AWARENESS CREATION OF MENTAL HEALTH IN THE SOCIETY BY SOCIAL WORKERS IN OKABERE COMMUNITY IN IKPOBA OKHA LGA OF BENIN CITY EDO STATE

BY

EKPIGUN Christabel Oghenechavwuko

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DEPARTMENT OF SOCIAL WORK ,

FACULTY OF SOCIAL SCIENCES,

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BENIN CITY.

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A PROJECT SUBMITTED TO THE DEPARTMENT OF SOCIAL WORK, FACULTY OF SOCIAL SCIENCES, IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF BACHELOR OF SCIENCE, B.SC. DEGREE IN SOCIAL WORK, UNIVERSITY OF BENIN, BENIN CITY, EDO STATE, NIGERIA.

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CERTIFICATION

We the undersigned hereby certify that **EKPIGUN Christabel Oghenechavwuko** with matriculation number SSC1814084 carried out this work, in the Department of Social Work, Faculty of Social Sciences, University of Benin, Benin City Edo State. We approve same as adequate in scope and quality for the award of Bachelor of Science Degree (B.Sc.) in Social Work.

Dr. (Mrs.) J. E. Isenmila
(Project Supervisor) **Date**

Prof. Sumaina Yusuf
(Head of Department) **Date**

DEDICATION

I dedicate this project to God Almighty, who has been my source of inspiration and knowledge from the beginning to this point. I am grateful for his unwavering grace and guidance that sustained me throughout this academic pursuit to complete my Bachelor of Science Degree (B.SC,) programme. I also dedicate it to my parents and loved ones, whose encouragement, sacrifices, and unwavering belief in me made this journey possible. Thank you for standing by me every step of the way.

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ABSTRACT

The study investigated awareness creation of mental health in the society by social workers in Okabere Community in Ikpoba Okha LGA of Benin City Edo state, Nigeria. The objective of this study was to investigate and highlight the level of awareness creation of mental health by Social Workers. Five research questions were asked to achieve the objective of the study. The sample size was 301 participants chosen from the study population using the Proportionate Stratified Random Sampling, the research instrument utilized was the questionnaire. Conclusion drawn from the analysis of the data retrieved from the questionnaire indicates that Due to the negative impact of social media on student's life, such as ineffective studies, poor academic performance and the general mental health status, putting effective measures in place is pertinent to their academic success and general life.

This was done by identifying the major ways social workers couldcreate awareness of mental health and finding the appropriate remedy, based on the analysis made, this thesis , It was discovered that, there is a big relationship between mental health awareness and mental health balance in Okabere community as 59.1% of the respondents strongly agreed to the question ,. It is therefore recommended that recommended that social auxiliary workers assist the social workers in the provision of mental health services. This is because the high caseloads that each social worker is typically burdened with is a precursor to mental fatigue and consequent decline in effectiveness

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

It is no news that mental health challenges and illnesses are on the rise in present times. The socioeconomic and political climate and other bio psychosocial factors have been implicated as factors contributing to the fast-rising burden of mental health in Nigeria (Farayola and Uwizeyimana, 2021). While other parts of the world are catching on to this realisation and making an effort to match the demand for mental health care with the supply of caregivers and professionals, Africa and Nigeria in particular still have a long way to go. From trained psychiatrists and psychologists to paramedics and other personalities in mental health, there is a dire need to draw people into the field of mental health and psychiatry.

Mental health is thus, a growing area of concern worldwide with the number of people with mental health problems increasing rapidly. This rapid rise is undeniable and continues to cause immense difficulties for individuals, households and communities across the world (World Health Organisation [WHO, 2019). Globaly, mental health is defined by the World Health Organization as a state of mental well-being that allows individuals to cope with life's stresses, realize their abilities, learn and work productively, and contribute to their community. Nigeria is no exception in experiencing a high prevalence of people living with mental health

problems. It is estimated that one in six people has to deal with anxiety, depression and substance abuse as the most common problems, excluding people with schizophrenia and bipolar disorder (South Africa College of Applied Psychology, 2019). People with mental health illnesses have numerous bio-psychosocial needs and meeting these needs depends to a great extent on social workers, especially mental health social workers (Olckers, 2013). Social work is undoubtably one of the largest service provision groups within the broader field of mental health and is globally recognised as one of the five core professional groups making a significant contribution to the advancement of mental health awareness (Bila, 2019; Cox, Tice & Long, 2019).

It is worth to mention that human beings are social creatures. We need the companionship of others to thrive in life, and the strength of our connections has a huge impact on our mental health and happiness. Being socially connected to others can ease stress, anxiety, and depression, boost self-worth, provide comfort and joy, prevent loneliness, and even add years to your life. On the flip side, lacking strong social connections can pose a serious risk to your mental health (Kumekpor, 2022). As the body of an individual is nourished by the intake of necessary mineral elements obtained through nutrition, likewise the human mind is nurtured by the availability of nutrition for thought, this virtual life is isolating humans from other fellow beings thereby affecting them (mental & physical) and overall balance (Griffiths, M. D, 2018).

There is little evidence about mental health knowledge and service delivery in Nigeria. In addition, there is currently no nationally implemented legislation for mental health services in Nigeria (World Health Organisation, 2016). Mental health is a public health challenge with significant institutional neglect and widespread stigma in Nigeria. It has been reported that one in seven people in Nigeria will experience a serious mental disorder and one in four a common mental health disorder (Gureje, Olley, Olusola & Kola, 2006). Mental disorders are increasing due to the stresses of daily living, unemployment, and poverty especially for a country like Nigeria. (Sahithya & Reddy, 2018). There is a dearth of secondary review studies exploring the perceptions, beliefs, and knowledge about mental health and mental health issues in Nigeria. The Nigerian media acts as a major route by which essential information such as mental health literacy is conveyed.

Mental ill-health thus, refers to mental health problems, symptoms and disorders including mental health strain and symptoms related to permanent and temporary stress. Mental health is crucial to the overall well beings of individuals and societies. Relative poverty, low education and inequality in the country associated with an increased risk of mental health problems. Mental, neurological and substance use disorders are also linked with many mental disorders related problems (WHO, 2004).

According to WHO, mental and neurological disorders account for 13% of the total Disability Adjusted Life Years(DALYs) lost due to all diseases and injuries in

the world. By the year 2020 neuropsychiatric conditions will account for 15% of disability worldwide, with unipolar depression alone accounting for 5.7% of DALYs. Thus, there is a need for prevention and promotion of mental health awareness at the level of policy, legislation and resources allocation. Over half centuries World Health Organization (WHO, 2004) defines Health as "a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity." Besides, Mental health defined as a state of well-being in which the individual understands his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2004).

The social work profession promotes social change, problem solving in human relationships and the empowerments and liberation of people to enhance wellbeing utilizing theories of human behavior and social systems. Social work intervene at the points where people interact with their environment principles of human rights and justice are fundamental to social work (IFSW ,2001). This skilled activity shows how social work skills and interventions can be used in practice to promote mental health awareness and helps bring about positive outcomes from human being (IFSW, 2011).

1.2 Statement of the Research problem

In providing mental health awareness, social workers are confronted with several challenges including highly contested workplaces, inadequate mental health

facilities, workload, safety issues and burnout. However, little is known about these experiences, since few studies have been conducted to investigate them (Abbas, 2019). In reviewing the literature, the researchers noted that previous studies on the role of social work in mental health awareness did not directly investigate the perceptions of social workers on their experiences and involvement in the provision of mental health awareness (Hong, 2012). They focused rather on the role of social workers in providing mental health support or other aspects such as the lived experiences of patients with mental health problems. For example, South African studies conducted by Olckers (2013) and Ornellas (2022) both outline the context of mental health social work. However, their main focus was on the role, and not the experiences, of social workers in providing mental health services.

Similarly, Conway's (2016) research explored the experiences of mental health social workers, but her specific focus was on their state of well-being and support, not on their overall experiences as in the present study. There is also a lack of literature on social work in the mental health sector within the Nigerian context (Ornellas, 2022). Therefore, there is a gap in the literature on studies pertaining to the overall experiences of social work professionals in providing mental health awareness within the Nigeria context. This study thus sought to address this gap by examining awareness creation of mental health in the society by social workers in okabere community in Ikpoba Okha LGA of Benin City Edo State.

1.3 Aim and Objectives of the study

The aim of this study is to examine the role of social workers in creating awareness of mental health issues in Okabere Community, Ikpoba Okha Local Government Area, Edo State. The specific objectives are to:

1. assess the level of awareness and understanding of mental health issues among residents of Okabere Community.
2. examine the roles played by social workers in promoting mental health awareness in Okabere Community.
3. identify the methods and strategies used by social workers in creating mental health awareness among community members.
4. investigate the challenges faced by social workers in conducting mental health awareness campaigns in Okabere Community.
5. The role of Social work in creating awareness of mental health in Okabere community Ikpoba Okha Local Government

1.4 Research questions

In light of the above, the research questions are:

1. What is the level of awareness and understanding of mental health issues among residents of Okabere Community.

2. What is the roles played by social workers in promoting mental health awareness in Okabere Community.
3. What are the methods and strategies used by social workers in creating mental health awareness among community members.
4. What are the challenges faced by social workers in conducting mental health awareness campaigns in Okabere Community.
5. What is the role of Social work in creating awareness of mental health in Okabere community Ikpoba Okha Local Government

1.5 Significance of the study

In addition, this study has the importance of contributing to the body of knowledge regarding the major roles and challenges of social workers in creating mental health awareness.

In addition, the professionals along with social workers offices will use this document as an opportunity to grasp helpful recommendations and improve the services they provide to mental health illness in the rehabilitation hospitals. The direct beneficiaries of this study will be the clients with mental disorders/illness who are getting services in the rehab center and the family.

Due to the improvements on the social work service provision in the rehabilitation centers, the patients will be the primary beneficiaries. The secondary stakeholders and beneficiaries were rehabilitation hospitals and the rehab centers from

the direct services of social workers. Moreover, this study can serve as a reference for future studies that are going to be conducted on this specific area of study.

Finally, this study can be awakening to the Federal Ministry of Health (FMoH) to consider the involvements and contributions of social workers in the mental health illness awareness creation in Nigeria.

1.6. Scope of the Study

This study focuses on the awareness creation of mental health in society by social workers in Okabere Community, Ikpoba Okha Local Government Area, Edo State, covering the period from 2020 to 2025. The study examines the extent to which social workers have contributed to increasing public awareness and understanding of mental health issues among residents of the community during the specified period. It investigates the various awareness creation strategies employed by social workers, including community sensitization programmes, seminars, workshops, counseling services, advocacy campaigns, school outreach activities, and the use of traditional and social media platforms. The study further assesses the level of mental health awareness among community members, their attitudes toward individuals experiencing mental health challenges, and the effectiveness of social workers' interventions in reducing stigma and misconceptions associated with mental illness.

1.7. Operational Definition of Terms

Mental illness:- it refers to the disturbance of mood or thought that can affect behavior and distress the person. So, the person has trouble functioning normally. They include anxiety, disorder, depression and schizophrenia (National Mental Health Commission, 2012).

Health care setting/ Hospital- A place where medical services for the ill are provided

Social work roles- activities or roles done in the mental health rehabilitation hospitals/center by social workers assigned in hospital

Rehabilitation:- is a set of targeted intervention that is intended to prevent further complication or reduced disability that is associated with mental health problems (NASW, 1999). The study tried to assess the impatient services such as counseling, recreational services and medical treatment, Etc.

Challenges**:** it refers to different situations that social workers have been faced in the rehabilitation centers while they are working for mental health illness clients in their rehabilitation center.

CHAPTER TWO

LITERATURE REVIEW

2.1 Conceptual clarification

The concept of mental health, given its polysemic nature and its imprecise borders, benefits from a historical perspective to be better understood. What today is broadly understood by "mental health" can have its origins tracked back to developments in public health, in clinical psychiatry and in other branches of knowledge. Although references to mental health as a state can be found in the English language well before the 20th century, technical references to mental health as a field or discipline are not found before 1946. During that year, the International Health Conference, held in New York, decided to establish

the World Health Organization (WHO) and a Mental Health Association was founded in London. Before that date, found are references to the corresponding concept of "mental hygiene", which first appeared in the English literature in 1843, in a book entitled *Mental hygiene or an examination of the intellect and passions designed to illustrate their influence on health and duration of life* (1).

Moreover, in 1849, "healthy *mental* and physical development of the citizen" had already been included as the first objective of public health in a draft law submitted to the Berlin Society of Physicians and Surgeons. In 1948, the WHO was created and in the same year the first International Congress on Mental Health took

place in London. At the second session of the WHO's Expert Committee on Mental Health (September 11-16, 1950), "mental health" and "mental hygiene" were defined as follows "Mental hygiene refers to all the activities and techniques which encourage and maintain mental health. Mental health is a condition, subject to fluctuations due to biological and social factors, which enables the individual to achieve a satisfactory synthesis of his own potentially conflicting, instinctive drives; to form and maintain harmonious relations with others; and to participate in constructive changes in his social and physical environment." However, a clear and widely accepted definition of mental health as a discipline was (and is) still missing.

2.2.2 Social work in Mental Health

The evolution of social work in mental health over the years led to its being identified as among the five core professional groups in this field worldwide (Francis & Tinning, 2013; Morris & Lezak, 2010). Social workers are currently recognised and appreciated for the significant contribution they make to the field of mental health worldwide (Cox *et al.,* 2019). Moreover, there is a growing demand for these professionals within the mental health disciplines (Nejkar, 2017). This rising demand was noted by Heller and Gitterman (2010), who used a survey conducted by the National Association of Social Workers in 2006 as an example. The results of the survey indicated that 37% of American social workers worked in mental health, which is more than in any other discipline. Cox *et al.* (2019) concur that there has been a rapid increase in mental health social workers within the global context.

Globally, social work in mental health is divided into the public and private sectors. Its practice starts with the individual and extends to the family, social networks and broader community (Francis & Tinning, 2022; Olckers, 2013). Social work in mental health within the global context is concerned with the social context and the social consequences of mental illness as experienced by individuals, who are shaped by their social environment (Bland, Renouf & Tullgren, 2015; Francis & Tinning, 2022). The study of context mainly entails looking at the impact of mental health problems on the individual, family and personal relationships as well as the broader community; it works towards making all human services accessible and responsive to the various needs of mental healthcare service users, their families and other carers (Bland *et al.,* 2015). The Australian Association of Social Workers (2015) emphasises that this ability of social workers to maintain a dual focus on both the individual and family domains is what distinguishes their contribution and practice from that of other mental health professionals within the broader mental health field.

Overall, the researchers detect that mental health services have undergone significant transformation globally in relation to structure, services and approaches to service delivery (Bila, 2019). This suggests the need for a comparative analysis of how social work interventions in the South African context differ from those in the global context.

2.3 Social work in Mental Health in Nigeria

The social work profession is recognised as one of the primary providers of mental health services in this country (Engelbrecht & Ornellas, 2019). Olckers (2023) found that many social workers within the South African context deal with a client load that includes individuals with a range of mental health problems. Olckers (2023) notes that many questions and controversial issues arise when this profession is examined within the Nigeria mental health context, such as: Are social workers adequately trained to intervene diagnostically? Is there any need for a social worker to know or use a diagnostic model? Are social workers recognised as mental health team members? What is the scope of practice for social workers in the mental health discipline? What were some of the previous debates on Nigeria social work practice within the mental health field? Social workers also lack a formally recognised scope of practice, despite being recognised in the Nigeria Mental Health Care Act (Republic of South Africa 2002, section 1: xvii) as mental healthcare practitioners (Olckers, 2013). In the same vein, Ashkroft, Kourgiantakis and Brown (2017) note that little is known about the scope of social work in the provision of mental health services. Aviram (2002) concurs that there is a lack of consensus among social workers and other professional groups regarding their role in the mental health field. Gajendragad *et al.* (2016) acknowledge this role confusion and attribute it mainly to the common roles performed by social workers and other disciplines within the mental health field. Francis and Tinning (2022) agree that there is much debate about

what social workers do in the mental health field globally, but their significant contribution to mental health practice is undeniable.

Engelbrecht and Ornellas (2022) emphasise that, overall, the effects of policy changes in mental health over the past two decades in South Africa adversely have affected many social workers operating in a mental health context and that mental health social workers are vulnerable. Faydi *et al*. (2011)), reflecting on mental health services in South Africa, identified a significant gap between mental health needs and the availability of quality services to address these needs appropriately.

After an intensive literature review, the researchers noted many studies on mental health social workers in South Africa have not yet succeeded in exploring and describing the experiences of social workers themselves in providing mental health services. Social workers form a vital part of the provision of mental health services. While their roles and competencies seem to be understood, their experiences are not well understood nor fully known. Nevertheless, a few formal studies have been conducted specifically on the subject (Allen, 2022).

2.4 Role of social workers in mental health

Individuals struggling with ongoing mental health problems experience various challenges daily in all spheres of their functioning globally (Bila, 2019). These individuals also meet the major criteria for being classified as vulnerable and comprise a considerable proportion of Nigeria society (Simpson & Chipps, 2012). Social workers working in the field of mental health therefore have an obligation to

protect, respect and fulfil the rights of mental health care service users to ensure that they are not stigmatised and discriminated against, but are free to exercise their fundamental human rights (WHO, 2010). In accordance with their profession's mission, social workers as providers of mental health services help with the restoration of the optimal levels of functioning in various domains of life for those affected by mental health problems (Francis & Tinning, 2022). To achieve this, social workers provide various services including educating families and individuals about diagnosis and treatment options for mental health patients (Conway, 2016; Nejkar, 2017; Olckers, 2013). Other professional services rendered by social workers in mental health include counselling, advocacy, coordination of resources, case management, substance abuse treatment, supervision and programme management (Gajendragad *et al.,* 2016).

Social workers also attend to the experienced impacts of mental health problems as well as to the social issues influencing the problems (Heller & Gitterman, 2010). These services are an or end discrimination and inequality, and protect vulnerable people from harm (Allen, 2022).

2.5 The Roles of Social Work in Mental Health Care System

Social worker can play a great role in understanding the patient social and environmental aspects, this is clear to any physician in hospital. At the early stages of 20th century social worker expected to provide social and psychological treatment for patients. On the other side, the physicians and other medical practitioners think of

social workers as a link between the hospital and patients‟ community and social environment (Beder, J. 2006).

Social workers practiced in hospital setting within the framework of person-in-environment aiming to support patients get better and bring change in the community. Besides, the tasks of social workers was to help patients with chronic disease management, mental health issues, alcohol abuse and drug, terminal conditions, physical disabilities, and accessing extended care services (Baksa, 2005). The provision of concrete resources, counseling services and patient advocacy reflect principal categories of activities historically carried out by hospital social workers (Judd and Sheffield, 2010).

Social workers are highly trained professionals working to improve the quality of life and well-being of others through direct practice, crisis intervention, research, community organizing, policy change, advocacy, and educational programs. Social workers are dedicated to the pursuit of social justice and strive to help those affected by poverty, disabilities, illnesses, divorce, unemployment, and other personal problems and social disadvantages (Baksa, A. 2005).

Being a social worker requires extensive knowledge of human behavior and development, as well as social, cultural, and economic institutions and the ways in which they interact. Most social workers will hold at least a bachelor‟s degree in social work or related field, though many (especially clinicians) will hold a master‟s degree and valid license to practice. A good social worker will often possess a high

degree of compassion and empathy, a passion for helping others, strong interpersonal and problem-solving skills, and good listening and organizational skills (Davidson, K.1990)

2.6. Standards for Social Work Practice in Health Care Setting

The practice of social work in health care setting was guided by various standards. According to the Australian Association of Social workers (2013), the purpose of practice standards is to outline what is required for effective, professional and accountable social work practice in all social work contexts (AASW, 2013,). The researcher didn‟t come across any standards without the NASW standards of social worker in health care setting. Therefore, the researcher tried to assess the roles of social workers in health care setting in line with the more recent standards of social work practice in health care setting which was developed in 2022, it is briefly reviewed. From the standard, the specific goals of the NASW (2022) standards for social work practice in health care setting are pointed out as follows;

i Ensure that social work practice in health care settings is guided by the NASW Code of Ethics

ii Ensure that the highest quality of social work and client- and family-centered services are provided to clients and families in health care settings.

iii Advocate for clients‟ rights to self-determination, confidentiality, access to supportive services and resources, and appropriate inclusion in medical decision making that affects their well-being

iv Encourage social work participation in the development, refinement, and integration of best practices in health care and health care social work

v Promote social work participation in system wide quality improvement and research efforts within health care organizations

vi Provide a basis for the development of continuing education materials and programs related to social work in health care settings

vii Encourage social workers in health care settings to participate in the development and refinement of public policy at the local, state, and federal levels to support the wellbeing of clients, families and communities served by the rapidly evolving U.S. health care system

viii Inform policymakers, employers, and the public about the essential role of social workers across the health care continuum (NASW, 2022).

In short, the standards of social worker in health care setting consisted of thirteen major standards. These are listed as follows:-

i) Ethics and Values

ii) ii) Qualification

iii) iii) knowledge

iv) iv) cultural and linguistic competence

v) V) screening Assessment vi) Intervention vii) advocacy viii)

Interdisciplinary and Inter-Organizational Collaboration ix) Practice Evaluation and Quality Improvement x) Record Keeping and Confidentiality xi) Workload Sustainability xii) Professional Development xiii) Supervision and Leadership (NASW, 2022). The above mentioned list were explained in the NASW, 2022 documents the main tools for social workers in health care setting.

2.6. Historical Perspective of the Development of Mental Health Services in the world

Understanding the history of the current problems of mental illness gave an insight for the trend in care and treatment mental health illness. It also makes clear the wide variation in the way services have evolved in developed and developing countries (WHO, 2003). The turning point for the historical development of mental health rehabilitation center was started in the twentieth century. As to the report of WHO (2003) after the World War Second the human right movement expanded and focused attention on gross violation of basic human rights, including violation against people with mental disorder. Unfortunately, in many developed countries deinstitutionalization was not accompanied by the development of appropriate community service. In these countries, when colonial powers or the state built the

hospital for mental health in early 20th century began the services of mental health services. In general, in developing countries mental health hospital was less in population coverage than in developed states. Some developing countries have been able to upgrade their basic psychiatric hospital services and establish new psychiatric units in district general hospitals (Gehlert, 2016).

The 21st century gives an insight for the change of mental hospital and advances in the social sciences have given new insights in to the social origins of mental disorder such as depression and anxiety. According to various Researches report that has been demonstrated the effectiveness of psychological and psychosocial interventions in hastening and sustaining recovery from common mental disorders. It is from simple depression and anxiety and to the chronic conditions such as schizophrenia (WHO, 2003).

In 1918, the establishment of American Association of Hospital Social workers paved the way for the professionalization of the field of social work in health care. The association had two main purposes; to foster and coordinate the training of social workers in hospitals and to enhance communication between schools of social work and practitioners (Gehlert, 2006). In 1955, merging with six other social work organizations; American Association of Social workers (AASW), National Association of School Social workers (NASSW), American Association of Psychiatric Social Workers (AAPSW), American Association of Group Workers (AAGW), Association for the Study of Community Organization (ASCO), and Social

work Research Group (SWRG), the National Association of Social workers (NASW) was established (Jhansan,a.d 2007)

Nigeria's Health System and Mental Health Services

Nigeria being the most populous country in Africa has achieved remarkable progress in the health sector with giant successes to meet the challenges of Ebola virus, COVID-19 and other epidemics through strengthened leadership, policies and legislation. The country's health care system is composed of three tiers; the primary health system mostly accessible in rural areas and every ward of local government which is being managed by the local governments authorities in collaboration with state governments and international donor organizations, and cases being referred to secondary and tertiary care when needed**.** The secondary health care which mainly comprises the comprehensive health centers and general hospitals being managed by states governments. While the tertiary health systems which consist of the federal medical centers, specialist hospitals and teaching hospitals being managed by the federal government of Nigeria and in few cases by the state governments.

The burden for mental health disorder is very high with limited access to available and affordable mental health services in the country [Lewis 2020]. In Nigeria, many cases of mental health problems are being managed by psychiatrist (mainly consultants, residents and general physicians), nurses, social workers, occupational therapist, auxiliary staff on mental health, religious clerics and

traditional care attendants leading to the diagnosis, treatment and rehabilitation of patients with mental health disorders. Patients receive care (inpatient/outpatient) and treatment in hospitals and majorly in their communities. The psychiatrists and other mental health specialists are mainly available at tertiary healthcare centers to review and treat complex cases. Nigeria with over 190 million population [Rosen G. 2021], have fewer than 300 psychiatrist accounting for a ratio of about 700,000 of the population per psychiatrist (1; 700,000), most of whom are urban based, and in view of poor knowledge of mental disorders at the primary health-care level, caring for people with mental illness is typically left to family members [Mora 2018]. Furthermore, nine out of every ten doctors in Nigeria are seeking to leave the country and only eight neuropsychiatric hospitals are available in the entire country responsible for professional training of psychiatric doctors as well as managing patients with psychiatric disorders [Aviram 2022].

The psychiatrists are being trained in tertiary health institutions as residents while other health care professionals are being trained in post-basic programmes for nurses and other institutions for pharmacist, social workers, occupational therapists and auxiliary staff. In Nigeria, there is a lack of coherent and comprehensive mental health laws and policy. Nigeria's mental health legislation which was called Lunacy Ordinance was first enacted in 1916 which was also renamed and amended as Lunacy Act of 1958 which gives power to magistrates and medical practitioners to detain an

individual suffering from mental illness [6]. Since then, the legislation has not been fully amended as there was passage of bills by the National Assembly in 2003 and also in 2013 but is yet to be signed into law by the government. In 2019, the Nigerian Senate also held a public hearing for the Mental and Substance Abuse Bill aims at strengthening budgetary allocations and recovery services for mental health and substance-use disorder but also wasn't passed or signed. More so, the first Nigeria's mental health policy was first formulated in 1991, but no provision for disaster/emergency preparedness plan in case of challenging public health crises like COVID-19 pandemic [Bila, 2019]. These policies are not fully implemented and non-governmental organizations like Mentally Aware Nigeria Initiatives (MANI), Mental Health Foundation, Neem Foundation, Love, Peace and Mental Health Foundation (LPM), She Writes Woman, have all stepped-up in a heroic manners to provide support programmes and activities involved in individual assistance such as housing, support services, counselling, awareness, to improve the quality of life of people living with mental health problems in Nigeria.

Mental Health Challenges in Nigeria

Nigeria today confronts a state of emergency in mental health. Based on Ugochukwu et al. (2020), patients with psychiatric care needs are often rendered to their household members since the available mental health workforce is apparently out of proportion, the majority of whom are centralized in urban areas, compounded

by the lack of knowledge and capacity to cater mental disorders at the primary healthcare level (Ugochukwu et al., 2020). Statistics indicate that about 80% of people in Nigeria with severe mental health needs are unable to obtain care, which is primarily attributable to the country's stigma and negative social attitudes toward mental health issues as well as a lack of facilities, resources and mental health professionals (Demyttenaere et al., 2004). It is of utmost importance to recognize the unique socioeconomic and cultural barriers that can impede mental health outcomes in Nigeria and tailor interventions to meet the needs of local communities.

Inadequate learning infrastructure The Nigerian medical school system faces challenges in utilizing emerging instructional tools, such as mannequins and simulations, leading to a reliance on imagination in teaching psychiatry and hindering practical learning and comprehension (Bzdok and Meyer-Lindenberg, 2018). The lack of effective training in mental health services is also evident in the pharmacy curriculum, where inadequate knowledge hinders the provision of mental health services by pharmacists (Bamgboye et al., 2021). Furthermore, the implementation of e-learning in Nigerian schools is primarily limited to traditional methods, such as lecture notes and prerecorded audiotapes, highlighting the need for more advanced instructional tools (Oriji et al., 2023). These issues call for a comprehensive reform in the medical education system to address the gaps in mental health education in Nigeria.

Inadequate research exposure Nigeria incorporates practical research findings from industrialized nations to enhance its mental health services. While some of these findings have aided in improving healthcare, others have fallen short, as they cannot be extrapolated due to a lack of relevance to the unique needs and challenges of the country. In the academe,

students are being introduced and supervised to conduct research projects for the first time during their last year of study in most Nigerian medical schools as part of the mandatory graduation requirements. Since most students view these projects as mere compliance to graduate rather than an essential component of medical education, many students fail to get the necessary knowledge.

They cannot develop research skills in such a short period. This invariably results in physicians with poor research abilities and hinders the growth of medicine in the country (Osoba et al., 2021).

Lack of Health Coverage

According to pertinent measures, although Nigeria has improved health insurance, its overall health coverage remains inadequate and unequal, with far-reaching social disparities between the rich and the poor and between those who reside in rural and urban areas (Chukwudozie, 2015). On top of the inadequate and disproportionate healthcare service delivery in Nigeria, with the limited availability of mental health professionals compared to other African and low-income countries, providing better coverage of mental health treatment becomes an uphill battle.

However, properly integrating mental health services into primary care using the task-sharing principle, a strategy successfully piloted in Nigeria, may be a practical approach to increase accessibility to mental health care services (Abdulmalik et al., 2019).

Utilization of Mental Health Services

One of the significant difficulties in managing and controlling mental disorders is the utilization of inadequate mental health services. WHO deemed it a critical factor as there has been a claim that most people with severe mental and neurological issues are those who have reluctant behavior toward utilizing mental health facilities more than 80% in developing countries like Nigeria and approximately 50% in industrialized countries (Kukoyi et al., 2022). The utilization of mental health services in Nigeria presents complex challenges, as evidenced by various studies. Research indicates that a significant proportion of individuals with mental disorders in Nigeria initially seek alternative sources of care, such as spiritualists or herbalists, before utilizing formal mental health services (Lasebikan et al., 2012).

Additionally, there is a high level of unmet need for mental health services in Nigeria, with a substantial portion of individuals not receiving adequate care for their mental health conditions (Lasebikan et al., 2012). Regional variations in mental health service utilization are also evident, as demonstrated by a 10-year study in northeastern

Nigeria, highlighting the need for tailored approaches to address utilization patterns in different areas of the country (Mohammed Said et al., 2015).

Furthermore, the integration of mental health into primary care in Nigeria has been explored, emphasizing the importance of leveraging the primary health care system to deliver mental health services at the community level (Abiodun, 1995; World Health Organization, 2007). This approach aims to improve access to mental health care and address the challenges associated with the underutilization of formal mental health services. Additionally, the treatment received by individuals with serious common mental disorders in Nigeria has been examined, revealing that a significant percentage of these individuals do not receive adequate treatment, indicating gaps in the utilization of mental health services (Wang et al., 2007).

Social Work and Mental Health

Social work as a profession it promotes change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Social work intervenes at the points where people interact with their environments through using theories of human behavior and social systems. Principles of human rights and social justice are fundamental to social work" (International Federation of Social Work, 2001). The main objectives of Social Work are problem-solving, empowerment and social change where people interact with their environments (IFSW 2001).

Social work is a profession that focuses upon improving the health and social well-being of individuals, families, groups and communities. Social Workers believe in the rights and dignity of all individuals and to the achievement of social justice. Social workers work with people to assess, resolve, prevent or lessen the impact of psycho-social, physical and mental health related issues. Social workers are a perfect fit for primary care because primary health care is about- i) Public Participation ii)Accessibility of services iii)Appropriate Technology iv)Interdisciplinary Collaboration v)Health Promotion (IFSW 2001).

Regarding to the typical and important roles that social workers carry out in the community mental health centers includes the following. These are i) providing prevention education on a range of topics *(depression screening, sleep hygiene, self-care, stress reduction*, etc.) ii) Conducting a functional assessment and working towards functional restoration using Motivational Interviewing iii) Teaching evidence-based skills to patients iv) Emphasizing home-based self-management iv) Providing medication education and supporting adherence v) To stay updated about Government and welfare schemes for different sections of the population vi) To be informed about local meals, camps, community events, resource distribution programs vii) Decision making ability- quick and precise at times of crisis, suggesting the best suitable referral service, taking action at times of urgent need viii) Critical thinking – ability to evaluate client needs, effectiveness of interventions, needs and

issues of associated family members xi) Ability to plan and organize work, make notes, document(IFSW, 2001).

2.7 The Requisite Knowledge, Skills and Abilities Of A Social Worker are:

a) General knowledge of normal and abnormal human development and behaviour.

b) General knowledge of recognized treatment interventions such as behavior modification; family, group, and individual psychotherapies; psychosexual education; substance abuse interventions; and use of psychotropic medications.

c) Skill in developing and maintaining a therapeutic relationship with mentally ill patients.

d) Skill in communicating with patients and families who may be experiencing distress. e) Skill in conducting and teaching individual, family, and group therapies. d) Skill in patient and family education regarding various aspects of mental illness.

e) Skill in interviewing to gather data needed to diagnose the needs of individuals and their families.

f) Skill in preparing clear, concise written case narratives and reports.

g) Skill in functioning as patient advocate to ensure that appropriate social services are being delivered which could include working with State and Federal agencies and community organizations for the coordination of services.

h) Ability to maintain effective working relationships with both professional and paraprofessional institution staff and public and private sector professional staff.

I) Ability to understand organizational systems and how to work within them for the benefit of the patient.

J) Ability to assess the level of dangerousness of patients and the potential for explosive behavior.

k) Ability to build and maintain effective working relationships with representatives of a wide variety of community agencies. l) Ability to work as a member of a treatment team (IFSW, 2001; NASW, 2004)

Mental health needs to be understood not just as due to people's traits as individuals but also due to the nature of their interaction with the wider environment. "Environment" includes not only our physical surroundings, both natural and artificial, but also the social, cultural, regulatory and economic conditions and influences that impinge on our everyday lives (WHO, 2001). Mental health is very important for every individual, family and the community as a whole. For one to be healthy not only do they have to be physically fit but also emotionally and mentally healthy as well which is necessary for their overall wellbeing and development (WHO,2001).

A healthy person has a healthy mind and is able to: i) think clearly; ii) solve problems in life; iii) work productively; iv) enjoy good relationships with other people; v) feel spiritually at ease; and vi) contribute to the community. Social workers were considered as educators, field instructors and trainers. They provide instruction only within their areas of knowledge and competence and should provide instruction

based on the most current information and knowledge available in the profession (NASW, 2022)

2.8 Theoretical Framework

Theories are really the explanatory stories of science. Theories summarize a body of data; they provide an organized, coherent picture of some part of nature or some aspect of human behavior (Rose, 2009). A theory may explain human behavior, for example, by describing how humans interact or how humans react to certain stimuli. As regards this study we will be looking at social impact theory.

Social Learning Theory

According to the Wikipedia (2019) Social learning theory as propounded by Albert Bandura in 1963 and further detailed in 1971 is a theory of learning process and social behaviour which proposes that new behaviours can be acquired by observing and imitating others. It states that learning is a cognitive process that takes place in a social context and can occur purely through observation or direct instruction. In addition to the observation of behaviour, learning also occurs through the observation of rewards and punishments, a process known as vicarious reinforcement.

Albert Bandura stated the key tenets of Social Learning Theory as follows:

1. Learning is not purely behavioural; rather, it is a cognitive process that takes place in a social context.

2. Learning can occur by observing a behaviour and by observing the consequences of the behaviour (vicarious reinforcement).

3. Learning involves observation, extraction of information from those observations, and making decisions about the performance of the behaviour (observational learning or modeling).

4. Reinforcement plays a role in learning but is not entirely responsible for learning.

5. The learner is not a passive recipient of information. Cognition, environment, and behaviour all mutually influence each other (reciprocal determinism).

Behaviour is learned from the environment through the process of observational learning. Children observe the people around them behaving in various ways. This is illustrated during the famous Bobo doll experiment (Bandura, 1961). Individuals that are observed are called models. In society, children are surrounded by many influential models, such as parents within the family, characters on children's TV, friends within their peer group and teachers at school.

These models provide examples of behaviour to observe and imitate, e.g., masculine and feminine, pro and anti-social, etc. Children pay attention to some of these people (models) and encode their behaviour. At a later time they may imitate or exhibit the behaviour they have observed.

Ecological Model

This research embraced the Ecological Model as guiding framework. Urie Bronfenbrenner developed the Ecological Model in 1979. In this model, Bronfenbrenner identified five systems that affect an individual's behavior throughout the lifespan: microsystem, mesosystem, exosystem, macrosystem, and chronosystem. The microsystem pertains to factors at the individual level; the mesosystem relates to factors at the family/school level; the exosystem deals with community factors such as workplace and neighborhood; the macrosystem explains factors such policy, and social media (Bronfenbrenner, 1979). Bronfenbrenner's Ecological Model is popularly known in social work as the Person-in-Environment Perspective or Systems Theory.

Utilizing a Systems Theory approach in mental health can provide important information about an individual's emotions and motivations as related to system dynamics. This perspective provides insights into how individual's behaviors are shaped by the larger social context or system of social media. This theory will guide the research by looking at social media as part of a system that can influence mental

health symptoms and behaviours. This theory may explain why there is a correlation found in heavy social media use and mental health. Analyzing the Systems perspective through mental health practitioners, this theory explains the importance of understanding the influencing factors social systems can have on individuals. Using the Systems theory in the treatment of mental health requires that an individual be looked at holistically with consideration of the complexities that make up the world around him/her. When providing mental health treatment, the mental health practitioner needs to complete an assessment that determines the presenting problem, which includes cause for treatment, when symptoms began, what are possible influencers of the symptoms, and other factors. For this study, Systems theory addresses the need for practitioners to assess for all potential causes of mental health symptoms, including the use of social media.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Preamble

This section discusses the various methods that will be employed in both collections and analysis of data in this study: Research Design, Population, Sample and Sampling Technique, Research Instrument, Validity and Reliability, Method of Data Collection and Method of Data Analysis.

3.2 Research Design

The study employed a cross sectional survey design. For Obodoeze (2015), a cross-sectional survey refers to a method whereby the researcher selects representative samples of individuals within the various specified stages of the study. This research design was adopted because it guaranteed representatives of the universe.

3.3 Study Population

The population of study is '1220' residents in Okabere who are knowledgeable in mental health, from which a sample size was selected. The above statement implies that the population consist of adult male and female (18 years and above) in the study area. (NPC 2022)

3.4 Sample Size and Sampling Technique

The basis for selecting a sample size is when a study entails a large population. Therefore, a size able population that could be used to make inference was used. The sample size of the study is 301. This was calculated using the Taro Yamane's formula for sample size estimation. A 95% confidence level and level of maximum variability (P = 0.05) was assumed. Hence, the formula for the sample size estimation is given as:

Where: n = N1 + N (e)2

n = the sample size

N = the population size

e = the level of precision (allowable error) that is 5% or 0.05. Therefore the sample size is calculated as:

n = 1220/1 + 1220 (0.05)2

n = 1220/1 + 1220 (0.0025)

n = 1220 /1 + 3.05

n = 1220/4.05

n = 301

3.5 Research Instrument

Questionnaires will be used to collect data. The questionnaire constitutes two sections: Section A which is the demographic data and Section B which focuses on the objectives of the study; which is awareness creation of mental health in the society by social workers in Okabere community.

3.6 Validity And Reliability of The Research Instrument

The validity of research instrument refers to the ability of an instrument to measure what it is design to measure. There are different types of validity. However, this researcher in bid to ascertain the validity of his instrument presented the said instrument to his supervisor, and two other social workers; their comments, suggestions and criticisms were used to modify the initial research instrument. The research instruments in question were subjected to test-retest reliability.

3.7 Method Of Data Collection

The questionnaire will be distributed personally to the respondents. The respondents should be able to answer the questions honestly after administering the questionnaires to them. The researcher will also guide the respondents with regards to filling questionnaires. The respondents were informed that their responses would be treated with utmost confidentiality

3.8 Method Of Data Analysis

The quantitative data collected were analyzed using the Statistical Package for the Social Sciences (SPSS) software application. The hypotheses were tested using the chi-square statistic (x2). Analysis entailed use of statistical tables showing frequency distribution and percentages of variables investigated, test of hypothesis using x2 statistics.

3.9 Ethical Considerations

The researcher will ensure the ethical conduct of the study by obtaining approval and informed consent from the participants. Participants will be properly informed that the study will be strictly for academic purpose ad the study will be carried out with confidentiality and as such their rights, dignity, and privacy will be protected

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.0 INTRODUCTION

This chapter presents the data presentation, analysis and interpretations of the various data collected for this study. Consequently, it entails the application of both mathematics and statistical techniques to provide the basis for analyzing the research objectives listed in chapter one. Hence, it is a vital part of this study since it forms the basis for conclusion and policy recommendations.

4.2 Data Presentation and Analytical Techniques

Tables and percentages were used in this research work; the use of table was the most appropriate means of interpreting information for easy understanding. In analyzing the data, judgment was based on the number of favorable or unfavorable responses received on each statement in the questionnaire. Generally, the favourable responses are, “strongly agree” and “agree” while the unfavorable responses are “disagree” and ‘strongly disagree’. The results of the data collected are analyzed below based on each research questions.

Section A: Demographic Characteristics of the Respondents
Table 4.1 Demographic of Respondents

1	**Gender**	**Frequency**	**Percent**
	Male	102	33.9%
	Female	199	66.1%
	Total	**301**	**100%**
2	**Age**		

	18 -23 years	49	16.3%
	24 – 29 years	85	28.2%
	30 – 35 years	167	55.5%
	Total	**301**	**100**
3	**Marital Status**		
	Single	227	75.4%
	Married	67	22.3%
	Divorced	7	2.3%
	Total	**301**	**100%**
4	**Religion**		
	Christians	175	58.1%
	Muslim	92	30.6%
	Traditional Worshippers	34	11.3%
	Total	**301**	**100%**

Source Field work 2024

Table 4.1 shows the demographic characteristics of the respondents. Accordingly, 33.9% of the total respondents are male while 66.1% percent of the total respondents are female. This implies that we had more female respondents. 16.3% of the total respondents are between the age brackets of 18 - 23 years; 28.2% of the total respondents are between the age brackets of 24 – 29 years; and 55.5% of the total respondents are between the age brackets of 30 - 35 years. It also shows that 75.4% of the total respondents are Single; 22.3% percent of the total respondents are married and 2.3% of the total respondents are in Divorced. This implies that the majority of the respondents are Single. It also indicated that 58.1% of the respondents are practicing Christianity; 30.6% of the respondents are practicing Islam and 11.3% are Traditional worshippers. This implies that the majority of the respondents are Christians.

4.3 Research Question one: What is the level of awareness and understanding of mental health issues among residents of Okabere Community?

Table 4.2: I am aware that mental health is an important aspect of an individual's overall well-being

Variable	Frequency	Percent
Agreed	50	16.6%
Disagreed	26	8.6%
Strongly Agreed	176	58.5%
Strongly Disagreed	24	8.0%
Undecided	25	8.3%
Total	**301**	**100.0**

Source: Field Survey, 2024

Table 4.2 above revealed that 16.6% of the total respondents agreed; 8.6% of the total respondents disagreed; 58.5% of the total respondents strongly agreed; 8.0% of the total respondent strongly disagreed; and 8.3% of the total respondent were undecided. This implies that the majority of the respondents are aware that mental health is an important aspect of an individual's overall well-being.

Table 4.3: I have adequate knowledge of the common signs and symptoms of mental health disorders

Variable	Frequency	Percent
Agreed	58	19.3%
Disagreed	24	8.0%
Strongly Agreed	178	59.1%
Strongly Disagreed	27	9.0%
Undecided	14	4.6%

Total	**301**	**100.0**

Source: Field Survey, 2024

Table 4.3 above, it revealed that 19.3% of the total respondents agreed; 8.0% of the total respondents disagreed; 59.1% of the total respondents strongly agreed; 9.0% of the total respondent strongly disagreed; and 4.6% of the total respondent were undecided. This implies that the majority of the respondents have adequate knowledge of the common signs and symptoms of mental health disorders

Table 4.4: I understand that mental health problems can affect people of all ages, genders, and social backgrounds.

Variable	**Frequency**	**Percent**
Agreed	22	7.3%
Disagreed	166	55.1%
Strongly Agreed	28	9.3%
Strongly Disagreed	74	24.6%
Undecided	11	3.7%
Total	**301**	**100.0**

Source: Field Survey, 2024

Table 4.4 above, it revealed that 7.3% of the total respondents agreed; 55.1% of the total respondents disagreed; 9.3% of the total respondents strongly agreed; 24.6% of the total respondent strongly disagreed; and 3.7% of the total respondent were undecided. This implies that the majority of the respondents do not understand

that mental health problems can affect people of all ages, genders, and social backgrounds.

4.4 Research Question two: Roles played by social workers in promoting mental health awareness in Okabere Community.

Table 4.5: Social workers regularly organize awareness campaigns and educational programmes on mental health issues in Okabere Community

Variable	Frequency	Percent
Agreed	83	27.6%
Disagreed	35	11.6%
Strongly Agreed	132	43.9%
Strongly Disagreed	25	8.3%
Undecided	26	8.6%
Total	**301**	**100.0**

Source: Field Survey, 2024

Table 4.5 above, it revealed that 27.6% of the total respondents agreed; 11.6% of the total respondents disagreed; 43.9% of the total respondents strongly agreed; 8.3% of the total respondent strongly disagreed; and 8.6% of the total respondent were undecided. This implies that the majority of the respondents believed that Social workers regularly organize awareness campaigns and educational programmes on mental health issues in Okabere Community.

Table 4.6: Social workers provide residents with accurate information on the causes, symptoms, and prevention of mental health disorders.

Variable	Frequency	Percent
Agreed	158	52.5%
Disagreed	15	5.0%
Strongly Agreed	88	29.2%
Strongly Disagreed	19	6.3%
Undecided	21	7.0%
Total	**301**	**100.0**

Source: Field Survey, 2024

Table 4.6 above, it revealed that 52.5% of the total respondents agreed; 5.0% of the total respondents disagreed; 29.2% of the total respondents strongly agreed; 6.3% of the total respondent strongly disagreed; and 7.0% of the total respondent were undecided. This implies that the majority of the respondents agreed that Social workers provide residents with accurate information on the causes, symptoms, and prevention of mental health disorders..

Table 4.7: Social workers help reduce stigma and discrimination against individuals experiencing mental health challenges through community sensitization

Variable	Frequency	Percent
Agreed	51	16.9%
Disagreed	24	8.0%
Strongly Agreed	139	46.2%
Strongly Disagreed	20	6.6%
Undecided	67	22.3%
Total	**301**	**100.0**

Source: Field Survey, 2024

Table 4.7 above, it revealed that 16.9% of the total respondents agreed; 8.0% of the total respondents disagreed; 46.2% of the total respondents strongly agreed; 6.6% of the total respondent strongly disagreed; and 22.3% of the total respondent were undecided. This implies that the majority of the respondents agreed that Social workers help reduce stigma and discrimination against individuals experiencing mental health challenges through community sensitization.

Table 4.8: Social workers encourage individuals with mental health problems to seek professional help and appropriate treatment

Variable	**Frequency**	**Percent**
Agreed	156	51.8%
Disagreed	36	12.0%
Strongly Agreed	58	19.2%
Strongly Disagreed	18	6.0%
Undecided	33	11.0%
Total	**301**	**100.0**

Source: Field Survey, 2024

Table 4.8 above, it revealed that 51.8% of the total respondents agreed; 12.0% of the total respondents disagreed; 19.2% of the total respondents strongly agreed; 6.0% of the total respondent strongly disagreed; and 11.0% of the total respondent were undecided. This implies that the majority of the respondents agreed Social

workers encourage individuals with mental health problems to seek professional help and appropriate treatment.

4.5 Research Question three: The methods and strategies used by social workers in creating mental health awareness among community members

Table 4.9: i Social workers use community seminars and workshops as effective strategies for educating residents about mental health issues.

Variable	Frequency	Percent
Agreed	133	44.1%
Disagreed	37	12.3%
Strongly Agreed	58	19.3%
Strongly Disagreed	49	16.3%
Undecided	24	8.0%
Total	**301**	**100.0**

Source: Field Survey, 2024

Table 4.9 above, it revealed that 44.1% of the total respondents agreed; 12.3% of the total respondents disagreed; 19.3% of the total respondents strongly agreed; 16.3% of the total respondent strongly disagreed; and 8.0% of the total respondent were undecided. This implies that the majority of the respondents agreed that Social workers use community seminars and workshops as effective strategies for educating residents about mental health issues.

Table 4.10: Social workers conduct door-to-door sensitization and outreach programmes to create awareness of mental health in the community

Variable	Frequency	Percent
Agreed	81	26.9%
Disagreed	17	5.6%
Strongly Agreed	169	56.2%
Strongly Disagreed	18	6.0%
Undecided	16	5.3%
Total	**301**	**100.0**

Source: Field Survey, 2024

Table 4.10 above, it revealed that 26.9% of the total respondents agreed; 5.6% of the total respondents disagreed; 56.2% of the total respondents strongly agreed; 6.0% of the total respondent strongly disagreed; and 5.3% of the total respondent were undecided. This implies that the majority of the respondents agreed that Social workers conduct door-to-door sensitization and outreach programmes to create awareness of mental health in the community.

Table 4.11: Social workers utilize social media, radio, and other communication channels to disseminate information on mental health.

Variable	Frequency	Percent
Agreed	87	28.9%
Disagreed	12	4.0%
Strongly Agreed	184	61.1%
Strongly Disagreed	7	2.3%

Undecided	11	3.7%
Total	**301**	**100.0**

Source: Field Survey, 2024

Table 4.11 above, it revealed that 28.9% of the total respondents agreed; 4.0% of the total respondents disagreed; 61.1% of the total respondents strongly agreed; 2.3% of the total respondent strongly disagreed; and 3.7% of the total respondent were undecided. This implies that the majority of the respondents agreed that Social workers utilize social media, radio, and other communication channels to disseminate information on mental health..

Table 4.12: Social workers collaborate with schools, religious organizations, and community leaders to promote mental health awareness among residents.

Variable	**Frequency**	**Percent**
Agreed	37	12.3%
Disagreed	13	4.3%
Strongly Agreed	214	71.1%
Strongly Disagreed	18	6.0%
Undecided	19	6.3%
Total	**301**	**100.0**

Source: Field Survey, 2024

Table 4.12 above, it revealed that 12.3% of the total respondents agreed; 4.3% of the total respondents disagreed; 71.1% of the total respondents strongly agreed; 6.0% of the total respondent strongly disagreed; and 6.3% of the total respondent were undecided. This implies that the majority of the respondents agreed that Social

workers collaborate with schools, religious organizations, and community leaders to promote mental health awareness among residents.

Discussion of findings

From the above analysis. It was observed that lack of recognition of social work in mental health service provision is a constraints to mental health awareness creation in the studyarea. This is evident from the responses of the respondent as over 71% strongly agreed to the question. This is in line with the findings of Mercy Abang (2019) who found that the unaddressed concerns and lack of understanding of the social workers' roles by other professionals related to mental health service provision is viewed by the research participants as a sign of a lack of recognition of their profession as a critical part of the mental health service system by other professionals.

It was also discovered that there is a big relationship between mental health awareness and mental health balance as 59.1% of the respondents strongly agreed to the question. This finding is corroborate with the study of Esan O, Abdumalik J (2014) who posited that social workers integrate individual recovery with other helpful services available across the community. The focus is not only centred on strengthening relationships between people, but on linking them to the resource system too (Olckers, 2013). Social workers, in addition to monitoring MHCUs' needs, also link them to relevant resources and treatment where necessary

CHAPTER FIVE
SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

This study was structured into five chapters to effectively carry out this research. The study raised four objectives that guided the study. Based on these objectives, research questions and hypotheses were formulated, the assumptions and significance of the study were highlighted, and area of study and scope were also discussed. Chapter two reviewed literature related to the research topic. The review critically examined and analyzed the views of some psychologists, social workers and other concerned scholars on the concepts, types and theories of the main variables; social media and mental health.

Chapter four presented the analysis of the data collected which were analyzed through the use of tables and percentages. The findings in this study after the analysis gave the following results:

1. It was discovered that, there is a big relationship between mental health awareness and mental health balance in Okabere community as 59.1% of the respondents strongly agreed to the question.
2. Finding also revealed that lack of recognition of social work in mental health service provision is a constraints to mental health awareness creation
3. The study found that Social workers are the link between the patient and the mental health provision system

5.3 Conclusion

Given Nigeria's pressing mental health issues, a holistic approach is essential. The scarcity of mental health professionals and the increasing burden of mental illnesses underscore the need for immediate action. Crucial stages include integrating comprehensive mental health education into all healthcare programs, fostering community awareness and fostering collaboration among diverse healthcare providers.

Mentoring, scholarships and advocacy for mental healthcare should be prioritized to encourage future professionals and increase accessibility. Embracing diversity and innovation while conducting substantive research is essential for addressing this pressing issue. Together, these recommendations aim to cultivate a skilled and compassionate workforce capable of tackling Nigeria's mental health challenges.

5.4 Recommendations

Based on the findings and conclusions of the study, the researcher recommends that the scope of the role of a social worker in mental health awareness provision should be explicitly defined.

In addition, it is recommended that social auxiliary workers assist the social workers in the provision of mental health services. This is because the high caseloads that each social worker is typically burdened with is a precursor to mental fatigue and consequent decline in effectiveness.

Adequate resources such as halfway houses should be made available to social workers so that they may render effective and efficient mental health services. Enhancing support systems is critical for mental healthcare professionals to sustain their well-being throughout their careers. Addressing burnout and compassion fatigue, which are prevalent challenges, requires implementing measures that promote wellness, build resilience and prevent attrition, ultimately retaining talent in the field.

Structured mentorship programmes can be highly beneficial, connecting prospective mental health professionals with experienced practitioners from various fields. Seasoned mental health professionals serving as role models inspire younger generations and illuminate the diverse career pathways within mental healthcare.

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APPENDIX I

QUESTIONNAIRE

DEPARTMENT SOCIAL WORK

FACULTY OF SOCIAL SCIENCES

UNIVERSITY OF BENIN, BENIN CITY.

Dear Sir/Madam,

REQUEST FOR YOUR COOPERATION IN COMPLETING THIS QUESTIONNAIRE.

I am final year undergraduate student in the above named school and department. As part of the requirement for the programme, I am undertaking on **"The Role of Social Workers In Creating Awareness of Mental Health Issues in Okabere Community, Ikpoba Okha Local Government Area, Edo State**. In this regard, you have been duly selected as a member of the sample.

I wish to appeal to you to kindly assist this study by sparing few minutes to complete this questionnaire. Please be assured that your answers will be treated with utmost confidence and used solely for the research purpose.

Thank you for your cooperation.

_____

(project student)

SECTION A: PERSONAL BIO-DATA

Instruction: please tick [ ] against your chosen response and record your view where necessary in the provided spaces.

1. Gender: Male[ ] Female[ ]
2. Marital Status: Single[ ] Married[ ] Divorced[ ]
3. Age Range: 20 – 30[ ] 31 – 36[ ] 37 – 42[ ] 42years and above[ ]
4. Highest level of education attained; OND/NCE [ ] HND/B.Sc [ ] Post-graduate [ ]
5. The number of years spent in the institution; 0-10years[ ] 11-20years[ ] 21-30years [ ] 31years and above[ ]

SECTION B

Instruction: Kindly tick [ ] the option that most agree with your views. Please note that the meaning of the following abbreviations: SA – Strongly Agree, A – Agree, N - Neutral, D – Disagree, SD – Strongly Disagree

S/N	**level of awareness and understanding of mental health issues among residents of Okabere Community**	**SA**	**A**	**N**	**D**	**SD**
6	I am aware that mental health is an important aspect of an individual's overall well-being					
7	I have adequate knowledge of the common signs and symptoms of mental health disorders.					
8	I understand that mental health problems can affect people of all ages, genders, and social backgrounds.					
	I am aware of the available mental health services and support systems within or around my community					
9	**Roles played by social workers in promoting mental health awareness in Okabere Community**.	**SA**	**A**	**N**	**D**	**SD**
10	Social workers regularly organize awareness campaigns and educational programmes on mental health issues in Okabere Community					
11	Social workers provide residents with accurate information on the causes, symptoms, and prevention of mental health disorders.					
	Social workers help reduce stigma and discrimination against individuals experiencing mental health					

	challenges through community sensitization					
12	Social workers encourage individuals with mental health problems to seek professional help and appropriate treatment					
13	**The methods and strategies used by social workers in creating mental health awareness among community members**	**SA**	**A**	**N**	**D**	**SD**
14	Social workers use community seminars and workshops as effective strategies for educating residents about mental health issues.					
	Social workers conduct door-to-door sensitization and outreach programmes to create awareness of mental health in the community.	**SA**	**A**	**N**	**D**	**SD**
15	Social workers utilize social media, radio, and other communication channels to disseminate information on mental health.					
16	Social workers collaborate with schools, religious organizations, and community leaders to promote mental health awareness among residents.					
17	**The challenges faced by social workers in conducting mental health awareness campaigns in Okabere Community**					
	Inadequate funding and financial support hinder social workers' efforts in conducting mental health awareness campaigns in Okabere Community.					
18	Negative cultural beliefs and misconceptions about mental health make it difficult for social workers to effectively educate community members.					
19	Social stigma associated with mental illness reduces community participation in mental health awareness programmes organized by social workers.					
	The shortage of trained social workers and mental health professionals limits the effectiveness of mental health awareness campaigns in the community					
20	**The effectiveness of mental health awareness programmes implemented by social workers in improving community knowledge and attitudes toward mental health issues**	**SA**	**A**	**N**	**D**	**SD**
21	Mental health awareness programmes organized by social workers have significantly increased residents'					

	knowledge of mental health issues in Okabere Community.					
22	The awareness programmes have helped community members better understand the causes, symptoms, and treatment of mental health disorders					
	Mental health awareness campaigns conducted by social workers have reduced stigma and discrimination against individuals with mental health challenges.					
	The programmes have encouraged more community members to seek professional help and support for mental health-related problems.					