



## Residents' Perception of States' Ministries of Health's Strategies for Communicating Mental Health Information in South-South Region of Nigeria

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**Abstract:** This study was motivated by the perceived negative perception of people with mental health issues by residents of South-South Region of Nigeria, as well as seeming lack of awareness of mental health issues among the residents. Consequent upon the above, the study investigated how the residents perceive the mental health information communication strategies of the Rivers and Akwa Ibom States' Ministries of Health, the institutions entrusted with mental health information diffusion in the region. The theoretical framework rested on the agenda, selective influences as well as social learning theories. Adopting survey design, the study sampled 384 respondents drawn from a population of 2,167,600, using purposive and convenience sampling methods. The findings reveal that the residents generally perceive the communication strategies of the States' Ministries of Health as ineffective, as a result of the nature of the strategies which are infrequent, lack explanation and depth. Again, the strategies do not adopt trickle-down and society-specific models to reach the grassroots, resulting in low level awareness and negative perception of mental health issues among residents of the region. Against the background of the findings, the study recommended that the Ministries of Health in the South-South region should review their mental health information dissemination strategies in terms of regularity, clarity and use of society and community-specific communication channels.

**Keywords:** Mental Health, Communication Strategies, Health, Perception, Ministry of Health, South-South Region

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### 1. Introduction

In 1948, the World Health Organization (WHO), cited in Victor (2021) defined health with a phrase that is still used today, thus, "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." In 1986, WHO further clarified that health is "a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. The most common aspect of health is physical health, which is easier to access than other aspects of health. This leads to the neglect of other aspects especially, mental health" (Felman, 2020).

Generally, the term "mental health" is used in reference to conditions such as depression, anxiety, and post-traumatic stress disorder (PTSD) and schizophrenia. However, specifically, 'mental health' refers to overall emotional, psychological and social well-being, both in and outside the context of named conditions. Mental health impacts how people think, feel and behave; it shapes how people perceive the world, make decisions and handle stress when it comes their way (Lanese, 2019). Health is not like an on/off switch, there are different degrees of health.

People move on a continuum ranging from great or good health to so-so health to poor health to illness or disability. So, many persons fall somewhere in the middle - they are generally in good health, though occasional problems may come up. Mental health is the same way. Just as it is possible to have poor mental health but no mental illness, it is entirely possible to have good mental health even with a diagnosis of a mental illness. That is because mental illnesses (like other health problems) are often episodic, meaning there are times ('episodes') of ill health and times of better or good health (Labinjo, Serrant, Ashmore & Turner, 2020). Having a proper response to life's problems is an important aspect of mental health. Another point to note is that mental illnesses affect physical health and there is an interrelationship between mental and physical illnesses (Canadian Mental Health Association [CMHA], 2015).

Mental health conditions or psychosocial disabilities involve disturbances in thinking, emotion, and/or behaviour, this includes depression, anxiety, schizophrenia and bipolar condition, (Erubami, Bebenimibo, Ezeah & Muobike, 2023). Small disturbances in these aspects of life are common, but when such disturbances cause significant distress to the person and/or interfere with daily life, they are considered mental illness or a mental health disorder (Akpabio, 2016). Nearly 50% of adults experience a mental illness at some point in their lives. More than half of these people experience moderate to severe symptoms. 4 of the 10 leading causes of disability among people aged 5 and older are mental health disorders with depression being the number one cause of all illnesses that cause disability (First, 2020).

These statistics notwithstanding, it would seem that the attention given to mental health disorders in Nigeria is at best fleeting; the level of awareness of the Nigerian public on mental health issues is also understandably poor, and misconceptions regarding mental health have continued to flourish. Poor knowledge of the mental illness, its causes and characteristics among Nigerians, has been a major hurdle to improving mental health in Nigeria (EpiAFRIC and the Africa Polling Institute [API], 2020). For instance, Nigeria has Africa's highest caseload of depressive disorders and ranks 15<sup>th</sup> in the world in the frequency of suicides, according to the World Health Organisation. Nigeria has fewer than 300 psychiatrists for an estimated population of over 200 million, and WHO estimates that fewer than 10% of mentally ill Nigerians have access to the care they need. Again, three in every 10 Nigerians suffer from one form of mental disorder.

Unfortunately, despite this huge burden in Nigeria, only about 20% of those affected are considered good enough to be categorised as mentally ill. These are the ones with the spectrum of the disorder generally referred to as 'madness' and perhaps extreme cases of drug or alcohol addiction. That has largely made mental disorders in the remaining 80% or 48 million Nigerians ignored or poorly understood. However, as ignored as the health condition is in Nigeria, experts say it is the second leading cause of death in 15-29 year-olds globally (*ThisDay*, 2018).

According to Oladiji (2018), youths between the ages of 15 and 24, a demographic which due to several psychosocial and political factors, is most vulnerable to adverse mental health fluctuations and many of them diagnosed as living with some form of mental illness fail to receive appropriate treatment due to a lack of mental health infrastructure, stigma, and harmful traditional beliefs. According to the Federal Ministry of Health (2017);

In-depth information on mental health services in Nigeria is non-existent, though there are policies aimed at addressing mental health issues in Nigeria. Nigeria's mental health policy was first formulated in 1991. In 2003, a bill for the establishment of a Mental Health Act was introduced in the Nigerian Senate but was later withdrawn in 2009. In 2013, the bill was re-introduced to the National Assembly. However, 13 years since the bill was introduced to the National Assembly, it is yet to be passed into law. As a result of this, Nigerians still see mental health as a taboo because the country still adheres to the Lunatic Act of colonial legacy.

As Okpalaukwe *et al* (2017) observe, historically, people with mental illnesses were

burned, hanged, mutilated, abandoned and restrained with chains, all in the bid to save their souls, or bring redemption to their families and curb the iniquities causing mental illness within the families. The most common knowledge of causes of mental illness observed in articles was supernatural causes - witches, evil spirits and even God. This belief created avenues for the dehumanisation and extortion of the mentally-challenged in the country.

The importance of effective health communication in Nigeria's health care system cannot be underestimated (Akpabio, 2016). Health communication includes verbal and written strategies to influence and empower individuals, populations, and communities to make healthier choices. It is also the study and practice of communicating promotional health information, such as in public health campaigns, health education, and between doctor and patient. The purpose of disseminating health information is to influence personal health choices by improving health literacy (Gregg and Mills, 2018). Because effective health communication must be tailored for the audience and the situation, research into health communication seeks to refine communication strategies to inform people about ways to enhance health or to avoid specific health risks. The goal of health communication is to identify and provide better and more effective communication strategies that will improve the overall health of society (Atkin and Silk, 2009). As Gregg and Mills (2018) observe, health communication strategies aim to change people's knowledge, attitudes, and/or behaviours, hence the need to analyse the communication strategies employed by the Health Ministry in Rivers State for diffusion of mental health information in the state.

#### **Problem Statement**

Nigeria is a highly religious and superstitious country, rife with faith healers and animists, and any abnormal behaviour or mental challenge is characterised as a spiritual attack. There is a seemingly widespread erroneous belief that mental illnesses are caused by supernatural forces and this belief projects people with mental illnesses as dangerous and distasteful.

In Nigeria today, individuals with mental health challenges are often stigmatised or neglected by their peers and family members owing to the misconceptions about mental health challenges which can be linked to ignorance and lack of knowledge. For instance, there is a significantly high level of ignorance that the 'insane' man who sleeps on dirt is not the only one with a mental health condition but also those who appear 'normal' may be living with serious mental health challenges. Sadly, this anomaly seems to increase daily in different Nigerian communities and some researchers have put this down to the absence of an effective and deliberate plan or policy to address issues relating to mental health. There is also the issue of poor healthcare and welfare systems and the stigma that comes with being mentally challenged. One of the suspect factors identified as being responsible for the scenario above is the nature of information as well as the strategies used to disseminate information on mental health issues. Hence, the problem of this study is: How do residents of South-South region, Nigeria, perceive the States' Ministries of Health's strategies for communicating mental health information in the region.

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

The study investigated how residents of South-South Region of Nigeria perceive the regional States' Ministries of Health's strategies for communicating mental health information in the region. The objectives were to:

1. To analyse the perception of residents on the nature and style of South-South regional Ministries of Health's mental health communication strategies.
2. Ascertain the residents' perception of the frequency of dissemination of mental health information by South-South Nigerian regional Ministries of Health.
3. Establish the level of exposure of residents of the region to mental health information through South-South Nigerian Regional Ministries of Health;

4. analyse the perception of mental health issues by residents of the South-South region, Nigeria;
5. Analyse the influence of South-South Nigerian Regional Ministries of Health communication strategies on residents' perception of mental health issues.

### **Theoretical Framework**

#### **Agenda-setting Theory**

The agenda-setting theory was formally developed by Max McCombs and Donald Shaw in a study on the 1972. The theory discusses the role the media play in placing issues on public agenda. According to the agenda-setting hypothesis, the media influence public opinion by emphasising certain issues over others. The amount of media attention, or the media salience, devoted to certain issues influences the degree of public concern for these issues (McCombs & Shaw, 1972 as cited in Defleur (2010)). The roots of this approach according to Defleur (2010), can be found in Lippman's (1922) argument that the world around us is too complicated and out of reach, and that consequently, we must rely on the media to understand it.

The mass media, therefore, can make an issue worth knowing and of great importance by giving it maximum attention thereby setting the agenda for the public. Agenda-setting theory aims at positioning a particular topic, subject or agenda in the minds of the people specifically emphasising it and making it an everyday discourse to make it appear important to people. One of the key aspects of agenda-setting theory is the ability of the media to highlight certain topics or aspects of issues and put them into the stream of public discourse. By calling attention to some issues over others, the news media form the public's opinion about the most important issues. This theory posits that the mass media possess the ability to set the public agenda especially in matters of opinions or attitude. With such influence, the media audiences tend to form their own opinion or focus on those issues that are considered as worthy of inclusion on their mental agendas (Bohensky and Leitch, 2014). Specifically, Carmin *et al.* (2015) opines that the process of agenda-setting occurs via: (1) The quantity or frequency of reporting; (2) Prominence given to the reports – through headline display, pictures and layout in newspapers, magazines, film, graphics, or timing on radio and television. (3) The degree of conflict generated in the reports; and (4) Cumulative media-specific effects over time.

#### **Selective Influences Theory**

Also known as the conditional effects model, this theory states that although the mass media can play crucial roles in behaviour change, people interpret media messages differently, which can result in separate conclusions drawn from the consumption of content from the same medium (Johnson, Neo, Marieke, Heijnen, Smits, & van Veen, 2020). People's opinions, interests and predispositions can have a deep influence on their behaviour vis-à-vis mass media and the effects such messages are likely to have on them. There is enough strong evidence to show that people tend to expose themselves to media messages that they agree with and consciously or unconsciously avoid messages they disagree with (Ndimele and Innocent, 2016).

Selective exposure, which has roots in psychology, therefore advances the argument that individuals tend to favour information which reinforces their pre-existing views while avoiding contradictory information. Selective exposure has also been known and defined as congeniality bias or "confirmation bias" (Humanes, 2019), and relies on the assumption that one will continually seek out information on an issue even after he/she has taken a stance on it. The position that a person has taken will be coloured by various factors reinforced during the decision-making process. Theoretically, selective exposure occurs when people's beliefs guide their media selections (Westerwick, 2014). The selective influence theory is therefore a form of dissonance-reduction in the sense that individuals can determine the type of media messages to expose themselves to, and those to avoid. This occurs through the three sub-process of the theory namely, selective exposure, selective perception and selective retention or subconscious

erasure (Humanes, 2019).

### **Conceptual Framework**

#### **Mental Health**

According to Felman (2020), mental health refers to cognitive, behavioural and emotional well-being. It refers to how people think, feel and behave. However, people sometimes use the term "mental health" to mean the absence of a mental disorder. Mental health can affect daily living, relationships, and physical health. On the other hand, mental health information refers to information on the types of mental illness, causes, the possibility of treatment, treatment options, and magnitude of the illness (Benti, Ebrahim, Awoke, Yohannis & Bedaso, 2016). According to Wada, Rajwani, Anyam, Karikari, Njikizana, Srour, & Khalid (2021), there are two dimensions to mental health: One continuum indicates the presence or absence of mental health, the other the presence or absence of mental illness. For example, people with optimal mental health can also have a mental illness, and people who have no mental illness can also have poor mental health.

Mental health is a socially-constructed and socially-defined concept; that is, different societies, groups, cultures, institutions, and professions have very different ways of conceptualising its nature and causes, determining what is healthy, and deciding what interventions, if any, are appropriate (Sydney-Agbor, Ebeh & Onyeonu, 2018). Generally, there are major factors which may contribute to mental health disruptions, including stress, continuous social and economic pressure as well as biological factors.

#### **Mental Illness**

Mental disorders (or mental illnesses) are conditions that affect one's thinking, feeling, mood and behaviour. They may be occasional or long-lasting (chronic) and can affect one's ability to relate to others and function each day. Several factors can contribute to risk of mental illness, such as genes and family history, life experiences (such as stress or a history of abuse especially in childhood), biological factors such as chemical imbalances in the brain, a traumatic brain injury, a mother's exposure to viruses or toxic chemicals while pregnant, use of alcohol or recreational drugs as well as having a serious medical condition like cancer (National Institute of Mental Health, 2014).

The World Health Organization (2019) as cited in Victor 2021 holds that though there are different mental disorders, with different presentations, however, they are generally characterised by a combination of abnormal thoughts perceptions, emotions, behaviour and relationships with others. Generally, mental disorders include: Depression, bipolar disorder, schizophrenia and other psychoses, dementia, and developmental disorders including autism. Determinants of mental health and mental health disorders include not only individual attributes such as the ability to manage one's thoughts, emotions, behaviours and interactions with others but also social, cultural, economic, political and environmental factors such as national policies, social protection, standards of living, working conditions, and community support (Audu, Idris, Olisah & Sheikh 2013).

Regier, Kuhl and Kupfer (2013) maintain that *The Diagnostic and Statistical Manual of Mental Disorders* (DSM) - the most widely used system for classifying mental disorders identifies the following classes of mental disorders: Neurodevelopmental disorders, intellectual disability, global developmental delay, communication disorders, Autism Spectrum Disorder, Attention-Deficit Hyperactivity Disorder (ADHD), Bipolar and Related Disorders, mania, depressive episodes, anxiety disorders, stress-related disorders, substance-related disorders, personality disorders, etc.

### **Health Communication**

According to Innocent (2023), health communication encompasses the study and use of communication strategies to inform and influence individual and community decisions that enhance health. On his part, Dutta-Bergman (2015) says health communication strategies are those plans adopted by the health educator/giver to inform and influence people to bring about behavioural change (knowledge, attitude). Research in health communication focuses on the development of effective messages about health as well as the dissemination of health-related information through broadcast, print, and electronic media, and the role of interpersonal relationships in health communities (Aligwe, Nwafor, Adibe, Ohiri, & Nwabufoe, 2018). Health communication research also aims to identify and provide better and more effective communication strategies to improve the overall health of society (Malikhao, 2020).

Clear communication is essential for successful public health practice at every level of the ecological model: intrapersonal, interpersonal, group, organisational, and societal (Malikhao, 2020). In each instance of health communication, there must be careful deliberation concerning the appropriate channel for messages to best reach the target audience, ranging from face-to-face interactions, to television, the Internet, and other forms of mass media (Beato, Ricardo and Telfer, 2010). According to Aroyewon (2017), the explosion of new Internet communication technologies, particularly through the development of health websites (such as *Medline Plus*, *Health finder*, and *WebMD*), online support groups (such as the Association for Cancer Online Resources), web portals, tailored information systems, telehealth programmes, electronic health records, social networking, and mobile devices (cell phones, PDAs, etc.) means that the potential media are ever-changing. In terms of benefits, health communication increases audience knowledge and awareness of health-related issues and also demonstrates the benefits of behaviour changes to public health outcomes. It also aids the removal of misconceptions on health-related issues (Centre for Disease Control [CDC], 2013). Despite these benefits, health communication often encounters several barriers such as low health literacy, poor communication and poor research (Nkanunye and Obiechina, 2017).

Researchers have identified several communication strategies or channels for communicating health information. Aligwe, Nwafor, Adibe, Ohiri, & Nwabufoe (2018) identify radio, television, newspaper, flyers, brochures, the internet and social media. Ikhioya (2019) adds another strategy - campaigns – which organise and share health messages to suit different audiences. On his part, Nkanunye and Obiechina (2017) identify two broad classifications of health communication strategies, viz, traditional and rural-based communication as well as broadcast media.

### **Perception**

Hong, Liefu & Piotr (2018) say that perception is the sensory experience of the world. It involves both recognising environmental stimuli and actions in response to these stimuli. Perception can be either bottom-up or top-down (Innocent, 2023). According to Swineford, Thurm, Baird, Wetherby & Swedo (2014), four main factors affect how perception varies between people. They are physiology, past experiences, culture and present feelings.

### **Empirical Review**

Using cross-sectional descriptive design and 250 adult respondents, Kabir, Iliyasu, Abubakar & Aliyu (2004) studied "Perception and beliefs about mental illness among adults in Karfi village, Northern Nigeria." The results revealed that the most common symptoms advanced by respondents as marking mental illness included aggression/destructiveness, talkativeness, eccentric behaviour and wandering. They also believed that drug misuse as well as the wrath of God's or spirit 'possession' are accountable for mental illness. The respondents also harboured negative feelings towards the mentally ill, mainly in form of fear and avoidance. Okpalauwaekwe, Mela & Oji (2017) carried out a study entitled "Knowledge of and Attitude to Mental illnesses in Nigeria: A Scoping review." The findings revealed that the most common causal attribution of mental illness by respondents, which included health workers, was



supernatural causes. This belief resulted in respondents perceiving mental illness beyond human intervention. In a related study, Effiong, Idung & Iyanam (2019), studied “Knowledge, Attitudes and Perceptions about Mental Illness in Ekom Iman Community, Akwa Ibom State, South-South, Nigeria.” Responses from participants indicated that the only common symptoms of mental illness were public nudity, destructive behaviour, aggression, talking off-context, wandering tendencies, neglect of self-care, and social withdrawal. They also believed that drug abuse and magical/spiritual influence were the key causes of mental illness. Again, the respondents with a lower level of formal education were as likely as those with a higher level of education to endorse organic contributions to the aetiology of mental illness while respondents with a higher level of education were less likely to endorse spiritual causation of mental illness compared to those with a lower levels of education.

Finally, Africa Polling Institute and EpiAFRIC (2020), undertook a study entitled “Mental Health in Nigeria: A Survey.” The survey which was conducted in all 36 states of Nigeria as well as the Federal Capital Territory (FCT), Abuja, had the following findings: Although the respondents were aware of mental health disease, it appeared that they recognised and connected overt signs of mental ill-health much more than covert signs, in other words, one must display disruptive behaviour that attracts public attention to be recognised as having a mental health disorder. Results show that the female respondents were unwilling to go into any type of relationship with a person living with a mental health disorder but preferred to take him for prayers first.

**Materials and Methods**

The study adopted the survey design with a research population of 567,399, being the population of the two selected states in South-South Region which was clustered, as per the National Population Census figures of 2006. With a 14-year difference and an urban population growth rate of 6.5 per cent, the final study population stood at 1,167,600. The sample size which was made up of respondents, a health professional from the Rivers and Akwa Ibom States Ministries of Health and a Neuro-Psychiatrist, was 384, per Meyer’s Sample Size Determination Template. The data-collecting instruments were a 31-item questionnaire as well as an interview guide made up of sections A (6 questions for Ministry of Health), B (6 questions for a neuro-psychiatrist) and C (5 questions for respondents). The method of data analysis was descriptive - using explanation building - and statistical. The questionnaire was constructed on a 4-point Likert scale in which responses were: Strongly Agree - 4 points, Agree - 3points, Disagree - 2points, and Strongly Disagree - 1point. The average mean was 2.5 and any mean less than this was not accepted.

**Results and Discussion**

384 copies of the questionnaire were administered out of which 346 copies (90.1%) were retrieved and analysed. The reliability coefficient index was 0.80 while data employed the use of mean score and criterion mean. Any mean below the criterion mean was rejected, while any mean above 2.5 was accepted. 55 per cent of respondents were female while the age range with the highest number of participants was 21-25 (56%). In terms of educational qualifications, 34.7% of respondents had tertiary education while the lowest educated respondent had primary school education.

**Research Objective 1: To analyse the perception of residents on the nature and style of South-South regional Ministries of Health’s mental health communication strategies**

**Table 1:** Mean (x) analysis of the perception of residents on the nature and style of South-South regional Ministries of Health’s mental health communication strategies

S/N	Items	SA (4)	A (3)	SD (2)	D (1)	Total	Mean(x)	Remark
1	I frequently visit the Rivers State MoH’s website	23	46	131	146	346	1.8	Disagree

2	I perceive that Mental health information on the Rivers State MoH's Website and social media accounts are helpful	92 31 124	138 119 357	262 119 238	146 77 77	638 346 796	2.3	Disagree
3	Rivers State MoH hosts webinars on their social media platforms	15 60	112 336	104 208	115 115	346 719	2.0	Disagree
4	Rivers State MoH sends emails when you subscribe to their newsletter	31 124	69 207	146 292	100 100	346 723	2.0	Disagree
5	I have seen billboards on mental health by Rivers State MoH	0 0	0 0	131 262	215 215	346 477	1.3	Disagree
6	Rivers State MoH uses the church to disseminate mental health information	0 0	15 45	154 308	177 177	346 530	1.5	Disagree
7	Rivers State MoH engages in outreaches to educate the residents on mental health	15 60	27 81	134 268	170 170	346 579	1.6	Disagree
8	I have seen flyers on mental health information by Rivers State MoH	50 200	58 174	115 230	123 123	346 727	2.1	Disagree
9	I have been contacted by a health extension worker of the Rivers State MoH	0 0	0 0	131 262	215 215	346 477	1.3	Disagree

The data indicate that the respondents perceive the nature and style of Rivers State Ministry of Health’s communication strategies as ineffective.

**Research Objective 2: Ascertain the residents’ perception of the frequency of dissemination of mental health information by South-South Nigerian regional Ministries of Health**

**Table 2:** Mean (x) analysis of residents’ perception of the frequency of dissemination of mental health information by South-South Nigerian regional Ministries of Health

S/N	Items	SA(4)	A(3)	SD(2)	D(1)	Total	Mean(x)	Remark
10	Rivers State MoH regularly disseminates mental health information	30	58	173	85	346	2.1	Disagree
11	Rivers State MoH rarely disseminates mental health information	120	174	346	85	899	2.9	Agree
12	Mental health is a key focus of the Rivers State MoH	127	100	81	38	346	1.9	Disagree
13	Mental health information is disseminated by Rivers State MoH only on occasions like World Health Day, Mental Health Awareness Month, etc	508	300	162	38	1008	1.9	Disagree
14	Health programmes of Rivers State MoH always include mental health information	54	115	119	58	346	2.5	Agree
		216	345	238	58	857		
		31	58	157	100	346	2.0	Disagree
		124	174	314	100	712		

As the data in the Table 2 indicates, Rivers State residents perceive that the frequency of Rivers State Ministry of Health’s dissemination of mental health information in the state is significantly low.

**Research Objective 3: Establish the level of exposure of residents of the region to mental health information through South-South Nigerian Regional Ministries of Health**

**Table 3:** Mean (x) analysis of the level of exposure of residents of the region to mental health information through South-South Nigerian regional Ministries of Health

S/N	Items	SA(4)	A(3)	SD(2)	D(1)	Total	Mean(x)	Remark
20	I am aware of all the channels of	35	27	127	157	346	1.8	Disagree



	communication used in dissemination of mental information in South-South region	140	81	254	157	632		
21	I encounter mental health information from the Ministry of Health in my state frequently.	35	115	108	88	346	2.2	Disagree
22	The mental health information I encounter from the Ministry of Health in my state makes me understand more about mental illness.	140	345	216	88	789	1.5	Disagree
		12	30	108	196	346		
23	I perceive that the Ministry of Health in my state is not doing enough to disseminate mental health information in my state.	48	90	216	196	550	2.9	Agree
		92	154	77	23	346		
		368	462	154	23	1007		

Results in Table 3 above indicate that the respondents have low level exposure to mental health information from the Ministries of health in the region.

**Research Objective 4: Analyse the perception of mental health issues by residents of the South-South region, Nigeria**

**Table 4:** Mean (x) analysis of the perception of mental health issues by residents of South-South region, Nigeria

S/N	Items	SA(4)	A(3)	SD(2)	D(1)	Total	Mean (x)	Remark
24	Mental health issues are caused by the supernatural (God, witchcraft etc.)	38	96	108	104	346	2.1	Disagree
25	Mental illness is the same as madness.	152	288	216	104	760	2.5	Agree
		58	115	123	50	346		
26	Mental illness can be cured only through traditional means	232	345	246	50	873	2.3	Disagree
		58	81	126	81	346		
27	The mentally ill are dangerous and a threat to the society	232	243	252	81	808	2.9	Agree
		96	108	92	50	346		
		384	324	274	50	1032		

Data in Table 4 indicate that the four items measured recorded inaccurate perceptions of mental health by the respondents.

**Research Objective 5: Analyse the influence of Rivers State Ministry of Health’s communication strategies on Port Harcourt residents’ perception of mental health issues**

**Table 5:** Mean (x) analysis of the extent to which Port Harcourt residents are influenced by the communication strategies of the Rivers State Ministry of Health

S/N	Items	SA(4)	A(3)	SD(2)	D(1)	Total	Mean (x)	Remark
28	Mental health information on the Rivers State MoH’s website has changed my perception of mental health	38	96	108	104	346	2.1	Disagree
29	Mental health information on Rivers State MoH’s social media handles have not changed my perception of mental health	152	288	216	104	760	2.5	Agree
		58	115	123	50	346		
30	Rivers State MoH’s campaigns and outreaches have educated me on how to care for my mental health	232	345	246	50	873	2.3	Disagree
		58	81	126	81	346		
31	Rivers State MoH’s broadcast media messages have educated me on how to care for my mental health	232	243	252	81	808	2.9	Agree
		96	108	92	50	346		
		384	324	274	50	1032		

The results in Table 5 indicate that the perception residents of South-South region, Nigeria, have about mental health is not influenced in any way by the States Ministries of Health communication strategies for mental health education. In other words, their perceptions are influenced by other factors and not the communication strategies by the Ministries of Health.

### **Discussion of Findings**

#### **Research Objective 1: Analyse the nature and style of South-South Nigerian regional Ministries of Health's mental health communication strategies**

The data generated showed that the respondents perceived the nature and style of mental health communication strategies by Ministries of health in the region as ineffective. Generally, the data show that there is no use of society-specific channels like the church, outreaches, extension workers, fliers or even the new media including websites in sharing health-related information to the residents of the South-South region of Nigeria. This finding mirrors of those Victor (2021), Ikhioya (2019), Aligwe, Nwafor, Adibe, Ohiri, & Nwabufoue (2018) that communication strategies of government institutions in Nigeria are largely ineffective because they do not reflect the peculiarities of the different peoples that populate the target audiences of the change messages. A corollary to this is found in the claims of Ajike, Ariyo, Ariyo, & Adubi (2022) that these communication strategies do not result from an empirical research of the audience demographics and psychographics in different settings in Nigeria, rather they are the choices of government officials most of whom are employed on political grounds without recourse to requisite qualifications and experiences.

#### **Research Objective 2: Ascertain the residents' perception of the frequency of dissemination of mental health information by South-South Nigerian regional Ministries of Health**

In terms of regularity of dissemination of mental health information by the Ministries of Health in the South-South region of Nigeria, the data analysed indicate that the respondents perceive the rate of dissemination of mental health is significantly low. This applies to both online and offline communication interactions between the ministries and the residents of the region. This finding is similar to those of Victor (2021) and Armiyau (2015) that mental health information is only disseminated by the government and its institutions only during the world Mental Health Day and thereafter, does not merit government attention and mention. Okpalauwaekwe, Mela, & Oji (2017) attribute this to the prevailing perception in Africa of issues of mental health as being 'spiritual.'

#### **Research Objective 3: Establish the level of exposure of residents of the region to mental health information through South-South Nigerian Regional Ministries of Health**

Data generated and analysed from the study reveal that there is a general low level awareness of mental health issues among residents of the South-South geopolitical zone of Nigeria. Resulting from this lack of awareness is a generally widespread negative perception of persons with mental health issues, leading to fear and avoidance of people living with mental health conditions by residents of the region. This finding resonates with those of Abasiubong (2010) that negative views of mental illness in Africa are widespread, with people believing that those with mental illness are dangerous because of their violent behaviour. The claim by Effiong, Idung & Iyanam (2019) and Onyemelukwe (2016) that demographic characteristics like gender, marital status and occupation were not factors that significantly affected respondents' views on aetiologies of mental illness, also applies to this study.

#### **Research Objective 4: Analyse the perception of mental health issues by residents of the South-South region, Nigeria**

The data generated and analysed for this research question indicates that the respondents surveyed had non-scientific and inaccurate perceptions of mental health issues. For instance, majority of them believe that mental health issues are caused by the supernatural (God, witchcraft etc.) and that there was no difference between mental illness and madness. They also perceive that mental illness can only be cured through traditional means and those who have it are dangerous and a threat to the society. These results are in tandem with those of Jidong, Bailey, Sodi, Gibson, Sawadogo, Ikhile, Musoke, Madhombiro, & Mbah (2021) and Onyemelukwe (2016) that a great percentage of African have misconceptions and non-scientific beliefs about mental health issues. They also maintain that the beliefs and misconceptions

derive from culture, traditions and lack of appropriate information to the citizens.

**Research Objective 5: Analyse the influence of South-South Nigerian Regional Ministries of Health communication strategies on residents' perception of mental health issues**

Data generated from the study reveal that there is a correlation between the irregular nature of dissemination of mental health information by Ministries of Health in the South-South region of Nigeria and the lack of awareness of mental health issues among residents of the region. In fact, majority of the respondents (100%) do not depend on the Ministries of health or other government institutions for information on mental health issues. The implication of this finding is that the Ministries of Health in the region do not exert any form of influence on mental health enlightenment of the residents of the region resulting in stigmatisation and neglect of people living with mental health issues by families, friends the public generally. This finding agrees with those of Victor (2021), Effiong, Idung, & Iyanam, (2019) and Ikhioya (2019) that the negative perception and treatment of people living with mental health issues in Nigeria has a significant relationship with low level information and awareness by members of the society resulting from poor information dissemination strategies by government institutions saddled with the responsibility of public enlightenment.

**Conclusion and Recommendations**

Consequent upon the analysis of data and attendant findings in this study, it is concluded that residents of the South-South region of Nigeria perceive the communication strategies designed and employed by the states' Ministries of Health in the Region for dissemination of mental health information as ineffective and exerting no influence on their awareness or level of mental health literacy. Building on this conclusion, it is recommended that the Ministries of Health in the region should review their mental health communication strategies and make them more society-specific. They should also increase the regularity of dissemination of mental health information in the region with a view to combating the prevalent mental health illiteracy and negative perception of people living with mental health issues in the region.

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