

## **Alcohol and memes: How young Nigerian men deal with mental health challenges in the face of poor access and utilization of professional support**

**<sup>1</sup>Fidel B. Nnadi, <sup>1</sup>Emmanuel O. Ugwu, <sup>1</sup>Ifechukwu H. Nwabine, <sup>1</sup>Samuel C. Onuh, <sup>1</sup>Cecilia S. Odo, <sup>1</sup>Tochukwu J. Okolie & <sup>2</sup>Prince C. Ekoh**

*<sup>1</sup>Department of Social Work, University of Nigeria, Nsukka.*

*<sup>2</sup>Faculty of Social Work, University of Calgary*

### **Abstract**

There is an existing lack of interest in professional mental health support in many parts of the world. This is peculiar in sub-Saharan African countries and more pronounced among Nigerian men who are culturally raised to avoid professional mental health assistance. Our study explored how young Nigerian men deal with mental health challenges in the face of poor access to and utilisation of professional support. Data were collected from 24 young men in Nsukka, Enugu state, using semi-structured interviews. The collected data was analysed thematically with the aid of NVivo 12 software. Findings revealed that participants described a history of one form of mental health challenge or the other but were uncomfortable accepting the idea. However, only a few participants have ever sought professional assistance. The majority maintained that their friends and families, lovers, alcohol consumption, and social media, were potent means of dealing with their mental health challenges. The reasons for the non-utilisation of professional support were related to confidentiality, perceived cost of service, stigma, and the cultural expectation of being a male. Therefore, we recommend sensitisation by professionals, including social workers, aimed at destigmatising mental health issues among young Nigerian men and the government regulating and financing mental health services to ensure confidentiality and affordability, respectively.

**Keywords:** Access, mental health, professional support, stigmatisation, utilisation, social work, young Nigerian men

### **Introduction**

Mental health entails a state of well-being. Individuals in this state realise their abilities, can cope with everyday stresses of life, can work productively and contribute to their community (Africa Polling Institute [API], 2019; WHO, 2014). This definition embodies the idea that mental health is not

necessarily the absence of a mental disorder but a state of being that enables individuals to live active and productive lives (Batada & Leon, 2019). Mental health challenges or disorders which are the opposite of mental health are a global reality, affecting millions of people across the world (Batada & Leon, 2019) with reports by the World Health Organization [WHO] (2017) estimating that the total number of persons living with depression globally was 322 million, and an estimated 800,000 suicide were linked to mental health issues annually.

According to the World Health Organisation (WHO), 20% of Nigerians suffer from mental illness (WHO, 2018). However, given the current economic situation in Nigeria, growth in social media use, and the Covid-19 pandemic (Karim et al., 2020), which are mental health stressors; there is evidence of an increased number of persons living with mental health challenges (Alabi & Kanabe, 2021; Wada et al. 2021). Mental illnesses are also found to be more prevalent among young people, with Mbamalu (2019) and Wada et al. (2021) pointing out that out of the estimated 50 million persons suffering mental health issues in Nigeria, 70% are under the age of 30. However, less than 15% of these affected people access and utilise professional mental healthcare services (Aborode et al., 2022); hence access and utilisation of professional mental health support remain challenging for those who suffer from mental health problems in Nigeria (Lattie et al., 2019).

Poor access and utilisation of mental health services is not peculiar to Nigeria but is a global concern. The API (2019) estimated that, out of the nearly 30% of the world's population that suffer mental health challenges yearly, not more than two-thirds receive care. However, Nigeria's situation is more alarming, with reports from a Mental Health Survey Initiative in 2016 showing that among 17 countries surveyed, Nigeria had the lowest level of access to and utilisation of professional mental health services (Votruba et al., 2016). Researchers have opined that factors such as the fear of being labelled "lunatics", issues related to confidentiality and the cultural expectation that individuals ought to be strong in the face of mental health challenges are responsible for the low utilisation of professional mental health support (Ambresin et al., 2013; Corry & Leavey, 2017). Also, the lack of a robust budget for mental health in Nigeria, which is 1% of the overall health budget, has been proposed as a reason for the low utilisation of professional mental health support (Ambresin et al., 2013; Corry & Leavey, 2017; Gulliver et al., 2010; Henderson et al., 2014), WHO, 2014).

The lack of interest in professional mental health support has significant implications for social work practice in Nigeria. Social work is a profession focused on promoting individual well-being, social change and development and the empowerment and liberation of people (International Federation of

Social Workers [IFSW], 2014). Social workers can contribute proficiently to mental health support services (WHO, 2013; Morrison & Davidson, 2019). These include systemic practice; exploiting professional skills to identify the social determinants of mental health conditions and help-seeking; providing more individualised and clinical approaches to care provision, and utilising anti-oppressive approaches to address stigmatisation and discrimination against persons living with mental health challenges (Morrison & Davidson, 2019). Social work ethical responsibilities in mental health settings concerning confidentiality ensure that the barriers to professional help-seeking are mitigated, thereby encouraging access to and utilisation of mental health services. However, it is essential to note that Nigerians, especially those with mental health disorders poorly utilise the services of social workers (Fowowe *et al.*, 2020). This may be because of the general lack of awareness of the social work profession in Nigeria (Okoye, 2013), the failure of facilities, especially privately owned health facilities, to employ social workers (Bichi, 2015) and because many often undermine the status of social workers in mental health multidisciplinary settings (Allen, 2014).

Our study was guided by the Theory of Planned Behaviour (TPB) (Ajzen, 1985) which asserts that the perceived favourability of behaviour, the subjective norms about that behaviour, and the perceived behavioural control of the individuals involved are cogent factors that influence the help-seeking behaviours of individuals. This theory explains that the help-seeking behaviour of young Nigerian men is influenced by the extent to which they think they can afford the services, the culture of masculinity, the perceived stigma inherent in seeking help, and other negative attitudes they think they may suffer as a result of positive health-seeking behaviour.

Scholarly works are replete in the area of mental health, with some focusing on the barriers to accessing professional mental health support services (Ogueji & Okoloba, 2022; Izibeloko & Uys, 2013) and others on efforts to increase awareness and utilisation of professional mental health support (Tutu *et al.*, 2015; Eaton *et al.*, 2017). Yet, there is a dearth of scholarship on how Nigerian and Sub-Saharan African young men cope with mental health problems in situations with low access to and utilisation of professional mental health support. This study was guided by these research questions 1) What are the mental health challenges experienced by young men in Nigeria? 2) How do contemporary young men in Nigeria handle these mental health challenges? This study adds to the existing literature on men's unmet mental health needs and is very important given that harmful coping mechanisms may be detrimental to men's physical, emotional and mental well-being.

## **Materials and methods**

### *Study area and sampling method*

The study was conducted in Nsukka Local government area, Enugu state. The 2006 census puts the population of Nsukka at 309,633 consisting of 149,241 males and 160,392 females (National Bureau of Statistics, 2010). However, this population has been projected to be 417,700 persons (25,560 being males aged 18-45) using an annual growth rate of 2.3% (City Population, 2022). Twenty-four (n = 24) young men aged 18-35 were sampled for this study. Purposive sampling was utilised in selecting participants who met the inclusion criteria: 18-35 years at the time of data collection, able to communicate in English, available and willing to participate in the study and give consent to be audio-recorded. Although we did not adopt the DSM-5 in assessing the mental health of participants, we followed the recommendations of Bonsaksen et al. (2018) in sampling participants who self-identified and self-diagnosed themselves with having suffered mental health challenges. The researchers moved around neighbourhoods in Nsukka, especially areas close to the University of Nigeria, Nsukka with a high concentration of young men. Availability sampling was used to seek participants available and willing to participate in the study, while purposive sampling was used to select participants who met the inclusion criteria. Although our sample was small (n=24), the qualitative nature of this study made it possible to gather enough information regarding the subject matter to reach data satiety (Nelson, 2017).

### *Data collection*

Qualitative research methods consistent with the descriptive approach was adopted to explore how young Nigerian men deal with mental health challenges in the face of poor access and the utilisation of professional support. Data were collected through a semi-structured interview using an Interview guide jointly drafted by the researchers. The qualitative nature of our study informed our choice of the semi-structured interview pattern as it allowed us to explore participants' experiences, views and understanding of the phenomenon under study (Hammersley & Atkinson, 2007). The guide consisted of 13 open-ended questions with probes that were sufficiently pretested for errors and corrections, which enabled the researchers to uncover, in detail, the views and opinions expressed by the participants.

Influenced by TPB, the researchers explored the participants' opinions and experiences about mental health situations. Particularly, the theory guided us in delving into reasons for men's non-utilization of mental health services in Nigeria. In the face of the non-utilisation of professional support, we sought to explore other ways young Nigerian men deal with mental health challenges. Prior to the interviews, the researchers created an appointment schedule with the participants to arrange a convenient venue and time as chosen by the participants. Participants were assured of the confidentiality of their

responses, they were also informed about their right to accept/decline participation, anonymity and privacy of their data. Each interview lasted between 45 minutes to 1 hour.

### ***Data analysis***

Four of the researchers (IH, FB, SC, and EO) transcribed the audio files in English. The data were then inductively coded with the aid of NVivo 12 software since one of the (PC) is an expert in the use of the software. The transcribed data were coded inductively from simple descriptive codes to more analytical codes. Codes with the same fundamental idea were merged to avoid repetition. A hierarchy of codes was developed by building coding trees of parent and child nodes with narratives that have similar but different ideas. The coding tree informed the thematic analysis of the data, which involved finding out, interpreting and reporting patterns of meaning within the coded data (Ritchie et al., 2014). To ensure anonymity and confidentiality, participants' responses were pseudonymised, utilising the labelling patterns of Ekoh et al. (2021) and Ekoh et al. (2022) in terms of unreal names, age and academic qualifications. Therefore, (Ade, 22, undergraduate) represents a 22-year-old male undergraduate participant with "Ade" as a pseudonym.

### **Results**

The results of our study are presented in themes. We started by presenting the respondents' demographic characteristics and then discussed the themes derived from the analysis.

#### ***Demographic characteristics***

Twenty-four respondents (males) participated in the study, with the majority (19) of them being single and five (5) married at the time of the interviews. Their age ranged from 24 to 35 years, with their mean age given as 28 years. Most participants were of the Igbo ethnicity from Southeastern Nigeria, with just five of them from the Yoruba ethnicity (Southwestern Nigeria). In terms of religious affiliation, all of the sampled participants were Christians. They all had at least secondary education; five had their Master's degrees, three had their Higher National Diploma (HND), ten had their Bachelor's degree (B.sc), five were still undergraduate students and one had only a Senior Secondary School Certificate (SSCE).

#### ***Experiences of mental health challenges***

Although all the participants described having experienced one form of mental health challenge or the other, ranging from anxiety and insomnia to depression and Post Traumatic Stress Disorder (PTSD), they were reluctant to admit any known mental health issues that they suffered. The reason for this denial is not unconnected to the stigma that characterises mental health challenges in Nigeria and other Sub-Saharan African countries. Hence, one of the

participants quickly shoved the possibility of a mental health challenge, stating: “No, I have not had any mental health challenge, and I would never... Sometimes I struggle with sleep, but that is normal” (Soma, BSc, 23). However, some participants admitted to having episodes of mental health problems.

Yes, but not all the time. I think I experienced depression. I have so many things bothering me and when I look around and see that I am not meeting up with some expectations, I usually get depressed. It is mostly caused by financial problems. It is like a normal thing to me now. I do get depressed, but not often. (James, MSc, 31)

More so, our analysis showed how some socio-demographic characteristics could impact on the experiences of mental health challenge. For instance, for participants that were married, the challenges inherent in marriage and family responsibility in a difficult economic climate were a source of their self-identified anxiety and frustration: “Yes, I am married and at times, family or marital issues may come up and you will become frustrated” (Linus, HND, 33). Two of the participants maintained that they had, at some points, considered divorce.

A participant narrated:

You should know what it means to be married and take up responsibilities. There are times when I feel I have reached a point where all I want is to give up in life and quit all of these because I am tired (Ben, BSc, 31).

Among some of the participants, issues of the economic situation in the country, with the unprecedented rate of youth unemployment, were highlighted as a major source of their identified anxiety and depression: “I would say yes because I am a human being and as a citizen of this country, we all know what is involved and how things have been going. This country alone is enough to frustrate and depress you” (Greg, MSc, 29).

Highlighting the frustration that comes from being an undergraduate student in Nigeria, given the incessant loggerheads between the university staff association-ASUU and the federal government, some undergraduates in our study admitted that they have become frustrated, anxious and depressed. According to one of them, the depression has led to fractured relationships with others as he sometimes becomes hostile to people.

I experience anxiety and depression. I have constant sadness, anger and unnecessary aggression towards people; any time I remember that I am supposed to have graduated, if not for this industrial strike, I would be angry (Collins, BSc, 24).

### ***Perceived causes of increased mental health problems amongst men***

Participants identified relationship issues, economic hardship, genetic factors and spiritual beliefs, and masculinity as the significant causes of mental health problems among young men. Broken romantic relationships, which Nigerian youth fondly refer to as ‘breakfast’, were stated to be a significant cause of the growing mental health challenge among young men in Nigeria. The married and unmarried participants maintained that the disappointment that comes from being heartbroken in a romantic relationship, if not checked, could lead to mental health issues like depression.

Unstable marriages and cheating partners can facilitate mental problem development. Imagine if you found out that your partner, whom you trusted with all your heart, was cheating on you. That would make you depressed for some time. Even if you have a way of dealing with it, it will still affect you for a while. Breakups in boyfriend/girlfriend relationships can make some people develop mood disorders... if you ‘chop breakfast’, *ehn!* It can make some want to go psychic (Michael, BSc, 25).

Economic hardship and stress, illicit use of drugs, spiritual manipulations, cultural factors, and heredity were other highlighted reasons for the increase in mental health problems among men. Participants indicated that some of these identified factors were interconnected, leading to difficulties in identifying the exact causes of mental health problems “economic hardship pushes some people to drugs, now we don’t know if it is the drugs or economic problems that are causing mental health problems” (Collins, BSc, 24). Again, some highlighted genetics and spiritual attacks as responsible for mental health challenges “Like in Yoruba land, we believe so much in spirits, and it is believed that someone can curse you and you go mad. We also believe that mental health problems can be hereditary” (Atere, MSc, 35).

It is due to the economic pressure on young men to succeed. Economic pressure like the need to make money, buy a house, marry and raise a family at certain age limits or at a specific time in life. It really puts men like me into a bad mental state” (Stephen, BSc, 26)

I think a place's cultural practices can also be a cause. Like I heard about the Nsukka people that when a man eats the food of his cheating wife that he has knowledge of then he will begin to have mental problems or stuff like that (Ola, BSc, 31).

Meanwhile, some of the participants referred to their masculinity as the reason they are amenable to mental health issues “There is pressure on young men to succeed in life, that is why most people choose the quick path to make it like Yahoo-Yahoo” (Cybercrime) (Frank, BSc, 23).

You know, as a man, there is no way you can exonerate yourself from having mental health issues in Nigeria. Sometimes you can be having

some challenges, which can be personal or from family. I have personally suffered from depression, inability to sleep, anxiety and mood swings sometimes. However, they do not last very long (Ade, HND, 38).

### ***Lack of interest in seeking mental health assistance***

The famous dictum “men don’t cry” alienates young men from seeking mental health support in Nigeria. Hence, young men are not expected to deal with mental health issues by talking to professionals or seeking mental health services. Some participants maintained that facing some mental health challenges was part of everyday life and that one ought not to run to mental health professionals at the slightest challenges. “I believe I have not gotten to the level where I would seek mental health support because my problem is not that serious” (Uche, , 24).

They added that they have been groomed in their different Nigerian cultures to know that life is not a bed of roses. Sarcastically, one of the participants commented using popular Nigerian parlance - *shege*, which means “hurdles and hardship” to explain that men ought to see challenges as part of life “...*Shege is part of this life; if you don’t see shege, you cannot be a complete man*” (Temi, BSc, 25).

Similarly, one of the participants clearly discouraged professional mental health support, citing it as both un-African and unmanly. “*No, for an average African man, there is nothing like seeking mental support. You should know that our parents did not train us like that* (Wale, Bachelors, 26).

Growing up, we were taught that a man was/is meant to be strong and all that, so I am already trained for that, so seeking support is like me seeing myself as a weakling, so the more I keep it to myself, the more I think I have the strength to push (Emmy, Bachelors, 24)

Most men feel ashamed and feel like they will be chastised for seeking help. Some men do not even have knowledge of what mental health is all about, so they cannot seek help for what they are ignorant of (Richie, Masters, 34).

In line with TPB, most participants would rather not utilise professional support because of extant reasons like confidentiality issues, stigmatisation, lack of knowledge of existing formal mental health support and the perceived cost of accessing and utilising the service. Participants added that fear of stigmatisation is a more prevalent barrier amongst the poor, given that the rich can afford to receive mental services in exclusive places or outside Nigeria.

That particular one comes from the fact that, personally, I have this issue with confiding in people, no matter their level of expertise. No matter how professional they are, and I don’t know if I should call it a



problem, a good thing or a bad thing but I have a problem confiding in people (John, Masters, 28)

Imagine visiting a psychiatric hospital in Nigeria; people would believe that you are mad and stop relating to you. So, some people would prefer to live with it alone, especially people who are not educated. People living with mental challenges are stigmatised in this country. (Temi, Bachelors, 25).

Some people do not have the financial capacity to seek mental health support and see therapists. So, the cost, I think, is the most influential of all the factors that can be considered. You know this is Nigeria; people are too broke even to feed, but rich people can even afford to travel abroad for mental health care (George, HND, 32).

### ***The coping strategies employed by men during mental health challenges***

Given participants' disinterest in professional mental support, as highlighted earlier, we sought to understand how young Nigerian men deal with mental health issues. Although some of these methods of dealing with these mental health challenges may present other health challenges, especially when consumed indiscriminately, participants maintained that they were a good source of de-stressing and getting over mental health issues.

#### *Alcohol and drugs*

Consumption of marijuana, alcohol and other hallucinogenic drugs were highlighted as some of the self-help means of dealing with their mental health situations. *“For me, I drink beer whenever I feel my world is crashing. Alcohol is my friend in times of sorrow and solitude. It has helped me recover from certain distresses”* (Manny, undergraduate, 26). A participant with self-identified insomnia added that *sometimes, I smoke weed to be able to sleep* (Sam, undergraduate, 30).

If you take away alcohol from some Nigerian men, you may trigger *wahala* (trouble). There are times when alcohol has been my closest companion. Although the problem does not get solved, alcohol takes your mind off some dangerous things like suicide (Jide, Undergraduate, 24)

#### *Social media and memes*

Although the increased use of social media amongst young people has been identified as responsible for growing mental health challenges, the use of social media platforms, including YouTube, Twitter, WhatsApp, Facebook etc., where there are a plethora of comedy content as well as funny memes and stickers was revealed as a coping mechanism by some of the participants. *“Social media is just too good. Sometimes, someone would even post a meme*

*about something that you are going through at the moment, and you will just start laughing” (Collins, Undergraduate student, 24). “This was one of my coping mechanisms; being on social media like Instagram helped me forget about some things for a while. And I believe other people do so too” (Temi, Bachelors, 31).*

Social media has helped me a lot in dealing with depression. You see that memes, it is very good o. When I wake up in the morning, I first go to Twitter to follow trolls and see memes and stickers that people post. It has helped me a lot (Ade, HND, 38).

I am curious to know what we Nigerians would have done without our online content creators. If I go to some of my friends' WhatsApp statuses, I will keep laughing and laughing; it helps me immediately forget my sorrows. All the stickers they post are very funny (George, HND, 32).

#### *Informal social network systems*

Some participants revealed that they receive succour and support from informal social network systems of family and friends. *Yes, I seek counselling and support from my superiors. When I have something bothering me, I confide in them for advice because they have more experience than I do (Atere, Masters, 35).* They shared their difficulties with the listening ears of their social networks and sometimes received counselling from the networks' lay knowledge. *I seek support from my friends and family because they are the ones that really care for me (Tony, BSc, 34). “I have shared some problems with some friends, and I got relieved sometimes” (Ken, BSc, 35)*

When you are suffering from anxiety, you could share one or two things with your fellow human being and it must not be a professional; it can be anybody and the person will talk sense into you and change your mindset (Manny, Bachelor, 29).

In 2017 and earlier this year, I was experiencing some issues that made me depressed. Both of my depression states were cured by being around someone who loved me so much and someone I loved in return. So, my lovers in the past and present have been my mental health support. But I have never consulted a hospital or a therapist for any of the conditions I talked about earlier (Ken, Bachelor, 35)

## **Discussion**

This study explored how young Nigerian men deal with mental health challenges in the face of poor access to and utilisation of professional support. The findings from this study show that most Nigerian young men have had or are experiencing mental health challenges, including but not limited to anxiety, mood swings, depression, and insomnia. However, most consider them as everyday hurdles rather than mental health challenges. The study's findings also showed various causes of mental health challenges, such as

broken/dysfunctional relationships, hardship, poverty, economic pressure from family and society, stress, illicit use of drugs, excessive thinking, spiritual manipulations, cultural factors and heredity. Even though young men are prone to experiencing mental health challenges, they still resist seeking professional help. They primarily sought help by talking to their family members, friends, colleagues at work, and siblings but did not seek formal help. This was attributed to reasons such as issues of confidentiality, the cost of seeking professional help, societal/cultural expectations from men, and stigmatisation.

Following the Theory of Planned Behaviour (TPB), which argues that the factors that influence professional help-seeking behaviours of individuals are the perceived favourability of behaviour, the subjective norms about that behaviour, and the perceived behavioural control of the individual involved. In the findings of this study, young Nigerian men tend to avoid professional mental health support because the subjective norm about mental health issues is that of disdain, avoidance and stigmatisation. So, young Nigerian men dread being stigmatised or associated with mental illness due to society's high expectations, demands and judgements.

The problem of stigmatisation found in this study is consistent with the findings of Henderson et al. (2014), who found that alongside spiritual factors, stigmatisation has equally been found to influence professional mental health-seeking behaviour on the part of Nigerians. In support of the postulations of TPB, stigmatisation of mental health seekers among the general public and health care providers make Nigerians avoid seeking professional mental health support to avoid being labelled as “mad”. Again, the problem of the cost of mental health support identified in the study was also consistent with the findings of scholars such as Knaak and Pattern (2016); Sukhera and Chahine (2016); and Anderson et al. (2013). These authors revealed that the cost of accessing mental health services discourages people with mental illness from seeking professional mental health support.

This study also revealed that alcohol, drugs and social media comedy contents and memes, alongside support from informal social network systems, are ways Nigerian young men cope with their mental health challenges. Most of the participants explained that alcohol helps them forget “*their sorrows*” and life challenges that impact their mental health and reliefs them of these mental health stressors. With the growing use of the internet and social media in Nigeria (Ekoh & George, 2021), memes and comedy video clips on social media were revealed to lift the moods of the sampled participants. This may be associated with the release of mood-lifting chemicals such as dopamine, serotonin, oxytocin and endorphins in the brain when people experience humour (Jiang & Hou, 2019). This is not surprising as other scholars, such as

Jiang and Hou (2019), have found humour to be a stress and mental health coping strategy across cultures. However, this increase in social media use has also been found to increase mental health problems among young people, as shown by studies mapped out in a systematic review by Karim et al. (2020); thus, there is a need for regulation and consciousness in the consumption of social media content, while advocating for professional mental health support. It is an established fact that social networks and support help build resilience in the mental health of different groups (Li et al., 2021). Similarly, our study participants revealed that having their social networks to support them was their coping strategy against mental health problems. However, social networks, social media use and alcohol use are not viable replacements for professional mental health support and the use of drugs and alcohol may result in risky and health-impacting behaviours, which may affect men's physical health as well as worsen their mental health problems.

Following these precedents, the study recommends that the government should finance mental health services in the country to reduce the cost to the recipients. There should also be sensitisation to destigmatise mental health issues among Nigerians. More so, digital health technology can provide an adequate pathway to reducing the challenges of traditional mental health services. Furthermore, social workers should set up awareness campaigns that will empower and encourage men to seek and accept professional mental health care instead of attempting to get by on their own. Social workers must educate the public to stop stigmatising and classifying men with mental health concerns as crazy and show them love and support. To make mental health services more accessible to everyone and to address some of the problems with traditional mental health services, social workers can also advocate for increased government and public financial support for mental health services. Therefore, different mental health facilities should see to it that social workers are employed so they may carry out their responsibilities in a suitable manner. This study has limitations because we sampled the opinions of participants who could communicate in English and were primarily educated. Therefore, future studies should be more heterogeneous, sampling less educated and possibly rural men. Again, our study is focused only on young men, leaving a gap for a more inclusive study that can account for women and older participants. Our sample size of 24 men cannot be used to represent the study population; therefore, our findings should not be generalised but should be valued for their strength in presenting a detailed exploration of the topic.

Conclusively, our study explored how young Nigerian men deal with mental health challenges in the face of poor access to and utilisation of professional support. We delved into reasons for the non-utilization of traditional professional mental health support and alternative methods implored to deal with these mental challenges using TPB as our theoretical guide. Our study

found that most participants were unwilling to utilise professional mental health support because of masculinity culture, stigma and the cost of mental health support. They were also shown to believe alcohol consumption and social media are pivotal in dealing with their mental issues. Hence, we recommend that mental health professionals engage in sensitisation to enlighten the public about mental health challenges and advocate responsible help-seeking behaviour by destigmatising mental health challenges, especially among young men in Nigeria who are unduly secluded from professional support because of extant cultural expectations. This is because the alternative means of support utilised by our study participants cannot adequately replace professional support as that alternative means also portend adverse effects on the overall well-being of young Nigerian men.

## References

- Aborode, A. T., Corriero, A. C., Mehmood, Q., Nawaz, A., Aayush, Upadhyay, P., Badri, R., & Hasan, M. M. (2022). People living with mental disorder in Nigeria amidst COVID-19: Challenges, implications, and recommendations. *The International journal of health planning and management*, 37(3), 1191–1198. <https://doi.org/10.1002/hpm.3394>
- Africa Polling Institute [API]. (2019). *Mental health in Nigeria*. survey. <https://africapolling.org/2020/01/13/mental-health-in-nigeria-survey-report-2020/>
- Ajzen, I. (1985). From intentions to actions: A theory of planned behaviour. Springer. DOI: 10.1007/978-3-642-69746-3\_2
- Alabi, M., & Kanabe, M. (2021, October 10). World mental health day: How outdated legislation, COVID-19 worsen the situation in Nigeria. *Premium Times*. <https://www.premiumtimesng.com/news/headlines/489202-world-mental-health-day-how-outdated-legislation-covid-19-worsen-situation-in-nigeria.html>
- Allen, R. (2014). *The role of the social worker in adult mental health services*. <http://www.tcsw.org.uk/uploadedFiles/TheCollege/Policy/MH>
- Ambresin, A. E., Bennett, K., Patton, G. C., Sanci, L. A. & Sawyer, S. M. (2013). Assessment of youth-friendly health care: A systematic review of indicators drawn from young people's perspectives. *Journal of Adolescent Health*. 20, 152. <https://doi.org/10.1016/j.jadohealth.2012.12.014>.
- Anderson, L. M., Schierenbeck, I., Strumpher, J., Krantz, G., Topper, K., & Backman, G. (2013). Help-seeking behaviour, barriers to care and experiences of care among persons with depression in Eastern Cape, South Africa. *Journal of Affective Disorder*, 151(2), 439-48. DOI: 10.1016/j.jad.2013.06.022
- Batada, A., & Leon S. R. (2019). *Harnessing Technology to Address the Global Mental Health Crisis*. World Bank, Washington, DC. © World Bank. <https://openknowledge.worldbank.org/handle/10986/31766> License: CC BY 3.0 IGO.

- Bichi, A. A. (2015, November 4th). AMSWON makes a case for increased social workers in hospitals. *Vanguard*.  
<http://www.vanguardngr.com/2015/11/amswonmakes-cases-for-increased-medical-social-workers-in-hospitals/>
- Bonsaksen, T., Grimholt, T. K., Skogstad, L., Lerdal, A., Ekeberg, Ø, Heir, T., & Schou-Bredal, I. (2018). Self-diagnosed depression in the Norwegian general population—associations with neuroticism, extraversion, optimism, and general self-efficacy. *BMC Public Health*, 18(1), 1-9.
- City population (2021) City Population - statistics, maps & charts: Nsukka local government area in Nigeria.  
[https://citypopulation.de/en/nigeria/admin/enugu/NGA014013\\_\\_nsukka/](https://citypopulation.de/en/nigeria/admin/enugu/NGA014013__nsukka/)
- Corry, D. A. S., & Leavey, G. (2017). Adolescent trust and primary care: Help-seeking for emotional and psychological difficulties. *J Adolesc.*, 54(Supplement C):1–8.
- Eaton, J., Nwefor, E., Okafor, G., Onyeonoro, U., Nwaubani, K., & Henderson, C. (2017). Interventions to increase use of services; mental health awareness in Nigeria. *International Journal of Mental Health Systems*, 11(6), 2-6. DOI: 10.1186/s13033-017-0173-z
- Ekoh, C. P., Okoye, O. U., Agbawodikeizu, P. U., George, E. O., & Ejimkaraonye, C. (2021). Changes in family structures and roles, and its impact on older people in displacement in Abuja, Nigeria. *Journal of Population Ageing*. <https://doi.org/10.1007/s12062-021-09332-8>
- Ekoh, P. C., & George, E. O. (2021). The role of digital technology in the EndSars Protest in Nigeria during COVID-19 pandemic. *Journal of Human Rights and Social Work*, 6(2), 161-162. doi: 10.1007/s41134-021-00161-5.
- Ekoh, P. C., George, E. O., Ejimkararonye, C., & Agbawodikeizu, P. U. (2022). Resettlement of internally displaced persons (IDPs) in Nigeria: The housing problems facing IDPs in Abuja camps and the risk of homelessness and secondary displacement. *Journal of Social Distress and Homelessness*. DOI: 10.1080/10530789.2022.2027069
- Fowowe, I. T., Ajike, P. T., & Oyinlola, O. (2020). Mental health services and social work at University health centers in Nigeria. *Nigerian Journal of Social Work Education*, 19. DOI: 10.6084/m9.figshare.14806863
- Hammersley, M., & Atkinson, P. (2007). *Ethnography: Principles in practice (3rd ed.)*. Routledge: Taylor and Francis Group.
- Henderson, C., Noblett, J., & Parke, H. (2014). Mental health-related stigma in healthcare and mental health-care settings. *Lancet Psychiatry*, 1(6), 467-482. DOI: 10.1016/S2215-0366(14)00023-6
- International Federation of Social Workers. (2014). *Global definition of Social Work*. Retrieved from: <https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/>

- Izibeloko, J., & Uys, L. (2013). Barriers to mental health services utilization in the Niger Delta region of Nigeria: service user's perspective. *Pan African Medical Journal*. Doi: 10.11604/pamj.2013.14.159.1970.
- Jiang, T., Li, H., & Hou, Y. (2019). Cultural Differences in Humor Perception, Usage, and Implications. *Frontiers in psychology, 10*, 123. <https://doi.org/10.3389/fpsyg.2019.00123>
- Karim, F., Oyewande, A. A., Abdalla, L. F., Chaudhry Ehsanullah, R., & Khan, S. (2020). Social media use and its connection to mental health: A systematic review. *Cureus, 12*(6), e8627. <https://doi.org/10.7759/cureus.8627>
- Knaak, S., & Pattern, S. (2016). A grounded theory model for reducing stigma in health professionals in Canada. *Acta Psychiatr Scand, 134*(446), 53-62. DOI:10.1111/acps.12612
- Lattie, E. G., Adkins, E. C., Winqvist, N., Stiles-Shields, C., Wafford, E., & Graham, A. K. (2019). Digital mental health interventions for depression, anxiety, and enhancement of psychological well-being among college students: Systematic review. *Journal of Medical Internet Research, 21*(7), e12869. Doi: 10.2196/12869
- Li, F., Luo, S., Mu, W., Li, Y., Ye, L., Zheng, X., Xu, B., Ding, Y., Ling, P., Zhou, N., & Chen, X. (2021). Effects of sources of social support and resilience on the mental health of different age groups during the COVID-19 pandemic. *BMC Psychiatry, 21*(16). <https://doi.org/10.1186/s12888-020-03012-1>
- Mbamalu, S. (October, 2019). Nigeria has a mental health problem. *Aljazeera*. <https://www.aljazeera.com/economy/2019/10/2/nigeria-has-a-mental-health-problem>
- Morrison, A., & Davidson, G. (2019). *Social Work and Mental Health in Northern Ireland*. Department of Health: Belfast, UK. <https://pure.qub.ac.uk/en/publications/social-work-and-mental-health-in-northern-ireland>
- National Bureau of Statistics (2010). Publication of the details of the breakdown of the national and state provisional totals 2006 census. Retrieved on 10th November, 2018 from <http://www.nigeriastat.gov.ng>.
- Nelson, J. (2017). Using conceptual depth criteria: Addressing the challenge of reaching saturation in qualitative research. *Quality Research, 17*(5), 554–570. <https://doi.org/10.1177%2F1468794116679873>
- Ogueji, I. A., & Okoloba, M. M. (2022). Seeking professional help for mental illness: A mixed methods study of black family members in the UK and Nigeria. *Psychol Stud, 67*(2):164–177. <https://doi.org/10.1007/s12646-022-00650-1>
- Okoye, U. O (2013). Trends and challenges of social work practice in Nigeria. In Cree, V. E. (ed) *Becoming a Social Worker: Global Narratives* (Chapter 17, pp149-157 ) London: Routledge, Taylor and Francis Group.

- Ritchie, J., Lewis, J., McNaughton Nicholls, C., & Ormston, R. (ed.) (2014) *Qualitative research practice: A guide for social science students and researchers*. Sage.  
[https://mthoyibi.files.wordpress.com/2011/10/qualitative-research-practice\\_a-guide-for-social-science-students-and-researchers\\_jane-ritchie-and-jane-lewis-eds\\_20031.pdf](https://mthoyibi.files.wordpress.com/2011/10/qualitative-research-practice_a-guide-for-social-science-students-and-researchers_jane-ritchie-and-jane-lewis-eds_20031.pdf)
- Sukhera, J. & Chahine, S. (2016). Reducing mental illness stigma through unconscious Bias-informed education [version 1]. *MedEdPublish*, 5(44).  
<https://doi.org/10.15694/mep.2016.000044>
- Tutu, C., Pistorius, N., & Mbeki, N. (2015). An assessment of mental health services in two African countries: South Africa and Nigeria. *African Journal of Internal Medicine*, 3(10), 338-344.  
<https://www.internationalscholarsjournals.com/articles/an-assessment-of-mental-health-services-in-two-african-countries-south-africa-and-nigeria.pdf>
- Votruba, N., Thornicroft, G., & Funda Mental SDG Steering Group (2016). Sustainable development goals and mental health: Learnings from the contribution of the FundaMentalSDG global initiative. *Global Mental Health* 3, e26. Doi:10.1017/gmh.2016.20
- Wada A., Kunii Y., Matsumoto J., Itagaki, S., Yabe, H., Mashiko, H. & Niwa, S. (2013). Changes in the condition of psychiatric inpatients after the complex Fukushima disaster. *Fukushima Journal of Medical Sciences*, 59(1), 39–42. <https://doi.org/10.5387/fms.59.39>
- WHO (2013). *Mental health action plan 2013-2020 (extended to 2030)*.  
<https://www.who.int/publications/i/item/9789241506021>.
- WHO (2014). Mental health: Strengthening our response.  
<http://www.who.int/mediacentre/factsheets/fs220/en/>
- WHO (2017). *Depression and other common mental disorders: Global health estimates*. <https://doi.org/CC BY-NC-SA 3.0>
- WHO (2018). *Mental health slowly devouring the heart of society*.  
<https://www.afro.who.int/news/mental-health-slowly-devouring-heart-society>