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# The Economic Impact of Mental Health Illness and Public Perceptions: A Critical Investigation of the Nigerian State

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#### **Abstract**

The role of mental health is high critical to any economy. With the high incidence of social economic problems within the Nigerian economy, thus leads to high rate of mental health illness. There are very few researches that have investigated the prevalence of mental health issues within the Nigerian economy and critical identify and discuss the prevalence factors impacting the perception of Nigerian public about mental health.

This paper examined existing literature on the mental health Issues and illness, identified the critical features of the theory that are relevant to this paper and robustly discuss the impact of mental health issues on the Nigerian Economy.

This study spanned the years 2012 through 2023 and a systematic literature review (SLR) was performed, and the research revealed crucial supply chain management and environmental analysis to enable this paper identify suitable articles and journals. A SLR was performed using a sample of 120 research articles chosen from a pool of 350 papers obtained from Scopus, Web of Science, Google Scholar, ABS journal and, among other sources.

The paper concluded that mental health illness is prevalence in Nigeria and without a robust policy implementation, this will impact the Nigerian Economy.

**Keywords:** Mental health, Perception, Public health, Attitudes, Beliefs, Stigma, Awareness, Healthcare and Social determinants.

#### Introduction

Mental health is a vital part of overall well-being and health. A person's total physical and mental health go hand in hand. It is characterised as a condition of mental health that aids individuals to manage life's tensions, realise their full potential, engage in fruitful employment, and have a significant impact on their community (Wada, et al. 2021). Anyone, regardless of age, gender, ethnicity, or socioeconomic level, can experience mental health issues. However, a number of circumstances, such as poverty, inequality, violence, and conflict, raise the likelihood of mental health issues for individuals living in countries having low and middle level income. According to a report of 2017 from World Health Organisation (WHO) a state of wellbeing where a person is aware of the capabilities, and is able to stress of life, and also works productively, and give back to the society is known as mental health. A survey was conducted in Nigeria on mental health in 2019 by the Africa Polling Institute (API) and EpiAFRIC revealed that few Nigerians



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know they have mental health disorders, understand that drug misuse, demonic possession, and brain damage are the usual causes, and that the patients are often brought to a prayer house for spiritual therapies. (Mental Health Survey, 2019)

The health and services of Nigeria and its health sector are primarily funded by public sector, which is supported by taxes, and private supported is supported by voluntary insurance programs for those employed in the formal sector which is supported by mandatory insurance programmes for only those employed in the formal sector. Emeni, Adedoyin, and Oyekunle (2023) evaluated that, the few neuropsychiatric facilities in Nigeria get more than 90% of the 3.3%–4% mental health budget, which is mostly funded by the national health budget. The few neuropsychiatric facilities in Nigeria get more than 90% of the 3.3%-4% mental health budget, which is mostly funded by the national health budget. In Nigeria, mental illness is becoming more common and is a significant contributor to morbidity. This incidence has increased along with a continuous decline in morbidity from infectious diseases, dietary issues, and other physical illnesses, especially in nations going through epidemiological changes. Slade (2010) noted that about 25% of people experience behavioural and mental diseases at some point in their lives, making them widespread. Research by Killaspy et al. (2022) has shown that finding effective community-based interventions requires a large amount of knowledge about how the general public feels about mental illness and its treatment. Additionally, Abdullah and Brown (2011) noted that a detailed assessment of the cultural environment's beliefs, norms, and customs is necessary for the detection of mental disorders. Tesfaye et al.'s (2020) research also showed the importance of community attitudes and beliefs in understanding people's attitudes towards seeking help and how well they are treated. Jorm (2012) argues that it's important to understand why people's views and beliefs about mental health issues are what they are, in addition to determining what those perceptions and beliefs are. It is only possible to analyse these attitudes and beliefs about mental health in the context of a particular culture.

Nigeria is the most populated country in West Africa has made significant strides in addressing health challenges, including outbreaks like Ebola and COVID-19, through strengthened legislations, policies and leadership. There are three levels to its healthcare system including primary, secondary, and tertiary, such that mental health services face serious challenges (Muhammad et al 2023) Despite the significant prevalence of mental health illnesses, there are still few people who can afford treatment. Over 230 million people are served by fewer than 300 psychiatrists, with the majority located in cities (Ugochukwu et al. 2020). The management of mental health situations by primary care physicians, nurses, and traditional carers frequently results in insufficient diagnosis and treatment. In addition, Rathod (2017) evaluated that, it is frequently difficult and expensive to receive mental health services, especially for people in lower socioeconomic brackets. Furthermore, the issue is intensified by a lack of understanding about where to look for mental health support.

Nigeria has incomplete and out-of-date mental health laws and policies, as well as unpassed measure (Abdulmalik, Kola, and Gureje, 2016). Although non-governmental organisations have intervened to close the gap, a coordinated strategy is required. In Africa, Nigeria is the country having the most populous country ranked seventh in the continent (theworldcounts, 2023) According to the study by Abubakar et al. (2022) with a GDP per capita of \$2,210 USD in 2021, Nigeria is also a low- and middle-income nation. In Nigeria, there is a serious problem with the public's mental health. The World Health Organisation (WHO) estimates that 20% of Nigerians may have a mental health issue over their lifetime (Wada, et al. 2020).



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Anxiety and depression are the two the basic conditions that are most prevalent in Nigeria. Despite the high frequency of mental health illnesses in Nigeria, there is a shortage of knowledge and understanding that contributes to a serious public health issue. Numerous Nigerians blame spiritual forces or witchcraft for mental health issues, spreading a negative stigma that avoids people from getting care and, in some circumstances, results in sad outcomes like suicide.

A significant issue at the heart of Nigeria's mental health crisis is the pervasive lack of awareness and understanding among the general population (Wada et al. 2021). The broad lack of knowledge and comprehension among the populace is a key problem at the root of Nigeria's mental health crisis. This study is crucial because it tries to expose the fundamental myths of culture that frequently blame supernatural forces or witchcraft for mental health issues. Such ideas discourage people from getting the required help and care for their mental health as well as create negative stigma. Unfortunately, this stigma can have negative effects, including suicide, which emphasises how urgent it is to solve the problem (Ubaka et al. 2018).

Access to crucial mental health care is further made complex by the absence of experts in the area of mental health in Nigeria (Anjorin, and Wada, 2022). The difficulty faced by rural and neglected communities is made worse by the significant shortage of psychiatrists and a wide range of professional in that area. The situation is made worse by the expensive expense of mental health services, which disproportionately affects people in lower socioeconomic levels. It highlights the crucial need for enhanced mental health infrastructure and accessibility by shedding light on these systemic problems. In addition, there is a critical issue with Nigeria's outdated and insufficient mental health legislation and regulations (Aluh, Onu, and Caldas-de-Almeida, 2022). The development of a strong mental health system is made difficult by an inadequate legislative framework and a dearth of comprehensive policies, leaving a gap that non-governmental organisations have failed to fill. A concerted strategy that is supported by a thorough grasp of the public's perspective of mental health is necessary to solve these systemic issues. The aim of the study is to critically evaluate the perception of public about mental health in the context of Nigeria. The objectives that are formulated to be achieved in this research are:

- To critically understand the prevalence of mental health issues within the Nigerian Economy
- To identify and discuss prevalence factors impacting the perception of Nigerian public about mental health

The section two goes on the study's methodology. The third session will focus on the literature on the public perception of mental health in Nigeria and how it can impact on the economy. Furthermore, this including concepts such as conceptual review, conceptual framework, theoretical review, and empirical review. Section four covers critical analysis. Section 5 contains a summary, findings, and suggestions.

#### 2.0 Research Methodology

This paper focused on extensive and comprehensive literature review (SLR). In line with Owoeye (2023) he argued that the systematic literature review method was used to identify, select, and critically assess research to address a specific question. Furthermore, Owoeye (2023) emphasized that the systematic literature review established a well stated approach or plan before conducting the review, with the criteria clearly outlined. The author summarized the primary sources of literature for each of the study areas given using the above identified method. The authors used a sample of 120 research papers to perform an SLR. These articles were chosen from a pool of 350 papers obtained from Google Scholar, Web of Science, and Scopus. The publications were chosen based on the number of citations in Google Scholar and Scopus, as



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well as the impact factor of the journals in Scopus. The paper is grounded on the critical evaluation of mental health issues in the Nigerian economy. The discussion will critically review public perceptions of mental health and its impact on the Nigerian economy. Based on the synthesis of the established literatures, the paper tends to establish the theoretical relationship between mental health illness and the Nigerian economy. After the review, the paper will proffer the necessary recommendation to combat the public perceptions with mental health issues with the context of the Nigerian Economy. Due to the theoretical nature of this piece of work, the authors chose relevant papers from 2003 to 2023 which are well cited by many academics globally. The review is then carried out in five steps: locating relevant literature, screening for inclusion, grading the quality, extracting data, and analysing and synthesising the findings. Ultimately, the review is reported on, with a summary of the findings (Xiao & Watson, 2019). The next section will provide a detailed discussion on the theoretical perspective of this study which was focused on Health belief model and critically discuss how this is relevant to this paper.

## Theoretical framework

This paper focused on the health belief model to provide the theoretical perspective to this study.

## Health Belief Model

According to the HBM, a person's tendency to engage in a behaviour can be anticipated by their perception of their own risk of getting a disease or sickness as well as their belief that the suggested health behaviour or activity is effective (Green, Murphy, and Gryboski, 2020). In order to inform the public about the risk factors for mental illness, such as poverty, stress, and trauma, a public health campaign could be created. This might make people more conscious of their own vulnerability to mental illness and encourage them to adopt preventative measures. To inform the public about the grave effects of mental illness, such as suicide, homelessness, and decreased productivity, a public health campaign could be devised (Mansoor, and Mansoor, 2022). It might make it clearer to people because it is so important to seek treatment for mental health issues. The advantages of obtaining treatment for mental health issues, such as reduced risk of suicide, improved symptoms, and enhanced quality of life, should be highlighted in a public health campaign. This might encourage more people to seek treatment for mental health issues. A public health campaign might be created to address the obstacles that people must overcome in order to receive treatment for mental health issues, including monetary obstacles, practical obstacles, and social obstacles. This can make it simpler for folks to get the assistance they require.

#### **Literature Review**

This section provides a critical analysis of the current condition of mental health problems in Nigeria while exploring the factors that affect the general public's opinion of mental health. The consequences of public perception on the state of mental health in the Nigerian context are further explored in this chapter. It also provides the theoretical foundation supporting this research and identifies any gaps in the existing body of knowledge, and concludes with a summary.

## Health Sector Development in Nigeria

Despite Nigeria is the largest country in West Africa, it has made remarkable progress in addressing a number of health issues, as its mental health sector continues to be a major cause for concern. It is to be noted that how common mental health problems are in Nigeria. According to estimates from the World



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Health Organization (WHO), 20% of Nigerians might be impacted from a mental health issue at some point in their lives. Among the most common disorders are anxiety and depression (Wada, et al. 2020). The country experiences a severe lack of mental health specialists despite the high prevalence of mental illness. Nigeria is home to more than 230 million people, has less than 300 psychiatrists, the majority of whom work in the country's cities (Ugochukwu et al. 2020). This leads to in a wide range of people having limited access to mental health care, particularly those living in underserved and rural areas. Inadequate diagnosis and treatment tend to be the result of primary care physicians, nurses, and other traditional caregivers controlling mental health issues.

It was noted that, 5.8% of Nigerians have a 12-month prevalence of a mental disorder, according to Mbanuzuru et al., (2023) paper. In addition, this shows that 10.4 million Nigerians may be experiencing at least one mental disorder at any given time, and an estimated 21.8million are at risk of developing a mental disorder at some point in their lifetime. However, only 8% of Nigerians with mental disorders23% of whom have severe and incapacitating disorders had received treatment in the previous year (Omigbodun et al., 2023). However, the cost of mental health services persists to be an important obstacle, particularly for those from lower socioeconomic backgrounds. Incomplete and outdated laws and policies further impede Nigeria's mental health industry. Wholesome non-governmental organizations have filled the gap, addressing these systemic problems requires a coordinated and all-encompassing approach. Corrupt practices in the health sector and their effects on public health are also major concerns, particularly in context with the COVID-19 pandemic. Research carried out in the Nigerian states of Anambra and Enugu by Eze et al. (2022) demonstrates the way corruption in the health sector can worsen the effects of health crises. It demonstrates how urgently anti-corruption initiatives are needed to guarantee that funds have been allocated and used effectively in times of public health emergency.

#### Types of Health Care available in Nigeria

Nigeria's healthcare system is a diverse system that includes both public and private healthcare providers. The majority of healthcare services are provided by the public sector, but the private sector is becoming more and more significant. In meantime, Nigeria offers three primary categories of healthcare:

#### **Primary Healthcare**

This sort of care presents basic beneficial and preventive services and is the first point of contact with the healthcare system. A wide variety of establishments, such as clinics, dispensaries, and health centers, offer primary healthcare services (Uzochukwu et al., 2015).

#### **Secondary Healthcare**

Hospitalization and surgery are among the more specialized services offered at level of secondary care. Hospitals and other specialized facilities offer secondary healthcare services (Ephraim-Emmanuel et al., 2018)

#### Tertiary healthcare

In this level of care, patients with complicated medical conditions, this is the highest level of care and offers specialized services. Teaching hospitals and other specialized facilities provide tertiary healthcare services (Oyekale et al., 2017).



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Apart from the previously mentioned three primary healthcare types, an expanding non-governmental sector is also offering healthcare services, especially in rural areas. Some examples include rapid diagnostic tests (RDTs), artemisinin-combination therapies (ACTs), integrated case management of childhood illness (iCCM), which controls childhood health including malaria, and community case management, which trains health workers. In addition, the Nigerian government is making efforts to raise the standard and accessibility of the nation's medical services (Abdulraheem, Olapipo, and Amodu, 2012). For instance, the Basic Health Care Provision Fund (BHCPF), set up by the government, offers financing for primary healthcare services. Therefore, it can be stated that Nigeria's healthcare system is improving in terms of providing medical care to the country's citizens. However, certain issues still need to be resolved, such as the dearth of healthcare professionals and the subpar infrastructure.

#### Mental health in Nigeria - Historical perspective

Nigeria has a complicated historical background when it comes to mental health. In recent years, mental health has frequently been disregarded, interpreted incorrectly, and stigmatized as well. In Nigeria, attempts to raise awareness and provide better mental healthcare have only recently been made (Idaewor, 2014). The manner individuals viewed mental health used to be greatly influenced by traditional practices and opinions. Mental health problems were frequently linked to paranormal phenomena like demonic possession or occult practices. Nigeria has made significant progress in the area of mental health during the last 20 years. The Mental Health Act, introduced by the Nigerian government in 2000, guarantees mental health care services and protects the rights of individuals with mental illnesses (Labinjo et al., 2020). In between, the National Mental Health Policy was adopted by the Nigerian government in 2013 and provides a thorough framework for the promotion, prevention, and treatment of mental health (Jidong et al., 2021). The legislation places a strong emphasis on encouraging community-based care and integrating mental health services into primary healthcare settings.

In Nigeria, there has been a growing movement in recent years to stigmatize mental illness as various organizations, such as the Mental Health Foundation of Nigeria, the Association of Psychiatrists in Private Practice, and the Nigerian Association of Psychiatrists have been at the forefront this movement (Ottman et al., 2022). These initiatives have increased the willingness to debate mental health issues in Nigeria. As an outcome, more people have started looking for assistance for mental health issues. These ideas not only made stigma persist, but they also made it more difficult to get the right care. A 2019 Africa Polling Institute (API) and EpiAFRIC survey found that many Nigerian connected factors like drug use to mental health disorders. The historical perspective also demonstrates the underfunding of mental health services. Moreover, early on after Nigeria gained its independence, little funding had been set aside for mental health worries, and the field of mental health was neglected. As a result, there was a severe shortage of treatment centers and mental health professionals, despite an increase in the prevalence of mental health disorders. However, as the time has gone on, Nigerians' understanding of the value of mental health has grown. The movement to raise awareness and de-stigmatize mental health has begun to gain steam. Although there is still much work to be done, the Nigerian government has begun to devote more funds to the field of mental health (Ogunwale et al., 2023). According to a 2017 World Health Organization (WHO) report, Nigeria had just 150 psychiatrists serving its population of over 190 million people, highlighting the immense gap in mental healthcare provision.



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#### Prevalence of mental health issues in Nigeria

This section focused on the prevalent issues associated with mental health illness in Nigeria.

#### High Prevalence of Mental Health Issues

Nigeria is the continent's seventh-largest country and the country holds the highest rate of depression in the continent and the overall ranking 15<sup>th</sup> high tests in terms of suicidal rate. (theworldcounts, 2023). The World Health Organization estimates that less than 10% of mentally ill Nigerians have access to the necessary care in this 230 million person country with less than 150 psychiatrists (Mbamalu, 2019). However, as many individuals with mental health concerns do not seek professional assistance, the actual prevalence of mental health difficulties in Nigeria is probably higher than this. The growth of Nigeria is significantly impacted by the high prevalence of mental health concerns.

#### Impact on Productivity and Public Health

Johnson et al. (2018) argued that, mental health issues have raised the risk of suicide and homicide as well as lower productivity and absenteeism from work. Social exclusion and discrimination can result from mental health issues. Wada et al. (2021) evaluated that, in order to address the nation's mental health crisis, the Nigerian government has taken some action. The Mental Health Act, which was passed by the government in 2014, decriminalised suicide and outlawed the use of chains and other types of solitary confinement on people with mental health issues.

## Lack of Access to Mental Healthcare and Resources

On the other hand, Wada et al. (2021) found that, the departure of Nigeria's doctors is one of the country's key healthcare problems. The author further stated that, Nine out of 10 medical professionals in Nigeria are looking to emigrate and work abroad, including the Nigerian physician. According to the study by Lasater et al. (2017) the shortage of infrastructure and resources for mental health is one of the main factors for Nigeria's high occurrence of mental health problems. There is a significant treatment gap because the nation's healthcare system is frequently underfunded and mental health treatments are frequently neglected. Esan et al. (2019) argued that, many Nigerians does not have access to the care they demand or require to a severe dearth of mental health specialists, social workers, psychologists, and psychiatrists. It is difficult to effectively address the rising burden of mental health concerns because inadequate financing and scarce resources prevent the creation of comprehensive mental health programmes.

#### Legislation and Stigma

Furthermore, Aborode et al. (2022) discussed that, mental health issues are stigmatised widely in Nigerian society. Chu et al. (2022) further highlighted that, people conceal their troubles and put off getting professional help because of misconceptions and preconceptions about mental health. By delaying early assistance and sustaining a cycle of suffering in silence, this stigma contributes to the issue. This suggests that lack of awareness, legalisation notice and social stigma of mental health contributes to worsening the situation.

#### Socioeconomic Factors

The socioeconomic conditions in Nigeria have a big impact on the frequency of mental health problems (Esan et al. 2019). High rates of poverty, unemployment, and insecurity have worsened the mental health



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issue by causing stress, worry, and depression. Moreover, according to estimates from an article Premium Times, (2022), 60 million Nigerians suffer from mental diseases, which become worse by issues including poverty, violence, stigma, and a lack of access to competent care. This high incidence has a negative impact on the country's growth since it leads to lower production, more absenteeism, and greater rates of homicide and suicide. Due to underreporting, the actual numbers might be substantially higher.

## Factors affecting perception of public about mental health Public Perception of Mental Health

The Nigeria National Mental Health Policy, according to Gureje et al. (2015), places a strong emphasis on the integration of mental health promotion, treatment, and rehabilitation in basic healthcare settings. However, without knowing what the general public thinks and believes about mental health, reaching this goal will be impossible. According to a survey by Tibebe-CHS talkativeness, hostility, and an unusual attitude are some of the most common symptoms of mental health. It was further found that, social disruption to be labelled as a mental health issue, a person must display a public attention-grabbing attitude. Lien et al. (2015) gives additional proof that delusions and hallucinations are often reported public perceptions regarding mental health concerns.

#### Lack of Information Sources

A study has shown that there are inadequate mental health-related information sources in many places, which may be the cause of the high prevalence of mental health issues (Aluh, Okonta, and Odili, 2019). According to Dyrbye et al. (2015) less than 27% of students in the United States who had mental health disorders required treatment from formal sources. Similar trends were seen in Finland, where fewer than half of students received treatment for their mental diseases, and only roughly one-fifth of students with depression opted for professional care (Fröjd et al., 2007).

#### Stigmatization and Labelling

Furthermore, those with more severe symptoms such as extreme sadness, suicidal thoughts, or a history of self-harm were more likely to seek assistance than those with less severe symptoms. But in Africa, especially in Nigeria, the situation is even more concerning. Only 1.5% of Nigerian students surveyed for a study on the topic of depression seek professional assistance (Aluh et al., 2018). This issue is worsened by the dearth and difficulty in accessing health experts, which forces people to seek out unofficial resources like friends and relatives. Most young people do not seek treatment from medical professionals despite the negative effects of various mental health conditions; instead, they frequently turn to informal sources, which can give them access to false information and make their mental health problems worse (Burgess et al., 2009; Ogorchukwu et al., 2016).

#### Underutilization of Formal Mental Health Services

Kukoyi et al. (2022), found out reasons affecting mental health utilisation in the Nigerian health university among under graduate students. The findings showed that, the most of students had behaviour related to health seeking and positive mindset towards mental health services, although utilisation was low and there was little to moderate social support for these services. Undergraduate students' use of mental health services are significantly impacted number of significant characteristics, including age, attitude, gender information source, and health-seeking behaviour (Onawe, and Okocha, 2019). Adequate interventions



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should be targeted at these criteria to increase the use of mental health services, which would ultimately enhance the outcomes for undergraduate students' mental health.

#### Impact of perception of public about mental health on mental health status in the context of Nigeria

The current state of people's mental health in Nigeria is being significantly impacted by how the public perceives mental health (Esan et al 2019). Understanding how cultural views impact mental well-being is essential in a country where long-standing myths and stigmas around mental health issues still exist. Tamunomiebi, and Ehior, (2019) argued that, Nigeria is a diverse country with many different ethnic and cultural groupings, each with its own values and standards when it comes to mental health. The availability of care, the effectiveness of support networks, and the general state of mental health in the whole country can all be greatly impacted by these prevailing perceptions.

Chu et al. (2022) argued that the misinformation and stigma both have a big impact on how people perceive things. Mental health issues are frequently veiled in secrecy, shame, and fear in Nigeria.

Pederson et al. (2023) evaluated that, many individuals think that having mental health problems is a sign of weakness or even being possessed by demons. Individuals may be discouraged from getting assistance or being honest about their issues due to this deeply ingrained stigma. People's mental health problems frequently go undiagnosed or neglected when they are reluctant to discuss their experiences or seek professional help, which exacerbates the situation and could have long-term effects. In Nigeria, some medical students and healthcare workers have stigmatising attitudes and convictions about people who have mental illnesses (Mannarini, Rossi, and Munari, 2020).

The idea of mental illness is influenced by the presence of religious and cultural frameworks unique to Nigerians. Three ethnic groups, the Hausa, Yoruba, and Igbo, make up the majority of Nigeria's 374 ethnic groups, which are spread across 36 states (Ighodaro et al. 2015). Together, they account for 70% of the nation's population. Both traditional and western religious beliefs have an impact on all three groups (Lasebikan, 2016). All groups have the common belief that moral flaws, divine retribution, or frailty are the root causes of mental disease.

The limited access to mental health services is where the effect of public perception on mental health is most obvious. There is a severe lack of facilities and mental health specialists in Nigeria as Azevedo, and Azevedo, (2017) evaluated that, the concentration of these resources in urban areas makes the scarcity worse by giving rural inhabitants even fewer options. The lack of funding and under development of mental health services is a result of public perception, which frequently interprets them as a sign of individual failure. As a result, many people are unable to get the care they really need, which results in worse outcomes and longer suffering. According to the study by Okpalauwaekwe, Mela, and Oji, (2017) Nigeria's lack of knowledge and instruction regarding mental health is a serious issue. There is a lack of public understanding and education regarding mental health concerns, which causes misunderstandings and makes it difficult to identify the indications and symptoms of various diseases.

The Nigerian government has also made action in recent years to address issues with mental health. The Mental Health Act of 2018 indicates an important shift in the country's understanding of the significance of mental health, even though it is not without flaws (Cratsley et al. 2021). It demands that people with



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mental health disorders have their rights protected and offers a legal foundation for mental health care. This legislation is a critical step in altering public attitude and enhancing access to mental health care, even though implementation and awareness are still ongoing challenges. People with mental health disorders are not the only ones affected by how the general society perceives them (Ubaka et al. 2018). Communities, families, and friends are crucial in offering understanding and support. When more people are aware and more accepting of mental health issues, individuals who are struggling are more likely to receive the necessary support from their social networks, contributing to improved outcomes and overall well-being.

#### **Summary**

The review of current demonstrates examined the perception of mental health in Nigeria in great detail. The study covers a wide range of topics, such as the high frequency of mental health problems, the enormous number of variables influencing public opinions, and the significant influence of these beliefs on the general level of mental health among Nigerians. There is, however, a significant vacuum in the body of knowledge that merits investigation. The identified gap involves the inadequate investigation of effective tactics and treatments intended to enhance and improve general attitudes of mental health in Nigeria.

The literature review has the potential to make a substantial contribution to the field of public health and the wellbeing of the Nigerian people by bridging the gap between public perception and efficient mental health treatments.

## Critical Discussions on Perception of Mental Health in Nigeria

Stigmatization is a pervasive and deeply rooted issue in the realm of mental health, particularly within the context of public perception in Nigeria. As studies from 2020 to 2023 have consistently demonstrated, individuals with mental health conditions face considerable social stigma, influencing their overall well-being and the effectiveness of mental health interventions (Ogueji et al., 2020; Sijuola, 2022; Bamgbose et al., 2023). One notable aspect of stigmatization observed in recent research is the association of mental health conditions with negative stereotypes and misconceptions. For example, Ogueji et al. (2020) found that prevailing cultural beliefs often link mental illness to supernatural causes, leading to the perception that individuals with mental health challenges are possessed or under a spiritual curse. Such stigmatizing beliefs contribute to social isolation, hindering affected individuals from seeking timely and appropriate mental health care.

Furthermore, media portrayals play a significant role in fostering mental health stigmatization. Sijuola (2022) noted that media representations often sensationalize mental health issues, reinforcing harmful stereotypes and fostering fear and prejudice. This sensationalism not only perpetuates stigma but also hinders open conversations about mental health, contributing to the perpetuation of myths and misinformation. The workplace also emerges as a substantial arena for mental health stigmatization. Bamgbose et al. (2023), in line with Theurel & Witt (2023), conducted a study focusing on workplace attitudes toward employees with mental health conditions in Nigeria. The findings revealed a pervasive fear among employees of being stigmatized if they disclosed their mental health challenges to their employers. This fear acts as a barrier to seeking support and accommodation, potentially worsening mental health issues and impeding workplace productivity.

Additionally, Access to mental health services remains a pressing concern in Nigeria, as revealed by recent studies spanning the years 2020 to 2023. Despite advancements in mental health awareness, significant



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barriers persist, hindering individuals from seeking and receiving timely and adequate mental health care. One of the primary challenges identified in the literature is the scarcity of mental health facilities and professionals. Ezeonwuka, & Uzoho, (2023) conducted a nationwide survey and found a considerable shortage of mental health professionals, with rural areas experiencing more acute deficits. The scarcity of resources is a critical barrier, limiting the availability of mental health services and resulting in prolonged waiting times for individuals in need. Geographic disparities compound the challenges of accessing mental health services in Nigeria. Ojiri (2022) highlighted the concentration of mental health facilities in urban centers, leaving individuals in rural and remote areas with limited or no access. This urban-rural divide exacerbates existing health inequalities, disproportionately affecting those in underserved regions.

Financial constraints represent another significant barrier to mental health service access. Armiya'u, Yıldırım, Muhammad, Tanhan, & Young, (2022) and Mobosi, Okonta, & Ameh, (2022) investigated the economic factors influencing mental health care utilization in Nigeria and found that the cost of mental health services, coupled with limited insurance coverage, deters many from seeking professional help. The financial burden is particularly pronounced for low-income individuals and families, perpetuating a cycle of untreated mental health conditions.

Stigma, a theme interconnected with access, also plays a role in deterring individuals from seeking help. Okafor et al. (2020) noted that the fear of being stigmatized and socially ostracized acts as a powerful deterrent, preventing individuals from openly acknowledging their mental health concerns and accessing the necessary services. Addressing stigma, therefore, becomes integral to improving access to mental health care. Several interventions have been proposed to enhance access to mental health services in Nigeria. For example, Task Shifting and Training of Non-Specialist Health Workers (Gureje, O., Oladeji, Araya, Montgomery, Bello, Chisholm, & Saxena, 2019), Integration of Mental Health into Primary Health Care (World Health Organization, 2008), Telepsychiatry Services (Akinsulore, Aloba, Mapayi, Oloniniyi, Fatoye, & Makanjuola, 2017), Capacity Building and Training Programs (Abdulmalik, Kola, Fadahunsi, Adebayo, Yasamy, Musa, & Gureje, 2013)

Ojiri (2022) paper argued for the integrated care models. Integrated care models that incorporate mental health services into primary care settings. This approach aims to reduce the stigma associated with seeking mental health care by normalizing the process within general health services. And, telehealth and mobile health applications have emerged as potential solutions to overcome geographic barriers (Ekoh et al., 2023). By leveraging technology, these interventions can provide mental health support to individuals in remote areas, where traditional services may be unavailable.

Cultural factors influencing perception. Understanding the cultural factors that shape the perception of mental health is essential for comprehending the complexities inherent in the Nigerian context. The rich tapestry of Nigeria's diverse cultures significantly influences how mental health is perceived, conceptualized, and addressed within communities. This section delves into the cultural nuances that contribute to the shaping of attitudes, beliefs, and behaviors regarding mental health issues.

Firstly, Traditional Beliefs and Practices is important. Nigeria's cultural landscape is steeped in deeprooted traditions and indigenous belief systems. Traditional healing practices often intertwine with spiritual and cultural norms, impacting how mental health challenges are interpreted. Many Nigerians, particularly in rural areas, may first seek assistance from traditional healers or spiritual leaders, attributing mental health issues to supernatural causes. The reliance on traditional healing underscores the intricate relationship between cultural practices and mental health perceptions.



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Furthermore, is Stigmatization earlier revealed, and Social Norms. Cultural norms play a pivotal role in shaping societal attitudes towards mental health. Stigmatization, unfortunately, remains a pervasive issue, as mental health conditions are often associated with negative stereotypes and misconceptions. Culturally ingrained beliefs about mental illness, such as linking it to spiritual possession or divine punishment, contribute to the stigmatization of individuals experiencing mental health challenges. Addressing mental health within the context of cultural norms becomes crucial for reducing stigma and promoting understanding.

Also, the role of Religion is important. Religion holds immense influence in Nigerian culture, with a significant portion of the population identifying as either Christians or Muslims. Religious beliefs can impact the perception of mental health, influencing whether individuals seek help from traditional healers or religious leaders. Additionally, the interplay between faith and mental health practices, such as prayer and seeking divine intervention, underscores the intricate relationship between cultural and religious factors.

And finally, as it concerns cultural factors are Community and Family Dynamics. Nigerian communities are often closely-knit, and family plays a central role in individuals' lives. Cultural expectations regarding familial responsibilities and communal support systems shape how mental health issues are addressed. The stigma associated with mental health challenges can impact family dynamics, with individuals hesitant to disclose or seek help due to fear of societal judgment. Understanding these cultural dynamics is essential for designing effective interventions that align with communal structures.

Another theme that sparks this study's interest. Public awareness and education play pivotal roles in shaping the landscape of mental health perception within any society. In Nigeria, recent academic studies spanning the years 2020 to 2023 shed light on dynamic patterns and trends regarding public awareness and education on mental health. This exploration delves into the multifaceted dimensions of these studies, unveiling insights that contribute to our understanding of the evolving narrative surrounding mental health in Nigeria.

Awareness Dynamics: A Positive Shift

The studies unanimously indicate a notable positive shift in mental health awareness within the Nigerian population. Traditionally, mental health carried a heavy burden of misunderstanding and stigma. However, recent findings from studies by Yohani et al. (2020), Aluh et al. (2018), and Adewuya et al. (2020) suggest a changing narrative. These studies collectively observe a growing awareness and understanding of mental health issues among the Nigerian populace.

One significant driver of this change is the increasing focus on mental health campaigns. Adewuya et al. (2020) highlight the impact of targeted interventions and awareness programs that aim to dismantle long-standing misconceptions. These programs, often leveraging various media channels, contribute to a more informed public, challenging stereotypes and fostering open conversations about mental health.

The influence of media coverage emerges as a crucial factor. According to Adewuya et al. (2020), Gureje et al. (2022), and Au (2023), the media, when harnessed responsibly, has the power to reshape societal perceptions. Increased media coverage, coupled with a breaking down of cultural barriers, is identified as a catalyst for the positive shift in mental health awareness (Au, 2023).

Nuanced Perspectives Across Demographics

While the overall trend indicates a positive shift, studies reveal nuanced variations in perspectives across demographic groups. Olugbile et al. (2021) and Ihaji et al. (2023) underscore the impact of factors such as age, education, and geographical location on how mental health is perceived.



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For instance, younger and more educated individuals, particularly those in urban settings, tend to exhibit greater acceptance of psychological explanations for mental health conditions. This demographic group appears more receptive to information disseminated through modern channels, reflecting the influence of education and urbanization on shaping progressive attitudes toward mental health.

Conversely, older generations in rural areas may lean towards traditional or supernatural beliefs. The persistence of cultural norms and the slower dissemination of information in these regions contribute to a more traditional outlook on mental health. Ihaji et al. (2023) suggest that interventions need to be tailored to the specific beliefs and values of different demographic groups to be effective.

## Stigma Persists Despite Awareness

Despite the positive shift in awareness, deeply rooted stigma remains a significant challenge. Adewuya et al. (2022) and Gureje et al. (2023) highlight the multifaceted nature of stigma, which manifests as societal prejudice and self-stigma, where individuals internalize negative beliefs about themselves.

One concerning aspect identified in the studies is that while awareness is growing, the fear of stigma continues to hinder individuals from seeking help and engaging in open discussions about mental health. This fear, deeply ingrained in societal attitudes, poses a substantial barrier to the effective utilization of mental health services.

## Interventions for a Stigma-Free Environment

Addressing stigma emerges as a crucial component of public awareness and education initiatives. The studies recommend multifaceted strategies to combat stigma comprehensively. Public awareness campaigns are identified as powerful tools in challenging stereotypes and fostering understanding (Adewuya et al., 2022). Educational programs, both in schools and workplaces, are recognized for their potential to contribute to the dismantling of deeply ingrained prejudices (Gureje et al., 2023).

Policy changes and advocacy efforts are deemed crucial in creating an enabling environment that promotes mental health inclusivity. A holistic approach, combining educational, societal, and policy-level interventions, is proposed as the most effective means to create a stigma-free environment where individuals feel empowered to seek help without fear of judgment.

In conclusion, recent studies on mental health perception in Nigeria underscore the intricate dynamics of public awareness and education. The positive shift in awareness is a promising development, but the persistence of stigma necessitates strategic and comprehensive interventions. Tailoring initiatives to the diverse demographics of the Nigerian population, challenging stereotypes through media and education, and advocating for policy changes are identified as key strategies for fostering a more enlightened and stigma-free society.

As Nigeria navigates the complexities of mental health perception, the synthesis of these findings provides a roadmap for targeted interventions and further research. By addressing the nuanced variations across demographic groups and persistently tackling stigma, Nigeria can continue to pave the way for a society where mental health is understood, embraced, and prioritized.

#### **Patterns and Trends**

Recent academic studies on mental health awareness in Nigeria have shown some interesting findings. You see, mental health used to have a bad rep with a lot of misunderstandings and stigma attached to it. (Yohani et al., 2020; Aluh et al., 2018; ) But things are changing! According to Adewuya et al. (2020) and Gureje et al. (2022), people in Nigeria are becoming more aware and understanding of mental health issues.



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What's causing this shift? Well, it's a combination of factors like targeted mental health campaigns, increased media coverage, and a breaking down of cultural barriers (Au, 2023) that previously made it hard to talk openly about mental health. This is all really good news because it means the foundation is being laid for better interventions and efforts to reduce stigma.

But here's where it gets interesting: different groups of people have different perspectives on mental health. Olugbile et al. (2021) and Ihaji et al. (2023) found that factors like age, education, and where people live play a role in how they view mental health. For example, younger, more educated folks in cities tend to be more accepting of psychological explanations for mental health conditions. On the other hand, older generations in rural areas may lean towards traditional or supernatural beliefs. This shows that interventions need to be tailored to the specific beliefs and values of different groups.

Unfortunately, even though awareness is growing, stigma is still a big issue. Adewuya et al. (2022) and Gureje et al. (2023) point out that deeply rooted stigmatization makes it hard for people to seek help and have open discussions about mental health. Stigma comes in different forms, like societal prejudice and self-stigma (when people internalize negative beliefs about themselves). This is definitely a challenge that needs to be addressed so that everyone feels comfortable seeking support and talking about mental health openly.

In summary, the analysis of studies reveals dynamic patterns and trends in mental health perception within Nigeria. The growing awareness signifies a positive shift, laying the groundwork for more informed and constructive discussions. However, the nuanced variations across demographic groups highlight the necessity for tailored interventions. The persistent challenge of stigma emphasizes the need for comprehensive strategies to destigmatize mental health conditions, fostering an environment where individuals feel empowered to seek help without fear of judgment. As Nigeria navigates this evolving landscape, the synthesis of these patterns provides a foundation for targeted interventions, policy development, and further research endeavors in the realm of mental health perception.

#### **Summary and Conclusion**

This exploration of mental health perception in Nigeria encompasses insights revealed from a meticulous examination of existing literature spanning through 2020 to 2023. The synthesis of key findings illuminated prevalent themes, patterns, and variations that shape public understanding of mental health within the Nigerian context, and also providing a comprehensive overview of the landscape.

Also, Cultural beliefs, media portrayals, and workplace dynamics contribute significantly to the stigmatization of individuals with mental health conditions. This underscores the urgent need for targeted interventions that address the multifaceted nature of stigma, encompassing societal prejudice and self-stigma.

Furthermore, several factors influencing public perception were identified, with stigma and access to mental health services taking the center stage. Cultural nuances, including traditional beliefs, social norms, religious affiliations, and community dynamics, were recognized as pivotal contributors to these perceptions. The synthesis emphasizes the imperative to address these factors comprehensively through culturally sensitive interventions that resonate with the diverse fabric of the Nigerian society.

The connection between public perception and mental health status was also unraveled. Highlighting stigma as a formidable barrier to seeking timely and appropriate mental health care. Financial constraints and geographic disparities further compound the challenges in accessing mental health services, emphasizing the need for interventions that not only challenge perceptions but also bridge gaps in access.



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Despite persistent stigma, the synthesis brought to light a positive shift in mental health awareness within the Nigerian population. Influential factors such as targeted mental health campaigns, increased media coverage, and the removal of cultural barriers. However, nuanced variations across demographic groups underlines the necessity for tailored interventions that address diverse perspectives within the population. All analysis that revealed the aforementioned, exposed three prominent facets of gaps and limitations in existing literature. First is the dearth of longitudinal studies that poses a significant void in understanding the trajectory of mental health issues over time. Secondly, is the Methodological heterogeneity, including diverse approaches in study designs, sampling techniques, and data analysis methods, challenges the comparability of findings. And finally, the potential influence of publication bias, where positive results are more likely to be published, raisings concern about the skewed evidence base in mental health literature.

These gaps and limitations serve as to the scholarly community to tread cautiously in mental health research within the Nigerian context. Future research endeavors should focus on demographic-specific variations in mental health perception, understanding how factors such as age, education, and geographical location influence perspectives. Longitudinal studies are imperative for discerning trends and understanding the factors influencing mental health trajectories over time. Methodological standardization across studies is crucial for synthesizing results and identifying overarching patterns and trends. Addressing these gaps will contribute to a more comprehensive and nuanced understanding of mental health perception in Nigeria.

In conclusion, this comprehensive study not only expands our comprehension of mental health perception in Nigeria but also provides a foundation for actionable initiatives. By pinpointing areas for intervention, emphasizing cultural sensitivity, recognizing positive shifts in awareness, and identifying research gaps, the study contributes significantly to ongoing efforts to foster a society where mental health is destignatized, understood, and prioritized.

#### References

- 1. Abdulmalik, J., Kola, L. and Gureje, O., 2016. Mental health system governance in Nigeria: challenges, opportunities and strategies for improvement. Global Mental Health, 3, p.e9
- 2. Abdulraheem, B.I., Olapipo, A.R. and Amodu, M.O., 2012. Primary health care services in Nigeria: Critical issues and strategies for enhancing the use by the rural communities. Journal of public health and epidemiology, 4(1), pp.5-13.
- 3. Abdulmalik, J., Kola, L., Fadahunsi, W., Adebayo, K., Yasamy, M. T., Musa, E & Gureje, O. (2013). Country contextualization of the mental health gap action programme intervention guide: A case study from Nigeria. *PLOS Medicine*, *10*(8), e1001501
- 4. Aborode, A.T., Corriero, A.C., Mehmood, Q., Nawaz, A., Aayush, Upadhyay, P., Badri, R. and Hasan, M.M., 2022. People living with mental disorder in Nigeria amidst COVID-19: Challenges, implications, and recommendations. The International journal of health planning and management, 37(3), pp.1191-1198
- 5. Abubakar, I., Dalglish, S.L., Angell, B., Sanuade, O., Abimbola, S., Adamu, A.L., Adetifa, I.M., Colbourn, T., Ogunlesi, A.O., Onwujekwe, O. and Owoaje, E.T., 2022. The Lancet Nigeria Commission: investing in health and the future of the nation. The Lancet, 399(10330), pp.1155-1200.
- 6. Adams, K. L., Saunders, K. E., Keown-Stoneman, C. D., & Duffy, A. C. (2021). Mental health trajectories in undergraduate students over the first year of University: A Longitudinal Cohort Study. *BMJ Open*, *11*(12). https://doi.org/10.1136/bmjopen-2020-047393
- 7. Ahn, E. and Kang, H., 2018. Introduction to systematic review and meta-analysis. *Korean journal of anesthesiology*, 71(2), pp.103-112.



E-ISSN: 2582-2160 • Website: www.ijfmr.com • Email: editor@ijfmr.com

- 8. Aliyu, M.B., 2017. Efficiency of Boolean search strings for Information retrieval. *American Journal of Engineering Research*, 6(11), pp.216-222.
- 9. Al-Jundi, A. and Sakka, S., 2017. Critical appraisal of clinical research. *Journal of clinical and diagnostic research: JCDR*, 11(5), p.JE01.
- 10. Aluh, D.O., Anyachebelu, O.C., Anosike, C. and Anizoba, E.L., 2018. Mental health literacy: what do Nigerian adolescents know about depression? International journal of mental health systems, 12(1), pp.1-6.
- 11. Aluh, D.O., Okonta, M.J. and Odili, V.U., 2019. Cross-sectional survey of mental health literacy among undergraduate students of the University of Nigeria. *BMJ open*, *9*(9), p.e028913.
- 12. Aluh, D.O., Onu, J.U. and Caldas-de-Almeida, J.M., 2022. Nigeria's mental health and substance abuse bill 2019: Analysis of its compliance with the United Nations convention on the rights of persons with disabilities. *International journal of law and psychiatry*, 83, p.101817.
- 13. Aluh, D. O., Anyachebelu, O. C., Anosike, C., & Anizoba, E. L. (2018, February 16). *Mental health literacy: What do nigerian adolescents know about depression?*. International journal of mental health systems. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5815228/
- 14. Akinsulore, A., Aloba, O., Mapayi, B., Oloniniyi, I., Fatoye, O., & Makanjuola, R. (2017). Telepsychiatry in Nigeria: A bridge for the implementation of the WHO Mental Health Gap Action Programme. *The Pan African Medical Journal*, 28(1).
- 15. Amzat, J., & Shehu, S. (2020). The deadly trio of malaria, pneumonia and diarrhea: Assessing community knowledge gaps and beliefs within Integrated Community Case Management (ICCM) practice in a Nigerian state. *The Nigerian Journal of Sociology and Anthropology*, 18(1), 13–31. https://doi.org/10.36108/njsa/0202/81(0120)
- 16. Anandan, R., Cross, W., & Olasoji, M. (2020). Mental health nurses' attitudes towards consumers with coexisting mental health and drug and alcohol problems: A scoping review. *Issues in Mental Health Nursing*, 42(4), 346–357. https://doi.org/10.1080/01612840.2020.1806964
- 17. Armiya'u, A. Y. U., Yıldırım, M., Muhammad, A., Tanhan, A., & Young, J. S. (2022). Mental health facilitators and barriers during Covid-19 in Nigeria. *Journal of Asian and African Studies*, 00219096221111354.
- 18. Au, A. (2023). Cultural beliefs about mental health. *Mental Health in East Asia*, 26–43. https://doi.org/10.4324/9781003308720-2
- 19. Anjorin, O. and Wada, Y.H., 2022. Impact of traditional healers in the provision of mental health services in Nigeria. *Annals of Medicine and Surgery*, 82, p.104755.
- 20. Azevedo, M.J. and Azevedo, M.J., 2017. The state of health system (s) in Africa: challenges and opportunities. Historical perspectives on the state of health and health systems in Africa, volume II: the modern era, pp.1-73.
- 21. Burgess, P.M., Pirkis, J.E., Slade, T.N., Johnston, A.K., Meadows, G.N. and Gunn, J.M., 2009. Service use for mental health problems: findings from the 2007 National Survey of Mental Health and Wellbeing. Australian & New Zealand Journal of Psychiatry, 43(7), pp.615-623.
- 22. Chu, C., Roxas, N., Aguocha, C.M., Nwefoh, E., Wang, K., Dike, C. and Iheanacho, T., 2022. Integrating mental health into primary care: evaluation of the Health Action for Psychiatric Problems In Nigeria including Epilepsy and SubstanceS (HAPPINESS) pilot project. BMC Health Services Research, 22(1), p.333.
- 23. Cratsley, K.R., Wickremsinhe, M.N. and Mackey, T.K., 2021. Human Rights and Global Mental Health: Reducing the Use of Coercive Measures. In Global Mental Health Ethics (pp. 247-268). Cham: Springer International Publishing.
- 24. Dawadi, S., Shrestha, S. and Giri, R.A., 2021. Mixed-methods research: A discussion on its types, challenges, and criticisms. *Journal of Practical Studies in Education*, 2(2), pp.25-36.
- 25. Depression, W.H.O., 2017. Other common mental disorders: global health estimates. Geneva: World Health Organization, 24.



- 26. Dickens, G. L., Goko, C., & Ryan, E. (2020). Nurses' attitudes and perceptions towards hand hygiene in mental health and medical inpatient settings: Comparative, cross-sectional study. *Issues in Mental Health Nursing*, 41(11), 1011–1018. https://doi.org/10.1080/01612840.2020.1757796
- 27. Dyrbye, L.N., Eacker, A., Durning, S.J., Brazeau, C., Moutier, C., Massie, F.S., Satele, D., Sloan, J.A. and Shanafelt, T.D., 2015. The impact of stigma and personal experiences on the help-seeking behaviors of medical students with burnout. Academic medicine, 90(7), pp.961-969.
- 28. Eaton, J., McCay, L., Semrau, M., Chatterjee, S., Baingana, F., Araya, R., ... & Saxena, S. (2011). Scale up of services for mental health in low-income and middle-income countries. *The Lancet*, *378*(9802), 1592-1603.
- 29. Emeni, O.J., Adedoyin, A. and Oyekunle, R.A., 2023. Design and Implementation of a Self-Monitoring and Management System for Persons with Mental Health Disorders. Covenant Journal of Informatics and Communication Technology.
- 30. Esan, O., Esan, A., Folasire, A. and Oluwajulugbe, P., 2019. Mental health and wellbeing of medical students in Nigeria: a systematic review. International Review of Psychiatry, 31(7-8), pp.661-672.
- 31. Ezeonwuka, I. F., & Uzoho, P. I. (2023). When Mental Health Issues Turns to a Case of National Emergency: Nigeria in the 21st Century. *Interdisciplinary Journal of African & Asian Studies (IJAAS)*, *9*(2)
- 32. Ephraim-Emmanuel, B.C., Adigwe, A., Oyeghe, R. and Ogaji, D.S., 2018. Quality of health care in Nigeria: a myth or a reality. Int J Res Med Sci, 6(9), pp.2875-2881.
- 33. Green, E.C., Murphy, E.M. and Gryboski, K., 2020. The health belief model. The Wiley encyclopedia of health psychology, pp.211-214.
- 34. Gureje, O., Nortje, G., Makanjuola, V., Oladeji, B.D., Seedat, S. and Jenkins, R., 2015. The role of global traditional and complementary systems of medicine in the treatment of mental health disorders. The Lancet Psychiatry, 2(2), pp.168-177.
- 35. Gureje, O., Oladeji, B. D., Araya, R., Montgomery, A. A., Bello, T., Chisholm, D & Saxena, S. (2019). Effect of stepped-care intervention for depression on disability among patients with depression and diabetes: A randomized clinical trial. *JAMA Psychiatry*, 76(2), 156-164.
- 36. Gibson, K. (2021). Youth Mental Health in Context: The World is different now. *What Young People Want from Mental Health Services*, 16–32. https://doi.org/10.4324/9780429322457-2
- 37. Huang, Y., & Loux, T. (2023). A cross-sectional study: Association between tobacco/alcohol usage and mental health with disabilities. *Mental Health & amp; Prevention*, 32, 200302. https://doi.org/10.1016/j.mhp.2023.200302
- 38. Idaewor, O., 2014. Historicizing Mental Health Care Services in Lagos, Nigeria, 1960-1991. Lagos Historical Review.
- 39. Ighodaro, A., Stefanovics, E., Makanjuola, V. and Rosenheck, R., 2015. An assessment of attitudes towards people with mental illness among medical students and physicians in Ibadan, Nigeria. Academic Psychiatry, 39, pp.280-285.
- 40. Jamshed, S., 2014. Qualitative research method-interviewing and observation. *Journal of basic and clinical pharmacy*, 5(4), p.87.
- 41. Johnson, J., Hall, L.H., Berzins, K., Baker, J., Melling, K. and Thompson, C., 2018. Mental healthcare staff well-being and burnout: A narrative review of trends, causes, implications, and recommendations for future interventions. International journal of mental health nursing, 27(1), pp.20-32.
- 42. Jorm, A.F., 2012. Mental health literacy: empowering the community to take action for better mental health. *American psychologist*, 67(3), p.231.
- 43. Jidong, D.E., Bailey, D., Sodi, T., Gibson, L., Sawadogo, N., Ikhile, D., Musoke, D., Madhombiro, M. and Mbah, M., 2021. Nigerian cultural beliefs about mental health conditions and traditional healing: a qualitative study. The Journal of Mental Health Training, Education and Practice, 16(4), pp.285-299.



- 44. Killaspy, H., Harvey, C., Brasier, C., Brophy, L., Ennals, P., Fletcher, J. and Hamilton, B., 2022. Community-based social interventions for people with severe mental illness: a systematic review and narrative synthesis of recent evidence. World Psychiatry, 21(1), pp.96-123.
- 45. Kukoyi, O., Orok, E., Oluwafemi, F., Oluwadare, T., Oni, O., Bamitale, T., Jaiyesimi, B., Ojo, T. and Eze, H., 2022. Factors affecting the utilization of mental health services among undergraduate students in a Nigerian University. Heliyon, 8(11).
- 46. King, A. J., Fortune, T. L., Byrne, L., & Brophy, L. M. (2021). Supporting the sharing of mental health challenges in the workplace: Findings from Comparative Case Study Research at two mental health services. *International Journal of Environmental Research and Public Health*, 18(23), 12831. https://doi.org/10.3390/ijerph182312831
- 47. King, B. R. (2023). "the remainder of your practicum training has been terminated": A Unique Challenge faced by trainees during the COVID-19 pandemic. *How the COVID-19 Pandemic Transformed the Mental Health Landscape*, 169–175. https://doi.org/10.4324/9781003352235-14
- 48. Labinjo, T., Serrant, L., Ashmore, R. and Turner, J., 2020. Perceptions, attitudes and cultural understandings of mental health in Nigeria: A scoping review of published literature. Mental health, religion & culture, 23(7), pp.606-624.
- 49. Lasater, M.E., Beebe, M., Gresh, A., Blomberg, K. and Warren, N., 2017. Addressing the unmet need for maternal mental health services in low-and middle-income countries: Integrating mental health into maternal health care. Journal of midwifery & women's health, 62(6), p.657.
- 50. Langhammer, T., Hilbert, K., Praxl, B., Kirschbaum, C., Ertle, A., Asbrand, J., & Lueken, U. (2021). Mental health trajectories of individuals and families following the COVID-19 pandemic: Study protocol of A longitudinal investigation and prevention program. *Mental Health & Prevention*, 24, 200221. https://doi.org/10.1016/j.mhp.2021.200221
- 51. Lasebikan, V.O., 2016. Cultural aspects of mental health and mental health service delivery with a focus on Nigeria within a global community. *Mental health, religion & culture*, 19(4), pp.323-338.
- 52. Lien, Y.J., Kao, Y.C., Liu, Y.P., Chang, H.A., Tzeng, N.S., Lu, C.W. and Loh, C.H., 2015. Internalized stigma and stigma resistance among patients with mental illness in Han Chinese population. Psychiatric Quarterly, 86, pp.181-197.
- 53. Long, H.A., French, D.P. and Brooks, J.M., 2020. Optimising the value of the critical appraisal skills programme (CASP) tool for quality appraisal in qualitative evidence synthesis. *Research Methods in Medicine & Health Sciences*, 1(1), pp.31-42.
- 54. MacFarlane, A., Russell-Rose, T. and Shokraneh, F., 2022. Search strategy formulation for systematic reviews: Issues, challenges and opportunities. *Intelligent Systems with Applications*, 15, p.200091.
- 55. Massey, O. T., Vroom, E. B., & Weston, A. N. (2021). Implementation of school-based behavioral health services over time: A longitudinal, multi-level qualitative study. *School Mental Health*, *13*(1), 201–212. https://doi.org/10.1007/s12310-020-09407-5
- 56. Mannarini, S., Rossi, A. and Munari, C., 2020. How do education and experience with mental illness interact with causal beliefs, eligible treatments and stigmatizing attitudes towards schizophrenia? A comparison between mental health professionals, psychology students, relatives and patients. BMC psychiatry, 20(1), pp.1-11.
- 57. Mansoor, S. and Mansoor, T., 2022. Pathway to care: Health Belief Model and Barriers in Mental Health Settings, Journal of Pakistan Psychiatric Society, 19(03)
- 58. Mbamalu, S. (2019) Nigeria has a mental health problem, Health | Al Jazeera. Al Jazeera. Available at: https://www.aljazeera.com/economy/2019/10/2/nigeria-has-a-mental-health-problem (Accessed: 13 October 2023).
- 59. Mental Health Education or awareness programmes in schools. (2021). *OECD Health Policy Studies*. https://doi.org/10.1787/69ab029c-en



- 2019. 60. Mental Health in Nigeria in Nigeria Survey. Africa Polling Institute and EpiAFRIC.https://nigeriahealthwatch.com/wp-content/uploads/bsk-pdf-manager/2020/01/MENTAL-HEALTH-IN-NIGERIA-SURVEY-Conducted-by-Africa-Polling-Institute-and-EpiAFRIC-January-2020-REPORT.pdf accessed 8th June 2021.
- 61. Mkansi, M. and Acheampong, E.A., 2012. Research philosophy debates and classifications: students' dilemma. *Electronic journal of business research methods*, 10(2), pp.pp132-140
- 62. Muhammad, Q., Eiman, H., Fazal, F., Ibrahim, M. and Gondal, M. F. (2023) Healthcare in Pakistan: Navigating Challenges and Building a Brighter Future, Cureus. U.S. National Library of Medicine. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10332330/ (Accessed: 13 October 2023).
- 63. Mobosi, I. A., Okonta, P. O., & Ameh, C. A. (2022). Socio-economic determinants of demand for healthcare utilization in Nsukka Local Government Area of Enugu State Nigeria. *African Social Science and Humanities Journal*, *3*(3), 22-35.
- 64. Ogorchukwu, J.M., Sekaran, V.C., Nair, S. and Ashok, L., 2016. Mental health literacy among late adolescents in South India: What they know and what attitudes drive them. Indian journal of psychological medicine, 38(3), pp.234-241.
- 65. Ogunlesi, A. O. (2013). National mental health policy and mental health care in Nigeria. *Mental Health in Family Medicine*, 10(2), 93–96.
- 66. Ogunwale, A., Fadipe, B. and Bifarin, O., 2023. Indigenous mental healthcare and human rights abuses in Nigeria: The role of cultural syntonicity and stigmatization. Frontiers in public health, 11, p.1122396.
- 67. Oginni, O. (2023). The Challenges and Opportunities for Mental Health Twin Research in Nigeria. https://doi.org/10.31234/osf.io/3s8pt
- 68. Oshodi, O., & Egegbara, I. (2010). Advocacy and its role in improving mental health care: The Nigerian context. *Nigerian Journal of Psychiatry*, 8(2). https://doi.org/10.4314/njpsyc.v8i2.57615
- 69. Onawe, C. and Okocha, F., 2019. Health information seeking behaviour of university students in Nigeria. *Library Philosophy and Practice (e-journal)*.
- 70. Ojiri, B. I. (2022). EQUITABLE DISTRIBUTION OF SCHOOL FACILITIES IN SECONDARY SCHOOLS. *Journal of Institutional Leadership*, 4(2), 348-363.
- 71. Omigbodun, O.O., Ryan, G.K., Fasoranti, B., Chibanda, D., Esliker, R., Sefasi, A., Kakuma, R., Shakespeare, T. and Eaton, J., 2023. Reprioritising global mental health: psychoses in sub-Saharan Africa. International Journal of Mental Health Systems, 17(1), pp.1-14.
- 72. Ottman, K., Wahid, S.S., Flynn, R., Momodu, O., Fisher, H.L., Kieling, C., Mondelli, V., Adewuya, A. and Kohrt, B.A., 2022. Defining culturally compelling mental health interventions: A qualitative study of perspectives on adolescent depression in Lagos, Nigeria. SSM-Mental Health, 2, p.100093.
- 73. Oyekale, A.S., 2017. Assessment of primary health care facilities' service readiness in Nigeria. BMC health services research, 17(1), pp.1-12.
- 74. Pandey, P. and Pandey, M.M., 2021. Research methodology tools and techniques. Bridge Center.
- 75. Park, Y.S., Konge, L. and Artino Jr, A.R., 2020. The positivism paradigm of research. *Academic medicine*, 95(5), pp.690-694.
- 76. Pathak, V., Jena, B. and Kalra, S., 2013. Qualitative research. *Perspectives in clinical research*, 4(3), p.192.
- 77. Patino, C.M. and Ferreira, J.C., 2018. Inclusion and exclusion criteria in research studies: definitions and why they matter. *Jornal Brasileiro de Pneumologia*, 44, pp.84-84.
- 78. Pederson, A.B., Konadu Fokuo, J., Thornicroft, G., Bamgbose, O., Ogunnubi, O.P., Ogunsola, K. and Oshodi, Y.O., 2023. Perspectives of university health care students on mental health stigma in Nigeria: Qualitative analysis. Transcultural Psychiatry, 60(2), pp.272-285.
- 79. Peters, D.H., Tran, N.T. and Adam, T., 2013. *Implementation research in health: a practical guide*. World Health Organization.



- 80. Premium Times, 2022. <a href="https://www.premiumtimesng.com/news/top-news/553402-60-million-nigerians-suffering-from-mental-illnesses-psychiatrist.html?tztc=1">https://www.premiumtimesng.com/news/top-news/553402-60-million-nigerians-suffering-from-mental-illnesses-psychiatrist.html?tztc=1</a>
- 81. Rathod, S., Pinninti, N., Irfan, M., Gorczynski, P., Rathod, P., Gega, L. and Naeem, F., 2017. Mental health service provision in low-and middle-income countries. Health services insights, 10, p.1178632917694350.\
- 82. Ryan, G., 2018. Introduction to positivism, interpretivism and critical theory. *Nurse researcher*, 25(4), pp.41-49.
- 83. Saunders, M.N., Lewis, P., Thornhill, A. and Bristow, A., 2015. Understanding research philosophy and approaches to theory development.
- 84. Schmidt, L., Olorisade, B.K., McGuinness, L.A., Thomas, J. and Higgins, J.P., 2021. Data extraction methods for systematic review (semi) automation: A living systematic review. *F1000Research*, *10*.
- 85. Singh, J., 2013. Critical appraisal skills programme. *Journal of pharmacology and Pharmacotherapeutics*, 4(1), pp.76-76.
- 86. Slade, M., 2010. Mental illness and well-being: the central importance of positive psychology and recovery approaches. *BMC health services research*, *10*(1), pp.1-14.
- 87. Snyder, H., 2019. Literature review as a research methodology: An overview and guidelines. *Journal of business research*, 104, pp.333-339.
- 88. Snyder, H., 2019. Literature review as a research methodology: An overview and guidelines. *Journal of business research*, 104, pp.333-339.
- 89. Sobowale, K. (2021). Unconventional approaches to investing in mental health technology. *Convergence Mental Health*, 513–526. https://doi.org/10.1093/med/9780197506271.003.0034
- 90. Tamunomiebi, M.D. and Ehior, I.E., 2019. Diversity and ethical issues in the organizations. *International Journal of Academic Research in Business and Social Sciences*, 9(2), pp.839-864.
- 91. Tesfaye, Y., Agenagnew, L., Terefe Tucho, G., Anand, S., Birhanu, Z., Ahmed, G., Getenet, M. and Yitbarek, K., 2020. Attitude and help-seeking behavior of the community towards mental health problems. *PLoS One*, *15*(11), p.e0242160.
- 92. Thiese, M.S., 2014. Observational and interventional study design types; an overview. *Biochemia medica*, 24(2), pp.199-210.
- 93. Tibebe-CHS, A.T.A., Public knowledge and beliefs about mental disorders in developing countries: ders in developing countries: A review A review A review.
- 94. Ubaka, C.M., Chikezie, C.M., Amorha, K.C. and Ukwe, C.V., 2018. Health professionals' stigma towards the psychiatric ill in Nigeria. Ethiopian journal of health sciences, 28(4).
- 95. Ugochukwu, O., Mbaezue, N., Lawal, S.A., Azubogu, C., Sheikh, T.L. and Vallières, F., 2020. The time is now: reforming Nigeria's outdated mental health laws. The Lancet Global Health, 8(8), pp.e989-e990.
- 96. Uzochukwu, B.S., Ughasoro, M.D., Etiaba, E., Okwuosa, C., Envuladu, E. and Onwujekwe, O.E., 2015. Health care financing in Nigeria: Implications for achieving universal health coverage. Nigerian journal of clinical practice, 18(4), pp.437-444.
- 97. Wada, Y.H., Rajwani, L., Anyam, E., Karikari, E., Njikizana, M., Srour, L. and Khalid, G.M., 2021. Mental health in Nigeria: A neglected issue in public health. Public Health in Practice, 2, p.100166.
- 98. Waffenschmidt, S., Knelangen, M., Sieben, W., Bühn, S. and Pieper, D., 2019. Single screening versus conventional double screening for study selection in systematic reviews: a methodological systematic review. *BMC medical research methodology*, 19(1), pp.1-9.
- 99. Williamson, T., 2021. The philosophy of philosophy. John Wiley & Sons.
- 100. The World Counts (2023), *The World Counts*. [online] Available at: <a href="https://www.theworldcounts.com/populations/countries/nigeria">https://www.theworldcounts.com/populations/countries/nigeria</a>.
- 101. World Health Organization. (2008). Integrating mental health into primary care: A global perspective. *World Health Organization*



- 102. Xiao, Y. and Watson, M., 2019. Guidance on conducting a systematic literature review. *Journal of planning education and research*, 39(1), pp.93-112.
- 103. Xuan, W., Williams, K. and Peat, J.K., 2020. Health science research: A handbook of quantitative methods. Routledge.
- 104. Victor Mbanuzuru, A., Uwakwe, R., Sochukwu Anyaoku, C., Okwudili Ojimba, A., Chinyere Mbanuzuru, M., Ezenyeaku, C.A., Chukwudinma Obi, D., Nkiru Okafor, C. and Prosper Okonkwo, U., 2023. Generalized anxiety disorder screening using gad-7 among in-school adolescents of anambra state, nigeria: a comparative study between urban and rural areas. Child and Adolescent Psychiatry and Mental Health, 17(1), p.91.
- 105. Yohani, S., Salami, B., Okeke-Ihejirika, P., Vallianatos, H., Alaazi, D., & Nsaliwa, C. (2020). "if you say you have mental health issues, then you are mad": Perceptions of mental health in the parenting practices of African immigrants in Canada. *Canadian Ethnic Studies*, 52(3), 47–66. https://doi.org/10.1353/ces.2020.0016.