




KNOWLEDGE AND ATTITUDE TOWARDS MENTAL HEALTH SERVICES AND MENTAL ILLNESS AMONG HEALTH WORKERS IN PRIMARY HEALTH CARE FACILITIES IN RIVERS STATE

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Article History	Abstract
Received: 02 Mar 2026 Accepted: 12 Mar 2026 Published: 25 Apr 2026	<p>Background: Treatment gaps continue to be reported within sub-Saharan Africa, and this has been associated with wrong mental health (MH) beliefs, poor knowledge of MH disorders, stigma towards mentally ill persons even among healthcare workers, as well as weak healthcare delivery systems. This study was thus conducted to determine the knowledge and attitude of Primary Health Care (PHC) workers towards mental healthcare services (MHS) and mental illness in Rivers State, Nigeria. Methodology: This study utilized a descriptive design, and a multi-stage sampling technique. It was conducted among 415 Primary Health Care workers (PHCWs) in Rivers State, Nigeria. It was conducted at selected Model Primary Health Care (MPHC) facilities located in the 23 Local Government Areas (LGAs) of Rivers State, Nigeria. Responses were elicited from willing respondents using a self-administered adapted questionnaire. Assessment of the respondents' knowledge and attitude towards MHS and mental illness was done using a set of fourteen and sixteen questions respectively. Responses were then collated and analyzed on a Microsoft Excel spreadsheet, were expressed as frequencies/percentages, mean \pm standard deviation, and presented on charts. Results: This study identified that most of the PHC workers good knowledge 412 (99.3%) of mental health services but manifested more stigmatizing attitude 365 (88.0%) towards the provision of MHS and mental illness. No factor was however identified to be significantly associated with their knowledge and attitude towards MHS. Conclusion: In this study, most of the PHCWs had good knowledge of mental health services but manifested more stigmatizing attitude towards the provision of MHS and the mentally-ill. It was recommended that health care stakeholders in Rivers State develop and implement policies and training programs targeting the development of mental healthcare capacity among PHCWs in Rivers State.</p>
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Introduction

Mental health (MH) is crucial for the overall well-being of an individual, as it influences how a person thinks, feels, and behaves daily.¹ It impacts a person's stress coping skills, his/her ability to build and sustain healthy relationships, and achieve life's goals.¹ Neglecting mental health can thus lead to impaired health and inadvertent decreased personal and economic productivity among any populace.^{1,2} Mental health problems in mothers have also been connected to as much as 20–50% of cases of malnutrition in children and failure of neonates to thrive.³ A mental disorder has been described as a clinically substantial dysfunction in cognition, control of emotions, and behaviour in an affected individual. Common mental disorders include anxiety and panic disorders, depression, phobias, obsessive-compulsive disorder, posttraumatic stress disorders among others.³

In Africa, most people experience various forms of mental instability without commensurate mental health services to cater for these problems, amid the inherent problem of poor utilization of the services by the populace.^{4,5} Treatment gaps of as high as 90% have been reported within sub-Saharan Africa.⁶ These have been reported to be as a result of myths and beliefs associated with MH, inadequate knowledge and awareness of MH diseases, stigmatization, and weak health systems.^{4,5} In Nigeria, young persons and adults suffer from a variety of mental health problems for which they are not able to receive timely health care, mainly due to the relative lack of coordination between mental and general health care services,² poor MH infrastructure and inadequately trained workers to provide these services.² The World Health Organization (WHO) has recommended the incorporation of MHS into PHC services; however, the attitude of the healthcare workers has been reported as one of the barriers to achieving this.^{7,8} In addition, primary healthcare workers who have not been previously exposed to MH training have been reported to be significantly more likely to be stuck with ancient views of the cause of mental illnesses.^{2,9} There is a need for a re-focused drive towards the effective provision of MHS in considering the beneficial effects this aspect of health has on the health and economic development of societies.^{2,9}

In 1991 in Nigeria, a National MH Policy was designed to ensure that comprehensive MHS were delivered through the PHC system to both urban and rural areas.^{10,11} The implementation of this policy however, faced a drawback that was related with inadequate skilled manpower, poor knowledge and attitude towards mental disorders by the PHCWs,⁷ and the low priority status of mental health services on policy agenda setting in the country.^{10–12} In Rivers State in Nigeria, these services have been reported to be grossly unavailable in primary health care facilities and has been associated with a lack of strategic collaboration and funding, the presence of institutionalized stigma, poor training and retraining of health workers, and so on.^{10,11}

Integrating MHS in the primary health care delivery system can be an effective way of improving access, as well as increasing health care workers awareness and attitude towards mental illness.^{13,14} Doing this also reduces stigma towards mentally indisposed persons and greatly increases the capacity of PHCWs to provide MHS.¹³ Equipping PHCW with mental health skills enhances a more holistic patient care approach and helps in the prevention of mental disorders.^{13,14} It has, however, been reported that primary health care workers can have poor knowledge of mental health disorders and the care to provide in such situations, which is worsened by the inadequacy of primary mental health care infrastructure.² Also, the presence of institutionalized stigma, poor mental health training, and system failure to provide services at all levels of care have been pinpointed as factors capable of limiting mental health services delivery.^{7,11} In order to be able to tackle this problem, it is pertinent that the knowledge and attitude of PHCWs towards MHS be brought to the fore to identify gaps that can be used as action points for health manpower education, training and reorientation. It is against this backdrop that this study was conducted to determine the knowledge of MHS among primary health care workers, and their attitude towards these services and the mentally ill in Rivers State, Nigeria.

Methodology

A descriptive cross-sectional design was employed to determine the knowledge and attitude of primary health care workers towards MHS and mental illness (MI)

among 415 PHCWs workers in Rivers State. It was conducted at selected Model PHC facilities located in the 23 LGAs of Rivers State, Nigeria. A multi-stage sampling technique was employed in recruiting participants from these facilities, situated in various LGAs in Rivers State. Simple random sampling was used in selecting an MPHC from the list of MPHC facilities in each LGA. Simple random sampling was also used to recruit participants, with an up-to-date roster used as a sampling frame. Responses were elicited from all willing respondents using a self-administered adapted questionnaire. Assessment of the respondents' knowledge of MHS was done using a set of 14 questions with responses: "Yes" (2 points), "I don't know" (1 point) and "No" (No point allotted). Thus, scoring between 0 and 9 signified that they had poor knowledge, 10 and 19 signified moderate knowledge and scoring between 20 and 28 signified having good knowledge. The attitude of the PHCWs towards MHS provision and MI was also assessed using a 16-item questionnaire. Responses included: Strongly Agree (0 point), Agree (1 point), Undecided (2 points), Disagree (3 points), and Strongly Disagree (4 points) for positively-directed questions, and the reverse for the negatively-directed questions. Thus, scoring between 0 and 39 signified that the respondents had a low stigmatizing attitude, and scoring between 40 and 80 signified that they had higher levels of stigmatizing attitude towards MHS provision and the mentally ill.

After seeking their consent alongside other ethical considerations for the research, the instrument was administered to the healthcare workers during their break periods at work. Ethics Approval was obtained for this study from the Health Research Ethics Committee of the Rivers State Hospital Management Board (Approval number: RSHMB/RSHREC/2024/031). Permission to carry out the evaluation was obtained from the Executive Secretary and Director of Planning, Research and Statistics of the Rivers State Primary Health Care Management Board (RSPHCMB), as well as the Medical-Officers-of-Health and/or facility heads of the various PHC facilities in Rivers State. Also, the data collection tools were anonymised to ensure the protection of the privacy of respondents and the confidentiality of their responses. Data was collected electronically and safely stored in a secure server of the Kobo toolbox Open-Source Mobile Data Collection platform. Data was cleaned, collated and analyzed on a Microsoft Excel spreadsheet, was expressed as

frequencies/percentages and mean \pm S.D., and presented on charts.

Results

Among the PHC workers who were respondents in this study, most were females 322 (77.6%), aged between 40 and 49 years 221 (53.3%), earned more than 3000 naira daily 136 (32.8%), were married 353 (85.0%) and had completed tertiary education 405 (97.6%) (Figure 1). Most of the PHC workers were also Community Health Workers 209 (50.0%). (Figure 2). Most of the PHCWs were found to have good knowledge 412 (99.3%) of mental health services but a more stigmatizing attitude 365 (88.0%) towards the provision of MHS and mental illness as seen in Figures 3 and 4. In addition to these, there was no significant factor associated with the PHCWs' knowledge of MHS or their attitude towards these services and mental illness.

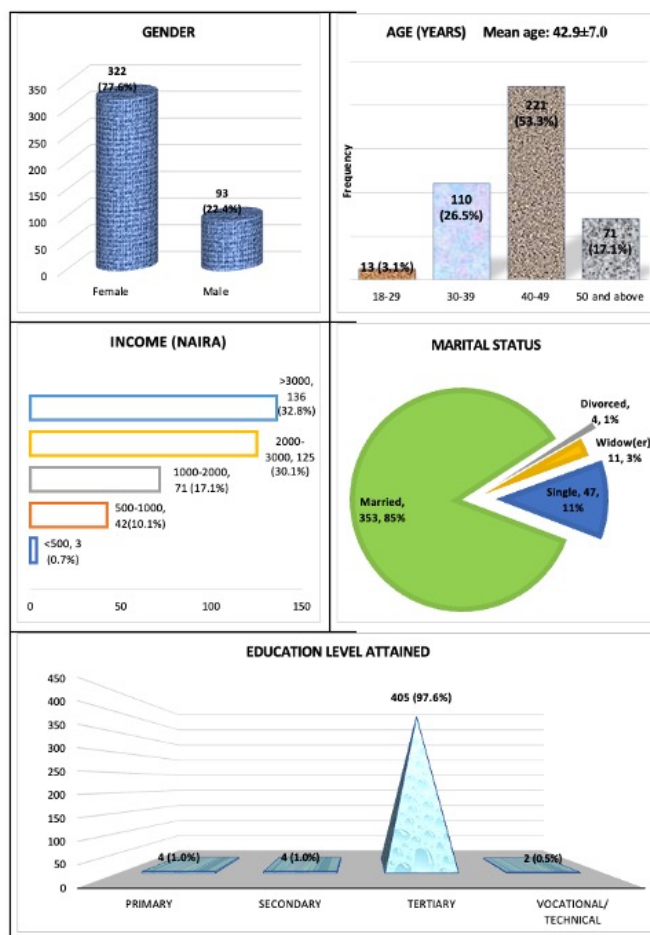


Figure 1: Sociodemographic characteristics of PHC workers

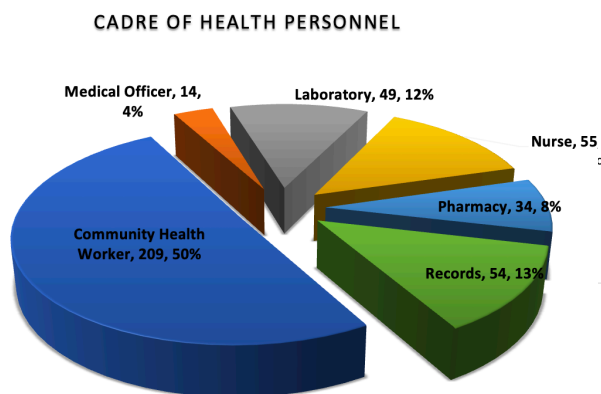


Figure 2: Cadre of the PHC workers

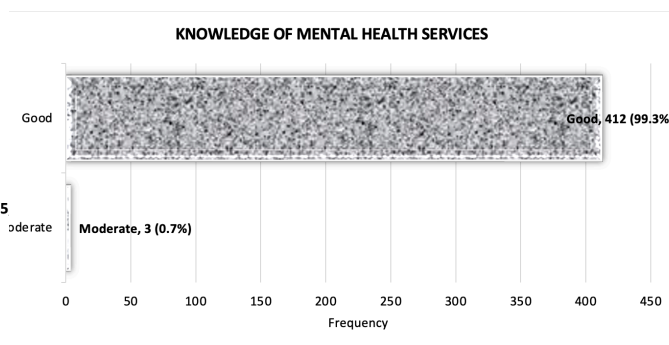


Figure 3: Levels of Knowledge of MHS among the PHC workers

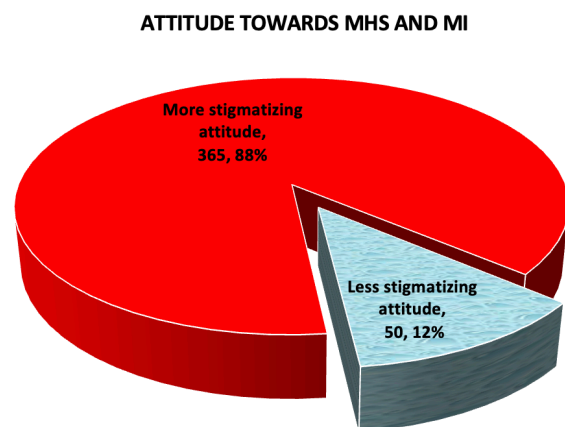


Figure 4: Attitude towards MHS and MI among the PHC workers

Discussion

This study was conducted to identify PHCWs' knowledge of MHS and their attitude towards the provision of these services and the mentally-ill in PHC facilities in Rivers State, Nigeria. Regarding the knowledge of mental health services among the health workers, most of the workers were identified to have good knowledge of these services. This finding has also been reported in other studies where PHCWs were reported to possess good knowledge of these services, which are necessary for managing mental illnesses.^{15,16} This good knowledge of MHS portrays a high level of readiness among the workers to be involved in the provision of these services in PHC facilities. It also highlights the potential for incorporating MH care into PHC settings, making services more accessible to underserved populations, as recommended by the World Health Organization.⁸

When PHCWs have the proper knowledge of mental health services, they can serve as the first point of contact for individuals experiencing MH challenges, which

enhances early identification and prompt intervention to manage mental illness.¹⁷⁻¹⁹ This can be useful in reducing the burden on specialized mental health facilities and promote the improvement of patient outcomes by addressing mental health concerns before they escalate.^{11,20-22} Furthermore, their knowledge allows them to provide psychoeducation and counselling, destigmatize mental health issues, and guide patients through available support systems, thus fostering a more inclusive and responsive healthcare system.^{8,20,23} The reverse is also possible where poor awareness of mental illness or treatment modalities among healthcare workers can be a propelling factor of increased stigmatizing attitude towards the mentally-ill.²⁴ From a health policy perspective, this finding underscores the value of the provision of continuous training and capacity-building initiatives for PHCWs. This is vital as it enables these workers to remain updated on current trends of evidence-based mental health practice^{14,16} This will also be useful in mitigating challenges known to affect the effective incorporation of MHS into the PHC system, which can

be instrumental in reducing the treatment gap in mental health.^{20,22,25}

Regarding the attitude of the PHCWs towards MHS and MI, it was identified that most PHCWs had a more stigmatizing attitude towards MHS and mental illness. This is in agreement with the findings reported by other studies, where high levels of discriminatory and stigmatizing attitudes have also been reported among healthcare workers.^{16,26} The finding of a high proportion of workers having a more stigmatizing attitude towards MI and the mentally-ill is a serious source of concern for healthcare delivery and public health outcomes. This is mainly due to its capacity to limit the delivery of quality MHS at the level of primary healthcare.⁸ PHCWs often serve as the first point of contact in the healthcare system, making their attitudes pivotal in shaping patients' willingness to seek care and adhere to treatment.^{18,24} Stigmatizing beliefs can result in reduced empathy, discriminatory behaviour, and a lack of appropriate referrals, leading to delayed diagnosis and treatment.^{24,27} Reports have also shown that healthcare personnel who possess more stigmatizing attitudes towards MI would be more likely to be pessimistic about compliance of the patients to treatment.²⁷ These altogether perpetuates a vicious cycle where mental health illnesses remain untreated, become worse, and contribute to the worsening global burden of disease.^{16,20,28} Furthermore, these attitudes can undermine trust in the healthcare system, discouraging individuals and families from engaging with available services, especially in resource-poor settings where access to mental health care is already limited.^{20,22,29}

Addressing these attitudes requires targeted evidence-based interventions, including stigma-reduction training, MH education, and fostering a culture of empathy and inclusivity within primary healthcare settings.^{15,29} Integrating mental health care into routine PHC services, alongside consistent supervision and support for workers, can enhance their confidence, skill and competence in handling MH cases.⁸ This inadvertently promotes the provision of quality, patient-centered mental healthcare services, strengthens the healthcare system's responsiveness to mental illness, and enhances the drive to attain universal health coverage.^{10,22}

Conclusion

This study was conducted to determine the knowledge of MHS among primary healthcare workers and their attitude towards these services and the mentally-ill thus

concludes that most of the PHCWs had good knowledge of MHS but manifested more stigmatizing attitudes towards the provision of these services and the mentally-ill. The following recommendations were thus made:

- Prioritization of policymakers of allocation of resources to ensure healthcare workers remain updated on evidence-based mental health practices. In addition, policies and programs that reinforce stigma-free mental health environments should be formulated and implemented to enhance the provision of mental healthcare to those requiring it.
- The need to promote inter-professional collaboration, where mental health specialists work together with PHCWs to provide guidance on the management of mental illness. This can also be useful in the mitigation of the negative impact of stigmatizing attitude towards the mentally ill.

Authors Contribution

All authors were involved in Data Curation, Formal Analysis, Funding Acquisition, Investigation, Methodology, Project Administration, Resources, Supervision, Validation, Visualization, Original Draft, as well as Review & Editing.

Conflict of Interest

The authors declare no conflict of interest.

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References

- [1] Votruba N, Thornicroft G. The importance of mental health in the Sustainable Development Goals. *BJPsych Int*. 2015 Feb 1;12(1):2–4.
- [2] Chuku CN, Obiageli O. Manpower Development and Utilization of Health Care Delivery in Portharcourt Metropolis of Rivers State. *Enugu State Univ Sci Technol J Soc Sci*. 2019;4(1):77–88.
- [3] Alao AM, Ibrahim RO, Iloh KK, Ayuk AC, Diala UM, Christopher DB, et al. PLOS ONE Factors associated with common mental disorders among breastfeeding mothers in tertiary hospital nurseries in Nigeria. *PLoS One*. 2023;18(3):1–16:<http://dx.doi.org/10.1371/journal.pone.0281704>

- [4] Rivers State Ministry of Health. RIVERS STATE GOVERNMENT STRATEGIC HEALTH DEVELOPMENT PLAN 2010 – 2015. 2015. p. 1–63.
- [5] Duara HB, Sylva DG, Binabo TC. An exploratory study of mental health service of families and persons with psychological health issues in the Niger Delta region , Nigeria. *African J Nurs Midwifery*. 2015;2(5):149–55.
- [6] Lawal SA, Henderson D, Ogunniyi A. Revisiting the need to strengthen health systems in africa for better mental health care delivery. *Niger Heal J*. 2022;22(2):225–43.
- [7] Muhorakeye O, Biracyaza E. Exploring Barriers to Mental Health Services Utilization at Kabutare District Hospital of Rwanda: Perspectives From Patients. *Front Psychol*. 2021;12(March):1–13.
- [8] Mosaku KS, Wallymahmed AH. Attitudes of Primary Care Health Workers Towards Mental Health Patients: A Cross-Sectional Study in Osun State, Nigeria. *Community Ment Health J* [Internet]. 2017;53(2):176–82. Available from: <https://doi.org/10.1007/s10597-016-0017-3>
- [9] World Health Organisation W. Mental Health [Internet]. 2022. Available from: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- [10] Soroye MO, Oleribe OO, Taylor- SD. Community Psychiatry Care: An Urgent Need in Community Psychiatry Care: An Urgent Need in Nigeria. *J Multidiscip Health c* . 2021;1145–8. Available from: <https://doi.org/10.2147/JMDH.S309517>
- [11] Jack-Ide IO, Uys LR, Middleton LE. Mental health care policy environment in Rivers State: experiences of mental health nurses providing mental health care services in neuro-psychiatric hospital, Port Harcourt, Nigeria. *International J Ment Heal Syst*. 2013;7(8):1–9.
- [12] Federal Ministry of Health F. National Policy for Mental Health Services Delivery. 2013.
- [13] Funk M, Saraceno B, Drew N, Faydi E. Integrating mental health into primary healthcare. *Ment Health Fam Med*. 2008;5:5–8.
- [14] Gureje O, Abdulmalik J, Kola L, Musa E, Yasamy MT, Adebayo K. Integrating mental health into primary care in Nigeria : report of a demonstration project using the mental health gap action programme intervention guide. *BMC Health Serv Res*. <http://dx.doi.org/10.1186/s12913-015-0911-3>
- [15] Adewuya AO, Adewumi T, Ola B, Abosede O, Oyeneyin A, Fasawe A, et al. Primary health care workers’ knowledge and attitudes towards depression and its management in the MeHPric-P project, Lagos, Nigeria. *Gen Hosp Psychiatry*. 2017 Jul;47:1–6.
- [16] Kigozi-Male NG, Heunis JC, Engelbrecht MC. Primary health care nurses’ mental health knowledge and attitudes towards patients and mental health care in a South African metropolitan municipality. *BMC Nurs*. 2023;22(1):25. <https://doi.org/10.1186/s12912-023-01188-x>
- [17] Specialist I, Hospital T, Health P, Development C. PRIMARY HEALTH CARE IN NIGERIA : STRATEGIES AND CONSTRAINTS IN IMPLEMNTATION. 2007;74–9.
- [18] Aregbeshola B, Khan S. Primary Health Care in Nigeria : 24 Years after Olikoye Ransome-Kuti’s Leadership. *Front Public Heal*. 2017;5(48):7–8.
- [19] Amru A. Primary Health Care, the history and the importance. 2023.
- [20] Anyebe EE, Olisah VO, Garba SN, Murtala HH, Danjuma A. Barriers to the provision of community-based mental health services at primary healthcare level in northern Nigeria – A mixed methods study *International*

- Journal of Africa Nursing Sciences Barriers to the provision of community-based mental health service. *Int J Africa Nurs Sci.* 2021;15(November):100376. <https://doi.org/10.1016/j.ijans.2021.100376>
- [21] Anyebe E, Olisah V, Garba S, Murtala H, Aliyu D. Barriers to the provision of community-based mental health services at primary healthcare level in northern Nigeria – A mixed methods study. *Int J Africa Nurs Sci.* 2021 Nov 1;15:100376.
- [22] Wakida EK, Obua C, Rukundo GZ, Maling S, Talib ZM, Okello ES. Barriers and facilitators to the integration of mental health services into primary healthcare : a qualitative study among Ugandan primary care providers using the COM-B framework. *BMC Health Serv Res* [Internet]. 2018;7(18):1–12. Available from: <https://doi.org/10.1186/s12913-018-3684-7>
- [23] Wakida EK, Obua C, Rukundo GZ, Maling S, Talib ZM, Okello ES. Barriers and facilitators to the integration of mental health services into primary healthcare: a qualitative study among Ugandan primary care providers using the COM-B framework. *BMC Health Serv Res* [Internet]. 2018;18(1):890. Available from: <https://doi.org/10.1186/s12913-018-3684-7>
- [24] Ezeruigbo CFS. Health Workers ' Preparedness towards Integrating Mental Healthcare into Primary Health Settings : Evidence from Nigeria. *Int J Clin Med.* 2022;13:379–90. <https://doi.org/10.4236/ijcm.2022.138026>
- [25] Kaur S. A Study of relationship between Occupational Stress and Mental Health among Primary School Teachers. 2015;(Ii):190–9.
- [26] Kapungwe A, Cooper S, Mayeya J, Mwanza J, Mwape L, Sikwese A, et al. Attitudes of primary health care providers towards people with mental illness: Evidence from two districts in Zambia. *Afr J Psychiatry.* 2011 Sep 1;14:290–7.
- [27] Vistorte AOR, Ribeiro WS, Jaen D, Jorge MR, Evans-Lacko S, Mari JDJ. Stigmatizing attitudes of primary care professionals towards people with mental disorders : a systematic review Article (Accepted version). *Int J Psychiatry Med.* 2018;53(4):317–38.
- [28] Alao MA, Ibrahim OR, Iloh KK, Ayuk AC, Diala UM, Briggs DC, et al. Factors associated with common mental disorders among breastfeeding mothers in tertiary hospital nurseries in Nigeria. *PLoS One* [Internet]. 2023 Mar 9;18(3):e0281704. Available from: <https://doi.org/10.1371/journal.pone.0281704>
- [29] Ihalainen-Tamlander N, Vahaniemi A, Loytyniemi E, Suominen T, Valimaki M. Stigmatizing attitudes in nurses towards people with mental illness : a cross-sectional study in primary settings in Finland. *J Psychiatr Ment Health Nurs.* 2016;1–11.