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An Assessment of Mental Health Help-Seeking Behaviours of Adolescents and Young People in Bauchi State, Nigeria: A Cross-sectional Study

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Abstract *Adolescence and young adulthood are critical developmental phases often marked by a high prevalence of mental health issues, including in Nigeria. This study evaluated the prevalence of depression and mental health help-seeking behaviours of adolescents and young people in Bauchi State, Nigeria. A cross-sectional community-based survey was conducted in May 2026 among adolescents and young people aged 15 to 24 years in Bauchi Local Government Area, Bauchi State, Nigeria, using a multistage sampling technique. Quantitative data were collected from 390 participants using a three-part questionnaire that included descriptive statistics, the Patient Health Questionnaire-9 (PHQ-9) to measure depressive symptoms, and the General Help-Seeking Questionnaire (GHSQ, V15) to assess the likelihood of seeking support from various sources. Data were analyzed using SPSS version 26.0, employing descriptive statistics, t-tests, chi-square tests, and ANOVA, with significance set at $p<0.05$. The mean age of respondents was 18.84± 2.59 years. Prevalence of depression using PHQ-9 was 19.2% mild, 58.7% moderate, 15.6% moderately severe, and 2.6% severe. Overall, the mean PHQ-9 score was 11.65±3.6, indicating moderate depression. Young people (20 to 24 years) exhibited significantly higher mean depression scores (12.3±3.6) compared to adolescents (11.2±3.5, $p=0.004$). Overall, adolescents and young people in Bauchi State sought help mostly from their parents/guardians ($\bar{x}=5.58$, $SD=1.076$), siblings/close relatives ($\bar{x}=5.31$, $SD=0.940$), religious leaders ($\bar{x}=5.28$, $SD=1.160$), and close friends ($\bar{x}=5.01$, $SD=1.123$). There was no significant difference in help-seeking behaviours by gender and age group ($p>0.05$); however, the study found that more females sought help from online resources than males ($t=-2.202$, $p=0.028$), and that more males would not seek help ($\bar{x}=4.16$, $SD=1.302$) as often as females ($\bar{x}=3.87$, $SD=1.490$; $t=2.099$, $p=0.036$). While help-seeking behaviours tended to decrease with increasing depression severity, this was not found to be statistically significant ($p=0.0060$). The findings reveal a high burden of depression, with a preference for seeking help from informal sources and religious leaders. Mental health interventions in Nigeria should be decentralized into community and religious structures, while policy efforts should improve community-level identification of depression and strengthen referral pathways for specialized care.*

Keywords *Adolescents, Help-Seeking Behaviours, Mental Health, Nigeria, Young People.*

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Introduction

Young people account for 24% of the world's population of over 8 billion people [1], with one in six people being adolescents aged 10-19 years [2]. Adolescence and young adulthood are critical transitional phases of human development characterized by rapid social, emotional, and cognitive changes [3]. Nigeria has a young population, with 31% of its estimated 200 million people aged 15 to 24 years [4, 5]. Mental health is a key determinant of overall well-being. The World Health Organization (WHO) defines mental health as a state of well-being in which people can cope with life's stresses, realize their abilities, learn and work well, and contribute to their community [3].

Globally, young people experience the highest prevalence of mental health disorders compared to individuals at any other stage of the lifecycle [6], with up to 20% of adolescents likely to experience mental health disorders [7]. Globally, approximately one in seven adolescents (10–19 years) experiences a mental disorder [3], accounting for 15% of the global burden of disease in this age group [1]. In Nigeria, the prevalence of mental health disorders among adolescents is estimated to range between 10% and 37%, yet these conditions remain largely unrecognized and untreated [8]. Specifically, in Bauchi State, a recent study identified 25.3%, 8.9%, and 0.7% of in-school adolescents with mild, moderate, and moderately severe depression, respectively, while 23.2% of in-school adolescents had considered suicide, highlighting an urgent public health crisis [9].

Although the transition from childhood into adolescence is crucial for targeted mental health support, many mental health-related difficulties in this stage of life are often unrecognized and subsequently unsupported [7, 10]. These usually have dire consequences, especially on their health and social functioning in adulthood. Adolescents and young people experiencing mental health conditions face several challenges, including isolation, stigma, discrimination, and difficulty in accessing health services [10-12]. Also, many studies have established a reluctance to seek help among adolescents and young people [12-14].

Help-seeking behaviour is defined as a psychosocial health behaviour that involves disclosing a problem to obtain external support [13]. This is often either a formal or informal entity. Some informal support may come from parents, friends, or religious leaders, while common formal support includes doctors, psychologists, or social workers [13-15]. Despite the high prevalence of depression globally, as few as 10% of young people in need receive psychological support due to significant barriers [16]. In the Nigerian context, these barriers include widespread stigma, lack of mental health literacy, and cultural beliefs attributing mental illness to supernatural causes or "sickness of the brain" [17-19].

Mental health help-seeking behaviour is the process of engaging mental health services when experiencing distress or mental health-related issues [14]. The World Health Organization has recommended integration of mental health in primary health care; however, this is still in progress [14]. The importance of understanding adolescents' and young people's help-seeking behaviours cannot be overstated. Fear, depression, emotional imbalance, isolation, and suicidal thoughts are the results of not seeking mental health help [8, 14].

A study by Barrow and Thomas [20] highlighted important implications for improving adolescents' help-seeking behaviours and increasing mental health support in schools. Stigma and negative beliefs towards mental health services and professionals were the most cited barriers to help-seeking by adolescents in another study [6]. In Nigeria, studies have highlighted the need to focus on the mental health of adolescents by planning preventive programs, creating awareness on mental health-promoting strategies, and introducing child and adolescent

psychiatric health services [8]. A study by Abugu et al among in-school adolescents reveals that students sought help from parents/guardians, doctors, and mental health professionals [14].

Most studies of help-seeking behaviours among adolescents and young people in Nigeria focus primarily on in-school adolescents [9, 14, 17]; there is little literature exploring these behaviours in community settings. This study, therefore, sought to assess the mental health help-seeking behaviours of adolescents and young people in communities in Bauchi State, Nigeria. It aimed to explore whether gender, age, or depression severity had a role to play in help-seeking behaviours with a view to contributing to the broader discourse on the provision of mental health services in community settings.

Materials and Methods

Research Design and Study Setting

This study, conducted in Bauchi State, Nigeria, used a cross-sectional baseline survey conducted in May 2026 to assess the mental health help-seeking behaviours of adolescents and young people in a community setting. Bauchi State in the North-East geopolitical zone of Nigeria is multi-ethnic and has a relatively young population, with 47.1% aged 0 to 14 years. Data were collected from adolescents and young people in communities across 9 of the 20 wards of the state capital, Bauchi Local Government Area (LGA).

Study Population and Eligibility

The study population comprised adolescents and young people aged 15 to 24 years. Participants were recruited from sampled communities in Bauchi Local Government Area. Inclusion criteria required participants to be residents of the community for at least 6 months and to provide either written informed consent (for those aged 18-24) or individual assent alongside parental/guardian consent (for those aged 15-17). Conversely, individuals below 15 years and above 24 years of age, and who had not lived in the community for at least six months, were excluded from the study. Also, participants who did not provide informed consent were excluded from the study.

Sampling Technique

A multistage sampling technique was employed to select eligible respondents. In the first stage, Bauchi LGA was selected using a purposive, non-random sampling approach—subsequent stages involved selecting wards from the list.

The sample size for this study was calculated using Andrew Fisher's sampling technique $n = z^2pq/d^2$ where 'n' is the required sample size; 'Z' is the standard normal deviation corresponding to the 95% Confidence interval (equivalent to 1.96); 'P' is the prevalence of the attribute being studied and was estimated at 0.5; 'q' is 1- p and 'd' is the margin of error or the desired level of precision which was set at 5% (0.05) [21]. Therefore, a total of 384 participants was calculated as the minimum required sample size, and to account for potential questionnaire loss and non-response to completed questionnaires, an additional 10% of the sample size.

Data Collection Instruments

Standardized and validated tools were used to ensure data reliability. The questionnaire comprised 3 sections: Section A focused on socio-demographic characteristics of the respondents, including age, gender, education, religion, and household size. Section B was the Patient Health Questionnaire-9 (PHQ-9), used to measure depressive symptoms, with the scores ranging from 0 to 27 [22]. Based on this, a score of 0-4 was graded as "no or minimal depression", 5-9, "mild depression", 10-14, "moderate depression", 15-19, "moderately severe depression", and a score of 0-27 was considered "severe depression". Section C was the General Help-Seeking Questionnaire,

vignette version (GHSQ-V,15) [23, 24], adapted for this context, which assessed the likelihood of seeking help for depression from various formal and informal sources, usually 15 items. The responses from the GHSQ were rated on a 7-point Likert-type scale ranging from Extremely Unlikely = 1, Unlikely = 3, Likely = 5, to Extremely Likely = 7. Quantitative data were collected using Kobo Collect, administered by trained research assistants to minimize data entry errors.

Quantitative data were analyzed using IBM Statistical Product for Services and Solutions (SPSS) version 26 software. Data collected from respondents were reviewed for completeness, cleaned, and recoded as appropriate. The analysis included frequency distributions to determine the prevalence of depression and help-seeking sources, and descriptive statistics (means and standard deviations) for help-seeking behaviours. Independent samples t-tests were used to evaluate differences in mean PHQ-9 scores by gender and age group. Chi-square test was used to determine if there was any association between depression severity and Gender or age group. Independent samples t-test and One-way Analysis of Variance (ANOVA) were used to explore the differences in help-seeking behaviours across the various sources, categorized as informal sources (parents/guardians, siblings/close relatives, close friends/peers, partner/spouse), formal/professional sources (Teacher, School Counsellor, PHC worker/doctor, mental health professional, pharmacist/chemist), community and digital sources (religious leader, traditional leader, online resources/helpdesk/NGO) and Self-reliance, according to gender and age group. The significance level was set to 0.05 for all analyses.

Reliability and Validity of the Instruments

The PHQ-9 and GHSQ were tested for reliability and validity after pilot testing of the questionnaires. Reliability analysis of the PHQ-9 revealed a Cronbach's Alpha value of 0.719 across the 9 measurement items, indicating an acceptable level of internal consistency among the items. This suggests that the PHQ-9 consistently measures depressive symptoms among adolescents and young people in Bauchi State. Reliability analysis of the GHSQ revealed a Cronbach's alpha of 0.865 across the 15 measurement items, indicating good internal consistency.

Construct validity for the two instruments was examined using the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and Bartlett's Test of Sphericity. The KMO value for the PHQ-9 was 0.615, with Bartlett's Test of Sphericity statistically significant ($X^2 = 790.17, df = 36, p < 0.001$). Conversely, the KMO value for the GHSQ was 0.882, with Bartlett's test of Sphericity statistically significant ($X^2 = 2439.629, df = 105, p < 0.001$). These results confirm that the measurement instruments were both reliable and valid for subsequent statistical analyses.

Results

Sociodemographic Characteristics of Respondents

390 adolescents and young people participated in the study. Table 1 shows that the respondent population was evenly distributed between males (50%) and females (50%). About three-fifths (60.5%) of respondents were adolescents aged 15 to 19 years, while the remainder (39.5%) were young people aged 20 to 24 years. The mean age of respondents was 18.84 ± 2.59 years. The majority of respondents had a secondary education (66.7%), with only 1.3% reporting never attending school. Similarly, majority of respondents were never married (86.9%). Islam was the dominant religion practiced by the respondents (93.8%). Over a third of the respondents were students, with 24.4% and 22.1% reporting self-employment and farming as their main sources of livelihood. Almost three-quarters of

respondents lived with their parents, followed by 16.7% living with relatives and 7.7% living with their spouses.

Prevalence of Depression

This cross-sectional survey revealed a high prevalence of mild to severe depression (96.2%) among the study respondents. Overall, the reported prevalence of depression using PHQ-9 was 19.2% mild, 58.7% moderate, 15.6% moderately severe, and 2.6% severe (Table 2). There was no significant difference in reported depression between male and female respondents (p=0.639). However, across age groups, mild and moderate depression were higher among adolescents compared to young people; with moderately severe depression higher among young people compared to adolescents (p=0.016), as seen in Table 3.

Table 1. Socio-Demographic Characteristics of Respondents (N=390)

Variable	Frequency (N)	Percentage (%)
Gender		
Female	195	50.0%
Male	195	50.0%
Age Group		
15-19	236	60.5%
20-24	154	39.5%
Age in years		
Mean± SD	18.84± 2.59	
Education		
Never attended school	5	1.3%
Qu'ranic	38	9.7%
Primary	66	16.9%
Secondary	260	66.7%
Tertiary	21	5.4%
Marital Status		
Never Married	339	86.9%
Married	38	9.7%
Divorced/Separated	12	3.1%
Widowed	1	0.3%
Religion		
Islam	366	93.8%
Christianity	24	6.2%
Main Livelihood/Occupation		
None	50	12.8%
Farming	86	22.1%
Student	148	37.9%
Self-employed	95	24.4%
Other	11	2.8%
Living Arrangement		
With parents	291	74.6%

With Spouse	30	7.7%
With Relatives	65	16.7%
Alone	3	.8%
Other	1	.3%

The overall mean PHQ-9 score was 11.65±3.6, indicating moderate depression, with female respondents having a higher mean PHQ-9 score (11.9±3.7) than male respondents (11.4±3.4), although this was not significant (Table 2). Table 3 shows that across age groups, however, young people (20-24 years) had a higher mean PHQ-9 score of 12.3±3.6 than adolescents (11.2±3.5; p=0.004).

Table 2. Comparison of Depression Severity and Mean PHQ-9 Scores by Gender

Variable	**Male (n= 195)**	**Female (n= 195)**	**Total (n= 390)**	**Test Statistic**	**p-value**
Depression Severity (PHQ-9)	**n (%)**	**n (%)**	**n (%)**	**$\chi 2$ =2.529a**	**.639**
Minimal (0–4)	7(1.8%)	8(2.1%)	15(3.8%)		
Mild (5–9)	43(11.0%)	32(8.2%)	75(19.2%)		
Moderate (10–14)	113(29.0%)	116(29.7%)	229(58.7%)		
Moderately Severe (15–19)	28(7.2%)	33(8.5%)	61(15.6%)		
Severe (20–27)	4(1.0%)	6(1.5%)	10 (2.6%)		
PHQ-9 Mean Score	**Mean (SD)**	**Mean (SD)**	**Mean (SD)**	**t =-1.193**	**.233**
Total Score (0–27)	11.4 (3.4)	11.9(3.7)	11.65 (3.6)		

Table 3. Comparison of Depression Severity and Mean PHQ-9 Scores by Age Group

Variable	**15-19 years (n= 236)**	**20-24 years (n= 154)**	**Total (n= 390)**	**Test Statistic**	**p-value**
Depression Severity (PHQ-9)	**n (%)**	**n (%)**	**n (%)**	**$\chi 2$ = 12.153a**	**.016**
Minimal (0–4)	12(3.1%)	3(0.8%)	15(3.8%)		
Mild (5–9)	48(12.3%)	27(6.9%)	75(19.2%)		
Moderate (10–14)	145(37.2%)	84(21.5%)	229(58.7%)		
Moderately Severe (15–19)	26(6.7%)	35(9.0%)	61(15.6%)		
Severe (20–27)	5(1.3%)	5(1.3%)	10 (2.6%)		
PHQ-9 Mean Score	**Mean (SD)**	**Mean (SD)**	**Mean (SD)**	**t =-2.924**	**.004**
Total Score (0–27)	11.2(3.5)	12.3(3.6)	11.65 (3.6)		

Help-Seeking Behaviours of Adolescents and Young People in Bauchi State

The General Help-Seeking Questionnaire (GHSQ-V, 15) was used to assess respondents' help-seeking behaviours. Descriptive results from the GHSQ are presented in Figure 1. The 7-point Likert was collapsed into a 3-point Likert where responses of 'Extremely unlikely', 'Slightly unlikely' and 'Unlikely' were grouped as 'Unlikely', and all 'Extremely likely', 'Slightly likely' and 'Likely' were grouped as 'Likely'. The majority of respondents indicated they would likely receive help from informal sources, such as a parent or guardian (94%), followed by a sibling or close relative (89%) and a religious leader (85%).

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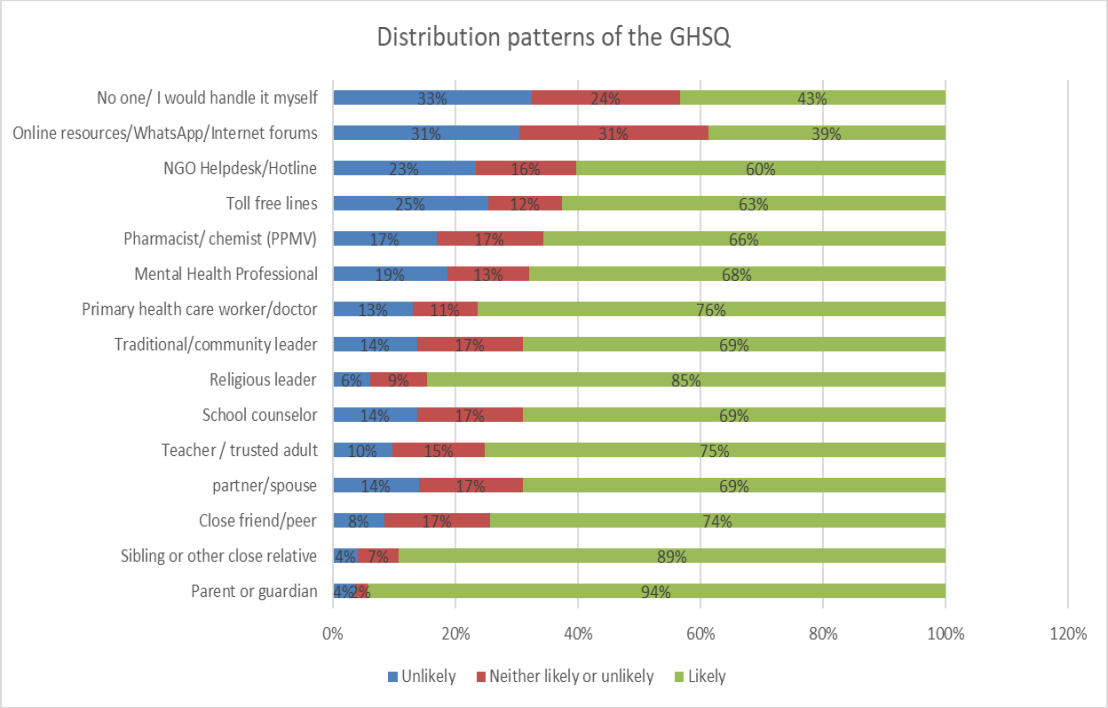

Figure 1. Help-Seeking Behaviours of Adolescents and Young People in Bauchi State, Nigeria (n=390)

Table 4 presents the mean help-seeking scores across the help-seeking sources in this study. The mean scores further buttress that adolescents and young people in Bauchi State sought help from their parents/guardians ($\bar{x}$=5.58, SD=1.076), siblings/close relatives ($\bar{x}$=5.31, SD=0.940), religious leaders ($\bar{x}$=5.28, SD=1.160), and close friends ($\bar{x}$=5.01, SD=1.123) as seen in Table 4.

Table 4. Mean Analysis of Mental Health Help-Seeking Behaviors of Adolescents and Young People in Bauchi State, Nigeria (n=390)

Help-Seeking Source (GHSQ)	**Mean($\bar{x}$)**	**Standard Deviation**
Parent or Guardian	5.58	1.076
Sibling or Relative	5.31	0.940
Close friend/peer	5.01	1.123
Partner/Spouse	4.82	1.248
PHC worker/doctor	4.91	1.034
Mental health professional	4.70	1.149
Teacher	4.86	1.034
School Counsellor	4.84	1.109
Pharmacist/chemist	4.73	1.125
Religious leader	5.28	1.160
Traditional/community leader	4.70	1.148
Online resources/ WhatsApp/internet	4.09	1.225
Toll-free lines	4.44	1.167
No one/Handle myself	4.02	1.405
Total Mean Score	**4.78**	**0.675**

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Table 5 below shows the mean analysis of help-seeking behaviour across various sources, categorized by age group. More adolescents sought help from their parents/guardians (x̄=5.62, SD=1.079), siblings/close relatives (x̄=5.35, SD=0.940), partner/spouse (x̄=4.86, SD=1.241), Primary Health Care(PHC) worker/doctor (x̄=4.95, SD=0.924), mental health professional (x̄=4.74, SD=1.030), pharmacist/chemist (x̄=4.79, SD=1.029) and toll free lines (x̄=4.48, SD=1.124) than young people (x̄=5.53, SD=1.074, x̄=5.26, SD=0.941; x̄=4.75, SD=1.259; x̄=4.84, SD=1.183; x̄=4.64, SD=1.313; x̄=4.64, SD=1.256, x̄=4.34, SD=1.117) respectively. However, young people would not seek help (x̄=4.18, SD=1.331) as often as adolescents (x̄=3.91, SD=1.444, p=0.059). There was no significant difference in help-seeking behaviours among adolescents and young people (F=0.246, p=0.620).

Table 5. ANOVA Analysis of Mental Health Help-Seeking Behaviors of Adolescents and Young People by Age Group in Bauchi State, Nigeria (n=390)

Help-Seeking Source (GHSQ)	**15–19 years (n=236) Mean (SD)**	**20–24 years (n=154) Mean (SD)**	**F-statistic**	**p-value**
Informal Sources			.314	.576
Parent or Guardian	5.62 (1.079)	5.53(1.074)	.755	.385
Sibling or Relative	5.35(0.940)	5.26(0.941)	.811	.368
Close friend/peer	4.97(1.087)	5.07(1.178)	.819	.366
Partner/Spouse	4.86(1.241)	4.75(1.259)	.739	.390
Formal/Professional Sources			.599	.439
PHC worker/doctor	4.95(0.924)	4.84(1.183)	1.040	.308
Mental health professional	4.74(1.030)	4.64(1.313)	.780	.378
Teacher	4.93(0.967)	4.75(1.123)	2.876	.091
School Counsellor	4.79(1.086)	4.92(1.143)	1.230	.268
Pharmacist/chemist	4.79(1.029)	4.64(1.256)	1.649	.200
Digital & Community Sources			.142	.706
Religious leader	5.27(1.204)	5.31(1.093)	.080	.778
Traditional/community leader	4.66(1.094)	4.76(1.226)	.750	.387
Online resources/ WhatsApp/internet	4.11(1.226)	4.34(1.117)	1.957	.163
Toll-free lines	4.48(1.124)	4.37(1.231)	.872	.351
Self-Reliance				
No one/Handle myself	3.91(1.444)	4.18 (1.331)	3.595	.059
Total Mean Score	4.80(0.656)	4.76(0.705)	0.246	.620

Table 6 shows that more females sought help from their close friends/peers (x̄ =5.10, SD=1.117), PHC worker/doctor (x̄=4.98, SD=0.914), mental health professional (x̄=4.73, SD=1.135), pharmacist/chemist (x̄=4.81, SD=1.094), online resources (x̄=4.23, SD=1.272) and toll free lines (x̄=4.59, SD=1.145) compared to males (x=4.91, SD=1.125; x̄=4.84, SD=1.140; 4.67, SD=1.165; x̄=4.66, SD=1.153; x̄=3.96, SD=1.161; x̄=4.34, SD=1.183). Overall, there was no significant difference in help-seeking behaviours by gender (t=-0.370, p=0.712); however, more females sought help from online resources than males (t=-2.202, p=0.028). Interestingly, males would not seek help (x̄=4.16, SD=1.302) as often as females (x̄=3.87, SD=1.490; t=2.099, p=0.036).

Table 6. Mean Analysis of Mental Health Help-Seeking Behaviors of Adolescents and Young People by Gender in Bauchi State, Nigeria (n=390)

Help-Seeking Source (GHSQ)	Male (n=195) Mean (SD)	Female (n=195) Mean (SD)	t-statistic	p-value
Informal Sources				
Parent or Guardian	5.59(1.082)	5.57(1.074)	0.188	.851
Sibling or Relative	5.35(0.948)	5.28(0.933)	0.754	.452
Close friend/peer	4.91(1.125)	5.10(1.117)	-1.672	.095
Partner/Spouse	4.82(1.261)	4.82(1.237)	0.000	1.000
Formal/Professional Sources				
PHC worker/doctor	4.84(1.140)	4.98(0.914)	-1.324	.186
Mental health professional	4.67(1.165)	4.73(1.135)	-.572	.567
Teacher	4.93(0.961)	4.78(1.101)	1.373	.171
School Counsellor	4.84(1.100)	4.84(1.122)	-0.046	.964
Pharmacist/chemist	4.66(1.153)	4.81(1.094)	-1.352	.177
Digital & Community Sources				
Religious leader	5.35(1.185)	5.22(1.134)	1.092	.276
Traditional/community leader	4.79(1.055)	4.60(1.229)	1.681	.094
Online resources/ WhatsApp/internet	3.96(1.161)	4.23(1.272)	-2.202	.028
Toll-free lines	4.34(1.183)	4.59(1.145)	-1.696	.091
Self-Reliance				
No one/Handle myself	4.16(1.302)	3.87(1.490)	2.099	.036
Total Mean Score	4.77(0.723)	4.80(0.624)	-0.370	.712

Difference between Depression Severity Groups on Help-Seeking Behaviour among Adolescents and Young People in Bauchi State, Nigeria

Table 7 presents an analysis of variance comparing help-seeking behaviours (Total Help-Seeking mean score) across levels of depression severity among respondents (N=390, df total=389). Overall, there was an observable trend showing a decrease in help-seeking behaviours with increasing depression severity. Respondents with no/minimal depression had the highest mean help-seeking score ($\bar{x}$=5.07, SD=0.652), while those with severe depression had the lowest mean help-seeking score ($\bar{x}$=4.25, SD=0.585). Respondents in the 'moderate' and 'moderately severe' categories reported identical mean scores ($\bar{x}$ =4.78). However, the difference between depression severity groups on help-seeking behaviours was found not to be statistically significant (F=2.283, p=0.060). This indicates that, for this sample, depression severity alone was not an indicator of help-seeking behavior.

Table 7. Difference between Depression Severity Groups on Help-Seeking Behaviours among adolescents and young people in Bauchi State

Depression Group	Mean	SD	GHS Score	Sum of Squares	df	MS	F	Sig.
No/Minimal (0-4)	5.07	.652	Between Groups	4.104	4	1.026	2.283	.060
Mild (5-9)	4.81	.710	Within Groups	173.008	385	.449		

Moderate (10-14)	4.78	.666	**Total**	**177.113**	**389**			
Moderately Severe (15-19)	4.78	.653						
Severe (20-27)	4.25	.585						
Total	**4.78**	**.675**						

Discussion

The main purpose of this cross-sectional study was to examine the mental health help-seeking behaviours among adolescents and young people (15 to 24 years) in Bauchi State, Nigeria. In addition, this study sought to explore whether gender, age, or depression severity had a role to play in help-seeking behaviours among this demographic. The most striking finding of this study is the high prevalence of depressive symptoms, with 19.2% mild, 58.7% moderate, 15.6% moderately severe, and 2.6% severely depressed. This is significantly higher than the 10%-37% range previously estimated for Nigerian adolescents [8, 9]. The discrepancies in depression prevalence might be due to the methodological differences in data collection, as well as the perception of depression in the various settings. The overall mean PHQ-9 score of 11.65 indicates a moderate level of depression within the community, and is consistent with a similar study among adolescents [25].

Interestingly, while there was no significant difference in depression prevalence between genders (p=0.639), age was a significant factor. Young people (20 to 24 years) exhibited higher mean depression scores (12.3±3.6) compared to adolescents (11.2±3.5, p=0.004). This suggests that as individuals transition into young adulthood, they may face increased stressors that exacerbate mental health challenges in this setting, as seen in other reports [26].

The data reveal a strong preference for informal help-seeking sources, as also reported by similar studies [12, 14]. Respondents in this study reported being most likely to seek help from a parent or guardian (94%), followed by siblings/relatives (89%) and religious leaders (85%). This reliance on informal networks is consistent with cultural norms in Northern Nigeria, where religious and family structures are the primary support systems. Mental health interventions may target these sources for effective reach in these settings. Also, adolescents and young people are likely to seek help from those they are most familiar with and feel safe with. This study, however, did not find any overall difference in help-seeking behaviours between male and female respondents.

Interestingly, this study found that female respondents were significantly more likely to seek help from online sources than their male counterparts. Previous studies [6, 14, 15] have found that younger women are particularly likely to be influenced by peers and social media, and that internet access facilitates help-seeking among women. This may also be influenced by the cultural setting in Northern Nigeria, and with increased access to phones, seeking help online may be easier.

This study also revealed that more males would not seek help compared with their female counterparts, but would instead handle it themselves. This clearly aligns with recent studies [12, 14] where poor help-seeking was more pronounced in males due to gender stereotypes and the perceived desire not to be seen as ‘weak’ or ‘emasculated’ by their counterparts. This high level of self-reliance represents a major barrier to the early identification and treatment of depression; mental health interventions should target males who may likely not want to seek help.

Finally, although this study found that help-seeking tended to decrease with increasing

depression severity, this was not found to be statistically significant. However, other studies have established that higher levels of psychological distress, suicidal ideation, and depressive symptoms are consistently linked to lower help-seeking behaviors [6, 13].

Conclusion

This study highlights a critical public health crisis among adolescents and young people in Bauchi State, characterized by a high burden of moderate to severe depression. Young people exhibited higher mean depression scores compared to adolescents. Generally, respondents were more comfortable with informal help-seeking sources, including parents/guardians, siblings/relatives, and religious leaders. Females were more likely to seek help from online sources compared to their male counterparts, while male respondents were less likely to seek help. Although help-seeking was found to decrease with increasing depression severity, it was not significant in this study.

Further research may explore the sensitivity of the PHQ-9 in the identification of depression in community settings in Nigeria. Mental health interventions in Nigeria should be decentralized into community and religious structures, while policy efforts should improve community-level identification of depression and strengthen referral pathways for specialized care. In addition, investments should be made in user-friendly, easily accessible online resources for adolescents and young people, while specific programs should be designed to promote positive help-seeking behaviors among male adolescents and young people.

Conflict of Interest

The authors declare no conflict of interest.

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Ethical Approval

The study was conducted in accordance with the most stringent ethical standards to guarantee the respect, dignity, and protection of all participants. In accordance with the Universal Declaration of Human Rights, the International Code of Medical Ethics, and the WHO Ethical Guidelines for Health Research, ethical approval was obtained from the Bauchi State Health Research Ethics Committee (Ref. No.: NHREC/TR/BAU-HREC/28/8/2023). The purpose, procedures, potential hazards, and benefits of the study were fully disclosed to all participants. Informed assent and informed consent were obtained from minor and adult participants, respectively. Respondents were guaranteed the right to withdraw at any time without penalty, and participation was entirely voluntary. Anonymity and confidentiality were rigorously upheld. All identifiable data was eliminated from the records and substituted with codes. As data was collected using Kobo Collect, all electronic data was password-protected. The investigation refrained from employing any form of coercion, deception, or undue influence. Data security and integrity were prioritized throughout the research process.

Data Availability

The datasets generated and analyzed during the study are available from the corresponding author upon reasonable request.

Author Contributions

Comfort Runyi Oyom Effiom conceptualized and designed the study, funded the research, conducted the research, performed data analysis, and wrote the manuscript. Shehu Isah coordinated fieldwork and analyzed the data. Helen Idiong edited and proofread the manuscript. Amitabye Luximon-Ramma reviewed the manuscript and provided technical mentorship. Olugbenga Asaolu reviewed and

edited the manuscript and supervised the entire research. All authors read and approved the final manuscript.

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