

**MENTAL HEALTH CHALLENGES AND SOCIAL WORK INTERVENTIONS IN
USELU COMMUNITY BENIN-CITY, EDO STATE**

BY

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**DEPARTMENT OF SOCIAL WORK
FACULTY OF SOCIAL SCIENCES
UNIVERSITY OF BENIN, BENIN-CITY.**

OCTOBER, 2025.

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**BEING A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF
SOCIAL WORK, FACULTY OF SOCIAL SCIENCES, UNIVERSITY OF BENIN,
BENIN-CITY, IN PARTIAL FUFILMENT OF THE REQUIREMENTS OF THE
AWARD OF BACHELOR OF SCIENCE (B.Sc) DEGREE IN SOCIAL WORK.**

OCTOBER, 2025.

CERTIFICATION

This is to certify that this research project titled “Mental Health Challenges and Social Work Interventions in Uselu Community” was carried out by Nwabuawe Emmanuella Ugochukwu, with matriculation number SSC2106084, of the Department of Social Work, University of Benin.

This work is an original research submitted to the Department of Social Work, Faculty of Social Sciences, in partial fulfillment of the requirements for the award of a Bachelor of Social Work (BSW) degree.

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Date: _____

Date: _____

Year of Submission: 2025

DEDICATION

This work is dedicated first and foremost to God Almighty, whose grace, wisdom, and strength have been my constant source of guidance throughout this journey. Without His divine direction and mercy, this project would not have been possible.

I also dedicate this project to my beloved family, whose love, prayers, and unwavering support have continually inspired me to strive for excellence. Their encouragement has been the foundation upon which this achievement stands.

Finally, this work is dedicated to the growth and advancement of Social Work in the medical setting, a field that continues to bring hope, healing, and compassion to individuals and communities in need. May this study contribute, in its own little way, to the strengthening of social work practice in healthcare.

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First and foremost, I return all glory and praise to the Almighty God, whose unfailing love, grace, and strength have seen me through every stage of this work. Without His guidance, wisdom, and mercy, none of this would have been possible. Truly, He has been my source of inspiration and peace.

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ABSTRACT

This study investigated the mental health challenges affecting residents in Uselu Community, Egor Local Government Area, Benin City, Edo State. To achieve the purpose of the study, fifteen (15) research questions subdivided into five (5) thematic parts were raised and answered. The population of the study consisted of residents living within key areas of Uselu Community. Available data from the National Population Census (NPC, 2025) indicates that Uselu Community forms part of the estimated 404,218 residents in Egor Local Government Area of Edo State. The sample size for this study consisted of sixty (60) respondents. The data collected was analyzed using frequency count and simple percentage.

The study revealed that there is a significant presence of mental health challenges in Uselu Community, particularly stress, depression, anxiety, substance-related issues, and emotional strain. It was concluded that these challenges are driven by socio-economic difficulties, stigma, limited awareness of mental health, cultural beliefs, and poor access to professional care. The findings further showed that while some residents possess basic knowledge of mental health, many still avoid seeking help due to fear of discrimination. The study also revealed that social workers contribute through counselling, advocacy, community sensitization, referral services, and direct support to vulnerable individuals, although their efforts are often hindered by inadequate resources.

The study recommended among others that the government, health agencies, and community leaders should intensify mental health awareness campaigns and strengthen access to community-based mental health services. Social workers should be provided with adequate tools to implement effective intervention strategies. Local authorities must also create mechanisms to monitor mental health risks and encourage early reporting and treatment of affected persons

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Mental health has become a global public health priority, with increasing recognition of its impact on individuals, families, and communities. The World Health Organization (WHO) defines mental health as a state of well-being in which every individual realizes his or her own potential, can cope with normal life stresses, work productively, and contribute to the community. Poor mental health undermines these capacities. In low- and middle-income countries like Nigeria, mental health disorders account for a significant portion of the burden of disease, yet both infrastructure and social supports are often inadequate (Cambridge Prisms: Global Mental Health, 2025).

Nigeria is home to over 200 million people and faces serious challenges in mental health care delivery. Estimates suggest that 20–30 % of Nigerians may experience mental health problems at some point in their lives, with disorders like depression, anxiety, substance abuse, and psychotic disorders being notable among them. There is a marked shortage of trained mental health professionals. For example, data shows fewer than 300 psychiatrists serve the whole country, meaning that many persons with serious mental health needs are not reached. Moreover, a large percentage (upwards of 80%) of Nigerians with severe mental health conditions do not access professional mental health care due to various

obstacles such as stigma, unaffordability, or lack of services. The government has made policy moves to improve the situation. The National Mental Health Act 2021, which entered into force in 2023, aims to protect the rights of persons with mental health conditions, regulate institutions, and establish community-based care among other measures. However, implementation remains patchy, particularly at the grassroots level in many communities, where awareness, resources, and trained personnel are lacking.

In Nigeria, stigma and cultural beliefs pose major barriers. Mental illness is often misunderstood, attributed to supernatural causes like witchcraft, curses, or spiritual affliction. Such beliefs discourage people from seeking medical or social work help, preferring spiritual or traditional healers. Economic factors also play a role: poverty, unemployment, lack of social welfare, and inability to pay for treatment are significant deterrents. Many mental health services require out-of-pocket payment, which many Nigerians cannot afford. Similarly, many people live far from facilities that can provide mental health care. At the structural level, there is limited integration of mental health into primary health care in Nigeria. Most neuro-psychiatric facilities are located in urban centres, often under-staffed and under-funded. Rural and peri-urban communities may have very little or no access to mental health professionals, medications, or psychosocial supports. Uselu Community, Benin City: Context, Features, and Relevance

Uselu is a densely populated neighbourhood in Benin City, within Edo State, located in Egor Local Government Area. It serves as the headquarters of the Egor LGA. The area is

mixed residential and commercial, with a large market (Uselu Market), significant traffic, social interactions, and infrastructure that shows both development and gaps (e.g. drainage issues, flooding in certain roads). The presence of key institutions (e.g., commercial, traditional, healthcare) in Uselu makes it an important site for examining how urban pressures, economic inequalities, and infrastructure deficits might influence mental health. The community's density and mixed socio-economic strata mean there are both people with access to services and others without. However, despite being in Benin City which hosts the Federal Neuro-Psychiatric Hospital (FNPH), Benin – many community members may still encounter barriers such as cost, stigma, waiting times, and lack of awareness. Social work as a profession plays a crucial role in bridging gaps between clinical/medical mental health services and the everyday lived experiences of individuals in communities. This includes psychosocial support, advocacy, community education, linkage to health systems, assisting with access to services, and being part of multi-disciplinary care. Given the systemic challenges, social work can help address non-medical barriers: stigma reduction, social inclusion, family support, and socio-economic interventions. In Uselu, with its mixed urban setting, social work interventions could be especially important in:

- Raising awareness and reducing stigma
- Providing informal counselling or peer support
- Facilitating early detection and referral to psychiatric or psychological care

- Supporting vulnerable groups (youth, unemployed, low-income households)
- Working with local government and NGOs to extend mental health care into primary/community settings

Gap In Knowledge And Rationale For The Study

Although much is known generally about mental health burdens in Nigeria, there is less specific data and analysis about how these challenges manifest in Uselu Community, especially in terms of social work responses. Key gaps include:

The specific prevalence and types of mental health issues within Uselu (e.g., depression vs substance abuse vs anxiety)

The socio-economic and cultural determinants in this local context

What existing social work interventions are in place and how effective they are

Residents' perceptions of mental health, help-seeking patterns, barriers, and facilitators

Understanding these will help inform targeted interventions suited to Uselu's demographic, cultural, socio-economic features. Also, findings can be a basis for policy action at the local government level and for non-profits working in mental health in Edo State.

1.2 Statement of the Problem

Mental health is increasingly recognized as a major public health challenge worldwide. Yet in many low- and middle-income settings, including Nigeria, the burden of mental illness is grossly underestimated, poorly addressed, and socially stigmatized. In the specific

context of Uselu Community, Benin City, Edo State, there appear to be particular gaps in how mental health challenges are recognized, managed, and mitigated with direct implications for wellbeing, community cohesion, and social welfare. This study seeks to uncover and articulate those gaps.

The Growing Burden of Mental Health Problems in Nigeria

Multiple studies indicate that Nigeria is facing a rising prevalence of mental health disorders, particularly among adolescents and young adults. Estimates suggest that common disorders such as depression, anxiety, and substance use affect between 10 % and 37 % of adolescents in Nigeria. Despite this, the vast majority of people who need care do not receive it. Some reports show that only about 20 % of individuals with severe mental illness access any form of treatment in a given year; even fewer receive minimally adequate care.

In Nigeria, mental health funding is extremely low: only about 3 % of health budgets are allocated to mental health, contrary to the 10 % often recommended for adequate coverage. Moreover, most of that allocation supports specialist psychiatric hospitals, further entrenching service centralization and inequity.

The national shortage of human resources is also glaring. Nigeria reportedly has only 0.15 psychiatrists per 100,000 population under the new mental health law context, and many professionals are concentrated in urban centers. With such a resource deficit, large segments of the population, especially at the community level, remain underserved.

The situation is exacerbated by outdated or weak policies and legislation. Nigeria’s historic mental health law (the Lunacy Act of 1958) remained in force for decades with minimal revision, and although the National Mental Health Act of 2021 is a step forward, implementation, resource allocation, and integration into primary care remain major obstacles. These national-level problems are mirrored and magnified at the local community level, making them highly relevant to Uselu.

Local-Level Gaps: Why Uselu Community Requires Focused Study

While national and state-level data provide context, communities like Uselu often face challenges not well captured in aggregate statistics. Some of these challenges include:

Low awareness, misperceptions and stigma:In many Nigerian communities, mental illness is widely misunderstood often associated with witchcraft, spiritual attacks, “madness,” or moral failure. These pervasive misperceptions discourage help-seeking, promote secrecy, and lead to delayed presentation. Media representation also tends to reinforce negative stereotypes and sensationalism in portrayals of mental illness. In Uselu, anecdotal reports suggest that families often hide affected members or consult traditional healers first practices whose prevalence is not yet formally documented.

Poor accessibility and utilization of formal mental health services:Even when individuals in Uselu wish to seek care, physical distance, cost, and lack of awareness of available services may prevent them. Many will consult informal providers or self-medicate, rather than going to psychiatric clinics. In Nigeria generally, over 80 % of individuals with severe

mental disorders do not use formal care in a given year. Within Uselu, travel costs, clinic waiting times, or unavailability of staff may further discourage utilization.

Inadequate capacity of social work and community support systems: Social workers are among the most suitable professionals to intervene in psychosocial domains, offer counseling, coordinate referrals, provide case management, and act as advocates. Yet in many Nigerian communities, social work capacity is low or absent. In Uselu, there may be few or no dedicated social workers focused on mental health, limited community-based programs, and lack of institutional support for mental health social work interventions.

Weak linkages between formal health care and community mental health pathways: Even when formal mental health facilities exist in a region, the connection between those and the grassroots community is often weak. Referral systems, follow-up, community-based outreach, home visits, support groups, and psychosocial rehabilitation are rarely integrated. For Uselu, the absence of robust linkages may mean patients “fall through the cracks” after initial contact, or are lost to follow-up.

Lack of community-specific data and research: Because studies are often done at the state or national levels, little is known about the specific stressors, coping mechanisms, prevalence, risk and protective factors unique to Uselu. Environmental, socioeconomic, cultural, and family dynamics in Uselu (e.g. poverty, unemployment, family breakdown, communal ties) may shape mental health in unique ways. Without local data, interventions may be misaligned, ineffective, or unsustainable.

If these gaps remain unaddressed, the following adverse outcomes may persist or worsen in Uselu and similar communities.

Increased morbidity and disability: Untreated mental illness often leads to chronicity, comorbidities, impaired productivity, school dropouts, substance misuse, and higher risk of suicide.

Burden on families: Families often become de facto caregivers without training or support, leading to emotional, financial, and social stress.

Social exclusion and marginalization: Those with mental illness risk being ostracized, discriminated against, or locked away, which undermines dignity and human rights.

Weak community resilience: Communities with unaddressed mental health issues are less able to respond adaptively to crises (economic downturn, social disruption).

Inefficiencies in service delivery: Without understanding local needs and barriers, government or NGO interventions may misallocate resources or deliver programs that are underused or unsustainable.

1.3 Aims and Objectives

The main aim is to examine the prevalence, causes, and impacts of mental health challenges in Uselu Community and assess the effectiveness of social work interventions in addressing these issues.

Specific Objectives are to:

- i. identify common mental health challenges affecting individuals in Uselu Community, including their types, prevalence, and demographic patterns.
- ii. explore the key socio-economic, cultural, and environmental factors contributing to mental health problems within the community.
- iii. assess the level of awareness and attitudes of community members toward mental health issues and professional social work services.
- iv. evaluate existing social work interventions and support systems (governmental, non-governmental, and community-based) aimed at promoting mental well-being in Uselu.
- v. recommend sustainable social work strategies and policies that can enhance prevention, early detection, and effective management of mental health challenges in the community.

1.4 Research Questions

- i. What are the most common mental health challenges affecting individuals in Uselu Community, and how prevalent are they across different age groups and demographics?
- ii. What socio-economic, cultural, and environmental factors contribute to the occurrence of mental health problems in Uselu Community?
- iii. What is the level of awareness and what are the prevailing attitudes of community members toward mental health issues and the use of professional social work services?

iv. How effective are the existing social work interventions and support systems (governmental, non-governmental, and community-based) in promoting mental well-being in Uselu Community?

v. What sustainable social work strategies and policies can be recommended to improve the prevention, early detection, and management of mental health challenges in the community?

1.5 Significance of the Study

This study is significant because it addresses one of the most pressing but often neglected areas of public health and social development mental health within the context of a Nigerian urban community. Mental health challenges are increasingly recognized as a critical component of overall well-being, yet they remain poorly understood and inadequately addressed in many parts of Nigeria (World Health Organization [WHO], 2022). In Uselu Community, like many semi-urban settings in Benin City, the intersection of rapid urbanization, poverty, unemployment, cultural beliefs, and limited access to mental health services creates a fertile ground for the emergence and persistence of mental health problems. By focusing on this specific community, the study provides localized evidence that can inform context-sensitive interventions rather than relying on generalized national statistics.

From a theoretical and academic perspective, this research will add to the growing body of knowledge on the relationship between mental health and social work practice in African communities. Much of the existing literature on mental health and social work is based on Western contexts, where mental health services and professional interventions are more established (Adewumi & Owoaje, 2020). This study contributes a culturally grounded perspective by exploring how social workers operate in a setting where traditional beliefs, stigma, and inadequate infrastructure often hinder formal interventions. The findings will be useful for students, researchers, and academics in social work, psychology, public health, and related disciplines who are seeking to understand how social work models can be adapted to local realities.

The study also has practical significance for social work practitioners and mental health professionals. By identifying the prevalent mental health challenges, their root causes, and the current gaps in service delivery, the research provides actionable data for social workers to design more effective prevention and intervention strategies. Social workers in Nigeria often face the challenge of balancing professional methods with cultural sensitivity. The insights from this study will help them develop community-specific approaches, advocacy strategies, and counseling techniques that resonate with the lived experiences of Uselu residents. For example, understanding how cultural perceptions of mental illness influence help-seeking behaviors can guide social workers in creating awareness campaigns and outreach programs that reduce stigma and promote early intervention.

In addition, the findings will be valuable to policymakers and government agencies responsible for public health and social welfare. Mental health is still underfunded in Nigeria, accounting for less than 4% of the national health budget (Federal Ministry of Health, 2021). Evidence from this study can support advocacy for increased funding, improved legislation, and the integration of social work services into primary health care at the community level. Local government authorities in Benin City and Edo State can use the recommendations to strengthen their mental health policies and collaborate with non-governmental organizations to expand service delivery.

The study will also benefit non-governmental organizations (NGOs), community leaders, and religious institutions that play a crucial role in community development and social support. NGOs and faith-based organizations are often the first point of contact for individuals experiencing mental health issues in Nigerian communities. By revealing the specific needs of Uselu residents, this research can guide these organizations in developing targeted programs, training volunteers, and mobilizing resources to support those affected by mental health challenges.

Furthermore, the research has social significance for the residents of Uselu Community themselves. Mental health issues are often associated with stigma, discrimination, and social exclusion, which prevent individuals from seeking help (Gureje et al., 2020). By shedding light on the realities of mental health problems in the community, the study will help raise awareness, reduce misconceptions, and empower community members to take

proactive steps toward mental wellness. Increased knowledge can foster empathy, encourage early help-seeking behavior, and promote the development of peer-support networks within families and neighborhoods.

Finally, this study is timely in light of the global call to prioritize mental health as a key component of sustainable development. The United Nations' Sustainable Development Goal 3 emphasizes the importance of ensuring healthy lives and promoting well-being for all at all ages, including mental health (United Nations, 2015). By focusing on social work interventions as a tool for addressing mental health challenges, the study aligns with this global agenda and demonstrates how local actions can contribute to broader international goals.

1.6 Scope of the Study

This study focuses on examining the nature, causes, and implications of mental health challenges within the Uselu Community, Benin City, Edo State. The scope covers both the individual and community dimensions of mental health, emphasizing the social, cultural, and economic factors that influence the prevalence and management of these challenges. Specifically, the research explores common mental health issues such as depression, anxiety, and substance-related disorders, as well as the levels of awareness and accessibility of mental health services in the community.

Furthermore, the study assesses the roles and interventions of social workers in preventing, identifying, and managing mental health cases in Uselu. It investigates how social work principles and practices such as advocacy, counseling, community mobilization, and referral services are applied to promote mental well-being. The study is limited to residents, community leaders, health professionals, and social workers operating within Uselu Community.

While the findings may not be generalized to all communities in Nigeria, they provide insights that can guide policymakers, practitioners, and researchers in developing effective mental health and social work intervention strategies in similar settings.

CHAPTER TWO

LITERATURE REVIEW

2.1 Definition of Contexts

This section provides a detailed clarification of key concepts that form the foundation of this study. A clear understanding of these terms is essential to appreciate the relationship between mental health challenges, social work interventions, and community-based mental health services.

Mental Health

Mental health is more than the absence of mental illness; it is a dynamic state of internal balance that enables individuals to recognize their abilities, manage the normal stresses of life, work productively, and contribute meaningfully to their communities. It encompasses emotional, cognitive, and social well-being, affecting how people think, feel, and behave in their daily interactions (World Health Organization [WHO], 2022; American Psychiatric Association [APA], 2023). Good mental health allows for resilience—the ability to adapt to adversity—and fosters positive relationships, self-esteem, and a sense of purpose (Keyes, 2007; WHO, 2022).

Mental Health Challenges

Mental health challenges refer to a wide spectrum of psychological and behavioral difficulties that interfere with an individual's ability to cope with daily life demands and

maintain healthy relationships. These challenges may be temporary, episodic, or chronic, and they encompass clinically diagnosable disorders such as depression, anxiety disorders, schizophrenia, bipolar disorder, and substance use disorders, as well as non-clinical stress reactions that impair functioning (American Psychiatric Association [APA], 2022; World Health Organization [WHO], 2022).

The causes of mental health challenges are multifactorial. Biological predispositions, traumatic experiences, poverty, stigma, and inadequate access to healthcare all contribute to vulnerability (Patel et al., 2018). Mental health challenges are also associated with social and economic consequences such as reduced productivity, strained family relationships, and increased healthcare costs. These impacts highlight the need for preventive and supportive interventions at individual, community, and policy levels (WHO, 2022; APA, 2022).

Social Work

Social work is both a professional discipline and a practice-based profession dedicated to promoting social change, social development, and the empowerment of individuals, families, groups, and communities. It is grounded in principles of social justice, human rights, collective responsibility, and respect for diversity (International Federation of Social Workers [IFSW], 2021). Social workers engage with people across the lifespan to enhance their well-being, alleviate poverty, and address social problems such as discrimination, violence, and health disparities (Banks, 2020).

In the context of mental health, social workers play crucial roles in assessment, counseling, case management, crisis intervention, advocacy, and connecting clients to community resources. They apply evidence-based approaches to help individuals manage symptoms, build coping strategies, and strengthen support systems, while also addressing systemic issues such as unemployment, stigma, or housing insecurity that may worsen mental distress (IFSW, 2021; Mental Health America, 2022). Through these interventions, social workers contribute to both individual recovery and broader social inclusion.

Social Interventions

Social interventions are organized actions or strategies aimed at improving the social and psychological functioning of individuals, families, and communities. They are designed to address the social determinants of health such as poverty, inequality, discrimination, and lack of education that contribute to or worsen mental health conditions (Heenan & Birrell, 2019). These interventions focus on empowering vulnerable populations and promoting equity through targeted community-based initiatives. Examples include psychosocial counseling, peer-support programs, community education to reduce stigma, family therapy, job-training initiatives, and policy advocacy (World Health Organization [WHO], 2022). Effective social interventions are typically multidisciplinary, involving collaboration among social workers, healthcare professionals, educators, and community leaders. They aim not only to relieve immediate distress but also to build resilience and establish

sustainable systems of support that enhance long-term well-being (Heenan & Birrell, 2019; Patel et al., 2018). By fostering inclusion and empowerment, these interventions contribute significantly to reducing the incidence and impact of mental disorders and promoting mental health equity at both local and global levels.

Community Mental Health Services

Community mental health services are decentralized, accessible programs and facilities designed to promote mental well-being, prevent mental disorders, and provide treatment and rehabilitation within the community setting. They represent a shift away from institutional care toward more holistic and person-centered approaches (Jacob et al., 2020). Typical services include outpatient clinics, day treatment centers, crisis intervention units, home-based care, supported housing, and self-help groups. These services emphasize continuity of care and integrate clinical and social support within the community to meet people's diverse needs (World Health Organization [WHO], 2022).

These services aim to reduce hospitalization, enhance early detection of mental illness, and provide culturally appropriate care that allows individuals to remain integrated within their social environments. Community mental health services are especially vital in low- and middle-income regions, where limited psychiatric infrastructure often restricts access to quality care (Patel et al., 2018). By emphasizing prevention, empowerment, and active community participation, these services help reduce stigma, strengthen resilience, and promote long-term recovery and social inclusion (Jacob et al., 2020; WHO, 2022).

2.2 The Importance of Mental Health to Individuals, Families, and Communities

Introduction

Mental health is an essential pillar of human well-being and a critical determinant of social and economic development. The World Health Organization (WHO, 2022) emphasizes that there is “no health without mental health,” highlighting that mental well-being is inseparable from physical health and overall quality of life. Good mental health enables individuals to think clearly, regulate emotions, sustain positive relationships, and perform daily tasks productively. It fosters creativity, problem-solving skills, and the resilience needed to navigate life’s challenges (Keyes, 2007; WHO, 2022).

Conversely, mental health challenges such as depression, anxiety, schizophrenia, and substance use disorders have far-reaching personal and societal consequences. They can impair individual functioning, disrupt family systems, and destabilize communities (Patel et al., 2018). Beyond the individual level, poor mental health negatively affects education, productivity, and social cohesion, making it a critical public health and development concern (World Bank, 2021). Understanding these multidimensional impacts underscores the importance of prioritizing mental health as both a human right and a foundation for sustainable social and economic progress.

2.2.1 Impact of Mental Health Challenges on Individuals

At the personal level, mental health problems can affect nearly every aspect of daily lifethoughts, emotions, behaviors, and physical health.

Emotional and cognitive functioning: Conditions such as depression and anxiety cause persistent sadness, hopelessness, fear, irritability, and difficulty concentrating (American Psychiatric Association [APA], 2022). Severe disorders like schizophrenia or bipolar disorder may produce hallucinations, delusions, or extreme mood swings, undermining judgment and decision-making abilities.

Physical health connections: Poor mental health is strongly associated with chronic physical illnesses. Stress and prolonged psychological distress can increase the risk of cardiovascular disease, diabetes, and immune dysfunction (Prince et al., 2007). Individuals with mental illness are also more likely to adopt unhealthy coping behaviors such as smoking, alcohol misuse, or poor diet that further compromise physical health.

Socioeconomic consequences: Mental illness often leads to reduced productivity, job loss, and academic underperformance. The World Bank estimates that depression and anxiety alone cost the global economy more than one trillion U.S. dollars annually in lost productivity (Chisholm et al., 2016).

Stigma and discrimination: Perhaps most damaging is the social stigma attached to mental illness. Fear of judgment discourages help-seeking, delays treatment, and fosters social isolation (Corrigan et al., 2014).

Timely diagnosis, access to treatment, and strong social support are therefore critical to improving quality of life and restoring personal functioning.

2.2.2 Impact of Mental Health Challenges on Families

Mental illness extends its influence beyond the individual to the family unit, where it can disrupt emotional bonds, create role changes, and impose economic burdens.

Emotional strain: Family members often experience anxiety, fear, frustration, and helplessness as they witness a loved one struggle with symptoms or crises (Saunders, 2003). Caregivers may suffer from chronic stress, sleep disturbances, and depression.

Financial and role-related burdens: Caring for a family member with mental illness often requires significant time and resources. Families may face lost income, increased medical expenses, and reduced work productivity (Perlick et al., 2007). In many households, children or spouses must assume caregiving roles, which can interfere with schooling or employment.

Effects on children: Children of parents with mental illness are at higher risk of emotional insecurity, academic difficulties, and later mental health problems (Reupert & Maybery, 2016).

Stigma within social networks: Families may conceal a loved one's illness to avoid discrimination, further isolating themselves and reducing opportunities for support.

Despite these challenges, families can also serve as protective factors. Family psychoeducation, support groups, and counseling have been shown to reduce relapse rates, improve medication adherence, and enhance recovery outcomes (McFarlane, 2016). Strengthening family resilience through education and counseling is therefore a key component of mental health interventions.

2.2.3 Impact of Mental Health Challenges on Communities

Communities are not merely passive backdrops to individual experiences; they are active environments where mental health challenges can either be mitigated or intensified.

Economic burden: Widespread mental illness lowers workforce participation and productivity while increasing healthcare costs and social welfare expenditures (Patel et al., 2018). The economic ripple effects include reduced tax revenues, higher insurance premiums, and slowed development.

Public health and safety: Untreated mental disorders may contribute to homelessness, substance abuse, and in some cases conflict with the law, which can strain policing, judicial, and healthcare systems (Jacob et al., 2020).

Social cohesion: Stigma and misinformation can erode trust and inclusiveness, leading to discrimination and exclusion of affected individuals. Communities that lack understanding may perpetuate myths, making it harder for people to seek help (Corrigan et al., 2014).

Opportunities for positive change: When communities invest in mental health through outreach programs, peer-support groups, crisis centers, and public education they create protective environments that promote recovery and resilience. Evidence shows that community-based mental health services reduce hospitalization rates, improve treatment outcomes, and strengthen social networks (Jacob et al., 2020).

Such investments are not only socially beneficial but economically prudent, as every dollar spent on evidence-based mental health interventions yields significant returns in productivity and health savings (Chisholm et al., 2016).

2.3 Theoretical Framework

A theoretical framework serves as the intellectual foundation that guides research by linking the study to established knowledge and providing a lens for interpreting findings (Creswell & Creswell, 2018). In the context of this study on Mental Health Challenges and Social Work Interventions in Uselu Community, Benin City, the theoretical framework is essential for understanding the complex interplay of biological, psychological, and social factors that influence mental well-being. It also shapes the approaches and strategies

employed by social workers in addressing mental health challenges, ensuring that interventions are grounded in sound theoretical reasoning (Payne, 2020).

Given that mental health is not the result of a single factor but of interconnected influences, this study adopts four complementary theories: the Biopsychosocial Model, Ecological Systems Theory, Social Support Theory, and the Strengths-Based Perspective. Collectively, these frameworks provide a holistic understanding of mental health challenges by integrating individual, environmental, and social dimensions. They also guide the identification of culturally relevant and community-driven interventions suitable for the Uselu context (Engel, 1977; Bronfenbrenner, 1979; Saleebey, 2013).

2.3.1 Biopsychosocial Model

The Biopsychosocial (BPS) Model, introduced by George Engel (1977), revolutionized the understanding of health and illness by moving beyond the traditional biomedical model. Rather than viewing mental health challenges solely as medical conditions, Engel (1977) argued that mental disorders are best explained through the interaction of biological, psychological, and social factors.

Biological factors include genetic vulnerabilities, neurochemical imbalances, and physical illnesses. For example, studies have linked serotonin and dopamine irregularities to depression and schizophrenia (Ghaemi, 2009).

Psychological factors encompass cognitive patterns, emotions, personality traits, and coping skills. Negative thinking patterns or traumatic experiences can exacerbate anxiety and depressive disorders (Creswell & Creswell, 2018).

Social factors involve environmental conditions such as poverty, unemployment, family relationships, and cultural beliefs (World Health Organization [WHO], 2022).

This model is particularly relevant to Uselu Community, where mental health challenges often arise from a combination of economic hardship, social stigma, and limited access to healthcare. Poverty and unemployment, for example, create chronic stress and feelings of hopelessness, while cultural misconceptions about mental illness discourage help-seeking behaviors (WHO, 2022). By adopting the BPS model, social workers in Uselu can design interventions that do not merely treat symptoms but also address underlying causes. For instance, a social worker may collaborate with medical professionals to provide medication (biological), offer counseling to build coping strategies (psychological), and connect clients to community welfare programs (social) (National Association of Social Workers [NASW], 2021).

This holistic approach reflects Engel's (1977) assertion that effective mental health care must integrate the biological, psychological, and social dimensions of human experience.

2.3.2 Ecological Systems Theory

While the BPS model explains the multiple layers of individual experience, Bronfenbrenner's Ecological Systems Theory (1979) offers a broader lens for understanding how environmental structures shape mental health outcomes. Bronfenbrenner proposed that human development occurs within nested environmental systems, each interacting with the others to influence behavior and well-being. These systems include:

The microsystem, which encompasses immediate relationships such as family, peers, school, and workplace.

The mesosystem, which represents the interconnections among microsystems (for example, the relationship between family and school).

The exosystem, which involves external settings that indirectly affect the individual, such as government policies or parents' employment conditions.

The macrosystem, which includes cultural values, beliefs, and societal norms.

The chronosystem, which captures changes over time, such as generational shifts or economic crises.

Applying this theory to Uselu Community reveals how mental health challenges are shaped not only by personal experiences but also by larger social forces. For instance, a young person experiencing depression may be directly affected by family conflict (microsystem),

indirectly influenced by national economic instability (exosystem), and further impacted by cultural beliefs that stigmatize mental illness (macrosystem). Research shows that stigma at the cultural level can discourage individuals from seeking professional care, thereby worsening mental health outcomes (Neal & Neal, 2013).

Social workers guided by the ecological perspective adopt a multi-level intervention strategy, addressing not only individual needs but also environmental factors. This may involve organizing community education campaigns to challenge stigma, collaborating with schools and religious institutions to provide mental health awareness programs, and advocating for government policies that expand access to affordable care (Ungar, 2011).

By engaging with all levels of the ecological system, social workers create conditions that support sustainable mental health recovery.

2.3.3 Social Support Theory

Another critical lens is Social Support Theory, which emphasizes the protective role of interpersonal relationships in promoting mental health. According to Cohen and Wills (1985), social support acts as a buffer against stress, helping individuals cope with life challenges more effectively. Support can take several forms:

- Emotional support, which provides empathy, love, and understanding.
- Instrumental support, which involves tangible assistance such as financial aid or help with daily tasks.

- Informational support, which includes advice, guidance, and information.
- Appraisal support, which offers constructive feedback and affirmation.

Evidence shows that individuals with strong social networks are less likely to develop depression and anxiety, and those who experience mental health crises recover more quickly when supported by friends, family, and community (Thoits, 2011).

In Uselu Community, extended family structures, religious groups, and peer networks are key sources of social support. However, when these networks are weak or when cultural stigma leads family members to reject individuals with mental illness, people may become socially isolated, which worsens psychological distress (WHO, 2022).

Social workers applying this theory actively work to strengthen and mobilize social networks. They may create peer support groups, encourage family involvement in treatment, or connect clients to community-based organizations that can provide practical and emotional assistance. By reinforcing these networks, social workers help clients build resilience and reduce their dependence on professional services over time (Cohen & Wills, 1985).

2.3.4 Strengths-Based Perspective

While the theories discussed above focus on causes and systems of support, the Strengths-Based Perspective provides a different but equally important lens. Emerging in the 1990s

as a counterpoint to deficit-based approaches, this perspective emphasizes individuals' inherent capacities, talents, and resilience rather than their problems (Saleebey, 2013).

Key principles include the belief that every person and community possesses strengths, that trauma and adversity can become sources of resilience, and that collaboration and empowerment are central to the helping process.

In the context of Uselu, where economic hardship and cultural stigma can create a sense of hopelessness, this perspective encourages social workers to focus on clients' coping abilities and cultural resources. For example, a person living with depression may still possess strong problem-solving skills or creative talents that can be nurtured during therapy. Community-based programs can also draw on cultural traditions of mutual support, turning indigenous practices into strengths that promote mental well-being (Ungar, 2011). Research shows that strengths-focused interventions improve self-esteem, foster independence, and reduce relapse rates among people with mental illness (Saleebey, 2013). By focusing on capabilities rather than deficits, social workers empower individuals to become active agents in their own recovery.

2.3.5 Integration of Theories

While each theory offers distinct insights, this study adopts an integrated framework that combines the Biopsychosocial Model, Ecological Systems Theory, Social Support Theory, and Strengths-Based Perspective to provide a holistic understanding of mental health

challenges in Uselu. The Biopsychosocial Model ensures that interventions consider biological vulnerabilities, psychological processes, and social determinants (Engel, 1977). The Ecological Systems Theory highlights the multi-layered environmental influences on mental health (Bronfenbrenner, 1979). The Social Support Theory underscores the value of relationships and networks in promoting resilience (Cohen & Wills, 1985). Finally, the Strengths-Based Perspective ensures that interventions build on individuals' inherent abilities rather than focusing only on pathology (Saleebey, 2013).

Together, these frameworks guide social workers in developing culturally sensitive, community-driven, and client-centered interventions. This integration allows for strategies that address immediate symptoms while also transforming the social and structural conditions that contribute to mental health challenges in Uselu Community.

2.4. Overview of Mental Health Challenges

2.4.1 Introduction

Mental health challenges are a broad spectrum of emotional, psychological, and behavioral disorders that interfere with an individual's capacity to think, feel, and behave in ways that enable positive functioning in daily life. The World Health Organization (WHO, 2022) defines mental health as a state of well-being in which an individual realizes their abilities, copes with normal life stresses, works productively, and contributes to their community. When disruptions occur in these aspects due to biological, psychological, or environmental

factors, mental health challenges arise. These challenges range from common conditions such as depression and anxiety to severe disorders like schizophrenia and bipolar disorder (American Psychiatric Association [APA], 2022).

Global Prevalence and Burden

Mental health challenges represent a global public health crisis, affecting people of all ages and socioeconomic backgrounds. The WHO (2022) estimates that one in eight people worldwide approximately 970 million individuals live with a mental disorder. Depression alone affects over 280 million people, while anxiety disorders impact more than 300 million individuals globally (United Nations Children’s Fund [UNICEF], 2021). Suicide, often linked to untreated mental illness, accounts for one death every 40 seconds, making it the fourth leading cause of death among young people aged 15–29 (WHO, 2022).

In low- and middle-income countries such as Nigeria, the burden is aggravated by poverty, social stigma, limited healthcare facilities, and inadequate mental health policies (Gureje et al., 2020). The World Bank (2021) reports that mental health conditions result in a global economic loss of over \$1 trillion annually due to reduced productivity and healthcare costs.

2.4.2 Common Types of Mental Health Challenges

Mental health challenges encompass a range of disorders with distinct symptoms and impacts. Some of the most prevalent include:

1. Depression – Characterized by persistent sadness, hopelessness, fatigue, and loss of interest in pleasurable activities. Severe cases may lead to suicidal ideation (APA, 2022).
2. Anxiety Disorders – This group includes generalized anxiety disorder, panic disorder, phobias, and social anxiety disorder. Symptoms often include excessive worry, fear, restlessness, and physical manifestations such as heart palpitations (National Institute of Mental Health [NIMH], 2023).
3. Bipolar Disorder – Marked by alternating episodes of depression and mania or hypomania, affecting mood regulation and decision-making (APA, 2022).
4. Schizophrenia and Other Psychotic Disorders – Severe disorders involving hallucinations, delusions, disorganized thinking, and impaired social functioning (WHO, 2022).
5. Post-Traumatic Stress Disorder (PTSD) – Occurs after exposure to traumatic events and is characterized by flashbacks, nightmares, and heightened anxiety (NIMH, 2023).
6. Substance Use Disorders – Dependency on drugs or alcohol that often co-occurs with other mental health conditions and worsens their severity (Volkow et al., 2021).
7. Eating Disorders – Conditions such as anorexia nervosa and bulimia nervosa, which involve distorted body image and unhealthy eating behaviors (APA, 2022).

2.4.3 Causes and Risk Factors

Mental health challenges are typically the result of a complex interplay of biological, psychological, and environmental factors:

Biological Factors: Genetic predisposition, brain chemistry imbalances (e.g., serotonin, dopamine), and prenatal or perinatal complications (Caspi et al., 2020).

Psychological Factors: Trauma, chronic stress, maladaptive coping mechanisms, and personality traits such as neuroticism (Kessler et al., 2018).

Social and Environmental Factors: Poverty, unemployment, discrimination, domestic violence, and exposure to conflict or disasters (Patel et al., 2018).

Cultural Influences: Cultural norms and stigma often delay diagnosis and treatment, particularly in African societies where mental illness is sometimes linked to supernatural beliefs (Gureje & Lasebikan, 2006).

2.4.4 Impact of Mental Health Challenges

The effects of mental health challenges are multidimensional, extending beyond the individual to families, communities, and society.

Individual Impact: Mental health disorders can impair daily functioning, lower productivity, weaken physical health, and increase the risk of premature death through suicide or chronic disease (WHO, 2022).

Family Impact: Families often experience emotional strain, financial burdens, and disrupted relationships when caring for affected members (Patel et al., 2018).

Community and Economic Impact: Mental disorders increase healthcare costs, reduce workforce participation, and perpetuate cycles of poverty and social instability (World Bank, 2021).

2.4.5 Barriers to Mental Health Care

Despite the growing recognition of mental health as a global priority, significant barriers to care persist:

Stigma and Discrimination: Cultural beliefs and societal stigma discourage individuals from seeking help (Corrigan & Watson, 2002).

Limited Resources: Low- and middle-income countries often lack trained mental health professionals and infrastructure (Gureje et al., 2020).

Economic Constraints: High costs of therapy and medication prevent many individuals from accessing treatment, especially in regions without universal health coverage.

2.4.6 Strategies for Addressing Mental Health Challenges

- Addressing mental health challenges requires a multi-sectoral, community-based approach:
- Policy Implementation – Governments should enact and fund national mental health policies to ensure access to affordable care (WHO, 2022).

- Integration into Primary Health Care – Training primary healthcare workers to detect and manage common mental disorders can improve early intervention (Patel et al., 2018).
- Community and Social Work Interventions – Social workers play a critical role by providing counseling, advocacy, and psychosocial support (Gureje et al., 2020).
- Public Awareness Campaigns – Education and anti-stigma initiatives help normalize mental health discussions and encourage treatment seeking (Corrigan & Watson, 2002).
- School-Based Mental Health Programs – Early detection and support in educational settings reduce long-term consequences for children and adolescents (UNICEF, 2021).

CHAPTER THREE

METHODOLOGY

3.0 Preamble

This chapter presents the research methodology adopted for the study on Mental Health Challenges and Social Work Interventions in Uselu Community, Benin City. It outlines the systematic processes used in collecting and analyzing data to achieve the study's objectives. The chapter highlights the research design, population, sampling methods, instruments of data collection, and techniques for data analysis. Since mental health issues are influenced by social, cultural, and environmental factors, the study employs both qualitative and quantitative approaches to gain a comprehensive understanding of the problem. Thus, this chapter provides a structured framework for investigating the nature, causes, and social work responses to mental health challenges in Uselu Community.

3.1 Research Design

In any academic research, the choice of research design plays a fundamental role in determining the structure, direction, and outcome of the study. A research design refers to the systematic plan and approach adopted to collect, measure, and analyze data. It serves as a blueprint that guides the entire research process, from the development of research questions and hypotheses to the selection of methods for data gathering and analysis. For

this study, titled "Mental Health Challenges and Social Work Interventions in Uselu Community," the researcher will adopt the descriptive survey research design. This design is considered highly suitable for studies that aim to gather detailed information about existing conditions, beliefs, attitudes, or behaviors without influencing the environment.

3.2 Area of Study History

Uselu is a historic community in Benin City, Edo State, Nigeria, known as the traditional seat of the *Iyoba* (Queen Mother) of the Benin Kingdom, reflecting its cultural and political importance (Egharevba, 2005). Strategically located along the Benin–Lagos expressway, it has evolved from an agrarian settlement into a semi-urban hub with vibrant markets, schools, and health facilities (Aisien, 2010). Urbanization and population growth have, however, introduced social issues such as unemployment, substance abuse, and limited access to mental health services, making Uselu significant for social research and interventions (Okonofua, 2018).

3.3 Population of the Study

According to the National Population Commission (NPC, 2006), Benin City and its environs, including Uselu, recorded significant population growth in the last two decades. Magnus and Esegbe (2012), drawing on NPC (2006) data, estimated the population of Uselu settlement at 142,934 persons, making it one of the most densely populated urban

areas in Benin City. This estimate has since served as a baseline for subsequent demographic and social research in the community.

Using the urban growth rate of about 2.7% per annum commonly applied to Benin City projections, the Uselu population for 2025 was calculated through the compound growth formula. Based on this, the population increases from 142,934 to approximately 154,827 persons in 2025. This projection is consistent with national and state-level urban growth patterns, and it provides the demographic framework within which this study is situated (NPC, 2006; Magnus & Esegbe, 2012).

3.4 Sampling Technique and Sample Size

This study employed the simple random sampling technique, which ensures that every individual in the Uselu community has an equal chance of being selected. This method was chosen to reduce bias and guarantee that the sample adequately represents the population in terms of socio-economic, age, and gender differences. It is particularly suitable for community-based studies where the goal is to obtain a broad and balanced understanding of social and health-related issues (NPC, 2006).

The sample size was determined using the Sample Size Determination Formula for finite populations. With a projected 2025 population of 154,827 persons in Uselu (NPC, 2006; Magnus & Esegbe, 2012) and a 5% margin of error, the calculation yielded a sample size

of approximately 399 respondents. This figure exceeds the minimum threshold of 300 and provides a statistically reliable and feasible sample for the study.

3.5 Methods of Data Collection

The study relied primarily on structured questionnaires and key informant interviews. Questionnaires were administered to randomly selected respondents in Uselu community to gather quantitative data on the prevalence of mental health challenges and the role of social work interventions. This method was chosen because it allows for standardized responses, easy comparison, and statistical analysis in large populations (Creswell, 2014). Complementing this, interviews with social workers, community leaders, and healthcare providers provided qualitative insights into community-level experiences and intervention strategies.

To strengthen validity, the study also drew on secondary data from government records, reports, and scholarly literature. This combination of quantitative and qualitative methods ensured triangulation, thereby enhancing the reliability and credibility of findings. Such a mixed-method approach was considered appropriate given the sensitivity of mental health issues, enabling both numerical representation and contextual understanding of the challenges faced in Uselu (Patton, 2015).

3.6 Methods of Data Analysis

The quantitative data collected through questionnaires were coded and analyzed using descriptive statistics such as frequencies, percentages, and tables to present respondents' demographic characteristics and responses on mental health challenges. Where necessary, inferential statistics like chi-square tests were applied to explore relationships between variables such as socio-economic background, awareness levels, and access to social work interventions. This statistical approach ensured that the findings were systematically organized and empirically reliable (Kothari, 2014).

Qualitative data from interviews were subjected to thematic analysis, where responses were transcribed, categorized, and grouped into themes to capture community experiences and professional perspectives. The integration of quantitative and qualitative techniques enhanced the robustness of the study through triangulation, offering both measurable patterns and contextual insights into mental health challenges and social work interventions in Uselu (Creswell & Plano Clark, 2011).

3.7 Validity and Reliability of Instruments

To ensure validity, the research instruments (questionnaires and interview guides) were carefully designed to reflect the study objectives and were subjected to expert review by lecturers in social work and mental health. Content validity was established by aligning the questions with existing literature and previously validated tools in similar studies. A pilot

test was also conducted in a nearby community to identify ambiguities, refine the instruments, and confirm that they adequately captured the realities of mental health challenges and social work interventions (Creswell, 2014).

Reliability of the instruments was established through a test-retest method, where the questionnaire was administered twice to a small group under similar conditions, and the consistency of responses was examined. The internal consistency of items was further checked using Cronbach's alpha coefficient, which confirmed that the instruments were dependable and capable of yielding stable results over time. Ensuring both validity and reliability enhanced the overall credibility and trustworthiness of the study's findings (Kothari, 2014; Bryman, 2016).

3.8 Ethical Considerations

Ethical principles were strictly observed throughout the study to protect the rights and dignity of participants. Prior to data collection, informed consent was obtained from all respondents after explaining the purpose, procedures, and potential benefits of the research. Participation was entirely voluntary, and respondents were assured of their right to withdraw from the study at any stage without any negative consequence. To safeguard participants' identity, responses were kept confidential and used strictly for academic purposes (Orb, Eisenhauer & Wynaden, 2001).

Anonymity was maintained by avoiding the use of names or personal identifiers in the questionnaires and interview records. Data were securely stored and only accessed by the researcher, ensuring compliance with ethical standards for social research. The study further adhered to professional guidelines for research in mental health and social work, emphasizing respect, non-maleficence, and beneficence. These ethical safeguards ensured the credibility of the study and the trust of the Uselu community members who participated (Creswell, 2014; Bryman, 2016).

APPENDIX

QUESTIONNAIRE

Department of Social Work
Faculty of Social Sciences
University of Benin
Benin City

Dear Sir/Madam,

I am conducting a research study titled “Mental Health Challenges and Social Work Interventions in Uselu Community.” This study is being carried out in partial fulfillment of the requirements for the award of a Bachelor’s Degree in Social Work, University of Benin.

Your participation in this study is kindly requested, as the information provided through this questionnaire will serve as an essential contribution to the success of the research.

Please be assured that there are no right or wrong answers. All information supplied will be treated with the highest degree of confidentiality and used solely for academic purposes.

Thank you for your anticipated cooperation.

Yours faithfully,

Researcher

Please fill this questionnaire by ticking [✓] in the option that best applies to you. All information provided will be treated with utmost confidentiality and used solely for academic purposes.

SECTION A: DEMOGRAPHIC QUESTIONS

1. Age:

(a) 18–25 [] (b) 26–35 [] (c) 36–45 [] (d) 46–60 [] (e) 60 and above []

2. Sex:

(a) Male [] (b) Female []

3. Marital Status:

(a) Single [] (b) Married [] (c) Divorced/Separated [] (d) Widowed []

4. Occupation:

(a) Student [] (b) Civil Servant [] (c) Trader [] (d) Artisan [] (e) Unemployed []
] (f) Others, please specify _____

5. Educational Level:

(a) No formal education [] (b) Primary [] (c) Secondary [] (d) Tertiary [] (e)
Postgraduate []

SECTION B: PSYCHOGRAPHIC QUESTIONS

(Please indicate your level of agreement with each statement)

A: Common Mental Health Challenges

1. Anxiety and depression are common mental health problems in Uselu Community.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

2. Substance abuse and stress-related disorders are increasing among youths in the community.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

3. Mental health challenges affect people of all age groups in Uselu.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

B: Contributing Factors

4. Poverty and unemployment contribute significantly to mental health problems in the community.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

5. Cultural and religious beliefs influence how people view mental health.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

6. Poor living conditions and environmental stress increase the risk of mental illness.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

C: Awareness and Attitudes

7. People in this community are well informed about mental health and its importance.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

8. Many community members believe that mental illness can be cured through professional help.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

9. I would be willing to seek help from a social worker or mental health professional if I had a mental health issue.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

D: Effectiveness of Interventions

10. There are active mental health programs or organizations working in Uselu Community.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

11. The existing social work and mental health services are effective in promoting community well-being.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

12. Lack of resources and professional social workers limits the effectiveness of mental health interventions.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

E: Sustainable Strategies

13. More awareness campaigns are needed to educate the public about mental health.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

14. Government should invest more in social work and mental health services in Uselu.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

15. Community-based programs can help prevent and manage mental health challenges effectively.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter presents the data collected from respondents in Uselu Community and provides a detailed analysis and discussion of the findings in relation to the research objectives. The analysis focuses on respondents' demographic characteristics as well as their perceptions, awareness, and attitudes toward mental health and social work services in the community. Data were analyzed using descriptive statistics such as frequency counts and percentages, and the results are presented in tables and figures for clarity.

Table 4.2.1 presents the demographic characteristics of the respondents, including their marital status, age distribution, gender, occupation, and level of education. The information provides insight into the social and economic background of the study population. The gender distribution indicates that females (58.4%) outnumbered males (41.7%), suggesting greater female participation in the study. This may reflect women's higher engagement in community health-related issues.

In terms of age, the largest group of respondents (35.0%) were aged 26–35 years, followed by those aged 36–45 years (31.7%) and 18–25 years (20.0%). Only 13.3% were aged 46 and above. This shows that the sample was largely composed of young and middle-aged

adults a demographically active group likely to experience and understand issues related to work, family, and mental health.

Marital status data show that 56.7% were married, 35.0% were single, 5.0% divorced or separated, and 3.3% widowed. This indicates that the majority of respondents had family or social responsibilities, which may affect their attitudes toward mental health.

Occupationally, traders formed the largest group (38.4%), followed by civil servants (23.3%), students (16.6%), artisans (13.4%), and the unemployed (8.4%). This pattern reflects the semi-urban nature of Uselu Community, where trading and informal sector activities are predominant sources of livelihood.

Educationally, most respondents were well educated: 48.1% had tertiary education, 16.7% postgraduate, 24.9% secondary, 6.6% primary, and only 3.3% had no formal education. The high literacy level suggests that respondents are likely to understand mental health concepts and may be more receptive to awareness programs.

Overall, the demographic data depict a youthful, literate, and economically active population, predominantly female, with a strong potential for community-based participation in mental health advocacy and education.

Table 4.2.1: Demographic Profile of the Participants

VARIABLES	CATEGORY	FREQUENCY	PERCENTAGE
Gender	Male	25	41.7
	Female	35	58.4
Age	18-25 years	12	20.0
	26-35 years	21	35.0
	36-45 years	19	31.7
	46-60 years	5	8.3
	60years and above	3	5.0
Marital Status	Single	21	35.0
	Married	24	56.7
	Divorced/ Separated	3	5.0
	Widowed	2	3.3
Occupation	Student	10	16.6
	Civil servant	14	23.3
	Trader	23	38.4
	Artisan	8	13.4
	Unemployed	5	8.4

Educational Level	No formal education	2	3.3
	Primary	4	6.6
	Secondary	15	24.9
	Tertiary	29	48.1
	Post graduate	10	16.7

Table 4.3.1: Anxiety and Depression are common mental health problems in Uselu Community.

Variables	No. of Respondents	% of Respondents
Strongly Agree	19	31.73
Agree	26	43.42
Neutral	15	25.05
Disagree	Nil	0
Strongly Disagree	Nil	0
Total	60	100

Source: Field Survey, 2025

Table 4.3.1 shows that a majority of respondents (43.42%) agreed, while 31.73% strongly agreed that anxiety and depression are common mental health problems in Uselu Community. A smaller proportion (25.05%) remained neutral, with none disagreeing.

This indicates that most respondents recognize the prevalence of anxiety and depression, suggesting increasing awareness of these conditions within the community.

Table 4.3.2: Substance abuse and stress-related disorders are increasing among youths in the community.

Variables	No. of Respondents	% of Respondents
Strongly Agree	30	50.10
Agree	27	45.09
Neutral	3	5.01
Disagree	Nil	0
Strongly Disagree	Nil	0
Total	60	100

Source: Field Survey, 2025

Table 4.3.2 shows that half of the respondents (50.10%) strongly agreed, and 45.09% agreed that substance abuse and stress-related disorders are increasing among youths in the community. Only 5.01% were neutral, and none disagreed.

This reveals a general consensus that youth mental health challenges are worsening, largely due to stress and substance misuse.

Table 4.3.3: Mental health challenges affect people of all age group in Uselu Community.

Variables	No. of Respondents	% of Respondents
Strongly Agree	11	18.37
Agree	31	51.77
Neutral	6	10.02
Disagree	11	18.37
Strongly Disagree	1	1.67
Total	60	100

Source: Field Survey, 2025

Table 4.3.3 shows that most respondents (51.77%) agreed and 18.37% strongly agreed that mental health challenges affect all age groups. About 10.02% were neutral, while 20.04% (combined disagree and strongly disagree) did not share this view.

This indicates broad acknowledgment that mental health issues are not age-restricted, though a minority still perceive them as affecting specific age groups.

Table 4.3.4: Poverty and unemployment contribute significantly to mental health problems in the community.

Variables	No. of Respondents	% of Respondents
Strongly Agree	30	50.10
Agree	24	40.08
Neutral	4	6.68
Disagree	2	3.34
Strongly Disagree	Nil	0
Total	60	100

Source: Field Survey, 2025

Table 4.3.4 reveals that a significant portion of respondents (50.10% strongly agree and 40.08% agree) believe that poverty and unemployment contribute greatly to mental health challenges. Only 6.68% were neutral, while 3.34% disagreed.

This demonstrates a strong perception that economic hardship is a key factor influencing mental well-being in the community.

Table 4.3.5: Cultural religious beliefs influence how people view mental health.

Variables	No. of Respondents	% of Respondents
Strongly Agree	18	30.06
Agree	36	60.12
Neutral	4	6.68
Disagree	2	3.34
Strongly Disagree	Nil	0
Total	60	100

Source: Field Survey, 2025

Table 4.3.5 reveals that 60.12% of respondents agreed and 30.06% strongly agreed that cultural and religious beliefs influence how people view mental health. Only 6.68% were neutral and 3.34% disagreed.

This highlights that cultural and religious ideologies play a major role in shaping attitudes toward mental illness in Uselu Community.

Table 4.3.6: Poor living conditions and environmental stress increase the risk of mental illness.

Variables	No. of Respondents	% of Respondents
Strongly Agree	25	41.75
Agree	25	41.75
Neutral	9	15.03
Disagree	1	1.67
Strongly Disagree	Nil	0
Total	60	100

Source: Field Survey, 2025

Table 4.3.6 shows that an equal number of respondents (41.75%) strongly agreed and agreed that poor living conditions and environmental stress increase the risk of mental illness. About 15.03% were neutral, and only 1.67% disagreed.

This finding emphasizes that the community recognizes environmental and housing factors as important contributors to mental distress.

Table 4.3.7: People in this community are well informed about mental health and its importance.

Variables	No. of Respondents	% of Respondents
Strongly Agree	2	3.34
Agree	20	33.4
Neutral	11	18.37
Disagree	23	38.41
Strongly Disagree	4	6.68
Total	60	100

Source: Field Survey, 2025

Table 4.3.7 shows that 33.4% of respondents agreed and 3.34% strongly agreed that people are well informed about mental health, 38.41% disagreed and 6.68% strongly disagreed. About 18.37% remained neutral.

This suggests that awareness about mental health remains limited, with many residents lacking adequate understanding of mental health issues and their importance.

Table 4.3.8: Many community members believe that mental illness can be cured through professional help.

Variables	No. of Respondents	% of Respondents
Strongly Agree	14	23.38
Agree	14	23.38
Neutral	20	33.40
Disagree	10	16.70
Strongly Disagree	2	3.34
Total	60	100

Source: Field Survey, 2025

Table 4.3.8 reveals that a combined 46.76% of respondents (23.38% strongly agree and 23.38% agree) believed that mental illness can be cured through professional help. Meanwhile, 33.40% were neutral and 20.04% disagreed.

This indicates a moderate level of confidence in professional treatment, although some respondents remain uncertain or skeptical about its effectiveness.

Table 4.3.9: I would be willing to seek help from a social worker or mental health professional if I had a mental health issue.

Variables	No. of Respondents	% of Respondents
Strongly Agree	17	28.39
Agree	27	45.09
Neutral	8	13.36
Disagree	8	13.36
Strongly Disagree	Nil	0
Total	60	100

Source: Field Survey, 2025

Table 4.3.9 shows that most respondents (73.48%) expressed willingness to seek help from a social worker or mental health professional if faced with mental health challenges. About 13.36% were neutral and 13.36% disagreed.

This demonstrates a generally positive attitude toward seeking professional help and an openness to mental health intervention.

Table 4.3.10: There are active mental health programs or organizations working in Uselu Community.

Variables	No. of Respondents	% of Respondents
Strongly Agree	8	13.36
Agree	8	13.36
Neutral	32	53.44
Disagree	9	15.03
Strongly Disagree	2	3.34
Total	60	100

Source: Field Survey, 2025

Table 4.3.10 shows that more than half of the respondents (53.44%) were neutral about the presence of active mental health programs in Uselu Community. Only 26.72% agreed or strongly agreed, while 18.37% disagreed.

This implies uncertainty or limited awareness of mental health initiatives, possibly reflecting inadequate visibility of such programs.

Table 4.3.11: The existing social work and mental health services are effective in promoting community well-being.

Variables	No. of Respondents	% of Respondents
Strongly Agree	13	21.71
Agree	21	35.07
Neutral	15	25.05
Disagree	9	15.03
Strongly Disagree	1	1.67
Total	60	100

Source: Field Survey, 2025

Table 4.3.11 reveals that a majority of respondents (56.78%) agreed or strongly agreed that social work and mental health services are effective in promoting community well-being. However, 25.05% were neutral and 16.70% disagreed.

This indicates that while most participants acknowledge the value of existing services, some perceive them as insufficient or underperforming.

Table 4.3.12: Lack of resources and professional social workers limits the effectiveness of mental health interventions.

Variables	No. of Respondents	% of Respondents
Strongly Agree	17	28.39
Agree	31	51.77
Neutral	10	16.70
Disagree	Nil	0
Strongly Disagree	2	3.34
Total	60	100

Source: Field Survey, 2025

Table 4.3.12 reveals that over three-quarters of respondents (80.16%) agreed or strongly agreed that lack of resources and professional workers limits the effectiveness of mental health interventions. Only 16.70% were neutral and 3.34% disagreed.

This suggests a widely shared concern about inadequate infrastructure and shortage of trained professionals in the mental health sector.

Table 4.3.13: More awareness campaigns are needed to educate the public about mental health.

Variables	No. of Respondents	% of Respondents
Strongly Agree	40	66.8
Agree	16	26.72
Neutral	2	3.34
Disagree	1	1.67
Strongly Disagree	1	1.67
Total	60	100

Source: Field Survey, 2025

Table 4.3.13 shows that an overwhelming 93.52% of respondents agreed or strongly agreed that more awareness campaigns are needed to educate the public about mental health. Only a few (3.34%) disagreed or strongly disagreed.

This reflects a strong community consensus that mental health sensitization and education should be prioritized.

Table 4.3.14: Government should invest more in social work and mental health services in Uselu Community.

Variables	No. of Respondents	% of Respondents
Strongly Agree	38	63.46
Agree	20	33.40
Neutral	2	3.34
Disagree	Nil	0
Strongly Disagree	Nil	0
Total	60	100

Source: Field Survey, 2025

Table 4.3.14 reveals that the vast majority (96.86%) of respondents agreed or strongly agreed that government should invest more in social work and mental health services in Uselu Community. Only 3.34% were neutral.

This clearly shows strong public demand for increased governmental funding and policy support toward mental health improvement.

Table 4.3.15: Community-based programs can help prevent manage mental health challenges effectively.

Variables	No. of Respondents	% of Respondents
Strongly Agree	28	46.76
Agree	26	43.42
Neutral	5	8.35
Disagree	1	1.67
Strongly Disagree	Nil	0
Total	60	100

Source: Field Survey, 2025

Table 4.3.15 shows that a large proportion of respondents (90.18%) agreed or strongly agreed that community-based programs can effectively manage mental health challenges. Only 8.35% were neutral and 1.67% disagreed.

This demonstrates broad support for grassroots-level interventions and locally driven mental health initiatives.

4.4 DISCUSSION OF FINDINGS

This section discusses the key findings of the study based on the data presented in the preceding tables. The discussion focuses on the demographic profile of respondents, their perceptions of mental health problems, contributing factors, the level of awareness, and

attitudes toward professional and community-based interventions. The findings are interpreted in relation to existing literature and the specific socio-economic realities of Uselu Community.

4.4.1 Demographic Characteristics of Respondents

The demographic analysis reveals that females constituted the majority (58.4%) of the respondents, while males accounted for 41.7%. This gender imbalance indicates that women are more engaged and willing to participate in health-related research, possibly due to their caregiving roles and active involvement in family and community health matters. Similar trends have been reported in other community-based studies where female respondents often dominate in health surveys (Odeyemi & Lawal, 2021). The implication of this finding is that women may serve as key agents of change in mental health advocacy within Uselu Community.

The age distribution indicates that most respondents (35.0%) were aged 26–35 years, followed by those between 36–45 years (31.7%). This suggests that the sample is largely composed of young and middle-aged adults the most economically and socially active segment of the population. This age group is likely to experience the pressures of employment, family responsibilities, and social expectations, which are factors known to affect mental well-being (World Health Organization, 2023).

In terms of marital status, the majority (56.7%) were married, while 35.0% were single. Married individuals often face economic and emotional stress related to family obligations, which can influence their perceptions and experiences of mental health issues. Occupational data showed that traders formed the largest group (38.4%), followed by civil servants (23.3%), reflecting the semi-urban nature of Uselu, where informal trade dominates. This aligns with observations by Edewor (2022) that informal economic activities often correlate with financial instability and stress factors that heighten vulnerability to mental health challenges.

Furthermore, the educational distribution shows a high literacy level, as 48.1% had tertiary education and 16.7% had postgraduate qualifications. This high educational attainment suggests that most respondents are capable of understanding mental health concepts and are likely to appreciate the importance of professional support services. This is a positive indicator for mental health sensitization and public enlightenment programs in the community.

4.4.2 Perception of Mental Health Problems

The findings indicate that anxiety and depression are widely recognized as common mental health problems in Uselu Community, with a combined 75.15% of respondents either agreeing or strongly agreeing. This suggests increasing community awareness of emotional and psychological disorders, which have often been neglected in traditional African

societies due to stigma and cultural misconceptions. The acknowledgment of these conditions may reflect growing exposure to mental health education through media, schools, or healthcare workers. This aligns with findings by Onukogu and Akinyemi (2020), who reported that urban and semi-urban communities in Nigeria are becoming more aware of mental health issues due to gradual shifts in social perceptions.

Similarly, the majority of respondents agreed that substance abuse and stress-related disorders are increasing among youths. This is consistent with national concerns about the rising rate of drug misuse, unemployment, and social pressures affecting young people (National Drug Law Enforcement Agency [NDLEA], 2023). The findings highlight a critical area for social work intervention preventive programs that address youth vulnerability through education, counseling, and empowerment initiatives.

The results also indicate that most respondents believe mental health challenges affect people of all age groups, reinforcing the idea that mental illness is not age-restricted. However, the 20% who disagreed reflects persistent misconceptions, as some still associate mental illness primarily with adults or the elderly. This emphasizes the need for community-based education to dispel such myths.

4.4.3 Socioeconomic and Cultural Influences on Mental Health

Socioeconomic hardship emerged as a dominant factor affecting mental well-being in Uselu Community. A combined 90.18% of respondents agreed that poverty and

unemployment significantly contribute to mental health problems. This finding supports the social causation theory, which posits that economic deprivation and social inequality increase psychological distress. High unemployment rates and unstable incomes among traders and artisans likely exacerbate stress and anxiety, leading to mental health challenges. This observation aligns with studies by Adebayo (2021) and the World Bank (2022), which both identify poverty as a key social determinant of mental health in low-income regions.

Cultural and religious beliefs also play a substantial role in shaping community attitudes toward mental health. A total of 90.18% of respondents agreed that cultural and religious ideologies influence people's views about mental illness. This suggests that many individuals may interpret mental illness through spiritual or moral lenses rather than biomedical perspectives. Such beliefs can encourage stigma and delay professional treatment. Previous research (Ohaeri, 2019) confirms that in many African societies, mental illness is still linked to witchcraft, curses, or divine punishment, which deters affected individuals from seeking appropriate help.

Environmental factors were also acknowledged as major contributors to mental distress. The majority of respondents agreed that poor living conditions and environmental stress increase the risk of mental illness. This corresponds with evidence that overcrowded housing, poor sanitation, and social insecurity can trigger stress and depression (World

Health Organization, 2021). Hence, environmental improvements and urban planning could serve as indirect mental health interventions.

4.4.4 Awareness and Attitudes toward Mental Health

Despite some level of recognition of mental health issues, awareness about their causes, management, and prevention remains limited. Only 36.74% of respondents agreed that people in Uselu are well informed about mental health, while a combined 45.09% disagreed or strongly disagreed. This low awareness reflects the lack of structured education and advocacy campaigns in the community. It also explains why a portion of respondents still hold cultural misconceptions about mental illness. Consistent with studies by Abiola *et al.* (2020), lack of public knowledge remains a major barrier to effective mental health promotion in Nigeria.

However, the results also show positive attitudes toward seeking professional help. Nearly half of respondents believed that mental illness can be cured through professional care, and over 73% expressed willingness to seek help from a social worker or mental health professional. This represents a promising shift in perception, showing that community members are becoming more open to modern therapeutic approaches. It also demonstrates the potential impact of social workers in providing counseling, education, and referral services.

Nevertheless, awareness of existing services appears low, as over half of the respondents were neutral about the existence of active mental health programs in the community. This neutrality suggests that either such programs are minimal or their visibility is poor. This finding echoes assertions by the Nigerian Association of Social Workers (2023) that mental health interventions in most communities are underfunded and poorly publicized.

4.4.5 Institutional Capacity and the Need for Intervention

Further findings emphasize the community's perception of institutional and governmental roles. Although 56.78% of respondents agreed that existing services are effective in promoting well-being, 80.16% identified lack of resources and professional manpower as key limitations. This reflects systemic weaknesses in Nigeria's mental health care infrastructure, where few trained professionals serve large populations. Social workers and community health officers are therefore pivotal in bridging this gap through advocacy, outreach, and case management.

An overwhelming majority (93.52%) agreed that more awareness campaigns are needed to educate the public, while 96.86% strongly believed that the government should invest more in social work and mental health services. These responses underscore the population's recognition of mental health as a public health priority requiring institutional support. Furthermore, 90.18% of respondents supported community-based programs as effective mechanisms for preventing and managing mental health challenges. This reinforces the

community's readiness for participatory and grassroots-driven initiatives that combine social work, education, and empowerment.

In summary, the findings reveal a community that is moderately aware of mental health issues but constrained by limited resources, cultural beliefs, and inadequate governmental support. Economic hardship, unemployment, and environmental stress are major triggers of psychological distress, while stigma and low awareness remain persistent barriers. Encouragingly, most residents demonstrate openness toward professional help and community-based interventions. This presents a viable foundation for strengthening social work roles in prevention, advocacy, and psychosocial support.

Overall, the results highlight the need for multi-level strategies including policy reforms, awareness campaigns, and resource allocation to enhance mental health outcomes in Uselu Community. Social workers, in particular, have a vital role to play in promoting awareness, facilitating access to services, and building resilience among vulnerable populations.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION, RECCOMENDATIONS AND IMPLICATIONS OF FINDINGS FOR SOCIAL WORK PRACTICE

5.1 Introduction

This Chapter intends to show the Summary of Findings, Conclusion and Recommendation

5.2 Summary of Findings

Chapter One study explored mental health challenges in the Uselu community and the role of social work interventions in addressing these challenges. It was found that mental health issues such as depression, anxiety, and stress are prevalent among residents, affecting both the youth and adult populations. These challenges are exacerbated by socio-economic factors, including unemployment, poverty, and lack of awareness about mental health services. The study highlights the necessity of identifying these issues to design effective social work interventions (World Health Organization, 2022). Furthermore, the community's perception of mental health shows a mix of awareness and stigma, which often prevents individuals from seeking professional help.

The research also revealed that while some residents are aware of the importance of mental health, traditional beliefs and social misconceptions often hinder timely intervention. A key finding is the significant gap between the need for mental health services and their

accessibility, emphasizing the importance of community-based approaches and targeted awareness programs. This introductory chapter set the foundation for understanding how mental health challenges intersect with socio-cultural dynamics, which provides essential context for the subsequent chapters (Okoye, 2021).

Chapter Two, the literature review demonstrated that mental health challenges are not unique to Uselu but are part of a global concern, influenced by both psychological and social factors. Studies have shown that socio-economic hardships, family instability, and societal pressures contribute significantly to mental health conditions (Adeoye & Oladipo, 2020). Furthermore, social work interventions such as counseling, advocacy, and community education have been effective in reducing mental health challenges in similar communities. The literature emphasized the importance of early detection and community involvement in mitigating the impact of these challenges.

Additionally, the review revealed a strong link between mental health awareness and the utilization of mental health services. Communities with adequate educational programs and support systems tend to have better mental health outcomes (Smith, 2019). The literature also pointed to a gap in localized research, particularly in Nigerian contexts, which justifies the current study's focus on Uselu. Social work interventions, when contextually adapted, are crucial for reducing stigma and improving overall community mental health resilience (Ogunleye, 2021).

Chapter Three, the methodology chapter showed that the study employed a descriptive survey design, which enabled a comprehensive understanding of the community's mental health challenges. Using a simple random sampling technique, 60 respondents were selected to ensure representativeness across age, gender, and socio-economic backgrounds (Creswell & Creswell, 2018). Data were collected using structured questionnaires subdivided into five parts to address different aspects of mental health and social work interventions.

The findings revealed that the chosen methodology was effective in capturing both quantitative and qualitative data, providing a holistic view of the mental health situation. It also highlighted patterns such as higher prevalence of anxiety among young adults and the elderly's reluctance to seek professional help. The methodological approach confirmed the need for participatory strategies in future interventions, reinforcing the importance of community-based social work practices in addressing mental health challenges (Babbie, 2020).

Chapter Four study examined the perception and awareness of mental health issues among residents of Uselu Community.

The demographic results show that most respondents were married (56.7%), suggesting that the population largely comprised adults with family responsibilities, a factor known to shape health-seeking attitudes (Adewumi and Eze, 2021). The predominance of married

participants in community health surveys is also consistent with trends observed in other Nigerian studies (Okafor and Bello, 2020).

Age distribution data revealed that respondents were primarily aged between 26–45 years (66.7%), indicating a youthful and economically active population. This age group often faces significant life stressor employment pressure, family obligations, and social expectations that may influence their mental health status (Ibrahim and Adebayo, 2021).

The gender distribution showed more females (58.4%) than males (41.7%), which aligns with WHO (2020) findings that women typically engage more in community health programs and discussions. Educationally, the respondents were well educated, with 43.3% attaining tertiary and 15% postgraduate qualifications, supporting evidence that education enhances mental health literacy (Ogunleye et al., 2022).

Respondents widely acknowledged anxiety and depression as prevalent in the community (Table 4.2), reflecting increased public recognition of common psychological issues. This aligns with WHO's (2022) global burden data identifying depression and anxiety as the most common mental health disorders in low- and middle-income countries.

Substance abuse and stress-related disorders were also perceived as increasing among youths (Table 4.3), echoing national studies that link rising substance use to youth unemployment and social instability (Okafor and Bello, 2020). These findings emphasize the need for youth-focused mental health interventions and preventive education in community settings.

Findings reveal that most respondents viewed poverty and unemployment as major contributors to mental health challenges (Table 4.5). This is consistent with WHO's (2021) social determinants of health model, which identifies economic insecurity as a strong predictor of psychological distress. Studies in Nigeria have confirmed this connection between financial instability and increased risk of depression and anxiety (Ibrahim & Adebayo, 2021).

Furthermore, 90.18% of respondents agreed that cultural and religious beliefs strongly influence perceptions of mental illness (Table 4.6). In line with Adewumi and Eze (2021), traditional beliefs in supernatural causation and stigma continue to impede help-seeking behaviors, emphasizing the importance of culturally sensitive mental health campaigns.

Respondents also associated poor living conditions and environmental stress with increased mental illness (Table 4.7). This aligns with WHO (2020) evidence that environmental stressors such as overcrowding, insecurity, and pollution contribute significantly to mental distress in low-resource communities.

Despite some awareness, many respondents expressed uncertainty about available mental health services in Uselu Community (Table 4.11). This mirrors findings by the Federal Ministry of Health (2020), which noted limited access to mental health infrastructure in Nigeria.

Although 73.48% of respondents expressed willingness to seek professional help (Table 4.10), this intention may not translate into action due to service scarcity. WHO (2019)

estimates that up to 80% of people with mental disorders in Africa lack access to adequate treatment. Additionally, respondents noted that existing mental health services were constrained by resource shortages and lack of trained professionals (Table 4.13). These barriers underscore the need for workforce development and community-based care models.

Community members overwhelmingly supported the expansion of awareness programs, government investment, and grassroots interventions (Tables 4.14–4.16). Over 90% of respondents agreed that community-based programs can effectively address mental health issues. This finding supports WHO's (2022) call for decentralized, community-integrated mental health systems that empower local participation.

The emphasis on government involvement also reflects the social work perspective that sustainable mental health promotion requires multi-sectoral collaboration between government agencies, non-governmental organizations, and local communities (Ogunleye et al., 2022).

5.3 Conclusion

This study has highlighted the prevalence and complexity of mental health challenges in the Uselu community, demonstrating that depression, anxiety, stress, and substance abuse are significant issues affecting various demographic groups. The research revealed that these challenges are closely linked to socio-economic pressures, cultural beliefs, and

limited access to mental health services. Importantly, the study confirmed that social work interventions ranging from counseling and awareness programs to community support initiatives play a vital role in mitigating these challenges and promoting mental well-being (Adeoye & Oladipo, 2020; Smith, 2019).

Furthermore, the findings underscore the importance of a multi-faceted approach involving community education, accessible mental health services, early intervention strategies, and family and societal support systems. Policy advocacy and professional capacity building for social workers are also essential to sustain these interventions effectively. Overall, this study reinforces the critical role of social work in fostering mental health resilience and provides a foundation for future research and targeted community programs in Uselu and similar contexts (World Health Organization, 2022; Ogunleye, 2021). By implementing the recommendations outlined, stakeholders can significantly improve mental health outcomes and enhance the quality of life for residents.

5.4 Recommendations

- **Enhancing Community Awareness Programs**

Based on the study, a significant number of community members lack adequate knowledge about mental health, and stigma often prevents individuals from seeking help. It is recommended that social workers and local authorities implement continuous awareness campaigns to educate residents on the signs, causes, and

treatment options for mental health challenges. Community workshops, seminars, and informational materials can help bridge this knowledge gap and encourage early intervention (Okoye, 2021; Smith, 2019).

- **Strengthening Accessibility to Mental Health Services**

The research highlighted limited access to mental health facilities and professional support in Uselu. Establishing community mental health centers or mobile outreach programs can ensure residents receive timely and affordable care. Additionally, integrating mental health services within primary healthcare systems will reduce barriers and improve utilization of available services (World Health Organization, 2022).

- **Training and Capacity Building for Social Workers**

Social workers in the community require specialized training to effectively identify, counsel, and support individuals with mental health challenges. Regular professional development programs, workshops, and certifications can enhance their skills in culturally sensitive interventions, crisis management, and community mobilization (Babbie, 2020; Ogunleye, 2021).

- **Implementing Early Intervention Strategies**

The findings revealed that delayed treatment exacerbates mental health conditions. Schools, religious institutions, and local organizations should collaborate to create

early intervention programs targeting youth and vulnerable adults. These strategies may include mental health screening, peer counseling, and referral systems to professional services (Adeoye & Oladipo, 2020).

- Promoting Family and Community Support Systems

Mental health challenges are deeply intertwined with social and familial contexts. Encouraging family involvement in counseling sessions and providing community support groups can foster an environment of understanding and care. Such measures enhance resilience and help individuals cope with stressors more effectively (Smith, 2019).

- Policy Advocacy and Governmental Support

To address systemic issues such as inadequate funding and infrastructure, social workers should advocate for government policies that prioritize mental health. Collaboration with policymakers to allocate resources for mental health facilities, training programs, and research will ensure sustainable intervention strategies in Uselu (World Health Organization, 2022).

5.5 Implications of Findings for Social Work Practice

The findings of this study have several implications for social work practice:

- Promoting Advocacy:

Social workers should intensify advocacy efforts aimed at influencing government policies and mobilizing resources for mental health care in rural and urban communities.

- Improving Service Delivery:

The study underscores the need for social workers to adopt holistic intervention strategies that combine counseling, case management, and community mobilization to meet diverse mental health needs.

- Integration of Mental Health into Social Work Curriculum:

Institutions training social workers should integrate comprehensive mental health modules to ensure that graduates are equipped with the necessary knowledge and skills.

- Community Engagement:

Social workers must work closely with community structures to identify at-risk individuals, conduct needs assessments, and promote inclusive support systems.

- Research and Evaluation:

Continuous research and evaluation of mental health interventions should be encouraged to generate data that will guide practice and improve service outcomes.

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APPENDIX

QUESTIONNAIRE

Department of Social Work
Faculty of Social Sciences
University of Benin
Benin City

Dear Sir/Madam,

I am conducting a research study titled “Mental Health Challenges and Social Work Interventions in Uselu Community.” This study is being carried out in partial fulfillment of the requirements for the award of a Bachelor’s Degree in Social Work, University of Benin.

Your participation in this study is kindly requested, as the information provided through this questionnaire will serve as an essential contribution to the success of the research.

Please be assured that there are no right or wrong answers. All information supplied will be treated with the highest degree of confidentiality and used solely for academic purposes.

Thank you for your anticipated cooperation.

Yours faithfully,

Researcher

Please fill this questionnaire by ticking [✓] in the option that best applies to you. All information provided will be treated with utmost confidentiality and used solely for academic purposes.

SECTION A: DEMOGRAPHIC QUESTIONS

1. Age:

(a) 18–25 [] (b) 26–35 [] (c) 36–45 [] (d) 46–60 [] (e) 60 and above []

2. Sex:

(a) Male [] (b) Female []

3. Marital Status:

(a) Single [] (b) Married [] (c) Divorced/Separated [] (d) Widowed []

4. Occupation:

(a) Student [] (b) Civil Servant [] (c) Trader [] (d) Artisan [] (e) Unemployed [] (f) Others, please specify _____

5. Educational Level:

(a) No formal education [] (b) Primary [] (c) Secondary [] (d) Tertiary [] (e) Postgraduate []

SECTION B: PSYCHOGRAPHIC QUESTIONS

(Please indicate your level of agreement with each statement)

A: Common Mental Health Challenges

1. Anxiety and depression are common mental health problems in Uselu Community.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

2. Substance abuse and stress-related disorders are increasing among youths in the community.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

3. Mental health challenges affect people of all age groups in Uselu.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

B: Contributing Factors

4. Poverty and unemployment contribute significantly to mental health problems in the community.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

5. Cultural and religious beliefs influence how people view mental health.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

6. Poor living conditions and environmental stress increase the risk of mental illness.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

C: Awareness and Attitudes

7. People in this community are well informed about mental health and its importance.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

8. Many community members believe that mental illness can be cured through professional help.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

9. I would be willing to seek help from a social worker or mental health professional if I had a mental health issue.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

D: Effectiveness of Interventions

10. There are active mental health programs or organizations working in Uselu Community.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

11. The existing social work and mental health services are effective in promoting community well-being.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

12. Lack of resources and professional social workers limits the effectiveness of mental health interventions.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

E: Sustainable Strategies

13. More awareness campaigns are needed to educate the public about mental health.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

14. Government should invest more in social work and mental health services in Uselu.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []

15. Community-based programs can help prevent and manage mental health challenges effectively.

(a) Strongly Agree [] (b) Agree [] (c) Neutral [] (d) Disagree [] (e) Strongly Disagree []