

**BARRIERS TO HELP SEEKING FOR PSYCHOSIS AMONG ADOLESCENT STUDENTS
IN MAKURDI, NIGERIA**

Oyedele Akinjola*¹, Aladi Nneka Edeh¹, Terkura Michael Agbir¹, Olorunninyo Oluwasesan Omidiji²,
Michael Agbo Amedu³, Obekpa Isaiah Obekpa³ and Festus Omo Ighagbon³

¹Departments of Psychiatry, College of Health Sciences, Benue State University, Makurdi, Benue State.

²Department of Psychiatry, Benue State University Teaching Hospital, Makurdi, Benue State.

³Department of Psychiatry, Federal Medical Center, Makurdi, Benue State.

*Corresponding Author: Dr. Oyedele Akinjola

Departments of Psychiatry, College of Health Sciences, Benue State University, Makurdi, Benue State.

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ABSTRACT

The knowledge of mental illness is generally poor and several cultural and social factors act as barriers, influencing the attitude of people towards appropriate help seeking. Thereby, resulting in a wide treatment gap with huge disease burden and attendant massive socio-economic impact. This current study aims to determine the barriers to help seeking among adolescent students in Makurdi. A total of 228 consenting students were recruited into the study using stratified random sampling technique, case vignettes of schizophrenia followed by open ended questions were administered to assess barriers to help seeking. The respondents' ages range between 13 to 19 years (mean 15.88 ± 1.55 years) and they were mostly females (51.8%). Stigma (44.3%), illness related barrier (14.0%), Disapproval by family and friends (11.0%), negative attitude and belief about treatment (7.9%) as well as financial constraints (7.5%) are the highest barriers to help seeking for psychosis. The study also showed that stigma barrier, illness related barrier, preference for spiritual treatment and lack of trust in health care providers are more among males while negative attitude and beliefs about treatment, disapproval by family and friends and ignorance are more among female. The study showed the dominance of personal barriers over structural barriers to help seeking among adolescent students in Makurdi, Nigeria.

KEYWORDS: Help seeking barriers. Psychosis, Adolescent, Gender difference, Nigeria.

INTRODUCTION

The discovery of antipsychotics in the early 1950's and subsequent discovery of other psychotropic drugs, led to the deinstitutionalization of mental disorders.^[1] Mentally ill patients now recover fully and are able to function fully in the society. However, despite the availability of effective treatment, mental disorders remain largely undertreated. This result in huge disease burden which can easily be appreciated considering the reported global wide treatment gap existing between those who suffer from mental illness and those who get treated.^[2] This treatment gap is widest in the low- and middle-income countries^[2,3] and is largely due to poor help-seeking behavior caused by low mental health literacy which is worse in the low- and middle-income countries.^[4,5] Studies have shown that failure of early consultation increases the duration of untreated psychosis which can lead to lower levels of recovery and poorer treatment outcomes.^[6,7]

The decision to seek help is determined the knowledge of mental illness which help them to recognize it and also, their attitude which can affect desire for treatment. Various cultural and social factors have been reported to

influence the knowledge and attitudes of people towards mental illness.^[8] These factors include belief of supernatural causation of mental illness,^[9-11] negative portrayal of mental illness in the media,^[12,13] health related stigma (public, self or structural),^[14,15] cost and availability of treatment etc. The various factors which negatively influence help seeking are referred to as barriers to help seeking and are broadly classified into two groups that are described by different terminologies. Coolidge et al, classified the barriers into intrinsic barriers and extrinsic barriers.^[16] Barker et al described the groups as personal and structural barriers^[17] while Fisk used the terms attitudinal and structural barriers.^[18]

About half of all mental health conditions start by 14 years of age,^[19] and the onset of about 75% of cases of mental illness is before the age of 18 years.^[20] which makes adolescence a good target for early intervention. Study on the barriers to help seeking among adolescent is very few in Nigeria and non has been carried out in the study area. Conducting this study will therefore, reveal the help-seeking behaviour of adolescents in the study area and guide intervention as well as support programmes by government and other stake holders

aimed at improving the help-seeking behaviours among the study population and indigenes of the state in general.

AIM

There is effective treatment for mental illness but despite this, people do not present for treatment thereby creating a massive treatment gap and leading to huge disease burden. This study aim at determining the barriers to help seeking for Psychosis among adolescent students in Makurdi, Nigeria.

OBJECTIVES

1. To determine the barriers to help seeking for psychosis among adolescent students in Makurdi, Nigeria.
2. To determine the gender difference in barriers to help seeking for psychosis among adolescent students in Makurdi, Nigeria.

MATERIALS AND METHODS

Study location and participants: The study was conducted in Makurdi, the capital city of Benue state. Being the state capital, Makurdi has significant representation of all the ethnic tribes of Benue state.

Study design: Cross sectional descriptive study

Study Instruments

1. A proforma was designed and administered to the participants which elicits their age and gender
2. Widely used case vignette of schizophrenia^[21,22] was presented to the respondents, which was followed by an open-ended question to elicit what will prevent them from seeking help if they find themselves in the position of the character in the case vignette.

Procedure: The secondary schools in the Makurdi Local government area were stratified into two groups (Private and public) out of which one schools each was randomly selected from each stratum. And from the selected

schools, one arm was randomly selected each from the three levels of the senior secondary arms of the schools. The study instrument was administered to all consenting students in the selected arms of each school. Ethical approval was obtained prior to this from the ethical committee of the Benue State University Teaching Hospital and permission was also obtained from the Benue State ministry of health.

Data Analysis: Responses to the open-ended questions were grouped in categories based on similarities of thematic content and presented in tables. Data analysis was carried out using the IBM-SPSS version 23 and descriptive statistics including frequency, percentages, mean and standard deviation were computed for relevant variables. Inferential statistic was computed using chi-square to determine association between gender and the barrier themes.

RESULT

A total of 228 students participated in the study. Their ages ranged between 13 to 19 years (mean = 15.88 years; $sd \pm 1.55$) with 51.8% being females. Table 1 showed the distribution of the participants according to their perceived barriers to professional help seeking. Stigma is the most perceived barrier to help seeking and it is perceived by 44.3% of the participants. This is followed by difficulty identifying the symptoms of psychosis in 14% of the participants. Over a tenth of the participants would not seek help because of disapproval by their family and friends. Negative beliefs about psychiatric treatment are the reason why 7.9% of the participants will not seek help while in 7.5%, it is financial constraint. Ignorance and preference for spiritual treatment are the barriers among 6.6% and 5.7% of the participants respectively. less than three percent will not seek help because they cannot trust the treatment provider with the information about their illness while 0.4% think they do not need external help.

Table I: Distribution of respondents according to barriers to help seeking.

Barrier theme	Frequency	Percentage
	n	(%)
Stigma	101	44.3
Financial constraint	17	7.5
Preference for spiritual/ traditional treatment	13	5.7
Attitude/ belief about treatment	18	7.9
Disapproval by family/ friends	25	11.0
Illness related barriers	32	14.0
Confidentiality/ trust in the provider	6	2.6
Ignorance	15	6.6
Self-reliance	1	0.4
TOTAL	228	100.0

Table 2. Shows the relationship between gender and stigma themes. More males considered self-stigma, illness related barriers, preference for spiritual treatment and lack of trust in health care providers as the most important barriers to help seeking than their female

counterparts who on the other hand considers disapproval from family and friends and ignorance as the most important barriers. There is a significant association between gender and ignorance. Over two-thirds of females identified illness barrier to help seeking and the

finding is statistically significant ($X^2= 0.084$, $OR= 0.367$, $p=0.049$, 95%CI= 0.113 – 1.189).

Table 2: Association between gender and barriers to help seeking for Schizophrenia.

Barrier theme	Male (N=110) n (%)	Female (N=118) n (%)	Total (N=228) n (%)	X ²	P
Stigma barrier	51 (50.5%)	50 (49.5%)	110 (44.3%)	0.544	0.088
Financial constraints	9 (52.9%)	8 (47.1%)	17 (7.5%)	0.687	0.183
Preference for spiritual treatment	7 (53.8%)	6 (46.2%)	13 (5.7%)	0.677	0.206
Attitude/ belief about treatment	7 (38.9%)	11 (61.1%)	18 (7.9%)	0.408	0.140
Disapproval by family and friends	10 (40.0%)	15 (60.0%)	25 (11.0%)	0.382	0.116
Illness related barrier	17 (53.1%)	15 (46.9%)	32 (14.0%)	0.551	0.127
Ignorance	4 (26.7%)	11 (73.3%)	15 (6.6%)	0.084	0.049
Lack of trust in the provider	4 (66.7%)	2 (33.3%)	6 (2.6%)	0.360	0.218*
Self-reliance	1 (100.0%)	0 (0.0%)	1 (0.4%)	0.299	0.482*

*Fischer's correction applied

DISCUSSION

This current study assessing the barriers to help seeking among adolescents in Makurdi, Nigeria revealed that health related stigma is the most implicated barrier to help seeking for psychosis among adolescents in the study area as indicated by over two-fifth of the participants. This is consistent with findings from a previous study conducted locally in Nigeria,^[22] as well as study among African migrants to Australia,^[23,24] and also studies among Australians,^[25,26] Asians,^[27,28] and other western countries.^[29] The prominence of stigma as barrier to help seeking for mental illness is also reported by other local studies.^[30,31] The ranking of stigma as the highest barrier to help seeking for mental disorders is also reported by two systematic reviews which reviewed 144 and 22 studies respectively.^[32,33] Schizophrenia is considered the most highly stigmatized psychiatric disorder,^[34] which is why it is referred to as 'today's equivalent of Leprosy'.^[35] Stigma makes individuals to be seen as possessing negative attributes enabling them to be classified as a "discredited" social category.^[36] When internalized, public stigma leads to self-stigma^[37] which also prevent help seeking.^[26,29] The fear of stigmatization by the sources of help also contribute to the stigma related barrier to help seeking.^[25]

The second highest barrier to help seeking in the current study observed in 14% of the respondents is illness related barrier which is consistent with findings from the similar study in Lagos, Nigeria which reported illness related barriers as the second highest barrier to help seeking for psychosis among adolescents.^[22] It has been shown that higher levels of psychological stress symptoms are associated with stronger intentions not to seek help.^[38,39] Again, it is undeniable that a crucial determinant of help seeking behaviour is for a patient to identify the kind of problem he/she is facing. However, the decision of what constitute 'illness' is a central challenge for people with mental illness^[40,41] which is why the world Health Organization (WHO) international pilot study of schizophrenia in different cultures found that lack of insight was an almost invariable feature of acute and chronic schizophrenia,^[42] a view that was also

reported by Nordgaard *et al* who described diminished insight as an inherent feature of psychosis.^[43] Studies have also shown that schizophrenic patients present with less insight than patients with other diagnosis.^[44,45]

Disapproval from family and friends is one of the prominent barriers to help seeking in the current study and is found among 11% of the participants. This finding is consistent with a study by Pescosolido *et al* which concluded that the process of help-seeking is protracted, haphazard and influenced by friends and family.^[46] Similarly, Adeosun *et al*^[22] also reported disapproval from family and friends as the third highest barrier to help seeking for psychosis among adolescents. Studies on help seeking behaviours have identified that young people tend to first turn to informal sources especially family and friends^[27,47,48] believing that family and friends should decide where further help should be sought.^[49,50] It has been reported that the stigma of mental illness is often extended to the families of the patients which prevent them from agreeing to their loved ones seeking professional help for fear of being labeled or ostracized.^[51,52]

Negative attitude to treatment based on some negative beliefs about treatment outcome serves as barrier to help seeking among adolescents. In the current study, some respondents indicated barrier themes like; "mad people will eventually roam on the streets, the drugs used to treat mental illness is too strong for children, madness cannot be treated etc." A study on the public beliefs about the treatment of schizophrenia and depression in Brazil drew some important conclusions which include; the public believed that medical treatments are seen as more harmful than helpful and that they consider help from lay people and psychologist the most useful than from medical professionals.^[53]

Financial barrier is the only structural barrier identified in the current study. There is high reliance on out-of-pocket payment as a means of financing health system in Nigeria and this is capable of making households incur catastrophic health expenditure and exacerbate the level

of poverty.^[54] The other attitudinal barriers identified in the current study include preference for spiritual or traditional treatment, lack of trust in healthcare providers, ignorance and self-reliance observed in 5.7%, 2.6%, 6.6% and 0.4% respectively. The dominance of attitudinal barriers over structural barriers in the current study is consistent with a WHO mental health survey which reported that attitudinal barriers were much more important than structural barriers both to initiating and continuing treatment.^[55]

Older age and female gender were reported to be associated with more positive mental help seeking attitude.^[56] Also, young people are more likely to seek help from informal sources.^[57] In the current study, the expression of stigma barrier to help seeking is almost equal among both gender with slight preponderance of the male gender (50.5%). This is consistent with study outside Nigeria.^[58] Pattyn *et al.*, reported that men attribute more shame and blame with mental illness than women^[59] and this feeling of stigma will prevent them to seek help. Study among adolescent in southern Nigeria^[22] however, reported that females express more stigma barrier than their male counterparts. This current study also found that more females express disapproval by family and friends as barrier to help seeking than males. This is consistent with the study in southern Nigeria.^[22] Studies have shown that females are generally more likely to seek help and young individuals are more likely to patronize informal sources of help. Since males result more to self-care, it is understandable why more females will turn to family and friends that are more likely to prevent them from seeking professional help due to stigma. The other findings from the current study includes; more female's considered negative attitude and belief about treatment and ignorance as more important barriers than their male counterparts who on the other hand considers illness related barriers, preference for spiritual treatment and lack of trust in health care providers as most important.

CONCLUSION

The current study revealed that there is dominance of personal or attitudinal barriers over structural barriers among adolescent students in Makurdi. These personal barriers include stigma, illness related barriers, disapproval by family and friends, negative attitude and belief about treatment, financial constraints, ignorance and preference for spiritual treatment.

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