



Utilization of Mental Health Services among Patients in Model Primary Health Centre, Ozuoba, Obio/Akpor Local Government Area, Rivers State

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Abstract	Article History
<p>Background: Despite increasing awareness of mental health issues, the utilization of mental health services in Nigeria remains low, particularly at the primary healthcare (PHC) level. Understanding patterns of service use is crucial for improving access and delivery of community-based mental healthcare.</p> <p>Objective: This study assessed the utilization of mental health services among patients attending the Model Primary Health Centre, Ozuoba, in Obio/Akpor Local Government Area of Rivers State, Nigeria.</p> <p>Methods: A descriptive cross-sectional design was employed, involving 133 respondents selected through a simple random sampling technique. Data were collected using a structured questionnaire and analyzed using SPSS version 23, with results presented as frequencies and percentages.</p> <p>Results: Findings revealed that only 32.3% of respondents had ever utilized mental health services at the facility, while 67.7% had not. Among users, 62.8% accessed the services once, 23.3% occasionally, and 13.9% regularly. The most commonly utilized services were counselling (30%), psychotherapy (22.6%), and medication (18.8%). Regarding satisfaction, 45.9% of respondents were very satisfied, and 77.4% indicated they would recommend the services to others.</p> <p>Conclusion: Utilization of mental health services at the Model PHC Ozuoba remains low, despite relatively high satisfaction among users. Persistent barriers such as limited awareness, stigma, and inadequate service availability may contribute to the low uptake. Strengthening mental health integration within PHC, improving public awareness, and ensuring the availability of trained personnel and essential psychotropic medications are recommended to enhance service utilization and accessibility.</p> <p>Keywords: <i>Mental health, Primary health care, Service utilization, Patient satisfaction, Ozuoba, Rivers State, Nigeria</i></p>	<p>Received: 25 Oct 2025 Accepted: 15 Nov 2025 Published: 25 Nov 2025</p>  <p>Scan QR Code to view¹</p> <p>License: CC BY 4.0²⁴</p>  <p>Open Access article.</p>
<p>How to cite this paper: Orukwou, O., Oji, A. L., Bernard, S., Mokoro, B. P., Wama, H., & Josiah, T. T. (2025). Utilization of mental health services among patients in Model Primary Health Centre, Ozuoba, Obio/Akpor Local Government Area, Rivers State. <i>IPS Interdisciplinary Journal of Social Sciences</i>, 3(1), 36–41. https://doi.org/10.54117/an4gxj95</p>	

1. Introduction

Health service delivery in Nigeria is a shared responsibility among the three tiers of government; federal, state, and local as well as private healthcare providers. These services encompass a broad range of activities, including health promotion, disease prevention, early detection, and management of various health conditions within communities (Amedari et al., 2021; Nwokoro et al., 2022; Iyinbor et al., 2023). The effective utilization of these services depends on multiple determinants such as education, income, cost of care, distance to facilities, waiting time, accessibility, patient–

provider relationships, and the availability of essential drugs (Fadele et al., 2024). Orukwou (2022) reported that drug abuse significantly contributes to mental illness in Nigeria. These factors form the foundation of Nigeria's Primary Health Care (PHC) system and are essential to achieving universal health coverage (UHC).

Primary Health Care (PHC) is globally recognized as the cornerstone of equitable and sustainable healthcare delivery. It remains the main strategy for achieving the global vision of "Health for All," first articulated in the Alma-Ata Declaration

of 1978 (WHO, 1978). The World Health Organization defines PHC as “essential care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain.” The principles of community participation, equity, intersectoral collaboration, and appropriate technology underpin the success of PHC in promoting universal access to healthcare (Okwelum et al., 2025).

PHC serves as the vital link between individuals, households, and the broader health system, offering preventive, promotive, curative, and rehabilitative services to address community health needs. It emphasizes community involvement, self-reliance, and the equitable distribution of health resources (Orukwou & Kue, 2022; Okwelum et al., 2025). Healthcare utilization reflects individuals’ willingness and ability to access available services, while governments and health planners have the responsibility to ensure that such facilities are strategically located, affordable, and adequately equipped to improve health outcomes.

In developing countries, physical access and distance to health facilities remain major barriers to service utilization. Poor road infrastructure, long travel times, and transportation costs often discourage people from seeking timely care. Odusote (2021) observed that proximity to health facilities significantly influences the uptake of health services such as family planning and immunization. Although the World Health Organization recommends that health facilities be located within five kilometres of the population they serve, this benchmark has become increasingly unrealistic in Nigeria due to economic hardship, population growth, and uneven distribution of healthcare resources (Orukwou et al., 2024). The challenge extends to mental health care. Anyebe et al. (2020) assessed the availability and accessibility of mental health services at the primary care level in northern Nigeria and reported that such services were grossly inadequate. Most PHCs lacked trained personnel, psychotropic medications, and the infrastructure needed to deliver basic mental health interventions. Psychological distress among infertile women was highlighted by Gbaranor et al. (2024). Stigma, poor funding, and limited awareness were also identified as major barriers to service utilization. According to Orukwou et al. (2023), the COVID-19 pandemic worsened mental-health challenges in Nigeria. The study emphasized the need to integrate mental health into PHC and train frontline health workers to identify and manage common mental disorders.

Beyond physical accessibility, education and income levels remain critical determinants of healthcare utilization. Education enhances awareness and understanding of available services, while poverty limits the capacity to afford treatment (Wagstaff and Neelsen, 2020; Eze et al., 2025). These factors, along with cultural beliefs and financial constraints, continue to contribute to the underutilization of health services, particularly mental health care, across Nigeria’s rural and urban populations.

In Nigeria, mental health services remain one of the least developed components of the healthcare system. Despite

growing recognition of mental health issues, a significant treatment gap persists due to stigma, inadequate policy implementation, and a shortage of trained mental health professionals (Jack-Ide & Uys, 2013; Odubia et al., 2025). Encouragingly, recent efforts such as the Health Action for Psychiatric Problems in Nigeria including Epilepsy and SubstanceS (HAPPINESS) pilot project have demonstrated that integrating mental health services into PHC can improve access, reduce stigma, and enhance community-based management of mental illness (Chu et al., 2022). This approach aligns with global and national efforts to strengthen mental health systems through primary healthcare integration. The Model Primary Health Centre, Ozuoba, located in the Obio/Akpor Local Government Area of Rivers State, provides essential health and mental health services including counselling, psychotherapy, and medication management. However, the extent to which these services are utilized remains inadequately documented. Utilization of health services is influenced by perceived needs, as shown by Orukwou et al. (2025). While earlier studies have examined both knowledge and utilization of mental health services at the facility, the present study focuses exclusively on utilization patterns, frequency of use, and patient satisfaction among service users. Findings from this research are expected to inform strategies aimed at improving access and promoting the effective delivery of mental health services within Nigeria’s PHC system.

The objectives of this study are to:

1. Determine the proportion of patients utilizing mental health services at Model PHC Ozuoba;
2. Assess the frequency and types of services accessed; and
3. Evaluate patients’ satisfaction levels and willingness to recommend these services.

2. Methodology

2.1 Research Design

A descriptive cross-sectional design was employed for this study to obtain and analyze data on how patients utilize mental health services at the Model Primary Health Centre, Ozuoba, in Obio/Akpor Local Government Area, Rivers State. The research forms part of a broader investigation that explored both awareness and utilization of mental health services among patients in the same facility. However, this particular paper focuses solely on findings related to service utilization and user satisfaction.

2.2 Study Area

The research was carried out at the Model Primary Health Centre, Ozuoba, situated within the Obio/Akpor Local Government Area of Rivers State, Nigeria. The centre functions as a key PHC facility offering a variety of essential services, including immunization, maternal and child health, family planning, and treatment of common diseases. In addition, it provides mental health interventions such as counselling, psychotherapy, and medication administration. Despite these services, attendance for mental health care remains relatively low, largely due to limited public awareness, persistent stigma, and socio-cultural

misconceptions surrounding mental illness—factors that justify its selection as the study site.

2.3 Study Population

The target population comprised **patients aged 18 years and above** who visited the Model Primary Health Centre, Ozuoba, during the study period. Both male and female patients receiving general health or mental health services were eligible to participate.

2.4 Sample Size and Sampling Technique

A total of **133 participants** were selected using the **Taro Yamane formula** for sample size determination based on an estimated population of 200 patients and a 5% margin of error.

$$n = \frac{N}{1 + N(e)^2}$$

Where;

n= Sample size

N= The population under study = 200

e= Margin error. 'e' is a constant figure of 0.05 signifying the margin of error. Substituting into the formula gives n = 133.33, which is approximately 133 participants.

Participants were selected using a simple random sampling technique to ensure that every eligible patient had an equal chance of inclusion.

2.5 Instrument for Data Collection

Data were collected using a **structured questionnaire** developed by the researchers and validated by experts in public health and nursing. The questionnaire was divided into three sections relevant to this study:

- **Section A:** Socio-demographic characteristics
- **Section C:** Utilization of mental health services
- **Section E:** Satisfaction with mental health services

The instrument consisted of both closed and multiple-response items.

2.6 Validity and Reliability of Instrument

The questionnaire was subjected to face and content validation by professionals in mental health nursing and public health. To ensure reliability, the test–retest method was employed by administering the instrument twice to a similar group of respondents within a two-week interval. The correlation between the two sets of responses confirmed the instrument's reliability.

2.7 Method of Data Collection

Prior to data collection, the purpose of the study was explained to participants. Verbal and written consent was obtained, and confidentiality was assured. The questionnaires were administered to participants during clinic visits using a face-to-face approach. Completed questionnaires were collected immediately to ensure a high response rate.

2.8 Method of Data Analysis

Collected data were coded and analyzed using the Statistical Package for Social Sciences (SPSS) version 23. Descriptive

statistics such as frequency, percentage, and mean were used to summarize demographic information, utilization patterns, and satisfaction levels. Results were presented in tables for clarity and ease of interpretation.

2.9 Ethical Considerations

Ethical clearance for this study was obtained from the Local Research Ethics Committee (LREC) of the study area. Participants were informed about the purpose of the study and their right to withdraw at any time without penalty. All information provided was treated confidentially, and anonymity was maintained throughout data collection and analysis.

3. Results

3.1 Socio-demographic Characteristics of Respondents

Table 1 shows that 23.3% of study respondents are aged 18–25, 39.8% aged 26–35, 25.6% aged 36–45, and 11.3% are aged 46 and above. 44.4% are males, and 55.6% females. 33.8% are single, 52.7% married, 6% Divorced, and 7.5% are widowed. 9% have primary education, 37.6% have secondary education, 49.6% tertiary education, and 3.8% have no formal education. 60.2% are employed, 18.8% are self employed, 7.5% are unemployed, and 13.5% are students.

Table 1: Socio-demographic characteristics of respondents

Variables	Frequency (n=133)	Percentage (%)
Age (Years)		
18–25	31	23.3
26–35	53	39.8
36–45	34	25.6
46 and above	15	11.3
Gender		
Male	59	44.4
Female	74	55.6
Marital Status		
Single	45	33.8
Married	70	52.7
Divorced	8	6.0
Widowed	10	7.5
Educational Level		
Primary Education	12	9.0
Secondary Education	50	37.6
Tertiary Education	66	49.6
No Formal Education	5	3.8
Occupation		
Employed	80	60.2
Self-employed	25	18.8
Unemployed	10	7.5
Student	18	13.5

3.2 Utilization of Mental Health Services among Patients

The results presented in Table 2 indicate that only 32.3% of respondents had utilized mental health services at the Model Primary Health Centre, Ozuoba, while the majority (67.7%) had not. Among those who had accessed these services, 62.8%

reported utilizing them only once, 23.3% occasionally, and 13.9% on a regular basis. In terms of the types of services accessed, 30% of respondents utilized counseling, 22.6% accessed psychotherapy, and 18.8% received medication.

Table 2: Utilization of Mental Health Services among Patients in Model PHC Ozuoba (n = 133)

Variables	Frequency (n)	Percentage (%)
Have you ever utilized mental health services at Model PHC Ozuoba?		
Yes	43	32.3
No	90	67.7
If yes, how often do you utilize these services?		
Once	27	62.8
Occasionally	10	23.3
Regularly	6	13.9
What type of mental health services have you utilized? (<i>Check all that apply</i>)		
Counseling	40	30.0
Psychotherapy	30	22.6
Medication	25	18.8

3.3 Satisfaction with Mental Health Services among Patients

The results in Table 3 show that 45.9% of respondents were *very satisfied* with the mental health services provided at the Model Primary Health Centre, Ozuoba, while 30% reported being *satisfied*. Additionally, 18.8% expressed a *neutral* opinion, and only 5.3% indicated *dissatisfaction*. None of the respondents reported being *very dissatisfied*. Furthermore, a substantial majority (77.4%) stated that they would recommend these services to others in need, whereas 22.6% indicated they would not.

Table 3: Satisfaction with Mental Health Services among Patients in Model PHC Ozuoba (n = 133)

Variables	Frequency (n)	Percentage (%)
How satisfied are you with the mental health services provided at Model PHC Ozuoba?		
Very satisfied	61	45.9
Satisfied	40	30.0
Neutral	25	18.8
Dissatisfied	7	5.3
Very dissatisfied	0	0.0
Would you recommend these services to others in need?		
Yes	103	77.4
No	30	22.6

4. Discussion

This study assessed the utilization of mental health services among patients attending the Model Primary Health Centre (PHC), Ozuoba, in Obio/Akpor Local Government Area, Rivers State. Findings revealed that only 32.3% of the respondents had ever utilized mental health services at the facility, while the majority (67.7%) had not. Among those who utilized the services, 62.8% did so only once, 23.3% occasionally, and 13.9% on a regular basis. In terms of service type, 30% of respondents accessed counselling, 22.6% psychotherapy, and 18.8% medication. Moreover, 45.9% of service users were very satisfied with the mental health services provided, and 77.4% indicated they would recommend these services to others in need.

4.1 Low Utilization of Mental Health Services

The low level of utilization observed in this study aligns with previous reports from other parts of Nigeria and similar low-resource settings. For instance, Anyebe et al. (2020) reported that most PHCs in northern Nigeria lacked trained mental health personnel, psychotropic medications, and proper infrastructure, leading to limited service use. Likewise, Jack-Ide & Uys (2013) found that mental health nurses in Rivers State struggled with inadequate policy support, limited funding, and stigma, all of which constrained effective service delivery and access. These structural and systemic deficiencies continue to hinder the integration and uptake of mental health services in primary care facilities nationwide.

The relatively small proportion of users at Model PHC Ozuoba could also be attributed to low awareness of available mental health services, persistent stigma, and cultural misconceptions that often link mental illness to spiritual causes rather than biomedical conditions. Such beliefs discourage individuals from seeking professional care and instead drive them toward traditional or religious healers. This pattern has been reported across many African contexts where mental health literacy remains poor and stigma remains pervasive (Atilola et al., 2019; Edeh & Kalu, 2022).

4.2 Frequency and Type of Service Utilization

The fact that most users accessed mental health services only once or occasionally suggests limited continuity of care, which may reflect dissatisfaction with service quality, poor follow-up systems, or socioeconomic barriers such as transportation costs and inability to pay for medication. The predominance of counselling services (30%) compared to psychotherapy or medication may indicate that patients tend to seek help only for mild psychological distress, while those with more severe conditions may be referred elsewhere or remain untreated.

This finding is consistent with Chu et al. (2022) in the *HAPPINESS* pilot project, which demonstrated that integrating mental health into PHC settings is feasible but still constrained by inadequate training, limited psychotropic drug supply, and heavy workload among primary care workers. The study emphasized that proper integration requires ongoing supervision, refresher training, and community engagement to build confidence among healthcare workers and service users.

4.3 Patient Satisfaction and Service Recommendation

Despite the low utilization rate, satisfaction among service users was generally high. Nearly half (45.9%) of respondents reported being very satisfied, and 77.4% said they would recommend the services to others. This suggests that those who access care at Model PHC Ozuoba perceive the quality of mental health services as acceptable or beneficial. High satisfaction may reflect positive patient–provider interactions, effective counselling, and improved symptom management. However, the existence of a smaller proportion (5.3%) of dissatisfied respondents underscores the need for continuous quality improvement.

These findings support Okwelum et al. (2025), who noted that healthcare utilization depends heavily on patients' satisfaction with accessibility, affordability, and quality of care. Patient satisfaction is not only an indicator of service performance but also a determinant of future utilization, since satisfied patients are more likely to return and to encourage others to seek care.

4.4 Implications for Policy and Practice

The findings highlight an urgent need to strengthen mental health integration into PHC in Rivers State and across Nigeria. Policy interventions should focus on:

- Increasing mental health literacy through targeted community education and anti-stigma campaigns.
- Training and retraining PHC workers to identify, manage, and refer mental health cases appropriately.
- Ensuring consistent supply of essential psychotropic medications at primary care facilities.
- Expanding service coverage to ensure facilities are within reasonable proximity to residents, as distance remains a significant determinant of health service utilization (Odusote, 2021).

Furthermore, building on models such as the *HAPPINESS* pilot (Chu et al., 2022) could help bridge the treatment gap by decentralizing care and promoting collaborative, community-based mental health management.

5. Conclusion

In summary, the study reveals that utilization of mental health services at the Model PHC Ozuoba remains suboptimal, despite moderate levels of satisfaction among users. This underscores the persistent barriers of awareness, accessibility, and system capacity that continue to hinder effective mental health service delivery in Nigeria. Strengthening PHC integration, increasing public education, and improving resource allocation are critical steps toward achieving equitable and sustainable mental health care for all.

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