



Adolescent Students' Knowledge of Depression and Appropriate Help-seeking in Nigeria

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Author's contribution

The sole author designed, analyzed and interpreted and prepared the manuscript.

Article Information

DOI: 10.9734/INDJ/2016/24002

Editor(s):

(1) Pasquale Striano, Pediatric Neurology and Muscular Diseases Unit, University of Genoa, G. Gaslini Institute, Genova, Italy.

Reviewers:

(1) Ender Durualp, Ankara University, Turkey.
(2) Diana C. Tapia-Pancardo, National Autonomous University of Mexico, Mexico.
(3) Robert Perna, Texas Institute of Rehabilitation Research, Houston, USA.
Complete Peer review History: <http://sciencedomain.org/review-history/13326>

Original Research Article

Received 31st December 2015
Accepted 27th January 2016
Published 16th February 2016

ABSTRACT

Aim: Globally, but even more remarkably in developing countries, many young people suffer from untreated depression despite the availability of evidence-based treatment. Utilisation of mental health resources is hinged on the recognition of symptoms and the need for appropriate help-seeking. There is a dearth of research on depression literacy among adolescents in Africa. This study assessed depression literacy in a sample of adolescent students in Lagos, Nigeria.

Study Design and Methodology: A cross-sectional survey of students (n=280) recruited from three senior secondary schools in Lagos, Nigeria. Depression literacy (recognition of depression and appropriate help-seeking) was assessed with a questionnaire containing a case vignette of depressive disorder based on the DSM-IV diagnostic criteria.

Results: The mean age of the participants was 15.1(±1.6) years, and 54% were females. Depression was predominantly misidentified as physical illness (26.1%), 'thinking too much' (13.6%), stress (11.8%) emotional problems (14.3%) or reaction to maltreatment/abuse (15%). Only 10.4% of the respondents correctly identified that the vignette depicted depression. The commonly endorsed sources of help-seeking were counsellors (33.9%), General practitioners (43.9%) or parents/elders (15.0%), and only 6.5% recommended a mental health professional.

Conclusion: The findings indicate a critical need for interventions targeted at improving knowledge of depression and promote appropriate help-seeking among adolescents in Nigeria. Such

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interventions could facilitate early detection and prompt initiation of appropriate treatment, thereby minimising the treatment gap for depression.

Keywords: Mental health literacy; depression; adolescents; knowledge; help-seeking; Nigeria.

1. INTRODUCTION

Mental health literacy has been defined as knowledge and beliefs about mental disorders which aid their recognition, management or prevention [1]. Depressive disorder is characterized by core symptoms of depressed mood, diminished interest in activities and fatigue. Other common features of depression include insomnia, poor appetite, weight loss, difficulty in concentration and feeling of worthlessness [2]. Depression is a leading cause of disability and is projected to become the 2nd most burdensome disease by the year 2020 [3]. Consequences of untreated depression include disruption in academic progression, loss of livelihood, social exclusion and suicide. However, depression is amenable to treatment, and early intervention is associated with a more favourable outcome. Considering the association between mental health literacy and prompt appropriate help-seeking, and consequently outcomes, it is imperative to assess the level of literacy in order to inform the need for interventions [4-5].

Globally, mental health literacy is an under-researched subject in comparison to health literacy. Within the available body of literature on mental health literacy, there is dearth of research focused on depression among adolescents. However, the onset of depression often occurs in adolescence. Since adolescents often turn to their peers for help, adolescents are likely to have contact with peers who have depression and may positively influence them to seek appropriate help if they are literate about the symptoms of depression [6].

The few studies on depression literacy among adolescents found inadequate knowledge of depression and appropriate source of help-seeking [6-10]. Burns and Rapee [7] investigated depression literacy among high school students in Australia using vignettes representing male and female subjects, the latter had additional symptoms of suicidal ideation. A third of the respondents correctly identified depression in the male vignette while two thirds recognized depression in the female vignette. In another Australian study of mental health literacy among young people, less than half of the participants

correctly identified depression [6]. In Portugal, about two-thirds of adolescent students identified depression in a vignette based study [9], while about a quarter of Chinese adolescents students recognized depression using case vignette [10].

In Nigeria, research has shown high levels of ignorance about mental illness and negative attitudes towards individuals with mental disorders [11-12]. Traditional healers and religious leaders are usually the first point of consultation for mental illness, with consequent prolongation of the pathway to appropriate care [13-17]. There remains a striking gap in the body of knowledge regarding the literacy of adolescents about depression in Nigeria. The current study aimed to assess the knowledge of depression and help-seeking in a sample of adolescent secondary school students in Lagos, Nigeria.

2. METHODS

The study design was a cross-sectional descriptive survey conducted among senior secondary (high) school students in Lagos, south-west Nigeria. Prior to the commencement of the study, ethical approval was obtained from the Educational Divisional Authority in charge of the schools. The students were educated about the study and information communicated to their parents/guardians through letters in order to obtain consent of parents or guardians for the students to participate in the study. The participants were adolescent students recruited from three senior secondary (high) schools in Lagos, South-west Nigeria. The students were selected from one arm/class each from grades 11 and 12 in each of the three participating schools. All consenting students in the selected arms/classes were recruited, making a total of 302 participants.

The participants were presented a widely used case vignette highlighting features of depressive disorder based on DSM-IV criteria [1,18-19]. The content of the vignette is as follows: "*John is a 15 year old who has been feeling unusually sad and miserable for the last few weeks. He is tired all the time and has troubles sleeping at night. John doesn't feel like eating and has lost weight. He can't keep his mind on his studies and his*

marks have dropped. He puts off making any decisions and even day to day tasks seem too much for him. His parents and friends are very concerned about him". The name John was substituted with Tope, an indigenous name in the study setting. The vignette was followed by open-ended questions designed to elicit the participants' recognition of the disorder depicted in the vignette and their recommendation about the appropriate source of help-seeking. The age and gender of the participants were also elicited. The questionnaire was pre-tested and found to be satisfactory based on its face validity and test-re-test reliability.

2.1 Statistical Analysis

Data was analysed with IBM-SPSS version 20. Descriptive statistics such as frequencies, percentages or mean values were computed for relevant socio-demographic and knowledge of depression items and help-seeking. The open-ended responses were categorised based on similarity of thematic content and frequencies/percentages reported.

3. RESULTS

Out of the 302 students recruited into the study, 280 questionnaires were adequately completed, indicating a response rate of 92.7%. The mean age of respondents was 15.1±1.6 years, and 54% were females. Only one of ten (10.4%) respondents recognised depression in the case vignette (Table 1). The majority misidentified depression as physical illness (26.1%), maltreatment/physical or sexual abuse (15.0%), 'thinking too much' (13.6%) emotional problem (14.3%), or stress (11.8%).

Table 1. Recognition of the case vignette of depression by the participants

Recognition of case vignette	n (%)
Physical illness/Infection	73 (26.1)
Maltreatment/abuse	42 (15.0)
Emotional problem	40 (14.3)
'Thinking too much'	38 (13.6)
Stressed	33 (11.8)
Depression	29 (10.4)
Others*	25 (8.9)

*Others included 'academic problem', 'did something bad', 'don't know', 'internal pain', 'mind unrest', 'no money', 'under pressure', 'rejected proposal' and 'serious problem'

The least endorsed source of help-seeking (Table 2) was mental health professionals

(6.5%). The help-seeking recommendations by the majority were Counsellors (33.9%), General Practitioners/Nurses/Hospital (43.9%) and Parents/elders (15.0%).

Table 2. Help-seeking recommended by the respondents for the case-vignette of depression

Help-seeking recommendations	n (%)
Hospital/Medical practitioners	123 (43.9)
Counsellor	95 (33.9)
Parents/Elders	42 (15.0)
Psychologist	15 (5.4)
Pastor	14 (5.0)
Friends	9 (3.2)
Psychiatrist	3 (1.1)

* Total > 100% due to multiple responses

4. DISCUSSION

This study assessed depression literacy in a sample of adolescent secondary (high) school students in Nigeria, an under-researched subject in the studied population. In consonance with previous research, majority of which were also vignette-based, a low rate of identification of depression was found. However, only one of ten respondents in the current study correctly labelled the vignette as depression, a rate remarkably lower than about 20 to 75% in studies conducted in developed countries [6-9,20]. The finding of a comparatively lower rate of depression literacy in the current study reflects a significantly unmet need for mental health literacy among Nigerian adolescents. Previous research has shown widespread ignorance and misconceptions about mental illness among adults in Nigeria [11]. These misconceptions are further reinforced by negative portrayal of mental disorders in local films and mass media, which could be easily imbibed by youngsters and inform their construct of mental illness [21]. Whereas, adolescents in western countries have benefited from deliberate exposure to public mental health literacy interventions, such efforts are sparse in Nigeria. Consequently, knowledge of Nigerian adolescents on mental health may be limited to information derived from the media, adult family members and friends which may reflect traditional/cultural beliefs, myths and superstitions [16,22].

About a quarter of the participants believed that the vignette depicted 'stress' or 'emotional problems'. Previous studies have shown that

young people frequently misidentify vignette presentation of depression as 'stress' [8,9,23]. It could be argued that labels of stress or emotional problem, though imprecise, could be taken as indicative of a certain degree of insight into the nature of the problem. However, evidence indicates that such level of insight does not evoke appropriate help seeking behaviour, and consequently does not constitute mental health literacy [18,19]. Similarly, 15% interpreted the vignette as reaction to adversities such as physical or sexual abuse and other forms of maltreatment. The misconception of depression as a 'normal' reaction to negative life events or stressors is consistent with previous research, and has negative implications for appropriate help-seeking because it is associated with the misperception that depression can be simply dealt with by self-help [24]. One in seven (13.6%) respondents described the vignette as 'thinking too much', a term commonly used in our local parlance to connote preoccupation with worrying thoughts especially in the face of negative life events. Traditionally, it is believed that thinking too much can lead to ill-health, weight loss, poor sleep or mental disturbances, and well-wishers usually advise individuals faced with adversities to desist from 'thinking too much' in order to prevent these complications.

The recommendations of the adolescents regarding help-seeking, an important component of mental health literacy is also revealing. Only 6.5% endorsed seeking help from mental health professionals. This is not surprising considering the fact that the majority could not recognise depression. Beliefs about appropriate source of help for mental disorder have been shown to reflect levels of knowledge about the disorder [24]. The preference for help-seeking from counsellors (33.9%) rather than mental health professionals (6.5%) is a further indication that depression is perceived as a minor problem that essentially requires advice rather than a psychiatric disorder. Nearly a third of the respondents recommended a General Practitioner or Hospital. This is consistent with the view that the vignette depicted a physical illness. This view is not surprising considering the somatic symptoms of depression such as poor sleep, appetite and weight loss highlighted in the vignette.

Some (15%) respondents recommended consulting parents/elders or friends (5%) for depression. Previous studies have shown that adolescents commonly opt for informal help-

seeking for depression such as talking to/asking advice from friends and family rather than consulting mental health professionals [6,7,18,19]. In Africa, elders exert significant influence on actions taken by younger members of the family, and it is very unlikely that an adolescent will be able to access professional mental health services until it is endorsed by the father or family head.

Traditional or spiritual healers are usually the first point of call for psychiatric disorder in Nigeria, a reflection of the misattribution of mental disorder to supernatural factors such as spells, curses, witchcraft, or affliction by the gods/ancestors. This hinders appropriate help seeking and prolongs the pathways to effective mental health care [13,17,25]. However, in the current study, only 3% recommended help-seeking from spiritual/traditional healers, which could be attributed to the fact that the majority of the respondents did not recognise that the vignette depicted a mental disorder.

The poor knowledge of depression among the adolescents indicates a crucial need for interventions to improve mental health literacy in the studied population. Mental health literacy interventions such as public awareness campaigns, school-based curriculum interventions and first aid training have been shown to positively impact on depression literacy among adolescents in western countries [26-29]. Similar interventions may be developed in Nigeria while paying attention to cultural competence and feasibility in a resource constrained setting [22]. However, further larger-scale studies on this subject are required to inform the development of these local interventions. The preference for counsellors or general practitioners also suggests an opportunity for intervention if these professionals are equipped to recognise symptoms of depression and promptly refer to treatment. School teachers can also be trained to recognise symptoms of common mental disorder and appropriate help seeking. Mental health literacy could be incorporated into the curriculum of high school students and teachers training institutions. Depression literacy tips could be disseminated to adolescents via social media, mobile phone text messages and indigenous entertainment channels. However, an adolescent is unlikely to solely initiate contact with mental health services in Nigeria without the approval of elderly family members. Therefore promoting mental health literacy among adults, household heads and

community leaders is also an indirect investment in the mental health literacy of adolescents. Finally, given that mental health literacy is not an end itself, but a means to end, strategies to enhance mental health literacy must be complemented with other multi-pronged efforts targeted at unlocking access to mental health services in Nigeria. These barriers include non-availability of community-based mental health services/professionals, unfriendly mental health care financing (out of pocket payment), unfavourable government policies and stigma [30]. The current study has a number of important limitations. The selection of the participants from only three high schools in urban south-west Nigeria may limit generalisation of the results to the general population of Nigerian adolescents. Participants' reaction in real-life situations may not be consistent with their responses to the vignette based questionnaire, and vignettes may not reflect the complexity manifested in real life. Furthermore, socially desirable responses cannot be ruled out. However, participants were assured of the anonymity and confidentiality of their responses. The use of vignette facilitates communication of the adolescent's opinion with minimal interference from the researcher.

5. CONCLUSION

This study found a remarkably low rate of depression literacy in a limited sample of adolescent high school students in Lagos, south-west Nigeria. This initial finding highlights a crucial need for public awareness campaign on depression literacy and school-based interventions to facilitate identification of symptoms of depression and promotion of appropriate help-seeking among Nigerian adolescents. There is a need for further large scale research to inform these interventions.

ACKNOWLEDGMENT

Dr Adegbohun, Dr Jeje and Dr Manuwa participated in data collection and input of the larger data set from which the current study was derived.

COMPETING INTERESTS

Author has declared that no competing interests exist.

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