
Psychological Disorders among Youths and Medical Social Work Practice in Rivers State

MEZIEUZOR O. HOPESON

Department of Social Work, Faculty of Social Sciences, Ignatius Ajuru University of Education, Port Harcourt, Nigeria.

hopeson.mezieuzor@iaue.edu.ng

OGHU MUAMI PRECIOUS

Department of Social Work, Faculty of Social Sciences, Ignatius Ajuru University of Education, Port Harcourt, Nigeria.

muami.oghu@iaue.edu.ng

Abstract

This study examines psychological disorders among youths and medical social work practice in Rivers State, Nigeria. The increasing prevalence of mental health challenges among young people, coupled with limited psychosocial support systems, necessitated an investigation into how medical social work interventions contribute to the management and recovery of affected youths. Two research questions and two objectives of the study were raised to guide the study. System theory was adopted to explain the study. The study adopted a qualitative research design. The sample size for the study is 30 respondents who were purposively selected from UPTH and BMH, utilizing semi-structured interviews with medical social workers and youths receiving mental health services in selected healthcare facilities in Rivers State. Data were analyzed using thematic method of data analysis. Findings revealed that medical social work interventions, particularly advocacy, counselling, and follow-up care, play significant roles in improving emotional stability, treatment adherence, coping skills, and social reintegration among youths with psychological disorders. Advocacy facilitated access to resources and reduced financial barriers, counselling enhanced emotional regulation and resilience, while follow-up care ensured continuity of treatment and relapse prevention. However, the effectiveness of these interventions was constrained by shortage of trained professionals, stigma associated with mental illness, inadequate funding, and institutional limitations. The study concludes that while medical social work practice is essential in managing psychological disorders among youths in Rivers State, systemic improvements in workforce development, funding, policy support, and stigma reduction are necessary to enhance service delivery and mental health outcomes.

Keywords: Psychological Disorders, Youth Mental Health, Medical Social Work, Advocacy, Counselling, Follow-up Care, and System Theory.

Introduction

Psychological disorders among young people have emerged as a major public health concern worldwide, including in sub-Saharan Africa. Adolescence and young adulthood are critical developmental stages characterized by rapid physical, emotional, and social changes. During this period, youths are particularly vulnerable to the onset of mental health challenges such as depression, anxiety, substance use disorders, and behavioural problems (World Health Organization, 2021). Research indicates that nearly half of all mental health disorders begin by the age of 14, and three-quarters by the mid-20s (Kessler et al., 2005). These conditions can significantly impair educational attainment, social relationships, and overall quality of life for youths. In Nigeria, the burden of psychological disorders among adolescents and young adults is further complicated by socio-economic stressors such as poverty, unemployment, family dysfunction, and exposure to violence (Gureje et al., 2015). Rivers State, in the Niger Delta region, faces similar challenges. Youths in this region often contend with environmental stress from oil-related pollution, limited access to quality mental health services, and social instability. Studies documenting the prevalence of psychological disorders among Nigerian youths point to rising levels of anxiety, depression, and behavioural issues, underscoring the need for effective psychosocial intervention strategies (Atilola, 2016).

Medical social work plays a crucial role in addressing the mental health needs of youths within healthcare systems. As a profession, medical social work focuses on the psychosocial aspects of health and illness, helping individuals and families cope with psychological distress, navigate healthcare services, and access community resources. Medical social workers are trained to conduct psychosocial assessments, provide counselling, support treatment adherence, and advocate for systemic changes that improve patient well-being (National Association of Social Workers, 2021). Within clinical settings, they serve as essential members of multidisciplinary teams that manage mental health disorders among patients, including adolescents. In Rivers State, the integration of medical social work into mental health care remains under-developed due to limited staffing, inadequate professional recognition, and a scarcity of specialized training programs. This gap is particularly pronounced in psychiatric units and community mental health services, where the presence of qualified social workers could significantly enhance prevention, early identification, and ongoing support for youths experiencing psychological distress. Studies in Nigeria have highlighted the benefits of social work interventions, such as improved patient-family communication, better coping mechanisms, and reduced stigma, yet these contributions are often overlooked in policy formulation (Odu, 2018).

Given these dynamics, it becomes important to investigate psychological disorders among youths in Rivers State through the lens of medical social work practice. This inquiry can illuminate how social workers in medical settings support youth mental health, the barriers they face, and the potential for strengthening social work services to improve psychosocial outcomes. This research is vital for informing policy, enhancing interdisciplinary collaboration, and ultimately reducing the burden of mental health disorders among youths in the state.

Statement of the Problem

Psychological disorders among youths in Nigeria have become increasingly prevalent, yet they remain significantly under-recognized and under-treated across health systems. Adolescence and early adulthood are peak periods for the development of mental health problems, including depression, anxiety, behavioural difficulties, and substance use disorders (World Health Organization, 2021). These disorders can lead to poor academic performance, social withdrawal, increased risk of self-harm, and long-term impairment in functioning when not properly addressed (Kessler et al., 2005). In Rivers State, socio-economic stressors such as unemployment, community violence, environmental degradation from oil exploration, and family instability further heighten the vulnerability of youths to psychological distress (Atilola, 2016).

Despite this growing burden, the integration of mental health services within medical and community care structures in Rivers State remains inadequate. There is a documented shortage of mental health professionals in Nigeria, including psychiatrists, psychologists, and trained social workers (Gureje et al., 2015). Medical social workers, who are uniquely positioned to provide psychosocial assessment, counselling, case management, and linkage to community support services, are particularly underutilized in mental healthcare settings (Odu, 2018). This gap undermines the provision of holistic care for youths with psychological disorders and limits the ability of healthcare facilities to address the social determinants that often accompany mental health problems.

Moreover, existing research on mental health in Nigeria has largely focused on prevalence rates and clinical symptoms, with limited empirical attention on the role played by medical social work in addressing psychological disorders among young people (Atilola, 2016; Odu, 2018). This creates a critical gap in the literature regarding how social work practice contributes to prevention, early intervention, treatment support, and follow-up for youths struggling with mental health conditions in Rivers State. Without this knowledge, policymakers, health planners, and social service providers lack evidence to strengthen mental health systems and effectively integrate medical social work into youth mental health programmes.

Therefore, there is a pressing need to investigate the extent of psychological disorders among youths in Rivers State and evaluate how medical social work practice contributes to addressing these challenges. Such a study can provide vital insights into the barriers and facilitators affecting social work engagement in mental health care, and inform strategies to enhance psychosocial support for youths at risk of or living with psychological disorders.

In view of the foregoing, the study seeks answers to the following questions

What roles do medical social work interventions such as advocacy, counselling and follow-up care play in the management of psychological disorders among youths in Rivers State?

In what way do shortage of trained professionals, stigma and funding constraints hinder effective medical social work practice in addressing psychological disorders among youths in Rivers State?

Objectives of the Study

This study objective was to find out the relationship between psychological disorders among youths and medical social work practices in Rivers State. Specific objectives are to (i) examine the role of medical social work interventions such as advocacy, counselling and follow-up care play in the management of psychological disorders among youths in Rivers State and (ii) investigate how shortage of trained professionals, stigma and funding constraints hinder effective medical social work practice in addressing psychological disorders among youths in Rivers State.

Theoretical Framework

This study adopted the system theory. Systems Theory provides a comprehensive framework for understanding how individuals interact with various environmental systems and how these interactions influence behavior, mental health, and overall functioning.

Systems Theory in social work was influenced by the works of Ludwig von Bertalanffy, who developed General Systems Theory, and later adapted into social work practice by scholars such as Carel Germain and Alex Gitterman. The theory views individuals as parts of interconnected systems such as family, school, peer groups, healthcare institutions, and the broader society (Germain & Gitterman, 1996). According to Systems Theory, a problem affecting one part of a system influences other parts. Therefore, psychological disorders among youths cannot be understood solely as internal or biological problems; they are often shaped by interactions within family systems, economic conditions, community structures, and institutional arrangements.

Psychological disorders such as depression, anxiety, substance use disorders, and behavioral problems often emerge from complex interactions between:

Microsystems (family, peers, school).

Mesosystems (interactions between family and school, healthcare and community).

Exosystems (parental employment, community safety, media influence).

Macrosystems (cultural values, economic policies, stigma).

This ecological perspective aligns with the understanding that mental health problems among youths are influenced by poverty, unemployment, environmental stress, family instability, and stigma conditions observable in parts of Rivers State. Systems Theory therefore explains that when environmental systems are unstable or dysfunctional, youths may experience psychological distress. Conversely, strengthening these systems can improve mental health outcomes.

Medical social work practice is fundamentally systems-oriented. Social workers assess not only the individual patient but also the broader environmental systems influencing the patient's health condition (National Association of Social Workers, 2021). Medical social workers conduct psychosocial assessments to identify environmental stressors, engage families in treatment planning, coordinate with schools, community agencies, and support groups, advocate for access to healthcare and social welfare services and address stigma and cultural misconceptions surrounding mental illness. By intervening at multiple system levels, medical social workers help restore balance within the youth's social environment, thereby reducing psychological distress.

In Rivers State, factors such as youth unemployment, environmental degradation in oil-producing communities, family disruption, and limited access to mental health services interact to influence youth mental health. Systems Theory helps explain how these structural and social issues contribute to psychological disorders. Medical social work practice, guided by Systems Theory, therefore emphasizes:

Holistic intervention rather than symptom-focused treatment.

Collaboration with multidisciplinary healthcare teams.

Community-based support mechanisms.

Policy advocacy to strengthen mental health infrastructure.

Thus, Systems Theory provides a strong theoretical foundation for examining how medical social workers address psychological disorders among youths within their social environments.

Conceptual Review

Concept of Psychological Disorders

The concept of psychological disorders refers to clinically significant disturbances in an individual's cognition, emotional regulation, or behavior that reflect dysfunction in psychological, biological, or developmental processes underlying mental functioning. According to the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, a mental disorder is characterized by a syndrome associated with distress or disability in social, occupational, or other important activities (American Psychiatric Association, 2013). This definition emphasizes that psychological disorders are not merely unusual behaviors but patterns that cause impairment and interfere with normal functioning. Similarly, the World Health Organization (2022) defines mental disorders as conditions involving significant disturbances in thinking, emotional regulation, or behavior, usually associated with distress and problems functioning in social, work, or family activities. These definitions highlight two key elements: internal dysfunction and external impairment in daily living.

Nature and Characteristics of Psychological Disorders

Psychological disorders are multifaceted and influenced by biological, psychological, and social factors. The biopsychosocial model explains that mental health problems arise from the interaction of genetic vulnerability, brain chemistry, personality traits, environmental stressors, and socio-cultural conditions (Engel, 1977). For example, exposure to trauma, poverty, substance abuse, and family instability can increase vulnerability, particularly among youths.

Common characteristics of psychological disorders include:

Persistent sadness or irritability

Excessive fear or anxiety

Disorganized thinking

Withdrawal from social relationships

Maladaptive coping behaviors

Functional impairment in school, work, or family life

These symptoms vary in severity and duration depending on the specific disorder and individual.

Classification of Psychological Disorders

Psychological disorders are classified into categories for diagnostic and treatment purposes. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) groups disorders into several major categories, including:

Depressive disorders

Anxiety disorders

Bipolar and related disorders

Schizophrenia spectrum disorders

Substance-related and addictive disorders

Trauma- and stressor-related disorders

Neurodevelopmental disorders

Another widely used classification system is the International Classification of Diseases (ICD-11) developed by the World Health Organization, which provides global standards for diagnosis and reporting of mental and behavioral disorders (WHO, 2022).

Causes of Psychological Disorders

The causes of psychological disorders are complex and multifactorial. Biological explanations emphasize genetic predisposition, neurotransmitter imbalance, and brain structure abnormalities (APA, 2013). Psychological theories highlight maladaptive thought patterns, learned behaviors, and unresolved emotional conflicts. Social perspectives focus on environmental stressors such as unemployment, social inequality, stigma, violence, and family dysfunction.

Among youths, developmental transitions, peer pressure, academic stress, and exposure to

substance use can significantly increase vulnerability (Kessler et al., 2005). Research indicates that many mental disorders begin during adolescence, making early identification and intervention critical.

Impact of Psychological Disorders

Psychological disorders can significantly impair educational achievement, employment prospects, interpersonal relationships, and overall quality of life. If untreated, they may contribute to long-term disability and social exclusion. Globally, mental disorders account for a substantial proportion of years lived with disability (WHO, 2022). In low- and middle-income countries, including Nigeria, limited access to mental health services further exacerbates these outcomes.

Medical Social Work Practice

Medical social work practice refers to the application of professional social work knowledge, values, and skills within healthcare settings to address the psychosocial aspects of illness and promote holistic patient care. It recognizes that health challenges are not purely biological but are also shaped by psychological, social, cultural, and economic factors. The profession is grounded in the biopsychosocial model, which emphasizes the interaction between medical conditions and social environments in influencing health outcomes (Engel, 1977).

According to the National Association of Social Workers (2021), medical social workers provide services that include psychosocial assessment, counseling, discharge planning, crisis intervention, advocacy, and coordination of community resources to enhance patient well-being. Within hospital environments, they function as integral members of multidisciplinary teams alongside physicians, nurses, psychologists, and other allied health professionals.

Medical social work practice is characterized by the following core functions:

Evaluating patients' emotional, social, and environmental conditions that may affect diagnosis, treatment, and recovery.

Providing therapeutic support to patients and families coping with chronic illness, disability, or mental health conditions.

Ensuring continuity of care through referral to community services and follow-up support.

Protecting patients' rights and facilitating access to healthcare and welfare services.

Promoting awareness and preventive practices.

Globally, medical social work has evolved as a specialized field responding to the complex needs of patients within healthcare institutions (Barker, 2014).

In Nigeria, medical social work is practiced primarily in tertiary hospitals, federal medical centers, and some state-owned healthcare institutions. However, the profession faces challenges such as inadequate staffing, limited funding, lack of public awareness, and insufficient integration into mental health policy frameworks (Okoye, 2013). Despite these constraints, medical social workers play a vital role in addressing psychosocial issues related to chronic diseases, mental health disorders, maternal and child health, HIV/AIDS, and trauma cases. The World Health Organization (2022) emphasizes the importance of integrating psychosocial services into primary healthcare systems, particularly in low- and middle-income countries where mental health resources are limited. This recommendation underscores the growing relevance of medical social work practice within Nigeria's healthcare system.

In Rivers State, medical social work services are found mainly in public hospitals and selected private healthcare facilities, particularly in urban centers such as Port Harcourt. Social workers in this setting engage in case management, psychosocial counseling, financial assistance coordination, and support for vulnerable groups including youths, women, persons living with disabilities, and patients with mental health challenges.

However, the scope and effectiveness of medical social work practice in Rivers State are influenced by several factors such as limited number of trained medical social workers, inadequate recognition of social work roles within healthcare institutions, stigma associated with mental health conditions and policy and structural constraints. These challenges can restrict the capacity of social workers to provide comprehensive psychosocial interventions, particularly for youths experiencing psychological disorders.

Psychological Disorders and Medical Social Work Practice in Rivers State

The relationship between psychological disorders and medical social work practice is both interactive and complementary, especially within Rivers State's health care environment. Psychological disorders, which encompass disturbances in mood, thought, behaviour, and emotional regulation, often require not only clinical interventions but also psychosocial support that considers environmental, family, and societal factors. Medical social work directly addresses these psychosocial dimensions by providing support, advocacy, and linkage to community resources, thereby enhancing the overall effectiveness of mental health care (Engel, 1977; National Association of Social Workers, 2021).

Psychological disorders such as depression, anxiety, trauma-related conditions, and substance use problems are not only medical in nature but also social and psychological (American Psychiatric Association, 2013). In many cases, external stressors such as socio-economic hardship, family conflict, unemployment, stigma, and limited access to care worsen these conditions among youths (World Health Organization, 2022). Because medical professionals primarily focus on clinical diagnosis and treatment, these broader social influences can be neglected if psychosocial care is absent. Medical social workers play an essential role in identifying and responding to the psychosocial challenges associated with psychological disorders. Their responsibilities include:

Identifying emotional or social issues that may impact a patient's mental health and response to treatment.

Helping youths and their families cope with the psychological impact of mental health challenges.

Linking patients with community services, support groups, and rehabilitation programs.

Promoting access to mental health care services and fighting stigma associated with mental health disorders (NASW, 2021).

These functions are critical for youths, whose developmental stage makes them particularly sensitive to social stressors and influences. Research consistently shows that psychosocial support enhances treatment adherence, reduces hospital readmissions, and improves coping skills among individuals with psychological disorders (Callahan & Cooper, 2018; Salvatore & Kollar, 2018). Medical social workers' interventions can improve overall outcomes by ensuring that youths engage with mental health services, remain supported throughout treatment, and are connected to community resources that encourage long-term recovery.

Kessler, Berglund, Demler, Jin, Merikangas and Walters (2005) conducted a large-scale epidemiological study using the National Comorbidity Survey Replication (NCS-R) to estimate lifetime prevalence and age of onset for psychological disorders among adolescents and adults. The findings showed that nearly half of all mental disorders begin by age 14, demonstrating that adolescence is a critical window for early onset of conditions such as anxiety disorders, mood disorders, and substance use disorders. Study showed high prevalence of psychological disorders during adolescence. Early onset often predicts chronic mental health challenges. Female youths were more likely to experience anxiety and depressive disorders, while males more frequently showed behavior and substance-related disorders. Study recommended early identification and targeted psychosocial interventions by medical social workers can alter the trajectory of youth mental health outcomes.

Salvatore and Kollar (2018) reviewed evidence on the effectiveness of psychosocial interventions for people with mental health disorders. Their synthesis included both clinical treatment and community-based practices. Psychosocial interventions such as counseling, family support, and case management were associated with improved coping mechanisms, reduced symptom severity, and enhanced social functioning. Findings revealed that psychosocial support improves treatment adherence and functional outcomes. Family involvement and community support networks strengthen recovery. Integration of psychosocial care with clinical treatment is beneficial. Medical social workers play a vital role in delivering and coordinating psychosocial care, making them essential members of multidisciplinary teams addressing youth psychological disorders.

Okoye (2013) conducted an empirical review of medical social work practice in Nigeria, highlighting the roles, challenges, and potentials of social work within healthcare settings. The review examined case studies and practice reports from tertiary hospitals, showing that social workers

increasingly contribute to psychosocial assessments, discharge planning, and counseling, especially for patients with chronic conditions. Findings revealed that medical social workers in Nigeria provide vital psychosocial support within health institutions. Limited numbers of trained social workers restrict service delivery. Lack of awareness among healthcare professionals about the role of social work undermines integration. Findings point to the need to strengthen training, policy support, and institutional recognition of medical social workers to better address psychological disorders among youths.

Gureje, Oladeji, and Montgomery (2015) reviewed studies on mental health stigma and help-seeking behaviors among youths in African. The review showed that although psychological disorders are prevalent, negative attitudes, cultural beliefs, and stigma significantly reduce the likelihood that young people will seek professional help. Stigma and cultural misconceptions about mental illness discourage help-seeking. Youths rely more on informal support systems (family, religious leaders) than on professional care. Social support and psychoeducation increase engagement with formal services. Medical social workers must incorporate anti-stigma education and culturally sensitive approaches to improve youth engagement in mental health services.

Despite these challenges, the relationship between psychological disorders and medical social work remains synergistic and necessary. Psychological disorders demand holistic care, and medical social workers are central to ensuring that mental health services extend beyond clinical diagnosis and medication. Medical social work contributes to early identification, continuity of care, family involvement, social support systems, and stigma reduction, all of which are essential for effective mental health outcomes.

Methodology

The study adopts a descriptive survey research design. A descriptive survey design is suitable because it allows the researcher to systematically collect data from a defined population to describe existing conditions, relationships, and practices without manipulating variables (Creswell & Creswell, 2018). The study is conducted in Rivers State, Nigeria, particularly in selected public and private healthcare institutions where medical social workers are engaged. Rivers State, with major urban centers such as Port Harcourt, presents a mix of urban and semi-urban populations, making it suitable for examining youth mental health challenges.

The target population consists of youths aged 15–35 years receiving mental health or psychosocial services and medical social workers practicing in Rivers State. The inclusion of both groups ensures that data reflect both service users' experiences and practitioners' perspectives. Purposive sampling was used to select hospitals where medical social workers are actively practicing such as UPTH and BMH. The purposive sampling technique was also used to select a total of 20 youths and 10 medical social workers due to their relatively small population. This gave us a total of 30 respondents.

Data was collected using interview guide. The researcher obtained ethical approval from relevant hospital authorities and ensure informed consent from participants. Confidentiality and anonymity was strictly maintained due to the sensitive nature of psychological health data. Qualitative data from interviews was analyzed using thematic analysis, which involves coding, categorizing, and interpreting patterns in participants' responses.

Data Analysis

Thematic Analysis of both Youths and Medical Social Workers

Research Question One

What roles do medical social work interventions such as advocacy, counselling and follow-up care play in the management of psychological disorders among youths in Rivers State?

The interview responses from youths regarding the roles of advocacy, counselling, and follow-up care in managing psychological disorders

IDI Report 1

Many youths reported that speaking with a medical social worker allowed them to express feelings they could not share with family or friends, reduce emotional tension and anxiety and feel understood and validated. Participants described counselling sessions as supportive and non-

judgmental. Some noted that before counselling, they felt isolated or overwhelmed, but regular sessions helped them process their emotions in a structured way. This suggests that counselling contributes significantly to emotional stabilization and psychological comfort.

Youths indicated that social workers helped them identify triggers of anxiety, depression, or anger, develop positive coping mechanisms, improve problem-solving skills and build confidence and self-awareness. Some participants mentioned that counselling helped them reframe negative thoughts and adopt healthier behavioral patterns. This demonstrates that medical social work interventions promote psychological resilience and self-management.

Many youths confirmed experiencing follow-up care, including phone calls, clinic reminders, or periodic check-ins. They reported that follow-up care encouraged them to attend appointments, reminded them to take medication as prescribed and prevented relapse by identifying early warning signs. Participants explained that knowing someone was monitoring their progress motivated them to stay committed to treatment. This theme highlights follow-up care as essential for treatment continuity and accountability.

Some youths described receiving advocacy support from medical social workers. This included assistance in negotiating hospital bills, linking them to financial aid or community resources, mediating family conflicts and explaining their condition to caregivers. Several participants indicated that advocacy reduced family misunderstandings about their condition. Others stated that financial support arranged by social workers allowed them to continue treatment. This suggests that advocacy plays a practical and protective role in sustaining recovery.

The interview responses from medical social workers regarding the roles of advocacy, counselling, and follow-up care in managing psychological disorders

IDI Report 2

Many participants emphasized that advocacy helps youths gain access to mental health services, financial assistance, and institutional support. Respondents reported that some youths are unable to afford treatment, families sometimes resist psychiatric care due to stigma and hospital processes can delay service access. Medical social workers noted that advocacy involves intervening with hospital management to reduce financial burden, educating families about mental illness and linking youths to NGOs and community resources. This suggests that advocacy reduces structural barriers and improves service utilization. Participants indicated that without advocacy, many youths would discontinue treatment prematurely.

Counselling emerged as a central intervention in managing psychological disorders among youths. Participants explained that counselling provides a safe space for youths to express emotions, helps them understand their diagnosis, teaches coping strategies for anxiety, depression, and trauma and improves self-esteem and social functioning. Several social workers described cases where regular counselling sessions reduced suicidal ideation, aggressive behavior, or social withdrawal among youths. Respondents noted that counselling strengthens resilience and promotes psychological adjustment. This highlights counselling as a therapeutic intervention that complements medical treatment.

Follow-up care was identified as critical for sustained recovery. Participants reported that follow-up ensures treatment adherence, monitors medication compliance, identifies early warning signs of relapse and reinforces coping strategies learned during counselling. Some respondents described cases where youths who initially improved relapsed after discharge due to lack of monitoring. Regular follow-up calls, home visits, or clinic appointments helped maintain stability. This shows that recovery is not a one-time event but a continuous process requiring structured support.

One respondent described a case of a youth with severe depression who, after sustained counselling and follow-up, resumed schooling and reconnected with family members. Another case involved advocacy that secured financial assistance for treatment, preventing treatment discontinuation. These examples illustrate that medical social work interventions contribute not only to symptom reduction but also to broader social reintegration.

Research Question Two

In What way do shortage of trained professionals, stigma and funding constraints hinder effective medical social work practice in addressing psychological disorders among youths in Rivers State?

The responses from youths regarding barriers to accessing medical social work and mental health services

IDI Report 3

Many youths reported long waiting times before seeing a social worker, limited availability of appointments and postponed counselling sessions due to staff workload. Some participants expressed frustration that urgent emotional crises were not addressed immediately because professionals were attending to many other clients. These delays were perceived as discouraging and sometimes worsened symptoms such as anxiety or depression. Youths indicated that when help is not timely, motivation to seek support may decline.

Participants noted that few social workers were available in the facility, some hospitals lacked specialized youth mental health services and follow-up care was inconsistent due to staff constraints. Youths perceived that overworked professionals had limited time to engage deeply with their concerns. Limited professionals reduce the quality of therapeutic engagement and may weaken continuity of care. Youths felt that more staff would allow for more personalized and sustained support.

Respondents reported inability to afford consultation or medication costs, transportation challenges to attend appointments and dependence on parents or guardians who may not prioritize mental health spending. Some youths indicated that treatment was interrupted because families could not sustain the cost. Financial barriers directly affect treatment adherence and long-term recovery. Youths emphasized that economic hardship can delay help-seeking or lead to discontinuation of care.

Participants expressed that they feared being labeled “mentally unstable”, peers sometimes mocked individuals who attended psychiatric clinics and some families discouraged open discussion of mental health issues. A few youths admitted hiding their condition to avoid discrimination at school or within their community. Stigma discourages early help-seeking and promotes secrecy, which may worsen symptoms. Youths noted that fear of judgment sometimes delayed their decision to seek professional assistance.

The responses of medical social workers regarding challenges affecting psychosocial services for youths with psychological disorders

IDI Report 4

Participants reported that few social workers are assigned to psychiatric or mental health units. One social worker often handles many cases simultaneously. Specialized training in youth mental health is limited. Respondents indicated that heavy caseloads reduce the time available for individualized counselling, follow-up, and family engagement. Some noted that burnout and work stress negatively affect service delivery. This suggests that staffing shortages weaken the effectiveness and sustainability of interventions.

Participants noted that families sometimes prefer spiritual or traditional healing. Youths feel ashamed to attend mental health clinics. Some communities perceive mental illness as a moral weakness. Medical social workers reported spending significant time on psychoeducation before clients agree to treatment. In some cases, stigma leads to treatment discontinuation. Stigma therefore disrupts both access and continuity of care.

Participants explained that there is inadequate budget allocation for mental health services. Limited funds affect availability of therapy materials and outreach programs. Financial hardship among youths prevents consistent treatment. Some respondents highlighted the absence of structured rehabilitation programs due to insufficient funding. Funding constraints were seen as directly limiting the scope and sustainability of psychosocial interventions.

Discussion of Findings

Roles of Medical Social Work Interventions in Managing Psychological Disorders among Youths

The findings from interviews with medical social workers and participating youths indicate that advocacy, counselling, and follow-up care play critical role in managing psychological disorders among youths in Rivers State.

Participants described advocacy as a strategy that helps youths navigate healthcare systems, access necessary treatments, and secure financial or community support. This aligns with literature showing that advocacy reduces barriers to care for vulnerable populations by facilitating access to resources and supporting patient rights (Odu, 2018). In the Nigerian context, where economic hardship and systemic limitations are common, advocacy enables youths to receive services they might otherwise forego because of cost or institutional hurdles. One participant noted that hospital administration was approached to reduce payment burdens for a youth from a low-income household a process consistent with the professional role of medical social workers as advocates for service equity.

Counselling emerged as a central therapeutic tool in which youths felt safe expressing distressing emotions and learning adaptive coping strategies. Participants reported decreases in anxiety, improved self-esteem, and enhanced self-understanding among youths who engaged in regular counselling sessions. These findings mirror research indicating that counselling interventions contribute significantly to emotional stabilization and recovery by reducing symptom severity and improving psychosocial functioning (Salvatore & Kollar, 2018). Counselling, therefore, is not ancillary but foundational to effective management of psychological disorders, particularly in settings where clinical psychiatric services are limited.

Follow-up care including appointment reminders, check-ins, and monitoring was described as a mechanism for preventing relapse and ensuring treatment adherence. Youths highlighted that the presence of regular follow-up motivated them to attend sessions, comply with therapeutic recommendations, and feel supported in their recovery journey. This supports broader findings that continuity of care, especially psychosocial follow-up, enhances long-term outcomes for individuals with mental health conditions by reducing hospitalization rates and promoting stability (Callahan & Cooper, 2018). Such continuity is particularly important for youth populations, who may lack self-management skills and strong social support systems.

While not explicitly one of the original variables, theme analysis showed that medical social workers use advocacy and counselling to educate youths and families about psychological disorders. Psychoeducation was linked to participants' reported improvements in acceptance of treatment and reduced fear or shame an effect supported by literature emphasizing education as a strategy to combat stigma and promote engagement with mental health services (Gureje, Oladeji, & Montgomery, 2015).

Challenges Hindering Effective Medical Social Work Practice

Findings also revealed significant barriers that constrain the roles medical social workers play. These challenges align with existing research and point to structural, cultural, and institutional impediments.

All interviewees identified a scarcity of well-trained medical social workers and mental health professionals. Youths commented on delays in service and limited availability of practitioners, while social workers described heavy caseloads that compromised depth and consistency of care. This finding is consistent with other research in Nigerian health settings showing that workforce limitations hinder psychosocial service delivery (Okoye, 2013). Without sufficient professionals, social workers cannot provide comprehensive assessment, individualized counselling, or proactive follow-up, reducing the overall effectiveness of intervention programs.

Stigma emerged as a pervasive barrier that deters help-seeking and interrupts continuity of care. Youth respondents noted that fear of being labeled "mentally unstable" discouraged them from attending clinic appointments or openly seeking support. Families and communities sometimes interpreted psychological distress as spiritual or moral weakness a belief that delayed early intervention. This finding reflects broader evidence from sub-Saharan Africa showing that stigma and cultural misconceptions are significant obstacles to mental health service utilization, particularly

among youths (Gureje et al., 2015). Stigma not only affects individual help-seeking but also influences family support structures, which are crucial in collectivist societies.

Funding constraints were reported as a major systemic challenge affecting psychosocial service provision. Participants described insufficient budget allocation for mental health programs, lack of outreach and rehabilitation resources, and the inability of some youths to pay for treatment or transportation. This finding is consistent with research indicating that mental health services in low- and middle-income countries are chronically underfunded, and social work departments often receive inadequate institutional support (World Health Organization, 2022). Without sufficient funding, even well-trained practitioners cannot implement comprehensive interventions, engage in community outreach, or conduct meaningful follow-up care.

Although mentioned less frequently, several participants highlighted weak institutional prioritization of social work roles. Medical social workers sometimes lack formal recognition in multidisciplinary teams and are excluded from strategic planning. This weakens referral pathways and undermines coordinated care an issue noted in other studies of Nigerian healthcare structures (Okoye, 2013).

Conclusion

This study examined psychological disorders among youths and the role of medical social work practice in Rivers State. Based on the findings, it is evident that medical social work interventions particularly advocacy, counselling, and follow-up care play a vital role in the management and recovery of youths experiencing psychological disorders. The findings revealed that counselling provides emotional stabilization, improves coping skills, and enhances self-understanding among youths. Advocacy helps reduce financial and institutional barriers by linking clients to resources and negotiating access to services. Follow-up care ensures treatment adherence, prevents relapse, and strengthens continuity of care. Collectively, these interventions contribute not only to symptom reduction but also to improved psychosocial functioning, family relationships, and social reintegration.

However, the study also found that the effectiveness of medical social work practice in Rivers State is significantly constrained by structural and systemic challenges. These include shortage of trained professionals, heavy caseloads, stigma associated with psychological disorders, inadequate funding, and weak institutional support. These barriers reduce service accessibility, disrupt continuity of care, and limit the scope of psychosocial interventions. Therefore, while medical social work practice has demonstrated substantial impact in managing psychological disorders among youths, its full potential cannot be realized without addressing workforce, policy, funding, and socio-cultural constraints.

The study concludes that strengthening medical social work systems is essential for improving youth mental health outcomes in Rivers State.

Recommendations

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

Government and healthcare institutions in Rivers State should recruit more trained medical social workers to reduce caseload burden and improve service quality. Continuous professional development programs in youth mental health, trauma-informed care, and crisis intervention should also be implemented.

There is a need for increased funding for mental health services within hospitals and community health centers. Adequate funding will support outreach programs, rehabilitation services, transportation support for indigent youths and structured follow-up and monitoring systems. Improved funding will enhance sustainability and service reach.

Government agencies, schools, religious institutions, and community organizations should collaborate to implement public education programs aimed at reducing stigma associated with psychological disorders. Mental health literacy campaigns can encourage early help-seeking and reduce discrimination against affected youths.

Given that youths spend significant time in educational institutions, school-based mental health services should be strengthened. Medical social workers can collaborate with school

counsellors to identify at-risk youths early and provide timely interventions.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association.
- Atilola, O. (2016). Emerging mental health problems in sub-Saharan Africa: A regional overview. *African Journal of Psychiatry*, 19(2), 71–77.
- Barker, R. L. (2014). *The social work dictionary* (6th ed.). NASW Press.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Callahan, J. L., & Cooper, S. E. (2018). Integrating social work and mental health practice: An interdisciplinary approach. *Journal of Social Work Practice*, 32(2), 123–138.
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). Sage.
- Creswell, J. W., & Plano Clark, V. L. (2018). *Designing and conducting mixed methods research* (3rd ed.). Sage.
- Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196(4286), 129–136.
- Field, A. (2018). *Discovering statistics using IBM SPSS statistics* (5th ed.). Sage.
- Germain, C. B., & Gitterman, A. (1996). *The life model of social work practice: Advances in theory and practice* (2nd ed.). Columbia University Press.
- Gureje, O., Oladeji, B. D., & Montgomery, A. A. (2015). Mental health stigma and help-seeking behaviors among young people in Africa: A review. *African Journal of Psychiatry*, 18(3), 125–134.
- Gureje, O., Lasebikan, V., & Kola, L. (2015). Lifetime and 12-month prevalence of mental disorders in the Nigerian Survey of Mental Health and Well-being. *British Journal of Psychiatry*, 188(5), 465–471.
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593–602.
- National Association of Social Workers. (2021). *Social work speaks: National Association of Social Workers policy statements 2021–2023* (12th ed.). NASW Press.
- Odu, R. (2018). The role of social work in mental health care in Nigeria. *Journal of Social Work in Developing Societies*, 4(1), 15–28.
- Okoye, U. O. (2013). Trends and challenges of medical social work practice in Nigeria. *Journal of Social Work in Developing Societies*, 1(1), 1–14.
- Salvatore, C., & Kollar, E. (2018). The role of psychosocial interventions in mental health care: Effectiveness and integration. *Global Mental Health Review*, 5(4), 44–55.
- Von Bertalanffy, L. (1968). *General system theory: Foundations, development, applications*. George Braziller.
- World Health Organization. (2022). Mental disorders. <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>
- World Health Organization. (2021). Adolescent mental health. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>