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MENTAL ILLNESS: CAUSAL BELIEFS, ATTITUDE, HELP-SEEKING PATHWAYS AND COUNSELLING IMPLICATIONS

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ABSTRACT

The purpose of this study was to investigate the causal beliefs, attitudes, and helping-seeking pathways of mental illness, as well as the counselling implications of adults in the Anambra State community of Ihiala. Three research questions guided the study. This paper adopted a descriptive survey research design. To select 200 participants from Ihiala, a semi-urban Igbo community in Anambra State, multi-stage (random and opportunity) sampling was used. This study had three structured questionnaires, each covering a specific purpose. The instruments were subjected to face and content validation to make sure they were valid. The Cronbach Alpha Method was used to determine the internal consistency of the instruments, and an overall co-efficient of 0.89 was obtained. Ten undergraduate students were recruited and briefed to help with the administration of the questionnaires to the participants. Frequency counts and percentages were used to answer the research questions 1, while the arithmetic mean and standard deviation were used to answer the research questions 2 and 3. The findings revealed that the most frequently endorsed causal categories were "misuse of substances," "evil forces," "brain injury," and hereditary. There was a lot of prejudice and negative attitude given to mentally ill people as well as pathways to mental healthcare for mental illness among Igbo people in Anambra State. Based on the study's findings, it was suggested that the government, in collaboration with counsellors and non-governmental organizations, launch comprehensive mental health prevention programs. The effectiveness of these programmes will assist in reducing high-risk problems experienced as a result of a lack of mental health information. Such information and mental health education could essentially decrease the number of people that are victims of various forms of health diseases and illnesses.

KEYWORDS: ***Mental Illness, Mental Health, Causal Beliefs of Mental Illness, Attitude, Help-seeking Pathways***

1. INTRODUCTION

Mental illness is a clinically significant psychological or behavioural disorder associated with distress, disability or a significantly increased risk of suffering pain, disability, death or important loss of freedom (American Psychiatric Association, 2005). Mental disorders are the leading cause of years lived with disability (YLDs) worldwide, accounting for 37% of all healthy life years lost through disease and 14% of the global burden of disease (Vos, Flaxman & Naghavi, 2012). They constitute risk factors for many health problems (Prince, Patel &Saxena, 2017) and create substantial personal burden for affected individuals in terms of personal suffering, their families in terms of crippling burden of care and life-time lost productivity, and the society at large in terms of a drain on national resources (Foldemo, Gullberg, Ek & Bogren, 2015). Epidemiological findings suggested that almost 50% of the population will experience at least one mental disorder in their lifetime, and at least 25% have suffered from a mental disorder during the past 12 months (Foldemo, Gullberg & Bogren, 2015). Foldemo et al., projected that common mental disorders will disable more people than complications arising from heart diseases, traffic accidents and wars.

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It is important to note that the majority of people meeting the criteria for mental disorders under-utilize mental health services in spite of the availability of effective treatment for most mental disorders in developed nations (Le Meyer, Zane, Cho & Takeuchi, 2009). World Mental Health Survey (Wang, Guilar-Gaxiola & Alonso, 2017) indicates that the treatment gap for severe mental disorders is low in Middle Income Countries (LMIC) and can be as large as 75%. The survey reported that persons with mental health needs receiving formal mental healthcare in Nigeria over 12 months was as low as 1.6%.Mental health is generally under-researched in Nigeria and Africa as a whole (Alem & Kebede, 2013; Gureje, Abdulmalik, Kola, Musa, Yasamy & Adebayo, 2015). This is why it fundamentally undermines mental healthcare such as: Policy initiatives, efforts at plugging the gaps in formal treatment, evolution of responsive models of mental healthcare and improvement of the notion of mental illness. To provide empirical basis for mental health interventions in Nigeria, this paper explores the perspectives of the Anambra State on three dimensions of mental illness: Causal beliefs, attitudes toward persons with mental illness, preferred treatment pathways and counselling implications.

In Nigeria, there is a general belief that both physical and mental diseases originate from various external factors such as breach of a taboo or custom, disturbances in social relations, hostile ancestral spirits, spirit/demonic possession, evil machination, evil eye, sorcery, affliction by God or gods and natural causes (Okafor, 2019; Thomas, 2018). Idemudia (2014) reiterated that a high prevalence of supernatural causal beliefs relating to witchcraft and curse by enemies with as much as 75% of respondents attributing mental illness solely to an evil spell. However, increasingly mixed attributions that include biological and psychosocial causations became evident with later studies. In another study that investigated the knowledge, attitude, causal beliefs, manifestations and treatment of mental illness among adults in a rural northern Nigerian population (Kabir, Iliyasu, Abubakar & Aliyu, 2014), misuse of psychoactive agents (alcohol, cannabis and other street drugs) was the most endorsed causal factor (34.3%) followed by divine punishment (18.8%), magic/spirit possession (18.0%) and accidents/trauma (11.7%) while beliefs in hereditary and life distress as causal factors were uncommon.

Attitude is an evaluative disposition towards someone or something (Zimbardo & Leippe, 2011). Attitudes influence behaviour: They serve the dual purpose of guiding behaviour towards various goals and away from adverse outcomes, and they help people to efficiently process complex information about the social world. To be marked as "mentally ill" carries a public, internal (self) and associative stigma one need to undertake a test. Public stigma occurs when the general population endorses stereotypes and decides to discriminate against people labelled "mentally ill" (Corrigan, Druss &Perlick, 2014). It is mostly caused by the stereotypes of people with mental illness as unpredictable, violent, deranged, incompetent or retarded (Atilola & Olayiwola, 2011). A similar finding is reported in the classic Rosenhan (2013) study whereby eight people without mental health problems presented themselves at various mental hospitals, complaining that they had been hearing voices utter the words "empty," "hollow," and " thud". Stigma has the potential to impact on all aspects of life (Schulze, Ritcher-Werling, Matschinger & Angermeyer, 2013). It begets social exclusion which deprives people with mental illness of their basic citizenship rights, happiness and sharing in the 'commonwealth' of life (Pilgrim, 2009). It strips people off their dignity and represents a major barrier to effective rehabilitation and reintegration of people with mental illness.

Healthcare seeking behaviour is conceptualised as a sequence of remedial actions taken to rectify perceived ill-health (Ahmed, Adams, Chowdhury & Bhuiya, 2010). Studies suggest that pathways to healthcare are not random; while clinical factors such as symptom severity provide the impetus to the pathway, the decision to seek help and the selection of a help provider are structured by the convergence of personal, developmental, psychosocial, cultural, systemic and socio-economic factors (Cauce, Dommenech-Rodriguez & Paradise, 2012). According to Anderson, Fuhrer and Malla (2010), pathways for remedial actions include; mainstream (psychiatric) pathways (deals with biomedical explanation for mental illness with emphasis on the diagnosis of symptoms which are treated primarily through medical interventions); the general medical pathway (patients could see any care provider of their choice including having direct access to mental health professionals); the "Free Market" model (traditional and faith (alternative) healers play important roles alongside orthodox professionals in the third pathway that could be described as 'free market' model of care and is mostly observable in traditionalist (collectivist) societies of the developing world).

Mental illness represents one of the highest burdens of all disease and a major factor in perpetuating low academic achievement and school dropout. Currently, 80 percent of students in Nigeria do not receive treatment that would effectively reduce impairment while 99 percent lack the awareness on mental health (Eaton, et al., 2013). Furthermore, there is growing international evidence that mental ill health and low educational achievement interact in a negative cycle in low-income countries of which Nigeria belongs. This cycle increases the risk of mental illness among people who live in poverty. In Nigeria for example, there is lack of mental health awareness and basic management skills among primary health workers talk more of educators (WHO-AIMS, 2016). Realizing this limitation, World Health Organization (WHO) recommended school mental health education programs. This way, suffering of students may be reduced with early recognition and timely treatment of mental disorders. Mostly in developing countries, the burden of mental illness is very substantial and there would likely be a disproportionately large increase in the coming decades (WHO, 2008).

A case of attempted suicide by a 2019 UTME candidate in Ogun state was a case out of numerous cases to show the level of mental illness in the country where students prefer to take their own lives instead of fighting for their future. The

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student Segun in senior secondary 3 reportedly took sniper, a pesticide used for agricultural weeds after failing his UTME exams because he was infuriated that he would lose the chase to acquire tertiary education (Vanguard news, 2017). While some experts like Dr, Pius Adejoh of department of Sociology University of Lagos thinks it is a reflection of the level of moral decadence in the country from the family which is supposed to be a place of solace, to the over competitive society, social media influence, pressure to become somebody in the midst of diminished opportunities among others. However on the contrary, Saleem Pat Ogolowo a consultant therapist at Synapse rehabilitation center Abuja identified unresolved grief and depression as the leading cause of these mental illness among students. While students like Segun make headlines in the country day after day, this is also a warning sign of what could be a catastrophic crisis to come for Nigeria. According to a study by National Depression, about third of Nigeria's population reported experiencing depressive symptoms with seven million diagnosed with the condition. Though this mental illness is regarded by WHO as the planet's leading cause of disability, Nigeria has further complications by failing to get its acts together through adequate data collection on the mental health of its citizens which has kept experts and authorities from developing coherent policies in order to fix the situation. This is in line with Dr, Joyce Omoaregba's report that the country needs more studies with adequate data and information in order to address the issue. In confirmation, Damola(2014) in his research attested to the fact that Nigeria's mental health issues is shrouded in secrecy, cultural traditions and social stigma which pushes patients into isolation, denial and away from seeking help. Another obstacle is seen in lack of mental health laws in the country which truncated the modern understanding of psychiatry, thereby giving room to traditional and spiritual connotations giving room to superstitions and misconceptions about mental health. This has led also to attribution of mental illness to witchcraft attacks, spiritual attacks rather than medical. Hence people resorted to seeking help from spiritual authorities and drugs rather than medications. This study thus as result of limited research on mental health issues of this nature sought to determine the causal beliefs, attitude, helping-seeking pathways of mental illness as well as counselling implications.

2. OBJECTIVES OF THE STUDY

The main objective of this study is to investigate the causal beliefs, attitude, and helping-seeking pathways of mental illness as well as counselling implications of adult-persons in Ihiala community of Anambra state. Specifically, this study examined:

1. The extent to which Igbo people of Anambra State make psychosocial, causal attributions for mental illness
2. The extent to which Igbo people of Anambra State demonstrate negative attitudes towards persons with mental illness
3. The extent to which Igbo people of Anambra State seek spiritual, traditional and conventional psychiatric treatments for mental illness

Research Questions

1. To what extent do the Igbo people of Ihiala, Anambra State make psychosocial, biological and supernatural causal attributions for mental illness?
2. To what degree do Igbo people of Ihiala, Anambra State demonstrate negative attitudes towards persons with mental illness?
3. To what extent do they seek spiritual, traditional and conventional psychiatric treatments for mental illness?

3 REVIEW OF RELATED LITERATURE

According to WHO (2014), mental health is a state of well-being in which every individual realizes his or her own potentials, able to cope with the normal stresses of life, work productively, think fruitfully, and are able to make useful contributions within his/her community. WHO (2016) went further to emphasize that, mental health is a state of complete physical, emotional, psychological, personal and social well-being, and not merely the absence of diseases or infirmity. From the United Nation (UN) Sustainable Development Goal (2015) in promoting mental health and well-being, the prevention and treatment of substance abuse are integral parts of the sustainable development agenda to transform the World by 2030. However, this was adopted by the United Nations General Assembly on 25th September, 2015. This is in recognition of the importance of the areas of health within global development and health priorities.

A mentally healthy person is one who is functioning at a high level of behavioural, emotional adjustment and adaptiveness, and not one who is simply not ill. Mental health from the researcher's point of view is the ability to face the real facts of life and adapt to it in order to gain the greatest possible satisfaction. Usually, there are obstacles in achieving the greatest possible satisfaction in life; such obstacles may be a challenge to an individual or a roadblock. Where such cannot be overcome, then the emotional needs may be difficult to meet. Therefore, such an individual may become angry or hostile, or may feel fearful or anxious and eventually adopts defense mechanisms.

Mental health is the emotional, social, and intellectual fitness of the mind and body (Patel, 2013). He further stressed that one sign of mental health is the ability to find satisfaction in relationship with others such as friends, family, and co-workers. Good mental health brings about positive co-existence which enhances positive interpersonal relationship leading to peace of mind and balanced emotions. This is what every individual needs in order to be adequately adjusted to life situations and assurance to good health. In order to help your positive thinking and comfort of mind, look for good mental health.

Mental health problems which include neurological disorder, behaviour disorders, among others are common to all

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countries and cause immense suffering. People with these disorders, according to Okpenge (2008), are often subjected to social isolation, poor quality of life, and increased mortality. These disorders, as he said, are the causes of a staggering economy. From WHO (2002), over one hundred million people worldwide are affected by mental illness, behavioural, neurological and substance use disorders. For instance, an estimate made by WHO (2002) showed that 154 million people globally suffer from depression, 25 million People from schizophrenia, 15 million people from drug use disorder, and 100 million are affected by alcoholic use disorder.

A recently published WHO reports showed that 50 million people suffer from epilepsy and 24 million from asthma and other serious diseases. WHO (2006) study showed that in 2005, 326 million people suffered from migraine, 61 million from cerebrovascular disorders, and 18 million suffered from neuro-infections or neurological sequence of infections. Also, according to Lewis (2011), 10 million people had disorders which required holistic remediation. Kleinman (2013) opined that people with mental health problems or illness were affected and are still affected by chronic conditions such as cancer, heart and cardiovascular diseases, diabetes, and HIV/AIDs. When untreated, they bring about unhealthy behaviour, non-compliance with prescribed medical treatments, diminished immune functioning, and poor prognosis. According to Patel (2013), cost effective treatments are available for most of these disorders. If correctly applied, it could allow most of the affected people to become well functional members of the society.

Furthermore, it was estimated that as much as 25% of all primary care consultations have a mental health component (WHO, 2006). The following are rapidly increasing: mental health problems from poverty, marginalization, poor environmental sanitation, social disadvantage, and relationship issues such as divorce; physical conditions problems such as heart disease and reductions in economic productivity; and interruption of child and adolescent educational problems, among others. Kessler (2013) stated that at the developmental level, at least 10% of children are considered to have mental health problems. With mental disorders contributing to an average 20% of disabilities at the global society level, it poses major challenges to global health. About 35 – 50% of mental health cases in developed countries and approximately 75 – 85% in less developed countries received no treatment in their mental health related problems due to the high prevalence of mild and sub-threshold cases (WHO, 2010). These milder cases, which can be found in various communities all over the world, require careful considerations because they are prone to progress to serious mental disorders when immediate attention is lacking.

Characteristics of Mental Health Persons

John (2014) mentioned the under-listed as the characteristics of mentally healthy persons. He said the mentally healthy person;

a. Accepts problem and conflicts and works through them to a satisfactory end.
b. Is able to love and accept the love of others; finds satisfaction in human relationships.
c. Can work and play cooperatively in give and take relationships.
d. Tries to understand the reasons for his/her own behaviour and the behaviour of others. Remembers that behaviour is an effort to satisfy emotional and physical needs.
e. Uses defense mechanisms when effective, but does not depend upon them to solve all problems.
f. Has a standard of values that guides actions.
g. Is able to change or adjust behaviour when necessary, but only if moral standards are maintained.
h. Has developed a philosophy of life that meets the demands of society, satisfies personal dreams and goals, and is within his/her capabilities.
i. Can control anger and hostility, as well as other emotions, and has learned harmless ways of getting rid of hostility.
j. Develops creative interests and abilities so that satisfaction can be found in doing things well.
k. Takes pride in being prepared to accept responsibility for ideas, feelings, and actions.

4. METHODOLOGY

This study adopted a descriptive survey research design. Multi-stage (random and opportunity) sampling was used to select participants (N = 200) from Ihiala, a semi-urban Igbo community in Anambra State. As a semi-urban town with a fairly representative demographic, Ihiala was chosen as a microcosm of the wider Igbo community.

5. SAMPLING DESIGN

The first stage of sampling involved a random selection of villages, markets, schools and corporate business establishments in the town through a balloting process. In the second stage, the invitation to participate was extended to people as they were encountered in the selected settings. Questionnaires were administered in each of the four selected settings to the first 50 people who consented to the study thus making a total of 200 respondents. A structured questionnaire developed by the researcher was used. This study was structured on three questionnaires. The first questionnaire addressed the psychosocial, biological and supernatural causal attributions for mental illness. It consisted of 15-items under 3 sub-scales representing the 3 (psychosocial, supernatural and biological) causal models.

The second instrument titled "The Community Attitudes to Mental Illness scale" (CAMI) by Taylor and Dear (1981) was adapted for the second instrument (attitudes towards people with mental illness). It is a 40-item self-report inventory developed to gauge community rather than professionals' attitudes toward people with mental illness. It consisted of four subscales measuring two negative and two positive constructs: Authoritarianism (which seeks a clear difference between

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persons with mental illness and others and proposes hospitalization for them); Social Restrictiveness (which expresses beliefs that people with mental illness are dangerous and are to be avoided or restricted); Benevolence (which expresses sympathy toward persons with mental illness and acknowledges public responsibility to help them) and Community Mental Health Ideology (which reflects acceptance of mental health services and people with mental illness in the community). But for4 the purpose of this paper, 7-item questions was used. Each of the items had a four-point response scale: strongly agree, agree, disagree and strongly disagree. The third instrument was structured on a 5-item of pathways to mental healthcare for mental illness. It was structured on a four point likerts scale of strongly agree (SA); Agree (A); Disagree (D) and Strongly Disagree (SD) with values 4, 3, 2, and 1 respectively. The instruments were subjected to face validation to make sure the instruments were valid. The Cronbach Alpha Method was used to determine the internal consistency of the instruments and an overall co-efficient of 0.89 was obtained.

6. DATA COLLECTION

Undergraduate students were recruited and briefed to help with the administration of the questionnaires to the participants. Invitation to participate was extended to prospective participants and those that consented to the study were surveyed. Those who needed help with the pragmatics of completing the questionnaires were provided assistance. Most of the questionnaires were completed and collected on the spot. A maximum time frame of one week was accorded those who needed time to complete the questionnaires. While a predetermined 200 participants were recruited for the exploratory study, for the subsequent confirmatory study, a characteristic high response rate of 98% was achieved in the survey of the sample.

7. STATISTICAL DESIGN

Frequency counts and percentages were used to answer the research question one while the arithmetic mean and standard deviation was used to answer the research questions 2 and 3.

8. RESULTS

Research Question 1: What are the causation attributions for mental illness present among the Igbo people of Ihiala?

Table 1: Respondents' Descriptive Statistics for Causal Attributions of Mental Health

S/N	Psychological factors	Freq	%
1	Social factors	134	66.8
2	Misuse of substances	192	96.3
3	Personal deficit	96	47.9
	Supernatural factors		
4	Divine sanction	131	65.4
5	Evil forces	191	95.3
6	Fate	97	48.4
	Biological factors		
7	Hereditary	174	86.8
8	Brain injury	186	93
9	Childbirth/infection	54	27.1

The result in Table one revealed the causal attributions of mental health among the Igbo people of Ihiala, Anambra State. The result showed that the most frequently endorsed causal category was 'misuse of substances' (96.9%) followed by evil forces (95.3%), brain injury (93.0%) and hereditary (86.8%). Childbirth/infection (27.1%), personal deficit (47.9%) and fate (48.4%) were the least endorsed causations.

Research Question 2: what are the attitudes of respondents towards people with mental illness in Igbo people of Ihiala in Anambra State?

Table 2: Respondents' Mean and Standard Deviation Ratings on Attitudes of adults Towards Persons with Mental Illness

S/N	Attitudes towards people with mental illness	X	SD	Remarks
10	I can allow someone who recovered from mental illness care for my children	2.26	0.77	Disagree
11	I can employ someone who has recovered from mental illness as house-help	2.69	0.82	Agree
12	I can marry someone who is cured of mental illness	2.03	0.73	Disagree
13	I can employ someone who has recovered from mental illness as security	2.52	0.69	Agree
14	I can confide in someone cured with mental illness	2.66	0.86	Agree
15	I can do business with someone cured with mental illness	1.92	1.13	Disagree
16	I can share my belongings with someone cured of mental illness	1.99	1.01	Disagree
	Cluster Mean	**2.29**		**Disagree**

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Data in Table 2 revealed that items 10, 12 15 and 16 with mean scores 2.26, 2.03, 1.92 and 1.99 were rated disagreed while items 11, 13 and 14 with mean scores 2.69, 2.52 and 2.66 were rated agreed. The cluster mean of 2.29 summarized that respondents have a negative attitude towards persons with mental illness among Igbo people in Anambra State. The standard deviation scores ranging from 0.69 – 1.13 means that the difference between the standard deviation scores were not much, therefore this shows that the items are homogeneous.

Research Question 3: What are the pathways to mental healthcare for mental illness among Igbo people in Anambra State?

Table 3: Respondents' Mean and Standard Deviation Ratings of Pathways to Mental Healthcare for Mentally-Ill Persons

S/N	Pathways to mental healthcare	X	SD	Remarks
17	A mentally ill person can get better if sacrifices are offered for his/her past mistakes	3.53	0.67	Agree
18	Mental illness is better handled in the native or traditional way	3.30	0.64	Agree
19	Mental illness can be cured through breaking of ancestral curses	3.29	0.61	Agree
20	Mentally ill person should be taken to the psychiatric hospital	3.26	0.60	Agree
21	Mentally ill person can get better if they follow good advice	2.29	0.85	Disagree
	Cluster Mean	**3.13**		**Agree**

The result presented in Table 3 revealed that items 17 – 20 with mean scores 3.53, 3.30, 3.29, and 3.26 were rated agreed while item 21 with mean score 2.29 was rated disagreed. This means that respondents disagreed that mentally ill persons can get better if they follow good advice. The cluster mean of 3.13 revealed that most of the items are pathways to mental healthcare for mental illness among Igbo people of Anambra State. The standard deviation score ranging from 0.61 – 0.85 revealed that means that the difference between the standard deviation scores were not much, therefore this shows that the items are homogeneous.

9. DISCUSSION

The finding in research question one revealed that the most frequently endorsed causal category was 'misuse of substances', evil forces, brain injury and hereditary while childbirth/infection, personal deficit and fate were the least endorsed causations. This finding supported that of Agbodike (2008) that the traditional Igbo society also believes that mental illness can be caused by disharmony with one's lifestyle especially when it involves excessive alcoholism and substance abuse. Ewhrujakpor (2009) agreed that the significantly low contribution of nurses to the endorsement of supernatural causations could be linked to the nursing training experience which exposes nurses to conventional mental health knowledge.

The finding in research question two revealed that respondents have a negative attitude towards persons with mental illness among Igbo people in Anambra State. This implies that the societies see mental illness as a deviation from normality. This finding agreed with that of Levey and Howells (1995) that majority see people with mental illness as 'different' while a similarly significant proportion (91.5%) endorsed the immediate hospitalisation of anyone that shows signs of mental illness. Ewhrujakpor (2009) supported that people with psychotic conditions such as schizophrenia are thought of as being essentially `different' in terms of their perceived unpredictability and dangerousness which underpins the widespread fear of schizophrenia held by many.

The finding in research question three revealed that pathways to mental healthcare for mental illness include making sacrifices, handling it the native or traditional way, and breaking of ancestral curses. This supports the finding of Aniebue and Ekwueme (2009) that there was leading initial choice of spiritual pathway, before the biomedical psychiatric and the traditional pathways. This finding also agreed with that of Ikwuka et al., (2014) that the majority of patients had used the alternative services either alone or prior to presenting at conventional mental health facilities.

10. CONCLUSION

It is evident from literature that the public are not well prepared and lack adequate dissemination of information about mental health. Based on this finding, this paper concluded that the most frequently endorsed causal category was 'misuse of substances', evil forces, brain injury and hereditary. There were lots of prejudice and negative attitude given to mentally ill persons as well as pathways to mental healthcare for mental illness among Igbo people of Ihiala, in Anambra State.

11. COUNSELLING IMPLICATIONS OF MENTAL HEALTH

Counselling is a form of assistance that involves many activities that will help individuals in understanding himself or herself and the problems encountered. Therefore, a lot of benefits would accrue when mental health counselling is adequately inculcated into public health programs to include;

1. Developed health skills, self-management skills, and self-discipline culture useful in maintaining a positive and stable emotional and socio-psychological well-being.

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2. Identify health practices and cultures that will shape and encourage the people now, in future, and their future health life styles.
3. Failure and frustrations in life are signs and symptoms of poor mental health which may be situational, but which may also be resolved through counsellor's regular advocacy, sensitization mental health programmes, and health monitoring programmes.
4. Stress coping, good diets, regular exercises, good living condition, among other strategies should be taught to students and entire society by the counsellors through organized seminars and workshops.
5. Good mental health is a pre-requisite for good health living, good mental ability, emotional balance, and positive interpersonal relationship. As such, the counselor has a great role to play in the re- education of the incidence that could enhance effectiveness in the above listed factors.
6. The counselor should also assist every individual to develop his/her positive health self-concept. The counselor should ensure to sensitize the public with information about their lifestyle regarding sleeping procedures, eating behavior, nutrition, exercise, stress and its management, life coping mechanisms, blood screening and genotype tests habit, regular check-up among many others. This will go a long way to enhance good healthy living and individual's emotional and psychological balance.

12. RECOMMENDATIONS

Based on the findings, the following recommendations are made:

1. The public health situation now and later should be of great worry especially considering the increase abuse of drugs, mental problems, fever, behaviour problems among others that are threatening to wipe out the nation's potentials. As such, functional and pragmatic intervention programmes by the government are urgently required to checkmate the negative trend of these nasty problems.
2. The governments in collaboration with the counsellors and NGOs should embark on comprehensive good mental health preventive programmes. The effectiveness of these programmes will assist to reduce high risk problems experienced through lack of mental health information. Such information and mental health education could essentially decrease the number of people that are victims of various forms of health diseases and illnesses.
3. The three tiers of governments should embark on regular workshops, seminars, radio and television programmes, using various models, health experts, sociologists, counselors mental health facilitators, among others to carry information regarding good mental health to grassroots level in every state of Nigeria. This will go a long way to imbibe good mental health management skills in the people's daily activities. This will also reduce the huge amount the government spends on health problems and in the purchase of drugs yearly.
4. Mental health routine guidance teaching and information programmes dissemination should be embedded into all schools and institutions' curriculums and programmes. The governments should employ more professional counsellors and psychologists into all levels of schools and colleges and must be encouraged to provide valuable information on good mental health behavior and its consequences.

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