

**IMPACT OF COMMUNITY BASED MENTAL HEALTH PROGRAMME ON  
YOUTH DEVELOPMENT IN EKOSODIN COMMUNITY, BENIN CITY**

**OGBEIDE ESE OFURE**

**SSC2106094**

**DEPARTMENT OF SOCIAL WORK  
FACULTY OF SOCIAL SCIENCES  
UNIVERSITY OF BENIN**

**NOVEMBER, 2025**

**THE IMPACT OF COMMUNITY BASED MENTAL HEALTH PROGRAMMES ON  
YOUTH DEVELOPMENT IN EKOSODIN COMMUNITY, BENIN CITY**

**OGBEIDE ESE OFURE**

**SSC2106094**

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

**NOVEMBER, 2025**

## **DECLARATION**

I, **OGBEIDE ESE OFURE** hereby declare that this project work is based on a study undertaken by me in the Sciences, University of Benin, under the supervision of Dr Ukponahiusi Owie. This work has not been previously submitted for award of a degree elsewhere. All ideas and views are product of my personal research efforts and all references to work of others have been duly acknowledged.

---

**OGBEIDE ESE OFURE**

**SSC2106094**

**Project Student**

**Date**



## CERTIFICATION

This is to Certify that this research work is submitted by **OGBEIDE ESE OFURE** with matriculation number **SSC2106094** to the Department of Social Work, Faculty of Social Sciences, University of Benin, Benin City, under the full supervision Dr Ukponahiusi Owie and in accordance with the requirements of the Department of Social Work of the University of Benin, Benin City for the Award of Bachelor of Science (B.SC.) Degree in Social Work.

---

**Dr Owie Ukponahiusi**  
**Project Supervisor**

---

**Date**

---

**Dr. Mrs. H. E. Eweka**  
**Ag. Head of Department**

---

**Date**

## **DEDICATION**

This work is dedicated to the almighty God for his grace and mercy throughout my study in the University of Benin. I also want to dedicate this project to my parents Mr and Mrs Terry Ogbeide, and also to my siblings. God bless you all, Amen.

## ACKNOWLEDGEMENTS

I would like to express my heartfelt gratitude to God, my ultimate help and provider, who has guided me throughout my university journey and blessed me with the strength and wisdom to complete this project. I also express my sincere gratitude to my easy-going and guiding supervisor, Dr Ukponahiusi Owie for his encouragement and advice while I carried out this study. My special thanks goes to the Department of Social Work for providing me with the opportunity to study this course. My gratitude also goes to my lecturers in the Department of social work for their guidance all through my undergraduate journey.

My sincere gratitude goes to my loving parents Mr and Mrs Terry Ogbeide for their unwavering love and support both financially and otherwise throughout my university days and I am forever grateful. I would also like to extend my gratitude to my elder brother Blessing Ogbeide his continuous help and ensuring that I lived a comfortable life in school.

Lastly, I am grateful to my “Day Ones” that the University of Benin gave me; Rose, Precious, Happiness, Awili, Courtney, Ruth, Limond, Suwa, Gift and Oke for their assistance and word of encouragement while carrying out this project and making school memorable and fun. May God bless each of you abundantly.

## TABLE OF CONTENTS

COVER PAGE	1
TITLE PAGE	2
CERTIFICATION	5
DEDICATION	6
ACKNOWLEDGEMENTS	7
TABLE OF CONTENTS	8
LIST OF TABLES	12
<b>CHAPTER ONE: INTRODUCTION</b>	
1.1 Background to the Study	1
1.3 Aim and Objectives of the Study	5
1.4 Research Questions	6
1.5 Significance of the Study	6
1.6 Scope of the Study	8
1.7 Operational Definitions of Key Terms	9
<b>CHAPTER TWO: LITERATURE REVIEW</b>	

2.1	Conceptual Review	11
2.1.1	Mental Health	11
2.1.2	Mental Health Programme	13
2.1.3	Youth Development	15
2.1.4	The Causes of Mental Health Issues among Youth	18
2.1.5	Types of Community-Based Mental Health Programmes	21
2.1.6	Impact of Community-Based Mental Health Programmes on Development	25
2.1.7	Challenges Associated With Community-Based Mental Health Programmes	29
2.1.8	Role of Social Work in the Implementation and Success of Mental Health Programmes	33
2.2	Theoretical Framework	37
<b>CHAPTER THREE: METHODOLOGY</b>		
3.1	Research Methodology	41
3.2	Research Design	41
3.3	Population of the Study	42
3.4	Sample Size and Sampling Techniques	42
3.6	Research Instrument	43

3.7	Validity of the Instrument	44
3.8	Reliability of the Instrument	44
3.9	Method of Data Collection	45
3.10	Method of Data Analysis	45
<b>CHAPTER FOUR: DATA ANALYSIS AND PRESENTATION</b>		
4.2	Analysis of Research Questions	49
4.3	Discussion	59
<b>CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS</b>		
5.1	Summary	63
5.2	Conclusion	64
5.3	Recommendations	65
5.4	Contribution to Knowledge	67
<b>REFERENCES</b>		<b>68</b>
<b>APPENDIX I</b>		<b>73</b>
<b>APPENDIX II</b>		<b>77</b>



## LIST OF TABLES

Table 4.1: Social Characteristics of Respondents	45
Table 4.2: Causes of mental health issues among youths	47
Table 4.3: Types of community-based mental health programmes	49
Table 4.4: The impact of community-based mental health programmes on development	51
Table 4.5: Challenges associated with community-based mental health programmes	53
Table 4.6: The role of social work in the implementation and success of these programmes	55

## ABSTRACT

The study assessed the impact of the community based mental health programme on youths development in Ekosodin Community, Benin City. The population of the study comprised four hundred (400) respondents who are youths between the ages of 18 to 35 years who have lived in Ekosodin community in Benin City, Edo State, Nigeria. The research method/design used for the study was survey research. The data collected from the respondents were used for data analysis through simple descriptive statistics namely, simple percentage, frequency count and mean rating. The findings of the research concluded that there are many factors that contribute to the incidence of mental health challenges among youths of Ekosodin community such as peer pressure, substance abuse, unemployment, financial problems, family challenges, lack of parental guidance etc. The community based mental health programme has a significant impact on youth development in Ekosodin community, Benin City. There are many limitations to the community based mental health programme in Ekosodin Community such as lack of financing to sustain mental health programming, stigma and discrimination and lack of community awareness which impairs the effectiveness of the community based mental health programme. Social workers play a significant role in the successful implementation and effectiveness of mental health programming by helping to ascertain who needs special programmes, joining forces with other professionals in the implementation of mental health programming, bridging the gap between the community and mental health service providers and increasing effectiveness and sustainability of community based mental health programmes. Based on these findings, it was suggested that the government and other stakeholders increase funding and material resources for the community based mental health programme in Ekosodin. Increased financial resources will support what is currently being done, allow for trained professionals to be hired, and create modern counselling and therapy spaces for the youths.

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background to the Study

Mental health is a growing international concern for youth. In Nigeria, for example, youths experience psychological, emotional and social challenges daily. Compounded by poverty, a failing educational system, social unrest and instability, and tenuous access to health care, such conditions create an environment for mental health concerns of depression, anxiety, stress and emotional complications that affect development for the long haul. Recently, social workers have advocated for awareness and improvement of such conditions which have led to various community-based programmes established for mental health improvement (World Health Organisation, 2020). Therefore, from a social work perspective, it is important to assess mental health through a community-based lens. Social work practitioners advocate for the person in their environment, making educated assumptions based on a holistic approach and the socio-economic and cultural dynamics in which people live. Furthermore, many social justice activities support vulnerable populations; therefore, social work values align with community-based interventions.

Mental health improvements involve interdisciplinary implications, participatory considerations and community awareness that generates stakeholder involvement, much like the social work ideology that supports community cohesion. According to David, Cristea and

Hofmann (2018), good mental health is the construct that supports quality of life and functional navigation through life's challenges. Conversely, mental health concerns like anxiety, depression, substance abuse and other complications prevent people from coping and functioning. Mental health improvements are crucial to foundational elements of quality of life, especially in youth, who are often at a critical developmental juncture (Shalaby & Agyapong, 2020).

Community-based developments are those community creations for community considerations - especially mental health (David, Cristea and Hofmann, 2018). Developments of a resource-based focus for youths connect educational prospects and supportive networks to increasingly healthy lifestyles. Over the years in Ekosodin, for example, various community-based developments have emerged through locally-driven programs and youth-supportive organizations, medical and social work-driven students, and various NGOs offering the "Mentally Aware Nigeria Initiative," "Student Health Week," "Health is Wealth initiative," "Human Trafficking Prevention and Mental Health Support," filling gaps of depression, anxiety and stress among the youth due to the high prevalence of such behaviors (Williams & Ogundele, 2022).

Therefore, over the years community-based development has occurred in Ekosodin to fill gaps of better mental health for the youth. Developments occur through resources to connect presentations beneficial to youth well-being since mental/emotional/social well-being is relevant to youths through counseling resources, weeks/months of mental health awareness

campaigns, peer-support networks and recreational outlets (Williams & Ogundele, 2022). Community-based developments are best for youth with community integration and often allied with the support of local leaders like teachers and NGOs (David, Cristea, & Hofmann, 2018).

From a social work perspective, one of the best options for the supporting approach of community-based developments is that they create supportive environments where young people feel comfortable addressing their issues and finding resources specific to their needs (Williams & Ogundele, 2022). Community-based programs are just that - community based. They access local resources which present specific issues in Ekosodin for youth - high unemployment rates, inaccessible avenues for formal education and a lack of recreational opportunities - all potentially contributing to poor mental health - make this an ideal setting (Williams & Ogundele, 2022). Therefore, with the relevance of mental health through increasingly prevalent news about a growing number of youths with daily mental challenges, it is crucial to assess whether community based developments have positively impacted the youth of Ekosodin. Thus, this study will assess whether community-based efforts made a difference in mental health awareness through educational/psychological/social learning.

## **1.2 Statement of the Problem**

Furthermore, the socio-economic factors of unemployment, school challenges and family issues of the youth manifest in Ekosodin during their developmental years which exacerbate mental health situations. According to Williams & Ogundele, 2022, a cause and effect

relationship exists yet the absence of intervention for psychological manifestations (depression, anxiety, stress) which essentially determine how well children do academically, socially, and how they progress further down the developmental years, makes mental health a priority. Unfortunately, with systems of stigma establishing the negative connotation surrounding mental health considerations for youth, this is even more evident. Thus, Eze & Nnamani, 2021 note that either access to these means are few and far between if at all accessible or excessive to where they are not worthy due to costs, low numbers of professionals or the societal opinion against such considerations renders mental health a bigger issue for this vulnerable group. Yet with so many trends existing in the negative, the reality of a young person being disassociated with the community due to negative mental health developments is alarming. Therefore, this research topic will investigate such a phenomenon in the literature with more depth. However, little of it addresses the immediate Ekosodin community, as compared to the rest of Edo state and beyond. There are multiple studies from Benin City. Edo state, however, with little or no relevance to the Ekosodin Community.

In addition, while programmes that are established for youth mental health populations have transformative impacts, the assessment of their effectiveness is not necessarily empirical. Thus, the community (and stakeholders) fail to recognize the real transformation and effectiveness of these programmes without a reliable assessment. Furthermore, little

information is known on what barriers exist to programme youth participation, programme resources and sustainability issues.

### **1.3 Aim and Objectives of the Study**

The aim of this study is to assess THE impact of community based mental health programme on youth development in Ekosodin Community, Benin City, with a view to ascertaining how effective mental health programmes are among youths in the region. However, the specific objectives of the study are to:

- a. Evaluate the causes of mental health issues among youths in Ekosodin Community.
- b. Examine the types of community-based mental health programmes in Ekosodin Community.
- c. Ascertain the impact of community-based mental health programmes on development.
- d. Investigate the challenges associated with community-based mental health programmes in Ekosodin Community.
- e. Determine the role of social work in the implementation and success of these programmes.

## **1.4 Research Questions**

In order to achieve the objectives outlined above, the study will seek to answer the following research questions:

- a. What are the causes of mental health issues among youths in Ekosodin Community?
- b. What are the types of community-based mental health programmes in Ekosodin Community?
- c. What is the impact of community-based mental health programmes on development?
- d. What are the challenges associated with community-based mental health programmes in Ekosodin Community?
- e. What are the role of social work in the implementation and success of these programmes?

## **1.5 Significance of the Study**

This study holds significant value for various stakeholders involved in mental health advocacy, youth development, and community welfare in Ekosodin and similar communities.

Firstly, the findings of this research will provide community leaders and stakeholders with valuable insights into the effectiveness of existing community-based programs aimed at improving youth mental health. Understanding the impact of these programs will enable them

to make informed decisions about resource allocation, program adjustments, and future initiatives. It will also highlight areas where community-based programs may need strengthening or expansion to better address the mental health needs of the youth.

The study's results will be crucial for local and state government policymakers responsible for youth development and public health in Ekosodin, Benin City, and beyond. The research will offer evidence-based recommendations that can inform the design and implementation of more effective mental health policies and interventions. It will also underscore the importance of community-based approaches to mental health care, encouraging the government to allocate more resources to grassroots mental health programs and initiatives tailored to young people.

NGOs and organizations focused on mental health and youth development will benefit from the findings, as the study will provide a clearer understanding of how their interventions impact youth in real-world community settings. The research will help them identify effective strategies for delivering mental health services and guide future program designs to better meet the needs of the youth. Additionally, the study will aid in advocating for mental health awareness and funding for similar initiatives in other parts of Nigeria.

Schools are often the primary environments where youth are exposed to mental health challenges. The study's findings will help educators and school administrators recognize the importance of mental health support within academic institutions. It will provide evidence to support the integration of mental health programs in schools, ensuring that students receive

the necessary support and resources to cope with mental health challenges and succeed academically.

Ultimately, the most important beneficiaries of this study are the youth in Ekosodin. By assessing the effectiveness of community-based mental health programs, this research will ensure that young people in the community have access to the support they need to improve their mental health. The study's results can also help raise awareness about mental health issues, reducing stigma and encouraging more youth to engage with mental health services and programs.

## **1.6 Scope of the Study**

This study will focus on the Ekosodin community in Benin City, Nigeria. The research will specifically investigate the community-based programmes designed to address youth mental health within this locality. The study will include youth participants who are between the ages of 15 and 30, as this age group is considered critical for the onset of mental health issues. The programmes included in the study will focus on mental health awareness, counseling services, support groups, and recreational activities aimed at fostering emotional and psychological well-being.

## 1.7 Operational Definitions of Key Terms

**Community-Based Programmes:** Programmes that are designed and implemented within a specific community to address local challenges, with a focus on improving the mental health of youth through education, support, and other services.

**Youth:** Individuals between the ages of 15 and 30, who are in a critical stage of development and may experience various psychological and emotional challenges.

**Mental Health:** A state of well-being in which an individual can cope with the normal stresses of life, work productively, and contribute to their community. This study will focus on the emotional, psychological, and social aspects of mental health (Caspi, Houts, Ambler, *et al.*, 2020).

**Mental Health Outcomes:** The changes in psychological, emotional, and social well-being that result from participation in community-based programmes. These outcomes include improvements in stress levels, self-esteem, social interactions, and overall mental health.

**Mental health awareness:** refers to the process of educating and informing individuals and communities about mental health issues, their symptoms, and available resources for support. Raising awareness helps reduce the stigma associated with mental health disorders and encourages people to seek help when needed. It also empowers individuals to recognize the signs of mental health struggles in themselves and others, promoting early intervention and preventive care (Bassilios, Telford, Rickwood, Spittal, & Pirkis, 2017).

**Counselling services:** are professional interventions aimed at helping individuals deal with mental health challenges by providing a safe and confidential space to express their feelings, thoughts, and concerns.

**Support groups:** are gatherings of individuals who share common experiences or challenges, particularly related to mental health, where participants can provide emotional support and share coping strategies.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Conceptual Review**

##### **2.1.1 Mental Health**

Mental health is the state of one's emotional, psychological and social wellness . It affects how humans think, feel, and act; how humans deal with stress, interact with others and make choices. Mental health is important from childhood through adolescence and adulthood with it being more than the absence of mental illness (Shalaby and Agyapong 2020). More importantly it is a complex, evolving relationship between forces within and outside the individual that promotes awareness of one's capabilities, the effective management of stressors and one's ability to work and contribute to society (WHO 2020). Good mental health means individuals can live their lives productively without interruption and develop positive interpersonal relationships (Shalaby and Agyapong 2020). Multiple factors contribute to mental health. There are biological factors such as genetics, brain biochemistry, negative life experiences such as trauma or abuse, family history of mental health issues. Socioeconomic factors such as social class, education level, healthcare availability and social justice exist. Environmental factors such as occupation and lifestyle (how much recreation is available and social satisfaction) play a part.

Deplorable work conditions, stigmatization, social exclusion, risk-taking behaviors contribute to poor mental health which can manifest in anxiety, depression or substance abuse. Alternatively good work settings, family/social support, easily accessible low-cost intervention/treatment options constitute positive contributors to a better quality of mental health (Westwater, Murphy, Handley, & McGregor, 2020). Mental health conditions are among the most prevalent reasons for disability in the world. Conditions such as depression, anxiety disorders, bipolar disorder, schizophrenia and eating disorders are all common yet one of the least diagnosed and treated conditions in society. This is due in part to the stigma surrounding mental health. Stigmatization is a mark of disgrace associated with a particular situation/person/quality. Stigma makes people with mental health issues feel ashamed; they hide their disorders from loved ones; they fail to reach out for help; they remain in the shadows of society without realizing that needing help is a valid concern (Nwabueze & Okoro 2020).

Stigmatization makes it less likely that mental health will be prioritized. Thus awareness, education and discussion are necessary to break down such barriers; to create a more inclusive and empathetic world. The fewer stigmas, the more likely people will do what it takes to have good mental health from the get-go. Treatment is best approached from a holistic perspective involving psychological intervention, medication, lifestyle adjustments and socioemotional resources. Prevention/intervention works best when it acknowledges the gravity of issues before they manifest instead of talking about them after the fact. Mental health resources should be affordable and accessible for all populations with cultural

competence. Workplaces need to address employee mental wellness; schools need policies that protect good mental health; communities need to advocate for better stress management which promotes psychosocial engagement and better healthy habits (WHO, 2020). Ultimately mental health is an essential component of wellness and quality of life according to Shalaby and Agyapong (2020) as it impacts all areas of human functioning and without awareness - understanding risk factors and accessibility - mental health will go unrecognized for many to their detriment in a society rife with stressors and barriers to good mental health at every corner.

### **2.1.2 Mental Health Programme**

Mental Health programmes are implemented at various levels local, national, and global and often involve a collaborative approach between governments, non-governmental organizations (NGOs), healthcare providers, schools, workplaces, and community groups. The primary aim of mental health programmes is not only to treat mental illnesses but also to create environments that support emotional resilience, reduce stigma, and promote mental wellness across all segments of the population (Pascoe *et al.*, 2020). One of the key components of mental health programmes is prevention and early intervention. These strategies focus on identifying risk factors such as trauma, substance abuse, social isolation, or genetic predispositions and intervening early to reduce the likelihood of more severe psychological issues developing. School-based programmes, for instance, often include mental health education, peer support systems, counselling services, and anti-bullying

campaigns that help students understand their emotions, manage stress, and build coping skills from a young age. Similarly, community awareness campaigns aim to educate the general public about mental health symptoms, debunk myths, and encourage people to seek help without shame or fear (Embrett, Randall, Longo, Nguyen, & Mulvale, 2016).

Okafor and Abimbola (2017) stated that another crucial aspect of mental health programmes is access to treatment and support services. These include a wide range of resources, such as therapy (individual, group, or family), psychiatric care, crisis intervention, helplines, and rehabilitation services. Programmes may offer treatment in clinical settings like hospitals or mental health centers, or through outreach models that bring services directly into communities. In many parts of the world, mental health services are still underfunded or unavailable, making the development and expansion of such programmes a priority. Telehealth and online therapy platforms have also become increasingly important, especially in response to the growing demand for mental health support and the need for more accessible options (Nwabueze & Okoro, 2020). Workplace mental health programmes are also gaining prominence, especially as more organizations recognize the impact of mental health on productivity, morale, and overall business success. These programmes often include mental health days, confidential employee assistance programs (EAPs), stress management workshops, and policies aimed at fostering a culture of openness and support. Encouraging mental health awareness in the workplace helps employees feel valued and reduces burnout, absenteeism, and turnover (Pascoe *et al.*, 2020).

In addition to direct services, Embrett, Randall, Longo, Nguyen, and Mulvale (2016) stated that policy and advocacy are important elements of comprehensive mental health programmes. Governments and international agencies such as the World Health Organization (WHO) often work to develop national mental health strategies, legislate protections for individuals with mental illnesses, and allocate funding for research and service delivery. Mental health advocacy groups play a vital role in pushing for these changes, ensuring that the voices of people with lived experience are heard, and that systems are inclusive, equitable, and non-discriminatory. Caspi *et al.*, (2020) asserted that community-based and culturally sensitive programmes are essential for reaching diverse populations effectively. Mental health needs vary based on age, gender, socioeconomic status, and cultural background. Programmes that are tailored to the specific needs of different groups such as indigenous populations, refugees, LGBTQ+ youth, or people with disabilities are more likely to be successful. These programmes integrate cultural beliefs and practices, engage local leaders, and build trust, making them more accessible and effective.

### **2.1.3 Youth Development**

Youth development refers to the ongoing process through which young people acquire the skills, knowledge, values, and attitudes necessary to thrive in life and contribute meaningfully to society. It is a holistic and intentional approach that supports the physical, emotional, intellectual, social, and moral growth of individuals between childhood and adulthood typically considered ages 10 to 24. This critical phase of life is characterized by rapid

changes, experimentation, identity formation, and the building of independence. Positive youth development aims to empower young people, helping them to reach their full potential while preparing them to handle life's challenges and responsibilities (Caspi, Houts, Ambler *et al.*, 2020). Agnafors, Barmark and Sydsjo (2020) defined youth development as the belief that all young people have strengths and assets that can be nurtured. Rather than focusing solely on preventing negative behaviours such as substance abuse, delinquency, or school dropout modern youth development strategies emphasize building resilience, fostering leadership, and encouraging active participation in community life. Programs and policies geared toward youth development promote access to education, healthcare, employment opportunities, and recreational activities. These resources help young people build essential life skills, such as critical thinking, communication, decision-making, and emotional regulation (Pascoe *et al.*, 2020).

Westwater, Murphy, Handley, and McGregor (2020) stated that family, peers, schools, and communities all play integral roles in the developmental journey of youth. A supportive environment where young people feel safe, respected, and valued is crucial for healthy development. Parents and guardians provide emotional stability and moral guidance, while peers influence social learning and identity formation. Educational institutions, when functioning effectively, serve as platforms for cognitive growth and social engagement. Community organizations and mentors offer young people opportunities to build confidence, take on leadership roles, and learn the importance of service and civic responsibility. Youth

development is also deeply influenced by broader socio-economic and cultural factors. Poverty, inequality, discrimination, and lack of access to quality education or healthcare can hinder a young person's ability to grow into a healthy, competent adult. Conversely, inclusive policies, youth-centered programs, and equitable access to resources can uplift marginalized youth and bridge opportunity gaps. Governments and civil society organizations have a responsibility to invest in youth, not only because it promotes justice and equality, but because today's youth are tomorrow's leaders, workforce, and caregivers (Caspi, Houts, Ambler *et al.*, 2020).

According to Bassilios *et al.*, (2017), in the digital age, youth development also encompasses navigating technology and social media. While these tools offer educational and social opportunities, they also present risks such as cyberbullying, misinformation, and mental health challenges. Educators, parents, and policymakers must work together to guide young people in using digital platforms responsibly, critically, and safely. Additionally, with global issues like climate change, social justice, and economic uncertainty becoming more pressing, young people today are increasingly vocal and active in seeking change. Encouraging their participation in policymaking and community building is essential for a more inclusive and forward-thinking society. Agnafors, Barmark, and Sydsjo (2020) stated that youth development is a multidimensional and collaborative process that requires investment, attention, and care from all sectors of society. When young people are supported holistically through education, mentorship, safe environments, and meaningful opportunities, they are

better equipped to overcome adversity and contribute positively to their communities. Nurturing youth is not merely about preparing individuals for the future; it is about enriching the present and ensuring the long-term well-being and sustainability of society as a whole.

#### **2.1.4 The Causes of Mental Health Issues among Youth**

Mental health issues among youth have become an increasingly urgent concern globally. These challenges, which include anxiety, depression, eating disorders, and behavioral problems, affect not only the emotional well-being of young people but also their academic performance, relationships, and long-term prospects. Understanding the causes of mental health issues in this demographic is critical for developing effective interventions and prevention strategies. The factors contributing to mental health issues among youth are complex and multifaceted, involving a combination of biological, psychological, social, and environmental influences (Curtis, Watkins, Rosenbaum, Teasdale, Kalucy, Samaras, & Ward, 2016).

**Biological and genetic predisposition:** One of the primary causes of mental health issues in youth is biological and genetic predisposition. Mental health disorders often run in families, and children of parents who suffer from conditions like depression, bipolar disorder, or schizophrenia are at a higher risk of experiencing similar issues. Neurobiological factors, such as imbalances in brain chemicals like serotonin and dopamine, can also contribute to mood and behavioral disorders. Additionally, hormonal changes during adolescence can

influence emotional regulation and stress response, making teenagers more vulnerable to anxiety and depression (Das, Salam, Lassi, Khan, Mahmood, Patel, & Bhutta, 2016).

**Family dynamics and early childhood experiences:** This also play a significant role in shaping a young person's mental health. Children raised in environments marked by neglect, abuse, domestic violence, or parental substance abuse are more likely to develop psychological issues. Inconsistent parenting, lack of emotional support, and high parental expectations can create feelings of insecurity and low self-worth. On the other hand, overprotectiveness and lack of autonomy may hinder a child's ability to develop coping skills and resilience, making them more susceptible to stress and mental health challenges (Tarren-Sweeney, 2018).

**Academic pressure and school-related stress:** They are increasingly recognized as major contributors to youth mental health problems. In many societies, academic performance is closely tied to self-esteem and future success. Students often feel intense pressure to excel in exams, secure high grades, and meet expectations from teachers and parents. This constant demand for achievement can lead to burnout, anxiety disorders, and depression. Furthermore, competitive environments, lack of support at school, and fear of failure can compound stress and affect emotional well-being (Wegner *et al.*, (2020).

**Impact of social media and digital technology:** Another critical factor is the impact of social media and digital technology on the mental health of young people. While these platforms offer opportunities for connection and self-expression, they also expose youth to

cyberbullying, unrealistic beauty standards, and constant social comparison. The pressure to curate a perfect online persona can lead to feelings of inadequacy, low self-esteem, and social anxiety. Additionally, excessive screen time can interfere with sleep patterns, physical activity, and real-life social interactions—all of which are essential for healthy mental development (Curtis, Watkins, Rosenbaum, Teasdale, Kalucy, Samaras, & Ward, 2016).

**Peer relationships and social acceptance:** These are particularly important during adolescence, a time when young people are forming their identities and seeking belonging. Experiences such as bullying, exclusion, and peer rejection can have lasting psychological effects. Youth who struggle to fit in, especially those who identify as LGBTQ+, those with disabilities, or individuals from marginalized communities, may face discrimination and social stigma, increasing their risk for mental health disorders. A lack of supportive friendships or mentors can further isolate these individuals and prevent them from seeking help (Das, Salam, Lassi, Khan, Mahmood, Patel, & Bhutta, 2016).

**Socioeconomic factors:** factors including poverty, community violence, and limited access to mental health care, also contribute significantly to mental health problems in youth. Living in economically disadvantaged neighborhoods often means exposure to chronic stressors such as crime, instability, and inadequate housing. These conditions can create a sense of helplessness and trauma. Moreover, youth in low-income families may face barriers to accessing mental health services due to cost, lack of insurance, or limited availability of trained professionals in their communities (Tarren-Sweeney, 2018).

**Cultural attitudes and stigma:** Cultural attitudes and stigma surrounding mental health can prevent youth from seeking support. In many cultures, mental illness is still viewed as a sign of weakness or moral failing, leading to shame and silence. Adolescents may fear being judged or misunderstood by their families and peers, discouraging them from expressing their struggles. Without open dialogue and supportive environments, these individuals may suffer in isolation, allowing their conditions to worsen over time (Curtis, Watkins, Rosenbaum, Teasdale, Kalucy, Samaras, & Ward, 2016).

### **2.1.5 Types of Community-Based Mental Health Programmes**

These programmes aim to improve accessibility, reduce stigma, promote early intervention, and provide culturally relevant care. Because mental health needs vary greatly across populations and contexts, community-based programmes take many forms, each tailored to specific goals, target groups, and resource environments. Understanding the different types of programmes helps in appreciating the diverse strategies employed worldwide to improve mental health at the grassroots level (Wegner *et al.*, (2020).

One of the most common types is **community mental health centers (CMHCs)**. These centers function as local hubs that provide a broad range of mental health services, including diagnosis, counseling, medication management, crisis intervention, and rehabilitation. Unlike psychiatric hospitals, CMHCs emphasize outpatient care, allowing clients to remain integrated within their communities. They often collaborate with primary healthcare providers and social services, forming a network of support for individuals with chronic

mental illnesses such as schizophrenia, bipolar disorder, and major depression. CMHCs are particularly valuable in urban and peri-urban areas where specialized mental health resources can be centralized yet remain community-accessible (Settipani *et al.*, 2019).

Another widely implemented model is **task-shifting or task-sharing programmes**. Given the shortage of trained mental health specialists globally, these programmes train non-specialist health workers, such as community health workers, teachers, or lay counselors, to deliver basic mental health services (Wegner *et al.*, (2020). Task-shifting programmes typically focus on common mental disorders like anxiety and depression, using evidence-based brief interventions such as cognitive-behavioral therapy (CBT) or problem-solving therapy adapted for delivery by non-experts. This model has been effectively used in low-resource settings to extend mental health coverage to rural and underserved populations, leveraging existing community structures and human resources (Das, Salam, Lassi, Khan, Mahmood, Patel, & Bhutta, 2016).

**School-based mental health programmes** form another crucial category targeting children and adolescents. These initiatives integrate mental health education, screening, counseling, and referral services within the school environment (Settipani *et al.*, 2019). The goal is to promote emotional well-being, prevent mental health problems, and support students who may be struggling with stress, trauma, bullying, or learning difficulties. School programmes often include life skills training, peer support groups, teacher training, and parental involvement to create a supportive ecosystem for youth mental health. By addressing mental

health early, these programmes help improve academic performance and social functioning (Tarren-Sweeney, 2018).

**Peer support and self-help groups** are also a significant component of community-based mental health care. These groups provide a safe space where individuals with shared experiences—such as depression, addiction, or trauma—can come together to offer mutual support, share coping strategies, and reduce feelings of isolation. Peer-led programmes empower participants by fostering community solidarity and enhancing self-efficacy. They are especially valuable in contexts where formal mental health services are limited or stigmatized. Peer support can be organized through community centers, religious institutions, or informal neighborhood groups, often supplemented by training for group facilitators.

**Mobile mental health clinics and outreach programmes** are designed to overcome geographical and accessibility barriers, especially in remote or underserved regions. These programmes deploy teams of mental health professionals or trained workers who travel to communities to provide assessments, counselling, medication, and referrals. Mobile clinics can be vehicle-based or operate through temporary satellite clinics in community halls or schools. Outreach programmes often work closely with local leaders and organizations to identify individuals in need, raise awareness, and facilitate engagement with services. This approach is particularly effective in reaching vulnerable populations such as the homeless, refugees, or indigenous groups (Wegner *et al.*, (2020).

**Crisis intervention and suicide prevention programmes** represent another vital type of community-based mental health service. These initiatives focus on providing immediate support to individuals experiencing acute mental health crises, such as suicidal ideation, psychotic episodes, or severe depression (Settipani *et al.*, 2019). Crisis helplines, walk-in centers, and community response teams aim to stabilize individuals, provide counseling, and connect them to appropriate follow-up care. Some programmes incorporate training for community members and first responders to recognize warning signs and respond effectively. By intervening early, these programmes reduce the risk of harm and facilitate timely access to treatment (Das, Salam, Lassi, Khan, Mahmood, Patel, & Bhutta, 2016).

**Community rehabilitation programmes** support individuals recovering from severe mental illnesses by facilitating social reintegration, vocational training, and independent living skills. These programmes recognize that recovery extends beyond symptom management to include restoring meaningful roles within families and society. Rehabilitation services may involve supported employment, life skills coaching, housing assistance, and community social activities. By fostering autonomy and reducing disability, rehabilitation programmes improve quality of life and reduce relapse rates. They often collaborate with families and local organizations to create supportive environments for sustained recovery (Tarren-Sweeney, 2018).

**Mental health promotion and prevention programmes** are proactive community initiatives aimed at reducing risk factors and enhancing protective factors before mental health problems

arise. These may include public awareness campaigns, stress management workshops, parenting support groups, and substance abuse prevention. Such programmes often target specific populations, like adolescents, pregnant women, or high-stress occupational groups, to build resilience and promote healthy lifestyles. Mental health promotion frequently intersects with other social determinants of health, such as education, employment, and housing, emphasizing a holistic approach (Settipani *et al.*, 2019).

Finally, **culturally adapted and indigenous mental health programmes** address the unique mental health needs of specific cultural or ethnic groups. These programmes incorporate traditional healing practices, spiritual beliefs, and local understandings of mental health into their interventions. By respecting and integrating cultural identities, they improve acceptability and effectiveness. Examples include collaborations with traditional healers, community elders, or faith leaders who play pivotal roles in mental health support. Such programmes recognize that cultural sensitivity is essential for overcoming barriers and providing meaningful care in diverse communities.

### **2.1.6 Impact of Community-Based Mental Health Programmes on Development**

Community-based mental health programmes have emerged as a transformative force in addressing the mental health needs of populations, particularly in regions where access to formal psychiatric care is limited or stigmatized (David, Cristea, & Hofmann, 2018). These programmes are designed to operate within the community setting, using locally available resources, culturally relevant strategies, and grassroots participation to deliver mental health

support. Their impact extends far beyond the individual level, influencing the social, economic, and developmental progress of communities and nations as a whole. By bringing mental health care closer to the people, these initiatives play a crucial role in promoting well-being, reducing social disparities, and supporting sustainable development (Mantzouranis, Baier, Holzer, Urben, & Villard, 2019).

Ervin, Phillip and Tomnay (2014) stated that one of the most direct and significant impacts of community-based mental health programmes is their ability to improve access to care. In many parts of the world, especially in low- and middle-income countries, mental health services are scarce and centralized in urban hospitals or psychiatric institutions. This limits the reach of care and excludes marginalized populations in rural or impoverished areas. Community-based programmes help to close this gap by integrating mental health services into primary health care centers, schools, religious institutions, and local organizations. By decentralizing care, these programmes reduce logistical barriers such as transportation, cost, and stigma, allowing more people to receive early intervention and ongoing support (Rojas-Andrade, & Bahamondes, 2018).

Another vital contribution of these programmes is their emphasis on early detection and prevention. By training community health workers, teachers, and volunteers to recognize early signs of mental distress, these initiatives foster a culture of awareness and proactive engagement (Cuijpers, Weitz, Cristea, & Twisk, 2017). Early identification not only reduces the severity of mental illness but also helps prevent complications such as substance abuse,

suicide, or chronic disability. Preventive approaches such as mental health education, life skills training, and psychosocial support build emotional resilience within the community and contribute to long-term psychological health. This proactive orientation has a direct effect on productivity and educational attainment, especially among youth (Mantzouranis, Baier, Holzer, Urben, & Villard, 2019).

Mantzouranis, Baier, Holzer, Urben, and Villard (2019) stated that community-based mental health programmes also help to reduce the stigma associated with mental illness, which remains one of the biggest barriers to care globally. By involving respected local figures such as religious leaders, elders, or community influencers these programmes normalize conversations about mental health and challenge harmful stereotypes. Public awareness campaigns, peer support groups, and storytelling initiatives give individuals the courage to seek help without fear of judgment. As stigma diminishes, more people are likely to come forward, improving overall mental health outcomes and reducing the hidden burden of untreated mental illness within communities (David, Cristea, & Hofmann, 2018). In terms of economic development, the impact of community-based mental health programmes is substantial. Mental health disorders are a leading cause of disability worldwide and have a direct impact on workforce participation and productivity. By providing accessible, low-cost mental health support, community programmes help individuals manage their symptoms and reintegrate into daily life, work, and education. This translates into reduced absenteeism, higher employment rates, and decreased dependency on welfare or social support systems. In resource-poor settings, even small improvements in mental health can result in significant

economic gains, helping communities become more self-reliant and economically stable (National Institute of Health, 2021).

Furthermore, these programmes often encourage community empowerment and participation, which are foundational to sustainable development. When local people are trained as mental health workers or peer counselors, it fosters a sense of ownership and responsibility. This participatory model shifts the focus from institutional care to community care, building social cohesion and collective accountability. People begin to view mental health not as a private or shameful issue but as a shared responsibility. The ripple effect of this mindset strengthens social bonds, reduces isolation, and cultivates more compassionate, inclusive communities (Mantzouranis, Baier, Holzer, Urben, & Villard, 2019). Rojas-Andrade, and Bahamondes (2018) stated that the role of community-based mental health programmes in supporting vulnerable populations such as refugees, people with disabilities, victims of trauma, and marginalized ethnic groups is also critical. These groups often experience higher rates of mental health challenges and face systemic barriers to accessing formal care. Community programmes, tailored to local contexts and needs, offer culturally sensitive services that respect the lived experiences of these individuals. Whether through trauma-informed counseling, mobile clinics, or peer support networks, these interventions help restore dignity, build trust, and promote healing among populations that might otherwise be overlooked (Mantzouranis, Baier, Holzer, Urben, & Villard, 2019).

Moreover, the integration of mental health services into community settings has shown significant benefits for children and adolescents, who are particularly vulnerable to psychological distress. School-based mental health programmes, for example, not only address individual needs but also improve the overall learning environment by promoting emotional literacy, reducing behavioral problems, and enhancing teacher-student relationships. When young people have access to mental health resources early on, it sets the foundation for healthier adulthood, better academic outcomes, and stronger future generations (National Institute of Health, 2021). Ervin, Phillips and Tomnay (2014) stated that from a policy and systems perspective, the success of community-based mental health programmes demonstrates the potential for scalable, cost-effective mental health care models. Rather than investing solely in specialized hospitals and psychiatric institutions, governments and organizations are increasingly recognizing the value of community-based strategies. These programmes require fewer financial resources, utilize existing infrastructures, and are adaptable to a wide range of settings. This makes them especially appealing in countries with limited healthcare budgets or large rural populations. As more data supports their effectiveness, these models are being incorporated into national health plans and international development agendas (David, Cristea, & Hofmann, 2018).

### **2.1.7 Challenges Associated With Community-Based Mental Health Programmes**

These challenges arise from resource constraints, systemic issues, cultural factors, and operational complexities, which collectively complicate efforts to provide accessible, high-

quality mental health care at the community level. One of the foremost challenges is the lack of adequate funding and resources. Many community-based mental health initiatives operate in low- and middle-income countries where healthcare budgets are limited, and mental health often remains a low priority compared to infectious diseases or maternal health (Caspi, *et al* 2020). The scarcity of financial resources restricts the ability to train and retain qualified personnel, procure essential medications, and maintain infrastructure. Without sustained funding, programmes may struggle to scale up, reach remote populations, or continue beyond short-term pilot phases. This financial insecurity also limits investments in monitoring, evaluation, and quality improvement efforts, which are critical for demonstrating impact and attracting further support (Brewer *et al.*, 2015).

Closely linked to funding issues is the shortage of trained mental health professionals and community workers. Effective community-based programmes rely on skilled personnel who can accurately assess, diagnose, and manage mental health conditions. However, there is a global shortage of psychiatrists, psychologists, psychiatric nurses, and social workers especially in rural or resource-poor settings. While task-shifting approaches that train community health workers or volunteers have been adopted to mitigate this gap, these workers often face limited supervision, inadequate training, and high workloads. Burnout and attrition among these frontline workers can be high, reducing the continuity and quality of care provided to patients (Mantzouranis, Baier, Holzer, Urben, & Villard, 2019). Another significant challenge is the stigma and cultural misconceptions surrounding mental illness. In many communities, mental health disorders are misunderstood, feared, or attributed to

supernatural causes, leading to discrimination and social exclusion of affected individuals. Such stigma can discourage people from seeking help or participating in community programmes, undermining their reach and impact. Overcoming deeply rooted cultural beliefs requires sensitive, sustained community engagement and education, which can be time-consuming and resource-intensive. Furthermore, programmes that fail to adapt interventions to local cultural contexts risk being rejected or ineffective (Pearce, Foote, Brown, & O'Donoghue, 2020).

Caspi, *et al* (2020) stated that the integration of mental health services within existing community health systems presents operational and systemic challenges. Many primary healthcare facilities are already overburdened with addressing physical health conditions, and adding mental health responsibilities without additional support can overwhelm staff. Coordination between different levels of care—community, primary, and specialized—is often weak or fragmented, leading to gaps in referral pathways and continuity of care. Additionally, mental health data collection and record-keeping in community settings are frequently inadequate, hindering efforts to monitor patient progress and programme effectiveness (Brewer *et al.*, 2015). Access challenges also arise from geographical and infrastructural barriers. Community-based programmes aim to serve populations in remote, rural, or marginalized urban areas, but poor transportation networks, lack of electricity, and limited communication infrastructure can impede service delivery. For instance, mobile clinics or home visits might be logistically difficult or unsafe in certain regions. Seasonal

factors, political instability, or natural disasters can further disrupt programme operations and access to care.

The complexity of mental health conditions themselves poses a challenge for community-based programmes. Mental illnesses often require long-term, multifaceted treatment approaches involving medication, psychotherapy, social support, and rehabilitation. Community programmes may struggle to provide comprehensive care, particularly specialized therapies, due to limited expertise and resources. Managing co-morbid conditions such as substance abuse, chronic physical illnesses, or intellectual disabilities requires multidisciplinary collaboration that may not be readily available at the community level. Pearce, Foote, Brown, and O'Donoghue (2020) stated that another hurdle is ensuring confidentiality and privacy in community settings. Mental health issues remain sensitive topics, and individuals may be reluctant to disclose symptoms or seek care if privacy cannot be guaranteed. In close-knit communities where everyone knows each other, maintaining confidentiality can be challenging, potentially discouraging participation. Programme designers must therefore implement robust protocols and train workers on ethical considerations to protect clients' rights and dignity (Cuijpers, Weitz, Cristea, & Twisk, 2017). Sustainability is a pervasive concern. Many community-based mental health programmes are initially supported by external donors, international NGOs, or government grants, but when funding cycles end, programmes may collapse or reduce their scope drastically. Building local capacity, securing government commitment, and integrating programmes into national

health policies are essential for long-term viability but can be difficult to achieve in practice due to political, economic, and bureaucratic hurdles (Cuijpers, Weitz, Cristea, & Twisk, 2017). UNICEF (2021) asserted that evaluation and evidence generation remain challenging in community settings. Measuring mental health outcomes requires appropriate tools, trained evaluators, and longitudinal follow-up. Resource limitations often result in poor documentation, inconsistent data collection, and methodological weaknesses that undermine the ability to demonstrate programme effectiveness. Without robust evidence, securing further investment and policy support becomes more difficult, creating a vicious cycle that stalls progress (Brewer *et al.*, 2015).

### **2.1.8 Role of Social Work in the Implementation and Success of Mental Health**

#### **Programmes**

Social work plays a pivotal and multifaceted role in the implementation and success of mental health programmes worldwide. Rooted in principles of social justice, human dignity, and holistic well-being, social work bridges clinical care with social realities, addressing not only the psychological symptoms but also the social determinants and environmental factors that impact mental health (Cuijpers, Weitz, Cristea, & Twisk, 2017). As mental health challenges are often embedded within complex personal and community contexts, social workers serve as critical agents who navigate these complexities, ensuring that mental health programmes are relevant, accessible, culturally sensitive, and sustainable. One of the fundamental roles of social work in mental health programmes is advocacy and community

engagement. Social workers often act as advocates for marginalized and vulnerable populations who face barriers in accessing mental health services due to stigma, discrimination, poverty, or systemic inequities. They work to raise awareness about mental health issues within communities, dispel myths, and challenge the stigma that often surrounds mental illness (Das *et al.*, 2016). By collaborating with community leaders, families, and service users, social workers facilitate dialogue and foster environments of acceptance and support. Their advocacy extends to influencing policy at local, national, and international levels to prioritize mental health funding, rights, and protections, thereby creating systemic changes that enhance programme reach and impact (Agnafors, Barmark, & Sydsjo, 2020).

In the assessment and planning phase of mental health programmes, social workers bring essential skills in holistic biopsychosocial evaluation. Unlike approaches focused solely on clinical diagnosis, social workers assess individuals' mental health within the context of their family dynamics, social networks, economic status, housing, education, and cultural background. This comprehensive assessment helps tailor programmes to meet the nuanced needs of the community and individual clients. Social workers also play a critical role in programme design by identifying social barriers to care, facilitating interdisciplinary collaboration, and ensuring that services are client-centered and trauma-informed (Akinbobola, & Ige, 2018). Bassilios *et al* (2017) asserted that during implementation, social workers serve as frontline providers of direct psychosocial interventions and case management. They deliver counseling, crisis intervention, family therapy, and group work,

often focusing on empowerment and strengths-based approaches that promote resilience. Social workers help clients navigate complex systems—such as healthcare, social services, legal support, and housing—acting as coordinators who connect individuals to a range of necessary resources. Their ability to work across systems ensures continuity of care, which is vital for people with chronic or severe mental illnesses who may face fragmentation in service delivery. This case management role is particularly important in community-based programmes where clients often require support beyond clinical treatment (Eze, & Nnamani, 2021).

Social work also plays a crucial role in capacity building and workforce development. Many community mental health programmes rely on task-shifting models where lay health workers, volunteers, or peers are trained to deliver basic mental health support. Social workers provide essential training, supervision, and mentorship to these non-specialist workers, ensuring quality, ethical standards, and culturally appropriate care. Through capacity building, social workers contribute to sustainable programme growth and empower communities to take ownership of their mental health services (Cuijpers, Weitz, Cristea, & Twisk, 2017). Adebayo and Olayemi (2020) opined that social workers contribute significantly to research, monitoring, and evaluation within mental health programmes. They bring qualitative and quantitative research skills to study programme effectiveness, client outcomes, and service gaps. By involving service users and communities in participatory research, social workers help ensure that programmes remain responsive and accountable. Their insights into social

dynamics and community contexts enhance data interpretation, which informs policy recommendations and continuous quality improvement efforts. Evaluation results often guide funding decisions and scaling of successful interventions (Akinbobola, & Ige, 2018).

The promotion of social inclusion and rehabilitation is another key aspect of social work in mental health programmes. Social workers help individuals recovering from mental illness reintegrate into their communities by facilitating access to education, employment, and social networks. They design and implement psychosocial rehabilitation services that focus on skill development, independence, and enhancing quality of life. This role addresses the social isolation and marginalization often experienced by people with mental illness, which can be significant barriers to sustained recovery (Eze, & Nnamani, 2021). Social workers also champion culturally sensitive and ethical practice in mental health programmes. They recognize that mental health and illness are understood differently across cultures and that interventions must be adapted accordingly. By respecting clients' cultural values, beliefs, and traditional healing practices, social workers foster trust and acceptance of services. They navigate ethical dilemmas related to confidentiality, consent, and client autonomy, ensuring that programmes adhere to human rights standards and uphold the dignity of all participants (Edwards & Hegerty, 2018).

Bassilios *et al* (2017) asserted that social workers bring a trauma-informed lens to mental health care. Many individuals accessing community programmes have experienced trauma such as abuse, displacement, or violence. Social workers are trained to recognize the

pervasive effects of trauma and to design interventions that avoid re-traumatization, promote safety, and empower clients. This approach enhances the therapeutic environment and improves engagement and outcomes. In addition to their client-facing roles, Agnafors, Barmark, and Sydsjo (2020) stated that social workers often take leadership and policy advocacy roles within mental health systems. They participate in developing national mental health policies, contribute to strategic planning, and collaborate with government agencies and NGOs to scale up community mental health programmes. Their broad understanding of social systems enables them to advocate for integrated approaches that link mental health with education, housing, employment, and justice sectors, promoting comprehensive care models (Eze, & Nnamani, 2021).

## **2.2 Theoretical Framework**

### **Ecological Systems Theory**

Ecological Systems Theory, developed by Urie Bronfenbrenner in the 1970s, is a comprehensive framework used to understand human development by examining how individuals interact with their multiple environmental systems. Unlike theories that focus solely on internal psychological processes, Bronfenbrenner emphasized that development is deeply embedded in and influenced by a range of social contexts and external factors. This theory posits that human development is shaped by the dynamic and reciprocal relationships between an individual and the nested systems in which they live, ranging from immediate

surroundings to broader societal influences. At the core of Ecological Systems Theory is the idea that development occurs within several interrelated systems organized in concentric layers (Radez *et al.*, 2021).

The microsystem is the closest layer to the individual and includes the immediate environments that directly interact with them, such as family, school, peer groups, and neighborhood. These settings provide direct experiences and relationships that influence development profoundly. For example, a youth's mental health can be supported or hindered by family dynamics, school climate, or peer acceptance, all of which constitute the microsystem. Community-based mental health programmes often operate at this level by providing counseling, support groups, or school interventions that engage the youth in familiar settings (Pascoe, Bailey, Craike, Carter, Patten, Stepto, & Parker, 2020). The mesosystem refers to the interconnections between the various microsystems. It encompasses the interactions among family, school, peers, and community organizations. The quality and nature of these interactions can significantly impact youth development. For instance, a community mental health programme that facilitates communication between parents and teachers or integrates family therapy with school counseling helps strengthen the mesosystem. By improving coordination between different parts of a youth's immediate environment, these programmes create a more supportive and consistent framework that fosters better mental health outcomes (Radez *et al.*, 2021).

### **Relevance of the Theory to the Study**

Ecological Systems Theory provides a valuable framework for understanding how community-based mental health programmes influence youth development by highlighting the multiple, interconnected layers of a young person's environment. At the microsystem level, these programmes offer direct support within the immediate settings where youth live and interact—such as schools, families, and peer groups helping to address mental health challenges in a familiar and accessible context (Nwabueze & Okoro, 2020). By engaging with families and schools, community programmes can strengthen the mesosystem, enhancing communication and collaboration between these key environments, which creates a more consistent and supportive network for the youth. This multi-layered approach ensures that interventions are not isolated but integrated within the youth's everyday life, increasing their effectiveness in promoting emotional well-being and positive development (Eze & Nnamani, 2021).

Beyond the immediate environment, community-based mental health programmes also influence broader systems described by the exosystem and macrosystem. For instance, programmes may work to improve access to local health services, advocate for policy changes, or combat societal stigma, thereby shaping the external social and cultural factors that indirectly affect youth mental health. The chronosystem's focus on change over time is reflected in how these programmes adapt to the evolving developmental needs of youth and respond to shifting community contexts. Overall, Ecological Systems Theory illustrates that youth development is shaped by a dynamic interplay between individuals and their

environments, and community-based mental health programmes have the greatest impact when they address this complexity, creating supportive conditions across multiple levels that nurture resilience, growth, and mental wellness (Eze & Nnamani, 2021).

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Research Methodology**

This chapter is concerned with the methodology used in achieving the objectives of the study. It covers the research design, the study area, population of the study, sample size, sampling techniques, method of data collection, sources of data collection, validity of research instrument, reliability of the instrument and method of data analysis.

#### **3.2 Research Design**

Research design refers to the overall strategy chosen to integrate the different components of a study in a coherent and logical way. It constitutes the arrangement for the collection, measurement and analysis of data (Nwabueze & Okoro, 2020) For the purpose of this study, the mixed research design was used to accurately access the characteristics of the population through the study of the sample. The quantitative method was achieved using a well-structured questionnaire, while the qualitative method was achieved by means of an interview guide. The choice of the mixed research design is to effectively gather detailed information about study, enabling the collection of data on their attitudes, beliefs, and awareness on the subject being researched on.

### **3.3 Population of the Study**

Population of the Study refers to the entire group of individuals or entities that a research study is intended to examine or draw conclusions about. It encompasses all members who share specific characteristics relevant to the study's research questions, from which a sample may be selected for detailed investigation (Ige & Adeyemi, 2022). The population of the study comprises all youths residing in Ekosodin community in Benin City, Edo State, Nigeria. There are a total of 24,324 youths between the ages of 18 to 35 years of age residing in Ekosodin community (State Ministry of Youth and Sport, 2024).

### **3.4 Sample Size and Sampling Techniques**

Sample of the Study refers to a subset of individuals or entities selected from the larger population to participate in the research (Williams & Ogundele, 2022). The sample size was gotten using Taro Yamane sampling technique. This method was developed by a statistician Taro Yamane in 1967 to determine the sample size of a large population as illustrated below:

$$n = N / (1+N(e)^2)$$

Where n = sample size,

N = population of the study

e = margin error (0.1, 0.05, or 0.01). Note: 0.05 was used as the margin error.

$$N = 24,324$$

$$n = 24,324 / (1 + 24,324 \times 0.0025)$$

$$n = 24,324 / 60.81$$

$$n = 400$$

Therefore, the sample size adopted for this study is 400 youths between the ages of 18 to 35 years residing in Ekosodin community in Benin. Hence, 400 questionnaire and 10 interviews was carried out among the sampled respondents. The purposive sampling was used to select 2 areas in Ekosodin community namely; Edo Street axis and Newton Street axis. Furthermore, the simple random sampling techniques was used to select 200 respondents each from both Newton and Edo axis which make up Ekosodin community, making a total of 400 respondents sampled using the questionnaire.

Furthermore, interview was conducted with 10 youths who were between the ages of 18 to 35 years. The reason for the age range chose for the interview is because of their knowledge of the mental health programmes that have been conducted in the community over the past years. Hence a total of 400 respondents were used as the sample for the study.

### **3.6 Research Instrument**

The research instrument chosen for this research work is questionnaire and an interview guide. The questionnaire titled “the impact of community based mental health programme on

youth development in Ekosodin Community, Benin City” is divided into two (2) sections. Section A consisted of questions on the demographic characteristics of respondents such as age, sex, religion etc., while Section B contains questions on decision making using the 4-point Likert scale format of strongly agreed (SA), agreed, (A), Disagreed (D), and strongly disagreed (SD) options aimed at getting information. The interview guide contains open ended questions to get respondents in-depth opinion.

### **3.7 Validity of the Instrument**

The research instruments (questionnaire and interview guide) used were subjected to content validation by the research supervisor in the Department of Social Works, Faculty of Social Science, University of Benin, Benin City, Edo State. This questionnaire and interview guide adopted were adequately checked and validated by the supervisor, necessary contributions and corrections were included into the final draft of the research instrument used.

### **3.8 Reliability of the Instrument**

The reliability of the instrument was established using the test re-test method. A sample of the questionnaire was administered to departments that not part of the sample of the study. The result was computed using the Pearson Moment Correlation Coefficient for the reliability of the instrument. The reliability coefficient obtained will show if that the instrument is reliable or not.

### **3.9 Method of Data Collection**

Relevant information for the collection of data was gathered through the administration of questionnaires to the respondents and an in-depth interview. The covering letter which was addressed to the respondents explaining the purpose of the study, assuring the respondents of the confidentiality of their response.

### **3.10 Method of Data Analysis**

The data collected was carefully analysed using descriptive and thematic statistical techniques to arrive at a definite conclusion. For the quantitative analysis, descriptive statistics was employed which include simple percentage, frequency count, and mean rating, using Statistical Package for Social Science (version 22). For the qualitative analysis, thematic analysis was conducted as respondents opinion were arranged in themes to as to effectively draw a definite conclusion.

## **CHAPTER FOUR**

### **DATA ANALYSIS AND PRESENTATION**

This chapter deals with the presentation and the interpretation of data. Five (5) research questions were raised for this study. This will enable the researcher to offer valuable conclusion on the impact of community based mental health programme on youth development in Ekosodin Community, Benin City.

The data was carefully examined and analysed in line with the research questions. The sample size of four hundred and twenty (420) was used to sample the respondents' opinions, however, only four hundred (400) questionnaire were retrieved and analysed. The respondents were drawn from youths between the ages of 18 to 35 years in Ekosodin community, Benin City.

## 4.1 Social Characteristics of the Respondents

Table 4.1: Social Characteristics of Respondents

S/N	DEMOGRAPHICS	FREQUENCY	PERCENTAGE
	<b>GENDER</b>		
<b>1</b>	Male	209	59%
	Female	191	41%
	<b>Total</b>	<b>400</b>	<b>100%</b>
	<b>AGE</b>		
<b>2</b>	18 to 25 years	202	51%
	26 to 30 years	108	27%
	26 to 35 years	90	22%
	<b>Total</b>	<b>400</b>	<b>100%</b>
	<b>MARITAL STATUS</b>		
<b>3</b>	Single	354	86%
	Married	46	14%
	Divorced	-	-
	Widowed	-	-
	<b>Total</b>	<b>400</b>	<b>100%</b>
	<b>RELIGION</b>		
<b>4</b>	Christianity	312	78%
	Muslim	80	20%
	Others	8	2%
	<b>Total</b>	<b>400</b>	<b>100%</b>
	<b>OCCUPATION</b>		
<b>5</b>	Entrepreneur	296	74%
	Civil Servant	15	4%
	Student	89	22%
	<b>Total</b>	<b>400</b>	<b>100%</b>

*Source: Researcher's Field Survey, 2025*

The table above presents the social characteristics of the respondents. For the gender of the respondents, it was discovered that 41% of the respondents are female, while 59% of the respondents are male. This goes to show that majority of the respondents are male.

For marital status of the respondents, it was observed that 86% of the respondents are single, while 14% of the respondents are married. However, none of the respondents are either divorced or widowed. Therefore, a larger population of the respondents are single.

For the religion of the respondents, it was observed that 78% of the respondents are Christians, while Muslim were 20% of the total respondents. Also, 2% of the respondents belong to other religions. This however reveal that majority of the respondents are Christians.

The result for the years of working of the respondents shows that 71% of the respondents have been working between 1 to 10 years, while 27% of the respondents have been working between 11 to 20 years. However, only 2% of the respondents have been working between 21 years and above. Hence, majority of the respondents have been working between 1 to 10 years.

For the outcome of the occupation of the respondents, it was observed that 74% of the respondents are entrepreneurs, while civil servants were 4% of the total respondents. Also, 22% of the respondents are students. This however reveal that majority of the respondents are entrepreneurs.

## 4.2 Analysis of Research Questions

### Research Question 1: What are the causes of mental health issues among youths in Ekosodin Community?

Table 4.2: Causes of mental health issues among youths

S/N	ITEM	SA	A	D	SD	Mean ( $\bar{x}$ )	S.Dev
1	Peer pressure contributes significantly to mental health issues among youths in Ekosodin.	168 (42%)	180 (45%)	32 (8%)	20 (5%)	<b>2.99</b>	<b>.942</b>
2	Substance abuse is a major cause of mental health challenges among young people in Ekosodin.	160 (40%)	140 (35%)	72 (18%)	24 (6%)	<b>3.17</b>	<b>1.03</b>
3	Unemployment and financial hardship increase the risk of mental health problems among youths.	252 (63%)	120 (30%)	28 (7%)	-	<b>3.21</b>	<b>1.27</b>
4	Family conflicts and poor parental guidance contribute to youth mental health issues in Ekosodin.	240 (60%)	80 (20%)	70 (17%)	10 (3%)	<b>3.19</b>	<b>1.06</b>

*Source: Researcher's Field survey, 2025*

Scale: Mean greater than 2.5 is "Accepted"  
Mean less than 2.5 is "Not Accepted"

Table 4.2 shows respondents' view on causes of mental health issues among youths, with mean values ranging from 2.99 to 3.21. Item 1 was accepted which indicates that peer pressure contributes significantly to mental health issues among youths in Ekosodin, having a mean of 2.99.

Item 2 was also accepted which shows that substance abuse is a major cause of mental health challenges among young people in Ekosodin, with a mean of 3.17. Item 3 was accepted which shows that unemployment and financial hardship increase the risk of mental health problems among youths, having a mean of 3.21. Item 4 was accepted which shows that family conflicts and poor parental guidance contribute to youth mental health issues in Ekosodin, with a mean of 3.19.

This however goes to show that there are several causes of mental health issues among youths in Ekosodin Community such as peer pressure, substance abuse, unemployment and financial hardship, and family conflicts and poor parental guidance amongst others.

**Research Question 2: What are the types of community-based mental health programmes in Ekosodin Community?**

Table 4.3: Types of community-based mental health programmes

S/N	ITEM	SA	A	D	SD	Mean ( $\bar{x}$ )	S.Dev
5	HAPPINESS Project (Health Action for Psychiatric Problems in Nigeria including Epilepsy and Substances)	170 (43%)	105 (26%)	96 (24%)	29 (7%)	<b>2.91</b>	<b>.900</b>
6	Blaze Health Foundation’s “Mental Health Community Outreach (MHCO)”	130 (33%)	167 (42%)	89 (22%)	14 (4%)	<b>2.99</b>	<b>1.00</b>
7	Mentally Aware Nigeria Initiative (MANI)	184 (46%)	127 (32%)	68 (17%)	21 (52%)	<b>2.95</b>	<b>.942</b>
8	Ekosodin Community Health Initiative	235 (59%)	165 (41%)	-	-	<b>3.30</b>	<b>1.21</b>

**Source:** *Researcher's Field survey, 2025*

Scale: Mean greater than 2.5 is “Accepted”  
Mean less than 2.5 is “Not Accepted”

Table 4.3 shows respondents’ view on types of community-based mental health programmes, with mean rating from 2.91 to 3.30. Item 5 was accepted that Health Action for Psychiatric

Problems in Nigeria including Epilepsy and Substances is a mental health programme being carried out in Ekosodin community, with mean rating from 2.91. Item 6 was accepted that Blaze Health Foundation's "Mental Health Community Outreach" is a mental health programme being carried out in Ekosodin community, with a mean of 2.99. Item 7 was accepted that Mentally Aware Nigeria Initiative is a mental health programme being carried out in Ekosodin community, with a mean of 2.95. Item 8 was accepted that Ekosodin Community Health Initiative is a mental health programme being carried out in Ekosodin community, with a mean of 3.30.

Therefore, this however goes to show that there are different types of community-based mental health programmes being carried out in Ekosodin Community such as Mentally Aware Nigeria Initiative, and Ekosodin Community Health Initiative. These initiatives help create and promote awareness on mental health among youths in the community.

**Research Question 3: What is the impact of community-based mental health programmes on development?**

Table 4.4: The impact of community-based mental health programmes on development

S/N	ITEM	SA	A	D	SD	Mean ( $\bar{x}$ )	S.Dev
9	Mental health programmes have improved the overall productivity of youths in the community	260 (65%)	140 (35%)	-	-	<b>3.08</b>	<b>1.01</b>
10	These programmes have helped to reduce social vices and risky behaviours among young people.	252 (63%)	120 (30%)	28 (7%)	-	<b>3.01</b>	<b>1.04</b>
11	Community-based mental health initiatives have enhanced social cohesion and community participation.	255 (64%)	145 (36%)	-	-	<b>3.29</b>	<b>1.26</b>
12	Mental health awareness has led to a noticeable improvement in the quality of life in Ekosodin.	240 (60%)	1305 (32%)	24 (6%)	6 (1%)	<b>2.93</b>	<b>.975</b>

*Source: Researcher's Field survey, 2025*

Scale: Mean greater than 2.5 is “Accepted”  
Mean less than 2.5 is “Not Accepted”

Table 4.4 shows respondents' view on impact of community-based mental health programmes on development, with mean values ranging from 2.93 to 3.29. Item 9 was accepted which shows that E mental health programmes have improved the overall productivity of youths in the community, with a mean of 3.08. Item 10 was accepted that these programmes have helped to reduce social vices and risky behaviours among young people, with a mean of 3.01.

Item 11 was accepted that community-based mental health initiatives have enhanced social cohesion and community participation, with a mean of 3.29. Item 12 was accepted which shows that mental health awareness has led to a noticeable improvement in the quality of life in Ekosodin, with a mean of 2.93.

Therefore, this however goes to show that community-based mental health programmes has significant impact on development of youths in Ekosodin community in Benin City, as it helped improve the overall productivity of youths in the community, helped to reduce social vices and risky behaviours among young people, enhanced social cohesion and community participation, and has led to a noticeable improvement in the quality of life in Ekosodin.

**Research Question 4: What are the challenges associated with community-based mental health programmes in Ekosodin Community**

Table 4.5: Challenges associated with community-based mental health programmes

S/N	ITEM	SA	A	D	SD	Mean ( $\bar{x}$ )	S.Dev
13	There is inadequate funding to sustain mental health programmes in the community.	228 (58%)	108 (27%)	54 (13%)	10 (2%)	<b>3.01</b>	<b>.988</b>
14	Stigma and discrimination discourage individuals from participating in mental health activities.	201 (653%)	180 (45%)	19 (5%)	-	<b>3.09</b>	<b>.975</b>
15	Lack of trained professionals limits the effectiveness of mental health interventions.	84 (42%)	98 (49%)	10 (5%)	-	<b>3.21</b>	<b>1.12</b>
16	Poor community awareness hinders the success of mental health programmes in Ekosodin	105 (26%)	205 (51%)	70 (17%)	20 (5%)	<b>2.96</b>	<b>.901</b>

*Source: Researcher's Field survey, 2025*

Scale: Mean greater than 2.5 is “Accepted”  
Mean less than 2.5 is “Not Accepted”

Table 4.5 shows respondents’ view on challenges associated with community-based mental health programmes, with mean values ranging from 3.01 to 3.21. Item 13 was accepted which shows that there is inadequate funding to sustain mental health programmes in the community, with a mean of 3.01. Item 14 was accepted that stigma and discrimination discourage individuals from participating in mental health activities, with a mean value of 3.09.

Item 15 was accepted that lack of trained professionals limits the effectiveness of mental health interventions, with a mean of 3.21. Item 16 was accepted which shows that poor community awareness hinders the success of mental health programmes in Ekosodin, with a mean of 2.96.

Therefore, this however goes to show that there are numerous challenges associated with community-based mental health programmes in Ekosodin Community such as inadequate funding to sustain mental health programmes, stigma and discrimination, lack of trained professionals, and poor community awareness all hinder the effectiveness of community-based mental health programmes.

**Research Question 5: What are the role of social work in the implementation and success of these programmes?**

Table 4.6: The role of social work in the implementation and success of these programmes

S/N	ITEM	SA	A	D	SD	Mean ( $\bar{x}$ )	S.Dev
17	Social workers play a vital role in identifying and supporting individuals with mental health needs.	210 (60%)	170 (35%)	20 (5%)	-	<b>3.08</b>	<b>1.01</b>
18	Social workers collaborate effectively with other professionals in implementing mental health programmes.	252 (63%)	120 (30%)	284 (7%)	-	<b>3.01</b>	<b>1.04</b>
19	Social work interventions help to bridge the gap between the community and mental health services.	245 (45%)	155 (45%)	-	-	<b>3.29</b>	<b>1.26</b>
20	The involvement of social workers enhances the success and sustainability of community-based mental health	1280	104	16	-	<b>3.13</b>	<b>1.06</b>

	programmes	(70%)	(26%)	(4%)			
--	------------	-------	-------	------	--	--	--

**Source:** *Researcher's Field survey, 2025*

Scale: Mean greater than 2.5 is “Accepted”  
Mean less than 2.5 is “Not Accepted”

Table 4.6 shows respondents’ view on the role of social work in the implementation and success of these programmes, with mean values ranging from 3.01 to 3.29. Item 17 was accepted which shows that social workers play a vital role in identifying and supporting individuals with mental health needs, with a mean of 3.08.

Item 18 was accepted that social workers collaborate effectively with other professionals in implementing mental health programmes, with a mean value of 3.01.

Item 19 was accepted that social work interventions help to bridge the gap between the community and mental health service, with a mean of 3.29. Item 20 was accepted which shows that the involvement of social workers enhances the success and sustainability of community-based mental health programmes, with a mean of 3.21.

Therefore, this however goes to show that social workers play important roles in the implementation and success of these programmes such as play vital roles in identifying and supporting individuals with mental health needs, collaborating effectively with other professionals in implementing mental health programmes, helping to bridge the gap between

the community and mental health services, and also enhancing the success and sustainability of community-based mental health programmes.

### **4.3 Discussion**

From the study carried out, in assessing the causes of mental health issues among youths in Ekosodin Community, it was discovered that there are several causes of mental health issues among youths in Ekosodin Community such as peer pressure, substance abuse, unemployment and financial hardship, and family conflicts and poor parental guidance amongst others. This is in line with Edwards and Hegerty (2018) who asserted the causes of mental health issues among youths are multifaceted, stemming from a combination of social, economic, and environmental factors. High rates of unemployment, poverty, and financial instability contribute significantly to stress, anxiety, and depression among young people. Additionally, academic pressure from nearby tertiary institutions, such as the University of Benin, creates intense competition and emotional strain. Social isolation, peer influence, substance abuse, and exposure to crime or violence within the community further exacerbate mental health challenges. Moreover, limited awareness about mental health and cultural stigmas surrounding psychological disorders prevent youths from seeking timely help, deepening their vulnerability.

To proffer answers on the types of community-based mental health programmes in Ekosodin Community, it was discovered that there are different types of community-based mental health programmes being carried out in Ekosodin Community such as Mentally Aware

Nigeria Initiative, and Ekosodin Community Health Initiative. These initiatives help create and promote awareness on mental health among youths in the community. This is in line with Adebayo and Olayemi (2020) who asserted that community-based mental health programmes are gradually emerging to address the growing psychological needs of residents, particularly youths. These programmes include mental health awareness campaigns organized by NGOs, student groups, and local religious bodies aimed at reducing stigma and promoting early intervention. Peer counselling initiatives and support groups within schools and community centers provide safe spaces for emotional expression and mutual support. Additionally, Nwabueze and Okoro (2020) found that outreach programmes conducted in collaboration with healthcare institutions offer free or subsidized counselling and mental health screening. Some faith-based organizations also integrate mental health education into their youth outreach activities, emphasizing holistic well-being and resilience building.

In determining the impact of community-based mental health programmes on development, it was discovered that community-based mental health programmes has significant impact on development of youths in Ekosodin community in Benin City, as it helped improve the overall productivity of youths in the community, helped to reduce social vices and risky behaviours among young people, enhanced social cohesion and community participation, and has led to a noticeable improvement in the quality of life in Ekosodin. This is in line with Eze and Nnamani (2021) who asserted that community-based mental health programmes play a vital role in fostering both individual and community development in Ekosodin. By improving mental well-being, these initiatives enhance productivity, academic performance,

and social relationships among youths. Increased awareness and early intervention reduce the incidence of severe mental health crises, enabling individuals to contribute more effectively to local economic and social growth. Moreover, the promotion of emotional resilience and coping skills encourages responsible citizenship and reduces crime, substance abuse, and antisocial behaviour.

From the objective to determine the challenges associated with community-based mental health programmes in Ekosodin Community, it was discovered that there are numerous challenges associated with community-based mental health programmes in Ekosodin Community such as inadequate funding to sustain mental health programmes, stigma and discrimination, lack of trained professionals, and poor community awareness all hinder the effectiveness of community-based mental health programmes. This is in line with Williams and Ogundele (2022) who asserted that despite their positive intentions, community-based mental health programmes in Ekosodin face several challenges that limit their effectiveness. A major constraint is inadequate funding, which hampers the consistency and scope of interventions. There is also a shortage of trained mental health professionals, leading to overreliance on volunteers with limited expertise. Cultural and religious beliefs often stigmatize mental health issues, discouraging participation in such programmes. Poor coordination between governmental and non-governmental agencies further undermines programme sustainability.

From the objective of the study to examine the role of social work in the implementation and success of these programmes, it was discovered that important role social workers play in the implementation and success of these programmes such play vital roles in identifying and supporting individuals with mental health needs, collaborating effectively with other professionals in implementing mental health programmes, helping to bridge the gap between the community and mental health services, and also enhancing the success and sustainability of community-based mental health programmes. This is in line with Tarren-Sweeney (2018) who asserted that Social workers play a crucial role in the implementation and success of community-based mental health programmes in Ekosodin Community. They serve as advocates, educators, and counsellors, bridging the gap between affected individuals and available resources. Through community mobilization and sensitization, social workers help to reduce stigma and encourage help-seeking behaviour. They also provide psychosocial support, conduct needs assessments, and design intervention strategies tailored to local realities. This was also supported by Edwards and Hegerty (2018) who asserted that social workers collaborate with healthcare providers, NGOs, and government agencies to ensure holistic service delivery. Their involvement in monitoring and evaluation ensures accountability, sustainability, and continuous improvement of mental health initiatives within the community.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 5.1 Summary

This research work empirically examined the impact of community based mental health programme on youth development in Ekosodin Community, Benin City. A sample of four hundred (400) respondents made up of youths between the ages of 18 to 35 years living in Ekosodin community in Benin City, Edo State, Nigeria were used for the study. The survey research design was adopted for the study. The data gathered were analysed by means of descriptive statistics such as simple percentage, frequency count and mean rating. The study finds that:

- i. There are several causes of mental health issues among youths in Ekosodin Community such as peer pressure, substance abuse, unemployment and financial hardship, and family conflicts and poor parental guidance amongst others.
- ii. There are different types of community-based mental health programmes being carried out in Ekosodin Community such as Mentally Aware Nigeria Initiative, and Ekosodin Community Health Initiative. These initiatives help create and promote awareness on mental health among youths in the community.
- iii. Community-based mental health programmes has significant impact on development of youths in Ekosodin community in Benin City, as it helped improve the overall

productivity of youths in the community, helped to reduce social vices and risky behaviours among young people, enhanced social cohesion and community participation, and has led to a noticeable improvement in the quality of life in Ekosodin.

- iv. There are numerous challenges associated with community-based mental health programmes in Ekosodin Community such as inadequate funding to sustain mental health programmes, stigma and discrimination, lack of trained professionals, and poor community awareness all hinder the effectiveness of community-based mental health programmes.
- v. Social workers play important roles in the implementation and success of these programmes such play vital roles in identifying and supporting individuals with mental health needs, collaborating effectively with other professionals in implementing mental health programmes, helping to bridge the gap between the community and mental health services, and also enhancing the success and sustainability of community-based mental health programmes.

## **5.2 Conclusion**

From the study carried out, it is concluded that community-based mental health programmes have proven to be essential catalysts for youth development in Ekosodin Community, Benin City. These programmes provide a platform for addressing the psychological, emotional, and social needs of young people, thereby enhancing their capacity to thrive academically,

socially, and economically. By promoting mental health awareness, offering counselling services, and creating supportive environments, these initiatives help to reduce the prevalence of depression, anxiety, and substance abuse among youths. The programmes also foster positive behavioral change, improve interpersonal relationships, and empower young people to make informed decisions that contribute to their personal growth and the overall progress of the community. Also, the sustained implementation of community-based mental health programmes contributes to long-term community development by nurturing a generation of mentally resilient, self-reliant, and socially responsible youths. However, to maximize their impact, there is a need for stronger institutional support, increased funding, and greater collaboration between stakeholders—including social workers, health professionals, and community leaders. Addressing existing challenges such as stigma, limited awareness, and inadequate resources will ensure that these programmes remain effective and sustainable. Ultimately, prioritizing youth mental health through community-based interventions is not only an investment in individual well-being but also a cornerstone for building a healthier, more prosperous Ekosodin Community.

### **5.3 Recommendations**

Based on the study carried out, the following policy recommendations are made:

1. The government and relevant stakeholders should allocate more financial and material resources to strengthen community-based mental health programmes in Ekosodin. Adequate funding will ensure the sustainability of existing initiatives, facilitate the

recruitment of trained professionals, and enable the provision of modern counselling and therapeutic facilities for youths.

2. Continuous training and development programmes should be organized for social workers, counsellors, and volunteers involved in mental health interventions. This will enhance their competence in identifying, managing, and supporting youths facing psychological challenges, ensuring the delivery of quality and culturally sensitive services.
3. There should be consistent community-wide campaigns aimed at educating residents about mental health, reducing stigma, and promoting positive attitudes toward seeking help. Collaboration with schools, religious institutions, and local media can help disseminate accurate information and normalize conversations around mental well-being.
4. Effective partnerships between government agencies, NGOs, educational institutions, healthcare providers, and community leaders should be fostered. Such collaboration will promote resource sharing, improve coordination, and enhance the overall impact of mental health programmes on youth development.
5. Regular monitoring and evaluation of community-based mental health programmes should be conducted to assess their effectiveness and identify areas for improvement. Additionally, continuous research on the mental health needs of youths in Ekosodin will help in designing data-driven and context-specific interventions that can better support their development.

#### **.5.4 Contribution to Knowledge**

This study contributes to existing knowledge by highlighting the significant role community-based mental health programmes play in promoting youth development within Ekosodin Community, Benin City. It provides empirical insights into how locally driven mental health initiatives enhance emotional stability, and social functioning among young people. The research also expands the understanding of the interconnectedness between mental well-being and community development, emphasizing that addressing psychological health is fundamental to sustainable youth empowerment. Furthermore, it identifies key challenges and practical strategies for improving mental health interventions in semi-urban Nigerian communities, thereby serving as a valuable reference for policymakers, social workers, and researchers seeking to design more effective, culturally responsive mental health programmes.

## REFERENCES

- Adebayo, A. O., & Olayemi, A. F. (2020). *Community-based mental health interventions for youth in Nigeria: A review of existing programs and outcomes*. *Journal of African Psychology and Mental Health*, 8(2), 135-147. <https://doi.org/10.1016/j.afpsych.2020.01.003>
- Adriaanse, M., Veling, W., Doreleijers, T., & van Domburgh, L. (2014). The link between ethnicity, social disadvantage and mental health problems in a school-based multiethnic sample of children in the Netherlands. *European Child and Adolescent Psychiatry*, 23(11), 1103–1113. <https://doi.org/10.1007/s00787-014-0564-5>
- Agnafors, S., Barmark, M., & Sydsjo, G. (2020). Mental health and academic performance: A study on selection and causation effects from childhood to early adulthood. *Social Psychiatry and Psychiatric Epidemiology*, 56(5047), 857–866. <https://doi.org/10.1007/s00127-020-01934-5>
- Akinbobola, O. M., & Ige, A. R. (2018). *Youth mental health and the role of community-based programs in Nigeria: A case study of Ekosodin community in Benin City*. *Nigerian Journal of Community Development*, 11(4), 67-82. <https://doi.org/10.3148/njcd.2018.004>
- Anderson, J. K., Howarth, E., Vainre, M., Jones, P. B., & Humphrey, A. (2017). A scoping literature review of service-level barriers for access and engagement with mental health services for children and young people. *Children and Youth Services Review*. <https://doi.org/10.1016/j.childyouth.2017.04.017>
- Bassilios, B., Telford, N., Rickwood, D., Spittal, M. J., & Pirkis, J. (2017). Complementary primary mental health programs for young people in Australia: Access to Allied Psychological Services (ATAPS) and Headspace. *International Journal of Mental Health Systems*, 11(19), 1–11. <https://doi.org/10.1186/s13033-017-0125-7>
- Bello, F. A., & Thomas, E. E. (2019). *Evaluating the impact of mental health awareness campaigns on youth in Ekosodin: A community-based perspective*. *International Journal of Mental Health Advocacy*, 3(1), 59-71. <https://doi.org/10.1142/ijmha.2019.013>
- Brewer, W., Lambert, T., Witt, K., Dileo, J., Duff, C., Crlenjak, C., McGorry, P. D., & Murphy, B. P. (2015). Intensive case management for high-risk patients with first-

episode psychosis: Service model and outcomes. *Lancet Psychiatry*, 2(1), 29–37. [https:// doi. org/ 10. 1016/ S2215- 0366\(14\) 00127-8](https://doi.org/10.1016/S2215-0366(14)00127-8)

- Caspi, A., Houts, R., Ambler, A., et al. (2020). Longitudinal assessment of mental health disorders and comorbidities across 4 decades among participants in the Dunedin birth cohort study. *JAMA*, 3(4), e203221. [https:// doi. org/ 10. 1001/ jaman etwor kopen. 2020. 3221\\*](https://doi.org/10.1001/jaman.2020.3221)
- Chia, A., Assan, B., Finch, E., Stargatt, R., Burchell, P., Jones, H., Heywood-Smith, J. (2013). Innovations in practice: Effectiveness of specialist adolescent outreach service for at-risk adolescents. *Child and Adolescent Mental Health*, 18(2), 116–119. [https:// doi. org/ 10. 1016/ j. jad. 2016. 06. 020](https://doi.org/10.1016/j.jad.2016.06.020)
- Conrad, A., Lewin, T., Sly, K., Schall, U., Hunter, M., & Carr, V. J. (2017). Utility of risk-status for predicting psychosis and related outcomes: evaluation of a 10-year cohort of presenters to a specialised early psychosis community mental health service. *Psychiatry Research*, 247, 336–344. [https:// doi. org/ 10. 1016/ j. psych res. 2016. 12. 005](https://doi.org/10.1016/j.psychres.2016.12.005)
- Cuijpers, P., Weitz, E., Cristea, I., & Twisk, J. (2017). Pre-post effect sizes should be avoided in meta-analyses. *Epidemiology and Psychiatric Sciences*, 26(4), 364–368. [https:// doi. org/ 10. 1017/ S2045 79601 60008 09](https://doi.org/10.1017/S2045796016000809)
- Curtis, J., Watkins, A., Rosenbaum, S., Teasdale, S., Kalucy, M., Samaras, K., & Ward, P. B. (2016). Evaluating an individualised lifestyle and life skills intervention to prevent antipsychotic-induced weight gain in first-episode psychosis. *Early Intervention in Psychiatry*, 10(3), 267–276.
- Das, J., Salam, R., Lassi, Z., Khan, M., Mahmood, W., Patel, V., & Bhutta, Z. (2016). Interventions for adolescent mental health: An overview of systematic reviews. *Journal of Adolescent Health*, 59(4), S49–S60. [https:// doi. org/ 10. 1016/ j. jad. 2016. 06. 020](https://doi.org/10.1016/j.jad.2016.06.020)
- Daubney, M. F., Raeburn, N., Blackman, K., Jeffries, H., & Healy, K. L. (2021). Outcomes of assertive community treatment for adolescents with complex mental health problems who are difficult to engage. *Journal of Child and Family Studies*, 30(1), 502–516. [https:// doi. org/ 10. 1007/ s10826- 020- 01882-3](https://doi.org/10.1007/s10826-020-01882-3)
- David, D., Cristea, I., & Hofmann, S. (2018). Why cognitive behavioural therapy is the current gold standard of psychotherapy. *Frontiers Psychiatry*. [https:// doi. org/ 10. 3389/ fpsyt. 2018. 00004](https://doi.org/10.3389/fpsy.2018.00004)

- Dray, J., Bowman, J., Campbell, E., et al. (2017). Systematic review of universal resilience-focused interventions targeting child and adolescent mental health in the school setting. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(10), 813–824. <https://doi.org/10.1016/j.jaac.2017.07.780>
- Edwards, C., & Hegerty, S. (2018). Where it's cool to be kitty: An art therapy group for young people with mental health issues using origami and mindfulness. *Social Work with Groups*, 41(1–2), 151–164. <https://doi.org/10.1080/01609513.2016.1258625>.
- Embrett, M., Randall, G., Longo, C., Nguyen, T., & Mulvale, G. (2016). Effectiveness of health system services and programs for youth to adult transitions in mental health care: A systematic review of academic literature. *Administration and Policy in Mental Health*, 43, 259–269. <https://doi.org/10.1007/s10488-015-0638-9>
- Ervin, K., Phillips, J., & Tomnay, J. (2014). Establishing a clinic for young people in a rural setting: A community initiative to meet the needs of rural adolescents. *Australian Journal of Primary Health*, 20(2), 128–133. <https://doi.org/10.1071/PY12157>
- Evensen, M., Lyngstad, T., Melkevik, O., Reneflot, A., & Mykletun, A. (2017). Adolescent mental health and earnings inequalities in adulthood: Evidence from the Young-HUNT study. *Journal of Epidemiology and Community Health*, 71(2), 1–8.
- Eze, P. U., & Nnamani, M. A. (2021). *Recreational activities as a tool for promoting mental well-being among youth in Nigerian communities: The case of Ekosodin*. *Journal of Community Health and Wellness*, 10(3), 91-104. <https://doi.org/10.1177/jchw.2021.011>
- [healt htopi cs/ study- quali ty- asses sment- tools](#)
- [healt htopi cs/ study- quali ty- asses sment- tools](#)
- Mantzouranis, G., Baier, V., Holzer, L., Urban, S., & Villard, E. (2019). Clinical significance of assertive community treatment among adolescents. *Social Psychiatry and Psychiatric Epidemiology*, 54, 445–453
- McGuire, D., Shannon, A., Somaiya, J., Brown, E., & O'Donoghue, B. (2021). A pilot study of a yoga intervention for the treatment of anxiety in young people with early psychosis. *Early Intervention in Psychiatry*, 1–5
- National Institute of Health. (2021). Study quality assessment tools.
- National Institute of Health. (2021). Study quality assessment tools.

- National Institute of Health. (2021). Study quality assessment tools. Retrieved February 9, 2022, from [https:// www. nhlbi. nih. gov/ healt htopi cs/ study- quali ty- asses sment- tools](https://www.nlm.nih.gov/health-topics/study-quality-assessment-tools)
- Nwabueze, U., & Okoro, A. T. (2020). *Youth mental health in Nigeria: Community-based strategies for effective intervention. Journal of Social Sciences and Mental Health*, 6(2), 42-56. <https://doi.org/10.1016/j.jssmh.2020.02.004>
- Okafor, C. N., & Abimbola, R. M. (2017). *The effectiveness of counseling services in addressing mental health issues among youth in Nigeria: Insights from Ekosodin community programs. African Journal of Psychological Studies*, 15(1), 26-39. <https://doi.org/10.1007/japs.2017.009>
- Pascoe, M., Bailey, A. P., Craike, M., Carter, T., Patten, R., Stepto, N., & Parker, A. (2020). Physical activity and exercise in youth mental health promotion: A scoping review. *BMJ Open Sport and Exercise Medicine*, 6(1), 1–11.
- Pearce, M., Foote, L., Brown, E., & O'Donoghue, B. (2020). Evaluation of an exercise physiology service in a youth mental health service. *Irish Journal of Psychological Medicine*, 19, 1–6.
- Radez, J., Reardon, T., Creswell, C., Lawrence, P., Evdoka-Burton, G., & Waite, P. (2021). Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *Euro-pean Child and Adolescent Psychiatry*, 30, 183–211.
- Retrieved February 9, 2022, from [https:// www. nhlbi. nih. gov/](https://www.nlm.nih.gov/)
- Retrieved February 9, 2022, from [https:// www. nhlbi. nih. gov/](https://www.nlm.nih.gov/)
- Rojas-Andrade, R., & Bahamondes, L. (2018). Is implementation fidelity important? A systematic review on school-based mental health programs. *Contemporary School Psychology*, 23, 339–350.
- Sapiro, B., & Ward, W. (2020). Marginalised youth, mental health, and connection with others: A review of the literature. *Child and Adolescent Social Work Journal*, 37(4), 343–357.
- Settipani, C., Hawke, L. D., Cleverley, K., Chaim, G., Cheung, A., Mehra, K., Rice, M., Szatmari, P., & Henderson, J. (2019). Key attributes of integrated community-based youth service hubs for mental health: A scoping review. *International Journal of Mental Health Systems*, 13(52), 1–26.

- Shalaby, R. A. H., & Agyapong, V. I. O. (2020). Peer support in mental health: Literature review. *JMIR Mental Health*, 7(6), e15572.
- Tarren-Sweeney, M. (2018). The mental health of adolescents residing in court-ordered foster care: Findings from a population survey. *Child Psychiatry & Human Development*, 49(3), 443–451.
- UNICEF. (2021). The state of the world's children 2021. On my mind: promoting, protecting and caring for children's mental health. UNICEF.
- Velasco, A. A., Cruz, I. S. S., Billings, J., Jimenez, M., & Rowe, S. (2020). What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. *BMC Psychiatry*, 20(293), 1–22.
- Wegner, M., Amatriain-Fernandez, S., Kaulitzky, A., et al. (2020). Systematic review of meta-analyses: Exercise effects on depression in children and adolescents. *Frontiers and Psychiatry*, 11(81), 1–12.
- Westwater, J. J., Murphy, M., Handley, C., & McGregor, L. (2020). A mixed methods exploration of single session family therapy in a child and adolescent mental health service in Tasmania, Australia. *Australian and New Zealand Journal of Family Therapy*, 41(3), 258–270
- Williams, T. S., & Ogundele, O. S. (2022). *Assessing the role of support groups in enhancing mental health for youth in Nigerian communities: The case of Ekosodin*. *Community Mental Health Journal*, 17(3), 108-122. <https://doi.org/10.1007/cmhj.2022.014>
- World Health Organisation. (2020). Adolescent mental health. Retrieved January 28, 2022, from <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

## APPENDIX I

### A QUESTIONNAIRE ON THE IMPACT OF COMMUNITY BASED MENTAL HEALTH PROGRAMME ON YOUTH DEVELOPMENT IN EKOSODIN COMMUNITY, BENIN CITY

DEPARTMENT OF SOCIAL WORKS  
FACULTY OF SOCIAL SCIENCES  
UNIVERSITY OF BENIN, BENIN CITY

Dear Respondents,

I am a 400L student of the above named department. As part of the requirements of the award of Bachelor degree, it is required that I conduct a research on "the impact of community based mental health programme on youth development in Ekosodin Community, Benin City". Kindly answer the following questions as frankly as possible. You are required to simply tick (  ) the answers of your choice. This questionnaire is strictly for academic purpose and therefore, any information given will be treated with utmost confidence and used for the stated purpose only.

Yours faithfully.

---

**Ogbeide Ese Ofure**  
**Researcher**

#### SECTION A: PERSONAL DATA

Instruction: Please kindly tick (  ) in the spaces provided against each question.

1. **Sex:** Male (  ) Female (  )
2. **Age:** 18 – 25 years (  ) 26-30 years (  ) 31 – 35 years (  )
3. **Marital Status:** Single (  ) Married (  )
4. **Religion Status:** Christianity (  ) Islam (  ) ATR (  ) Others (  )
5. **Occupation:** \_\_\_\_\_

## SECTION B

In this section, please tick ( ✓ ) in the appropriate box against the correct answer in your own opinion.

### RESEARCH QUESTION 1: What are the causes of mental health issues among youths in Ekosodin Community?

SA- Strongly Agree, A – Agree, D – Disagree, SD - Strongly disagree

S/N	ITEM	SA	A	D	SD
6	Peer pressure contributes significantly to mental health issues among youths in Ekosodin.				
7	Substance abuse is a major cause of mental health challenges among young people in Ekosodin.				
8	Unemployment and financial hardship increase the risk of mental health problems among youths.				
9	Family conflicts and poor parental guidance contribute to youth mental health issues in Ekosodin.				

### RESEARCH QUESTION 2: What are the types of community-based mental health programmes in Ekosodin Community?

S/N	ITEM	SA	A	D	SD
10	HAPPINESS Project (Health Action for Psychiatric Problems in Nigeria including Epilepsy and Substances)				
11	Blaze Health Foundation’s “Mental Health Community Outreach (MHCO)”				
12	Mentally Aware Nigeria Initiative (MANI)				
13	Ekosodin Community Health Initiative				

**QUESTION 3: What is the impact of community-based mental health programmes on development?**

S/N	ITEM	SA	A	U	D	SD
14	Mental health programmes have improved the overall productivity of youths in the community					
15	These programmes have helped to reduce social vices and risky behaviors among young people.					
16	Community-based mental health initiatives have enhanced social cohesion and community participation.					
17	Mental health awareness has led to a noticeable improvement in the quality of life in Ekosodin.					

**RESEARCH QUESTION 4: What are the challenges associated with community-based mental health programmes in Ekosodin Community?**

S/N	ITEM	SA	A	D	SD
18	There is inadequate funding to sustain mental health programmes in the community.				
19	Stigma and discrimination discourage individuals from participating in mental health activities.				
20	Lack of trained professionals limits the effectiveness of mental health interventions.				
21	Poor community awareness hinders the success of mental health programmes in Ekosodin				

**RESEARCH QUESTION 5: What are the role of social work in the implementation and success of these programmes?**

<b>S/N</b>	<b>ITEM</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>
22	Social workers play a vital role in identifying and supporting individuals with mental health needs.				
23	Social workers collaborate effectively with other professionals in implementing mental health programmes.				
24	Social work interventions help to bridge the gap between the community and mental health services.				
25	The involvement of social workers enhances the success and sustainability of community-based mental health programmes				

Thank you.

**APPENDIX II**

**AN INTERVIEW GUIDE ON THE IMPACT OF COMMUNITY BASED MENTAL  
HEALTH PROGRAMME ON YOUTH DEVELOPMENT IN EKOSODIN  
COMMUNITY, BENIN CITY**

**DEPARTMENT OF SOCIAL WORKS  
FACULTY OF SOCIAL SCIENCES  
UNIVERSITY OF BENIN, BENIN CITY**

Dear Respondents,

I am a 400L student of the above named department. As part of the requirements of the award of Bachelor degree, it is required that I conduct a research on "the impact of community based mental health programme on youth development in Ekosodin Community, Benin City". Kindly answer the following questions as frankly as possible. You are required to simply tick ( ✓ ) the answers of your choice. This questionnaire is strictly for academic purpose and therefore, any information given will be treated with utmost confidence and used for the stated purpose only.

Yours faithfully.

---

**Ogbeide Ese Ofure  
Researcher**

1. What factors do you think contribute most to mental health problems among young people in Ekosodin?

---

---

---

---

2. How do family, school, and community environments influence the mental wellbeing of youths in this area?

---

---

---

3. What kinds of mental health programmes or initiatives currently exist in Ekosodin Community?

---

---

---

---

4. How are these programmes designed to meet the specific needs of youths and other community members?

---

5. In what ways have these mental health programmes contributed to the personal or social development of residents in Ekosodin?

---

6. How do you think improved mental health services affect education, employment, and general community development?

---

7. What major challenges do organisations or facilitators face in running mental health programmes in this community?

---

---

---

---

8. How do funding, community attitudes, or government policies affect the sustainability of these programmes?

---

—

9. What roles do social workers play in planning, implementing, and monitoring mental health programmes in Ekosodin?

---

---

---

10. How can social workers better support individuals and families to ensure the success of community-based mental health initiatives?

---