

Exploring Nigerian Mental Health

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Introduction

There are an estimated 216.7 million people living in Nigeria as of 2022.¹ Furthermore, there are an estimated 121,000 Nigerian nationals living in the UK, and 3,000 living in Birmingham as of June 2020.² The aim of this research is to account the situation surrounding mental health support in Nigeria and identify best practice interventions to inform a future strategy for engaging Nigerians living in Birmingham. This research seeks to map the experiences of Nigerians, both in Nigeria and the UK. From initial research, it was clear that there are significant barriers to accessing mental health support within Nigeria.³ Thus, this research first explains these barriers and second the current best practice interventions that address them. To provide further context, it then discusses the experiences of mental health support for Nigerians and examples of best practice within the UK.

Mental Health in Nigeria

There are multiple, interconnected barriers to accessing mental health support within Nigeria.³ Despite some failed attempts at reform, Nigeria's mental health laws have not been changed since the 1958 Lunacy Act, which allows for forced confinement of individuals deemed to be 'lunatics', but does not even mention treatment.⁵ The term 'lunatic' is poorly defined and thus mentally healthy individuals are frequently confined.⁵

Mental illness is widely stigmatised and misunderstood in Nigeria. Perceived causes of mental illness include drug abuse (84%), possession by evil spirits (54%), inherited through the family (32%), and punishment from God (23%).⁶ Mental health care is typically the responsibility of an individual's family; however, this stigma means individuals are often sent to religious institutions and traditional healers, sometimes for decades.^{3,4} Investigations by Human Rights Watch have revealed that individuals are left chained up in unhygienic, overcrowded conditions, drugged, starved and mentally and physically abused.⁷

However, even for those who want mental health care, shortages, weak infrastructure and poverty make it inaccessible. Mental health is not effectively integrated into primary healthcare and there are only 300 psychiatrists and 8 psychiatric hospitals for over 200 million Nigerians.³ Also, an estimated 9 out of 10 doctors in Nigeria have plans to leave the country causing a significant medical brain-drain.³ Finally, families typically cannot afford treatment or medication, as it is not covered by health insurance, and is very expensive due to a lack of government funding.^{3,4}

Best Practice in Nigeria

The Neem Foundation ⁸:

- Provide and develop mental health support networks in conflict zones.
- **Counselling On Wheels:** mobile units taking free counselling directly to underserved, rural communities. (Top left)
- They provide group art therapy for victims of gender-based violence and trauma from the Boko Haram insurgency.
- Mental health first aid and conflict resolution training for community leaders to promote peace and build resilience.

Mentally Aware Nigeria Initiative ⁹:

- Youth-led organisation running school programmes that challenge mental health stigma among students, teachers and parents. (Bottom right)
- Social media information campaigns. Over 170,000 followers across social media platforms.
- Crisis support service via the phone, WhatsApp and Twitter and a confidential suicide hotline: 40,000 people supported in the first 4 years.

She Writes Woman ¹⁰:

- Run by and for women with mental health conditions in Nigeria.
- Free 24/7 crisis hotline and free therapy via videocall. (Bottom left)
- National rights-based research and advocacy. (Top right)



Nigerian Mental Health in the UK

Accessing Mental Health Care:

Studies have identified that Nigerians both in Nigeria and the UK are open to mental health support but face barriers to accessing it.¹¹ These reflect the experiences of Black African and Caribbean people in the UK ¹²:

- **Poor Accessibility:** This includes affordability, long waiting times, language barriers and poor communication from providers.¹¹
- **Cultural Insensitivity and Mistrust:** Concerns around confidentiality, discrimination and a lack of cultural understanding from providers.¹¹ This is understandable given that black people are 4 times more likely to be detained under the Mental Health Act than white people.¹² Also, pathways into psychosis care for Black African and Black Caribbean people have a higher probability of involving compulsory admission and police or criminal justice system contact, but lower probability of GP contact. ¹³
- **Stigma and Awareness:** Masculine stereotypes, reluctance to recognise and discuss issues, perception of mental illness, and knowledge of services available are all barriers.¹¹

Best Practice in the UK

Free, Accessible, Culturally Sensitive Mental Health Support:

- **Black Minds Matter UK** (Top Left) and **The Empowerment Group:** they connect black people to free, online culturally-appropriate therapy.
- **Mendu** is a free journaling app for women of colour.
- **Sandwell African Caribbean Mental Health Foundation:** 1-2-1 and peer group therapy and wellbeing activities in Birmingham. (Top Middle)
- **Mind's Up My Street Project** engaged young black men with therapy in informal, safe spaces. (Right)
- **Warrior Reminder:** Produce social media content on mental health for women of colour.

Addressing Discrimination in Mental Health Services:

- **The Black, African and Asian Therapy Network** deliver cultural sensitivity training to people working within mental health services. (Bottom Left)
- **300 Voices** and **Black Thrive** both brought together police and mental health services with black service users to reduce discrimination. Black Thrive Birmingham has recently been established.

Conclusion

To conclude, outdated mental health legislation, widespread stigma and responsibility for mental healthcare being left to the family has resulted in significant human rights abuses of the mentally ill in Nigeria.^{3,7} Severe shortages and unaffordability of healthcare has meant that essential mental health support is inaccessible to the vast majority of the Nigerian population.³ However, there are some successful local and national interventions delivering free, online and community-based therapy, as well as campaigns advocating for mental health legislation, raising awareness and tackling stigma.^{8,9,10} Furthermore, barriers of stigma, awareness and poor accessibility also affected Nigerians living in the UK, however racial discrimination and cultural insensitivity were additional factors.¹¹ These experiences correlated with those of Black African and Caribbean people living in the UK.¹² There are successful interventions providing free, online, culturally sensitive mental health support to black people across the UK, including in Birmingham, as well as those looking to address stigma in communities and address discrimination within mental health services. Birmingham should be conscious of these barriers and seek to expand on the best practice interventions, when engaging Nigerians living in Birmingham.



BAATN
The Black, African and Asian Therapy Network