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KNOWLEDGE OF MENTAL HEALTH SERVICES AND ENABLERS/BARRIERS OF THEIR UTILIZATION AMONG CLIENTS OF PRIMARY HEALTHCARE FACILITIES IN RIVERS STATE

Siyeofori Belema Dede[1], Pearl Iyaye Daibi Abereton[1,2*], Adaeze Chidinma Oreh[3]

***Correspondence:** Pearl Abereton; **Email:** pearl_abereton@uniport.edu.ng

Abstract

Background and aim: Mental Health services (MHS) are vital to the health and wellbeing of a populace and the economic viability of an area. Poor awareness, wrong beliefs and attitudes are however reported to adversely affect the utilization of these services. This study was thus aimed at assessing the knowledge of MHS, the utilization of these services, factors affecting their utilization in primary healthcare facilities in Rivers State.

Materials and methods: This study utilized the descriptive design and was conducted among 427 clients of PHC facilities in Rivers State, Nigeria. Data was collected using interviewer-administered questionnaires to address the study objectives. Data analysis was done using the Microsoft Excel spreadsheet and was presented on tables and charts.

Results: Most of the respondents were found to have good knowledge of MHS 390 (91.3%), but only 21 (5.0%) of the respondents had ever utilized these services. Clients aged >35 years and those who had completed tertiary/vocational education had significantly better knowledge about these services. One barrier that however limited the utilization of these services was that it was not readily available at the PHC facilities.

Conclusion and recommendation: The knowledge of MHS among most clients was found to be good, mostly among older and educated respondents but only very few had ever used these services. It is necessary that adequate mental health orientation to improve uptake of these services is provided.

Keywords: *Mental Health Services (MHS), Knowledge, Utilization, Enabling factors, Barriers*

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Introduction

A healthy person is one who is physically, mentally and socially complete.[1,2] Health is one of the vital needs of all humans, considering that it is a major determinant for living, having cordial relationships, and engaging in activities beneficial for life and living.[3] Mental health has shown to be linked with many of the thematic areas of the Sustainable Development Goals (SDGs), as it is crucial to the success of resolving issues of poverty and fostering economic development. Armed conflict events, societal violence, insecurity and injustice, have often shown to have roots in social and economic deprivation and inequalities, as well as the mental health condition of a populace.[4] Sadly, the burden of mental-related disorders worldwide is huge, and the unmet needs for mental healthcare are reported to be high especially in low-and medium-income countries (LMICs).[5,6] In Africa, a treatment gap of up to 90% has been reported, and has been reported to be as a result of the predominant weak healthcare delivery systems of African countries, which affects how mental health is delivered and sustained.[5] Although mental healthcare is capital intensive, programmes geared at reducing the burden of mental health, are known to thrive better in developed health systems compared to weaker ones.[5]

For mental healthcare services to be effectively delivered, it has been advocated by the World Health Organization to be integrated into the primary healthcare delivery system.[5,7,8] This further enhances the provision of quality, patient-centred mental healthcare services, which strengthens the attainment of universal health coverage.[7] Primary healthcare involves the provision of essential health care services to individuals and communities, which is completely accessible, available, affordable and safe, and close as possible to where people live and work.[9] Providing MHS in PHC involves management of persons with minor mental disorders; support systems and strategies to prevent the occurrence of mental disorders and defaulting, and prompt referrals in severe cases. It also ensures that PHC providers apply the relevant psychosocial and behavioral science skills, in their daily work in order to provide quality care and general health outcomes. [10,11] The incorporation of MHS into the PHC enables the largest proportion of people to have access to faster and easier MHS. It enables the provision of prompt response to mental health issues, before they are able to degenerate into more serious disorders.[3,12,13]

Reports have shown that a great number of persons with mental illness are not able to receive treatment in Nigerian communities, as a result of the myths and stigma that are linked to it. Mental illness has been regarded as a taboo in some areas, is considered a spiritual attack and a punishment from God for evil-doing and for usage of illicit psychoactive substances, among other false beliefs.[6] These factors among other social, physical, communication, attitudinal, and policy barriers, are potential factors that have the capacity of limiting the utilization of these services, with a resultant effect of worsening mental health status of members of the populace.[6,7] According to World Health Organization (WHO), one in every four Nigerian has some form of MH disorder,[6] and studies have reported the occurrence of MH problems within the Nigerian populace.[11,14,15]

In addition to the effects of the stigmatizing nature of mental illness, MH education is still low key and health

literacy on MH is not a topic that is readily discussed in the open. The use of strategic and an effective community engagement approach in mental healthcare delivery is also reported to be lacking,[5] and the problem of ineffective and inefficient health information management systems, also makes treatment for mental illnesses inaccessible to less-privileged persons due to financial barriers. These numerous challenges are able to affect the mental healthcare service delivery system, as well as hinder the optimal utilization of these services by members of the Nigerian populace.[5,6] These mental-illness myths and stigma also further inhibit the provision of healthcare interventions towards reducing the mental illness burden.[5] Mental health illnesses, choice of non-conventional sources of treatment due to wrong beliefs, stigma and other issues have also been reported in Rivers State.[11,16] In order to facilitate effective utilization of provided mental healthcare services in Rivers State, there was the need to address the issues bordering mental illness myths, wrong treatment beliefs, stigma and discrimination among members of the Rivers State populace. To do this, it became necessary to identify the perception of members of the populace regarding mental healthcare services, as well as their utilization of these services and any factors affecting it. This study was thus premised on determining the knowledge of mental healthcare services, the utilization of these services among PHC clients in Rivers as well as identification of factors encouraging or limiting the utilization of these services.

Materials and methods

This study utilized a descriptive design to determine the knowledge of primary healthcare (PHC) facility clients of mental health services (MHS), as well as the utilization and enablers/barriers affecting the utilization of these services. It was conducted among 427 PHC clients from selected Model PHC facilities and Comprehensive PHC facilities located in the 23 Local Government Areas of Rivers State, Nigeria.[17]

Responses were elicited from all willing respondents using a self-administered adapted questionnaire. Assessment of the respondents' knowledge of MHS was done using a set of 12 questions with responses: "Yes" (2 points), "I don't know" (1 point) and "No" (No point allotted). Responses were elicited from all willing respondents using a self-administered questionnaire. Assessment of the respondents' perception of the enablers and barriers of MHS utilization was done using a 6-item questionnaire with responses: "Strongly Agree", "Agree", "Undecided", "Disagree", and "Strongly Disagree". After seeking their consent alongside other ethical considerations for the research, the instrument was administered by three research assistants to the clients, as they presented for clinical consultations at the PHC facilities.

Data was collected electronically and safely stored in a secure server of the Kobo toolbox Open-Source Mobile Data Collection platform. Data was cleaned, collated and analyzed on a Microsoft Excel spreadsheet, was expressed as frequencies/percentages and Mean±S.D., and presented on tables and charts. Assessment of knowledge of the respondents on MHS was done by summing all scores obtained after responses were made to the 12 questions assessing their knowledge. This was done to obtain a knowledge score ranging from 0 to 24. Scores between 0 and 7 were categorized as poor knowledge, scores between 8 and 15 were categorized as moderate knowledge and

scores between 16 and 24 were categorized as good knowledge.

Regarding the perceived enablers and barriers encountered in utilizing MHS among the PHC clients, having a majority of "Strongly agree" and "Agree" responses to positively-directed statements for example: "Getting to and from the health centre is easy for me", as well as having a majority of "Strongly disagree" and "Disagree" responses to negatively-directed statements for example: "The distance from the health centre to my house is far" implied that the statement was an enabler. Encountering the reverse implied that the statement was a barrier. These were then colour-coded as green (for enablers) and red (for barriers).

Results

Sociodemographic characteristics of PHC clients

Figure 1 below shows that 31.0% of respondents were between the age range of 18-29 years old, 38.0% were between the age range of 30-39 years old; 22.0% were between the age range of 40-49 years old; and 9.0% were between the age range of 50 years and above. Findings revealed 30.0% were males and 70.0% were females. Respondents had primary, secondary, vocational/technical and tertiary levels of education. Findings revealed 6.0% had primary education, 60.0% of the respondents had secondary education, 3.0% had vocational/technical education and 30.0% had tertiary education as their highest level of education; 1% had no education. Majority of the respondents were married (68.6%), followed by singles (24.8%%). The respondents who were widowed and divorced were 3.0% and 0.7% respectively.

Most of the PHC clients were found to have good knowledge 390 (91.3%) of mental health services as seen in Figure 2 below. Also, only up to 21 (5.0%) of the respondents had ever utilized mental health services as seen in Figure 3.

Factors significantly associated with knowledge of mental health services

Age of the PHC clients

Clients aged >35 years had significantly better knowledge about mental health services (MHS) than those aged ≤35 years (Odds Ratio, O.R.: 2.532; p-value: 0.016). (Figure 4).

Education of the PHC clients

Clients who had completed tertiary/vocational education had significantly better knowledge about mental health services (MHS) than clients who had completed primary/secondary school education (Odds Ratio, O.R.: 3.624; p-value: 0.006). (Figure 5).

Barriers and enablers of utilization of Mental health services among PHC clients

Altogether, 5 enablers, and 1 barrier were identified to affect the utilization of mental health services among the PHC clients as shown in Table 1. Enablers of service utilization included the proximity of the PHC facilities to the houses of the respondents, easy accessibility to and from the PHC facility, as well as the facilities of the health centre meeting the health needs of MHS clients. Others included the expression of necessary information by the healthcare workers which enabled them understand the health information provided, and the healthcare workers making the effort to ensure that the clients fully understood the health information provided. The barrier to the utilization of these services was that the services were not being readily provided at the PHC facilities.

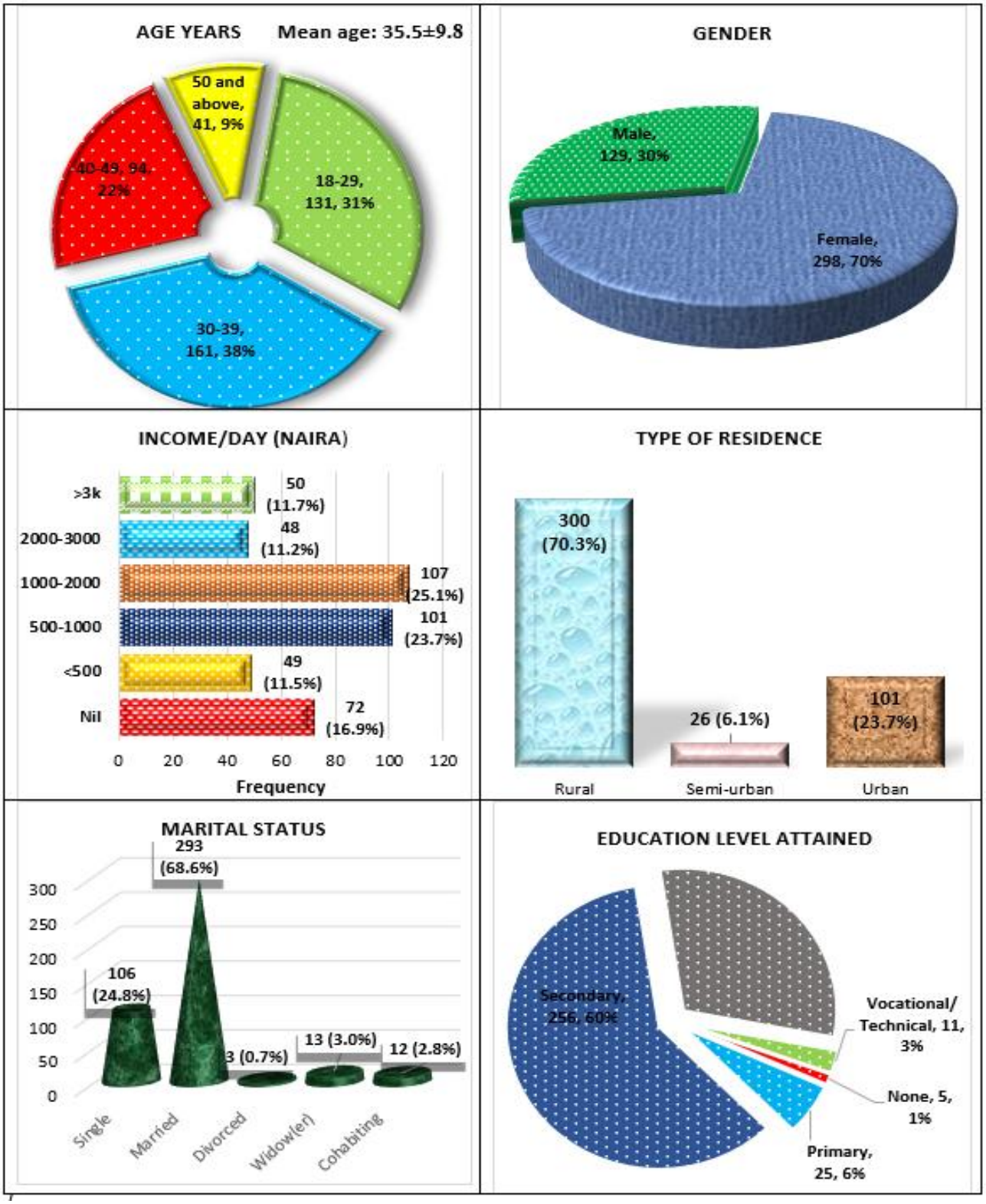

Figure 1: Sociodemographic characteristics of PHC clients

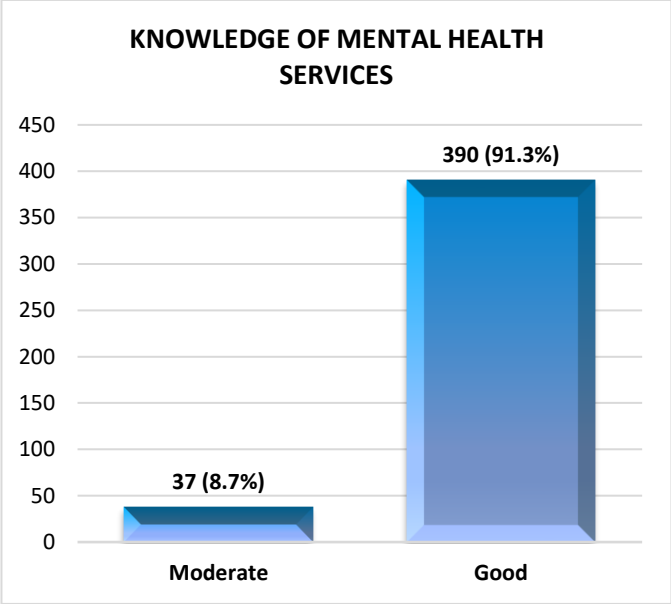

Figure 2: Levels of Knowledge of Mental Health Services among PHC clients

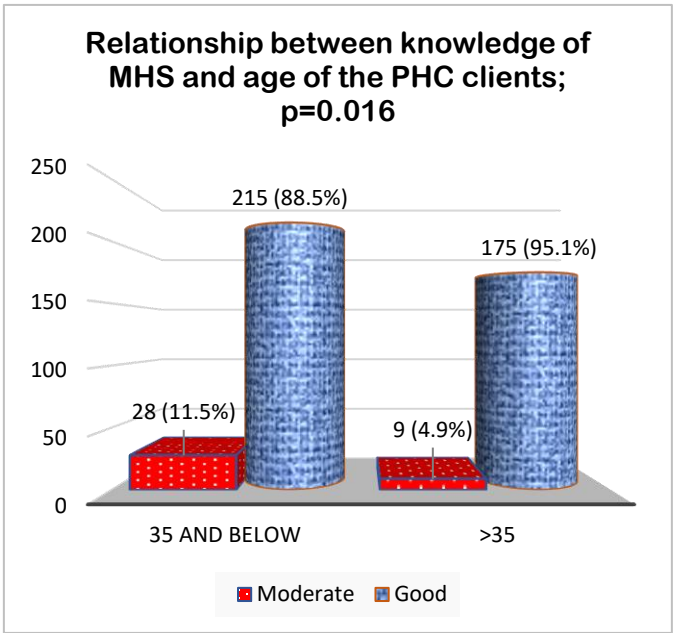

Figure 4: Relationship between knowledge of MHS and age of the PHC clients

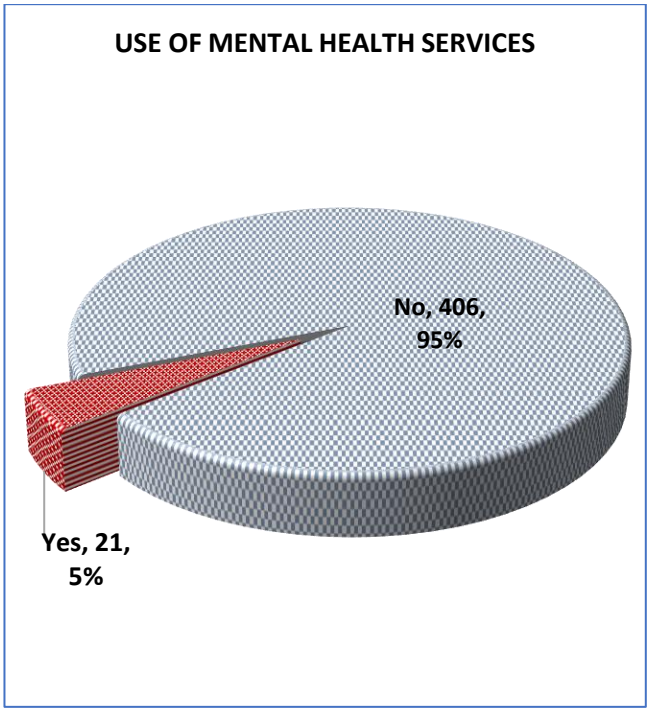

Figure 3: Utilization of Mental Health Services among the PHC clients

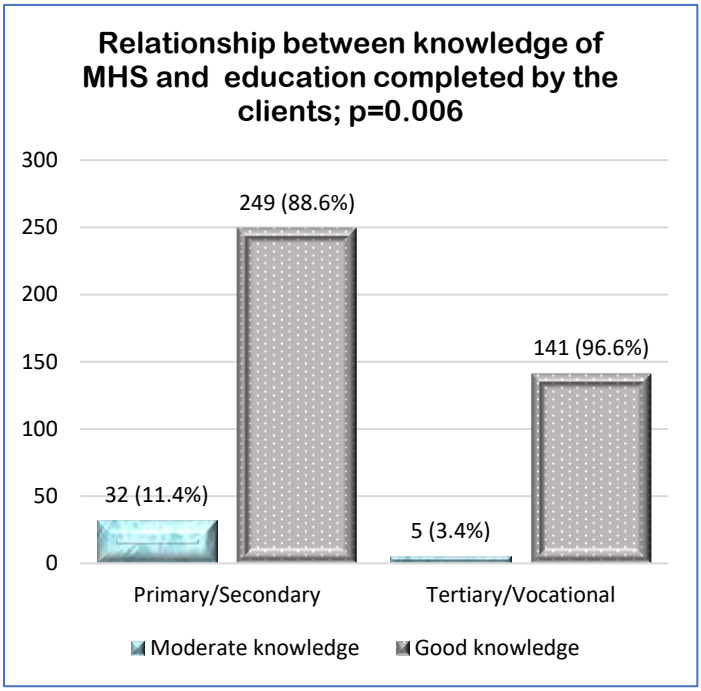

Figure 5: Relationship between knowledge of MHS and educational level of the clients

Table 1: Barriers and enablers of utilization of Mental Health Services (MHS)

S/No	QUESTIONS	SA	A	UN	D	SD
1.	**MHS are readily provided at the health centre**	22	63	72	153	117
2.	**The distance from the health centre to my house is far**	33	115	73	178	28
3.	**Getting to and from the health centre is easy for me**	40	225	52	93	17
4.	**The facilities of the health centre meet the health needs of the clients for MHS**	44	223	106	46	8
5.	**The information I need is expressed in simple language without the use of specialized words**	86	274	45	19	3
6.	**Health workers try to make sure I fully understand the health information provided.**	81	291	38	15	2

Enablers Barriers

4.0 Discussion

This study aimed at determining the knowledge of mental healthcare services, the utilization of these services, and factors encouraging or limiting the utilization of these services among clients utilizing primary healthcare (PHC) facilities in Rivers State. The study identified that most of the clients had good knowledge of mental health services, with older persons and those who had received tertiary education having better knowledge of these services. This good knowledge of mental healthcare services seems to be a significant finding which may not be expected by many considering the level of utilization of traditional/religious methods of care to cater for mental health problems in African countries.[5,6] It is a finding that is however not in agreement with the findings of other studies that have reported patients having poor knowledge of mental health and services provided to manage mental ill-health.[7,16]

This finding has several implications for mental healthcare as a whole in Rivers State. When the populace has good knowledge of these services, it can help in ensuring huge improvements in individual wellbeing and that of the society as a whole.[18] It is generally believed that when persons are aware of the benefits of maintaining optimal mental health, are able to easily identify symptoms of mental illness, and are adequately informed of the services available to cater for these needs, they are more likely to seek appropriate care on a prompt basis as well as adopt preventive measures to deal with precursors of mental illness including living healthy lifestyles, identifying effective ways to manage stress and so on.[3,19] Good knowledge of these services has also been reported as an effective way of mitigating the problems of the stigma attached to being mentally-ill in certain regions,[20,21] which creates an enabling environment for members of the populace to discuss mental health challenges without the fear of stigmatization.[7] This in-turn fosters the uptake of conventional healthcare interventions to tackle mental health problems in a timely manner, and prevents the deterioration of mental illness.[3] In this study, older persons and those who had received tertiary education were found

to also have better knowledge of mental healthcare services. This finding underscores the benefit of educating a populace as a means of economic development and productivity, and also reveals the potential of using educated and grown-up persons as health promotion agents to contribute to improving public attitudes towards mental illness and mental healthcare.[22]

Considering the utilization of mental health services in the present study, it was identified that only less than a tenth of the respondents had ever utilized these services. Combining this finding with the good knowledge of mental healthcare services found among the respondents creates a source of concern; which is, if the knowledge of mental health services among the respondents was able to impact their actual desire to adopt the utilization of these practices. It is a reported fact that mental health problems are existent in Rivers State, thus why would a populace having good knowledge of available healthcare services to tackle this problem, not utilize the services? Studies have reported that the beliefs, associated myths and stigmatizing attitude of a society towards mental illness can impair the choice to publicly be known or be associated with a mentally-ill person.[7] This adversely affects the utilization of the required mental healthcare services when the need arises as a result of the discrimination and stigma such persons or their families may experience.[6,16] In this study also, even with the presence of enabling factors that were available to enhance the utilization of these services, including good proximity to their homes, easy accessibility, responsive healthcare personnel among others, there was still poor uptake among the respondents. The potency of having the wrong notions and attitudes towards mental illness among a populace should thus never be underestimated. It should be a source of concern for government and all healthcare stakeholders for deployment of the appropriate measures to tackle the problem of stigma and wrong attitudes towards mental illness, considering the overwhelming social and economic benefits of good mental health indices in an area.[6,7]

In addition to these findings, the only barrier identified to affect the utilization of these services was that they were not readily available at the PHC facilities. This has also been reported to be a reason for non-uptake of mental health services in previous studies.[3,6,11] To overcome this, it is advocated that mental health services are integrated into the primary healthcare delivery system to allow for improved attainment of universal health coverage.[5,7,8] Addressing this availability barrier and reinforcing the enablers should be the goal of all respective mental healthcare stakeholders as a driver of improving the quality of mental health services provided in PHC facilities in Rivers State.[23]

5.0 Conclusion

In this study, it was identified that most of respondents had good knowledge of mental health services, with older persons and those who had received tertiary education having better knowledge of these services. However, the uptake of these services was poor among them and may be associated with the utilization barrier of these services not being readily available in the primary healthcare facilities.

It was thus recommended that all mental healthcare stakeholders at the various levels of governance, resolve the problem of unavailability of mental health care services by providing the necessary manpower, structural and

material resources needed to provide these services for effective sustenance of optimal mental healthcare of the populace. The provision of mental health education and mental illness orientation to the populace is also necessary and should be spearheaded by the various local government authorities who are most conversant with the prevailing beliefs about mental illness in the various local government councils. It is also crucial that mental healthcare services are integrated into the primary healthcare delivery system.

Conflicts of Interest: None

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Ethics Approval: This was obtained for this study from the Health Research Ethics Committee of the Rivers State Hospital Management Board (Approval number: RSHMB/RSHREC/2024/031). Permission to carry out the evaluation was obtained from the Executive Secretary and Director Planning, Research and Statistics of the Rivers State Primary Healthcare Management Board (RSPHCMB). The Medical-Officers-of-Health and facility heads of the various PHC facilities were also duly informed, and informed consent obtained from all respondents before commencement of data collection via the administration of the study instrument. Also, the data collection tools were anonymised to ensure protection of the privacy of respondents and confidentiality of their responses.

Authors' Contributions: S.B.D. wrote the first draft of the manuscript and contributed to data collection, study design, and interpretation of the results. P.I.D.A. contributed to the formal analyses and interpretation of the results. A.C.O. coordinated the study, contributing to the study design, data collection, and interpretation of the results. All authors contributed to reading and commenting on the manuscript. The published version of this manuscript has been read and agreed upon by all authors.

Abbreviations:

LMIC	Low- and Middle- Income Countries
MH	Mental health
MHS	Mental Health Services
OR	Odds Ratio
PHC	Primary Health Centre
RSHMB	Rivers State Hospital Management Board
RSHREC Committee	Rivers State Health Research Ethics
SPSS	Statistical Package for Social Sciences
WHO	World Health Organization

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Affiliations and ORCIDs:

[1]Rivers State Primary Health Care Management Board, Port Harcourt, Rivers State, Nigeria;

ORCID ID: https://orcid.org/0009-0002-2818-8423

[2]Environmental Health Department, School of Public Health, University of Port-Harcourt, Rivers State, Nigeria; ORCID ID: https://orcid.org/0000-0002-0826-0902

[3]Rivers State Ministry of Health, Port Harcourt, Rivers State, Nigeria; ORCID ID: https://orcid.org/0000-0001-9141-8215