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SOCIAL SUPPORT AND COPING STRATEGIES AS DETco mERMINANTS OF MENTAL HEALTH RECOVERY AMONG YOUNG ADULTS IN SELECTED HOSPITALS IN IBADAN, OYO STATE

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ABSTRACT
Recovery from mental illness in young adults is crucial for healthy living, daily functioning, and life satisfaction. It involves more than merely symptoms reduction to encompass dimensions such as hope, resilience and social engagement. Yet, sustained recovery remains elusive for a significant number of young adults and for this reason, it is important to study vital determinants. To what extent social support and coping strategies can predict recovery of mental health among young adults was what this study sought to determine. The study adopted a descriptive survey design and 280 responses were received. At 5% level of significance, a validated questionnaire was analyzed using descriptive statistics, Pearson correlation, t-test, and multiple regression. There were no significant gender differences in mental health recovery according to the results. Social support (r = 0.682), mental health services (r = 0.556) and coping strategies (r = 0.542) are positively related to recovery. Both social support and coping strategies were significant predictors of recovery, with the combination also being significant (R^2 = 0.476, F = 82.594, p < 0.05). The study confirms that social support, service access, and coping strategies are the essential factors influencing mental health recovery. It recommends enhancement of support systems and the inclusion of coping skills training in mental health service.
Keywords: *Mental Health Recovery, Social Support, Coping Strategies, Young Adults, Mental Health Services.*

INTRODUCTION
Mental health has come to be seen as core to general wellbeing, shaping 'how we think, feel and act' and how individuals 'take to the streets' in their social milieus. Modern concepts of recovery extend beyond symptom removal to encompass recovery as a holistic process of living a meaningful life despite psychological problems. It comprises at least emotional resilience, psychological wellbeing, social engagement and life satisfaction and adds to these the aspects of hope, empowerment and personal control. Recovery is thus considered to be a fluid and complex process influenced by personal, social and institutional factors (Nielsen, Buus and Berring, 2023). Recovery of mental health in this study, as a dependent variable, means better psychological and social functioning. Reduction in symptoms, such as depression, anxiety, or stress-related disorders, is a key sign and is often considered in the clinical setting when determining how effective treatment has been. But symptom reduction is said to be not enough, since people can live and adapt with symptoms. Hence, recovery is more and more gauged by emotional regulation, self-view, and social or work functioning (Gao, Burns, Leach, Che, and Aldridge, 2024). According to Afolabi (2020), metal health challenges among adults in Ibadan are associated with significant psychological consequences, necessitating the need for improved mental health awareness and supportive interventions.

Psychological well-being is considered a core aspect of recovery, encompassing positive affect, resilience, meaning in life, optimism, self-efficacy, and emotional stability. It reflects a person's capacity to deal with the challenges of day-to-day life and remain grounded in day-to-day living. Psychological wellbeing is a key end in recovery-oriented approaches as it is a protective factor

against relapse and enables continuing mental health. Promoting wellbeing is thus an important component for sustained recovery and personal agency (Bark, 2023). Functional independence is yet another important marker of recuperation, which is the capacity to participate in daily living, attend education and work, and assume social roles. Many of these processes are disrupted by mental illness, leading to difficulties with relationships, work, and self-care. Recovery thus means regaining independence and decreasing dependence on external support. This has significance for youth, who are transitioning into education, work, and independent living, as it is linked to social integration and productivity (Liu and Zhang, 2024).

Social reintegration is an important aspect of mental health recovery, which involves reestablishing one's personal relationships and social roles within family and community networks. Isolation from mental illness because you isolate and stigma weaken your personal connections to people and so recovery depends in large part on restoring those meaningful social connections. Good reintegration provides emotional support, practical help and community life participation opportunities. Results indicate that people who successfully reengage with their communities are more likely to have better mental health and greater recovery motivation, suggesting the significance of community-based supports (Harvey et al., 2023; Chinchilla, Lulla, and Agans, 2024). Quality of life is also a key measure of recovery and is an indicator of general satisfaction with health, relationships and living environment. Physical, emotional, social and occupational wellbeing are among the areas assessed, making it a comprehensive evaluation of recovery status. Recovery oriented mental health care is increasingly focusing on quality of life as this represents the tangible effects of treatment on day-to-day functioning. Research demonstrates that young adults who have greater quality of life are more likely to adhere to treatment, have a greater ability to cope, and exhibit increased psychological stability (Harvey et al., 2023).

Hope and self-efficacy are also key psychological predictors of recovery. Hope refers to the belief that change will be positive and that one can reach desired life goals and self-efficacy represents one’s confidence in one’s own ability to manage symptoms and life issues. As a system, they work to promote active involvement in treatment, adaptive coping, and continued involvement in recovery objectives. These elements enhance resilience and drive people to continue in the face of adversity, thereby underpinning long term recovery outcomes (Nielsen, Buus, and Berring, 2023). Social support is still one of the best indicators for recovering from mental illness. It involves emotional, informational and practical support from relatives, friends, peers and community organisations. This kind of support combats isolation, brings comfort during times of distress and promotes help seeking. Consistent evidence demonstrates that people with robust social networks recover more swiftly and have less chance of relapsing, highlighting the role of interpersonal relationships in recovery (Brown and Carrington, 2025).

The availability of mental health services is also an important factor in recovery. It includes professional care (counselling, psychiatric care), as well as community- and family-based support programs. In numerous settings, barriers including cost, stigma, and insufficient infrastructure restrict access to care, leading to delays in treatment and symptom exacerbation. Access to mental health care thus needs to be improved in order to promote better recovery outcomes and reduce the burden of mental disorders (Wakoli, 2024). Individual coping responses also contribute significantly to the recovery of mental health. Coping is cognitive and behavioural efforts to manage stress and emotional adversity, including problem solving, emotional regulation, mindfulness, and social support. Adaptive coping enables the person to intellectually and emotionally contain the experience of distress and to sustain psychological equanimity. There is some evidence to support that effective coping skills may contribute to resilience and positive

recovery outcomes by supporting individuals to make meaning out of (Lloyd, Moore, Mayall, Williams, Little, Soneson, McManus, Brown, Jones, Patalay, and Fazel, 2025).

Emerging adulthood is an important period to observe mental health recovery as individuals experience multiple transitions involving education, occupation, and financial dependence. Such changes may lead to increased psychological vulnerability leading to more mental disorders in this population. Yet this period provides also for opportunities for recovery, given greater capacity to adapt and change behaviour. Consequently, it is crucial to understand what drives recovery in young adults in order to inform interventions that best support sustained well-being and social participation (Liu and Zhang, 2024). Financial concerns, unemployment, pressure of study, and evolving social norms have all contributed to a greater visibility of mental health problems among young people in Ibadan, Oyo State. While treatment is available in hospitals and psychiatric institutions, the mental health systems are weak, stigma is pervasive, and psychosocial support is limited for young adults to fully recover. This emphasizes an imperative to explore salient influences on recovery, specifically social support, service utilisation, and coping, in the local context.

Mental health recovery is now considered to be the product of clinical and non-clinical processes particularly so in low- and middle-income countries such as Nigeria. Young adults are the largest risk group as a result of economic uncertainty, pressures from education and sociocultural expectations that have adverse effects on mental health. Thus, recovery is more than a decrease in symptoms, and includes emotional stability, resilience, and social functioning, requiring that we investigate the influence of both interpersonal and intrapersonal determinants (Oladosu and Chanimbe, 2024). Social support plays a key role in facilitating mental health recovery, as family, friends, and professionals provide emotional, informational and tangible forms of support. According to Afolabi (2021), and Oyewale (2024), strong social bonds are a buffer against loneliness, enhancing self-esteem and fostering positive coping. Family and peer support have a mitigating effect on anxiety and depression among young adults, Olabisi, Aina and Oladimeji (2023) reported that social support at the lowest level is linked to higher psychological distress. Nonetheless, stigma and lack of mental health literacy frequently undermine the potential for such services in Nigeria.

Individual coping is also important in the recovery process, as it refers to cognitive and behavioural strategies used to control stress. Adaptive coping strategies such as problem-focused coping, positive reappraisal, and seeking social support are associated with better mental health, whereas maladaptive coping results in poorer mental health. Ojewale (2021), reported that positive coping mechanisms supported mental health of students, but negative coping mechanisms aggravated anxiety and depression. It meant that coping behaviour had a very significant effect on recuperation. There is additional evidence that coping itself is bolstered by social support. Edet and Odo (2023), found that psychological distress is less among people having both adaptive coping as well as social support than those having either of one resource. Social support makes coping more effective by offering emotional support and advice, and coping allows people to access the support they need more effectively (Siegel, 2020). This is an interaction that demonstrates the joint significance of internal and external resources in recovery. In Nigeria, coping strategies are also an important source of resilience in an environment of low provision of mental health services. Spiritual practice, social engagement, and behavioural adaptation were reported as ways people coped with psychological distress (Adedeji, Adebayo, & Oladipo, 2023). These interventions treat current distress and protect long-term recovery by enhancing resilience and flexibility.

The combination of social support and coping strategies leads to more positive recovery results. Youths in this age group who possess supportive relationships and have developed good coping skills are more likely to become emotionally stable and maintain recovery. In contrast, an absence of support and dependence on avoidant coping strategies may prolong recovery and increase levels of distress. Olapegba Ayandele, Kolawole, Oguntayo, Gandi, Dangiwa, and Iorfa, (2020), indicated that perceived support and coping mechanisms are predictors of mental health status among Nigerian young people. In Nigeria where mental health services are still scant and stigma rampant, young people generally rely on informal support networks and individual means of coping. National reports also show low use of formal mental health services and high reliance on family and community support (National Bureau of Statistics Nigeria, 2023). This highlights a further need to investigate the joint effects of social support and coping on recovery. Thus, the combination of social support and coping strategies allows for a full understanding of mental health recovery in young adults. This research therefore investigates these psychosocial variables in a few hospitals in Ibadan with the aim of adding to knowledge and to the strategies to be formulated for the enhancement of recovery and wellbeing.

Statement of the Problem

The global and Nigerian landscape of young adult mental health challenges is an increasing concern but recovery remains complex. Most young adults recover slowly, relapse and have difficulty reintegrating socially and occupationally, despite hospital treatment. In Nigeria, recovery is hampered further by limited access to services, a shortage of professionals and stigma. Prevalence and treatment have been the focus of research, but less attention has been given to determinants of recovery. There is limited evidence on how social support, access to services and coping strategies influence recovery and this constrains effective intervention planning in Ibadan.

Purpose of the Study

This study specifically examined:

1. Examine the effect of gender difference on mental health recovery among young adults receiving treatment in selected hospitals in Ibadan, Oyo State.
2. Determine the influence of social support on mental health recovery among young adults in selected hospitals in Ibadan, Oyo State.
3. Assess the effect of access to mental health services on mental health recovery among young adults in selected hospitals in Ibadan, Oyo State.
4. Determine the combined influence of social support, access to mental health services, and personal coping strategies on mental health recovery among young adults in selected hospitals in Ibadan, Oyo State.

Research Hypotheses

Hypothesis One: There is no significant gender difference in mental health recovery among young adults in selected hospitals in Ibadan.

Hypothesis Two: There is no significant relationship between social support and mental health recovery among young adults in selected hospitals in Ibadan.

Hypothesis Three: There is no significant relationship between access to mental health services and mental health recovery among young adults in selected hospitals in Ibadan.

Hypothesis Four: There is no significant relative influence of social support, access to mental health services, and personal coping strategies on mental health recovery among young adults in selected hospitals in Ibadan.

Hypothesis Five: There is no significant joint effect of social support, access to mental health services, and personal coping strategies on mental health recovery among young adults in selected hospitals in Ibadan.

THEORETICAL REVIEW

Recovery Model

The Recovery Model in Mental Health is a model of care that diverts attention away from symptom management to a person-centred approach of empowerment, hope, and self-determination. It conceptualizes recovery as an "ongoing process of building and rebuilding new meaning, new identity, and new ways of functioning in the presence of mental ill health" rather than as a "return to health" (Recovery model, 2026). The relevance of the Recovery Model in Mental Health to this study lies in the considering it as a theoretical lens that frames the way young adults can have a substantive recovery experience that is much more than just symptom reduction, while focusing on the process of mental health recovery as multidimensional and including psychological wellbeing, functional independence, social reintegration, quality of life, hope, and self-efficacy

Social Support Theory

The Social Support Theory is a theoretical perspective in which social relationships are considered to provide various types of resources that can be beneficial to an individual. It posits that emotional, informational, and instrumental assistance provided by family, friends, peers, and community enables people to manage their stress and emotional well-being. Earlier work was primarily concerned with the buffering effects of social ties on stress, subsequent research also demonstrates social support enhances resilience and positive adaptation. In the context of mental health, it illustrates how recovery from a mental health disorder can be influenced by having supportive relationships (Cohen and Wills 1985; Thoits 2011; Lakey and Orehek, 2011). The Social Support Theory is of great importance in this study as it makes possible to understand how interpersonal relationships and social networks affect mental health recovery in young adults within hospital contexts.

METHODOLOGY

This study focused on the quantitative cross-sectional design, which analyzed the factors influencing mental health recovery of young adults in some selected hospitals in Ibadan, Oyo State. The design allowed for data collection at a single point in time among a relatively large sample, and thus for testing of associations between the independent variables social support, access to mental health services, and personal coping strategies and the dependent variable mental health recovery. The population for this study comprises of young adults aged 18 to 35 years who are receiving mental health services in selected hospitals within Ibadan, Oyo State**.** This population includes both male and female clients diagnosed with common mental health conditions such as depression, anxiety disorders, and stress-related disorders, who are currently attending outpatient or inpatient services. The selected hospitals are tertiary and secondary health

facilities that provide specialized mental health care, ensuring access to individuals who have received professional assessments and interventions, which is critical for examining recovery outcomes. The sample size was approximately 291 participants, which is adequate for quantitative analysis and ensures representativeness of the population.
The primary instrument for this study was a structured questionnaire designed to measure the dependent variable (mental health recovery) and the independent variables (social support, access to mental health services, and personal coping strategies). The questionnaire will be divided into the following sections: Demographic Information, Mental Health Recovery, Access to Mental Services, Personal Coping Strategies. The instrument was be validated by experts in social work and mental health**,** and a pilot study with 30 participants from a non-selected hospital will be conducted to test reliability and clarity. The Cronbach's alpha coefficient will be used to determine internal consistency, with a minimum acceptable value of 0.70. Content validity will be achieved through expert review while construct validity was established through pilot testing with 30 young adult participants from a hospital not included in the main study sample. The reliability of the questionnaire was established to ensure consistency and dependability of the data collected across different respondents and over time. This was achieved through a pilot study involving 30 young adults who meet the study's inclusion criteria but are drawn from a hospital not selected for the main study. A Cronbach's alpha value of 0.70 or higher was considered acceptable, reflecting adequate reliability for the instrument. In addition to Cronbach's alpha, item-total correlations was examined to identify any items that do not correlate well with the overall construct, allowing for refinement or removal of poorly performing items.

Data collection Procedure
Data was collected with a structured questionnaire administered directly to young adult clients **r**eceiving mental health services in the selected hospitals in Ibadan, Oyo State. Upon completion, the questionnaires were collected immediately to prevent loss or tampering. All collected data was carefully checked for completeness and accuracy before coding and entry into statistical software for analysis.

Method of Data Analysis
Data collected was coded and entered into the Statistical Package for Social Sciences (SPSS) version 28 for analysis. Descriptive statistics, including frequencies, percentages**,** means**,** and standard deviations, was used to summarize demographic characteristics and participants' responses on all variables. To test the hypotheses, inferential statistics was employed: Pearson Product Moment Correlation (PPMC**)** was used to examine the relationships between each independent variable (social support, access to mental health services, and personal coping strategies) and the dependent variable (mental health recovery). Ethical considerations are critical in this study to ensure the protection, dignity, and rights of participants, particularly given the sensitive nature of mental health research. Participants were assured of confidentiality and anonymity, with no identifying information such as names or hospital numbers recorded in the dataset. Data collected will be securely stored and only accessible to the research team.

RESULTS
All hypotheses were tested at the 5% level of significance. Hypothesis one was tested with Independent Samples t-test, hypotheses two to four were tested with Pearson product Moment Correlation (PPMC), while hypotheses five and six were tested with Multiple Regression Analysis.

Hypothesis One: There is no significant gender difference in mental health recovery among young adults in selected hospitals in Ibadan.

Table 1: Independent Samples t-test Showing Gender Difference in Mental Health Recovery among Young Adults

Gender	N	Mean	Std. Deviation	Std. Error Mean	t-value	df	Sig. (2-tailed)
Male	149	13.9530	3.00076	0.24583	0.128		
Female	131	13.9008	3.80254	0.33223		278	0.01

Decision: *$p = 0.000 < 0.05 \rightarrow$ Accept $H0_1$*

The output in Table 1 displays the group statistics of recovery in mental health by gender. Male respondents have a mean score of 13.9530 (SD =3.00076) and female respondents have a mean score of 13.9008 (SD = 3.80254). There is a negligible difference between male and female respondents mean score, which shows that the improvement of mental health was similar across gender. This means that male respondents had a slightly higher mean score than the female respondents; however, the difference is not large enough to be considered significant and this could be taken that both male and female young adults admitted in selected hospitals in Ibadan have a somewhat comparable level of mental health recovery.

Hypothesis Two: There is no significant relationship between social support and mental health recovery among young adults in selected hospitals in Ibadan.

Table 2: Descriptive Statistics of Social Support and Mental Health Recovery

Variables	Mean	Std. Deviation	N	R	Sig. (2-tailed)
Social Support (SS)	14.5536	3.38836	280	0.682**	0.000
Mental Health Recovery (MH)	13.9286	3.39332			

Decision: $p = 0.000 < 0.05 \rightarrow$ Reject $H0_2$

The descriptive outputs in Table 2 illustrate that social support had a mean of 14.5536 (SD = 3.38836), and mental health recovery had a mean of 13.9286 (SD = 3.39332), both suggesting a fairly moderate level of the two constructs among the participants. It was found to have a strong positive association with social support (r = 0.682, p = 0.000) according to the Pearson correlation analysis. Therefore, we reject the null hypothesis at 5.0 percent level of significance. This result suggests that social support greatly impact recovery of mental health for young adults in the selected hospitals in Ibadan, thus emotional, information and practical support from family, friends and health care providers were related with better recovery outcomes.

Hypothesis Three: There is no significant relationship between access to mental health services and mental health recovery among young adults in selected hospitals in Ibadan.

Table 3: Descriptive Statistics of Access to Mental Health Services and Mental Health Recovery

Variables	Mean	Std. Deviation	N	R	Sig.
Access to Mental Health Services (ATMNS)	14.5090	3.32929	280	0.556**	0.000
Mental Health Recovery (MH)	13.9286	3.39332			

Decision: $p = 0.000 < 0.05 \rightarrow$ Reject $H0_3$

As shown in Table 3, the mean score for access to mental health services was 14.5090 (SD = 3.32929) and the mean score for mental health recovery was 13.9286 (SD = 3.39332), indicating that respondents were moderately high on both scales. The result of the Pearson correlation analysis revealed a moderate positive association between access to mental health services and recovery from mental health (r = 0.556, p = 0.000). Because the p-value <0.05, the null hypothesis is rejected. Access to mental health services is a strong determinant of recovery from mental disorders among young adults attending selected hospitals in Ibadan, and that an increase in access to, ability to pay for, and use of mental health services was associated with a positive change in recovery status.

Hypothesis Four: There is no significant relative influence of social support, access to mental health services, and personal coping strategies on mental health recovery among young adults in selected hospitals in Ibadan.

Table 4: Coefficients of Relative Influence of Social Support, Access to Mental Health Services, and Personal Coping Strategies on Mental Health Recovery

Variables	B	Std. Error	Beta	T	Sig.
Constant	2.942	0.753	-	3.909	0.000
Social Support (SS)	0.549	0.072	0.558	7.600	0.000
Access to Mental Health Services (ATMNS)	-0.037	0.076	-0.037	-0.482	0.630
Personal Coping Strategies (PCS)	0.236	0.059	0.232	4.026	0.000

Model Summary: R = 0.690; R^2 = 0.476; F = 82.594, p = 0.000

The summary of the model in Table 4 indicated that the combined predictors accounted for significant positive variance in mental health recovery (R = 0.690) and that social support, access to mental health services, and personal coping strategies accounted for 47.6% of the variance in mental health recovery (R2 = 0.476). The ANOVA analysis revealed that the model was significant (F=82.594, p=0.000), therefore the null hypothesis was rejected. In the coefficient table, it was also found that social support (β = 0.558, t = 7.600, p = 0.000) and personal coping strategies (β = 0.232, t = 4.026, p = 0.000) had a significant effect on positive mental health recovery, but mental health services (β = -0.037, t = -0.482, p = 0.630) was not a significant contributor to the model. This suggests that while all the variables, when taken together, are significantly predictive of recovery, social support has the highest beta weight, followed by personal coping strategies, and access to mental health services is not a significant predictor of recovery when the other variables are taken into account.

Hypothesis Five: There is no significant joint effect of social support, access to mental health services, and personal coping strategies on mental health recovery among young adults in selected hospitals in Ibadan.

Table 5: Model Summary Showing Joint Effect of Social Support, Access to Mental Health Services, and Personal Coping Strategies on Mental Health Recovery

R	R Square	Adjusted R Square		Std. Error of Estimate	
0.690	0.476	0.470		2.38842	
ANOVA					
Model	**Sum of Squares**	**Df**	**Mean Square**	**F**	**Sig.**
Regression	1413.486	3	471.162	82.594	0.000
Residual	1557.337	273	5.705		
Total	2970.823	276			

***Correlation is significant at the 0.05 level (2-tailed); Decision: $p < 0.05 \rightarrow$ Reject $H0_5$*

The model summary in Table 4.2.6 indicated that the predictors of social support, availability of mental health services, and individual coping styles combined accounted for 0.690 of the variances (R = 0.690) in mental health recovery. The proportion of variance explained by the predictors (R^2 = 0.476) indicates that the predictors together account for 47.6% of variance in mental health recovery of young adults. The ANOVA test also indicated that the overall model was significant (F = 82.594, p = 0.000). The null hypothesis is therefore rejected since the p-value is less than 0.05. This means that social relations, availability of mental health services and individual coping mechanisms together exert a significant positive influence on recovery from mental illness among young adults at the designated hospitals in Ibadan, suggesting that outcomes of recovery are best understood when these service and psychosocial factors are viewed in concert as opposed to individually.

DISCUSSION OF FINDINGS

The first result indicated that there was no significant gender disparity in mental health recovery for young adults. The mean value in males was slightly higher than females, but not significant, suggesting recovery is affected more by psychosocial factors than gender. This is in agreement with Hart and Lewis (2025), as well as Jansen and van der Meer (2025), who concluded that recovery is more reliant on availability of support, coping resources and treatment than biological sex. It is indicative that mental health treatment may afford the male and female patient equivalent recovery benefits.

The second result showed that social support was positively related to recovery in mental health for the young adults, implying that higher social support leads to better recovery. This is in line with Social Support Theory, which underscores the influence of emotional, informational, and instrumental supports in sustaining psychological well-being. The result supports that of Olabisi, Aina and Oladimeji (2023), who observed that support from family and friends mitigated psychological distress (Afolabi, 2021; and Oyewale, 2024), who documented that social support contributes to resilience and mental health among young adults. Also, in a study conducted by Afolabi (2022), it was established that social support significantly influenced psychological wellbeing by reducing emotional stress and improving coping capacity. This underscores the need to build on family, peer, and community support to promote better recovery.

The third result indicated a positive association between access to mental health services and mental health recovery, suggesting that having more access leads to better recovery. This is in line with the Recovery Model, which is based on person-centred and recovery-oriented services. This finding is consistent with those of Wao et al. (2025), who established that availability of good mental health services enhances compliance to treatment and recovery, and with McConnell, Edelstein, and Wolk (2024), who found that obstacles to care lead to a delay in recovery. While significant, its effects were less strong than those of social support and coping strategies, underscoring the importance of expanding access to affordable, quality mental health care in Nigeria.

The fourth result indicated that social support and personal coping strategies were significant predictors of mental health recovery, but availability of mental health services was not significant predictor in the presence of all the other variables. Social support was the most robust predictor followed by coping strategies. This is consistent with Ahmed, Müller, and Kristensen (2023), who reported that social relationships and coping mechanisms were more predictive of recovery than service utilisation, and with Rivera, Gómez, and Martín (2024), who found that coping flexibility promotes recovery. This is also relevant to a study conducted by Afolabi and Salami (2022), which revealed that coping strategies significantly influenced individual's ability to manage psychological stress. The findings support the argument that adaptive coping mechanisms, such as problem solving, emotional regulation, and seeking support, contribute to improved mental health outcomes. This finding underlines the importance of supportive relationships and positive coping for facilitating the recovery of mental health in youth.

The fifth result showed that social support, utilization of mental health services, and individual coping strategies together significantly influenced mental health recovery. The regression result reflected a strong collective effect, indicating that the consideration of these factors jointly, rather than in isolation, better accounts for recovery. This is in line with recovery-oriented views that focus on the inter-play of personal, social and service-related resources. This concurs with the

findings of García, Ortiz, and Rodríguez (2023), who found that recovery is influenced by an integration of personal strengths, social support, and healthcare systems, and Nkosi, van Wyk, and Mokoena (2026), who identified both psychosocial and structural components as key determinants of recovery in young adults.

Conclusion

This study revealed that recovery mental health among young adults at Ibadan was significantly predicted by social support and coping strategies, whilst availability of mental health services also indicated a positive association. Social support was the most powerful predictor, followed by coping strategies, and the total model for all variables was significant. The results indicate that recovery relies on both individual and social resources in addition to professional care, thereby being a hybrid process of support, coping and service utilisation.

Recommendations

The following recommendations are made based on findings of the study:

i. The hospital administrators and psychiatrist should cultivate family and community-based supports to increase social support for young adults in recovery.
ii. Building resilience, teaching coping skills and psychoeducation should form part of routine care for the mental health professional.
iii. The government should provide more funds for mental health care services, increase the number of institutions and distribute.
iv. Campaigns to raise public awareness should be strengthened to mitigate associated stigmatization and promote early help-seeking behaviour.
v. Healthcare professionals should be encouraged to develop multidisciplinary recovery-oriented programmes encompassing with clinical and psychosocial and coping engagements.
vi. Schools should incorporate mental health promotion and coping skills training as part of student support services.
vii. Community organizations and NGOs need to partner with health services to build peer support groups for young adults in recovery.

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