellbeing and how they seek help when needed. In this study, mental health encompasses how people think, feel, their ability to handle stress as well as their ability to cope through difficulties. Thus, understanding mental health help seeking behaviour among in-school adolescent is essential for developing effective intervention and support for in-school adolescent. Help-seeking is defined as a psychosocial form of health behaviour where one discloses a problem to get external help (Almanasef, 2021). It is any action of energetically seeking help from the health care services or from trusted people in the community including guidance, treatment, and general support when feeling in trouble or encountering stressful circumstances (Umubenyi et al, 2015). The sources of help are classified into formal and informal. Formal help source includes those who have a professional degree in a relevant field characterized by scheduling, time limitations and professional competencies (François & Lauzier, 2021). Informal help includes parents or other family members characterized by emotional closeness, companionship and reciprocity (François & Lauzier, 2021). Help seeking behaviour is a problem focused, planned behaviour, involving interpersonal interaction with a selected health-care professional (Cornally & McCarthy, 2011). In this study, help seeking behaviour is any action performed by an individual to seek support for mental health condition.

Mental health help seeking behaviour is the process of engaging in mental health services when experiencing distress or mental health related issues. In Nigeria, stigma has been widely documented as a deterrent to help-seeking (Abdulmalik et al., 2019). Self-stigma (internalized mental illness stigma leading to diminished self-esteem and self-efficacy) and public stigma (the prejudice and discrimination endorsed by the general population that affects a person) about mental illness are pervasive (Corrigan et al., 2012). In this study, mental health help seeking behaviour is interaction with selected individuals or professionals for guidance and support during mental health challenges. However, many in-school adolescent may not seek help for their mental health concern due to social stigma, lack of knowledge about available resources or fear of being judged or to avoid being misunderstood. The integration of mental health in the primary health care as recommended by the World Health Organization according to Umubyeyi et al. (2025), is still in progress. However, the authors noted that the accessibility to mental health services is limited due to the restricted number of facilities required for mental health care and also, shortage of mental health professionals. School may be an optimal setting for improving adolescent mental health and in recent years, more and more evidence-based mental health interventions have been implemented in the schools. In-school adolescent are students between 10-19 years of age who are found within an institution dedicated for teaching and learning. They are less likely to seek psychological help for mental health related problems (Wilson et al., 2011). Nnadi et al (2023) observed that help seeking for mental health is not utilized effectively in Nigeria. In this study, in-school adolescents are students who are in the formal school system.

The understanding of adolescent help seeking behaviour is not clear (Radez et al., 2021). These students may not seek help which may lead to anxiety, fear, depression, emotional imbalance, isolation and suicidal thoughts. Most in-school adolescents may prefer to keep their problems to themselves and this could be as a result of past experiences encountered either from trying to seek help or past experiences from families and friends. This situation is worrisome as many in-school adolescents seem to lack appropriate help seeking behaviour during mental health challenges. However, they are expected to seek help from either of their parents, school guidance and councilors, form teachers or subject teachers when they are having mental health challenges. This will reduce the rate of anxiety and depression among them and improve their academic performance and well-being. Friends and families are the most common sources of assistance for students. Some demographic factors such as gender, age, school type and class level are linked to in-school adolescents' mental health help seeking behaviour. The above selected demographic factors linked to in-school adolescents' mental health help seeking behaviour was determined in this study. The information obtained from mental health help seeking behaviour of in-school adolescents will benefit the students, teachers, health educators, health care providers, policy makers, parents, and school management.

Purpose of the Study

The purpose of this study was to determine the mental health help-seeking behaviour of in-school adolescents in Nsukka LGA. Specifically, the study determined;

1. mental health help seeking behaviour of in-school adolescents in Nsukka LGA;
2. mental health help seeking behaviour of in-school adolescents in Nsukka LGA based on sociodemographic characteristics (gender, age, school type and class level).

Research Questions

The following research questions were poised to guide this study

1. What is the mental health help seeking behaviour of in-school adolescents in Nsukka LGA?
2. What is the mental health help seeking behaviour of in-school adolescent in Nsukka LGA based on sociodemographic characteristics (gender, age, school type and class level)?

Hypothesis

The following null hypothesis was formulated to guide the study and was tested at 0.05 level of significance.

1. There is no significant difference in mental health help seeking behaviour of in school adolescents in Nsukka LGA based on sociodemographic characteristics (gender, age, school type and class level)

Methods

The cross-sectional survey research design was employed and the study was carried out in Nsukka Local Government Area of Enugu State. This location was chosen because of its diverse population, vibrant community engagement as well as the availability of in-school adolescents who readily participated in the research activities from various schools. The population of the study was all the 14,989 in-school adolescents in public secondary school, Nsukka LGA. According to information obtained from Post Primary School Management Board (PPSMB) (2023), there were 32 public schools which included 3 boys only, 4 girls only and 25 mixed schools in Nsukka LGA. The sample size for the study was 390 in-school adolescents in Nsukka Local Government Area (LGA), Enugu State. The sample size was determined using Taro Yamane (1967) sample size determination formula. The sample size

was increased to 400 to account for non-response. A multistage sampling technique was used to select the sample used for the study. First stage involved the use of simple random sampling technique to select five schools, one each from girls only and boys only schools and three from mixed school. In the second stage, purposive sampling technique was used to select four classes (JSS1, JSS2, SS1, & SS2). JSS3 and SS3 were not selected because they were in exam class and need not to be interrupted from their studies. The third stage involved the use of systematic random sampling technique to select 20 students each from the four classes in each school. A total of 80 students were selected from each school. At the end of the procedure, a total of 400 students were selected from the five schools and used for the study. The instrument used for data collection was Mental Health Help Seeking Behavior Questionnaire (MHHSBQ)) which was partly designed by the researcher and partly adapted from General Help Seeking Questionnaire (GHSQ) designed by Wilson et al. (2005). It has two sections namely sections A and B. Section A comprised of 4 items that sought information on the demographic characteristics of the in-school adolescents. These include age, gender, school type and class level. Section B sought information on the sources of help in-school adolescents adopted during mental health challenge (adapted from GHSQ). The responses were rated on a 7-point Likert-type scale ranging from Extremely Unlikely = 1, Unlikely = 3, Likely = 5 to Extremely Likely = 7. The instrument was face validated by three experts from the Department of Human Kinetics and Health Education University of Nigeria Nsukka. The reliability of the instrument was assessed using Cronbach's alpha coefficient and a reliability index of .742 was obtained. Data were collected by the researchers in the sampled schools after duly obtaining permission from the school authorities. The questionnaires were collected on the spot to ensure high return rate. The returned copies of the instrument were screened for completion of responses. Information from the instruments were coded into IBM Statistical Package for Social Sciences (SPSS) version 25. The data collected were analyzed using descriptive and inferential statistics. Mean and standard deviation were used to answer research questions while the null hypotheses were tested using t-test and ANOVA. A null hypothesis was rejected when the p-value is less than .05. In contrast, a null hypothesis was not rejected, if the p-value is more than or equal to .05.

Results

Table 1. Mean Analysis of Mental Health Help Seeking Behaviour of In-school Adolescent in Nsukka LGA (n=357).

S/N	Help Sources	Mean(\bar{X})	Standard Deviation(SD)
1	Friend	3.88	1.920
2	Parents/Guardians	5.69	1.566
3	Other relatives/family members	4.74	1.670
4	Mental health Professionals	4.80	1.734
5	Phone helpline	3.69	1.893
6	Teacher	4.26	1.660
7	Minister of religious leader	4.53	1.793
8	I would not seek help	2.94	2.098
9	Doctor	4.95	1.770
	Mean Behaviour	4.39	.852

Table 1 shows that students mostly sought help from parents/guardians (\bar{X} =5.69, SD=1.56). Others are doctors (\bar{X} =4.95, SD=1.770) and mental health professionals (\bar{X} = 4.80, SD=1.734). The least are those that did not seek help at all (\bar{X} =2.94, SD=2.098).

Table 2: Mean Analysis of Mental Health Help Seeking Behaviour of In-school Adolescent in Nsukka LGA based on Gender (n=357).

S/N	ITEMS	Male(M)(n=212)		Female(F)(n=145)	
		\bar{X}	SD	\bar{X}	SD
1	Friend	3.65	1.920	4.21	1.875
2	Parents/Guardians	5.43	1.664	6.08	1.313
3	Other relatives/family members	4.57	1.709	5.00	1.581
4	Mental health Professionals	4.64	1.737	5.04	1.707
5	Phone helpline	3.59	1.889	3.84	1.759
6	Teacher	4.24	1.720	4.30	1.573
7	Minister of religious leader	4.34	1.779	4.81	1.785
8	I would not seek help	3.01	2.111	2.85	2.083
9	Doctor	4.82	1.854	5.14	1.627
	Mean Behaviour	4.25	.909	4.58	.060
	t = -3.353; df = 355; p = .000				

Table 2 shows that more females sought help from parents (\bar{X} = 6.08, SD= 1.313), doctor (\bar{X} = 5.14, SD= 1.627) and mental health professionals (\bar{X} = 5.04, SD= 1.707) than males (\bar{X} = 5.43, SD= 1.664; \bar{X} = 4.82, SD=1.854; \bar{X} = 4.64, SD= 1.737) respectively. However, more males would not seek help (\bar{X} = 3.01, SD= 2.111) than females (\bar{X} = 2.85, SD= 2.083). There is a significant difference in help seeking behaviour of in-school adolescent based on gender (t=-3.353; p=.000). The null hypothesis is therefore rejected.

Table 3: Mean Analysis of Mental Health Help Seeking Behaviour of In-school Adolescent in Nsukka LGA based on Age (n=357).

S/N	ITEMS	10-14 years(n=133)		15-19 years(n=224)	
		\bar{X}	SD	\bar{X}	SD
1	Friend	4.01	1.869	3.80	1.949
2	Parents/Guardians	5.89	1.241	5.58	1.716
3	Other relatives/family members	4.77	1.550	4.72	1.740
4	Mental health Professionals	5.11	1.564	4.63	1.827
5	Phone helpline	3.87	1.975	3.59	1.749
6	Teacher	4.32	1.555	4.22	1.721
7	Minister of religious leader	4.79	1.674	4.38	1.847
8	I would not seek help	2.61	1.898	3.14	2.188
9	Doctor	5.08	1.731	4.88	1.802
	Mean Behaviour	4.49	.720	4.33	.918
	t = 1.799; df = 355; p = .073				

Table 3 shows that more adolescents aged 10-14 years sought help from their parents/guardians (\bar{X} = 5.89, SD= 1.241), doctor (\bar{X} = 5.08, SD= 1.731) and mental health professionals (\bar{X} = 5.11, SD= 1.564) than those aged 15-19 years (\bar{X} = 5.58, SD= 1.716; \bar{X} = 4.88, SD=1.802; \bar{X} = 4.63, SD= 1.827) respectively. However, older adolescents 15-19 years would not seek help (\bar{X} = 3.14, SD= 2.188) than younger adolescents 10-14 years (\bar{X} = 2.61, SD= 1.898). There is no significant difference in help seeking behaviour of in-school adolescent based on age (t=1.799, p=.073). The null hypothesis is therefore not rejected.

Table 4: Mean Analysis of Mental Health Help Seeking Behaviour of In-school Adolescent in Nsukka LGA based on School type (n=357).

S/N	Help Sources	Mixed School(100)		Only girls(n=212)		Only boys(n=145)	
		\bar{X}	SD	\bar{X}	SD	\bar{X}	SD
1	Friend	5.06	1.619	3.73	1.850	3.25	1.805
2	Parents/Guardians	5.58	1.075	6.32	1.405	5.42	1.786
3	Other relatives/family members	4.90	1.787	4.91	1.787	4.55	1.753
4	Mental health Professionals	4.60	1.449	5.29	1.778	4.66	1.824
5	Phone helpline	4.14	1.564	3.73	1.874	3.41	1.926
6	Teacher	4.36	1.360	4.25	1.704	4.20	1.801
7	Minister of religious leader	4.68	1.294	4.80	2.109	4.29	1.842
8	I would not seek help	3.72	1.854	2.65	2.043	2.64	2.045
9	Doctor	4.56	1.409	5.40	1.794	4.94	1.900
	Mean Behaviour	4.62	.668	4.56	.817	4.15	.911

$F=12.815; df=356; p=.000$

Table 4 shows that more students in girls only schools sought help from their parents/guardians ($\bar{X}= 6.32$, $SD= 1.405$), doctor ($\bar{X} = 5.40$, $SD= 1.794$) and mental health professionals ($\bar{X} = 5.29$, $SD= 1.778$) than their counterparts in mixed schools and boys only schools. However, more of those in mixed schools would not seek help ($\bar{X} = 3.72$, $SD= 1.854$) than their counterparts. There is a significant difference in help seeking behaviour of in-school adolescent based on school type ($F=12.815$, $p=.000$). The null hypothesis is therefore rejected

Table 5: Mean Analysis of Mental Health Help Seeking Behaviour of In-school Adolescent in Nsukka LGA based on Class level(n=357).

S/N	ITEMS	Junior class(n=141)		Senior Class(n=216)	
		\bar{X}	SD	\bar{X}	SD
1	Friend	4.12	1.779	3.72	1.995
2	Parents/Guardians	5.88	1.131	5.57	1.779
3	Other relatives/family members	4.86	1.505	4.67	1.768
4	Mental health Professionals	5.17	1.444	4.56	1.864
5	Phone helpline	3.81	1.956	3.62	1.759
6	Teacher	4.33	1.543	4.21	1.734
7	Minister of religious leader	4.84	1.494	4.32	1.940
8	I would not seek help	2.74	1.984	3.07	2.164
9	Doctor	5.09	1.637	4.86	1.850
	Mean Behaviour	4.54	.672	4.29	.941

$t = 2.700; df = 355; p = .007$

Table 5 shows that more students in junior class sought help from their parents/guardians ($\bar{X} = 5.88$, $SD= 1.131$), doctor ($\bar{X} = 5.09$, $SD= 1.637$) and mental health professionals ($\bar{X} = 5.17$, $SD= 1.444$) than those in senior class ($\bar{X} = 5.57$, $SD= 1.779$; $\bar{X}= 4.86$, $SD=1.850$; $\bar{X}= 4.56$, $SD= 1.864$) respectively. However, senior students would not seek help ($\bar{X} = 3.07$, $SD= 2.164$) than junior students ($\bar{X} = 2.74$, $SD= 1.984$). There is a significant difference in help seeking behaviour of in-school adolescent based on class level ($t=2.700$, $p=.007$). The null hypothesis is therefore rejected.

Discussion

The findings of the study in Table 1 shows that in-school adolescents in Nsukka LGA generally sought help from their parents during mental health challenges. Others are doctors and other health professionals. This finding is encouraging because in-school adolescents are young and are still under their parental care and are still developing so may not have the skills to cope with mental health challenges on their own. The finding is consistent with some other findings (Pearson & Hyde, 2020) who reported that 65.1 per cent of adolescents with mental health challenges in Australia sought help from their parents. Also, Zui (2020) reported that 61.1 per cent of in-school adolescents sought help from professional during mental health difficulties in China. However, in Rwanda, Umubyeyi (2015) had earlier reported that first choice of seeking help was friend (24%). The findings suggest that health education programs in school environment should focus on encouraging parental involvement for mental health support. Female in-school adolescents in Nsukka LGA generally sought help more than the male and the difference was statistically significant (Table 2). This finding was expected and not surprising because females are said to express their feelings more than males. This finding is consistent with other recent studies in Rwanda (Umubyeyi et al, 2015) who reported that poor help seeking was more pronounced in males than females though not statistically significant. This should not be so because both boys and girls can experience mental health challenges and may need support in seeking help and should feel comfortable getting the support they need. The finding however contradicts with that of Doan et al (2020) in Canada. The implications of this finding is that there is need to create a more supportive environment for students with regards to help seeking. This finding suggest that strategies to engage more males in help seeking should be employed.

Furthermore, our study found out that younger in-school adolescents (10-14 years) seek help more than older adolescents (15-19 years) though the difference is not statistically significant (Table 3). Age should not determine help seeking behaviour of an individual. However, older adolescents are believed to be more enlightened about help seeking during mental health challenges. This finding corroborates the finding of O'Neill et al, (2023). The implications of this finding is that students irrespective of their age should have access to the same support. In-school adolescents in girls only schools seek help more than those in only boys and mixed schools and the difference is statistically significant ($p < .05$). Each school types have their own unique benefits, resources and challenges, in the sense that help seeking behavior may be affected by the type of school. The finding corroborates the earlier finding that girls seek help more than boys probably because of the assertive nature of girls. This finding is surprising because it is expected that mixed school should provide a more conducive environment for help seeking than single gender schools. In-school adolescent in mixed school have increased social support and opportunities for interaction that come with being in a mixed school. The implications of this finding is that mixed schools might need to focus on creating more supportive environment that reduces stigma around help seeking while single gender schools might need to ensure that all students are aware of the resources available to them. The findings in Table 5 revealed that in-school adolescents in junior class seek help more than those in senior class. The difference is significant statistically. This finding is not expected because junior secondary adolescents might feel hesitant to discuss personal matters with their parents and as students' progress to higher grades; they may become more aware of mental health issues and the available resources. They might develop better communication skills and a greater sense of independence, which could lead to a higher likelihood of seeking help when needed. The finding is in line with that of Doan et al

(2020) who reported that adolescent in higher grade are reluctant to seek help compared to those in lower grade and agrees also with Mei and Mi (2022) in China who revealed that adolescents in lower class seeks help than those in higher class. This finding suggests that all students should have equal access to help seeking irrespective of their class level. These findings suggest that there is need to create awareness on the importance of help seeking for mental health issues. Creating a more supportive environment for students with regards to help seeking is of utmost necessity in the study area.

Conclusion

Informal help seeking for mental health challenges (parents/guardian) is the most prevalent form of help seeking behaviour among in-school adolescents in the study area. Girls, younger adolescents, those in junior class and those in girls only schools sought help more than their counterparts. Significant differences existed in health seeking behaviour based on gender, class level and school type. However, there was no significant difference in help seeking behaviour based on age. Establishment of mental health services and creating supportive environments in secondary schools will go a long way to reduce incidence of mental health challenges among adolescents as well as improve their academic performance, mental health and well-being.

Recommendations

Base of the finding of the study, the following recommendations were made:

1. Health educators should incorporate mental health help seeking behaviour in their daily interaction with in-school adolescents.
2. Mental health should be integrated in secondary school curriculum so as to help students develop favourable behaviour towards help seeking for mental health.
3. There should be periodic mass campaign on issues relating to mental health challenges and resources available for help in such situations.

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