A Comparative Study of Psycho-social and Socio-economic Issues on Mental Health in Nigeria

Moses T. Imbur

Department of Psychology, Faculty of Social Sciences, University of Uyo, Uyo, Akwa Ibom State, Nigeria

Corresponding Author's Email: mosimbur@yahoo.com

Abstract

This study aims to investigate the intricate relationship between psycho-social and socio-economic factors and their impact on mental health in Nigeria. Mental health issues have become increasingly prevalent in Nigeria, yet there is a dearth of comprehensive research exploring the multifaceted influences of psycho-social and socio-economic factors on mental well-being within the Nigerian context. Through a comparative analysis, this research examines the interplay between psycho-social variables such as social support, stigma, and cultural beliefs, alongside socio-economic factors including income, education, and employment status. Utilizing both quantitative and qualitative methodologies, data will be gathered from diverse demographic groups across various regions of Nigeria. The findings from this study will contribute to a deeper understanding of the nuanced dynamics shaping mental health outcomes in Nigeria. Additionally, the results will inform targeted interventions and policies aimed at addressing the complex challenges faced by individuals grappling with mental health issues in the Nigerian society. By bridging the gap between research and practice, this study endeavors to foster holistic approaches to mental health promotion and intervention tailored to the unique socio-cultural context of Nigeria.

Keywords: Mental health, psycho-social factors, socio-economic factors, stigma

Introduction

Eliminating health disparities and increasing the quality and years of healthy life for all people is a global goal. To achieve these, identifying and addressing the health needs of populations that are often overlooked need to be prioritized. People living in highly stressful situation are particularly vulnerable to mental ill-health as a result of the trauma experienced (Oluwaseun et al., 2012).

According to WHO (2014) mental health is an important and essential component of health, a state of complete physical, mental and social well-being and not merely the absence of

disease or infirmity. This definition implies that mental health is critical to person's ability to think, operate, emote, interact with his/her environment, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout Nigeria and the world (Africa Polling Institute & Epi Africa, 2020).

Mental health encompasses emotional, psychological, and social well-being, influencing cognition, perception and behavior. According to World Health Organization (WHO), it is a state of well-being in which the individual realizes his or her abilities. Can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to his or her community. It likewise determines who an individual handles stress, interpersonal relationships and decision-making. Mental health includes subjective well-being, perceived self-efficiency, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential among others. From the perspective of positive psychology or holism, mental health may include an individual's ability to enjoy life and to create a balance between life activities and efforts to achieve psychological resilience. Cultural differences, subjective assessments, and competing professional theories all affect how one defines mental health. Some early signs related to mental health difficulties are sleep irritation, lack of energy, lack of appetite, thinking of harming oneself or others, self-isolating and frequently zoning out (Wikipedia.com, 2023).

Mental or psychological well-being is influenced not only by individual characteristics or attributes, but also by the social economic circumstances in which persons find themselves and the broader environment in which they live.

Aims/ Objectives

The study aims to uncover the interplay between psychological well-being and societal conditions, offering insights into how these factors influences mental health outcomes in the Nigerian context.   However, the main objective of the study is to carry out a comparative study of psycho-social and social-economic issues on mental health in Nigeria.

- The study also has the following objectives;
- To identify prevalent issues, examining correlationship between socio-economic status and mental health

- Assessing the impact of cultural and social norms and suggesting targeted interventions to improve mental health outcomes in the country.

Significance of Study

The study holds significant importance because, understanding these connections between psychosocial and socio-economic factors on mental issues can aid in developing targeted interventions, policies, and support systems to address mental health challenges specific to the country Nigeria. It will also improve well-being and quality of life for individuals and communities. It can also help reduce stigma, enhance awareness, and guide resource allocation for mental health services.

Literature Review

Mental health issues in Nigeria represents a growing concern, necessitating an exploration of the multifaceted factors influencing mental well-being. Studies report a high prevalence of mental health challenges across Nigeria, with variation s influenced by socio-economic disparities. Urban areas depict different patterns compared to rural regions, highlighting the need for a nuanced understanding. Understanding these nuances helps in devising comprehensive strategies that address both sets of factors to improve mental health outcomes across various demographics and regions in Nigeria. While psycho-social factors highlights the importance of support systems and cultural attitudes, socio-economic factors underscore the influence of financial stability, education, and access to healthcare.

The influence of psycho-social factors, including stress, social support, stigma, and cultural beliefs, significantly affects mental health outcomes. Research indicates that stigma surrounding mental health issues and societal beliefs often hinder help-seeking behaviors, emphasizing the need for cultural sensitive interventions.

- **Stress and Mental Health:** High stress levels networks and close relationships often correlate with better mental health outcomes.
- **Social Support:** Adequate social support networks and close relationships often correlate with better mental health outcomes.
- **Stigma and Cultural Beliefs:** Stigmatization surrounding mental health issues and cultural beliefs about mental illness can impact help seeking behaviors and access to care.

Socio-economic factors such as poverty, lack of education, unstable employment and inadequate access to healthcare services are critical socio-economic determinants impact mental health. These factors exacerbate psychological distress, particularly among economically marginalized populations.

- Poverty and mental health: Individuals facing economic hardships might experience higher levels of psychological distress and reduced access to mental health resources.

- Education and employment: Higher education and stable employment are often associated with better mental health outcomes.

- Healthcare Access: Limited access to quality mental health services due to financial constraints or inadequate infrastructure can exacerbate mental health issues.

Mental Health in Nigeria

In Nigeria, about 20% - 30% of the populations are estimated to suffer from mental health problems (Onyemelukwe, (2016)). Given Nigeria is projected population of nearly 200 million people, this is a huge figure. Unfortunately, mental health issues in Nigeria receive only intermittent attention, public awareness of mental health issues is also understandably low, and mental health myths have persisted (Suleiman, 2016). Various research studies shows that, mental health services are largely under-utilized. Regardless of current efforts to support more accessible services, a lack of information about good mental health services means that even where it is available, only a small percentage of people obtain adequate care (Gronholm et al., 2017). Current research shows that these individuals face several barriers to accessing mental health services. First, individuals are often not fully aware that, they are experiencing a mental health issue. Poor knowledge of mental illness is a major hurdle to improving health in Nigeria. Recent evidence points to the paucity of basic knowledge about mental illness, its causes, and its characteristics. This in turn affects the needed priorities for the services or facilities required (Okpalau Waekwe et al., 2017). The first line treatment options for person with mental health problems are reported to be traditional medicines and spiritual home (Labinjo et al., 2020).

Nigeria have a lot of misconceptions about the subject matter. Mental illness is thought to be caused by supernatural powers, witches, evil spirits, and even God, according to popular belief. Nigerians perceptions about the mental sick have been shaped by these ideas

(Okandoye, 2020). People with mental diseases have been burned, hanged, tortured, abandoned and chained all in the hopes of saving their souls, bringing redemption to their families and curbing the iniquities that cause mental illness (Uwakwe, 2007). People's responses to social adversity, emotional pain, and mental disorders, as well as their willingness to seek help, are influenced by cultural taboos and religious traditions.

In Nigeria, this frequently entails seeking religious explanations for mental illness and seeking treatment from traditional and religious leader (Okpalauwaekwe et al., 2017). Some of these approaches have resulted in serious physical, emotional and human rig violations. Furthermore, there is a scarcity of information and public education about how to rebut unfounded claims, as well as about mental health difficulties in general and the resources available to help (Okpalauwaekwe, 2017).

The challenges of mental health services in Nigeria are multi-faceted. According to World Health Organization's Aim's reports on mental health services in Nigeria, these services are woefully inadequate (WHO-AIMS, 2006). As a result, mentally impaired people confront a number of additional obstacles, including inadequate mental health financing, limited access to existing therapies, and a limited number of providers. Only about 3.3% of the federal government health budget goes to mental health, with over 90% of that going to mental hospitals, owning to low government funding. Unfortunately, much of the inadequate funds available are not given to the people who provide direct care to the mentally ill-families and friends. However, several of the key provisions, including establishing a body at the federal Ministry of Health to be focused on mental health are yet to be implemented (Onyemelukwe, 2016).

Theoretical Framework

The psycho-social model is adopted as the theoretical platform for his study. Florence Hollis approach as an attempt to mobilize the strength of the personality and resources of the environment at strategic points to improve the opportunities available to the individual and to develop more effective personal and interpersonal functioning (Hollis, 1977).

This definition stresses the importance of both internal and external factors in relation to people's capacity to cope with the everyday stresses of modern living. The psychosocial model consists of many psychological and sociological theories, such as psychoanalytic and social stress theories.

In relation to this research, psychosocial theory explains mental disorder as a result of some psychological and social forces in the patient's life. It actually involves using psychoanalytical and social stress theory in explaining mental illness.

Psycho-analytic theory presented by Sigmund Freud traces mental disorder to some resolved conflict that occurred in the patients childhood. To Freud, conflict is merit able within the personality of every human being. This is because personality is made up of three conflicting parts, the id, the ego and the superego. Most of these conflicts take place during childhood. If the ego succeeds in resolving the conflicts, the child will grow up to be normal. If the ego fails to resolve a conflict, especially one over an important issue, the unresolved conflict will develop in a neurosis or psychosis: The conflict is usually such a painful experience that the patient represses it; pushing it into the unconscious area of the mind. The conflict manifests itself in the form of psychiatric symptoms such as anxiety, depression or compulsion. It help cure the patient, the psychoanalyst must bring the conflict out into the open, so that the patient can understand and solve the problem (Theo, 1995: 279).

The social stress theory is largely aimed at explaining mental disorder as a result of stressful social experiences (Theo, 1995). Social stress or life crises like divorce, unemployment and death of loved one has been as significant   contributor to the development of mental illness. A study of breast cancer patients found that 39% of them suffered from abnormally high levels of depression or anxiety one year after their mastectomies. Social stress can cause mental illness, if the coping resources are inadequate. The psycho-social theory has been criticized based on psychoanalytic theory and social stress. The psychoanalytic theory is not empirically testable. One has to rely on faith to accept them. Critics have observed that most studies on stress and psychopathology have not clearly demonstrated stress as the cause of mental disorder. Social stress is often seen as that which leads to mental disorder (Theo, 1995).

Causes of Mental Illness

The exact cause of most of mental illness is not known. It is becoming clear through research that, many of these conditions are caused by a combination of biological, psychological and environmental factors.

Biological Factors: Some mental illness have been linked to an abnormal balance of special chemicals in the brain called neurotransmitters. Neurotransmitters help nerve cells in the brain communicate with each other. If these chemical are not working properly, messages may not it through the brain correctly, leading to symptoms of mental illness. Biological factors arise from psychology, biochemistry and genetic history. For example, depression has a clear link to chemical imbalance in the brain (Huffaman, Vernoy and Vernoy, 1994). Infections, brain defects or injury pre-natal damage (disruption of early foetal brain development or trauma that occurs at the time of birth), substances abuse, etc have all been linked to mental illness.

Psychological Factors: Psychological mechanisms have also been implicated such as: cognitive (e.g. reasoning) biases, emotional influences, personality dynamics, temperament and coping style. A person's upbringing and stressful incidents can lead to mental disorder. For example, depression could be as a result of tragic family death (Santrock, 2003).

Environmental or Social Factors: Scientists define environment in the realm of mental illness broadly, to encompass everything that is not inherited. Certain stressors can trigger an illness in a person   who is susceptible to mental illness. These stressors include: death or divorce, self-harm, feelings of inadequacy, a dysfunctional family life, low self-esteem, anxiety, anger or loneliness, social cultural expectations (for example, a society that associates beauty with thinness can be a factor in the development of eating disorders), substance abuse by the person or the persons parents (Santrock, 2003). Unemployment, socio-economic inequality, lack of social cohesion and features of particular societies and cultures can lead to mental illness.

The Role of Psycho-Social Factors in Mental Illness

According to Indian Journal of Psychiatry, the role of social determinants and their impact on physical health has been well documented. The result of inequitable distribution of resources; power and money perpetuate a vicious cycle of poverty and ill-health, often spanning generations. Public health reform on political, economic, humanitarian, and scientific grounds had long acknowledged, reciprocal relationship between poverty and disease. These social determinants of health significantly affects mental health. Poverty, gender violence, cultural tensions, social discrimination, political oppression, ethnic cleansing armed conflicts and forced migration are associated with depression, anxiety and

common mental disorders. Poverty works through the experience of insecurity, hopelessness, rapid social change, risk of violence and physical illness to produce poor mental health. Psychosocial adversity has a major impact on stress-related disorders: Depression, dysthymia, adjustment, acute and post-traumatic stress anxiety, panic, phobia, obsessive compulsive somatoform and other common mental disorders.

Presentation associated with psychosocial adversity like most clinical phenomena often lie on a continuum with distress at one end and disease at the other end. However, the absence of gold standards for diagnosis of psychiat4ric symptoms and the use of individuals' perception of unpleasant feelings and phenomena which inform part of the normal range of emotions, makes it difficult to separate distress from depression, anxiety and common mental disorder. The absence of laboratory tests for diagnosis, the focus on clinical symptoms and the use of symptom counts for diagnosis, the discounting of contexts and the dismissal of factors that predicts treatment response and outcome (e.g. Stress, personality, coping skills and social supports) complicates diagnosis. The differentiation of normal adaptive response characterized by mental distress from disease is difficult in many situations. The clinically and statistically significant relationship between psychosocial adversity and mental ill health (i.e. distress illness and diseases) makes the task of diagnosis difficult. Mental disorder as currently defined is very broad and includes both distress and disease. The theoretical approach to psychiatric diagnosis which disregards contexts, while increasing reliability may not necessarily result in valid categorizes. Misclassification of distress and disorder (disease) is a very false positive rate for many diagnostic categories. Diagnostic hierarchies, which privilege major depression and marginalize stress – related conditions (e.g. dysthymia, adjustment disorder), musicalize personal and social distress. The elastic concept of depression and the mechanistic application of diagnostic hierarchies have led to the marginalization of stress related adjustment difficulties. This has also resulted in the marked heterogeneity within diagnostic heads (e.g. major depression), high rates of placebo response and spontaneous remission and limited impact of medication for mild and moderate conditions.

The failure to recognize the context has resulted in psychiatric labels for victims of crimes (e.g. women with intimate partner's violence). It has also resulted in the use of the same label, post-traumatic stress disorder (PTSI), for perpetrators of violence (e.g. combat

veterans) and for victims of crimes, programs and genocide. PTSD also assumes a universal response to past trauma, does not consider current context and musicalized reactions to stressful life events. The diagnostic and statistical manual – 5 (DSM – 5) has now effectively removed the last contextual exclusion, bereavement for the diagnosis of major depression resulting in the medicalization of most normal emotional responses to psychosocial adversity.

The Role of Socio-Economic Factors in Mental Health

Socio-economic factors affecting mental illness includes, poverty, violence, racism, safety, clean air and water, education, occupation and income. Researches supported by the National Institute of Mental health (NIMH) have also found that, half of all life time cases of mental illness begin by age 14; three quarters have begun age 24. Thus, social class measures and models do predict origin of mental health and its treatment outcomes (Muntaner, Eaton and Diala, 2000).

Muntaner et al, found that, low level supervisors (those who do not have policy-making power but can hire and fire workers) have higher rates of depression and anxiety than both upper level management (those who have organizational control over policy and personnel) and front line employees (who have neither). The repeated experience of organizational control at work protects most upper level managers against mood and anxiety disorders. Low level supervisors on the other hand are subject to a do double exposure. The demands of upper management to discipline the workforce and the antagonism of subordinate workers, while exerting little influence over company policy (Spitzer, Endicott; and Robina, 1978).

This contradictory class location may place supervisors at greater risk of depression and anxiety disorder than either supper management or non-supervisory workers. On the other hand, a socio-economist have provided cross sectional and prospective evidence of the association of psychosocial factors (e.g. perceived job demands, perceived financial hardship) with depression symptoms and anxiety disorders (Singh-Manoux, Adter and Marmot, 2005). Compared with men, women have been shown to be two times or move at risk of depression and anxiety disorders. Studies on women continue to find that between socio-economic position (poverty, low income) increases the risk of depression (Reading and Raynolds, 2001).

Comparative Analysis: Intersection of Psycho-Social and Socio-Economic Factors and Their Combined Impact on Mental Health in Nigeria

Mental health is a complex and multifaceted issue influenced by a myriad of factors. In Nigeria, the intersection of psycho-social and socio-economic factors plays a significant role in shaping mental health outcomes. Understanding these influences is crucial for developing effective mental health interventions and policies. This further explores the interaction between psycho-social and socio-economic factors and their combined impact on mental health in Nigeria, with a comparative analysis of regional differences between urban and rural areas.

Psycho-Social Factors

Psycho-social factors refer to the influences that social environments and relationships have on an individual's mental health. Key psycho-social factors include family dynamics, social support networks, and cultural attitudes towards mental health.

Family dynamics play an important role in shaping an individual's mental health. These dynamics encompass the interactions, relationships, and emotional connections among family members. The quality of these interactions can either support mental well-being or contribute to mental health problems. This essay explores the impact of family dynamics on mental health, highlighting both positive and negative aspects, and examines regional differences in urban and rural areas within Nigeria.

Positive Family Dynamics

Positive family dynamics can significantly enhance mental health by providing emotional support, facilitating effective communication, and employing constructive conflict resolution strategies. Emotional support within a family is crucial; it includes expressing empathy, offering encouragement, and validating feelings. For instance, in a supportive family environment, individuals are more likely to feel secure and valued, which can enhance their self-esteem and reduce the risk of depression (Smith, 2016).

Effective communication within families allows members to express their thoughts and feelings freely, preventing misunderstandings and conflicts. Regular family discussions where members talk about their day or share their concerns can foster a sense of belonging and reduce feelings of isolation (Johnson & Smith, 2018). Moreover, healthy families use constructive methods to resolve conflicts, such as negotiation, compromise, and seeking

mutual understanding. Families that address conflicts through dialogue and respect for each other's viewpoints tend to have lower levels of stress and anxiety among members (Williams, 2019).

Negative Family Dynamics

Conversely, negative family dynamics can severely affect mental health. Dysfunctional family relationships, characterized by constant conflict, abuse, neglect, or lack of support, can lead to significant mental health issues. Children from abusive families, for example, are at a higher risk of developing PTSD, depression, and anxiety disorders (Brown & Harris, 2017).

Poor communication, including critical, yelling, or silent patterns, can also harm mental health. Families where members regularly engage in critical and demeaning communication can foster feelings of worthlessness and depression in children and adults alike (Thompson & Wyatt, 2016). Additionally, families experiencing high levels of stress due to financial problems, health issues, or other external pressures can negatively impact mental health. Parents working multiple jobs with little time for family interactions may inadvertently contribute to emotional neglect, increasing the likelihood of anxiety and behavioral issues in children (Garcia & Santiago, 2019).

Regional Differences in Family Dynamics and Mental Health in Nigeria

Urban Areas

In urban areas, family dynamics are often influenced by the high stress levels associated with urban living. Urban families face challenges such as overcrowding, noise, and the high cost of living, which can strain family relationships and impact mental health. For instance, in Lagos, the bustling urban environment and financial pressures can exacerbate family conflicts, leading to increased stress and mental health issues (Akinyemi & Olatunji, 2020). Moreover, despite high population density, urban families may experience social isolation due to busy lifestyles and lack of community engagement, affecting mental health. Professionals working long hours may have limited time for family interaction, leading to feelings of loneliness and depression (Obi & Adewale, 2018).

Rural Areas

In contrast, rural areas often benefit from strong community ties and extended family support, providing a robust network for emotional and practical support. In rural Northern

Nigeria, close-knit communities frequently come together to support each other during difficult times, which can mitigate the impact of stress and promote mental well-being (Gureje et al., 2005). However, traditional beliefs in rural areas may contribute to stigma around mental health issues, preventing individuals from seeking help. In some rural regions, mental health issues are often attributed to supernatural causes, leading to delays in seeking appropriate medical or psychological intervention (Abbo et al., 2008).

Family dynamics significantly influence mental health through the provision of emotional support, communication patterns, and methods of conflict resolution. Positive family environments can enhance mental well-being, while dysfunctional family relationships can contribute to mental health issues. Regional differences within Nigeria highlight the unique challenges faced by urban and rural families, emphasizing the need for tailored mental health interventions. Addressing these differences requires a nuanced understanding of the interplay between family dynamics and mental health across diverse contexts within the country.

Some Common Types of Mental Illness

Occasional anxiety is a part of life. A person might feel anxious when faced with a problem at work, before taking a test, or before making an important decision etc. But anxiety involves more than temporary worry or fear. For a person with anxiety disorder, the anxiety does not go away and can get worse over time. There are wide varieties of anxiety disorders that differ by the object or situation that induces them but share features of excessive anxiety and related behavioral disturbances. People with anxiety disorders respond to certain objects or situations with fear and dread as well as with physical signs of anxiety or panic such as a rapid heartbeat and sweating.

Depression

Depression is a common mental disorders and one of the main causes of disability worldwide. Globally, an estimated 300 million people are affected by depression. More women are affected than men. It is characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-work, disturbed sleep or appetite, tiredness and poor concentration. People with depression may also have multiple physical complaints with no apparent no apparent physical cause. Depression can be long-lasting or recurrent,

substantially impairing people's ability to function at work or school and to cope with daily life.

Bipolar Disorder

Bipolar Disorder also known as manic-depressive illness. It is a brain disorder that causes unusual shifts in mood, energy, activity levels. These moods rang from period of extremely "up" elated and energized behaviour (known as manic episodes) to very sad, "down" or less severe manic periods are known as hypomanic episodes. For instance, an individual may feel very good, be highly productive and functioned well. The person may not feel that anything is wrong, but family and friends may recognize the swings and/or changes in activity levels as possible bipolar disorder. Without proper treatment people with hypomania, may develop severe mania or depression.

Schizophrenia and other Psychoses

Schizophrenia is a chronic and severe mental disorder that affects how a person thinks, feels and behaves. People with schizophrenia may seem like they have lost touch with reality. It is a severe mental disorder affecting about 23 million people worldwide. Psychoses including schizophrenia are characterized by distortions in thinking, perception, emotions, language and sense of self and behaviour. Common psychotic experiences include hallucinations (hearing, seeing or feeling things that are not there) and delusions (fixed false beliefs or suspicions that are firmly held even when there is evidence to the contrary). The disorder can make it difficult for people affected to work or study normally. Stigma and discrimination can result in a lack of access to health and social services. Furthermore, people with psychosis are at a high risk of exposure to human rights violations, such as long term confinement in institutions.

Dementia

Worldwide, approximately 50 million people have dementia. Dementia is usually of a chronic or progress nature in which there is deterioration in cognition function (i.e. the ability to process thought) beyond what might be expected from normal ageing. It affects memory, thinking, orientation, comprehension, calculation, learning capacity, language and judgment. The impairment in cognitive function is commonly accompanied and occasionally preceded by deterioration in emotional control, social behaviour or

motivation. Dementia is caused by a variety of diseases and injuries that affects the brain such as Alcheimer's disease or stroke.

Development Disorder

Development disorder is an umbrella term covering intellectual disability and pervasive developmental disorders including autism. Developmental disorders usually have a childhood onset but tend to persist into adulthood causing impairment or delay in functions related to the central nervous system maturation. They generally follow a steady course rather than the periods and relapses that characterize many other mental disorders. Intellectual disability is characterized by impairment of skills across multiple developmental areas such as cognitive functioning and adaptive behaviour. Lower intelligence diminishes the ability to adapt to the daily demands of life.

Views and Attitudes towards People with Mental Illness

In a similar vein, the study by Gureje et al. revealed that, in Nigeria, negative views about individuals with mental illness has been widely held. In their findings, less than half of the respondents through that people with mental illness could be treated outside a hospital or other health facility, implying a belief that community – based care is unlikely to be feasible and might even be dangerous for the public. Only about a quarter thought that mentally ill people could work in regular job. Most Nigerians thought that people with mental illness were mentally retarded, were a public nuisance and were dangerous because of their violent behaviour. These negative views were uniformly expressed by all groups in the study and there was no clear gender, age, educational or economic correlate of poor knowledge.

These negative views expressed by respondents were indicative of the degree of tolerance, they might have of people with mental illness. In particular, views such as those of dangerousness and low intelligence have been found to fuel community resentment of people with mental illness (Hayward and Bright, 1997; Corrigan an Watson, 2002). Consequently, in their findings, the attitudes of some Nigerians to people with mental illness were not surprising. They found that most people in the community would be afraid to have a conversation with someone known to have a mental illness and only a few would consider such a person for friendship. The closer the intimacy required for the interaction, the stronger the community's desire to keep a distance.

Treatment Services for Mental Illness Relevant to Nigerian Society

According to Seliacter, Gilbert, and Wegner (2010), orthodox treatment and support for mental disorder is provided in psychiatric hospitals, clinics and at a diverse range of community mental health services. The major treatment strategies include: Psychotherapy, medication and others (electro-convulsive, therapy, psychosurgery);

- **Psychotherapy:** There are several main types, cognitive behavioural therapy (CBT) is widely used and is based on modifying the patterns of thought and behaviour associated with a particular disorder (Schacter et al., 2010).

- **Systematic Therapy or Family Therapy:** Is sometimes used, addressing a network of significant others as well as an individual (Schacter et al., 2010).

- **Psychiatric Medication:** Includes, several main groups. They are antidepressants, anxiolytics, mood stabilizers, anti-psychotics, stimulants etc. Anti-depressants are used for the treatment of clinical depression as well as for anxiety and rang of other disorders. Anxiolytics (including sedatives) are used for anxiety disorders and related problems such as insomnia. Mood stabilizers are used primarily for bipolar disorder.

- **Stimulants:** Are commonly use, notably for attention deficit/hyper activity disorder (ADHD) (Schacter et al., 2010).

- **Electroconvulsive Therapy:** (ECT), psychosurgery, counselling, psycho-education; electroconvulsive therapy (ECT) is sometimes used in severe cases when other interventions for severe intractable depression have failed.

- **Psychosurgery:** Is considered experimental but it's advocated by certain neurologist in certain rare cases (mind disorders encyclopedia, 2014).

- **Counselling:** (Professional) and co-counselling (between peers) may be used.

- **Psycho Education and Creative Therapies:** Psych education programmes may provide people with the information to understand and manage their problems. Creative therapies are sometimes used including music therapy, art therapy and drama therapy.

- **Life Style Adjustments and Supportive Measures:** They are often used including peer support, self help groups for mental health and supported housing or supported employment (including social firms) (Schacter et al., 2010).

- **Traditional and Faith Based Treatment Options:** According to Aniebue and Ekweme (2009), there are a lot of treatment services that mentally ill persons could adopt. They include, going to a psychiatric home, prayer houses, traditional healers etc.

There are several factors that influences the choice of treatment option adopted by individuals and families when confronted with mental health challenges. They range from the persons confidence of receiving cure at the treatment place of his or her choice, and belief that such condition was not amenable for orthodox treatment (for those that apply traditional medicine). Also, perception of the patients that the ailment is caused by demonic attack makes them result to prayer houses. Above all ignorance of the existence of a mental rehabilitation could negatively affect treatment decisions.

Conclusion

This study contributes to the growing discourse on mental health in Nigeria by highlighting the intricate web of psycho-social and socio-economic factors influencing mental well-being. Understanding and addressing these complexities are crucial for formulating effective policies and interventions to mitigate the burgeoning mental health crisis in Nigeria. Further research and multifaceted strategies are needed to mitigate these challenges and improve mental health outcomes across the country.

Recommendations on How to Improve on Mental Health in Nigeria

It is necessary to consider the following recommendations in the course of further theoretical, empirical studies and issues on mental health.

- Nigerian government should adequately provide financial support in mental healthcare sector and implement policy that encourage funding and training of psychologists and psychiatrists in the country and also improve the salary and welfare packages of already trained psychologists and psychiatrists.
- Government should fund mental health research in order to ascertain effective preventive and intervention measures that may be sustainable in addressing mental health issues across the country. There is need for psychologists and psychiatrists to advance their course in evidence-based treatment research, this is because some therapeutic orientation may have underlying cultural bias that may not be applicable in Nigeria milieu hence psychologists, psychiatrist and other mental

health practitioners should be abreast in the clinical field. Government should ease mental health financial stress or burden on families through the implementation of national health insurance.

-   Supporting parenting skills has shown by evidence to be more effective in addressing mental health needs (Schoevers; Smith, Deeg, Cuijpers, Dekker, Van Tilburg and Beekman, 2006). In particular, support should be given to children from broken homes to avoid stressors that can lead to mental illness or disorders.

-   There should be youth empowerment programme and skill acquisition seminars. This will keep the youths busy and prevent them from straying in their hideouts where they learn how to smoke and take drugs, which could cause mental illness. The government should subsidize the price of drugs given to victims of mental illness. Drugs like narcotics and anti-depressants. This will make the drugs more affordable. The federal government should build a mental health research and treatment institutes in all states of the country.

References

Aniebue, P. N. and Ekweme, C. O. (2009). Health seeking behaviour of mentally ill patients, South-African *Journal of Psychiatry.* Vol. 15, No. 1.

Corrigan, P. W. and Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness, world psychiatry, 16-20.

Epiafric (2020). Mental health in Nigeria survey. Conducted by Africa polling Institute and EPIAFRICwww.africapolling.org.

Gronholm, P. C., Thornicroft, G., Laurens, K. R., Evans-Lacko, S. (2017). Mental health. Related stigma and pathways to care for people at risk of psychotic disorders or experiencing first-episode psychosis: A systematic review. Psychological medicine, 47(11), 1867-1879, https://doi.org/10.1017.

Hayward, P. and Bright, J. A. (1997). Stigma and mental illness: A review and critique. *Journal of mental health,* 6(4); 345-354 https://doi.org/16./080/09638239718671.

Huffman, K. I. Mark, V. and Judith, V. (1994). Psychology in action, United States, John Wiley and Sons Inc.

Indian Journal of Psychiatry (2013). National library of medicine 55(2): 106-110 doi: 10.4103/0019-5 5.111444 PMCID: PMC 3696230/PMID: 23825891.

Labinjo, T., Serrant, L. Ashmore, R., Turner, J. (2020). Perceptions, attitudes and cultural understandings of mental health in Nigeria. A scoping review of published literature. https://www.tandfonline.com/doi/abs/10.1080/13674676.2020.1726883?e=cmliv 20.

Muntaner, C., Eaton, w., Diala, C., (2000). Socio economic inequalities in mental health. A review of concepts and underlying assumptions. Health, 4: 82-106.

Nwankwo, I. U. (2018). Theoretical reflections on causes and effects of mental illness in the Nigerian Society. *International Journal of Innovative studies in Sociology and humanities. Department of sociology/anthropology, Nnamdi Azikiwe University; Awka, Anambra State, Nigeria.* ISSN 2456-4931 (online) WWW.ijissh.org.

Okpalauwaekwe, U., Mela, M., Oji (2017). Knowledge of and attitude to mental illnesses in Nigeria: A scoping review. *Integrative Journal of global health,* 1(1), 1-14. https://www.imedipub.com/articles/knowledge-of-and   attitude-to-mental-illnesses. In-Nigeria-9-scoping-review.php? aid = 18642.

Oluwaseun, O. A., Eme, T. O., Oluwafemi, A.P., (2012). Comparative study of mental health and quality of life in long term refugees and host populations in Oru-Ijebu, Southwest Nigeria. BMC Research Notes 5, Article number: 394(2012).

Onyemelukwe, C. (2016). Stigma and mental health in Nigeria: Some suggestions for law reform. *Journal of law, policy and globalization* 55.63-68.

Patience, T. A., Esther, A. A., Kikelomo, A. (2022). Emerging adults' awareness and perceptions of mental health problems and serveries in Nigeria. Research article vol. 9. Issue 1. https://doi.org/10.1177/23727322211068028.

Reading, R., Reynolds, S (2001). Debt, social disadvantage and maternal depression. Soc sci med: 53: 441-53.

Santrock, W. (2003). Education psychology (3rd ed), New York: McGraw Hill companies.

Schacter, D. I., Gilbert, D. T. and Wegner, D. M. (2010). Psychology. New York: Worth Pub.

Sign-manoux, A. Adler Kn. E. Marmot M. G. (2005). Subjective social status; it's determinants and its association with measures of ill-health in the Whitehall study: Soc Sci Med; 56; 1321-33.

Spritzer, R. I., Endicott, J. Robins, E. (1978). Research diagnostic dcriteria: rationale and reliability. Arch Gen psychiatry 1978; 35; 773-82. Cross ref. medicine web of science.

Uwakwe, R. (2007). The view of some selected Nigerian about mental disorders. *The Nigerian postgraduate medical Journal,* 14(4)319-324. https://pubiced .ncbi.nih.gov/181631421.

WHO – Aims (2006). Report on mental health system in Nigeria, WHO and ministry of health.

WHO – (2014). Mental disorder fact sheet.

Wikipedia.com (2023). Mental illness.