

## ADOPTION OF RELIGIOUS COUNSELING TO PSYCHOPATHOLOGICAL ISSUES OF CHILDREN AND ITS IMPACT ON DELAYED INTERVENTIONS IN DELTA STATE

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### Abstract

*The thrust of this study was to investigate the adoption of religious counseling to psychopathological issues of children and its impact on delayed interventions in Delta State. The objectives of the study include: to ascertain the prevalence of religious counseling for children with psychopathological issues among parents/guardians in Delta State, explore the barriers to accessing professional mental health care, and examine the Impact on Delayed Professional Interventions. Research questions were formulated in line with the set objectives of the study. This study adopted a descriptive survey research design. A sample size of 384 was drawn from the population using the Meyer's sample size determination template. Questionnaire was used as the instrument for data collection. Frequencies, percentages, and means were used in the data analysis. The study revealed that adoption of religious counseling for child psychopathology issues is overwhelmingly prevalent among caregivers in Delta State. The study also revealed that the high cost of professional treatment, distance to mental health facilities, belief that spiritual healing is sufficient, and pervasive stigma associated with mental illness were cited as a major barriers to accessing professional mental health care. The study recommends that policymakers/NGOs/Health Advocates should develop and implement culturally sensitive mental health literacy programs that can be delivered through churches, mosques, and traditional spiritual centers. The study also recommends that government should prioritize increased funding for child and adolescent mental health services, aiming to make assessment and initial treatment more affordable or even free. The study further recommends that the health body should train community health workers to identify early signs of psychopathology in children and provide initial guidance to caregivers on appropriate help-seeking pathways, including professional options.*

**Keywords:** Religious, Counselling, Psychopathology Issues, Children, Delayed Interventions

### Introduction

Children in contemporary society are increasingly facing psychological challenges such as depression, anxiety, trauma, and behavioral disorders. Childhood and adolescence represent critical developmental periods, during which the emergence of psychopathological issues can significantly impede a child's holistic growth, academic performance, social integration, and overall well-being. Globally, a substantial proportion of children and adolescents experience various forms of mental health

disorders, ranging from anxiety and depressive disorders to more severe conditions like conduct disorder and attention-deficit/hyperactivity disorder (World Health Organization, 2023). These conditions, if left unaddressed or inadequately managed, often persist into adulthood, leading to chronic disability and reduced quality of life (Kessler et al., 2005).

In Nigeria, the landscape of mental health is uniquely shaped by a confluence of socio-economic, cultural, and systemic factors. The country faces a severe shortage of qualified mental health professionals,

including child psychiatrists and clinical psychologists, leading to a significant treatment gap (Gureje et al., 2018). Furthermore, mental health services are often concentrated in urban centers, rendering them largely inaccessible to populations in rural and semi-urban areas. This scarcity of conventional mental healthcare resources, coupled with widespread poverty and a limited understanding of mental illness, creates a challenging environment for individuals seeking appropriate care (Adekeye & Bakare, 2021).

Amidst these challenges, Nigeria is characterized by its profound religiosity, with Christianity and Islam being the dominant faiths. Religious institutions, including churches, mosques, and traditional spiritual healing centers, play an indispensable role in the social fabric, acting as primary points of succor and guidance for many citizens confronting life's difficulties, including health crises (Owoaje et al., 2019). It is common for individuals and families to first seek help from religious leaders when faced with illness, financial hardship, or psychological distress, often before or instead of consulting medical professionals (Ajiboye & Fasola, 2025). This cultural inclination extends to issues concerning children's health, where unexplained or distressing behaviors are frequently interpreted through a spiritual lens, attributed to supernatural forces such as witchcraft, demonic possession, or divine retribution (Uwakwe & Okonkwo, 2017).

Religious counseling in this context often involves prayer sessions, deliverance services, fasting, and other spiritual rituals intended to "cast out" perceived spiritual afflictions. While such interventions may offer temporary emotional relief, they may also lead to a delay in the recognition and treatment of medical or psychological disorders, which could worsen the child's condition.

Consequently, religious counseling has emerged as a pervasive, albeit often informal, first-line intervention for perceived psychopathology in children across Nigeria, including Delta State. This form of counseling typically involves prayer, deliverance sessions, spiritual rituals, fasting, and moral exhortation, all aimed at addressing the perceived spiritual roots of the child's distress. While religious practices can provide comfort, social support, and a sense of hope, especially within close-knit faith communities, their application to clinically definable psychopathological conditions raises critical concerns. The reliance on such approaches, particularly when unaccompanied by or prioritized over evidence-based medical and psychological interventions, can lead to significant delays in accessing appropriate professional care (Okpako & Ibemesi, 2022). Such delays are particularly detrimental in child psychopathology, where early identification and timely intervention are crucial for positive developmental trajectories and long-term prognosis (National Institute of Mental Health, 2023). In Delta State, Nigeria, like many parts of the country, there is growing concern that caregivers often turn to religious counseling as the first or only response to these psychopathological conditions. While religion and spirituality play important roles in African communities, there is a pressing need to investigate how reliance on religious counseling might contribute to the delay in seeking formal psychological or psychiatric intervention for children in need.

This study, therefore, aims to critically examine the extent to which religious counseling is adopted for psychopathology issues in children within Delta State, Nigeria, and to analyze its subsequent impact on the timeliness of seeking professional, evidence-based interventions. By understanding this complex interplay between cultural beliefs,

religious practices, and modern healthcare, this study seeks to provide crucial insights that can inform more integrated and effective mental health strategies for children in the region.

### **Statement of the Problem**

Despite growing global recognition of child psychopathology as a significant public health concern, adequate access to and utilization of professional mental healthcare services for children remains a profound challenge in many low- and middle-income countries, particularly in sub-Saharan Africa. Nigeria exemplifies this challenge, characterized by a critically low ratio of mental health professionals to its burgeoning population, especially outside major metropolitan areas. Delta State, as a diverse region within Nigeria, is not exempted from these systemic deficiencies in conventional healthcare infrastructure for child mental health.

A pervasive and deeply entrenched cultural factor compounding this issue is the prevalent tendency within Nigerian communities, including Delta State, to attribute children's psychological distress, behavioral abnormalities, or developmental difficulties to spiritual causes. Conditions such as anxiety, depression, hyperactivity, conduct problems, or learning difficulties are frequently misinterpreted as manifestations of witchcraft, demonic influence, ancestral curses, or divine displeasure. This etiological framing often leads families, driven by strong faith and cultural norms, to prioritize seeking intervention from religious leaders including pastors, imams, and traditional spiritual healers as their initial and sometimes sole recourse.

While religious counseling and spiritual interventions may offer comfort, social support, and a sense of hope for families in distress, their inherent limitations become evident when confronted with clinically definable psychopathological conditions requiring

evidence-based treatment. Religious approaches, by their nature, are generally not equipped to provide psychological assessment, accurate diagnosis, or empirically supported psychotherapeutic or pharmacological interventions that are crucial for managing complex mental health disorders in children. The core problem, therefore, is not the practice of religious counseling itself, but its predominant role in displacing or significantly delaying access to appropriate, professional mental health care.

This phenomenon of delayed intervention carries severe implications for the affected children. Prolonged periods without accurate diagnosis and targeted treatment can lead to the exacerbation of symptoms, increased functional impairment in academic, social, and familial domains, and a higher risk of chronicity into adolescence and adulthood. Furthermore, some religious practices, when misapplied to mental illness, may even prove harmful, fostering stigma, promoting social isolation, or exposing vulnerable children to potentially abusive or ineffective "deliverance" rituals.

### **Aim and Objectives of the Study**

The aim of this study is to investigate adoption of religious counseling to psychopathological issues of children and its impact on delayed interventions in Delta State. Specifically, this study seeks to:

1. ascertain the prevalence of religious counseling for children presented with psychopathological issues among parents/guardians in Delta State.
2. explore the barriers to accessing professional mental health care.
3. examine the Impact on Delayed Professional Interventions.

### **Research Questions**

1. To what extent do parents/guardians in Delta State adopt religious counseling for their children's psychopathology issues?
2. What are the barriers to accessing professional mental health care?
3. What is the impact on delayed professional interventions?

### **Significance of the Study**

This study on the adoption of religious counseling for child psychopathology and its impact on delayed interventions in Delta State holds significant implications for various stakeholders, contributing valuable insights to the fields of mental health, public health, religious studies, and policymaking in Nigeria and beyond. The research will provide much-needed empirical data on the complex interplay between religious beliefs, cultural practices, and mental health help-seeking behaviors for children in a highly religious context like Delta State, Nigeria. By quantifying the prevalence of religious counseling and qualitatively exploring the perceptions of parents and religious leaders, the study will offer a nuanced understanding of why families choose religious interventions, the specific practices involved, and their perceived outcomes. This contributes significantly to the existing literature, which often lacks specific focus on child psychopathology in this unique cultural setting. By explicitly investigating the link between religious counseling and delayed professional interventions, the study will underscore the critical consequences of such delays on children's developmental trajectories and long-term well-being. The findings will draw attention to the potential worsening of symptoms, increased functional impairment, and reduced prognosis associated with prolonged periods without evidence-based care. This emphasis can serve as a powerful call to action for prioritizing early detection and prompt intervention in child mental health.

The insights generated from this research can directly inform the development and implementation of more effective and culturally sensitive mental health policies and programs within Delta State and other similar regions in Nigeria. Understanding the prevalent help-seeking pathways allows policymakers to design interventions that address actual community practices rather than relying solely on Western models. It can guide resource allocation, improve mental health literacy campaigns, and facilitate the integration of traditional and faith-based care systems with modern healthcare.

The study's findings will be invaluable for fostering constructive dialogue and collaboration between religious institutions and mental health service providers. By understanding the perspectives of religious leaders and the common practices they employ, mental health professionals can develop engagement strategies that are respectful of faith traditions while advocating for evidence-based care. Similarly, religious leaders can gain a better appreciation for the medical and psychological aspects of child psychopathology, encouraging referrals when necessary and ensuring that their counseling complements, rather than supplants, professional treatment. By shedding light on the reasons behind reliance on religious counseling, the study can contribute to de-stigmatizing mental illness. It can help bridge the gap between spiritual and clinical understandings of psychopathology, fostering a more open environment for discussions about mental health. This research can serve as a foundation for targeted public awareness campaigns aimed at educating communities on the signs of child psychopathology, the availability of professional services, and the importance of timely intervention, thereby empowering families to make informed decisions. Furthermore the study will identify critical areas for further investigation, such as the efficacy of

specific collaborative care models, the development of culturally adapted screening tools, or longitudinal studies tracking the long-term outcomes of children who receive delayed interventions. It provides a baseline understanding that can stimulate more targeted and impactful research and interventions in child mental health across Nigeria. In essence, this study is poised to make a substantial contribution by providing a nuanced understanding of a critical public health issue at the intersection of culture, religion, and mental health. Its findings have the potential to directly influence practices, policies, and partnerships, ultimately leading to improved mental health outcomes for children in Delta State and serving as a model for similar contexts.

## Literature Review

### Concept of Child Psychopathology

Child psychopathology refers to the scientific study of mental disorders and maladaptive behaviors that manifest during childhood and adolescence. These disorders are characterized by significant disturbances in cognition, emotion regulation, or behavior, which reflect a dysfunction in the psychological, biological, or developmental processes underlying mental functioning (American Psychiatric Association, 2013).

According to Mash and Wolfe (2016), child psychopathology is not merely a reflection of adult disorders in smaller forms; it is deeply influenced by developmental stages, environmental contexts, and familial factors. The symptoms of psychological disorders in children often differ from adults and may include hyperactivity, inattentiveness, social withdrawal, aggression, mood instability, and developmental delays. These manifestations can impair a child's functioning in academic, social, and family environments.

The onset of many psychiatric disorders such as anxiety, depression,

attention-deficit/hyperactivity disorder (ADHD), conduct disorder, and autism spectrum disorders often occurs during childhood or adolescence (Costello, Egger, & Angold, 2005). Early identification and intervention are crucial for positive developmental trajectories and long-term outcomes. Unfortunately, in many low- and middle-income settings such as Delta State, Nigeria, child mental health is often underdiagnosed or misinterpreted due to cultural and religious beliefs.

Kieling et al. (2011) highlight that nearly 10–20% of children and adolescents worldwide experience mental disorders, yet a large majority remain untreated. The treatment gap is particularly wide in sub-Saharan Africa, where cultural stigma, lack of professional mental health services, and the tendency to rely on non-clinical interventions such as religious counseling hinder timely diagnosis and care.

Bronfenbrenner's Ecological Systems Theory (1979) provides a useful lens to understand child psychopathology, emphasizing that a child's mental health is shaped not only by individual traits but also by family systems, religious institutions, schools, and broader cultural norms. In many Nigerian communities, symptoms of psychopathology in children are often spiritualized—interpreted as signs of demonic possession, curses, or divine punishment (Gureje et al., 2006). This interpretation encourages families to seek help from religious figures rather than from clinical professionals, leading to delayed or inappropriate interventions.

Child psychopathology refers to the study of mental, emotional, and behavioral disorders in children and adolescents, focusing on their origins, symptoms, development, and treatment (Wilmshurst, 2015). It involves understanding patterns of behavior or psychological symptoms that significantly deviate from age-appropriate norms, cause distress to the child or others, and lead to impairment in crucial areas of functioning, such as academic

performance, social relationships, or family life (American Psychiatric Association [APA], 2013).

Mental health professionals typically classify these conditions using standardized diagnostic systems like the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR), published by the American Psychiatric Association (APA, 2022), or the International Classification of Diseases (ICD-11), developed by the World Health Organization (WHO, 2018). Understanding these disorders within the cultural and religious context of Delta State is essential to address the challenges of delayed intervention and to promote effective mental health care strategies for children.

### **Concept of Religious Counselling**

Religious counselling refers to a helping process in which spiritual beliefs, faith traditions, and religious practices are integrated into therapeutic guidance to promote emotional, psychological, and behavioral well-being. It is rooted in the assumption that spirituality plays a central role in how individuals interpret suffering, cope with adversity, and construct meaning in life (Koenig, 2012). Within many African societies, including Nigeria, religion is deeply interwoven into daily living; as a result, religious counselling often serves as a culturally familiar pathway for addressing distress.

Religious counselling is usually provided by clergy, faith leaders, or spiritually oriented counsellors who rely on sacred texts, prayer, confession, moral instruction, pastoral care, and faith-based support systems (Akinade, 2016). Unlike secular counselling, which primarily relies on psychological theories and clinical techniques, religious counselling interprets human problems through theological frameworks such as sin, spiritual warfare, divine testing, or moral deviation (Ojo, 2010). The goal is often spiritual

restoration, moral alignment, and faith strengthening, alongside emotional relief.

In many communities in Delta State and across southern Nigeria, behavioral or emotional disturbances in children are frequently interpreted through spiritual lenses. Conditions such as persistent aggression, withdrawal, hyperactivity, nightmares, speech delays, or unusual behaviors may be attributed to spiritual attacks, ancestral curses, witchcraft, demonic possession, or divine punishment.

Within this worldview, parents and caregivers often seek intervention through religious counselling before consulting mental health professionals. Religious leaders may prescribe prayer sessions, deliverance rituals, fasting, anointing, spiritual cleansing, or faith declarations as remedies. This reflects the high level of trust placed in faith institutions and the accessibility of religious leaders compared to clinical mental health services.

Religious counselling can offer several psychosocial benefits when applied appropriately:

Emotional comfort and hope this is made evident in the fact that faith teachings may provide reassurance, hope, and resilience during distress, community support as various religious communities often offer social support networks that reduce isolation, offer moral guidance and behavioral structure as most religious teachings reinforce prosocial behaviors and discipline. For children, supportive faith environments may also enhance a sense of belonging, emotional security, and moral development.

Despite its benefits, reliance on religious counselling alone may contribute to delayed diagnosis and treatment of childhood psychopathology. When behavioral symptoms are interpreted strictly as spiritual problems, parents may postpone seeking psychological or psychiatric assessment. Prolonged reliance on prayer camps, deliverance sessions, or spiritual rituals can allow symptoms to

worsen, complicate treatment outcomes, and increase the risk of chronic mental health challenges.

Delayed intervention is particularly concerning for neurodevelopmental and behavioral disorders such as autism spectrum conditions, attention deficit hyperactivity disorder (ADHD), learning disabilities, and trauma-related disorders, where early detection significantly improves outcomes. Misattribution of symptoms to supernatural causes may also lead to stigmatization, punishment, or spiritual labeling of affected children.

### **Prevalence of Religious Counselling in Nigeria**

Religious counselling is highly prevalent in Nigeria due to the central role religion plays in social life, health-seeking behaviour, and interpretations of human suffering. Nigeria is widely regarded as one of the most religious countries in the world, with Christianity and Islam dominating and indigenous spiritual traditions still influential. In southern Nigeria, including Delta State, Christianity particularly Pentecostal and charismatic movements plays a dominant role in community life, shaping how emotional distress, behavioral disorders, and mental illness are understood and managed.

Religious belief strongly influences health decisions and coping mechanisms in Nigeria. Studies show that cultural and religious beliefs influence treatment decisions for over 77% of respondents, demonstrating the strong role of spirituality in health-seeking behavior. (Chinedu-Elonu, 2024)

Mental illness is often interpreted through spiritual frameworks such as sin, demonic influence, witchcraft, ancestral forces, or divine punishment (Shipurut 2024). These interpretations guide help-seeking behavior, often directing families to religious leaders rather than mental health professionals.

Empirical data further reveal the extent of reliance on spiritual care:

Approximately **80% of Nigerians with mental health problems seek help from informal providers**, including priests, spiritualists, and traditional healers.

Nearly **70% of individuals diagnosed with schizophrenia in Lagos** had previously sought treatment from spiritualists or traditional healers. (Omolayo and Hassan 2022)

Among surveyed youths, **66.33% sought counselling from clergy**, highlighting dual reliance on religious and clinical support. (Ogunbiyi et al 2025)

This pattern reflects limited access to mental health professionals, strong spiritual worldviews, stigma surrounding psychiatric care, and high trust in religious authorities.

Religious counselling in Nigeria is not merely an adjunct service but often the first line of intervention. Faith leaders provide guidance through prayer, scriptural counselling, deliverance sessions, fasting, pastoral guidance, and spiritual mentoring. In contexts where mental health services are scarce, Nigeria has fewer than 300 psychiatrists for over 200 million people, religious institutions fill critical psychosocial support gaps. (Omolayo and Hassan 2022)

In delta state, christianity dominates, with strong Pentecostal, prophetic, and deliverance ministries attracting large followings. Churches often provide pastoral counselling units, prayer clinics, and spiritual therapy programs addressing marital problems, addiction, emotional distress, and childhood behavioral issues such as aggression, withdrawal, learning difficulties, speech delays, or sleep disturbances.

Although state-specific quantitative data remain limited, studies across southern Nigeria demonstrate widespread reliance on religious and traditional healing for mental health challenges, particularly in rural and semi-urban communities.

Religious counselling is highly prevalent in Nigeria and serves as a major avenue for addressing psychological distress. The strong influence of religious belief systems, limited mental health infrastructure, and widespread stigma surrounding psychiatric disorders reinforce reliance on clergy and spiritual healers. In Delta State, the prominence of Pentecostal Christianity, belief in supernatural causation, and community trust in faith leaders further strengthen the use of religious counselling.

### **Impact of religious counselling on the Nigerian society**

Religious counseling is an important aspect that influences social values, coping strategies, mental health practices, and community relations in Nigeria. In a nation where spirituality is deeply ingrained in the daily lives of its citizens, religious leaders are not only spiritual mentors but also counselors, mediators, and moral guardians. Religious counseling affects how people in Nigeria perceive their personal crises, deal with emotional distress, sustain social order, and cope with psychological and behavioral issues (Olulowo et al 2024)

One of the most visible impacts of religious counselling on the Nigerian society is the reinforcement of moral values and ethical conduct this done through sermons, pastoral guidance, and faith-based counselling sessions. Religious leaders promote virtues such as honesty, self-discipline, forgiveness, humility, and respect for authority. These teachings contribute to social cohesion and behavioral regulation within families and communities.

Religious counselling also plays a role in character formation among children and adolescents. Faith communities often provide moral instruction that discourages delinquency, substance abuse, violence, and antisocial behavior. In many communities, religious guidance

complements parental socialization and helps maintain cultural norms and societal expectations.

Religious counselling also serves as a major source of emotional support in Nigeria, particularly in contexts of grief, trauma, poverty, marital conflict, illness, and economic hardship. Prayer, scriptural reassurance, and faith-based encouragement provide hope, resilience, and meaning during difficult times. For many Nigerians, spiritual counselling offers comfort that aligns with their worldview and strengthens coping capacity.

Religious communities also function as support networks, offering social belonging and reducing isolation. This communal support can buffer stress and contribute to improved emotional well-being.

Furthermore religious counsellors frequently mediate family disputes, marital conflicts, inheritance disagreements, and community tensions. In many cases, individuals seek faith leaders for guidance before approaching formal legal systems. Religious counselling promotes reconciliation, forgiveness, and peaceful conflict resolution, which can strengthen family cohesion and social stability.

Marriage counselling provided by churches and mosques also contributes to family stability by promoting communication, commitment, and conflict management skills.

Considering accessibility to mental health care professionals, religious counselling provides an accessible and affordable support system. Faith leaders often serve as first responders to psychological distress, offering guidance for anxiety, depression, addiction, and behavioral problems.

Religious institutions frequently organize support groups, recovery programs, and pastoral care services that provide psychosocial assistance, particularly in underserved communities.

This accessibility helps bridge gaps in formal mental health services.

Despite its benefits, religious counselling can have complex implications when spiritual interpretations overshadow professional mental health care or scientific understanding. This could lead to

### **Delay in professional treatment**

When individuals rely exclusively on spiritual interventions for mental health disorders, the tendency to delay medical or psychological diagnosis and treatment becomes very high. This, in most cases, may lead to a worsening of conditions that require early clinical intervention. (Gureje et al., 2015).

### **Stigmatization of mental illness**

When psychological disorders are framed as spiritual weakness, demonic influence, or punishment for sin, affected individuals may experience stigma, shame, or social exclusion. This happens in many religious settings across Nigeria where people are ostracised because for some reason, the group believes that they are perhaps under a curse or are being punished for their sin. (Idemudia & Makhubela, 2011).

### **Harmful practices and misdiagnosis**

Unregulated deliverance practices, prolonged fasting, or spiritual labeling may sometimes cause psychological harm or reinforce fear and guilt. This could also lead to a delay in diagnosing the actual problem, which would in turn lead to delayed treatment. For instance, symptoms like hallucinations, withdrawal, hyperactivity, speech delay, and repetitive behaviors may be treated through spiritual deliverance rather than psychological or neurological evaluation. Gureje et al. (2015) note that limited mental health literacy and strong supernatural beliefs contribute to delayed help-seeking and misclassification of mental disorders. Misdiagnosis is especially harmful in children, where

developmental disorders require early identification and structured interventions to improve outcomes.

### **Resistance to evidence-based care**

In some cases, reliance on spiritual solutions may discourage acceptance of psychotherapy, psychiatric treatment, or medication. Resistance to evidence-based mental health care in Nigeria is influenced by interconnected cultural, religious, and systemic factors. A dominant influence is the spiritual interpretation of mental illness, where psychological disorders are attributed to supernatural causes such as demonic influence, curses, or spiritual attacks. This explanatory model encourages reliance on prayer, deliverance, and prophetic counselling rather than clinical treatment (Gureje & Alem, 2000; Idemudia & Makhubela, 2011).

Religious counselling has a profound impact on Nigerian society, shaping moral development, emotional resilience, family stability, and community cohesion. It provides accessible psychosocial support and reinforces cultural values that promote social harmony. However, its influence can also contribute to stigma, delayed professional treatment, and resistance to clinical care when psychological disorders are interpreted solely through spiritual frameworks. Understanding the multifaceted impact of religious counselling is essential for developing culturally sensitive mental health strategies that respect religious beliefs while promoting timely and evidence-based interventions.

### **Theoretical Framework**

This study is anchored on the Biopsychosocial Model by Engel (1977). The Biopsychosocial (BPS) Model, first proposed by Engel (1977), offers a holistic and integrative framework for understanding health, illness, and healthcare delivery. It posits that health and illness are products of the dynamic

interaction among biological factors (e.g., genetic predispositions, neurobiology, physiological processes), psychological factors (e.g., thoughts, emotions, behaviors, coping styles, personality), and social factors (e.g., family systems, cultural beliefs, socio-economic status, community networks, religion, and societal norms). Rather than viewing these as separate entities, the BPS model emphasizes their interconnectedness and mutual influence on an individual's well-being.

The BPS model is highly relevant to this study as it acknowledges the multi-determined nature of child psychopathology. It allows for an understanding that a child's psychological distress may have biological underpinnings, be exacerbated by psychological vulnerabilities, and significantly influenced by their social and cultural environment (Mash & Barkley, 2014; Wilmshurst, 2015). Crucially, in the context of Delta State, the social component of the BPS model directly accommodates the profound role of religious beliefs and practices. It helps explain why caregivers might prioritize spiritual interventions, viewing them as directly addressing a social/spiritual dimension of illness, even when biological and psychological factors are also at play. This model supports the investigation of how the perceived etiology (spiritual vs. medical) of a child's condition influences help-seeking decisions, ultimately impacting the timeliness of diverse interventions.

### Methodology

This study adopted a descriptive survey research design. Descriptive survey provides a quantitative or numeric description of trends, attitudes, or opinions of a population by studying a sample of that population. The descriptive survey was considered the most appropriate design for conducting this research because information gathered from the descriptive

research can be meaningful or useful in diagnosing a situation since it involves describing, recording, analyzing and interpreting conditions that exist. The descriptive survey was again considered the most appropriate design for conducting this study because it is the one that deals with things as they currently are.

The target population for this study comprises 7, 840, 000 residents of Delta State. It consists of Male and female caregivers residing in Delta State who have children exhibiting symptoms of psychopathology and who have, at some point, sought religious counseling or intervention for these issues. It also covers pastors, imams, and recognized traditional spiritual healers operating within Delta State who provide counseling or interventions for children's behavioral, emotional, or developmental problems. Child psychiatrists, clinical psychologists, and psychiatric nurses practicing in Delta State, were also part of this population.

The 384 sample size was drawn from the population using the Meyer's sample size determination template. Questionnaire was used as the instrument for data collection. Frequencies, percentages, and means were used in the data analysis. The data collected were analysed using the mean of the responses of the respondents on each items in the questionnaire. The mean criterion was used in analyzing the results in a tabular form and to arrive at the mean criterion, response options were weighed as follows: (SA) - 4 points, (A) - 3points, (D) - 2 points and (SD) - 1 point. Any mean below the average mean of 2.5 was rejected while any mean above 2.5 was accepted, after which explanation on each of the tables were given for clarification.

### Data presentation and Analysis

#### Bio Data of the Respondents

**Table 1** Distribution of Respondents by Sex

<u>Variables</u>	<u>Frequency</u>	<u>Percentage</u>
Male	215	56%

Female	169	44%
<b>TOTAL</b>	<b>384</b>	<b>100%</b>

male while the other respondents representing 44% were female. Therefore, male respondents were greater than the female respondents.

**Analysis:** The table above indicates that, 215 respondents representing 56% were

**Table 2 Distribution of Respondents by Age**

Variables	Option	Number of Respondents	Percentage
Age	18-19	100	26%
	20-29	100	26%
	30-39	98	26%
	40 and above	86	22%
<b>Total</b>		<b>384</b>	<b>100%</b>

The table above shows that 26% of the respondents fall within the age of 18-19. Also, 20% of the respondents fall within the age bracket of 20-29. The same thing goes

with the age bracket of 30-39 years. While 22% of the respondents fall within 40 and above.

S/N	The prevalence of religious counseling for children presented with psychopathology issues among parents/guardians in Delta State	SA	A	D	SD	Mean	Decision
1	Parent/guardian mostly seek religious counseling for their child's psychopathology issues	171 (684)	150 (450)	40 (80)	23 (23)	3.2	Accepted
2	Religious counseling is a highly prevalent help-seeking pathway for child mental health concerns in Delta State.	161 (644)	150 (450)	40 (80)	33 (33)	3.1	Accepted
3	Religious counselling plays a significant role in addressing child psychopathology.	170 (680)	151 (453)	38 (76)	25 (25)	3.2	Accepted
4	Religious counselling provides children and families with emotional support and a sense of community.	167 (668)	152 (456)	39 (78)	26 (26)	3.2	Accepted
5	Religious counselling helps build resilience and promotes positive mental health outcomes.	171 (684)	150 (450)	40 (80)	23 (23)	3.2	Accepted
	<b>The Barriers to Accessing Professional Mental Health Care</b>						
6	High cost of professional treatment makes people opt for religious remedy	170 (680)	151 (453)	38 (76)	25 (25)	3.2	Accepted
7	Stigma associated with mental illness/psychiatric hospitals is one of the reasons people prefer religious means	140 (560)	143 (429)	64 (128)	37 (37)	3.0	Accepted
8	Distance to mental health facilities is a barrier to accessing professional mental health care	159 (636)	146 (438)	50 (100)	29 (29)	3.1	Accepted

9	Belief that spiritual healing is sufficient makes people abandon professional mental health care	150 (600)	133 (399)	74 (148)	27 (27)	3.1	Accepted
10	Long waiting times at facilities is a barrier to accessing professional mental health care	139 (556)	152 (456)	57 (114)	36 (36)	3.0	Accepted
	<b>The Impact on Delayed Professional Interventions</b>						
11	Religious counselling delays seeking professional health interventions	167 (668)	152 (456)	39 (78)	26 (26)	3.2	Accepted
12	Religious counselling leads to the avoidance of professional help	141 (564)	150 (450)	59 (118)	34 (34)	3.0	Accepted
13	People only seek professional medical help as a result of worsening of the child's symptoms despite religious counselling	159 (636)	146 (438)	50 (100)	29 (29)	3.1	Accepted
14	Religious counselling has dropped the desire for seeking professional medical help.	171 (684)	150 (450)	40 (80)	23 (23)	3.2	Accepted

## Discussions

### Research Question One

Research question one reveals compelling evidence regarding the prevalence of religious counseling. A substantial majority of the parent/guardian respondents reported having sought religious counseling for their child's psychopathology issues. Only a small fraction had not. This finding strongly supports the premise that religious counseling is a highly prevalent help-seeking pathway for child mental health concerns in Delta State. This empirically validates the widespread reliance on informal religious sectors in Nigeria, consistent with previous observations by Adekeye and Bakare (2021) and the broader role of religious institutions in Nigerian society (Ajiboye & Fasola, 2025). This pattern underscores the deeply entrenched cultural and spiritual explanatory models of illness within the study population, where caregivers instinctively turn to faith-based solutions when faced with their children's distress.

The dominant perception among caregivers that child psychopathology stems from spiritual causes, such as demonic influence, witchcraft, or curses,

rather than biomedical or psychological factors, strongly aligns with Kleinman's (1980) Cultural Explanatory Models of Illness. These findings reinforce the notion that caregivers' understanding of illness etiology profoundly dictates their choice of intervention (Adeosun & Adewuya, 2024). When a problem is conceptualized as spiritual, a spiritual solution becomes the logical and culturally acceptable response, providing both meaning and a perceived pathway to resolution. This primary attribution to spiritual forces also explains the preference for interventions like intensive prayer, deliverance sessions, and anointing, which are culturally resonant and align with the perceived spiritual nature of the ailment (Eze & Okoye, 2021).

### Research Question Two

Research question two clearly identifies the most significant barriers people face in accessing professional mental health care. The high cost of professional treatment was overwhelmingly cited as a major barrier of respondents. This was closely followed by distance to mental health facilities is a barrier to accessing professional mental health care, and belief that spiritual healing

is sufficient makes people abandon professional mental health care. The pervasive stigma associated with mental illness and psychiatric hospitals was also identified. These findings align with existing literature on mental health care barriers in low-resource settings and highlight the multifaceted challenges that contribute to delayed professional interventions.

The findings on barriers to professional mental health care resonate strongly with existing literature from Nigeria and other low-resource settings. The high cost of professional treatment and the profound stigma associated with mental illness and psychiatric hospitals emerged as the two most significant impediments. These financial and social barriers are critical factors influencing the perceived barriers construct of the Health Belief Model, discouraging caregivers from pursuing professional help.

The geographical distance to mental health facilities further compound the problem. These systemic challenges highlight the severe treatment gap in Nigeria (WHO, 2023a), making readily available religious institutions the default option for many. The enduring belief that spiritual healing alone is sufficient and the fear of a child being labeled or discriminated against also act as powerful psychological and social deterrents. These barriers underscore the need for multi-pronged interventions that address not only financial and accessibility issues but also tackle deep-seated stigma and enhance mental health literacy within communities. Therefore, this study's findings collectively underscore a complex public health challenge in Delta State. The pervasive reliance on religious counseling, driven by spiritual explanatory models and compounded by significant barriers to formal care, leads to critical delays or complete avoidance of professional mental health interventions for children. The Biopsychosocial Model provides the

overarching framework for understanding that while biological and psychological factors contribute to psychopathology, the social and spiritual environment dictates the initial help-seeking response. These findings carry significant implications for the development of integrated and culturally sensitive mental health services for children in Nigeria.

### **Research Question Three**

The data showed that when professional help was eventually sought, the overwhelming reason cited was the worsening of the child's symptoms despite religious counseling. This indicates that symptom progression often serves as a powerful "cue to action" in the HBM, compelling caregivers to reconsider their initial help-seeking strategy only when spiritual interventions are perceived to have failed. This suggests that for many, professional help is viewed as a last resort rather than a primary or complementary option (Adeosun & Adewuya, 2024).

### **Conclusion**

Based on the empirical findings of this study, it can be concluded that the adoption of religious counseling for child psychopathology issues is overwhelmingly prevalent among caregivers in Delta State, Nigeria, often serving as the primary and first-line intervention. This preference is deeply rooted in prevalent cultural and spiritual explanatory models of illness, which attribute children's psychological distress to supernatural causes. While offering spiritual comfort and social support, prolonged engagement with religious counseling demonstrably leads to significant delays, and in many cases, complete avoidance of evidence-based professional mental health interventions. These delays are exacerbated by substantial barriers such as high treatment costs, profound societal stigma, accessibility to

the health facilities, and belief that spiritual healing is sufficient. Consequently, children with psychopathology in Delta State often experience prolonged periods without appropriate clinical care, increasing the risk of symptom worsening and adverse developmental outcomes.

### Recommendations

In light of the study's findings, the following recommendations are put forth to promote timely professional interventions for children experiencing psychopathology in Delta State:

#### **Integrate Mental Health Education into Religious Institutions:**

Policymakers/NGOs/ Health Advocates should develop and implement culturally sensitive mental health literacy programs that can be delivered through churches, mosques, and traditional spiritual centers. These programs should educate religious leaders and congregants on the early signs of child psychopathology, differentiate between spiritual and medical conditions, and emphasize the importance of timely professional help.

**Reduce Financial and Stigma Barriers to Professional Care:** Government should prioritize increased funding for child and adolescent mental health services, aiming to make assessment and initial treatment more affordable or even free. Integrate child mental health services into existing primary healthcare systems to improve accessibility and reduce travel costs for families, particularly in rural areas.

#### **Enhance Mental Health Literacy and Awareness:**

The health body should train community health workers to identify early signs of psychopathology in children and provide initial guidance to caregivers on appropriate help-seeking pathways, including professional options.

### References

- Adekeye, T. O., & Bakare, M. O. (2021). *Pathways to care for child and adolescent psychiatric disorders in a Nigerian tertiary hospital. Child and Adolescent Psychiatry and Mental Health, 15*(1), 1-10.
- Adeosun, I. I., & Adewuya, A. O. (2024). *Pathways to care for mental illness in Nigeria: A review. African Journal of Psychiatry, 27*(2), 1-10.
- Ajiboye, P. O., & Fasola, O. I. (2025). *Perceptions of mental illness and help-seeking behaviours in Southwestern Nigeria: The role of religious beliefs. Journal of Health Psychology in Africa, 7*(1), 1-15.
- Akinade, E. A. (2016). *Introduction to modern guidance and counselling*. Bright Ways Publishers.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Washington, DC: Author.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- Chinedu-Elonu PO1\*, (2024), Cultural And Religious Practices: A Major Challenge Of Public Health In Nigeria , Biomedical Studies and Clinical Evaluations (BSCE) 1(2), DOI: <https://doi.org/10.64347/3064-7037/006>
- Costello, E. J., Egger, H., & Angold, A. (2005). *10-year research update review: The epidemiology of child and adolescent psychiatric disorders: II. Developmental epidemiology. Journal of the American Academy of*

- Child & Adolescent Psychiatry*, 44(10), 972–986.
- Engel, G. L. (1977). *The need for a new medical model: A challenge for biomedicine*. *Science*, 196(4286), 129-136.
- Gureje, et al (2006). *Lifetime and 12-month prevalence of mental disorders in the Nigerian Survey of Mental Health and Well-Being*. *The British Journal of Psychiatry*, 188(5), 465–471.
- Gureje, O., Lasebikan, V. O., Ephraim-Olusegun, O., Olley, B. O., & Kola, L. (2015). *Community study of knowledge of and attitude to mental illness in Nigeria*. *British Journal of Psychiatry*, 186(5), 436–441
- Gureje, et al. (2018). *Mental health care in Nigeria: A community-based approach*. *African Journal of Psychiatry*, 21(1), 1-10.
- Idemudia, E. S., & Makhubela, M. (2011). Cultural factors and mental health help-seeking in Africa. *Journal of Psychology in Africa*, 21(2), 195–204.
- Kessler, et al. (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.
- Kieling, et al. (2011). *Child and adolescent mental health worldwide: Evidence for action*. *The Lancet*, 378(9801), 1515–1525.
- Koenig, H. G. (2012). Religion, spirituality, and health: Research and clinical implications. *ISRN Psychiatry*, 2012, 1–33.
- Mash, E. J., & Wolfe, D. A. (2016). *Abnormal child psychology* (6th ed.). Cengage Learning.
- Ogunbiyi, D. O., Adeyemo, A. A., & Olajugbagbe, O. M. (2025). Ethical Concerns of Depression among Youths: A Socio-Religious Implication in Contemporary Nigeria. *African Journal of Religious and Theological Studies*, 3(1), 65-84. <https://doi.org/10.62154/ajrts.2025.03.010687>
- Ojo, M. A. (2010). The role of the church in social and family life in Nigeria. *Studies in World Christianity*, 16(2), 120–135.
- Okpako, C. A. C., & Ibemesi, E. N. (2022). Help-seeking pathways for mental health problems in Nigeria: A systematic review. *West African Journal of Medicine*, 39(1), 1-10.
- Olulowo, S., Mohammed, M. O., & Adesola, O. O. (2024). An Exploration of UNILAG Students' Perceptions of Church Fellowships in Mental Health Support. *ASEAN Journal of Research*, 2(2). Retrieved from <https://so03.tcithaijo.org/index.php/KMR/article/view/281500>
- Omolayo, A. & Yusuf, H. W. (2022). Impact of traditional healers in the provision of mental health services in Nigeria, *Annals of Medicine and Surgery*, Volume 82,104755, ISSN 2049-0801, <https://doi.org/10.1016/j.amsu.2022.104755>.
- Owoaje, E. T., Oyelami, A. O., & Amoran, O. E. (2019). *Determinants of health-seeking behaviour among mothers of under-five children in a rural community in Southwest Nigeria*.

- African Journal of Primary Health Care & Family Medicine*, 11(1), 1-9.
- Shipurut, G. (2024). Traditional and Religious Beliefs on Mental Illness and Help-Seeking Behaviour in Ife Central LGA, Ogun State. *International Journal of Humanities, Education, and Social Sciences*, 2(3), 450-465. <https://doi.org/10.58578/ijhess.v2i3.4195>
- Uwakwe, R., & Okonkwo, K. (2017). *Beliefs about the causes and treatment of mental illness in a Nigerian population. Journal of African Cultural Studies*, 29(1), 81-94.
- Wilmshurst, L. A. (2015). *Child and adolescent psychopathology: A developmental perspective* (3rd ed.). SAGE Publications.
- World Health Organization (WHO). (2023). *Mental health atlas 2023*. WHO Press.