

Community-Based Organizations' Service Delivery in Civic Leadership Engagement Towards Mental Health Awareness in The South-West Zone, Nigeria

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Abstract: Mental health is foundational to human productivity and national development. Grassroots civic actors are essential to bridge the health service where there is scarcity. Quality health service delivery, therefore, is not just for hospitals and elites, but rather it requires multidimensional collaboration with community-based organizations (CBOs) via visionary leadership. This study explored the roles of civil organizations in mental health advocacy in Nigeria's Southwest geo-political zone. Three research questions and one hypothesis were evaluated using a descriptive survey design. A multistage and convenient sampling technique was used, resulting in 200 samples. Researchers engaged a self-designed, 15-item questionnaire for data collection. The study's contribution showed that community-based organizations significantly contribute to mental health support at 71.5%, bridging the health gap in rural areas. CBO's effectiveness was rated strong at 79.4% level. Furthermore, the report established that groups collaborate with public health centers to enhance mental health support in the Southwest of Nigeria. Based on the findings, the study recommended that policymakers in the health sector should formally incorporate CBOs' roles as an essential, assistive service for mental health in rural communities. There should also be a strategic public-private partnership with a designed framework to increase funding and capacity-building for organizations. The study concluded that the professional delivery capacity of groups requires training and retraining in prioritizing mental health advocacy to enhance citizens' capacity for nation-building in Nigeria.

Keywords: *Community-based organizations, Leadership engagement, Quality service, Health awareness, Mental health*

1. Introduction

A healthy mind is crucial to social cohesion and national productivity. The fast-paced digital world and diverse social demands seem to increase pressure on people's mental health. Increase in drug abuse, suicide cases, anxiety, and uncontrollable outbursts of anger resulting in violence are vivid indices of mental health challenges. Adeduntan and Adetayo (2022) reported an increase in psychological trauma due to discriminatory practices against women and girl-children in Nigeria. Without timely access to quality health through integrated, local services, especially for rural dwellers, stigma culture and religious beliefs might continue to shape mental health discourse, achieving an egalitarian, prosperous economic society, a herculean task for Nigeria.

Nigeria reportedly has one of the highest burdens of mental health disorders in Africa, with an estimated 25% of the population experiencing challenges at some point (Wahab, 2020). Yet, budgetary allocation to health is less than 3%. Attention to mental health is less prioritized, unlike physical health issues (Otorokpa et al., 2024). This might be connected with misconceptions about mental health and economic hardship in Nigeria (Lawal et al., 2024). If unattended to, poor mental health can make it difficult to break the poverty cycle, especially in rural communities (Lawal et al., 2024; Otorokpa et al., 2024). Thus, increasing traditional beliefs, social stigmatization, violence, and poor relationship management. Therefore, this study considers an inclusive approach to promote mental health advocacy.

The public health system in Nigeria is structured on a three-tiered, pluralistic nature provided by the federal, state, and local governments. However, 85.3% (34,076) of health facilities are primary healthcare centres (PHCs) with only 20% considered functional. This partly explains why Nigeria ranked 187th out of 191 countries in the WHO health system ranking in 2023. The above data clearly show, according to Yisa et al (2025), the need for a public-private partnership to improve service delivery and universal health coverage. Kruk et al (2018) explained that a nation's health system is meant for the people and expected to work with

people to improve health outcomes. The quality of a nation's health system will be determined by people's health needs, expectations, governance of the health system, and collaboration across different sectors. Therefore, Yisa et al (2025) suggested that the health system should promote value by enhancing trust through giving good care irrespective of people's health concerns. To this end, improvement in health outcomes will enhance productive life and national growth. Quality health delivery should be available to all and not for elites alone or as a future pursuit (Kruk et al., 2018).

2. Overview of Mental Health Awareness

Health matters are a fundamental right of humans (Isokon et al., 2021). Mental health needs attention, being under-prioritized, poorly funded and under-evaluated, thus increasing social inequality and gaps in health service provisions (WHO, 2024; Espinal et al., 2025). Mental health (MH) disorder comprises of conditions that affect people's cognition, emotions, behavior, and overall functionality. The World Health Organization [WHO] (WHO, 2022) stated that a greater number of mental disorders occur before adulthood, with 50% or more occurring by age 14. Traumatic stress also affects psychological development in adolescents, leading to severe impairments in adulthood. Due to poor awareness, mental health patients are often stigmatized, discriminated against, and socially excluded. Therefore, promoting mental wellness requires emotional support, psychological, and social well-being to enhance an individual's functioning.

Mental health is a complex issue that affects individual's personality, relationships, career and life's quality on the overall. WHO (2024) asserted that mental health is a state of being well where individuals' abilities are realized, able to cope with life stresses, work productively, and engage in community contribution. It is important to understand the types of mental health to inform awareness promotion, treatment, and support environments. MH is categorized based on prevalence and symptoms. These include anxiety disorder (excessive fear), depression, bipolar disorder, post-traumatic stress disorder [PTSD], schizophrenia, eating disorders, and substance use disorders (Valley Forge Medical Centre [VPMC], 2025). Data revealed that over 301 million people globally suffer from anxiety disorder, while 280 million are dealing with depression. Bipolar disorder is an unpredictable, extreme mood disorder that makes keeping relationships difficult, while PTSD is re-experiencing/flashbacks of trauma, causing avoidance and negative mood swings. Therefore, Espinal et al (2025) suggested that MH strategies should include prevention, awareness, promoting human rights, and preventing child abuse.

Civic Leadership Engagement (CLE)

Leadership transcends position and title. Leadership influences a group's performance. Adeduntan (2025), citing Theriono and Lianto, agreed that leadership is a process of influence that gets tasks done with other members. Adebayo et al. (2020) emphasize developing civic competence with collaborative skills to equip citizens for effective participation and sustenance of democratic structures in Nigeria. Engagement is a deep sense of participation (Risku, 2024). It involves cognitive, affective, and behavioral participation in goal-oriented activities. That is, knowledge participation, shared feeling (affective), and right attitudes. Similarly, Iwu and Gbadamosi (2011) posited that management of chaotic/conflicting situations is a role of transformative leadership that is relevant to Africa and Nigeria.

Leadership engagement (LE) in the promotion of health, safety, and environment (HSE) is critical to health system management. O'Rourke (2024) described LE as the visible and active participation of top leaders in driving performance and organizational culture. LE involves communicating vision, listening, modeling right behaviors, and fostering a supportive environment. Risku (2024) described LE from students' engagement lens involving an individual's effort, time, energy, feelings, and sensible participation in leadership activities. Specifically, LE is the participation opportunity for health workers, staff, and other partners in activities that promote understanding of the importance of HSE issues (O'Rourke, 2024). Hence, CLE in health is a solution-based approach.

Community-based Organizations (CBOs)

Participation of community-based organizations (CBOs) in local affairs changes communities' fortunes. Herat Bench (2022) states that CBOs are local groups that are formed, staffed, and work to improve lives in a community without focusing on profit-making. CBOs are non-governmental groups also known as community

associations in Nigeria, contributing to local development (Isokon et al., 2021; Service Opare, 2007) and registered by the Department of Social Development (Akpehe, 2016). Eze (2019) pointed out the skills acquisition CBOs rendered to persons living with disabilities (PLWD) to function independently. Hence, services rendered are complementary to government health departments (Soroye & Oleribe, 2021). It links communities to secure resources in areas of need and provides information channels for development (Isokon et al., 2021; Heart Bench, 2022). In contrast, CBOs are different from large non-profit organizations that run multiple projects operating outside their main location (Herat Bench, 2022). CBOs are more localized, limited in operation (single project) and may collaborate with bigger organizations, but not as a branch.

Findings of Isokon et al. (2021) showed that youths and energized adults dominate CBOs in Nigeria's rural areas. Groups are categorized based on function (Isokon et al., 2021), including structure and population being served (Heart Bench, 2022). The function-based groups provide services across health, micro-finance, and advocacy. For instance, Umeh and Okeke (2019) stated that CBOs create cancer awareness, give free or subsidized screenings, and provide other supports. Wahab (2020) also recognized that groups support mental health patients, making healthcare more accessible and culturally relevant than the conventional health system. Financial resources are mobilized through fundraising, campaigns, and financial grants (Onyeka, Velijanashvili & Hifni, 2020). Although many are limited by funding, leadership challenges, socio-economic factors, external networking, and documentation challenges faced with government agencies (Service Opare, 2007; Isokon et al., 2021; Heart Bench, 2022). The effectiveness of CBOs requires financial and educational assistance (Isokon et al., 2021). Also, CBOs should build relationships with the government, collaborate with large stakeholders, develop members' capacity, practice feedback from residents, and ensure community leaders support (Join the Collective, 2025; Alliance for Justice, 2024). It is against this background that this study's contributions extend civic leadership focus on governance to how civic leaders, through CBOs, can become frontline actors in mental advocacy.

Purpose of the Study

The study explored the civic leadership role of community-based organizations in mental health awareness promotion within the Southwest, Nigeria. Specifically, the objectives are to:

- Identify community-based organizations' contributions in providing mental health support in Southwest, Nigeria.
- Determine the extent of the CBOs' effectiveness in providing mental health support.
- Examine the extent of collaboration between community-based organizations and public health systems in providing mental health support in Southwest, Nigeria.

Research Questions

- What are the contributions of community-based organizations in providing mental health support in Southwest, Nigeria?
- How effective are the contributions of community-based organizations in providing mental health support in Ogun State?
- To what extent do community-based organizations collaborate with public health systems in providing mental health support in Ogun State?

Hypothesis

H01: There is no significant difference between CBOs' contributions and the extent of effectiveness in providing mental health support.

3. Method

This study engaged a descriptive survey design involving a quantitative approach to data collection through a questionnaire as the instrument. The study area was conducted in Southwest, Nigeria; a predominantly Yorubaland by origin yet ethnically diverse, accommodating people from other regions, including foreigners (Onasanya & Achugo, 2023). Meanwhile, the target population for the study was drafted from Ogun State, known as the "Gateway State." The State has strategic connections to Lagos, Oyo, Osun, Ekiti, and Ondo States; other parts of Nigeria, including the West African sub-region. Despite the state's growing urbanization,

industries, rich historical sites, and educational hub, violence, including ritual killings, seems to prevail in most communities (TVC News, Jan. 26, 2026; Guardian Nigeria News, Jan. 24, 2025).

The study's sample size was 200 respondents from four different CBOs selected through multistage and convenience sampling techniques (50 respondents each). A 15-item questionnaire titled "Community Organization's Role in Mental Health (CORiMH)" was used to draw responses rated on a 4-Point Likert scale. The instrument has face and content validity with a reliability coefficient of 0.74, Cronbach's Alpha. Data obtained was analyzed using descriptive statistics, while Chi-square (χ^2) statistics were adopted for the testing of the hypotheses at a 0.05 level of significance.

4. Results Presentation

Figure 1: Demographic Characteristics of Participants

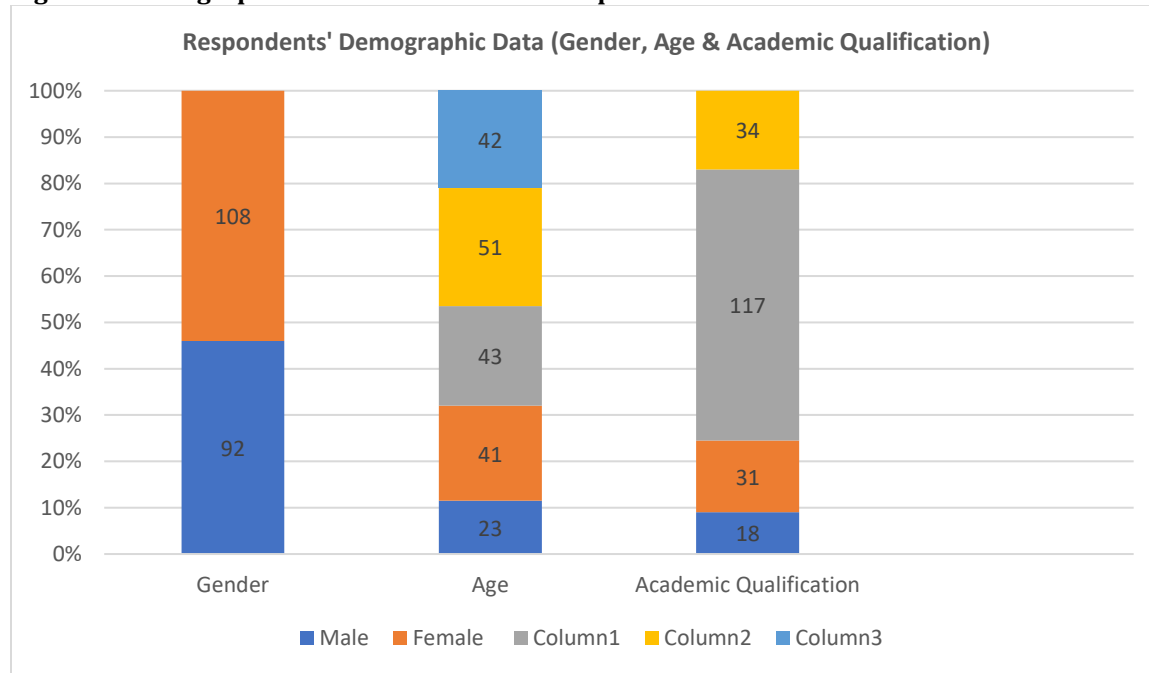


Figure 1 shows that 92 (46%) of the participants were male, while 108 (54%) were female. Also, 23 (11.5%) participants were within the ages of 18 to 25 years, as the lowest age group, while ages 42 to 49 had 25.5% (51) participants as the highest age group. The academic qualification shows Bachelor's degree holders as the largest group, 117 (58.5%), while secondary school certificate holders were the least with 9.0% (18) participants. Hence, the study had more female participants, and respondents aged 42- 49 were the largest, while bachelor's degree holders dominated the study group.

Research Question 1: What are the contributions of community-based organizations in providing mental health support in the Southwest, Nigeria?

Table 1: Community-based Organizations' Contribution to Mental Health Support

S/N	Statement	SA	A	D	SD	Total	Remarks
1.	My organization provides mental health services to the community	77 (38.5%)	100 (50%)	14 (7%)	9 (4.5%)	200	Strongly Agree (88.5%)
2.	My organization's environment supports the non-stigmatization of mental health patients	37 (18.5%)	81 (40.5%)	67 (33.5%)	15 (7.5%)	200	Agree (59.0)
3.	My organization creates awareness about mental health issues in our community.	30 (15%)	74 (37%)	71 (35.5%)	25 (12.5%)	200	Agree (52.0%)

4.	Counselling therapy is part of the services we provide as mental health support	54 (27%)	89 (44.5%)	20 (10%)	37 (18.5%)	200	Agree (71.5%)
5.	We connect community members with big institutions with mental health resources.	67 (33.5%)	106 (53%)	16 (8%)	11 (5.5%)	200	Strongly Agree 86.5%
Total		26.5%	45.0%	18.8%	9.7%		Agree 71.5%

Table 1 results show a 88% Strongly agree (38.5% + 50%) that CBOs provide mental health services to community members. In addition, 86.5% agree that CBOs connect community members with big organizations with mental health resources. However, provision of counseling therapy service was rated least with 52% average agreement, followed by 59% agree that their organization's environment supports non-stigmatization of mental health patients. Based on this result, in all, 71.5% (26.5% -SA+ 45% -A) agree that CBOs contribute to providing mental health support in Southwest, Nigeria. Table 1 findings, therefore, indicate that community-based organizations make significant contributions towards mental health provision.

Research Question 2: How effective are the contributions of community-based organizations in providing mental health support in the Southwest, Nigeria?

Table 2: Effectiveness of CBOs in Mental Health Support

S/N	Statement	SA	A	D	SD	Total	Remarks
6.	My organization manages mental health symptoms of community members	47 (23.5%)	119 (59.5)	20 (10%)	14 (7%)	200	Strongly Agree (83.0%)
7.	Collaborate with other organizations on mental health services	62 (31%)	101 (50.5%)	25 (12.5%)	12 (6%)	200	Strongly Agree (81.5%)
8.	Members are trained on the purpose of the mental health campaign	38 (19%)	111 (55.5%)	31 (15.5%)	20 (10%)	200	Agree (74.5%)
9.	Our mental health campaign achieved support from community leaders	67 (33.5%)	106 (53%)	16 (8%)	11 (5.5%)	200	Strongly Agree (86.5%)
10.	My organization captures feedback on program activities from community members.	53 (26.5%)	90 (45%)	38 (19%)	19 (9.5%)	200	Agree (71.5%)
Total		26.7%	52.7%	13%	7.6%		Agree (79.4%)

Table 2 shows how effective CBOs' contributions are in providing mental health support. Item 9 shows strong agreement that CBOs gain community leaders' support, shown at 86.5% (33.5% + 53%). Furthermore, item 6 shows that CBOs manage mental health symptoms of community members represented at 83.0% (23.5% + 59.5%). Result of item 10 indicates the least agreement level at 71.5% (26.5% + 45.0%) on capturing feedback from community members on CBOs' activities. Generally, research question two indicates 79.4% effectiveness level (26.7% + 52.7%). Hence, Table 2 findings conclude that community-based organizations' contribution is effective in providing mental health support in the southwest of Nigeria.

Research Question 3: To what extent do community-based organizations collaborate with public health centres in providing mental health support in Southwest, Nigeria?

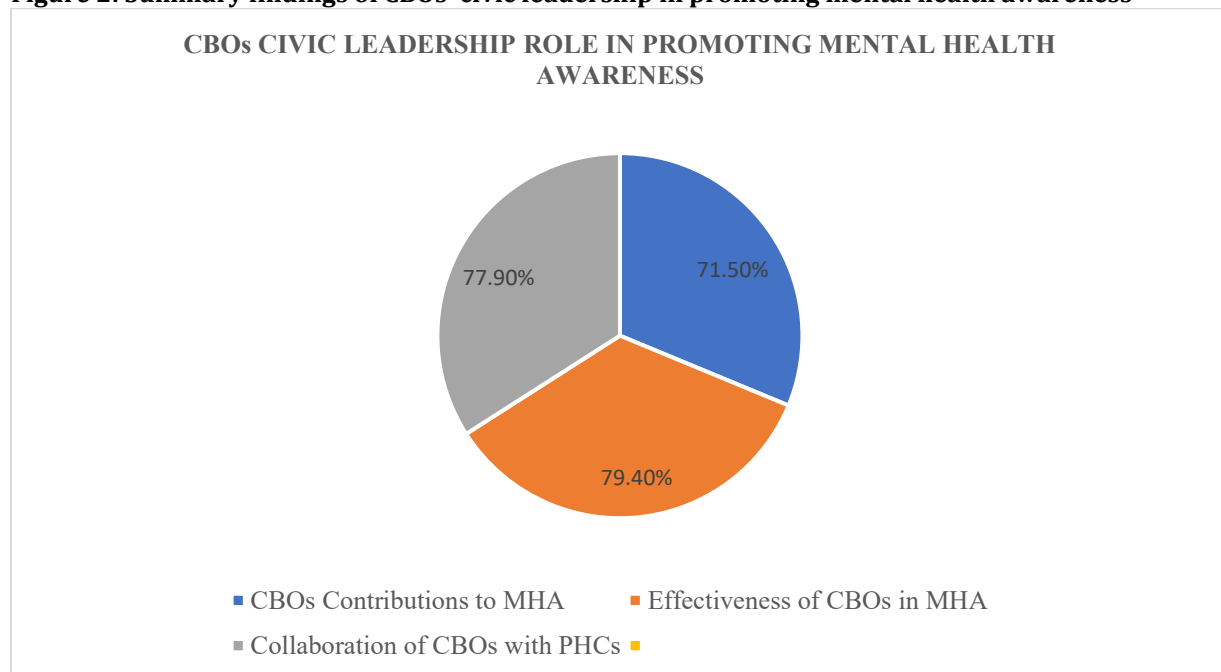
Table 3: CBOs Collaboration with Public Health Centres on Mental Health Support

S/N	Statement	SA	A	D	SD	Total	Remarks
11.	My organization receives training manuals from local health centres on mental health awareness	64 (32%)	91 (45.5%)	29 (14.5%)	16 (8%)	200 (100%)	Agree (77.5%)
12.	Health centres recognize my community organization's activities in mental health service delivery	79 (39.5%)	89 (44.5%)	15 (7.5%)	17 (8.5%)	200 (100%)	Strongly Agree (84.0%)
13.	My organization shares expert resources from the public health centre to support mental health awareness	57 (28.5%)	79 (39.5%)	39 (19.5%)	25 (12.5%)	200 (100%)	Agree (68.0%)

14.	The public health centre communicates with my organization to improve our capacity for mental health support.	81 (40.5%)	89 (44.5%)	19 (9.5%)	11 (5.5%)	200 (100%)	Strongly Agree (85.0%)
15.	My organization refers individuals to public health centres.	58 (29%)	92 (46%)	26 (13%)	24 (12%)	200 (100%)	Agree (75.0%)
Total		33.9%	44.0%	12.8%	9.3%	100%	Agree (77.9%)

Table 3 shows the extent to which community-based organizations collaborate with public health centres (PHCs) in providing mental health support. Item 14 shows 40.5% strongly agree, while 44.5% agree, respectively providing 85.0% strong agreement level that PHCs communicate with CBOs to improve capacity on mental health support. Also, item 12 at 39.5% strongly agree, while 44.5% agree, resulting in 84.0% strongly agree level that health centres recognize CBOs activities on mental health service delivery. Meanwhile, item 13 has the least agreement at 65.0% moderate level (28.5% + 39.5%), indicating that CBOs share expert resources from PHCs to support mental health awareness. Table 3 findings, therefore, conclude that positive collaboration existed between CBOs and PHCs on the provision of mental health awareness in Southwest, Nigeria.

Figure 2: Summary findings of CBOs' civic leadership in promoting mental health awareness



Hypothesis One: There is no significant difference between CBOs' contributions and the extent of effectiveness in providing mental health support in Southwest, Nigeria.

Table 5: Significant difference between the contributions and extent of effectiveness of CBOs in providing mental health support

Variables	N	Mean	St. Dev	df	t-calc	p-value
Contributions of CBOs in providing mental health support	200	3.40	1.20	8	0.574	0.290
Extent of CBOs' effectiveness in providing mental awareness supports	200	3.60	1.20			

P < 0.05; P= 0.290

Table 5 shows that there is no significant difference in the contributions of community-based organizations and the extent of effectiveness of CBOs in providing mental health support. The calculated t-value (0.5774) is greater than the p-critical value (0.290) at the 0.05 level of significance. The result is not statistically significant. Hence, we fail to reject the null hypothesis that community-based organizations' contributions are not

significantly different in the extent of effectiveness in providing mental health support within Southwest, Nigeria.

Discussion of Findings

The study found that community-based organizations (CBOs) make significant contributions in providing mental health support in the Southwest, Nigeria. This finding supports Heart Bench (2022), who pointed to Community-Based organizations' goal as service that improves lives in the community, and the finding also aligns with Eze (2019), who admitted that CBOs assist persons with disabilities to learn new skills to function independently. Furthermore, Service Opere (2007) agreed that though CBOs are informal, small groups with diverse services, the groups contribute to local development.

Similarly, the study found that CBOs are effective in providing mental health support in Southwest, Nigeria. This finding is in line with Wahab (2020), who noted that CBOs services mental health support is more accessible and culturally relevant to the community. Also, Isokon et al. (2021) and Heart Bench (2022) stated that CBOs link communities to secure resources and act as channels of information for development. Also, the finding supports the assertion of Umeh and Okeke (2019) that CBOs complement government efforts in healthcare institutions to create awareness, which facilitates early detection of health issues through free or subsidized screenings. The finding supported Onyeka et al. (2020) that CBOs mobilize financial resources to help patients with mental health in treatment costs. These organizations are effective because they can address social determinants of mental health and foster stronger community connections.

Additionally, the findings showed that CBOs have significant collaboration with the public health sector in the Southwest, Nigeria. This finding supports Akpehe (2016), who noted that government departments of Social Development register CBOs. And the services are complementary to conventional, government health departments (Soroye & Oleribe, 2021). This indicates that healthcare delivery systems recognize civic contributions of individual citizens and groups beyond titles. Service to humanity generally demonstrates leadership by influence, as stated by Adeduntan (2025). It is simply a transformation through getting tasks done. The CBO's collaboration reflected civic leadership engagement, also being in tandem with Risku's (2024) opinion that engagement includes a deep sense of participation. CBOs demonstrated leadership engagement through the visible and active involvement in health matters, as summed by O'Rourke (2024), that leadership engagement included engaging opportunities with health workers, staff and other partners in diverse activities to promote issues of health, safety and environment (HSE).

5. Conclusion and Recommendations

Summary and Conclusion

The study established that Community-based organizations make significant contributions in providing mental health support and are effective in supporting mental health care. Also, CBOs do collaborate with public health centres in providing mental health support in the Southwest, Nigeria.

Therefore, concluded from the findings that community-based organizations are an integral part of the community mental health care process, with an immense contribution to residents' psychological well-being. Hence, CBOs should be acknowledged within mental health policy to enhance quality health service delivery in the rural areas, especially in Nigeria.

Recommendations

The government should incorporate the role of CBOs as essential mental health services to address the needs in rural communities.

Policy makers in Nigeria's health sector should design a strategic partnership framework that will increase funding and capacity-building for CBOs. Similarly, a formal process to foster deeper collaboration between CBOs and public healthcare systems should be established to enhance access to expertise and resource sharing. The government department responsible for the registration of CBOs should focus on continuous training and retraining of CBOs, including promotion of capacity-building in handling mental health support. This training assistance can also be made a public-private partnership initiative.

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