INFORMATION DISSEMINATION AND COLLABORATION OF LIBRARIANS WITH HEALTH PRACTITIONERS FOR SUSTAINABLE MENTAL HEALTH LITERACY AMONG YOUTHS IN RURAL AREAS OF NORTH-CENTRAL, NIGERIA

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WITH HEALTH PRACTITIONERS FOR SUSTAINABLE MENTAL HEALTH LITERACY AMONG YOUTHS IN RURAL AREAS OF NORTH-CENTRAL, NIGERIA

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A THESIS SUBMITTED TO THE POSTGRADUATE SCHOOL, FEDERAL UNIVERSITY OF TECHNOLOGY, MINNA, NIGERIA IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF TECHNOLOGY IN LIBRARY AND INFORMATION TECHNOLOGY

ABSTRACT

The study was on Information Dissemination and Collaboration of Librarians with Health Practitioners for Sustainable Mental Health Literacy among Youths in Rural Areas of Northcentral, Nigeria. The study was guided by seven objectives and seven corresponding research questions. The objectives of the study were to determine the: level of mental health literacy of the youths in the rural areas of North-central, Nigeria; types of information resources and services on mental health literacy available in the library for the youths; influence of information dissemination on mental health literacy of the rural youths; influence of social media on the mental health literacy of the rural youths; level of collaboration between the librarians and mental health practitioners in disseminating mental health information; influence of collaboration of the librarians and mental health practitioners on the mental health; factors affecting sustainable mental health literacy amongst youths in the rural areas of North-central, Nigeria. Survey research design method was adopted for the study. The total population of the study was 108,737 including 108, 668 youths, 63 librarians and 6 health practitioners. The total sample size is 395 including 383 youths drawn from Gill *et al*. (2010) table for determining the sample size of a population and 6 participants each, from the studied public libraries and public health centers via purposive sampling method. Questionnaire, interview schedule and focus group discussion were used as instruments for data collection. Out of 383 copies of questionnaire administered, 352 were filled, returned and used for the analysis. Descriptive statistical tool (frequency counts and percentages, mean and standard deviation) and narrative analysis were used to analyse the data. The findings of the study indicated the following: mental health literacy of the rural youths of North-central Nigeria is very low with overall mean value of (2.18); (2.38) influence of information dissemination on mental health literacy, (2.40) influence of social media on mental health literacy, low level (2.33) of collaboration between librarians and mental health practitioners; (2.25) influence of collaboration on mental health literacy; inadequate information, superstitious beliefs, unavailability of mental health centres (2.85) among others were factors affecting sustainable mental health literacy of the rural youths. The study concluded that health practitioners and librarians' involvement in adequate information dissemination is crucial to mental health literacy. Therefore, the study recommended among others that the ministries of information and ministries of health in the North-central states form a consortium that facilitates collaboration between public librarians and mental health practitioners for a sustainable boost to the mental health literacy of the rural youths; the management of public libraries in North-central Nigeria should endeavour to equip the public libraries with adequate resources to enable them provide improved mental health information services to the communities they serve; the management of public libraries in North-central Nigeria should ensure to put in place a quality assurance system, for the evaluation and adjudgment of the collaborative process to ensure that information services to the served communities are taken seriously; the government should improve the remuneration of the public librarians and mental health workers for improved working conditions and the establishment of mental health institutions in rural areas, or at least, a mental health department in public health centres.

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Great efforts have been made to manage physical health diseases such as polio, measles, meningitis, chicken pox, malaria, HIV/AIDS, Ebola, monkey pox and very recently, Corona virus, whereas awareness level and education of the public on mental health diseases seems to be quite low in comparison to physical diseases (Ilogho *et al*., 2020). This is of particular concern because mental health literacy (MHL) promotes early help-seeking for mental illhealth issues which has been shown to in turn, promote early intervention and results in improved long-term outcomes (Clarke *et al*., 2016). Definitions of mental health literacy vary but essentially involve the access, communication, comprehension and evaluation of information about mental health which leads to the improvement, maintenance and promotion of mental health. As put by National Network of Libraries of Medicines (2017), health literacy is the ability to access and use health information while Mental health literacy is the Knowledge and beliefs about mental disorders which aid its recognition, management or prevention.

Originally mental health literacy (MHL) was conceptualized as knowledge and beliefs about mental disorders which aid their recognition, management or prevention before Jorm (2017) later refined the definition to include knowledge that benefits the mental health of a person or others including: knowledge of how to prevent a mental disorder; recognition of disorders when developing; knowledge of effective self-help strategies for mild-to-moderate problems; and first aid skills to help others. In Canada, the Canadian Alliance on Mental

Illness and Mental Health (2017) highlighted the health promotion aspects of mental health literacy (MHL) as the range of cognitive and social skills and capacities that support mental health promotion and later made suggestions for policy deliberations, they considered to be useful in addressing mental health literacy (MHL). Informed by previous definitions, mental health literacy (MHL) entails understanding how to obtain and maintain positive mental health; understanding mental disorders and their treatments; decreasing stigma related to mental disorders; and, enhancing help-seeking efficacy, that is, knowing when and where to seek help and developing competencies designed to improve one's mental health care and self-management capabilities (Hadlaczky *et al*., 2014).

The term mental health literacy has been characterized as comprising several components which include (i) the ability to recognize specific disorders or different types of psychological distress; (ii) knowledge and beliefs about risk factors and causes; (iii) knowledge and beliefs about self-help interventions; (iv) knowledge and beliefs about professional help available; (v) attitudes which facilitate recognition and appropriate helpseeking; and (vi) knowledge of how to seek mental health information. In a report, World Health Organization (WHO) (2018) stressed the role of mental health literacy as being a stronger predictor of mental health than education, employment status, income as well as ethnic/racial group. Hence, multinational agencies and governments have realised that at both the individual and population level better mental health literacy (MHL) is associated with decreasing mental health inequalities, enhancing mental health systems and developing better mental health policies.

It was observed by Onyemelukwe (2016) that for too long, mental disorders have been largely overlooked as part of strengthening primary care. This is despite the fact that mental disorders are found in all countries, in women and men, at all stages of life, among the rich and poor, and in both rural and urban settings. Suleiman (2017) opined that it is necessary to undertake the widespread education of the Nigerian youths on the recognition of mental

health disorders as a disease and the need for societal and family support and the avoidance of stigmatization of people suffering from mental health disorders.

The high rate of mental health disorders is an important concern for public health professionals because of the many consequences for youths and their families, as well as the socioeconomic burden on national economies (White & Casey, 2017). One report suggested that about half of serious mental illness cases in developed countries, and about four-fifths of cases in less developed countries, were either not recognized or received no treatment in the year prior to the survey (Demyttenaere *et al.*, 2014). It is not surprising then, to learn that a good deal of scholarly activity has sought to understand the reasons for poor help-seeking rates in relation to mental health symptoms among the youths.

Youths, according to Noel (2014) are generally regarded as those members of the society who are young. Youth is the time of life when one is young, and often means the time between childhood and adulthood (maturity). Youth can also be regarded the appearance, freshness, vigor, spirit, etc., characteristic of one who is young. The United Nations (2017), for statistical purposes, defines 'youth', as those persons between the ages of 15 and 24 years, without prejudice to other definitions by Member States which may vary.

Various scholarly examinations of Mental Health Literacy (MHL) have typically found the general public including the youths of developing countries, which Nigeria is inclusive, to have a poorer understanding of mental health which has impeded them seeking and getting treatment when compared to the cases in developed countries (Goldney *et al*., 2011). Several literatures have found that explanations for mental illnesses are less sought by respondents from developing countries and when they do, they are more likely to cite religious and

supernatural factors, rather than psychosocial or biological factors, as causes of mental health disorders (Swami & Furnham, 2018).

In particular, youths in many communities in developing nations continue to locate the origin of mental health disorders in the social (primarily failure to observe religious or social norms, or to perform essential rituals) and supernatural worlds such as possession by spirits or ghosts (Bener & Ghuloum, 2014). Not surprisingly then, individuals from developing nations are also more likely to use traditional forms of treatment, such as visiting witch-doctors and indigenous healers (Swami & Furnham, 2018). Consequently, some works have focused on systemic barriers that impede help-seeking, such as economic hardship, limited access to psychiatric services, and lack of awareness of services in developing countries and most especially the rural settlements of these countries (Kutcher *et al.*, 2016). Some of these services such as psychiatric services could easily be achieved and accessed when youths visit the primary health centres in their localities.

Primary Health Centres (PHC) are health care centres that offer professional medical care for individuals based on a locality or community before shifting them to more advanced hospital-based care like the general specialist and super specialist (Dorsett, 2014). In fact, primary health care centres form the vital aspect of a country's health system while immensely assisting in the socio-economic development of the community. It has also incorporated some of the latest aspects like the sharing of information among health care providers while focusing on promoting the health, preventing illness, and other chronic conditions. Moreover, primary health centres also forge a new connection and participation within the members of a community in the aspect of mental health illnesses.

As put forward by the World Health Organization (WHO) (2017), the main role of primary health centre is to provide continuous and comprehensive care to the patients within the locality it is situated. It also helps in making the patient available with the various social welfare and public health services initiated by the concerned governing bodies and other organizations. The other major role of a primary health care centre is to offer quality physical and mental health and social services to the underprivileged sections of the society and are authorized reference officials for cases beyond their control and management.

As for the benefits of primary health care to the mental health of youths in a rural community, it offers the first set of professional care to the patients by incorporating a proactive approach that utilizes several preventive measures, management and promotion of self-care. Along with that, primary health care provides increased accessibility to advanced mental health care system for the community, which results in excellent mental health outcomes and prevention of delay. All primary health care clinics contain a dedicated team of healthcare professionals offering the best medical services and in cases of mental disorders, they provide a coordinated approach to the delivery of mental health care that ensures that the beneficiaries receive the best care from the right mental health provider (Complete Care Community Health Centre (CCCHC), 2017).

In Nigeria today, attitude towards mental illness is gravely colored with prejudice and misconceptions (Salau, 2018). It is believed that an estimated 20% – 30% of the population suffer from mental illnesses, regrettably, the level of awareness on mental health issues amongst the Nigerian youths is considerably dismal (Suleiman, 2017). The World Health Organisation (2018) in commemoration of World Mental Health Day, which was focused on

mental health issues confronting youths and young adults in our ever-changing world today stated that adolescence and the early years of adulthood are a time of life when many changes occur, for example changing schools, leaving home, and starting university or a new job. WHO (2018) also posited that globally, it is estimated that 10-20% of adolescents experience mental health conditions and that half of all mental health conditions start by 14 years of age, but most cases are undetected and untreated. Onyemelukwe (2016) reported that depression in adolescents is a major risk factor for suicide, the second-to-third leading cause of death among people who fall within the (15 – 29) age brackets. Edney (2014) in a literature review on Mass Media and Mental Illness, recorded that mental illnesses are characterized by fear, uncertainty and assumptions but almost all mental disorders have one common factor which is the unknown and the best solution to this is more information which could be accessed from public libraries.

Public libraries are libraries established to provide resources, which communicate experience and ideas from one person to another and make them easily and freely available to all people. The public library is a local centre of information that makes all kinds of knowledge and information readily available to its users. It is established, supported and funded by the community, either through local, regional or national government or through some other forms of community organizations. It provides access to knowledge, information and works of imagination through a range of resources and services. It is equally available to all members of the community regardless of race, nationality, age, gender, religion, language, disability, employment status and educational attainment (Whiwhu & Okorodudu, 2012). In an effort to address the long-standing problem of mental health illiteracy of youths in rural areas, public libraries are increasingly working to educate library staff and the public about

ways to support people with mental health and substance use conditions. Libraries are now serving as community centres, as gathering places for people across neighborhoods, and not just a place for books (Gardella, 2018).

Information is an important tool used in the realization of any objective or goal set by individual. It remains the life wire of any individual or organization. It is a valuable resource required in any society; hence, acquiring and using information is critical and important activities. Users of information use it for different reasons. Some use it for health; others use it for advancement in knowledge, others for politics. To all these people information seeking is a fundamental human process closely related to learning and problem solving (Maru *et al*., 2014; FAO, 2015). Lack of information is argued to act as a barrier to achieving health literacy because of importance of information provision in improving health status of individuals and communities (FAO, 2015). Achieving health literacy requires people at all education levels to acquire additional skills, and therefore has much in common with information literacy.

Mental health information dissemination through appropriate media, is therefore considered very crucial to achieving mental health literacy because the feeling of coherence is developed through various learning processes, which results in a strong sense of meaningfulness and comprehensibility in life, as well as a belief in being able to handle demands and liabilities. This means for example, that one can be sick and healthy at the same time – or healthy and mentally unhealthy (Leth, 2016).

On the other hand, while mental health literacy may be related to general reading literacy, achieving mental health literacy requires people at all education levels to acquire additional

skills, and therefore has much in common with information literacy. Although most librarians are not healthcare experts, their expertise is highly applicable to improving health literacy. The U.S. Office of Disease Prevention and Health Promotion (2016) describes several key strategies for promoting health literacy which are; improve the usability of health information and health services; build knowledge to improve health decision making, and advocate for health. Remove the word "health" from these strategies and it becomes apparent that these are all activities practiced by librarians on a daily basis. Barr-Walker (2017) finds that as far back as 2001, public, academic and medical librarians have been actively collaborating to promote health literacy among a wide variety of populations, including older adults, underinsured people, immigrants, inmates, health professionals and students.

Similarly, Lawless *et al*. (2016) discussed the complexity of defining health literacy and compared and contrasted it with definitions of information literacy which the librarians may be more familiar. In view of this, librarians as custodians of knowledge should be more proactive in effectively bridging the communication gap between the mental health practitioner and the public. This is so because while the practitioners understand the dept of mental health situation, as well as proffer solution, librarians and other information professionals are better equipped with communicating required mental health information to the public. This could be rephrased to stating that although the health practitioners have the required knowledge of the health illnesses but are not efficient in providing health literacy skills, a skill possessed by librarians (Ha & Longnecker, 2015). This therefore leads to a dynamic that brings mental health practitioners and librarians to the table.

Through the combination of the library's core service, which is interplay between citizens and mediation of knowledge and culture, with our partners' health professional core service, the citizens are offered more possibilities of being included in meaningful social contexts and thereby the chance to form new networks which in turn, contributes to the citizens' physical, mental and social health. Great involvement of librarians boosts mental health literacy which enhances the general public's understanding of mental health and

collaboration with mental healthcare professionals will make libraries even more attractive centers for mental health management (Leth, 2016). With this in mind, library and the health sector see a potential for a combination between information and health culture and a chance to collaborate on increasing mentally vulnerable youths' general quality of life and offer them new tools for reflecting on their life situation – and in the end become better at managing their own lives. Ha and Longnecker (2015) provided multiple examples of how various partnerships the librarians should be engaged in, to promote improved health in patients, employees and community members. Training programs, research and advocacy efforts are described. While the initiatives described involved medical librarians, the examples are also relevant to librarians working in other settings. Several articles have reinforced the fact that health literacy is not automatically achieved through higher levels of general or specialized education. By educating the general public on effective mental health care, librarians may have an indirect impact on the level of mental health literacy of the people (Vernon *et al*., 2017).

Another veritable tool that if well harnessed, can be useful in the fight against mental health illiteracy is the social media which luckily, is also one of the information dissemination tools used by librarians. Librarians have taken to the great use of social media as it has proven to

become a veritable tool to harness, being one of the effective channels of reaching large population of people, especially youths, who are the major inhabitants of social media platforms and who also, are the most hit with the menace of various mental health disorders.

Social media (SM) platforms have been defined as Internet-based applications that stimulate user-generated content and engage users and groups within an online social network (Obar & Wildman, 2015). Media campaigns have been identified as a promising approach to influence population level norms (Cavill & Bauman 2014) and the Internet can serve as a significant resource for health promotion, particularly for stigmatized health issues (Berger *et al*., 2015). Viral social marketing (reaching out to many more people, more quickly and with minimal costs, compared to other forms of marketing/advertising) is among the strongest aspects of social media and can play an important role in mental health literacy, promotion and outreach programmes (Gosselin & Poitras, 2018).

Skills needed for health literacy on the Internet include all the conventional health literacy skills, in addition to computer and Internet literacy skills, and skills for locating and appraising online health information. But having access to the Internet and mastering the essential computer and Web browsing skills do not automatically guarantee that a person will be able to properly evaluate and understand online health information and make sound decisions based on it, and which is why librarians and health information professionals need to take an active interest in the use of social media to disseminate mental health information (Knapp *et al*., 2011; Stellefson *et al*., 2011). Social media provides libraries with an innovative and effective way of connecting with their users (O'Dell, 2015). Librarians make use of social media in order to have a sense of belonging in their communities or promoting libraries' services and events (Hendrix *et al*., 2019). Users can help create new library services by contributing their knowledge through an online network (Casey & Savastinuk, 2010). Social media network is efficient for communication. Research finds that low selfdisclosure on social media makes it easier for users to launch conversations with acquaintances (McElvain & Smyth, 2016). Ezeani and Eke (2010) posited that the most

applicable Web 2.0 technology for library services is social networking tools. These tools will allow librarians to interact with their users in order to study their needs and provide feedback.

The magnitude of mental disorders is a growing public health concern (Salau, 2018). Amidst this matter of great concern, lack of awareness and stigma are the major barriers between persons with mental illness and opportunities to recover (Suleiman, 2017). Therefore, methods to improve knowledge, increase awareness and to reduce stigma is the utmost need of every society. Despite this being a global concern, previous researches reviewed revealed that the situation is worse in developing countries and especially in rural areas amongst youths. Nigeria is currently witnessing an increased rate of suicidal attempts and actions, with many members of the public still not able to recognize specific disorders or different types of psychological distress, not to mention how to manage the situation when confronted with it (Lam, 2014). In fact, it has become evident through researches and observations that public opinion and beliefs about mental disorders differ from views shared by the mental health experts. This therefore calls for a need to study ways through which librarians, being information professionals can step in to enhance mental health literacy which is a known barrier to mental health sustenance. This will greatly enhance the ability to gain access to, understand and use information in ways that promote and maintain good mental health.

1.2 Statement of the Research Problem

Over the past few decades, much attention has been given to health literacy by health organizations, health practitioners, health policy makers and health information

professionals. The World Health Organization (WHO) (2018) also endorsed mental health as a universal human right and a fundamental goal for health care systems of all countries. The WHO (2016) conceptualizes optimal actions for improved service provision as establishing national policies, programs, and legislation on mental health, providing services for mental disorders in primary care, ensuring accessibility to essential psychotropic medication, developing human resources, promoting public education and involving other sectors and promoting and supporting relevant research. Organizations like Neem Foundation, Mentally Aware Nigeria Initiative (MANI), She Writes Woman and Love,

Peace & Mental Health Foundation (LPM) are also working to improve mental health in Nigeria.

However, in spite of the rising research in Nigeria and interest in the mental health literacy of adults, there is yet to be a parallel interest on how to ensure a sustainable mental health literacy of youths in rural areas of Nigeria. Some of the policies on mental health and development in Nigeria such as the Mental Health Policy formulated in 1991, National Adolescent Health Policy (NAHP) in 2017, and National Youth Policy (NYP) in 2009 do not earnestly address the issues of mental health literacy among adolescents and young persons (Vanguard News, 2017). The review of several researches conducted in Nigeria revealed that mental health literacy is low as the individuals with mental and behavioral disorders are predominantly from the middle and low-income countries, and more specifically, youths in the rural areas of those countries where mental health literacy has remained a neglected matter (Salau, 2018). Awareness is a major contributing factor to the mental health illiteracy of youths in rural areas and has accounted for the reason why victims of mental health illnesses are still heavily stigmatized and why the appropriate help is seldom

sought (Stringer, 2020). Librarians, as custodians of information are key players in improving mental health literacy skills through information dissemination, creative use of social media, and collaboration with mental health practitioners.

This study, therefore, seeks to assess information dissemination and collaboration of librarians with health practitioners for sustainable mental health literacy among youths in rural areas of North-central, Nigeria

1.3 Aim and Objectives of the Study

The aim of this study is to assess information dissemination and collaboration of librarians with health practitioners for sustainable mental health literacy among youths in rural areas of North-central, Nigeria. The specific objectives were to:

1. ascertain the level of mental health literacy of the youths in the rural areas of Northcentral, Nigeria.
2. determine the types of information resources and services on mental health literacy available in the library for the youths in rural areas of North-central Nigeria.
3. determine the influence of information dissemination on mental health literacy of the youths in the rural areas of North-central, Nigeria?
4. find out the influence of social media on the mental health literacy of the youths in the rural areas of North-central, Nigeria.

5. find out the level of collaboration between the librarians and mental health practitioners in disseminating mental health information to the youths in Northcentral, Nigeria.
6. ascertain the influence of collaboration of the librarians and mental health practitioners on the mental health literacy of youths in rural areas of North-central, Nigeria.

7. identify factors affecting sustainable mental health literacy amongst youths in the rural areas of North-central, Nigeria.

1.4 Research Questions

The study was guided by the following questions:

1. what is the mental health literacy level of the youths in the rural areas of Northcentral, Nigeria?

2. what are the types of information resources and services on mental health literacy available in the library to the youths in rural areas of North-central, Nigeria?

3. what is the influence of information dissemination on mental health literacy of the youths in the rural areas of North-central, Nigeria?

4. what is the influence of social media on the mental health literacy of the youths in the rural areas of North-central, Nigeria?

5. what is the level of collaboration between the librarians and mental health practitioners in disseminating mental health information to the youths in Northcentral, Nigeria?

6. what is the influence of collaboration of the librarians and mental health practitioners on the mental health literacy of youths in rural areas of North-central, Nigeria?

7. what are the factors affecting sustainable mental health literacy amongst youths in the rural areas of North-central, Nigeria?

1.5 Hypotheses of the Study

The following null hypotheses listed guided the present study and were tested at 0.05 level of significance:

1. There is no significant relationship between information dissemination and mental health literacy of the youths in the rural areas of North-central, Nigeria.

2. There is no significant relationship between the use of social media and mental health literacy of the youths in the rural areas of North-central, Nigeria.

3. There is no significant relationship between collaboration of the librarians with mental health practitioners and mental health literacy of the youths in the rural areas of North-central, Nigeria.

1.6 Significance of the Study

The findings of this study will benefit youths, librarians, mental health practitioners, health organizations, federal government of Nigeria, researchers and students.

The study will enable the youths to know the importance of mental health literacy, as well as how to recognize a mental disorder and understand the need for trusted, reliable guidance vis-à-vis the repercussion of not seeking the needed help. This study will also increase the knowledge of youths on how to navigate and evaluate mental health related information from the abundant information now available than ever before.

Mental healthcare professionals will benefit from this study by recognizing the need to acquire skills to more effectively communicate with patients from diverse backgrounds in terms that are clear and understandable through librarians who have been trained to do so. The study will be a wake-up call, stressing the roles of librarians in improving mental health literacy throughout the communities they serve, citing examples of services that they can emulate, and librarians working in all settings will be inspired to develop new and innovative mental health services available in other fields through collaborations. These will drastically reduce the prevalence of mental health negligence and death by suicide in rural areas which many researchers have found to be related to limited mental health literacy.

Federal Government of Nigeria will benefit from the study by complementing their efforts in the control, prevention and management of mental health disorders in the society. Researchers and students will also benefit from the study as it would add to the number of studies and literatures on mental health literacy.

1.7 Scope of the Study

The general intent of this study was to assess collaboration of librarians with mental health practitioners, information dissemination and social media use as determinants of mental

health literacy of youths in rural North-central Nigeria. The study mainly determined the mental health literacy of rural youths and how the aforementioned variables impact it.

This study included a total of 383 youths who are within the age range of 15 – 35 years from across the covered rural areas of the six (6) states that make up the North-central Zone of Nigeria, which are; Adoka in Benue State, Panda in Nasarawa State, Iyamoye in Kogi State, Garatu in Niger State, Miango in Plateau State and Ogidi in Kwara State.

1.8 Operational Definition of Terms

The followings are the meaning of the key concepts or terms used in this particular study;

Collaboration is an active and conscious willingness of public librarians and mental health practitioners to work together for the improvement of mental health literacy level amongst youths in North-central, Nigeria.

Information Dissemination is the systematic gathering, processing, analysis, evaluation and distribution of mental health information by the public librarians amongst the youths in North-central, Nigeria and specifically through the creative use of social media.

Mental Health is the cognitive, behavioral and emotional wellbeing which includes thinking, feeling and behavior of the rural youths in North-central, Nigeria.

Mental Health Literacy is the ability of the rural youths in North-central Nigeria to identify, recognize, and treat mental disorder symptoms as a mental health challenge as well as

possess the knowledge about the appropriate steps to take or help to seek for cure or management.

Mental Health Practitioner is a healthcare practitioner or social and human service provider who offers services to the rural youths in North-central, Nigeria for the purpose of improving their mental health or to treat their mental disorders.

Primary Health Centre is a health facility in rural areas that offer primary mental health care services to any youth suffering from any type of mental health disorder in North-central,

Nigeria.

Public Librarian is a person who works professionally in a public library or trained in library science and related field and skilled or experienced enough to provide access to mental health information to promote the mental health literacy level of youths in Northcentral, Nigeria.

Rural Areas are geographical areas located outside towns and cities in North-Central, Nigeria.

Social Media is an Internet-based platform through which librarians and mental health practitioners are able to access or share information to the youths of North-central, Nigeria.

Youth are young adults within the age range of 15-35 in North-central, Nigeria.

CHAPTER TWO

LITERATURE REVIEW

2.1 Conceptual Framework

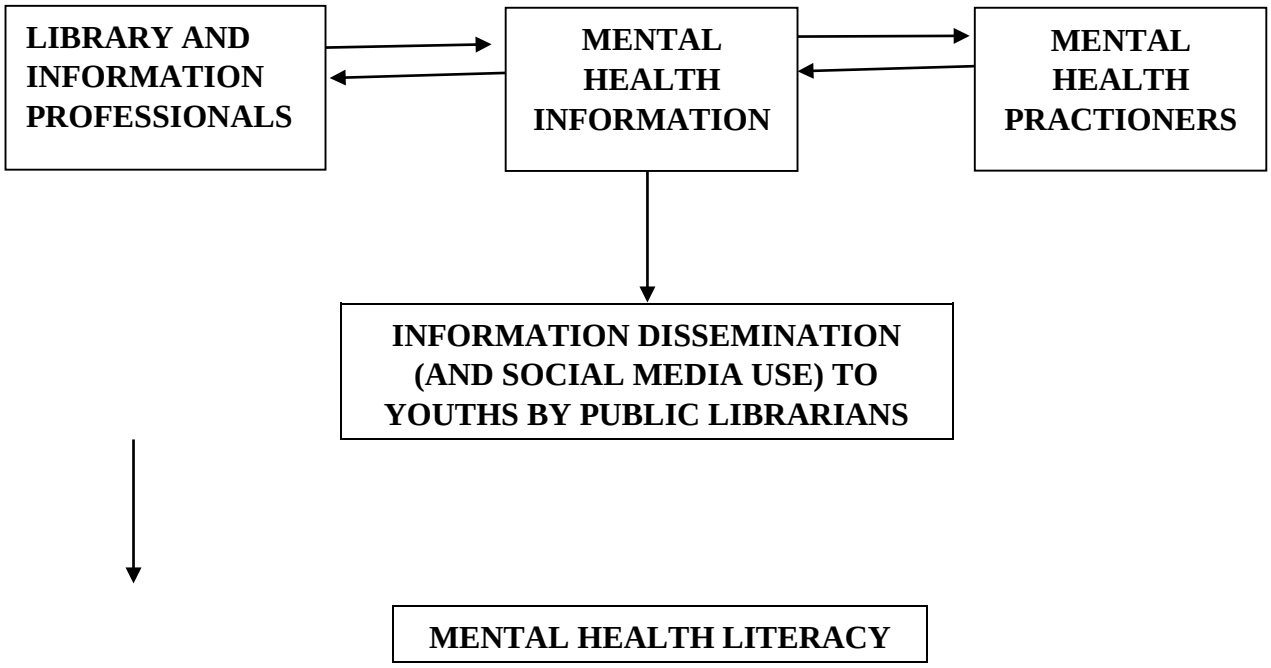

Figure 2.1: **Conceptual Frame Model of the Study – Original Construct of the Author**

The arrows in figure 2.1 depict a natural communication pattern amongst the various participants. The mental health practitioners work hand in hand with the librarians to make mental health information available in both traditional, print and electronic formats and through the use of social media platforms. Information on the causes, prevention, signs and symptoms, management or control of mental health disorders and professionals to consult for prompt intervention are disseminated to youths in the rural areas by the librarians through traditional information dissemination and the use of social media platforms. This therefore leads to a great and positive influence on their mental literacy level which is paramount to achieving a sustainable mental health wellbeing amongst the youths in rural areas.

2.1.1 The Concept of Mental Health and Mental Health Literacy

The term was introduced by Jorm *et al*. (1997). Health literacy refers to how well individuals can understand basic health information in order to make informed choices about their health care (Suleiman, 2017). Having low literacy may have a negative effect on health and health care given the complexity of health care systems in the United States (US) (Alonso *et al*., 2017). Jorm *et al*. (1997) initially defined mental health literacy as the knowledge and beliefs about mental disorders which aid their recognition, management or prevention. A more current definition of mental health literacy also includes: understanding how to prevent mental disorders, recognizing symptoms of a developing mental disorder, knowing about help-seeking interventions and self-help strategies, and mental health first aid skills to help others experiencing a mental health crisis (Jorm, 2015).

It is a concept developed by Australian scholars and defined as knowledge and beliefs about mental disorders which aid their recognition, management or prevention (Jorm, 2015). Mental Health Literacy consists of the following six components: (1) the ability to recognize specific disorders or different types of psychological distress; (2) knowledge and beliefs about risk factors and causes; (3) knowledge and beliefs about self-help interventions; (4) knowledge and beliefs about professional help available; (5) attitudes which facilitate recognition and appropriate help-seeking and (6) knowledge of how to seek mental health information (Jorm, 2015). It was asserted in the same study that each component contributes to mental health care through recognizing the need to receive mental health treatment for either self or others with mental health concerns, making decision of what types of help to seek, and correcting stigmatized beliefs or attitude toward mental illness and mental health treatment. Jorm and his colleagues did not limit the application to only mental health practitioners or those with mental illness but instead, advocated at societal or community

levels and acknowledged the need to raise the application in public in order to promote mental health care (Jorm *et al*., 2015). Additionally, the researchers opined that understanding public opinions and views about mental health can guide how mental health practitioners or healthcare systems shape their practices to meet the needs of a person with mental illness.

Health literacy, since it was introduced as a field in 1997, growing numbers of studies have been conducted throughout the world with majority of existing studies conducted in Australia and other western countries. Yet, increasing numbers of studies are noted in nonwestern countries including Asian, the Middle East, African, South American countries (Swami & Furnham, 2018). People in the western countries tend to have mental health notions that are similar to mental health practitioners' perspectives, compared to people in non-western countries (Furnham & Igboaka, 2017). Depression and schizophrenia are the most studied disorders in research. Efforts to understand the various types of mental disorders have expanded to other types of mental disorders, including anxiety disorders, children's mental disorders, Post Traumatic Stress Disorders (PTSD), perinatal depression, and personality disorders (Yeung *et al*, 2017).

With increasing attention to research and availability of mental health education and training resources, reviewed studies suggested that awareness has been improved, particularly about depression but people are not familiar with many other mental disorders which is worse in developing countries (Swami & Furnham, 2018). Studies have revealed that some sociodemographic factors are associated with, including gender, age, education, culture, region, and experiences with mental disorders or treatment. Female, people with higher

educational level, and people living in developed countries or urban area tend to show a higher level of mental health literacy that aligns with professional perspectives than their counterparts (Dias *et al*., 2018). People who have a history of or experiences in mental disorders or mental health treatment for self or closed one tend to have a higher level of mental health awareness (Jorm *et al*., 2015; Marshall *et al*., 2015).

Multiple empirical studies have examined the role of mental health awareness in relation to mental health care and provided supportive evidences for the need of further research and intervention. Existing literature suggested that mental health awareness is associated with attitudes toward mental health help seeking, confidence in helping others, and stigma. People with a higher level of mental health awareness are likely to have positive attitudes toward seeking professional help, more confidence in helping others with mental health issues, and less stigmatizing beliefs about and attitudes toward mental health issues (White & Casey, 2017; Kutcher *et al*., 2016).

2.1.2 Mental Health Literacy in Rural Areas

According to an exploratory study conducted by Wickstead and Furnham (2017), mental health and mental disorders were identified as the fourth highest ranking rural health concern among 28 functional areas identified. In that study, thirty seven percent (37%) of the state and local rural health leaders in their responses, selected mental health and mental disorder as one of their top rural health priorities, after access, oral health, and diabetes. There was substantial agreement on the rural priority status of mental health relative to all other functional areas. Although mental health ranked in 12th place among most often identified priorities by local public health officials, it ranked among the top five most frequently

selected priorities among state health leaders, and leaders of rural community health centres and clinics and rural hospitals. In fact, state health leaders and leaders of rural community health centres and clinics were significantly more likely than local public health officials and rural hospital leaders to identify mental health as a priority. Mental health was ranked in the top five priorities across all regions of the country, but the Northeast and West regions were significantly more likely than the Midwest or South to nominate this focus area as a priority.

Vernon *et al*. (2017) posited that mental disorders are widespread in urban and rural areas alike and affect approximately 20 percent of the population in a given year. An estimated 20 percent of children and adolescents age 9 to 17 and as many as 25 percent of those 65 years and older suffer from mental illness each year (Stringer, 2020). Approximately one-half of the population experience a mental disorder over a lifetime. Mental illness is often a contributor to and/or a consequence of disabilities or other serious health-related conditions among the nation's most vulnerable populations such as the homeless, alcohol or substance abusers, and abusing families. Compared to other chronic diseases, mental disorders strike earlier, often in the period extending from the teens to the mid-twenties, and those who experience a mental disorder, only a minority report treatment in the preceding year (Yakushi *et al*., 2017). The prevalence of lifetime and recent mental disorders appear to be similar in rural and urban areas. However, rural residents with mental illness may be less likely than their urban counterparts to define.

2.1.3 The Role of Librarians in Advancing Health Literacy

Libraries do not only provide access to high-quality health and wellness information, but also help people build the health literacy skills they need to navigate such information. In

addition, they enable access to this information by offering Internet access, digital literacy training, and other sustained forms of support. Like basic or digital literacy relative to overall information access and use, health literacy is fundamental to full participation in managing personal and family health and wellness. As noted by the National Network of Libraries of Medicine (NNLM), health literacy is complex and includes aspects of traditional literacy measures, numeracy skills, and cultural competency (Parnell *et al.*, 2019).

Libraries offer guidance to community members with diverse needs related to learning about health and healthcare, nutrition, and access to government and an array of healthcare support programs and services. They also provide and enhance access to health sciences for professionals seeking research regarding medical developments and clinical trials. Libraries support health literacy as they respond to specific health-related inquiries, as well as by developing collections that are responsive to health consumer concerns (De Bruyn, 2015). In their work to support literacy for families, children, and adults more generally libraries include wide-ranging aspects of health and wellness literacy in their programming.

Given the increasing importance of accessing health and wellness information, as well as healthcare services online (e.g., telehealth), it is critical that people have access to the Internet and related technology. Libraries provide public access computers that supply community members who may otherwise have limited online connectivity options with access to online health resources. Virtually all libraries also supply Wi-Fi to visitors, allowing those with their own devices a quality Internet connection to make use of these authoritative and up to date resources, as well (Haliso & Aina, 2012).

Additionally, libraries of all types provide their communities with a variety of assistive technology equipment, including computers that are operable by those with severe range of motion disorders, who are visually impaired, or who need accommodation to maneuver the large mobility equipment on which they rely into position for computer use. Such assistive technology offers people with disabilities the freedom to access information independently and with confidentiality—including resources related to health, healthcare access, and wellness support. This decreases reliance on direct medical provider access to discern facts and information required to live as independently and healthfully as possible (Ezeani & Eke, 2010).

Another core value of libraries is intellectual freedom. This principle also speaks directly to the needs of health consumers who use library resources to seek information free of concern of surveillance and with confidence that sensitive topics (such as addiction or abortion) will receive balanced treatment in library collections and resources. Intellectual freedom principles assure health information consumers that factual authority of current laws and scientific knowledge, regardless of personal beliefs or opinions held by individual staff or anyone else, can be obtained while both privacy and confidentiality of information transactions are maintained (Haliso & Aina, 2012). Libraries contribute in many additional and concrete ways to building healthy communities, including offering guidance to local healthcare resources, serving as important hubs for public health and emergency event information, and working with a range of partners to provide health and wellness services directly to community members. Libraries also provide a place for a range of activities that help to build self-esteem, support learning and literacy, and engage in social and creative activity. This view certainly seems to be reinforced by case study evidence suggesting that

people coming into the library to use one service also often borrow books or use other services available.

Whiwhu and Okorodudu (2012) posited that library staff are valued as information experts and community health advocates, with a high level of community knowledge and expertise. They are seen to have excellent links with local groups and organizations, and strong local knowledge. They bring promotion and outreach skills, and have experience of a broad range of activities relevant to health information and promotion, creativity and community activity and learning and skills development. The case studies and survey findings of Stringer (2020) suggest that involvement in health and well-being service delivery also brings benefits for the library sector helping staff to hone existing skills both through the provision of designated training from partners relating to areas such as mental health awareness, health information provision and health and well-being referral and signposting and by developing interest and motivation through direct involvement in activity.

2.1.4 Collaboration of Librarians with Mental Health Practitioners

Traditionally, patient education resources consisted mainly of printed leaflets handed out by physicians during patient consultations (Washburn, 2015). At present, many patients take a more proactive role in seeking out health information from the wealth of resources available online. Within the United States (U.S.), for example, recent survey findings from the Pew Internet and American Life Project revealed that 59% of all adults had looked for health information on the Internet within the previous year (Fox & Duggan, 2013). Though patients may be better informed about health and medical conditions than in the past, the ready availability of online information can also create problems for the primary health sector,

since online information varies considerably in terms of quality and accuracy and may be misleading (MacDonald *et al*., 2016). Information overload from the vast volumes of medical resources constantly being generated also create difficulties for primary health physicians, who often lack the time and training to evaluate and select the most appropriate data to inform their patient education activities and to effectively practice evidence-based medicine (Porumbeanu, 2012).

A common definition of health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions (The U. S. Office of Disease Prevention and Health Promotion, 2016). While availability and accuracy of health information are important, so is the accessibility and readability of that information. Patient education has become an increasingly central focus of primary healthcare in recent years, in the Sultanate of Oman

(Jabr & Al-Harrasi, 2015) as well as in other developing and developed countries (Washburn, 2015; Behar-Horenstein *et al*., 2016). The efficient delivery of primary healthcare relies heavily on high quality patient education, which not only improves the overall health of the population (Behar-Horenstein *et al*., 2016; Joint Commission on Accreditation of Healthcare Organizations, 2017), but reduces the resource burden on the healthcare system by enabling patients to participate more effectively in the management of their own health (Washburn, 2015).

It is common to encounter health information that is technically correct and accurate, but is not presented in a manner that most people can understand and apply to their personal needs. The problem becomes even more acute for those with low reading levels or limited English

proficiency especially in rural areas. Joint Commission on Accreditation of Healthcare Organizations (2017) reported advocating for health literacy noted that early half of allAmerican adults — 90 million people — have difficulty understanding and acting upon health information. The dramatic growth in health information, and misinformation, on the

Internet has increased the need for skills in finding and evaluating information. Healthcare providers also demonstrate a lack of health literacy skills, and are frequently ineffective in communications with patients (Ha & Longnecker, 2015). Lack of health literacy has implications for access to healthcare; individual and caregiver participation in achieving and maintaining health; patient safety; and overall healthcare costs.

In 2017, the Public Library Association (PLA) initiated a partnership with the National Network of Libraries of Medicine (NNLM) to increase public library staff knowledge and skills related to consumer health information, health reference, health literacy, and health programming (Salau, 2018). This national work is exposing thousands of public librarians to educational programs such as Stand Up for Health and the opportunity to become a designated health information specialist. This work connects to the increased public library focus in the National Library of Medicine's 2017-2027 strategic plan, A Platform for Biomedical Discovery and Data-Powered Health, which emphasizes expanding partnerships with public libraries and community groups to improve awareness of NLM's resources, increasing the capacity of public library staff to improve health literacy, and providing new tools to public librarians on data management and interpretation of data-driven discovery to help public libraries support the scientific research community and citizen science.

Decision makers and community planners should include libraries when developing and delivering health and wellness information and services. The role libraries play in providing community members with access to high quality health information, improving health

literacy, helping people understand health-related laws and regulations, and collaborating with government and community partners to deliver health and wellness information and services supports the achievement of health and wellness planning goals (MacDonald *et al*., 2016). These library skills and roles combined with regular interaction with community members position libraries to serve as powerful collaborators in strategizing and delivering local health and wellness programs. In Wisconsin, according to the director of the Crandon Public Library is a member of the Forest County Community Coalition, which is made up of stakeholders from a range of community organizations that work together to support a healthy county. Participation in this coalition helps keep the library and library resources front and centre in health-related planning (IFLA, 2017).

According to De Bruyn (2015):

> *The objective of mental health is the specific enhancement of the professional competence of the individual as a practitioner. However, viewed on a broader level, encompasses the shared responsibility, the cooperation, and the interaction of more than two relevant groups-the medical institutions, non-governmental organizations, mental health practitioners, state library agencies, relevant federal agencies, providers of library services and/or more.*

Librarians have been part of collaborative teams outside the library for quite some time; biomedical science librarians participate on patient care teams as clinical librarians, systematic review teams, members of their Institutional Review Board, embedded librarians/information professionals on research teams and various campus committees (Jabr & Al-Harrasi, 2015). Embedded science librarians have been partners with faculty in

curriculum design and co-teaching, as well as in team-taught courses in scientific writing for undergraduate students (Arndt, 2016).

Mickan and Rodger (2012) studied characteristics of effective teams and barriers to team effectiveness within the library context using a pre-existing multidimensional model of team effectiveness and outcomes. Although many positive characteristics and barriers fit into this structural and process-oriented framework, library personnel highlighted additional personality and behavioral characteristics that impacted team effectiveness. In particular, positive "teaming" characteristics included group harmony, collegiality, noncompetitiveness, trust, and a blame-free environment, while barriers to team effectiveness included lack of trust, lack of group identity, lack of harmony, and group conflict (Mickan & Rodger, 2012).

Among the rewards of collaborative team experiences are building relationships with researchers, expanding professional expertise, and receiving recognition for contributions to health care outcomes (Dudden & Protzko, 2011). Developing critical appraisal skills and a greater understanding of the challenges caregivers face, as well as learning the language and unspoken conventions of the clinical community are also mentioned (Dudden & Protzko, 2011).

2.1.5 Social Media Influence on Mental Health Literacy

Social media (SM) platforms have been defined as Internet-based applications that stimulate user-generated content and engage users and groups within an online social network (Halsall *et al*., 2019). In the past, the predominant means of contact with a medical institution or

health facility was face to face, reading from a book, magazine, or newspaper or through the electronic media such as a report on the radio or footage in film. Today, by means of new information and communication technology, we can learn a lot about health matters, health professionals, and health institutions. Indeed, in contemporary times, we hear of e-patients, tele-health, virtual surgery, and so on. All these have come to extend the meaning of living in the digital age. The nature of health communication is changing globally as more people are relying on the Internet for health information (Gallant *et al*., 2011). These authors argued that web-based communication tool development that engages patients can better guide effective healthcare strategies and intervention and promote participatory medicine which has now greatly extended to the seeking of mental health information online, particularly amongst the youths.

The onset of mental health problems peaks between adolescence and young adulthood; however young people face barriers to treatment and are often reluctant to seek professional help. Many are instead seeking support and information regarding their mental health via the web, especially via social networking sites (SNS), and hence, there is a promising opportunity to use social networking sites (SNS) to deliver or integrate with youth-focused online mental health interventions (Ridout & Campbell, 2018). Social media (SM) platforms provide vehicles for communication and self-expression that offer youths an unprecedented opportunity to learn about health topics, share their knowledge and ideas, and gain peer support and this creates options for conversation with youths rather than communication to youths (Norman & Yip 2015). As such, it may be a significant resource for the promotion of mental health literacy and approach to influence social norms related to youth mental health. Researchers have recommended that media campaigns examine proximal variables such as

awareness and attitudes (Cavill & Bauman 2014). Previous reviews have evaluated the effectiveness of social networking sites (SNS) for specific disorders in young people; however, none of the reviews have covered the breadth of social networking sites (SNS) – based youth mental health intervention available across all mental health issues and in rural areas especially.

2.1.6 Information Dissemination and its Influence on Mental Health Literacy The World Health Organization (WHO) and other health international organizations according to Reavley *et al*. (2012) have done so much to checkmate the global spread and burden of both physical and mental health diseases. Huge investments (human and financial) have gone into research, treatment, awareness campaigns and education of the public to prevent, reduce, manage and eventually eliminate some of the diseases. Great effort has been made to manage physical health diseases such as polio, measles, meningitis, chicken pox, malaria, HIV/AIDS, Ebola and very recently, monkey pox. This is also true of mental health diseases such as depression and several others which have equally received huge investments and the attention of the international health organizations and agencies. However, awareness level and education of the public on mental health diseases seem to be quite low in comparison to physical diseases (Wickstead & Furnham, 2017).

In healthcare institutional libraries, users' satisfaction is dependent upon the quality of information resources available: journals, reference materials and textbooks in print and electronic format (Haliso & Aina, 2012). Previous researches show that 70% of researches on health information websites are lacking in quality, as the sources were discovered to be inaccurate or incomplete (Eysenbach *et al*., 2012). In the last few years, the rapid and very exciting developments in information technology have revolutionized the way in which

information is collected, displayed and accessed. The synergy between information and communications technology is allowing access to information in ways hardly imaginable when the last Guidelines were published in 1986 (McCaffrey, 2016). The speed of change has accelerated and continues to do so. There are few sectors of activity not affected and the public library, for which the provision of information is a primary role, is facing the challenge of radical changes in all aspects of its service delivery which includes mental health information dissemination.

Health information dissemination via self-help tools (e.g., books, Internet and mobile devices such as smart phones and tablets can help prevent depression (WHO, 2016). Learning and keeping track of prevailing trends of depression disease ensures there is quality care and health decisions by health professionals, ensures better management of patients and ensures effective healthcare workforce. Yakushi *et al*. (2017) stated that lack of understanding about diseases often results to depressive disorder. Implying that lack of knowledge and understanding about depression symptoms and how it manifest is one strong reason many people become depressed. The finding of Sadia *et al*. (2014) revealed that the overall knowledge of people living in rural areas about the root causes of depression was significantly poor.

Many people, especially in rural areas experience depressive signs and symptoms for the first time unaware of what is happening, while others were aware because they had earlier come across informative and educative literature on depression. Thus, lack of awareness about depression could have contributed to the untold hardship and pain of countless individuals, families, societies and countries around the world. Another factor contributing

to the suffering of mental health people is ignorance of mental healthcare workers and this contributes to millions of depressed people not seeking professional assistance (Almanzar *et al*., 2014).

Increased public awareness and education through provision of health information about depression is a vital strategy for checkmating depression and the associated challenges of depression. Some of the strategies endorsed for reducing adolescent at risk of depression by respondents from previous studies include: fitness messages, healthy relationships, personal identity, recreation and leisure (Miller *et al*., 2015). Educating people about depression symptoms, causes and experiences of depressed people through health information materials such as fliers, pamphlets, magazines, newspapers, journals, books, social media, blogs, and websites could help people become more aware, enlightened and assist in self-management to some extent. Furthermore, information dissemination about depression could prevent the possibility of becoming depressed, especially if it is not genetically inherited. The World Health Organization and other health-based institutions/organizations recommend that education campaigns should target the general public to increase awareness of depression, combat stigmatization, discrimination, suicide cases and improve access to mental health care (Dumesnil & Verger, 2009).

2.1.7 The Library, Librarians and Relationship with Mental Health Literacy

The Ministry of Health in New Zealand championed a National Mental Health Information Strategy in 2015 in recognition of the importance of information to the delivery of quality mental health services to consumers. The priority focus of this strategy was to evolve a process that deploys information technology to collect relevant information purposely to

enhance improvement of quality of services (Ministry of Health New Zealand, 2015). Vernon *et al*. (2017) pointed out that librarians should continue to draw the attention of healthcare providers to the importance of accurate, relevant and timely health information for making health decisions. This is because not all information available in the public space is safe for the consumers of information. According to National Network of Libraries of

Medicines (2017);

"Countless lives are lost due to insufficient access to quality health information. The availability of accurate, timely, and analysed data is directly relevant to the quality of an individual's health and the healthcare system in general, the delivery of individual care, and the understanding and management of overall health systems."

The above underscores the importance of information to the healthcare sector, both physical and mental care. Recognizing the value of healthcare records, Mary Land Healthcare Commission (MHCC) (2013) observed that electronic records improve the efficiency, quality and safety of healthcare services, as they consolidate healthcare of patients at the time of giving care. Librarians serving in hospitals and health institutions provide outreach services to health workers.

In an MSc research, Dorsett (2014) reported that 78.1% of respondents drawn from libraries serving the health sector admitted they provided outreach services via clinical librarians, online databases training and current awareness bulletins. The report further revealed that 67% of the respondents who provide outreach services were professional librarians. Marshall *et al*. (2015) conducted a study on "library and information services impact on patients' healthcare quality" in the United States and Canada and discovered that 75% of health care

personnel admitted handling patients care differently as a result of the information accessed from the library. The finding showed a consistent positive relationship with the clinical outcomes, thus indicating that library services have positive impact on patient care quality. The same study reported an overwhelming majority of respondents admitting that the information provided by librarians was current, relevant and accurate, implying that the information was valuable and of high quality, since it served to update and refreshed the memory of respondents.

The librarians' role in health literacy promotion involves providing assistance to health information consumers to understand and achieve better health (Kars *et al*., 2014). In health practice and research advancement, libraries and librarians serve as a unique resource in health information literacy services (Norman & Yip, 2015). This is because interventions in health literacy are made easier and sustainable when libraries are involved in providing access to quality, organized and understandable health information. For instance, the U.S National Library of Medicine (NLM) which is reputed as the largest in the world provide global access to electronic resources to public members, scientists, and health practitioners. NLM actively engages in the translation of basic science into new products, treatments, improved practice, and support health practitioners and patients with helpful decisions. In addition, NLM has an excellent emergency and disaster management and response system (National Network of Libraries of Medicines, 2017).

2.1.8. Concept of Collaboration

When individuals come together to share their expertise and ideas in order to construct a fresh and innovative way of doing something, they are demonstrating characteristics of fully developed collaboration (Jabr & Al-Harrasi, 2015). Shared thinking or joint participation in

thinking together about how to solve a mutually agreed upon "problem" is what is meant by shared problem-solving. The coming together to think about an issue and to plan together as co-planners and co-implementors is jointly carrying the plan to fruition.

From several literature reviewed for this study, few examples of formal collaborations were revealed specifically involving librarians and healthcare physicians for enhancing patient education and overall health literacy. A number of interesting and useful examples of collaborations between librarians and healthcare deserve mention and include;

1. Personal Education Plan (PEPTalk) project, Canada, 2005-6 Physicians, librarians, and other stakeholders participated in the Personal Education Plan (PEPTalk) research project at the University Health Network's Princess Margaret Hospital in Canada. The objective was to design a web-based health information resource system for use by both patients and medical professionals. The project focused on developing tailored, culturally relevant resources for people with chronic illness. Librarians were involved in most stages of the work. Their responsibilities were partly traditional, such as conducting literature searches, evaluating the quality of resources, and categorizing information. They were also involved in non-traditional ways. For example, their knowledge of information-seeking needs and behaviors was used to inform the iterative design of the system to facilitate its use by different groups, and they played a central role in educating physicians and patients about information and health literacy (MacDonald *et al*., 2016).

2. Health Information Referral Project, United States (US), 2003-4. In the U.S., the American College of Physicians Foundation (ACPF) and the National Library of

Medicine (NLM) collaborated in the development of the "Health Information Referral Project" (HIRP), intended to provide physicians with resources and tools to guide their patients to the high quality online medical information site Medline Plus. Just as they traditionally write a prescription for medicine, under this initiative, physicians used a prescription notepad to provide instructions for accessing Medline Plus from their home or a public library (MacDonald *et al.,* 2016).

3. Collaborative project initiated by the Process Improvement Team of the University of Pittsburgh Medical Centre (UPMC), United States, 2002-3. In Pennsylvania, librarians collaborated with other healthcare staff on a project designed to enhance patient recovery using educational videos. Librarians played a central role in this initiative by facilitating the selection of an appropriate video for home viewing and by managing the preparation, distribution, and control of the educational resources. The project evaluation demonstrated that the involvement of this group had saved valuable medical staff time, which could be directed instead to patient care (Vanguard News, 2017).

4. A collaborative project of the Consumer Health Committee of the Georgia Health Sciences Library Association, United States, 1999. Librarians from medical schools in the state of Georgia were invited to author parts of a Patient Education and Preventive Medicine textbook, in a collaboration overseen by the Consumer Health Committee of the Georgia Health Sciences Library Association. In doing so, librarians became an integral part of the healthcare team responsible for producing the book. The project benefited from their skills and expertise in locating and evaluating relevant information resources (Kutcher *et al*., 2016).

5. Information services based on a librarian-user partnership in medical clinics, Bucharest, 2012. In Bucharest, a proposed model was developed integrating librarians into clinical teams that provide health services and education to patients (Porumbeanu, 2012).

2.2 Theoretical Framework

2.2.1 Cognitive Behavioral Theory (CBT)

Cognitive Behavioral Theory (CBT) is a widely recognized and effective therapeutic approach that focuses on the relationship between thoughts, emotions, and behaviors. The roots of CBT can be traced back to the 1950s and 1960s when psychologists began to challenge the dominant psychoanalytic and behaviorist paradigms of the time. Aaron T.

Beck, often considered the father of cognitive therapy, played a significant role in the development of CBT. Beck initially noticed that his patients with depression consistently experienced a negative cognitive bias, meaning they had a tendency to interpret situations in a negative and distorted way. This observation led him to propose that psychological disorders are influenced by faulty thinking patterns. Beck believed that by addressing and modifying these patterns, it would be possible to alleviate symptoms and improve mental well-being (Yeung *et al*., 2017).

The prevailing views of early recorded history posited that mental illness was the product of supernatural forces and demonic possession, and this often led to primitive treatment practices such as making an effort to release the offending spirit. It was not until the late 19th and early 20th centuries that modern theories of psychopathology began to emerge. In particular, individuals such as American psychologist Albert and Aaron T. Beck began adopting treatment approaches aimed at addressing the maladaptive cognitions and emotions underlying mental disorders which led to the eventual development of cognitive-behavioral theory (CBT), the current gold standard psychotherapeutic approach in the treatment of

mental disorders such as depression and anxiety (Sue & Sue, 2019) and so, the most suitable theory for this study.

Beck (1967) cited in Sue and Sue (2019) argued that depressive people think differently from those who are not depressive. Thus, the cognitive-behavioral theory takes into account the mental events/activities (inferences, thoughts and judgments) that occur within an individual before depression sets in. The Cognitive Behavioural Therapy (CBT) is thus suitable for this study as it is regarded as evidence-based therapy because it has produced more empirical data evidence based on the various literature and theories reviewed for this study. The underlying assumptions of CBT which makes it more fascinating to this study include:

1. That a person's mood is directly related to his thoughts
2. Negative dysfunctional thinking affects a person's mood, sense of self, behaviour and physical state

The goal of CBT is to help people identify or recognize the negative thought patterns, evaluate them and replace them with positive thought patterns (Sue & Sue, 2019) and thus, related to this study as it is also focused on achieving sustainable mental health literacy.

2.3 Review of Empirical Studies

Boyd *et al*. (2015) surveyed the preferences and intention of rural adolescents toward seeking help for mental health problems. Mental health and mental disorders were identified as the fourth highest ranking rural health concern among 28 functional areas identified. In this nationwide survey, 37 percent of the state and local rural health leaders responding selected mental health and mental disorder as one of their top rural health priorities, after access to

health facilities, oral health and diabetes. There was substantial agreement on the rural priority status of mental health relative to all other functional areas. Three principal factors were presented as contributing to the problem of mental illness in rural settings:

> i. limited access to specialty mental health providers; ii. lack of sufficient mental health training, expertise, and coordination among health care providers located in rural settings; and iii. limited utilization of available mental health services because of limited awareness of mental disorders.

The implication of the study is that it revealed mental health and mental disorders as the fourth highest ranking rural health concern and also, identified poor mental health literacy as one of the key contributing factors to prevalence of mental illnesses, thus prompting the researcher to assess ways in which mental health information can be effectively disseminated to rural residents to improve their mental health awareness to rural residents. This study is related to the present study in the area of the methodology used in the study and was carried out in a rural setting.

Aluh *et al*. (2018) conducted a study which aimed at assessing the knowledge of depression and help-seeking behaviors among adolescent secondary school students in Nigeria by comparing a depression vignette with another vignette of a non-clinically depressed teenager. The study was a cross-sectional descriptive survey conducted among students of a Federal Government College (high school) in South-East Nigeria and all the consenting students in the senior secondary classes (grades 10–12) were selected, making a total of 285 participants. The participants were presented with the 'friend in need' questionnaire designed to elicit the participants' recognition of the disorder depicted in two vignettes and their

recommendations about the appropriate source of help-seeking. One vignette was of a clinically depressed case while the other vignette was about a girl undergoing normal life crisis.

Data were collated and analysed with IBM Statistical Products and Service Solutions (SPSS) for Windows, Version 20.0. Descriptive statistics such as frequency, percentages or mean values were computed for relevant socio-demographic characteristics, knowledge of depression items, and recommended sources of help. Chi Square tests were performed to find associations between independent and the dependent variables with significance set at < 0.05. The open-ended responses were categorized based on similarity of thematic content and frequency/percentages reported. The Findings of the research revealed that out of the 285 students selected for the study, 277 copies of questionnaire were adequately completed indicating a response rate of 97.2%. A total of 4.8% participants correctly identified and labelled the depression vignette. Only four respondents (1.5%) recommended professional help from a psychiatrist or psychologist. Insomnia was the most identified symptom of distress for depression (17.1%). Females demonstrated higher, in terms of their ability to correctly label the depression vignettes, their expression of greater concern over a depressed peer than males, their expectation that depression requires a longer recovery than normal teenage problems, and in their ability to identify individual symptoms of depression. Family and friends were the most recommended source of help. The researcher concluded that mental health literacy was abysmally low amongst the adolescents surveyed and there is an urgent need to increase mental health awareness in Nigeria. The study concluded that mental health literacy is quite low and requires an urgent attention, which the current study seeks to assess sustainable ways towards increasing mental health literacy. The relationship between

these two studies is that they both adopted survey method on general terms but difference is that the former study employed a cross-sectional descriptive survey method while the present study adopted a general survey method.

Another similar study was conducted in Australia by Boyd *et al*. (2015). The objectives of this study were to: investigate the preferences and intentions of rural Australian youth towards seeking help for mental health problems; determine predictors of help-seeking intention among rural adolescents; and verify results from previous qualitative research on the barriers to help-seeking in a rural context. Participants were 201 adolescents recruited from 8 rural schools in the State of Victoria, Australia. Participants ranged in age from 11 to 18 years. Methodology of the study employed the use of the Accessibility and Remoteness Index of Australia (ARIA+), approximately 149 participants were classified as currently living in an inner regional area of Victoria, whereas 52 participants lived in an outer regional area. Participants completed an open-ended survey of help-seeking intention. The result of the study showed that overall, 55.7% of the sample indicated that they would seek help for a mental health problem. The majority of participants, regardless of subgroup, indicated that they would seek help for a mental health problem from a school counsellor as their first choice. Gender differences were observed such that males had a higher preference for seeking help from a psychologist than females. Furthermore, older adolescents were more likely to prefer seeking help from a General Practitioner (GP) than younger participants. A multivariate analysis of help-seeking intentions revealed that Accessibility and Remoteness Index of Australia (ARIA) was the only predictor of help-seeking intention; however, when extreme scores of depression and anxiety were also taken into account, these also predicted help-seeking intention. A content analysis of the barriers to help-seeking nominated by

participants revealed that perceived limited availability of professional services in towns, perceived social proximity and fear of rural gossip, and difficulties associated with travelling to obtain help were the most significant concerns for these youth.

The following conclusions were made by the researchers; these findings verify previous research on help-seeking among rural youths and reinforced that these young people face additional barriers to help-seeking by virtue of living in a rural environment; The availability of services for rural youths needs to be improved as well as young people's knowledge of service availability and access (especially travel options); while just over half of the participants indicated that they would seek help for mental health problems, almost half the sample indicated that they would not seek help of any kind. The researcher stated that it must be taken into account that rural adolescents of different ages and sex may differ in their help seeking preferences; and finally, much work is needed in the rural adolescent mental health awareness level. The researchers recommended that mental health promotion work with rural youth should consider the influence of rural culture on help-seeking intentions, as participants identified series of barriers to help-seeking related to living in a rural environment.

A significant relationship is shown by the findings of this study that much work in promoting mental health awareness amongst rural adolescents is needed and that by virtue of living in rural environment, rural youths face additional barriers to recognizing mental disorders and seeking help. The similarity between this study and the current one is that this study used questionnaire as instruments for data collection and the current study also used questionnaire as one of the instruments for data collection.

In another similar study, Crumley (2016) conducted qualitative research about the role of health care professionals and librarians involved with complementary and alternative medicine (CAM). The goals were to identify resources these professionals use to explore the librarians' role as well as their approaches to teaching and searching with respect to complementary and alternative medicine (CAM), to acquire information about complementary and alternative medicine (CAM) education, and to connect with other librarians in the complementary and alternative medicine (CAM) field. Semi-structured interviews with open-ended questions were used and the population of the study was Sixteen (16) health care and information professionals from ten (10) different institutions in Boston, Baltimore, and Calgary were interviewed. Major themes from the interviews were: complementary and alternative medicine (CAM) funding, integration of complementary and alternative medicine (CAM) and conventional medicine, roles of librarians, “hot” complementary and alternative medicine (CAM) issues, and information access. Information about four aspects of complementary and alternative medicine (CAM): education technology, undergraduate, graduate, and continuing were presented. A wealth of information resources was identified which summarily entails; the site visits helped to build relationships and foster communication among different North American complementary and alternative medicine (CAM) programs. Meeting with librarians and other health professionals in Boston, Baltimore, and Calgary allowed the exchange of valuable knowledge and information. It was beneficial to discover the lessons learned and achievements of other complementary and alternative medicine (CAM) programs. However, based on the information collected, it was difficult to arrive at definitive results from this qualitative research.

The researcher concluded that a complementary and alternative medicine (CAM) librarian's role was unique; many specialized in specific areas of complementary and alternative medicine (CAM), and opportunities existed for librarians to partner with complementary and alternative medicine (CAM) groups. Complementary and alternative medicine (CAM) information professionals' major roles involved information access and retrieval and education. Further study concerning complementary and alternative medicine (CAM) consumer health, integrative complementary and alternative medicine (CAM) and conventional medicine models, and the librarian's role in a complementary and alternative medicine (CAM) environment was recommended.

Part of the conclusion of the study was that opportunities exist for librarians to partner with health professionals and also recommended that further study concerning consumer health and librarian's role should be carried out. The relationships between the two studies are that they both studied the collaborative work of librarians and health professionals in a healthrelated matter; the former study used semi-structured interviews with open-ended questions as instrument for data collection which is also one of the instruments for data collection used in this current study.

The World Health Organization (WHO) (2016) analysed the study conducted in Nigeria by a group of 35 medical students which showed that the majority, being 65% of the participants believed that evil spirits caused mental illness. The research design of the study was the explanatory mixed method research approach which was used to answer the research questions that provided qualitative and quantitative research approaches for the purpose of breadth and depth understanding and corroboration of the study. The method of data

collection for the study was interview and the use of questionnaire with (both open and closed ended questions) and the total of 325 people partook in the investigation exercise. A similar study was later conducted in various countries and it showed that a smaller proportion of people continued to believe that mental illness was caused by evil spirits. In Chinese, the study was done among young students using a vignette-based questionnaire, 10% of a total population of 200 people were reported to believe evil spirits as cause for mental illness and in India, specifically New Delhi, it was reported that one fourth of the participants attributed mental illness to supernatural causes. The study recommended that public health professionals in conjunction with appropriate agencies and partnership with information professionals should set up a formidable team charged with the responsibility of creating massive awareness about mental illnesses for the improvement of mental health status of the people. This study is related to the current study in the area of data collection instrument.

A comparative analysis was done by Jack-Ide *et al*. (2018) on the reports of the World Health Organization Assessment Instrument for Mental Health Systems conducted in South Africa and Nigeria (WHO-AIMS Report on Mental Health System in South Africa and Nigeria). WHO-AIMS is a comprehensive assessment tool for mental health systems designed for middle-income and low-income countries and consists of six domains: policy and legislative framework; mental health services; mental health in primary care; human resources; public information and links with other sectors; monitoring and research. All six domains were analysed in both reports and provided essential information for a comparison of mental health policy and service delivery between the two countries. The comparative analysis revealed that there is lack of appropriate legislation of mental health service in Nigeria which has resulted in their mental health services remaining inequitable, which violates the principles of the primary health care system and essentially provides a vertical rather than

an integrated service. Information about the level of mental health service in Nigeria is limited and it is therefore difficult to identify areas of need, to make informed decisions about policy direction, and to monitor progress. The analysis also revealed that while both countries operate primary health care systems, South Africa has integrated mental health care services in primary centres in the communities, while Nigeria operates an institutional care model, making mental health services accessible only in big institutions located in a few urban centres while mental health literacy level remains abysmally low in non-urban centres.

It was further revealed that South Africa has relatively good inter-sectoral collaboration in mental health care services with other organizations to promote the mental health of its people, such as the South African Police Service (SAPS), Department of Justice, Department of Correctional Services, and Department of Education but in contrast, Nigeria has no social support system and no legislative or financial provisions to protect and provide support for service users and their families; inter-sectoral collaboration is poor; there is no support for child and adolescent mental health; and there are no part-time or full-time mental health practitioner positions in primary or secondary schools. This study is related to the current study in the choice of Nigeria as a study country. The study's revelation that inter-sectoral collaboration is poor in Nigeria, and more so, abysmally low mental health literacy of particularly the dwellers in rural areas is one of the focal points of the current study.

Lam (2014) conducted a study and investigated the association between mental health literacy and the mental health status, particularly depression, among adolescents. The study was a population-based health survey that utilized a two-stage sampling technique. The sample consisted of high school students aged between 13–17 years with the total student

population attending high schools in the designated region as the sample frame. The sample was generated using a two-stage random cluster sampling technique. First, using individual schools as the primary sampling unit, a number of schools were randomly selected with a probability proportional to the size of the target population. Second, using the class as the secondary sampling unit, different clusters of students were randomly selected from each grade of the selected schools. Participants were recruited from 12 high schools and 48 different classes. Depression was assessed by the Depression sub-scale of the Depression, Anxiety, Stress Scale. Data were analysed using multiple logistic regression modelling techniques with adjustment for cluster sampling effect. A total of 1,678 students responded to the survey providing usable information. Only 275 (16.4%) respondents were classified as having an adequate mental health literacy level with correct identification of depression and also intended to seek help, with 392 (23.4%) of the total sample correctly identified the vignette as depression. Two hundred and forty-eight (248) (14.8%) were classified to have moderate to severe depression. Multiple logistic regression analysis results suggested that young people who had experienced moderate to severe level of depression in the week prior to the survey were more likely to have an inadequate level of mental health literacy (MHL) after adjusting for a potential confounding factors and cluster sampling effects.

The finding on the relationship between mental health literacy and the mental health status, among younger adolescents is important both in theoretical and practical senses. The results showed that an inadequate mental health literacy level is associated with a higher level of depression symptoms. The study concluded that an inadequate mental health literacy level is significantly associated with moderate to severe level of depression as measured by the Depression sub-scale of the DASS. The point estimate prevalence of an adequate mental

health literacy obtained from this study is low which echoes the study's conclusion that a well-designed and evaluated program may lead to better mental health outcomes through the facilitation of more mental health literacy programs aiming for enhancing the understanding of mental health issues and fostering the correct attitudes towards help-seeking should be developed for young people. The study is related to the current study in the aspect of relating mental health literacy to improved mental health of young adults.

Reavley *et al*. (2012) conducted a mental health literacy study among college students and college staff (as a comparison group). Their study used telephone interviews and a depression vignette with 774 students and 422 staff members as the participants. Participants were asked what they thought was wrong with the person in the vignette; what type of help would be helpful or less helpful; and which list of treatments would be helpful or harmful.

While over 70% of the students and staff could correctly identify the mental disorder, intention to seek help among students and staff if they had a similar problem to the person in the vignette varied somewhat. For students, 26% reported their intention to seek help from a general practitioner, 25% from friends, 14% from their parents, 12% from their families, 10% from a school counselor, and 3% from a psychiatrist. For staff, 50% reported their intention to seek help from a general practitioner, 15% from an employee assistance program, 13% from friends, 12% from a counselor, and 4% from a psychiatrist. The similarity between this study and the current study is the interest on assessing mental health literacy level which is one of the objectives of the current study.

Soon thereafter, Reavley *et al*. (2014) conducted a similar study to assess mental health literacy scales for the recognition of depression, depression with suicidal ideation, early schizophrenia, chronic schizophrenia, social phobia, and post-traumatic stress disorder using vignettes. In a telephone survey of 1,536 health professionals and 1,609 members of the general population, participants were randomly assigned to one of six vignettes and asked what they thought was wrong with the person in the vignette; what type of help would be

helpful or not; and which treatment options would be helpful or harmful. The results from the health professionals and general population were compared. The variable “having a family member or a close friend with a problem like that described in the vignette” predicted significantly higher scores on all mental health scales. The researcher concluded that many adolescents and young adults are unaware of the signs and symptoms of depression, which delays or avoids help-seeking for mental health treatment; recognition of a mental disorder is generally the first step in the help-seeking process as early recognition of mental illness, especially depression and suicidal ideation, in young adults may lead to appropriate helpseeking for themselves but unfortunately, low levels of knowledge and recognition of depression affects help-seeking and that individuals tend to deal with depression on their own rather than obtaining professional help. The relationship between the two studies is that adolescent and young adults were covered in the population size.

Ridout and Campbell (2018) carried out a systematic review of the use of social networking sites (SNS) in mental health interventions for young people. The PubMed and PsycINFO databases were searched using Medical Subject Heading terms and exploded keyword in phrases. Retrieved abstracts (n=974) were double screened, yielding 235 articles for screening at the full-text level. Of these, 9 articles met the review inclusion criteria. The evidence reviewed suggested that both clinical and non-clinical young users find SNS–based intervention highly usable, engaging and supportive and that when effectively moderated by mental health and information professionals, the benefits of social networking sites (SNS) based interventions for youth mental health appear to outweigh any potential risk. However, future studies were suggested and adjudged needed to address the current lack of highquality evidence for their efficacy in reducing mental health illiteracy. Recommendation was made

that given young people are already turning to social networking sites in knowledge seeking and peer-to-peer support, qualified SNS-based youth mental health interventions, support and information should be provided for access to address some of the mental health literacy barriers young people face. This study is related to the current study in the aspect of assessing social media influence on the mental health literacy of young people.

Halsall *et al*. (2019) conducted an evaluative study which was an evaluation of the social media strategies used by mindyourmind with the intent to better understand the influence on youth knowledge of mental health issues and behavior related to accessing service.

Mindyourmind, a web-facilitated program with a comprehensive social media presence (SM), was designed to raise awareness of mental health issues and improve access to services for youth dealing with mental health concerns. The evaluation was completed using an online survey as well as Twitter and Facebook analytics. There were 53 respondents to the survey (42 females, 9 male, 2 non-binary). Approximately half of the respondents were between 1325 (49%) referred to from this point forward as youth and half over the age of 25 (48%) referred from this point forward as adults. The survey included 25 questions that examined user demographics, SM usage patterns, mental health status, knowledge of mental health issues and help-seeking behaviors. Mental health literacy (MHL) was assessed using a modified version of the eHealth Literacy Scale which is an eight-item scale designed to measure health consumer's knowledge, perceptions and skill-level for identifying health information on the Internet. The items on this scale are measured using a 5-pt Likert scale and reliability for this scale was good with Cronbach's alpha being 0.87. SPSS Statistics Software for Windows Version 23.0 (SPSS Science, Chicago, Illinois, USA) was used for all statistical analyses and statistical significance was determined at $p<0.05$ (two-tailed).

One-way ANOVA tests were conducted to determine differences in mental health literacy (MHL) in relation to mental health status. Three chi-square analyses were then conducted to examine if there were differences in help seeking behavior (no/not yet or yes) by age as categorized as youth or adult, gender and length of use of mindyourmind SM. Finally, in the same sample of those who reported experiencing an emotional or mental health issue, logistic regression analyses were conducted to assess predictors of overall help seeking behavior,

such as mental health literacy, gender, age and length of using mindyourmind SM. Major findings indicated that among survey participants, mental health literacy (MHL) is positively associated with mental health help-seeking behavior and that Technology-based services such as mindyourmind show great promise for the promotion of mental health awareness at the population level. The evaluative study also pointed out that more regulation of web-based information, algorithms and search prioritization is needed and therefore, recommended popular search engines to prioritize reputable, peer-reviewed and government-based health information so that public searches for health-related information are directed to reliable sources. The study stated that this would support an increase in appropriate health decisionmaking and would overcome the necessity for users to assess the information themselves.

2.4 Summary of Literature Review

Journal articles, textbooks, conference proceedings, articles from the Internet and other relevant publications constituted the base for most of the consulted sources – documentary sources. The review focused on the existing literature of theories, particularly the Cognitive Behavioral Theory (CBT) which is related to the topic at hand. Also covered are conceptual framework which includes; the concept of mental health and mental health literacy, mental health literacy in rural areas, the role of librarians in advancing health literacy, Collaboration of librarians with mental health practitioners, social media influence on mental health literacy, information dissemination and its influence on mental health literacy, the library, librarians and relationship with mental health literacy, concept of collaboration and examples. It is obvious that a lot of studies have been conducted with regards to the prevalence of mental health illiteracy amongst adolescent and youths and in especially rural

areas, but attention has not been given to the assessment of the role of librarians and in collaboration with mental health practitioners and the use of social media to foster mental health literacy amongst youths in rural areas of North-central Nigeria. There is a concerted need to raise awareness of mental illness and among the general population as well as among various population groups and professions. This study, therefore, is expected to fill this gap.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Research Design

The research design adopted for this study is a descriptive survey research design because it is a suitable and efficient way of studying large population of different groups. According to Owens (2012), the survey research design permits random sampling from both small and large population to get substantial knowledge of the real nature of the situation. Also, it is more affordable than many other techniques for the collection of data. The affordability that comes with this research design method, as well as its ability to fast track information and data collection assisted in the assessment of information dissemination and collaboration of librarians with health practitioners for sustainable mental health literacy among youths in rural areas of North-central, Nigeria.

3.2 Population of the Study

The population size for this study was 108,737 consisting of librarians in public libraries, mental health practitioners in public health centres and youths in rural areas of North-central Zone, Nigeria. The population of the librarians in the public libraries is 63, the population of health practitioners is 6 and the population of the youths in the rural areas as drawn from the 2006 & 2012 Google record of population census was estimated to be 108,674 and thus,

resulting to a total population of 108,737 for the study. Table 3.1 simplifies the population breakdown:

Table 3.1: Population of the Study

This is the breakdown of the sample size of the study:

S/N	State	Villages	Rural youths	Public Library	Librarians	Public Health Centres	Health Practitioners
1.	Nasarawa	Panda	23,880	Taal Model e-Library	8	Panda Primary Health Center	1
2.	Kogi	Iyamoye	16,504	Stella Obasanjo Library	6	Iyamoye Primary Health Center	1
3.	Niger	Garatu	12,674	Niger State Library Board	7	Garatu Primary Health Center	1
4.	Plateau	Miango	11,003	Plateau State Library Board	11	Miango Primary Health Center	1
5.	Kwara	Ogidi	31,090	Kwara State Library Board	17	Ogidi Primary Health Center	1

6.	Benue	Adoka	13,517	Benue State Library	14	Adoka Primary Health Center	1
	Total		108,668		63		6

Source: National Population Commission (2006)

3.3 Sample and Sampling Techniques

Multiple sampling technique were used to select the sample size for the study. Gill *et al*. (2010) indicated that for a desired accuracy in sapling technique in a study, a population size of 100,000 gives a sample size of 383, and for a population size of 250,000, a sample size of 384 is adequate. This therefore validates 383 as an adequate sample size for the youth population size of 108,668. For desired accuracy, the simple random sampling technique was used to select a sample size of 383, which was selected from a target population size of 108,668 rural youths, at a confidence level of 95% and at a margin error of 0.5. Purposive sampling technique was further used to select from amongst the rural youths who are illiterate. Purposive sampling method was also used to select the chief librarians and unit heads of the public library and primary health centres respectively as they are in the best position and equipped to provide the necessary data sought from respective sectors by this study. The population size of the librarians in the public library was 63, while the population size of the primary health practitioners was 48 inclusive of one (1) chief librarian and one (1) unit head respectively which have purposefully been selected as the sample sizes respectively. This therefore puts the sample size of the public librarians at 6 and the sample size of the public health practitioners at 6 too. Consequently, the total population size for this study was 395.

Table 3.2: Sample Size of the Study

S/N	Name of Villages	Rural Youths	Librarians (Public Library)	Public Health Practitioners
1.	Panda – Nasarawa State	85	1	1
2.	Iyamoye – Kogi State	58	1	1
3.	Garatu – Niger State	44	1	1
4.	Miango – Plateau State	39	1	1
5.	Ogidi – Kwara State	109	1	1
6.	Adoka – Benue State	48	1	1
Total		383	6	6

The simple random sampling technique was used to draw sample size for the rural youth population as it allows for the sampling error to be calculated and reduces selection bias and gives each member of the population equal chance, or probability of being selected while the purposive sampling method was afterwards, used to select from amongst the randomly sampled participants. To draw sample size for the librarians and public health practitioners for the study, purposive sampling technique will be used as it is the most suitable approach towards focusing on the particular characteristics of interest based on the purpose of the study.

3.4 Instruments for Data Collection

Mixed-method of data collection instruments was used for this study which are questionnaire, focus group discussion, interview schedule and observation checklist. Structured questionnaire was used to collect data from the rural youths and librarians as it enabled respondents to express their opinions for the study. Focus group discussion was also used to collect data from the youth-respondents who were not literate enough to comprehend the contents of the questionnaire and the observation checklist was used for proper identification of the library resources and services available in the study areas. A structured interview schedule was designed to enable the health practitioners and librarians express their personal and professional views and opinions. Questionnaire, focus group discussion and interview schedule were appropriate instruments used for the study because it was easy to administer, suitable for the collection of required data and as well guaranteed the collection of data within a short period of time (Bhandari, 2023).

A self-designed-closed-ended-structured questionnaire titled “Information Dissemination and Collaboration of Librarians with Health Practitioners for Sustainable Mental Health

Literacy among Youths in Rural Areas of North-Central, Nigeria’’ (IDCLHPSMHLAYQ) was used for the study. Respondents were offered set of answers in order to choose the one that most closely represent their views. The questionnaire for the study is of two (2) sets namely: questionnaire for public library librarians which contained five (5) sections and questionnaire for the literate rural youths which also contained four (4) sections. The questions in Section ‘’A’’ for public library librarians contained items on their demographic information; Section ‘’B’’ contained an observation checklist that was used to determine the types of information resources and services available in the library for mental health

literacy (MHL); Section ‘’C’’ contained statements on disseminating mental health information to youths in the study areas; Section ‘’D’’ covered the extent social media is used to promote mental health literacy; Section “E” covered the collaboration aspects of the public librarians and mental health practitioners in improving the level of mental health literacy of the youths.

On the other hand, the questionnaire for the youths had Section ‘’A’’ which covered their demographic information; Section ‘’B’’ contained the level of mental health literacy of the rural youths; Section ‘’C’’ contained the influence of collaboration between librarians and mental health practitioners on the mental health literacy of rural youths; Section ‘’D’’ contained items on the factors affecting sustainable mental health literacy amongst youths in the rural areas. The focus group discussion with youth purposefully selected was based on focus of the study and questions were structured to contain probe questions, follow-up questions and exit questions. This instrument served as a very good way to verify that respondents’ stated opinion and chosen preference are the same as the actual opinion and preference.

Interview schedule was used for the mental health practitioners. It helped to solicit for an indepth information of the mental health services provided at primary health centres by the health practitioners to the youths in the selected rural areas which aimed at identifying and clarifying points which might not have been clarified by administering only copies of questionnaire.

3.5 Validity of Data Collection Instruments

For the effective validity of the research instruments, the designed questionnaire, structured and semi-structured interview questions and the observation checklist were validated with the help of the researcher's supervisor and two (2) lecturers in the Department of Library and Information Technology for their necessary inputs. Their observations, comments and critique to arrive at valid measures to address the urgent and emerging issues of mental health illiteracy of the youths in rural areas were effected. The essence of this was to ensure that the questions are clear, simple and appropriate to the study.

3.6 Reliability of Data Collection Instruments

To further validate the questionnaire instrument, the modified instrument underwent pre-test using split-half method. A pilot study was conducted in Moniya, a rural area in Oyo State, where thirty (30) copies of the questionnaire were administered to the youths and five (5) librarians to determine the level of its reliability. Responses of the questionnaire were analysed using Cronbach Coefficient Alpha formula. The overall reliability of the tested questionnaire was 0.86 for librarians and 0.87 for youths indicating that the instrument is reliable. The result is attached as Appendix E.

3.7 Procedure for Data Collection

Letter of introduction was collected by the researcher from the Head of Department, Library and Information Technology, Federal University of Technology, Minna to the rural areas, public health centres and the public libraries that were studied. The letter was attached to the copies of the questionnaire and interview schedule that was administered. The researcher, with the help of three (3) research assistants administered the copies of the questionnaires and interview schedules. Focus group discussion with the rural youths was spearheaded by the moderators which consisted of the researcher and the research assistants. The respondents

were given one month to fill the questionnaire which were subsequently collected by the researcher for analyses. The researcher further discussed with the librarians for deeper insight in to the study. Research assistants were required during the data collection process because they acted as enumerators in the interpretation of the options and recording of responses, with exception of those who are literate enough to do so themselves.

Similarly, the researcher interviewed the mental health practitioners in order to gather information on the collaboration between them and the public librarians to improve mental health literacy level of the youths under study. Furthermore, the researcher used observation checklist to identify the information resources and services rendered to the youths by the public libraries and primary health centres under study.

3.8 Method of Data Analysis

For the adequate analysis of the data collected, the researcher made use of descriptive and inferential statistical tools. For descriptive analysis, the researcher used frequency distribution, mean and percentages, while for the test of hypotheses, Pearson Product Moment Correlation (PPMC) descriptive statistical tool was employed.

CHAPTER FOUR

RESULTS AND DISCUSSION

This chapter presents the analysis and interpretation of the data collected from the respondents and testing of the hypotheses. The interpretations of results were done under the following headings:

4.1 Response Rate

A total number of three hundred and eighty-three (383) copies of questionnaire were administered to the youths in rural areas in the six (6) states that makes up the North-central Nigeria and a total number of seventy-two (72) rural youths participated in the focus group discussion across the six studied rural areas. Six (6) copies of questionnaire was also administered to librarians in study area and six (6) public health practitioners were interviewed. Of the three hundred and eighty-three (383) copies of questionnaire administered to the youths, three hundred and fifty-two (352) copies of questionnaire were filled, returned and found usable for the analysis representing 92% response rate. One librarian each in the six (6) rural areas filled the questionnaire and all were found useful for the analysis representing 100% response rate. Table 4.1 and Table 4.1.1 below show the response rate based on the copies of questionnaire administered, returned and their percentage(s) in each of the rural areas studied.

Table 4.1: Response Rate of the Youths

S/N	Names of the rural area	No. of Administered Copies of Questionnaire	No. of Returned Copies of Questionnaires	Percentage(s) %	No. of Focus Group Participants
1	Iyamoye – Kogi State	58	52	90	10
2	Panda – Nasarawa State	85	80	94	12
3	Garatu – Niger State	44	40	91	9
4	Miango – Plateau State	39	36	92	9
5	Ogidi – Kwara State	109	100	92	14
6	Adoka – Benue State	48	44	92	10
	Total	383	352	92	

Table 4.1 shows that 58 copies of questionnaire were administered to the youths in Iyamoye – Kogi State, 52 (90%) were returned, 85 copies were administered to the youths in Panda – Nasarawa State, 80 (94%) were returned, 44 copies were administered to the youths in Garatu – Niger State, 40 (91%) were returned, 39 copies were administered to the youths in

Miango – Plateau State, 36 (92%) were returned, 109 copies were administered to the youths in Ogidi – Kwara State, 100 (92%) were returned, 48 copies were administered to the youths in Adoka – Benue State, 44 (92%) were returned. It also shows that 10 youths in Iyamoye, 12 youths in panda, 9 youths in Miango, 9 youths in Garatu, 14 youths in Ogidi and 10 youths in Adoka making a total of 64 youths participated in the focus group discussion.

Table 4.2: Response Rate of the Librarians

S/N	Names of Library	No. of Administered Copies of Questionnaire	No. of Returned Copies of Questionnaires	Percentage(s) %
1	Stella Obasanjo Library	1	1	100
2	Kwara State Library Board	1	1	100
3	Taal Model e-Library, Nasarrawa	1	1	100
4	Niger State Library Board	1	1	100
5	Benue State Library	1	1	100
6	Plateau State Library Board	1	1	100

As shown in Table 4.2, a total of six (6) librarians in the rural areas of North-central Nigeria participated in the study. One librarian from the public library in each of the selected rural areas.

Table 4.3: Response Rate of the Public Health Practitioners

S/N	Public Health Centers	No. of Administered Copies of Questionnaire	No. of Returned Copies of Questionnaires	Percentage(s) %
1	Panda Primary Health Center	1	1	100
2	Iyamoye Primary Health Center	1	1	100
3	Garatu Primary Health Center	1	1	100
4	Miango Primary Health Center	1	1	100
5	Ogidi Primary Health Center	1	1	100
6	Adoka Primary Health Center	1	1	100

As shown in Table 4.3, a total of six (6) unit heads of the primary health centers in the studied rural areas of North-central Nigeria participated in the study.

4.2 Descriptive Analysis of Demographic Data

The respondents were asked to indicate their demographic variables, Table 4.2a shows the responses based on their youths' occupation and level of education and Table 4.2b shows the responses of the librarians based on their highest education qualification and years of experience

Table 4.4: Demographic Data of the Youths

Occupation	**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	Civil servant	83	23.6	23.6	23.6
	Farming	85	24.1	24.1	47.7
	Trading	70	19.9	19.9	67.6
	Student	78	22.2	22.2	89.8
	Unemployed	31	8.8	8.8	98.6
	Others	5	1.4	1.4	100.0
	Total	352	100.0	100.0	
ucation					
L evel of ed					
Valid	No formal education	59	16.8	16.8	16.8
	Primary School	72	20.5	20.5	37.2
	Secondary School	107	30.4	30.4	67.6
	Tertiary Education	45	12.8	12.8	80.4
	Technical Schools	41	11.6	11.6	92.0
	Others	28	8.0	8.0	100.0
	Total	352	100.0	100.0	

4.5: Demographic Data of the Librarians

Highest academic qualification	Frequency	Percent	Valid Percent	Cumulative Percent
Valid BLS	3	50.0	50.0	50.0
MLS	3	50.0	50.0	100.0
Total	6	100.0	100.0	
Years of experience				
Valid 6-10 years	1	16.7	16.7	16.7
11-15 years	2	33.3	33.3	50.0
16-20 years	3	50.0	50.0	100.0
Total	6	100.0	100.0	

The result from Table 4.5 shows that 85(24.1%) of the respondents indicated farming as their occupation; 83 (23.6%) indicated civil servant as their occupation; 78 (22.2%) indicated they are students; 70 (19.9%) indicated trading as their profession; 31(8.8%) indicated that they are unemployed, while 5 (1.4%) indicated others.

Similarly, 107 (30.4%) of the youths indicated secondary school as their level of education, 72 (20.5%) indicated primary school, 59 (16.8%) indicated no formal education, 45 (12.8%) indicated tertiary education, 41 (11.6%) indicated technical schools, while 28(8.0%) indicated others.

Table

Table 4.2 equally showed the demographic characteristics of the librarians, it was observed that 3 (50.0%) are BLS holders, while 3 (50.0%) are MLS holders.

Also, it was observed that 3 (50.0) of the librarians indicated they have spent between 16-20 years, 2 (33.3%) indicated 11- 15 years, while only 1 (16.7%) indicated 6 – 10 years.

4.3 Answering Research Questions

Research Question 1: What is the level of mental health literacy of the youths in the rural areas of North-central, Nigeria?

Table 4.6 shows the level of mental health literacy of the youths in the rural areas studied.

Table

4.6: Level of mental health literacy of the youths in the rural areas of North-central, Nigeria

S/N	Statements	VL		L		H		VH		N	FX	$\bar{x}$	STD	Decision
		1	%	2	%	3	%	4	%					
1.	I am aware that mums-to-be or new mum can develop certain mental disorders	129	36.6	143	40.6	67	19.0	13	3.7	352	668	1.90	0.83	Low
2.	I am aware that loss of job, loved one or properties can trigger mental disorder	105	29.8	120	34.1	82	23.3	45	12.8	352	770	2.19	1.01	Low
3.	I am aware that drug abuse can cause mental disorders	81	23.0	109	31.0	100	28.4	62	17.6	352	848	2.41	1.03	Low
4.	I am aware that watching pornographic contents can cause a mental disorder	102	29.0	147	41.8	74	21.0	29	8.2	352	735	2.09	0.91	Low
5.	I am aware that unregulated use of social media can cause certain mental disorders	139	39.5	135	38.4	57	16.2	21	6.0	352	665	1.89	0.89	Low
6.	I am aware that drinking alcohol can cause mental disorders	88	25.0	97	27.6	98	27.8	69	19.6	352	851	2.42	1.07	Low
7.	I am aware that smoking cigarettes and other damaging substances can cause mental disorders	82	23.3	88	25.0	97	27.6	85	24.1	352	890	2.53	1.09	High
8.	I am aware that pandemic, economic meltdown can cause mental disorders	112	31.8	123	34.9	81	23.0	36	10.2	352	746	2.12	0.97	Low
Overall mean value												2.18	0.98	

Table

Key: VL = Very Low, L = Low, H = High, VH = Very High

The result in Table 4.6 shows that the level of mental health literacy of the youths in the rural areas of North-central Nigeria is low, as the responses from the respondents have an overall mean score ($\bar{x}$) lesser than the benchmark score (2.50). Although most of the items had low mean scores, the least three items are; I am aware that unregulated use of social media can cause certain mental disorders with ($\bar{x}$ = 1.89; SD = 0.89); I am aware that mums-to-be or new mum can develop certain mental disorders with ($\bar{x}$ = 1.90; SD = 0.83); I am aware that watching pornographic contents can cause a mental disorder with ($\bar{x}$ = 2.09; SD = 0.91).

As a follow up, the youths were further asked to indicate the situations they consider as a mental disorder among themselves.

Table 4.7 highlights their responses.

4.7: Percentage distribution of situation(s) youths in rural North-central Nigeria consider a mental disorder

Table

Item	Scale	Frequency	Percent
Which of the following situations do you consider a mental disorder?	Madness only	163	46.3%
	Madness and anxiety	13	3.7%
	Madness, Anxiety, Depression & Obsessive Character Disorder (OCD)/Addiction	4	1.1%
	Madness, Anxiety, Depression, Obsessive Character Disorder (OCD)/Addiction & Insomnia	21	6.0%
	Madness & Depression	93	26.4%
	Madness, Anxiety & Depression	10	2.8%
	Madness, Depression, Obsessive Character Disorder (OCD)/Addiction & Insomnia	4	1.1%
	Madness, Depression & Obsessive Character Disorder (OCD)/Addiction	34	9.7%
	Madness, Anxiety & Obsessive Character Disorder (OCD)/Addiction	8	2.3%
	Madness and Obsessive Character Disorder (OCD)/addiction	2	0.6%
	Total	**352**	**100.0**

Table 4.7 shows the youths' responses when asked which situation(s) they consider a mental disorder. Some 163 youths, (46.3%) of the total 352 youths sampled in rural North-central Nigeria, indicated they only consider madness to be a mental disorder. 13 youths (3.7%) stated that they consider madness and anxiety only as mental disorders, while 4 youths

(1.1%) revealed they consider madness, anxiety, depression, and Obsessive Character Disorder (OCD)/addiction as mental disorders. Also, 21 youths (6.0%) stated they consider madness, anxiety, depression, Obsessive Character Disorder (OCD)/addiction and insomnia as mental disorders. 93 youths (26.4 %) indicated they consider madness and depression only as a mental disorder, 10 youths (2.8%) also stated they consider madness, anxiety and depression as a mental disorder, 4 (1.1%) exceled they consider madness, depression, Obsessive Character Disorder (OCD)/addiction and Insomnia as a mental disorder, 34 youths

(9.7%) indicated they consider madness, depression and Obsessive Character Disorder (OCD) / addiction as mental disorder, 8 youths (2.3%) equally stated they consider madness, anxiety and Obsessive Character Disorder (OCD)/addiction as mental disorder and 2 youths (0.6%) revealed they consider madness and Obsessive Character Disorder (OCD)/addiction only as mental disorder.

Top response from the focus group discussion

*Like me now, I just dey answer the questions for the paper make e no dey empty, no be say I know wetin e mean. Na madness and person wey too dey drink dey fall inside gutter me no say don get mental skoinskoin (*Male, Adoka)

Table

Overall, responses about the knowledge of the listed mental health conditions from the discussion revealed that many rural youths have poor knowledge of mental health conditions aside madness and drunkenness.

Table

4.8: Possible factors youths in the rural areas of North-central Nigeria believe are responsible for mental disorders

S/N		SD		D		A		SA		N	FX	$\bar{x}$	STD	Decision
	Factors	**1**	**%**	**2**	**%**	**3**	**%**	**4**	**%**					
1.	Witchcraft	45	12.8	66	18.8	103	29.3	138	39.2	352	1038	2.95	1.05	Agreed
2.	Wrath of a deity	101	28.7	118	33.5	80	22.7	53	15.1	352	788	2.24	1.03	Disagreed
3.	Chemical imbalance	126	35.8	134	38.1	59	16.8	33	9.4	352	704	2.00	0.95	Disagreed
4.	Sudden change in life style	107	30.4	95	27.0	89	25.3	61	17.3	352	809	2.30	1.08	Disagreed
5.	Weakness in faith	51	14.5	69	19.6	106	30.1	126	35.8	352	1010	2.87	1.06	Agreed
6.	Family history	80	22.7	100	28.4	90	25.6	82	23.3	352	876	2.49	1.08	Disagreed
7.	No specific factor	88	25.0	91	25.9	87	24.7	86	24.4	352	876	2.49	1.11	Disagreed
Overall mean value												2.47	1.05	

Key: SD = Strongly Disagree, D = Disagree, A = Agree, SA = Strongly Agree

Table

The result in Table 4.8 shows that the awareness of the possible factors responsible for mental disorders among youths in the rural areas of north-central Nigeria is low, as the responses from the respondents have an overall mean score ($\overline{x}$) lesser than the benchmark score (2.50). Although most of the items had low mean scores, the least three items are; Chemical imbalance with ($\overline{x}$ = 2.00; SD = 0.95 Wrath of a deity with ($\overline{x}$ = 2.24; SD = 1.03); Sudden change in life style with ($\overline{x}$ = 2.30; SD = 1.08).

Top Response from the Focus Group Discussion

Some people, because they are now educated will say witchcraft is superstition. There is witchcraft and most of the people with mental conditions are victim of these things. Let me tell you, there is one housemate in Big Brother Naija that suddenly developed mental disorder while in the Big brother's house. You can check online for the story I am telling you. Someone that was okay before o and just because he was selected to participate in the show suddenly started misbehaving. Do we need anyone to know that it is the handwork of people who don't want him to progress in life? After they took him from the show, he was okay again. We all need to be prayerful; witchcraft is real and they like to touch somebody's head to make them useless.

(Corp member, Iyamoye).

Few of the discussion participants recognized some of the possible causes of mental disorders but majority specified weakness in faith and witchcraft as major cause.

Research Question 2: What are the types of information resources and services on mental health literacy available in the library to the youths in rural areas of Northcentral, Nigeria?

Table 4.9: Percentage distribution of types of Information Resources and Services

S/N	Types of Information Resources **Information Resources**	Available	Not Available
1	Journals	6 (100%)	0
2	Newspapers	6(100%)	0
3	Posters/handbills	1(16.7%)	5(83.3%)
4	Magazines	2(33.3%)	4(66.7%)
5	Monographs	3(50%)	3(50%)
6	Medicine Online (MOL)	1(16.7%)	5(83.3%)
7	Medical Text Online	1(16.7%)	5(83.3%)
	Information Services		
9	Current Awareness Service (CAS)	3(50%)	3(50%)
10	Selective Dissemination of Information (SDI)	2(33.3%)	4(66.7%)
11	Mobile phone call services	1(16.7%)	5(83.3%)
12	Short Messages Services (SMS)	0	6(100%)
13	Library orientation services	6(100%)	0
14	Provision of mental health information through radio and television services	0	6(100%)
15	Internet and web technologies services	3(50%)	3(50%)
16	E-mail alert services	2(33.3%)	4(66.7%)
17	Use of social networking	0	6(100%)
18	Medical research services	4(66.7%)	2(33.3%)
19	Mobile book services	3(50%)	3(50%)

20	Film shows	0	6(100%)
21	Discussions	5(83.3%)	1(16.7%)

76

The response from Table 4.9 on the types of information resources and services on mental health literacy available in the library for the youths in rural areas of North-central Nigeria shows that most of the libraries lack adequate information resources and services. Only journals and newspapers were the available mental health information resources in all (100%) the libraries. Some of the libraries had no access to postal/handbills, magazines, or access to Medical Online (MOL) and Medical Text Online. Ma of the libraries had monographs available as one of the information resources for mental health literacy. All the libraries indicated they have library orientation services available, but none of them has short message services (SMS), provision of mental health information through radio and television services, use of social networking, or film shows as a type of information service on mental health literacy available in their libraries for the youths. Also, 50% of the libraries stated they have Internet and web technologies, and mobile book services. However, below 3% of the libraries have e-mail alert services, medical research services, and discussions as a type of information service on mental health literacy available in their libraries for the youths.

Research Question 3: What is the influence of information dissemination on mental health literacy of the youths in the rural areas of North-central, Nigeria?

Table 4.10: Influence of information dissemination on mental health literacy of the youths

S/N		SD		D		A		SA		N	FX	$\bar{x}$	STD	Decision
	Statements	**1**	**%**	**2**	**%**	**3**	**%**	**4**	**%**					
1.	Information dissemination has helped me to quit smoking	100	28.4	110	31.3	83	23.6	59	16.8	352	806	2.29	1.05	Disagreed
2.	Information dissemination has helped me to stop stigmatizing people with disorders	65	18.5	86	24.4	123	34.9	78	22.2	352	918	2.61	1.03	Agreed
3.	Information dissemination has equipped me with appropriate help seeking knowledge	108	30.7	106	30.1	80	22.7	58	16.5	352	792	2.25	1.07	Disagreed
4.	Information dissemination has helped me recognize possible mental disorder symptoms	130	36.9	113	32.1	67	19.0	42	11.9	352	725	2.06	1.02	Disagreed
5.	Information dissemination has improved my overall knowledge of the importance of mental stability	74	21.0	77	21.9	107	30.4	94	26.7	352	925	2.63	1.09	Agreed
6.	Information dissemination has helped me with the right approaches towards helping mental health patients	86	24.4	89	25.3	102	29.0	75	21.3	352	869	2.47	1.08	Agreed
Overall mean value												2.38	1.05	

Key: SD = Strongly Disagreed, D = Disagreed, A = Agreed, SA= Strongly Agreed

The result in Table 4.10 shows that youths in North-central Nigeria disagreed that information dissemination has an influence on their mental health literacy, as the responses from the respondents have an overall mean score ($\bar{x}$) lesser than the benchmark score (2.50). Half of the items had disagreed, which are; Information dissemination has helped me recognise possible mental disorder symptoms with ($\bar{x}$ = 2.06; SD = 1.02); Information dissemination has equipped me with appropriate help seeking knowledge with ($\bar{x}$ = 2.25; SD = 1.07); Information dissemination has helped me to quit smoking with ($\bar{x}$ =2.29; SD = 1.05).

Summary of Responses from the Focus Group Discussion

Most of the respondents stated that information dissemination has not had significant impact on their mental health literacy. All of them attested that they have not actually witnessed an actual episode of information dissemination on mental health from any agency or group before. When asked why then some of them stated in the questionnaire that it has helped them improve in some areas, the top response was;

Toh! We cannot just be filling disagreed now. We filled agreed on those areas we know people have advised before.

The focus group discussion portrayed a stronger intensity of disagreement with information having significant impact on their mental health literacy and that some of the questionnaire responses were given for the sake of answering in a certain pattern and not an actual

reflection of their realities.

Research Question 4: What is the influence of social media on the mental health literacy of the youths in the rural areas of North-central, Nigeria?

Before assessing the influence of social media on the mental health literacy of the respondents, it is necessary to find out if they actually use social media.

Table 4.11: Percentage distribution on social media use

Item	Scale	Frequency	Percent (%)
Which of the following social media do you use?	Facebook	193	54.8
	Facebook & Whatsapp	53	15.1
	Facebook, Whatsapp & Instagram	20	5.7
	Facebook, Whatsapp, Instagram & Twitter	17	4.8
	Facebook, Whatsapp, Instagram, Twitter & Tiktok	15	4.3
	None	48	13.6

Others	6	1.7
Total	**352**	**100.0**

Table 4.11 shows the responses of the youths when asked which social media platforms they use, 193 youths representing 54.8% of the total 352 youths sampled in the rural areas of North-central, Nigeria indicated says they use Facebook only. 53 (15.1%) stated that they use Facebook and Whatsapp, 20 (5.7%) say they Facebook, Whatsapp and Instagram,

17(4.8%) says they use Facebook, Whatsapp, Instagram and Twitter, 15 (4.3%) use Facebook, Whatsapp, Instagram, Twitter and Tiktok, 48 (13.6%) use none of the social media platforms, while 6 (1.7%) use other social media platforms.

Table 4.12: Influence of social media on mental health literacy of the youths

S/N		SD		D		A		SA		N	FX	$\bar{x}$	STD	Decision
		1	%	2	%	3	%	4	%					
1.	Social media has helped me to quit smoking	100	28.4	110	31.3	83	23.6	59	16.8	352	806	2.29	1.05	Disagreed
2.	Social media has helped me to stop stigmatising people with disorders	59	16.8	78	22.2	127	36.1	88	25.0	352	946	2.69	1.03	Agreed
3.	Social media has equipped me with appropriate help seeking knowledge	108	30.7	104	29.5	80	22.7	60	17.0	352	795	2.26	1.07	Disagreed
4.	Social media has helped me recognise possible mental disorder symptoms	130	36.9	113	32.1	67	19.0	42	11.9	352	725	2.06	1.02	Disagreed
5.	Social media has improved my overall knowledge of the importance of mental stability	74	21.0	77	21.9	107	30.4	94	26.7	352	925	2.63	1.09	Agreed
6.	Social media has helped me with the right approaches towards helping mental health patients	86	24.4	89	25.3	102	29.0	75	21.3	352	869	2.47	1.08	Agreed
Overall mean value						2.40		1.06						

Key: SD = Strongly Disagreed, D = Disagreed, A = Agreed, SA= Strongly Agreed

The result in Table 4.12 shows that youths in the rural areas of North-central Nigeria disagreed that social media has an influence on their mental health literacy, as the responses from the respondents have an overall mean score ($\overline{x}$) lesser than the benchmark score (2.50). Half of the items had low mean scores, and they are; social media has helped me recognise possible mental disorder symptoms with ($\overline{x}$ = 2.06; SD = 1.02); Social media has equipped me with appropriate help seeking knowledge with ($\overline{x}$ = 2.26; SD = 1.07); social media has helped me to quit smoking with ($\overline{x}$ =2.29; SD = 1.05).

Summary of Responses from the Focus Group Discussion

The focus group discussion revealed that the most used social media platforms are Facebook and WhatsApp. It was also revealed that the participants do not consider social media platform to have influence on their mental health literacy as most of them stated that they just use it to catch fun. One of the responses that stood out was;

One thing wey Facebook dey do be say e dey make my mind cool anytime wey my wife vex me. If I just go Facebook like this, the anger go just cool down for that moment when I don watch comedy… Another thing be say e fit still make you sad o because of some kind things wey you fit still see for Facebook

Research Question 5: What is the level of collaboration between the librarians and mental health practitioners in disseminating mental health information to the youths in North-central, Nigeria?

Table 4.13: Level of collaboration between the librarians and mental health practitioners in disseminating mental health information to the youths

S/N	Statements	VL		LL		HL		VHL		N	FX	x	STD	Decision
		1	%	2	%	3	%	4	%					
1.	They jointly give youths mental health talks	2	33.3	3	50.0	1	16.7	0	0	6	10	1.83	0.75	Low
2.	Provision of information on health-related laws and regulations to the youths	1	16.7	4	66.7	1	16.7	0	0	6	12	2.00	0.63	Low
3.	Provision of information on health literacy to the youths	0	0	3	50.0	2	33.3	1	16.7	6	16	2.67	0.82	High
4.	Provision of information on safety to the youths	0	0	3	50.0	3	50.0	0	0	6	15	2.50	0.55	High
5.	Provision of information on health maintenance to the youths	0	0	3	50.0	2	33.3	1	16.7	6	16	2.67	0.82	High
6.	Provision of information on overall healthcare costs to the youths	1	16.7	5	83.3	0	0	0	0	6	10	1.83	0.41	Low

7.	Provision of access to quality, organized and understandable health information to the youths	0	0	2	33.3	3	50.0	1	16.7	6	16	2.83 0.75 High
Overall mean value							2.33	0.67				

Key: VLL = Very Low Level, LL = Low Level, HL = High Level, VHL = Very High Level

The result in Table 4.13 shows that the level of collaboration between the librarians and mental health practitioners in disseminating mental health information to the youths in North-central, Nigeria is low, as the responses from the respondents have an overall mean score ($\bar{x}$) lesser than the benchmark score (2.50). The least three items are; they jointly give youths mental health talks with ($\bar{x}$ = 1.83; SD = 0.75); provision of information on overall healthcare costs to the youths ($\bar{x}$ =1.83; SD = 0.41); provision of information on healthrelated laws and regulations to the youths with ($\bar{x}$ =2.00; SD = 0.63).

Research Question 6: What is the influence of collaboration of the librarians with mental health practitioners on the mental health literacy of youths in rural areas of North-central, Nigeria?

Table 4.14: Influence of collaboration of the librarians with mental health practitioners on the mental health literacy of youths

S/N	Statements	SD		D		A		SA		N	FX	$\bar{x}$	STD	Decision
		1	%	2	%	3	%	4	%					
1.	Collaboration between librarians and mental health practitioners has helped me to quit smoking	112	31.8	122	34.7	71	20.2	47	13.4	352	756	2.15	1.02	Disagreed
2.	Collaboration between librarians and mental health practitioners has helped me to stop stigmatizing people with disorders	79	22.4	109	31.0	98	27.8	66	18.8	352	855	2.43	1.04	Disagreed
3.	Collaboration between librarians and mental health practitioners has equipped me with appropriate help seeking knowledge	116	33.0	114	32.4	72	20.5	50	14.2	352	760	2.16	1.04	Disagreed
4.	Collaboration between librarians and mental health practitioners has helped me recognize possible mental disorder symptoms	142	40.3	125	35.5	55	15.6	30	8.5	352	675	1.92	0.95	Disagreed
5.	Collaboration between librarians and mental health practitioners has improved my overall knowledge of the importance of mental stability	86	24.4	89	25.3	95	27.0	82	23.3	352	876	2.49	1.09	Agreed
6.	Collaboration between librarians and mental health practitioners has helped me with the right approaches towards helping mental health patients	98	27.8	101	28.7	88	25.0	65	18.5	352	823	2.34	1.07	Disagreed
Overall mean value												2.25	1.04	

Key: SD = Strongly Disagreed, D = Disagreed, A = Agreed, SA= Strongly Agreed

The result in Table 4.14 shows that youths in the rural areas of North-central Nigeria disagreed that collaboration of the librarians with mental health practitioners has an influence on their mental health literacy, as the responses from the respondents have an overall mean score ($\bar{x}$) lesser than the benchmark score (2.50). Although all but one of the items had disagreed, the least three items are; collaboration between librarians and mental health practitioners has helped me recognised possible mental disorder symptoms with ($\bar{x}$ = 1.92; SD = 0.95); collaboration between librarians and mental health practitioners has helped me to quit smoking with ($\bar{x}$ = 2.15; SD = 1.02); collaboration between librarians and mental health practitioners has equipped me with appropriate help seeking knowledge with ($\bar{x}$ = 2.16; SD = 1.04).

Top Response from the Focus Group Discussion

Which one be collaboration sef? Nobody collaborate come our village o. I no know sha

(Lady, Panda)

Summarily, all the rural youths that participated in the discussion stated that collaboration has not influenced their mental health literacy as they do not even know if such a thing exists.

Research Question 7: What are the factors affecting sustainable mental health literacy amongst youths in the rural areas of North-central, Nigeria?

Table 4.15: Factors affecting sustainable mental health literacy amongst youths

S/N		SD		D		A		SA		N	FX	$\bar{x}$	STD	Decision
	Statements	**1**	**%**	**2**	**%**	**3**	**%**	**4**	**%**					
1.	There is no adequate information on drug abuse	67	19.0	83	23.6	119	33.8	83	23.6	352	922	2.62	1.05	Agreed
2.	There is more of superstitious beliefs in the society	48	13.6	77	21.9	112	31.8	115	32.7	352	999	2.84	1.03	Agreed
3.	Lack of fund to afford adequate mental healthcare	42	11.9	65	18.5	132	37.5	113	32.1	352	1020	2.90	0.98	Agreed
4.	Inability to recognize mental disorder symptoms	58	16.5	80	22.7	110	31.3	104	29.5	352	964	2.74	1.05	Agreed
5.	Lack of mental health care institutions	25	7.1	63	17.9	120	34.1	144	40.9	352	1063	3.09	0.93	Agreed
6.	Poor information dissemination services of the library	38	10.8	64	18.2	129	36.6	121	34.4	352	1038	2.95	0.97	Agreed
Overall mean value												2.85	1.00	

Key: SD = Strongly Disagreed, D =Disagreed, A = Agreed, SA = Strongly Agreed

The result in Table 4.15 affirms that the listed factors affect sustainable mental health literacy amongst youths, as the responses from the respondents had an average score ($\overline{x}$) greater than or equal to the benchmark score (2.50). Although all the items were agreed upon, the top three items are; lack of mental health care institutions with ($\overline{x}$ = 3.09; SD = 0.93); poor information dissemination services of the library with ($\overline{x}$ = 2.95; SD = 0.97); lack of fund to afford adequate mental healthcare with ($\overline{x}$ = 2.90; SD = 0.98).

Response from the Focus Group Discussion

Most of the participants of the focus group discussion stated that while they may not be able to afford mental health care, they could hardly recognise mental health disorders and even in critical cases where a mental health disorder becomes evident, there is no available centers aside the religious centers and traditional homes for healing. It was also mentioned by a few of them that some persons even resort to chaining a suspected mental health patient.

We lack mental healthcare institutions and that is why many people resort to chaining their mad people

(Teacher, Ogidi)

We no even get place wey we fit take them. If person wey wan mad enter market, e must mad so the best thing na to chain am down then go around to go fetch am herbs, call pastor or alufa. (Motorcyclist, Iyamoye)

4.4 Hypotheses Testing

Research hypothesis were designed to check for the validity of our claims. In this research, there are two hypotheses designed for this research and the results are presented in this section.

Level of Significance α

= 0.05

Decision Rule

If p-value otherwise known as the significance of test value exceeds the threshold value level of significance (0.05), then the null hypothesis will not be rejected but if the p-value is less than or equal to the threshold value level of significance (0.05), the null hypothesis will be rejected.

Hypothesis One

$H_0$1: There is no significant relationship between information dissemination and mental health literacy of the youths in the rural areas of North-central, Nigeria.

To validate this hypothesis, the study ran a correlation on the questionnaire items in the section that dealt with information dissemination and mental health literacy of the youths.

The result is presented below:

Table 4.16: Relationship between information dissemination and mental health literacy of the youths in the rural areas of North-central, Nigeria

Variable	n	*df*	Mean	SD	R	P

Information dissemination		1 350	2.6160	.90076		
	352				0.896	0.000
Mental health literacy			2.7628	.85655		

Level of significance = 0.05

Table 4.16 shows that the correlation coefficient is 0.896. Since the P-Value (P = 0.000) is lesser than level of significance (α = 0.05), there is enough statistical evidence available to reject the null hypothesis. Hence, the study concluded that there is a significant relationship between information dissemination and mental health literacy of youths in rural areas of North-central, Nigeria. Therefore, the null hypothesis is rejected.

Hypothesis Two

H_{02}: There is no significant relationship between use of social media and mental health literacy of the youths in the rural areas of North-central, Nigeria.

Table 4.17: Relationship between use of social media and mental health literacy of the youths in the rural areas of North-central, Nigeria

Variable	n	*df*	Mean	SD	R	P
Use of social media		1 350	3.0824	1.35582		
	352				0.859	0.000
Mental health literacy			2.7628	.85655		

Level of significance = 0.05

Table 4.17 shows that the correlation coefficient is 0.859. Since the P-Value (P = 0.000) is less than level of significance (α = 0.05), there is enough statistical evidence available to reject the null hypothesis. Hence, the study concluded that there is a significant relationship between use of social media and mental health literacy of youths in rural areas of Northcentral, Nigeria. Therefore, this null hypothesis is rejected.

Hypothesis Three

H_{03}: There is no significant relationship between collaboration of the librarians with mental health practitioners and mental health literacy of the youths in the rural areas of Northcentral, Nigeria.

Table 4.18: Relationship between collaboration of the librarians with mental health practitioners and mental health literacy of the youths in the rural areas of Northcentral, Nigeria.

Variable	n	*df*	Mean	SD	R	P
Collaboration of the librarians with mental health practitioners	352	1 350	2.7509	0.927	0.946	0.000
Mental health literacy			2.7628	.85655		

Level of significance = 0.05

Table 4.18 shows that the correlation coefficient is 0.946. Since the P-Value (P = 0.000) is less than level of significance (α = 0.05), there is enough statistical evidence available to reject the null hypothesis. Hence, the study concluded that there is a significant relationship

between collaboration of the librarians with mental health practitioners and mental health literacy of the youths in the rural areas of North-central, Nigeria. This null hypothesis is therefore rejected.

4.5 Interview Analysis

To get a more comprehensive data for this study, six public health practitioners each from the six rural areas of North-central Nigeria under study were interviewed briefly on the constructs that border this study. Iyamoye in Kogi State, Panda in Nasarawa State, Garatu in

Niger State, Miango in Plateau State, Ogidi in Kwara State, and Adoka in Benue State are the six rural areas in North-central Nigeria represented by each of the six public health practitioners. Their responses to the interview questions are elicited below.

1. *Are you aware of the low existence of mental health literacy amongst youths in your area?*

   i. PHC Iyamoye – Kogi State - "Yes" ii.

   PHC Panda – Nasarawa State - "Yes" iii.

   PHC Garatu – Niger State - "Yes" iv.

   PHC Miango – Plateau State - "Yes" v.

   PHC Ogidi – Kwara State - "Yes" vi.

   PHC Adoka – Benue State - "Yes"

2. *Are the youths aware of mental health disorder existence in your area?*

   i. Iyamoye – Kogi State - "Very few" ii.

   Panda – Nasarawa State - "Yes" iii. Garatu –

   Niger State - "Some of them" iv. Miango

   – Plateau State - "No"

v. Ogidi – Kwara State - "To some extent" vi.

Adoka – Benue State - "Yes"

3. *What role(s) do the centre play to inform the youths of the existence of mental illness?*

i. Iyamoye – Kogi State

"We educate them when we go for outreaches. We also advise them to stop overdosing on harmful substances". ii. Panda – Nasarawa State

"We have outreach programmes".

iii. Garatu – Niger State

"We go on community tour to invite people to use the clinic if they have any health problem".

iv. Miango – Plateau State

"We have general health talk days where we give general talk on over all wellbeing of the body".

v. Ogidi – Kwara State

"We counsel them and provide medication or we refer them to the government hospital if the case is critical".

vi. Adoka – Benue State

"We have general health talk days even though many of them don't attend".

4. *Do the youths who suffer from any form of mental health disorder visit?*

i. Iyamoye – Kogi State - "Hardly"

ii. Panda – Nasarawa State - "No" iii.

Garatu – Niger State - "Never"

iv. Miango – Plateau State - "No"

v. Ogidi – Kwara State - "Sometimes" vi.

Adoka – Benue State - "Hardly"

5. *Are you aware of the public libraries and their roles in your area?*

i. Iyamoye – Kogi State - "To some extent"

ii. Panda – Nasarawa State - "Yes" iii. Garatu –

Niger State - "To some extent" iv. Miango –

Plateau State - "Yes"

v. Ogidi – Kwara State - "To some extent" vi.

Adoka – Benue State - "Yes"

6. *Do you collaborate with the public librarians to improve on the mental health literacy of youths in your area?*

i. Iyamoye – Kogi State - "No"

i. Why? We have not really given it a thought but it will be a very good one if that can be done.

ii. What approach/method would you recommend for collaboration? Seminar to meet and discuss how to help the community organisation of the fun-filled and educating outreaches.

ii. How often should collaboration be done? Once a month ii.

Panda – Nasarawa State - "No"

i. Why? I don't know that such programme exists.

ii. What approach/method would you recommend for collaboration? We can meet and deliberate on how to effectively educate youths in this village. iii. How often should collaboration be done? It depends on their own work timelines.

iii. Garatu – Niger State - Yes

i. What kind of collaboration: They just came to get data about women that are pregnant.

ii. How often do you collaborate? It happened just once collaboration.

iv. What approach/method would you recommend for collaboration? Use of both traditional and non-traditional method.

v. How often should collaboration be done? It can be once in two months so that the people don't get tired.

iv. Miango – Plateau State - "No"

i. Why? Because there is no provision for that.

ii. What approach/method would you recommend for collaboration? There should be a body that oversees the collaboration and they should design the methods as a body.

iii. How often should collaboration be done? Collaboration should be done regularly so that counselling can be effective.

v. Ogidi – Kwara State – "No"

i. Why? I don't know of the collaboration

ii. What approach/method would you recommend for collaboration? That should be decided after official meeting and agreement to do so iii. How often should collaboration be done? As agreed after the official meeting vi. Adoka – Benue State - "No"

i. Why? Our duties are not the same.

ii. What approach/method would you recommend for collaboration? It depends on the motive of the collaboration. iii. How often should collaboration be done? It also depends on the agreement.

From the interviews of the six public health practitioners, it can be found that the respondents are aware of the low existence of mental health literacy amongst youths in their areas, as they all responded "Yes" in unison to the question about their awareness of the low existence of mental health literacy amongst youths in their area. Most of the respondents believe that the youths in their areas are not fully aware of the existence of mental health disorders, with a few saying that the youths are aware to some extent. The respondents stated they were aware of the role their public health centres have to play in improving the awareness of mental health literacy among youths and are doing their best through various programmes such as outreaches, community tours, general health talks, and counselling, even though the youths have low attendance. According to the respondents, many youths who suffer from mental

disorders rarely visit public health centres. Most of the respondents stated they were aware of the public libraries in their area and their roles. However, they do not have any collaboration with the public librarians to improve the mental health literacy of youths in their areas. When they were asked, why? The majority of them responded that they have no idea and have not given it much thought, but they are confident that such collaboration will be effective if done properly and will benefit the youths.

4.6 Summary of the Findings

Based on the results of the analysis, the following are the summary of findings:

1. The level of mental health literacy of the youths in the rural areas of North-central Nigeria is low.

2. The study revealed that only journals and newspapers were the available mental health information resources in all the libraries studied and other information resources are not readily available. The study also revealed that all the libraries render orientation services but not all offers book mobile, SMS, Web, email alert, and medical research services.
3. Information dissemination has a proportional influence on mental health literacy of the youths in North-central Nigeria, hence, poor information dissemination contributes to low mental health literacy level too.

4. Social media has a two-edged influence on the mental health literacy of the youths in North-central Nigeria depending on the direction of use.

5. The level of collaboration between the librarians and mental health practitioners in disseminating mental health information to the youths in North-central, Nigeria is low.

6. The influence of collaboration of the librarians with mental health practitioners on mental health literacy of the youths in the rural areas of North-central, Nigeria is positive. However, it further revealed that it seldom exists, thus, contributes to the low level of mental health literacy in the studied areas.

7. The study revealed that inadequate information on drug abuse; lack of funds to afford adequate mental healthcare; inability to recognize mental disorder symptoms; superstitious beliefs in society; poor information dissemination services of the library; and lack of mental health care institutions are some of the factors affecting sustainable mental health literacy amongst youths in the rural areas.

4.7 Discussion of the Findings

Research Questions

4.7.1: Research Question One: What is the mental health literacy level of the youths in the rural areas of North-central, Nigeria?

From the findings of research question one, it was revealed that there is a low level of mental health literacy among youths in rural areas of North-central Nigeria as captured in Tables 4.6, 4.7 and 4.8. The finding is supported by the health practitioners' interview responses that they are aware of low mental health literacy among youths in their areas. This finding could be as a result of the rural youths' inability to recognize the symptoms and causes of mental health conditions and the appropriate treatment. This is consistent with the study conducted by Aluh *et al*. (2018) which concluded that mental health literacy is quite low in Nigeria and requires urgent attention. 46.3% of the rural youths studied also indicated that they consider madness only as a mental health disorder and are not really aware of the other situations that can be considered mental disorders, with a high belief that witchcraft and weakness of faith are the possible factors responsible for mental disorders, and the most effective means of managing disorders is through herbalists, a boost in spirituality of the victim, and confinement of the victim. This finding is similar to the findings from the study conducted by the World Health Organization (WHO) (2018) on global mental health estimates, stated that the majority (65%) of the analysed study participants believed that evil spirits cause mental illness. It also supports the findings of Reavley *et al*. (2014) who indicated that young adults have a low level of knowledge and recognition of depression and other situations associated with mental disorders.

4.7.2: Research Question Two: What are the types of information resources and services on mental health literacy available in the library to the youths in rural areas of North-central, Nigeria?

From the findings in research question two, it is revealed that the libraries in the rural areas of North-central, Nigeria do not have available most of the information resources and services

on mental health literacy that could help the rural youths. Most of the libraries only had newspapers and journals available as information resources and library orientation services as information services readily available to rural youths. Some libraries reported they provide other informational services such as current awareness services (CAS), selective dissemination of information (SDI), mobile phone call services, Internet and web technology services, e-mail alert services, medical research services, mobile book services, and discussions, but their numbers are limited. This could be as a result of inadequate funding of the library.

4.7.3: Research Question Three: What is the influence of information dissemination on mental health literacy of the youths in the rural areas of North-central, Nigeria?

The findings from research question three showed that the respondents with overall mean value of 2.38 disagreed that information dissemination has an influence on their mental health literacy. They disagreed on whether information dissemination had assisted them in quitting smoking, acquiring appropriate help-seeking knowledge, or recognising possible mental health disorder symptoms. This could be due to the absence of information dissemination on mental health by the public librarians. However, they agreed that information dissemination has helped them to stop stigmatizing people with disorders, improve their overall knowledge of the importance of mental stability, and help them with the right approaches towards helping mental health patients. This could be as a result of the general advice against those vices by non-information professionals – as opined by a respondent during the focus group discussion.

4.7.4: Research Question Four: What is the influence of social media on the mental health literacy of the youths in the rural areas of North-central, Nigeria?

The findings from research question four showed that the respondents with overall mean value of 2.40 disagreed that social media has a significant influence on their mental health literacy. This could be as a result of social media not being harnessed by librarians to disseminate information on menta health literacy to the youths of North-central, Nigeria. They disagreed that social media has helped them recognise possible mental disorder symptoms, equipped them with appropriate help seeking knowledge or helped them to quit smoking.

4.7.5: Research Question Five: What is the level of collaboration between the librarians and mental health practitioners in disseminating mental health information to the youths in North-central, Nigeria?

From the findings of research question five, it was revealed that the level of collaboration between the librarians and mental health practitioners in disseminating mental health information to the youths in North-central, Nigeria is low. This is captured in Table 4.14. This could be as a result of non-existing structure and understanding to foster collaboration between librarians and mental health practitioners. The majority of the mental health practitioners interviewed also gave a negative disposition to their collaboration with librarians, saying that although they are aware of public libraries and their roles in their area, they are unaware of the possibility of such collaboration but are willing to give it a trial to help improve the mental health literacy of youths in their areas. This is in line with Macdonald (2015) suggestion which stated that for collaborative partnerships, there is need for a collaborative training program, orientation and research support.

4.7.6: Research Question Six: What is the influence of collaboration of the librarians and mental health practitioners on the mental health literacy of youths in rural areas of North-central, Nigeria?

Findings from the research question six revealed that the respondents with overall mean value of 2.25 disagreed that collaboration of the librarians and mental health practitioners has a significant influence on their mental health literacy. This could be due to lack of adequate collaboration system between the librarians and the mental health practitioners. Additionally, there is lack of adequate knowledge on the force the two professions can collaborate to create. Macdonald (2015) research highlights stated that the success of librarians in disseminating medical information is dependent on the partnerships that have been forged between the librarians and health care professionals in various hospital departments.

4.7.7: Research Question Seven: What are the factors affecting sustainable mental health literacy amongst youths in the rural areas of North-central, Nigeria?

Findings from research question seven revealed that each of the items listed; inadequate information, superstitious beliefs, lack of fund, inability to recognize mental disorder symptoms, lack of adequate mental care institutions and poor information dissemination services by the public libraries were identified to be problems affecting sustainable mental health literacy amongst youths in the rural areas of North-central, Nigeria. This could be due to low literacy rates, scanty mental healthcare centers, tales of old, and poverty. This is evident from the results in Table 4.15 as it is observed that the respective items had an overall mean score greater than the benchmark score (2.50) in this instance.

4.7.8: Hypothesis one: There is no significant relationship between information dissemination and mental health literacy of the youths in the rural areas of Northcentral, Nigeria.

Findings of hypothesis one revealed that information dissemination has a significant relationship with the mental health literacy of youths. It has a very strong positive correlation with mental health literacy; this implies that as information dissemination increases, so will rural youths' mental health literacy. This finding supports the findings of Crumley (2016) that information dissemination can improve the mental health literacy of youth.

4.7.9 Hypothesis Two: There is no significant relationship between the use of social media and mental health literacy of the youths in the rural areas of North-central, Nigeria.

Findings from the hypothesis two of the study, it is revealed that there is a significant relationship between the use of social media and mental health literacy. This is evident from the result in Table 4.17, as the P-Value is lesser than the level of significance. This could be due to the fact that poor usage of social media for mental health awareness commensurate with low level of mental health literacy of the youths studied. This view is supported by the recommendation of Halsall *et al*. (2019) which stated the need to drive support for mental health literacy among youths through the use of social media. However, the responses of the youths on the questionnaire administered emphasized that use of social media has helped them to stop stigmatising people with disorders. This is because they observe more cases of people identifying with mental disorders on social media. This result is further supported by Wen *et al*. (2014) which stated that social media has made it easier to obtain health knowledge, which has been an important means of people improving their health literacy and

maintaining their health. When people use social media, they can obtain and share relevant content through private chats or groups (Saleh *et al*., 2014; Nahm *et al*., 2010).

4.7.10 Hypothesis Three: There is no significant relationship between collaboration of the librarians with mental health practitioners and mental health literacy of the youths in the rural areas of North-central, Nigeria.

From hypothesis three, it is shown that collaboration of the librarians with mental health practitioners has a significant relationship with the mental health literacy of youths. It has a very strong positive correlation with mental health literacy; this implies that an increase in collaboration of the librarians with mental health practitioners will lead to an increase in the mental health literacy. The significance could be as a result of the low outcome of both collaboration level and mental health literacy level of the youths studied. This finding supports the claim of Crumley (2016) which revealed that effective collaboration of librarians with other professionals can improve the mental health literacy of youths.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

The conclusion, based on the findings of the study is that mental health literacy is abysmally low amongst youths in the rural North-central Nigeria. It was also revealed that the role of public librarians, in collaboration with mental health practitioners for effective dissemination of mental health information is very crucial to the mental health literacy of the rural youths

but unfortunately, non-existent and at best, seldom made available. The enormous possible impact of information dissemination, harnessing of social media and the collaboration of librarians with mental health practitioners was also reinforced by the result of the study's hypotheses which revealed that there is significant relationship between information dissemination, social media, collaboration of librarians with mental health practitioners and the mental health literacy of youths in rural areas. The study further revealed that Focus Group Discussion as an instrument of data collection is more effective when studying a population of predominantly, illiterates or basic schooled people.

5.2 Recommendations

Based on the findings of the study, the following recommendations are made:

1. Mental health information to the rural youths in North-central Nigeria should be given urgent attention by all the stakeholders; information professionals, mental health practitioners, the government and non-governmental bodies. Additionally, information should be disseminated in the language understood by the majority.
2. The management of public libraries in North-central Nigeria should endeavour to equip the public libraries with adequate resources to enable them provide improved mental health information services to the communities they serve.

3. There should be a follow-up procedure by librarians and mental health professionals to ascertain that a mental health knowledge gap was actually bridged after every outreach or any information service directed at creating mental health awareness in rural areas.

4. The public libraries in North-central Nigeria should ensure to disseminate information on mental health via social media platforms. It could be an online group that is created to cater for information, guides and steps on how to recognize, identify mental disorder symptoms and where to seek adequate intervention.

5. The Ministries of Information and health in the North-central states should form a consortium that facilitates and oversees collaboration between public librarians and mental health practitioners for the improvement of the mental health literacy of the rural youths.

6. The appropriate bodies governing public libraries and public health centres aside forming a consortium, should also operate a quality assurance system to ascertain that the information practitioners and mental health professionals are working together toward a sustainable mental health literacy of the youths.

7. There is an urgent need for the establishment of mental health institutions in rural areas, or at least, a department carved for mental health related cases in the public health centres. Also, there is need for special outreaches on desensitization against superstitious beliefs about mental health disorders. Additionally, the cost for seeking professional treatment should be regulated and made affordable, however, there is also need for the intervention non-governmental organizations on mental health to be more dedicated to this cause.

5.3 Contribution to Knowledge

The study contributes to knowledge in the following areas;

1. The study has revealed that mental health illiteracy really exists amongst the youths studied and to eradicate this, there is need to boost the current low mental health literacy level of the youths. To achieve this, the study has revealed that all hands of appropriate and relevant professionals have to be on deck.

2. The study revealed that there is significant relation between information dissemination, harness of social media, collaboration of librarians with mental health practitioners and the mental health literacy of youths in selected rural areas. This indicates that even though these variables are currently not harnessed as should, the identified gap in the mental health awareness of the youths will be well bridged when harnessed.

3. The study further revealed that though there is currently no ongoing and structured collaboration between public librarians and mental health practitioners but that they are willing to collaborate and are optimistic that it will birth a strong positive impact on the mental health literacy of rural youths. This revelation forms a good ground for a new phase of collaborative librarianship
4. The study has, very importantly, added to the already existing literature in librarianship, mental health practice, multidisciplinary collaboration and rural health affairs.

5.4 Suggestion for Further Studies

This study was on the need for information dissemination, collaboration of librarians and mental health practitioners for sustainable mental health literacy among youths in the North-

central Nigeria. the followings areas of research are therefore considered worthy and suggested for further studies:

1. Social media platforms and broadcasting outlets as correlates of sustainable mental health literacy among youths in different parts of Nigeria.

2. Productive and practical approach towards creating a structured and working collaboration between librarians and mental health practitioners for improved mental health literacy of youths.

3. The bridging of knowledge-gap in health and other areas of life through collaborative librarianship.

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APPENDIX A

QUESTIONNAIRE FOR LIBRARIANS IN PUBLIC LIBRARIES

Department of Library and Information Technology,

Federal University of Technology,

Minna,

Niger State.

19th October, 2021 Dear

respondent,

LETTER OF INTRODUCTION

I am Jibril, Harithat Oyiza and I am a postgraduate student of Federal University of Technology, Minna from the Department of Library and Information Technology, with Matriculation number MTECH/SICT/2018/8086**.**

I am currently working on a research topic titled "Information Dissemination and Collaboration of Librarians with Health Practitioners for Sustainable Mental Health Literacy among Youths in Rural Areas of North-central, Nigeria''. I will appreciate it if you could kindly complete the attached questionnaire as it will be instrumental to the completion of my research programme. The information requested for is purely for academic research purpose. Please respond honestly to the questions as the identity of each respondent will not be required.

Thanks for your anticipated cooperation.

Yours sincerely,

Jibril, Harithat Oyiza

MTECH/SICT/2018/8086

Question for Public Librarians

SECTION A: Demographic Data

1. Name of the library…….
2. Highest academic qualification: HND [ ] BLS [ ] MLS [ ] Ph.D [ ]
3. Year of Experience: (a) 1-5 years [ ] (b) 6-10 years [ ] (c) 11-15 years (d) 16-20 years (e) 21 years and above [ ]

SECTION B: Types of Information Resources and Services Available in the library for Mental Health Literacy (MHL)

4. What are the types of information resources and services available in your library for mental health literacy?

S/N	Types of Information Resources	Available	Not Available
	Information Resources		

1	Journals		
2	Newspapers		
3	Posters/handbills		
4	Magazines		
5	Monographs		
6	Medicine Online (MOL)		
7	Medical Text Online		
8	Others (please specify)		
	Information Services	**Available**	**Not Available**
9	Current Awareness Service (CAS)		
10	Selective Dissemination of Information (SDI)		
11	Mobile phone call services		
12	Short Messages Services (SMS)		
13	Library orientation services		
14	Provision of mental health information through radio and television services		
15	Internet and web technologies services		
16	E-mail alert services		
17	Use of social networking		
18	Medical research services		

19	Mobile book services		
20	Film shows		
21	Discussions		
22	Others (please specify)		

SECTION C: Influence of information dissemination on mental health literacy of the youths

5. What is the influence of information dissemination on mental health literacy of the youths?

Key: Strongly Agreed (SA), Agreed (A), Strongly Disagreed (SA), Disagreed (D)

S/N	Statements	SA	A	SD	D
1	Information dissemination has helped me recognize mental health signs and symptoms				
2	Information dissemination has helped me identify different mental health illnesses				
3	Information dissemination has helped reduced the stigmatization of mental health victims				
4	Information dissemination has helped reduce the stigmatization of mental health survivors				

5	Information dissemination has helped me to know the appropriate medium to seek for mental health information				
6	Information dissemination has helped me to know the appropriate centres to approach for mental health information treatment/management				
7	Information dissemination has helped me to know the appropriate support I can render someone battling with mental disorder				
8	Information dissemination has helped me to know the appropriate words to speak to a mental health victim/survivor				
9	Information dissemination has helped me to know how to manage what could affect mental health				
10	Others (please specify)				

SECTION D: Influence of social media on the mental health literacy of the youths

6. What is the influence of social media on the mental health literacy of the youths?

Key: Very Highly Utilised (VHU), Highly Utilised (HU), Lowly Utilised (LU), Very Lowly Utilised (VLU)

S/N	Social Platforms	VHU	H	LU	VLU
1	Social media is used to disseminate health topics for mental health literacy services				
2	Social media is used to share their knowledge on mental health literacy services				
3	WhatsApp is an avenue to discuss social norms for mental health literacy services				
4	Instagram helps to deliver health education for mental health literacy services				

5	Professional help for mental health literacy services is found on twitter				
6	Facebook promotes good ideas for mental health literacy services				
7	Telegram facilitates conversation/campaign for mental health literacy services				
8	Others (Please specify)				

SECTION E: Influence of Collaboration of Public Librarians and Mental health Practitioners on Mental Health Literacy of the Youths

1. What is the influence of collaboration of public librarians and mental health practitioners on mental health literacy of the youths?

Key: Very Highly Level (VHL), High Level (HL), Low Level (LL), Very Low Level (VLL)

S/N	Statements	VHL	HL	LL	VLL
1	They jointly give youths mental health talks				
2	Provision of information on health-related laws and regulations to the youths				
3	Provision of information on health literacy to the youths				
4	Provision of information on safety to the youths				
5	Provision of information on health maintenance to the youths				
6	Provision of information on overall healthcare costs to the youths				
7	Provision of access to quality, organized and understandable health information to the youths				
8	Others (Please specify)				

APPENDIX B

QUESTIONNAIRE FOR YOUTHS IN RURAL AREAS

Department of Library and Information Technology,
Federal University of Technology,
Minna,
Niger State.
19th October, 2021 Dear

respondent,

LETTER OF INTRODUCTION

I am Jibril, Harithat Oyiza and I am a postgraduate student of Federal University of Technology, Minna from the Department of Library and Information Technology, with Matriculation number MTECH/SICT/2018/8086.

I am currently working on a research topic titled "Information Dissemination and Collaboration of Librarians with Health Practitioners for Sustainable Mental Health Literacy among Youths in Rural Areas of North-Central, Nigeria. I will appreciate it if you could kindly complete the attached questionnaire as it will be instrumental to the completion of my research programme. The information requested for is purely for academic research purpose. Please help to respond honestly to the questions as the identity of each respondent will not be required.

Thanks for your anticipated cooperation.

Yours sincerely,

Jibril, Harithat Oyiza

MTECH/SICT/2018/8086

Questionnaire for Rural Youths

SECTION A: Demographic Data

Name of the rural area……

1. What is your main occupation? (Tick as applicable)
   a) Civil servant [ ]
   b) Farming [ ]
   c) Trading [ ]
   d) Student [ ]
   e) Unemployed [ ]
   f) Others (please specify)……
2. What is the highest level of education you attained?
   a) No formal education [ ]
   b) Primary school [ ]
   c) Secondary school [ ]
   d) Tertiary education [ ]
   e) Technical schools [ ]
   f) Others (please specify) ……

SECTION B: Level of Mental Health Literacy of The Rural Youths Key:

Very High (VH), High (H), Low (L), Very Low (VL)

3. What is the level of mental health literacy of the youths?

S/N	Statements	VH	H	L	VL
1	I am aware that mums-to-be or new mum can develop certain mental disorders				
2	I am aware that loss of job, loved one or properties can trigger mental disorder				
3	I am aware that drug abuse can cause mental disorders				
4	I am aware that watching pornographic contents can cause a mental disorder				
5	I am aware that unregulated use of social media can cause certain mental disorders				

6	I am aware that drinking alcohol can cause mental disorders				
7	I am aware that smoking cigarettes and other damaging substances can cause mental disorders				
8	I am aware that pandemic, economic meltdown can cause mental disorders				
9	Others (please specify)				

3i. Which of the following situations do you consider a mental disorder?

a) Madness [ ]
b) Anxiety [ ]
c) Depression [ ]
d) Obsessive Character Disorder (OCD) / addiction [ ]
e) Insomnia [ ]
f) Others (please signify) …….

3ii. To what extent do you believe certain factors, such as the following are responsible for mental disorders?

S/N	Possible Responsible Factors	VH	H	L	VL
1	Witchcraft				
2	Wrath of a deity				
3	Chemical imbalance				
4	Sudden change in life style				
5	Weakness in faith				
6	Family history				
7	No specific factor				
8	Others (please specify)				

3iii. How would you rate the effectiveness of the possible means of managing disorders?

S/N	Possible solutions	VH	H	L	VL
1	Through herbalist				
2	Through appeasing deity				
3	Through counselling of the victim				
4	Through psychotherapeutic process				
5	Through boost in spirituality of the victim				
6	Through confinement of the victim				

7	Others (please specify)				

SECTION C: Influence of collaboration between librarians and mental health practitioners on the mental health literacy of rural youths

4. What is the influence of collaboration between librarians and mental health practitioners on the mental health literacy of the rural youths?

Key: Strongly agree (SA), Agree (A), Disagree (D), Strongly disagree (SD)

S/N	Statements	SA	A	D	SD
1	Collaboration between librarians and mental health practitioners has helped me to quit smoking				
2	Collaboration between librarians and mental health practitioners has helped me to stop stigmatizing people with disorders				
3	Collaboration between librarians and mental health practitioners has equipped me with appropriate help seeking knowledge				
4	Collaboration between librarians and mental health practitioners has helped me recognize possible mental disorder symptoms				
5	Collaboration between librarians and mental health practitioners has improved my overall knowledge of the importance of mental stability				
6	Collaboration between librarians and mental health practitioners has helped me with the right approaches towards helping mental health patients				
7	Others (please specify)				

SECTION D: Factors affecting sustainable mental health literacy amongst youths in the rural areas

5. What are the factors affecting sustainable mental health literacy amongst youths in the rural areas of North-central, Nigeria?

S/N	Factors	SA	A	D	SD

1	There is no adequate information on drug abuse				
2	There is more of superstitious beliefs in the society				
3	Lack of fund to afford adequate mental healthcare				
4	Inability to recognize mental disorder symptoms				
5	Lack of mental health care institutions				
6	Poor information dissemination services of the library				
7	Others (please specify)				

APPENDIX C

INTERVIEW SCHEDULE FOR MENTAL HEALTH PRACTITIONERS

Department of Library and Information Technology,
Federal University of Technology,
Minna,
Niger State.
19th October, 2021

Dear respondent,

LETTER OF INTRODUCTION

I am Jibril, Harithat Oyiza and I am a postgraduate student of Federal University of Technology, Minna from the Department of Library and Information Technology, with Matriculation number MTECH/SICT/2018/8086.

I am currently working on a research topic titled "Information Dissemination and Collaboration of Librarians with Health Practitioners for Sustainable Mental Health Literacy among Youths in Rural Areas of North-Central, Nigeria''. I will appreciate it if you could kindly complete the attached questionnaire as it will be instrumental to the completion of my

research programme. The information requested for is purely for academic research purpose. Please help to respond honestly to the questions as the identity of each respondent will not be required.

Thanks for your anticipated cooperation.

Yours sincerely,

Jibril, Harithat Oyiza

MTECH/SICT/2018/8086.

Interview Schedule for The Mental health practitioners

1) Are you aware of the low existence of mental health literacy amongst youths in your area?

   ……..

2) Are the youths aware of mental health disorder existence in your area?

   ……..……

3) What role(s) do the centre play to inform the youths of the existence of mental illness?……
   ……
   ……
   ……
   ……
   ……
   ……
   ……

4) Do the youths who suffer from any form of mental health disorder visit?……
5) Are you aware of the public libraries and their roles in your area?

   ……
   ….

6) Do you collaborate with the public librarians improve on the mental health literacy of youths in your area?

   ……

   i. If yes, what kind of collaboration……..…….

……..……

……

…… ii. How often do you collaborate?

……

…

……

… iii. If no, why?

……..……..

……

……

……

……

…… iv. What approach/method would you recommend for collaboration?

……

……

……

……

……

……

v. How often should collaboration be done?

……..

……

……

……

APPENDIX D

Cronbach Alpha Reliability Analysis Result

Notes

Output Created		11-SEP-2021 00:35:51
Comments		
Input	Data	C:\Users\dell\Desktop\DEFAULT BACKUP\ ANALYSIS\ Jibril, Harithat Oyiza.sav
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>

	N of Rows in Working Data File	24
	Matrix Input	
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics are based on all cases with valid data for all variables in the procedure.
Syntax		RELIABILITY /VARIABLES=SB1 SB2 SB3 SB4 SB5 SB6 SB7 SB8 /SCALE('ALL VARIABLES') ALL /MODEL=ALPHA.
Resources	Processor Time	00:00:00.00
	Elapsed Time	00:00:00.01

APPENDIX E

Reliability

Scale: Reliability value for learning ability

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded[a]	0	.0
	Total	30	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.758	9

Scale: Reliability value for information resources utilisation

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded[a]	0	.0
	Total	30	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.919	7

Scale: Reliability value for information resources utilisation

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded[a]	0	.0
	Total	30	100.0

a. Listwise deletion based on all variables
in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.919	7

$\frac{0.758+0.919+0.919}{3}$ = 0.86. This shows that the instrument is reliable **APPENDIX F**

Reliability

Scale: Reliability value for learning ability

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded[a]	0	.0
	Total	30	100.0

a. Listwise deletion based on all variables
in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.758	9

Scale: Reliability value for information resources utilisation

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded[a]	0	.0
	Total	30	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.919	7

Scale: Reliability value for information resources utilisation

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded[a]	0	.0
	Total	30	100.0

Reliability Statistics

Cronbach's Alpha	N of Items
.906	6

a. Listwise deletion based on all

variables in the procedure.

Scale: Reliability value for information resources utilisation

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded[a]	0	.0
	Total	30	100.0

Reliability Statistics

Cronbach's Alpha	N of Items
.906	6

Scale: Reliability value for information resources utilisation

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded[a]	0	.0
	Total	30	100.0

Reliability Statistics

Cronbach's Alpha	N of Items
.906	6

$\frac{0.758+0.919+0.906+0.906+0.906}{5} = 4.395$

=0.87. This shows that the instrument is reliable

APPENDIX G

TABLE OF VARIANCE FOR POPULATION SIZE SAMPLING

TABLE I: SAMPLE SIZE BASED ON DESIRED ACCURACY

SOURCE: (GILL ET AL., 2010)

	Variance of the population P=50%					
	Confidence level=95% Margin of error			*Confidence level=99% Margin of error*		
Population Size	5	3	1	5	3	1
50	44	48	50	46	49	50
75	63	70	74	67	72	75
100	79	91	99	87	95	99
150	108	132	148	122	139	149
200	132	168	196	154	180	198
250	151	203	244	181	220	246
300	168	234	291	206	258	295
400	196	291	384	249	328	391
500	217	340	475	285	393	485
600	234	384	565	314	452	579
700	248	423	652	340	507	672
800	260	457	738	362	557	763
1000	278	516	906	398	647	943
1500	306	624	1297	459	825	1375
2000	322	696	1655	497	957	1784
3000	341	787	2286	541	1138	2539
5000	357	879	3288	583	1342	3838
10000	370	964	4899	620	1550	6228
25000	378	1023	6939	643	1709	9944
50000	381	1045	8057	652	1770	12413
100000	383	1056	8762	656	1802	14172
250000	384	1063	9249	659	1821	15489
500000	384	1065	9423	660	1828	15984
1000000	384	1066	9513	660	1831	16244