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MENTAL HEALTH IN NIGERIA SURVEY

Conducted by Africa Polling Institute and EpiAFRIC

REPORT

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FOREWORD

As an opinion research think-tank, Africa Polling Institute is constantly seeking to collaborate with organisations and institutions across different sectors, in our bid to "put numbers" to the various social, economic and political issues affecting Nigeria, and the sub-Saharan Africa region; through the conduct of credible and scientific public opinion polls and perception surveys. This is in keeping up with our mandate as Nigeria's barometer, with the crucial responsible for periodically feeling the pulse of Nigerians on issues requiring change, advocacy and policy action.

In this current collaborative research effort, we have joined forces with one of Nigeria's leading lights in the Public Health space, EpiAFRIC, to conduct this nationwide perception survey on Mental Health. We sought to examine what Nigerians know about mental health, its causes, characteristics and attitudes towards mental illness.

With the spate of drug abuse, suicide and depression in the society, it is important that note that the signs of mental illness today are more covert than visible. Therefore, the more policy makers and advocates know about the perceptions and attitudes of Nigerians on mental disorders, the better prepared they would be to effectively advocate and institute policy actions; especially as it relates to countering faulty myths, disseminating the right information and preventing stigmatization.

Finally, it is our expectation that this report serves as a base to further deepen the conversation on mental health in Nigeria; and the need for government, practitioners and stakeholders to work together towards achieving the personal wellbeing of citizens. Given the availability of funding, this research work can be further extended to cover other areas; and we shall be delighted to engage with donors and possible funders to explore viable opportunities.

Dr. Bell Ihua (PhD Kent)
Executive Director, Africa Polling Institute (API)

If you've ever heard the term 'mental ill health' and thought this isn't for me, you may just be mistaken as mental ill health can affect anyone any day. Mental health is the foundation for individual well-being and the effective functioning of a community; however, it is not getting the attention it deserves as it is neglected in Nigeria and globally.

Mental ill health has a great effect on society, it also affects an individual's productivity and causes reduced health-related quality of life. Given its effects on the life of an individual, family and society at large, one can't help but wonder why such inadequate attention and resources are devoted to understanding and providing of mental health services.

The 2015 Sustainable Development Goals, by including mention of mental health in health-related goals, brought mental health to the global development agenda. Yet, there is still much to be done.

This report documents the result and findings of the survey on Mental Health in Nigeria. The survey was conducted in 2019 by a collaboration between Africa Polling Institute (API) and EpiAFRIC. It represents the contribution of both organizations towards creating awareness on mental health and changing the perception about mental health disorder in Nigeria.

Dr. Ifeanyi Nsofor
CEO EpiAFRIC

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
API	Africa Polling Institute
FCT	Federal Capital Territory
LGAs	Local Government Areas
MANI	Mentally Aware Nigeria Initiative
NGOs	Non-Governmental Organisations
OCD	Obsessive-Compulsive Disorder
PHC	Primary Health Care
PTSD	Post-Traumatic Stress Disorder
W.H.O	World Health Organisation
WHO-AIMS	World Health Organization - Assessment Instrument for Mental Health Systems

EXECUTIVE SUMMARY

SURVEY BACKGROUND

According to WHO, 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 a person's ability to think, operate, emote, interact with his 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 the world.

Mental and behavioural disorders affect people of all countries and societies, regardless of age, gender and income and it is not uncommon in Nigeria, yet there is still considerable neglect of mental health, and those who visibly suffer from mental illness are largely stigmatised. An estimated 20%–30% of the Nigerian population are believed to suffer from mental disorders, this finding corroborates with the 2006 WHO-AIMS report that claims that about 20 million Nigerians suffer from mental illness of which a good number of them go without professional assistance. The reasons for this high figure have been attributed to economic hardship, negative environmental externalities, and the rising cost of decent living in the country.

This report documents the result and findings of the survey on Mental Health in Nigeria. The survey was conducted in 2019 by a collaboration between Africa Polling Institute (API) and EpiAFRIC. It represents the contribution of both organizations towards creating awareness on mental health and changing the perception about mental health disorder in Nigeria.

KEY OBJECTIVE

Poor knowledge of mental illness, its causes and characteristics among Nigerians has been a major hurdle to improving mental health in Nigeria. To this end, this survey was designed to assess the level of information on the knowledge of, perceptions and attitudes of Nigerians towards mental illness.

METHODOLOGY

The survey adopted the stratified quota sampling technique, via Face-to-Face interviews in all the 36 States and the Federal Capital Territory (FCT), Abuja. The interviews were conducted in five major Nigerian languages: English, Pidgin English, Yoruba, Hausa, and Igbo. The survey fieldwork took place between September 2nd to 28th, 2019. All respondents were aged 18 and older.

All states and senatorial districts in Nigeria were proportionately represented in the survey. A total of 6 Local Government Areas (LGAs) were visited in each state; except in Borno & Yobe States, where only 2 LGAs each were visited due to the security situation, and Abuja which has only one Senatorial District. The average time per interview was 40 minutes.

A total of 5,315 respondents completed the interviews for mental health survey, out of 5,484 prospective respondents contacted.

KEY FINDINGS

Below are the main findings from the survey:

- Most respondents are aware of mental health disease, it appears that they recognise and connect with overt signs of mental ill health much more than covert signs.
- "Drug Abuse" is the most common cause of mental health disorder. Possession by evil spirits and sickness of the mind (Brain) ranked as the second and third most common factors.
- Most respondents indicated a preference for proper medical care in treating a person with a mental health disorder. However, a significant number of respondents in the South-East indicated that they would take the person to a prayer house.

• Most respondents, especially female, are unwilling to go into any type of relationship with a person living with a mental health disorder.
• Many of the respondents are of the opinion that mental health disorders are treatable. They believe that if a person goes to the hospital, they can get the help they need.
• A common strongly held belief about mental health disorders among the respondents is, "Mental health is people going mad". This is an indication that mental health disorder is only perceived where there is a display of disruptive behaviour that attracts public attention. A close second is the fact that people are often encouraged to check for a history of mental illness in the family of their prospective spouse before they marry.
• Most respondents believed that mental health disease can be prevented if first, people stop taking hard drugs and second, if they are prayerful.

RECOMMENDATIONS

• Government should ensure that required action is taken so that the country develops and implements both a policy and legal framework to addressing mental health issues.
• There is an urgent need to educate Nigerians - at institutional and community levels, in order to raise awareness on mental health disorders and improve people's perception on matters concerning mental health issues.
• As a way of decongesting the waiting rooms of the few overburdened psychiatrists in the county, there should Public-Private Partnerships with organisations committed to providing mental health services and awareness in the health sector to enable people battling with mental health illness to have easy access to quality mental healthcare service delivery.
• Task sharing is the process of enabling lay and mid-level healthcare professionals provide clinical services and procedures that would otherwise be restricted to higher level cadres, safely. It can be a vital strategy in overcoming the shortage of doctors in many countries. The task sharing initiative should be replicated in Nigeria to help reduce the burden of mental health disorders in Nigeria.
• It is important to advocate for the integration of mental health services into Primary Health Care.
• The Friendship Bench Programme is an unconventional intervention that is designed to bridge the mental health treatment gap, enhance mental well-being and improve quality of life using problem-solving therapy delivered by trained lay health workers. Replicating this programme in local communities in Nigeria can serve as an option to residents in those communities who don't have access to care.

This Mental Health in Nigeria Survey has unpacked perceptions of Nigerians regarding mental health. Some of the results are quite troubling, showing poor knowledge of mental health and huge stigma associated with mental health disorders. It implies that most sufferers of mental health disorder in Nigeria are suffering in silence. To deepen this work, we need to hear directly from them. We need to document their experiences with access to care, medications and how they manage to survive in a country with paucity of mental health practitioners and with so many triggers of mental health disorders. It would also be imperative to hear from other stakeholders such as health workers who manage sufferers of mental health disorders, family members and caregivers of those suffering from mental health disorders, government and other critical stakeholders to explore ways to improve mental health care in Nigeria. A large population-based survey that is mixed (quantitative and qualitative) by design should be deployed to achieve these objectives. Finally, API and EpiAFRIC are open to grants and funding from the institutions and the donor community to enable us take a deeper dive into this extremely salient subject matter.

Artwork Credit: Mental Health In Color

1.0 INTRODUCTION

According to WHO, mental health is more than just the absence of mental disorders or disabilities. It 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 . Going by this statement, mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to contribute to his or her community. This definition implies that mental health is critical to a person's ability to think, operate, emote, interact with his 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 the world.

A person's mental health is determined by multiple social, psychological, and biological factors. For example, violence, emotional instability, and persistent socio-economic pressures/hardships are recognized risks to mental health. Poor mental health is also associated with rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, physical ill-health and human rights violations.
Mental disorders account for an enormous global burden of disease that is largely underestimated and underappreciated. Each year, about 30% of the population worldwide is affected by a mental disorder and over two thirds of those affected do not receive the care they need . It is estimated that by the year 2020, common mental disorders such as depression, anxiety, and substance abuse-related disorders, will disable more people than complications arising from AIDS, heart disease, accidents, and wars combined . This is an astonishing statistic and poses serious questions as to why mental health disorders are not given much more attention that they currently receive.

In the past, it was not an uncommon sight to see naked or half clothed individuals roaming the streets of cities in Nigeria. Referred to as lunatics, they lived on and ate off the streets. No one knew how they got to be that way but the consensus was that their condition was incurable and so they were sentenced to a life of roaming the streets until the day they died or disappeared. Sadly, this is the face of mental illness most Nigerians see, and this forms the people's perception of what mental illness is. Nonetheless, mental disorders comprise a broad range of problems, with different symptoms. They are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others . Examples of mental disorders include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviours . Many people have mental health concerns from time to time. But a mental health concern becomes a mental illness when ongoing signs and symptoms cause frequent stress and affect your ability to function. It is not possible to reliably tell whether someone is developing a mental health problem; however, if certain signs appear in a short space of time, it may offer clues.

Mental and behavioural disorders affect people of all countries and societies, regardless of age, gender and income and it is not uncommon in Nigeria, yet there is still considerable neglect of mental health, and those who visibly suffer from mental illness are largely stigmatised. An estimated 20%–30% of the Nigerian population are believed to suffer from mental disorders , this finding corroborates with the 2006 WHO-AIMS report that claims that about 20 million Nigerians suffer from mental illness and a good number of them go without professional assistance . The reasons for this high figure have been attributed to economic hardship, negative environmental externalities, and the rising cost of decent living in the country.

KEY OBJECTIVES

Unfortunately, the attention given to mental health disorders in Nigeria is at best, fleeting; the level of awareness of the Nigerian public on mental health issues is also understandably poor, and the misconceptions regarding mental health have continued to flourish. Poor knowledge of mental illness, its causes and characteristics among Nigerians has been a major hurdle to improving mental health in Nigeria. Hence, this survey was designed to assess the level of information on the knowledge of, perceptions and attitudes of Nigerians towards mental illness.

1 *Mental Health. Available at https://www.who.int/features/factfiles/mental_health/en/ [Accessed on December 17, 2019]*
2 *Mental disorders, health inequalities and ethics: A global perspective. Available at https://profiles.uonbi.ac.ke/ndetei/files/mental_disorders_health_inequalities_and_ethics_-_a_global_perspective.pdf [Accessed on December 17, 2019]*
3 *Mental health disorders in Nigeria: A highly neglected disease. Available at http://www.anmjournal.com/article.asp?issn=0331-3131;year=2016;volume=10;issue=2;spage=47;epage=48;aulast=Suleiman#ref1 [Accessed on December 17, 2019]*
4 *Mental Health. New Quality Rights modules launched. Available at https://www.who.int/mental_health/en/ [Accessed on December 17, 2019]*
5 *Mental Illness. Available at https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968 [Accessed on December 17, 2019]*
6 *Stigma and Mental Health in Nigeria: Some Suggestions for Law Reform. Available at https://www.iiste.org/Journals/index.php/JLPG/article/viewFile/34236/35208 [Accessed on December 17, 2019]*
7 *WHO-AIMS REPORT ON MENTAL HEALTH SYSTEM IN NIGERIA. Available at https://www.who.int/mental_health/evidence/nigeria_who_aims_report.pdf [Accessed on December 17, 2019]*

Artwork Credit: northwestern.edu

2.0 LITERATURE REVIEW

2.1 MENTAL HEALTH SYSTEM IN NIGERIA

Leaning on the WHO-AIMS 2006 report of the assessment of the mental health system in Nigeria, the report provides a general overview of the mental health system in Nigeria. It admits that there is a considerable neglect of mental health issues in Nigeria. The report dissected the 1991 mental health policy document in Nigeria which was formulated to address mental health issues and its components. It reported that since its formulation, no revision has taken place and no formal assessment of how much it has been implemented has been conducted. The main findings of the report were based on a survey conducted from six states in Nigeria each representing the six geo-political ones of the country. Investigation in these states revealed that though a list of essential medicines exists, they are not always available at the health centres. No desk exists in the ministries at any level for mental health issues and only four percent of government expenditure on health is earmarked for mental health.

Interestingly, all of the seven mental health facilities studied are owned by government. In all these facilities, no beds are set aside for children and adolescents. Many of the admissions to community-based inpatient psychiatric units and mental hospitals are involuntary but there are no extant laws to regulate admission policies and protect patients' rights. Ninety-five percent of psychiatrists in the surveyed areas work only for government administered mental health facilities and five percent work only for NGOs, for profit mental health facilities and private practice. Though physicians are coordinators of the primary care centres located within local government areas, such centres are run by non-physicians. Physicians in PHCs are allowed to prescribe psychotropic medications without restrictions. Non-physicians working at primary care levels can sometimes prescribe but only in situations of emergency.

Furthermore, family and patient associations focusing on mental health issues do not exist in the surveyed areas (and possibly in the entire country). The non-governmental organizations in the surveyed areas are generally not involved in individual assistance activities such as counselling, housing, or support groups. There is no coordinating body to oversee public education and awareness campaigns on mental health and mental disorders. There are no formal structures or provisions for interaction between mental health providers and primary healthcare staff. Also no systematic reporting of information exists for mental health.

Lastly, the number of mental health personnel in the country are too few. In general terms, in comparison with Nigeria, several countries in Africa are better resourced in regard to mental health personnel. Countries such as South Africa, Egypt, and Kenya have more psychiatrists per 100,000 persons and also higher proportions of psychiatric beds. Many countries in Africa also give better official attention to mental health issues. More recent mental health legislations exist in several of these countries and mental health issues are specifically addressed by designated senior bureaucrats.

2.2 SOME CONCEPTUAL CLARIFICATIONS

Mental illness

Mental illness , also called mental health disorders, refers to a wide range of mental health conditions. They are disorders that affect a person's mood, thinking and behaviour. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders etc. It is estimated that many people have mental health concerns from time to time. But a mental health concern becomes a mental illness when ongoing signs and symptoms cause frequent stress and affect an individual's ability to function. Mental illness can make an individual miserable and can cause problems in his/her daily life, such as at school or work or in relationships. In most cases, symptoms can be managed with a combination of medications and talk therapy (psychotherapy).

8 Ibid
9 Coping with Traumatic Events. Available at https://www.nimh.nih.gov/health/topics/coping-with-traumatic-events/index.shtml [Accessed on December 17, 2019]

Some common types of mental illness are explained below:

Anxiety Disorders

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. But anxiety disorders involve 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 a wide variety of anxiety disorders that differ by the objects or situations that induce them but share features of excessive anxiety and related behavioural 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. Anxiety disorders include generalized anxiety disorder, panic disorder, obsessive-compulsive disorder, post- traumatic stress disorder, specific phobias etc.

For example, an individual experiences a panic disorder when there is the occurrence of sudden paralyzing terror or a sense of imminent disaster. While in respect to phobia related disorder, these may include simple phobias (a disproportionate fear of objects), social phobias (fear of being subject to the judgment of others), and agoraphobia (dread of situations where getting away or breaking free may be difficult).

In the case of Obsessive-compulsive disorder (OCD), it occurs when a person has obsessions and compulsions. In other words, constant stressful thoughts (obsessions), and a powerful urge to perform repetitive acts, such as hand washing (compulsion). While for Post-traumatic stress disorder (PTSD), it occurs after somebody has been through a traumatic event - something horrible or frightening that they experienced or witnessed. During this type of event, the person thinks that their life or other people's lives are in danger. They may feel afraid or feel that they have no control over what is happening.

Depression

Depression is a common mental disorder 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-worth, disturbed sleep or appetite, tiredness, and poor concentration. People with depression may also have multiple physical complaints with 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. Some forms of depression are slightly different, or they may develop under unique circumstances, such as:

a) Persistent depressive disorder (also called dysthymia) is a depressed mood that lasts for at least two years. A person diagnosed with persistent depressive disorder may have episodes of major depression along with periods of less severe symptoms, but symptoms must last for two years to be considered persistent depressive disorder.

b) Postpartum depression is much more serious than the "baby blues". These are the relatively mild depressive and anxiety symptoms that typically clear within two weeks after delivery, that many women experience after giving birth. Women with postpartum depression experience full-blown major depression during pregnancy or after delivery (postpartum depression). The feeling of extreme sadness, anxiety, and exhaustion that accompany postpartum depression may make it difficult for these new mothers to complete daily care activities for themselves and/or for their babies.

c) Psychotic depression occurs when a person has severe depression plus some form of psychosis, such as having disturbing false fixed beliefs (delusions) or hearing or seeing upsetting things that others cannot hear or see (hallucinations). The psychotic symptoms typically have a depressive "theme," such as delusions of guilt, poverty, or illness.

d) Seasonal affective disorder is characterized by the onset of depression during the winter months, when there is less natural sunlight. This depression generally lifts during spring and summer. Winter depression, typically accompanied by social withdrawal, increased sleep, and weight gain, predictably returns every year in seasonal affective disorder.

10 ibid.
11 ibid.

Bipolar Disorder

Bipolar disorder , also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks. This disorder affects about 60 million people worldwide. There are four basic types of bipolar disorder; all of them involve clear changes in mood, energy, and activity levels. These moods range from periods of extremely "up," elated, and energized behaviour (known as manic episodes) to very sad, "down," or hopeless periods (known as depressive episodes). Less severe manic periods are known as hypomanic episodes. For instance, an individual may feel very good, be highly productive, and function well. The person may not feel that anything is wrong, but family and friends may recognize the mood swings and/or changes in activity levels as possible bipolar disorder. Without proper treatment, people with hypomania may develop severe mania or depression. Below are the four basic types of bipolar disorder:

i. Bipolar I Disorder: defined by manic episodes that last at least 7 days, or by manic symptoms that are so severe that the person needs immediate hospital care. Usually, depressive episodes occur as well, typically lasting at least 2 weeks. Episodes of depression with mixed features (having depression and manic symptoms at the same time) are also possible.

ii. Bipolar II Disorder: defined by a pattern of depressive episodes and hypomanic episodes, but not the full-blown manic episodes described above.

iii. Cyclothymic Disorder (also called cyclothymia): defined by numerous periods of hypomanic symptoms as well as numerous periods of depressive symptoms lasting for at least 2 years (1 year in children and adolescents). However, the symptoms do not meet the diagnostic requirements for a hypomanic episode and a depressive episode.

iv. Other Specified and Unspecified Bipolar and Related Disorders: defined by bipolar disorder symptoms that do not match the three categories listed above.

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 high risk of exposure to human rights violations, such as long-term confinement in institutions.

Schizophrenia typically begins in late adolescence or early adulthood. Treatment with medicines and psychosocial support is effective. With appropriate treatment and social support, affected people can lead a productive life and be integrated in society. Facilitation of assisted living, supported housing and supported employment can act as a base from which people with severe mental disorders, including Schizophrenia, can achieve numerous recovery goals as they often face difficulty in obtaining or retaining normal employment or housing opportunities.

12 ibid.
13 ibid.

Dementia

Worldwide, approximately 50 million people have dementia. Dementia is usually of a chronic or progressive nature in which there is deterioration in cognitive 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 judgement. 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 affect the brain, such as Alzheimer's disease or stroke.

Though there is no treatment currently available to cure dementia or to alter its progressive course, many treatments are in various stages of clinical trials. Much can be done, however, to support and improve the lives of people with dementia and their careers and families .

Developmental disorder

Developmental 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 of remissions 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.

Symptoms of pervasive developmental disorders, such as autism, include impaired social behaviour, communication and language, and a narrow range of interests and activities that are both unique to the individual and are carried out repetitively. Developmental disorders often originate in infancy or early childhood. People with these disorders occasionally display some degree of intellectual disability .

2.3 CAUSES OF MENTAL ILLNESS

Gureje et al (2005) carried out a research on “Community study of knowledge of and attitude to mental illness in Nigeria”. Using a multistage, clustered sample of household respondents, they tried to determine the knowledge and attitudes of a representative community towards mental illness in Nigeria. Their findings suggest that knowledge about mental illness is very poor in the Nigerian community because there is the general perception among many Nigerians that the misuse of drugs and other psychoactive substances are the major causes of mental illness.

Next in importance in their findings list of possible causes of mental illness was a belief that it could be due to possession by evil spirits, and this view was expressed by as many as a third of surveyed respondents. Also, almost one in ten in the community thought mental illness might be a divine punishment. Such views, apart from further implying that people with mental illness might in some way be deserving of their lot, have important ramifications for the seeking of medical care by persons affected. A supernatural view of the origin of mental illness may imply that orthodox medical care would be futile and that help would be more likely to be obtained from spiritualists and traditional healers. Indeed, previous studies in Nigeria have suggested that care for mental illness is most often sought from these providers (Gureje et al, 1995) and that a view about supernatural causation of mental illness is shared by them.

14 Mental Disorders. Fact Sheets. Available at https://www.who.int/news-room/fact-sheets/detail/mental-disorders [Accessed on December 17, 2019]
15 Mental Disorders. Key Facts. Available at https://www.who.int/news-room/fact-sheets/detail/mental-disorders [Accessed on December 17, 2019]
16 Community study of knowledge of and attitude to mental illness in Nigeria. Available at https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/community-study-of-knowledge-of-and-attitude-to-mental-illness-in-nigeria/070F7DCA68F81CA2B96B861F988E0FCC [Accessed on December 17, 2019]
17 ibid.

Finally, in proffering a 'biological' or 'brain disease' causation for mental illness, their findings from respondents suggests that poisoning, either deliberate or by eating dangerous herbs, is commonly seen as a possible cause of mental illness. There is also a cultural understanding that some emotionally trying traditional rites or rituals could lead to mental illness in those who are not psychologically or physically prepared. Childbirth can also upset the body mechanisms and lead to mental health problems.

2.4 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 thought 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 jobs. 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 & Bright, 1997; Corrigan & 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 .

Artwork Credit: https://knetterijs.com/

18 ibid.
19 ibid.

3.0 METHODOLOGY

The survey was conducted by Africa Polling Institute and EpiAFRIC using the stratified quota sampling technique, and via Face-to-Face interviews in all the 36 States and the Federal Capital Territory (FCT), Abuja. The interviews were conducted in five major Nigerian languages: English, Pidgin English, Yoruba, Hausa, and Igbo. The survey fieldwork took place between September 2nd to 28th, 2019. All respondents were aged 18 and older.

All states and senatorial districts in Nigeria were proportionately represented in the survey. A total of 6 Local Government Areas (LGAs) were visited in each state (i.e. 2 LGAs per Senatorial District); except in Borno & Yobe States, where only 2 LGAs each were visited (due to the security situation), and Abuja which has only one Senatorial District. The average time per interview was 40 minutes.

A total of 5,315 respondents completed the interviews for mental health survey, out of a 5,484 prospective respondents contacted. This represents a response rate of 97 percent. The margin of error does not exceed plus or minus 1 percent at the mid-range with a confidence level of 95 percent.

Prior to the fielding of the Survey, a pilot test was conducted of 30 completed interviews in Abuja. Issues identified during this test were rectified prior to fielding the survey. These interviews were not incorporated into the final data set.

Artwork Credit: https://knetterijs.com/

4.0 SUMMARY OF DEMOGRAPHIC DISTRIBUTION

4.1 SUMMARY OF DEMOGRAPHIC DISTRIBUTION OF RESPONDENTS

Socio-demographic Analysis:
Gender, Age-Group, Urbanization, Disability Status, Employment Status and Occupation.

Variable Name	Variable Label	N=5,315	%=100
Gender	Male	2700	51%
	Female	2615	49%
Age-Group	18 – 35	2904	55%
	36 – 60	2233	42%
	60+	175	3%
Urbanisation	Urban	2694	51%
	Rural	2621	49%
Disability Status	Yes	1391	26%
	No	3924	74%
Employment Status	Employed (Full time)	1745	33%
	Employed (Part time)	959	18%
	Unemployed	1530	29%
	Student / Corp Member	772	15%
	Retired	128	2%
	Others (Specify).....	181	3%
Occupation	Government Worker / Civil Servant	532	10%
	Professional worker	338	6%
	Self-Employed Petty Trader	791	15%
	Business Owner	795	15%
	Civil Society Member	468	9%
	Agricultural Worker / Farming / fishing /	354	7%
	Artisanal / Repair Worker	354	7%
	Religious / Missionary Worker	50	1%
	Youth Corper	105	2%
	Student	686	13%
	Unemployed Youth / Adult	631	12%
	Others (Specify)	210	4%

Table 1: Demographic Distribution of Respondents

Gender:
More males (51 percent) than females (49 percent) completed the interview.

Age-Group:
The distribution of age-groups of the respondents in the survey include: 18-35 years (55 percent) with the highest frequency, followed by 36-60 years (42 percent), and 60 years and above (3 percent) with the lowest frequency.

Urbanisation:
More of the respondents (51 percent) are urban dwellers; 49 percent are rural dwellers.

Disability Status:
26 percent of the respondents are disabled and the remaining 74 percent of respondents are not disabled.

Employment Status:
Majority of the respondents are employed full time (33 percent), followed by 29 percent who are unemployed, 18 percent are employed part-time, 15 percent are student / Corps Member and 2 percent are currently retired.

Occupation:
The distribution of occupation of the respondents in the survey include: self-employed petty trader (15 percent) and business owner (15 percent) with the highest frequency, followed by students (13 percent), unemployed youth/adult (12 percent), government worker/civil servant (10 percent) and religious/missionary worker (1 percent) with the lowest frequency.

Weighted Socio-Demographics of Respondents

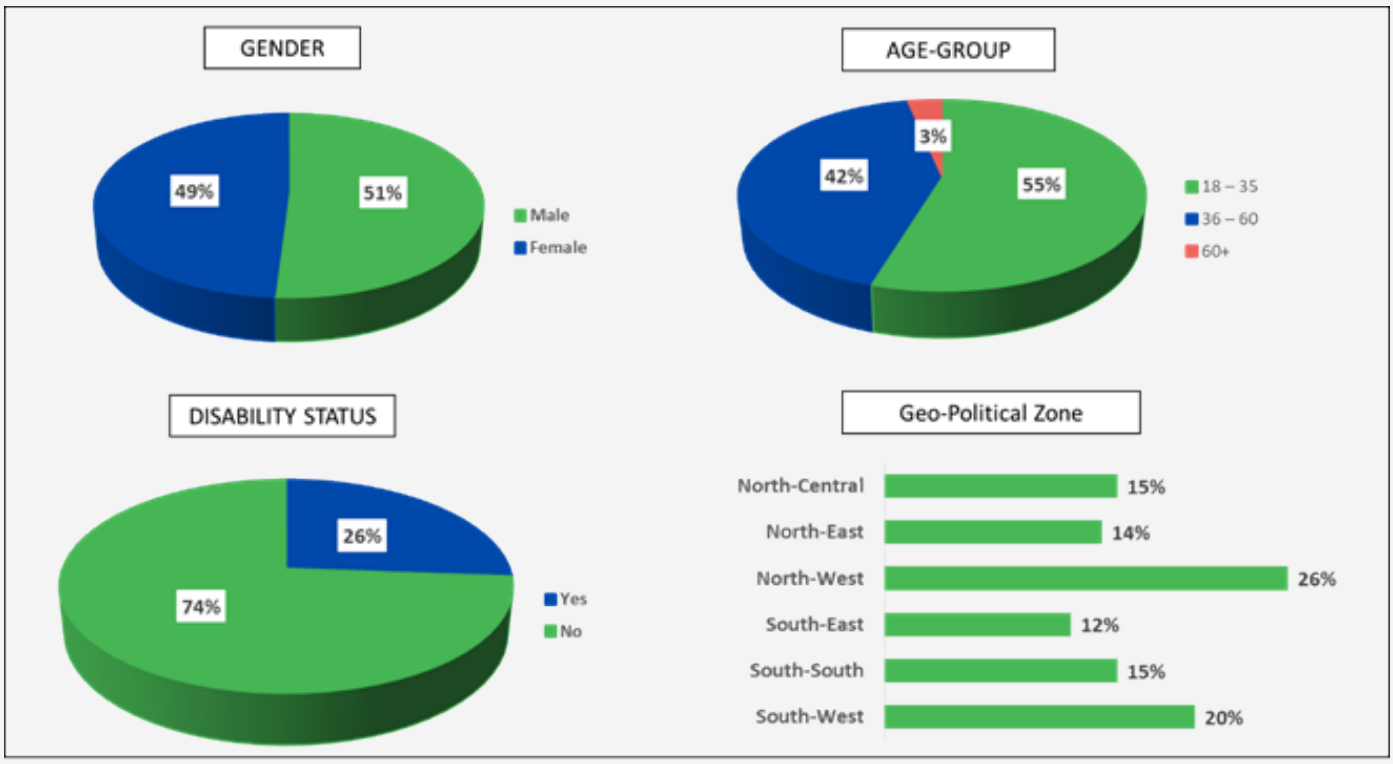

Figure 1: Weighted Socio-Demographics of respondents

Artwork Credit: https://dribbble.com/marielapena

5.0 SURVEY RESULTS & FINDINGS

This section presents detailed results from the survey.

5.1 UNDERSTANDING MENTAL HEALTH DISEASE

Proper knowledge about the true nature of a thing is important as this determines the society's response or acceptance of it. Mental illnesses are still feared and misunderstood by many people, but the fear will disappear as people learn more about them. Therefore, to evaluate the respondents' level of understanding, the survey asked respondents what they understand by mental health disease.

Findings from the survey revealed that 70% of the respondents believe that mental health disease is, "When someone starts running around naked"; 63% were of the opinion that it is "When someone starts talking to himself or herself"; "When someone starts harming themselves" (55%); 54% of respondents indicated that it is, "When someone starts harming other people", and; 25% said, it is, "When someone starts keeping to themselves". It is interesting to note that although respondents seem to understand mental health illness by identifying the more obvious signs, most of them do not seem to consider the option, "When someone starts keeping to themselves" as a sign of mental health disease.

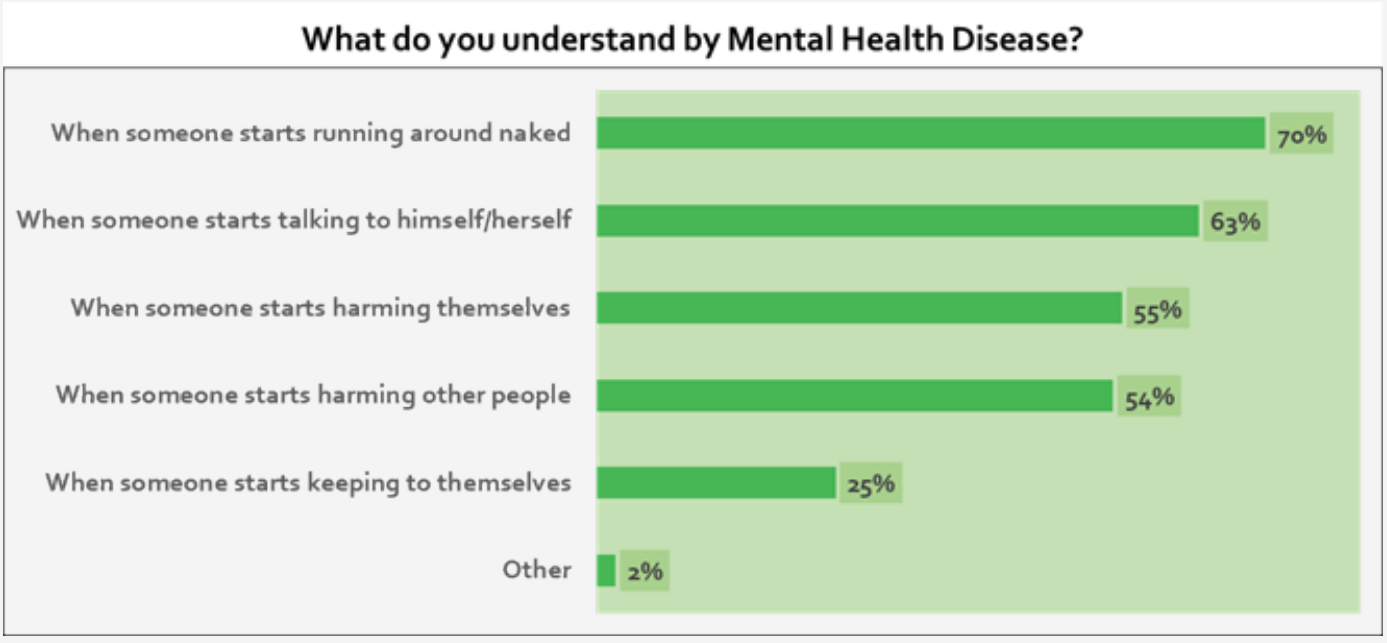

Figure 2: Knowledge of Mental Health Disease

Further disaggregation on the data revealed that most respondents who were of the opinion that mental health disease is when someone starts running around naked could be found in the South-West (80%), while respondents who were of the opinion that mental health diseases is beyond identification of obvious signs and could be when someone starts keeping to themselves could be found more in the North-Eastern part of the country (43%).

What do you understand by Mental Health Disease?

	National	Gender		Age-Group			Disability Status		Urbanization		Geo-Political Zone					
		Male	Female	18 – 35	36 – 60	60+	Yes	No	Urban	Rural	North-Central	North-East	North-West	South-East	South-South	South-West
When someone starts running around naked	70%	71%	70%	71%	71%	66%	70%	71%	70%	71%	61%	68%	71%	61%	76%	80%
When someone starts talking to himself/herself	63%	63%	64%	63%	63%	63%	63%	63%	63%	63%	69%	74%	58%	49%	56%	73%
When someone starts harming themselves	55%	55%	55%	53%	57%	57%	55%	55%	53%	57%	53%	60%	53%	48%	58%	57%
When someone starts harming other people	54%	54%	54%	51%	57%	51%	54%	54%	56%	52%	49%	68%	58%	48%	52%	48%
When someone starts keeping to themselves	25%	26%	25%	25%	26%	25%	24%	26%	26%	25%	19%	43%	25%	17%	16%	30%
Other	2%	2%	2%	2%	2%	1%	1%	2%	2%	2%	1%	%	2%	9%	3%	%

Table 2: Socio-Demographic of knowledge of mental health disease

5.2 CAUSES OF MENTAL HEALTH DISEASE

The survey also sought to assess respondents' knowledge of the causes of mental health disease. Mental health problems can have a wide range of causes, depending on the disorder and the individual. From the survey, "Drug Abuse" (84%) was identified as the most common cause of mental illness. This was followed closely by "Sickness of the mind (60%), "Possession by evil spirits" (54%), 32% of respondents were of the opinion that causes of mental health disease is what runs in the family, and lastly, 23% were of the opinion that what causes mental disease is as a result of God's punishment.

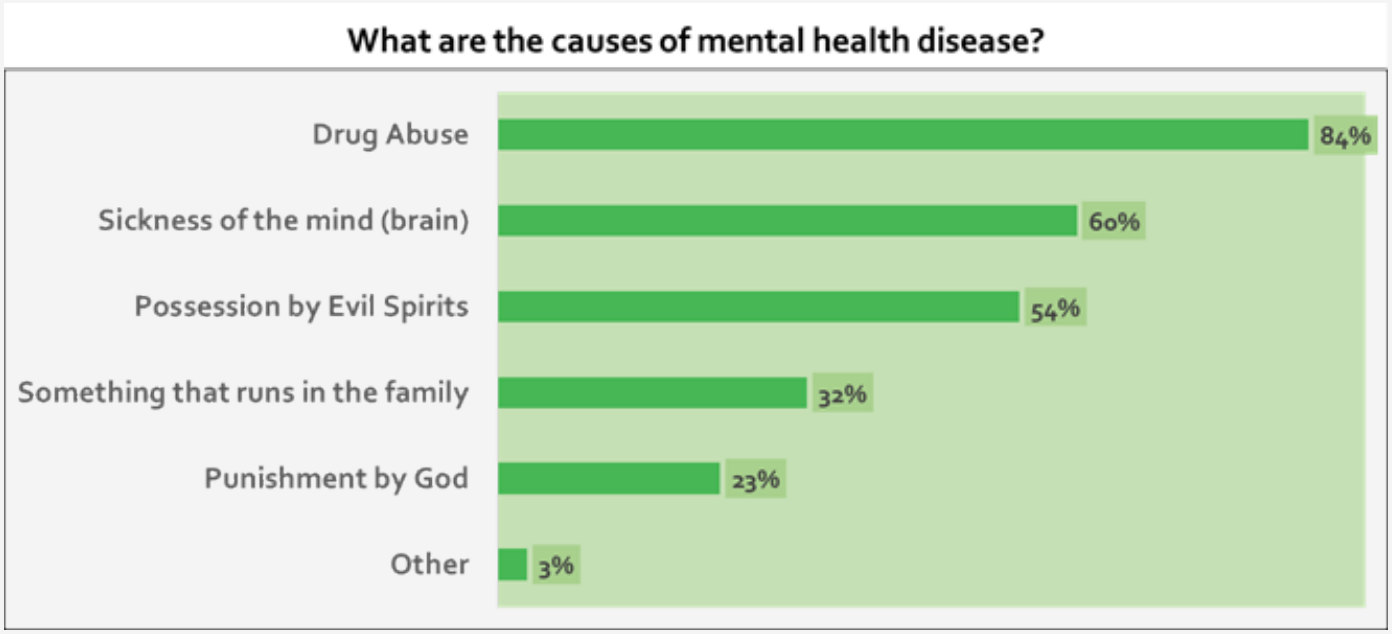

Figure 3: Causes of Mental Health Disease

Female respondents (25%) are more likely to view mental health disease as a punishment from God than male respondents (20%). Across urbanization, more Nigerians in rural areas (55%) than those in urban areas (53%) view mental health disease as possession by evil spirits, while on the average, across geo-political zones, Nigerians seems to share this sentiment.

What are the causes of mental health disease?

	National	Gender		Age-Group			Urbanization		Geo-Political Zone					
		Male	Female	18 – 35	36 – 60	60+	Urban	Rural	North-Central	North-East	North-West	South-East	South-South	South-West
Drug Abuse	84%	85%	83%	83%	85%	82%	84%	84%	87%	90%	87%	69%	79%	85%
Sickness of the mind (brain)	60%	60%	59%	58%	61%	58%	61%	58%	54%	59%	57%	56%	66%	64%
Possession by Evil Spirits	54%	54%	54%	53%	55%	55%	53%	55%	45%	56%	52%	52%	54%	63%
Something that runs in the family	32%	32%	32%	30%	35%	30%	31%	33%	35%	28%	27%	35%	37%	33%
Punishment by God	23%	20%	25%	23%	22%	21%	21%	24%	19%	23%	29%	17%	19%	23%
Other	3%	3%	3%	3%	3%	5%	3%	3%	1%	%	3%	4%	5%	3%

Table 3: Causes of Mental Health by Demography

5.3 KNOWLEDGE, RESPONSE AND ATTITUDE TOWARDS VICTIMS OF MENTAL HEALTH DISEASE

Victims of mental health illnesses often must deal with negative attitudes and beliefs that result from misconceptions about mental illness from people around them. It may sometimes be obvious and direct, such as someone making a negative remark or unintentional or subtle, such as avoiding the person because they assume that the person is unstable, violent or dangerous.

In order to ascertain if respondents had knowledge of anyone asides themselves who had been victims of any mental health disease, the survey revealed that 48% of the respondents claimed to know victims of mental health disease; while 46% of the respondents claimed otherwise.

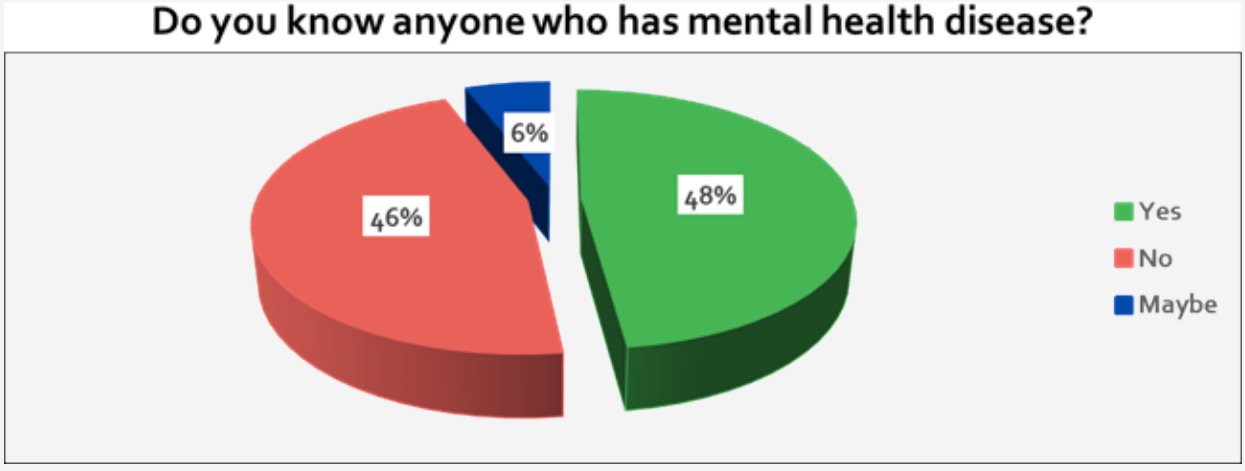

Figure 4: Knowledge of victims of Mental Health Disease

When the survey was broken down by geo-political zones, it revealed that the North-Western part of the country (65%) had the highest number of respondents who claimed to know victims of mental health disease.

Do you know anyone who has mental health disease?

	National	Gender		Age-Group			Disability Status		Urbanization		Geo-Political Zone					
		Male	Female	18 – 35	36 – 60	60+	Yes	No	Urban	Rural	North-Central	North-East	North-West	South-East	South-South	South-West
Yes	48%	50%	46%	47%	49%	55%	54%	46%	48%	48%	50%	56%	65%	39%	40%	33%
No	46%	44%	49%	47%	46%	39%	41%	48%	46%	46%	43%	38%	31%	50%	53%	66%
Maybe	6%	6%	5%	6%	5%	6%	5%	6%	6%	6%	7%	6%	4%	11%	7%	1%

Table 4: Knowledge of Mental Disorder victims by Demography

Similarly, to find out what would be the response and attitude of Nigerians should they find out about victims of mental health disease, the survey revealed that 65% of the respondents said they will quickly take the person to the hospital, 18% of the respondents said they will take the person to a prayer house for deliverance, and 8% said they will take the person to a traditional medicine healer. While some respondents claimed they will resort to the use of force and other extreme measures; by locking up the person (4%) and beating the disease out of the person (2%).

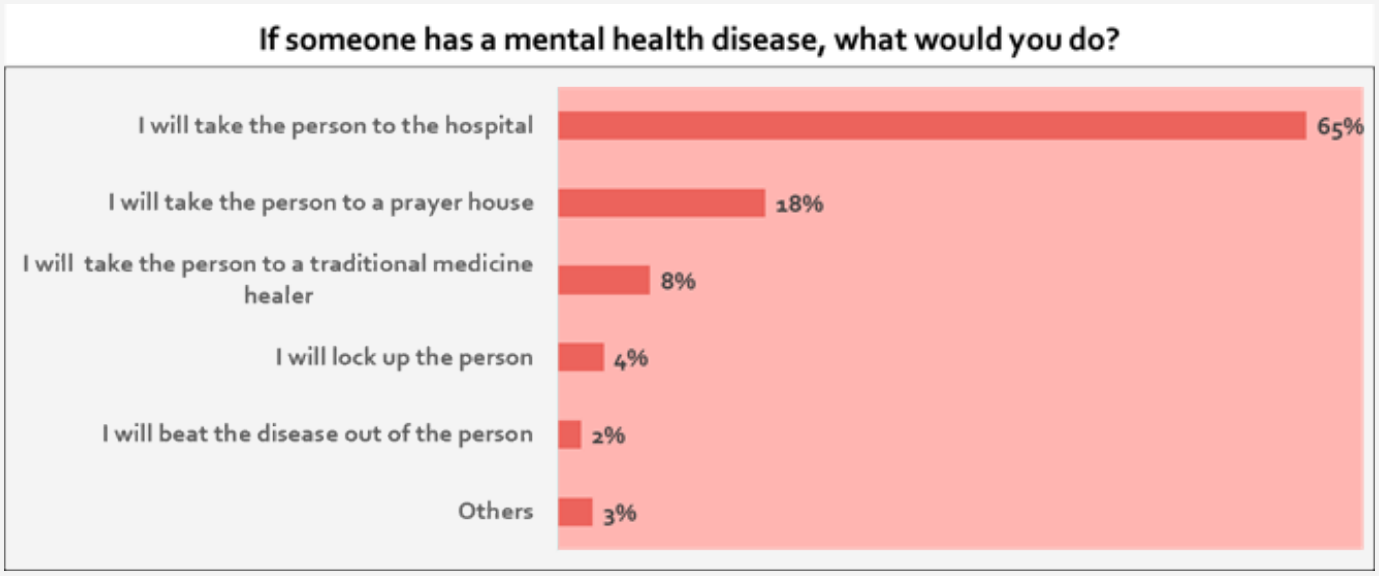

Figure 5: Attitude towards victims with Mental Health issues

Further disaggregation of this result by some socio-demographics, showed that when compared to other geo-political zones, the South-East (46%) had the lowest response frequency for those willing to take a mentally ill person to the hospital for proper treatment. Interestingly, the same region of the country had the highest frequency for those willing to take the victim to a prayer house (28%); to take the victim to a traditional healer (14%); and to lock up the victim (8%) in comparison with other geo-political zones of the country.

If someone has a mental health disease, what would you do?

	National	Gender		Age-Group			Disability Status		Urbanization		Geo-Political Zone					
		Male	Female	18 – 35	36 – 60	60+	Yes	No	Urban	Rural	North-Central	North-East	North-West	South-East	South-South	South-West
I will take the person to the hospital	65%	65%	67%	67%	65%	62%	63%	68%	66%	65%	69%	79%	66%	46%	65%	65%
I will take the person to a prayer house	18%	18%	18%	18%	19%	20%	18%	18%	19%	18%	16%	10%	17%	28%	19%	21%
I will take the person to a traditional medicine healer	8%	7%	8%	7%	7%	13%	8%	7%	6%	9%	8%	5%	6%	14%	6%	8%
I will lock up the person	4%	4%	3%	3%	5%	2%	6%	3%	4%	4%	3%	2%	4%	8%	7%	2%
I will beat the disease out of the person	2%	2%	1%	2%	1%	1%	2%	1%	2%	1%	2%	2%	2%	2%	1%	1%
Other	3%	4%	3%	3%	3%	2%	3%	3%	3%	3%	2%	2%	5%	2%	2%	3%

Table 5: Attitude towards victims with mental disorder by Demography

5.4 PERCEIVED STIGMATIZATIONS OF VICTIMS OF MENTAL HEALTH DISEASE

People living with mental illness often deal with stigma which stems from the misunderstandings of society about the various mental disorders. The survey sought to find out from respondents the kind of relationship they can engage with victims of mental health disorder. Not surprisingly, the findings revealed that majority of the respondents (69%) said they would not engage in any relationship with someone with mental health disorder. While about 29% of respondents indicated the willingness to have some form of relationship with victims of mental health disorder either through; Friendship (26%); Business (2%); or Marriage (1%).

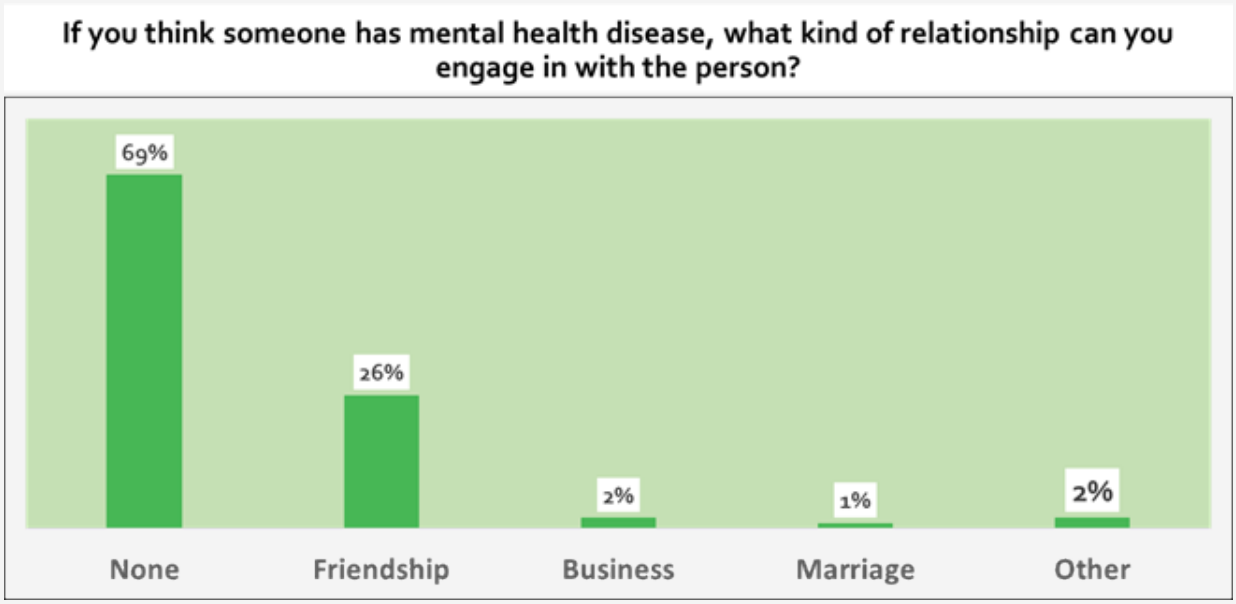

Figure 4: Knowledge of victims of Mental Health Disease

Across gender, more females (71%) than male (68%) are unwilling to have any relation with victims of mental health disorder. Across geo-political zones, more Nigerians who reside in the North-West (33%) and the North-Central (29%) showed more interest to have a friendly relationship with victims of mental health disorder.

If you think someone has mental health disease, what kind of relationship can you engage in with the person?

	National	Gender		Age-Group			Disability Status		Urbanization		Geo-Political Zone					
		Male	Female	18 – 35	36 – 60	60+	Yes	No	Urban	Rural	North-Central	North-East	North-West	South-East	South-South	South-West
None	69%	68%	71%	71%	68%	67%	69%	70%	68%	70%	68%	79%	60%	75%	70%	74%
Friendship	26%	27%	25%	25%	27%	30%	26%	25%	27%	25%	29%	17%	33%	20%	24%	24%
Business	2%	2%	1%	1%	2%	2%	2%	2%	2%	2%	1%	2%	3%	1%	2%	1%
Marriage	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	0%	%	1%
Other	2%	2%	2%	2%	2%	0%	2%	2%	2%	2%	1%	1%	3%	4%	4%	%

Table 6: Expected relationship with persons with mental disorder by Demography

In addition to why respondents would not want to have anything to do with mentally challenged victims, the following reasons were highlighted by respondents: because of their personal safety (58%), lack of ability of the victims to make sound judgement (17%), perception of the public when being seen to be relating with mentally challenged victims (15%), the belief that mental health disease is transferable (5%), and heartbreak (4%).

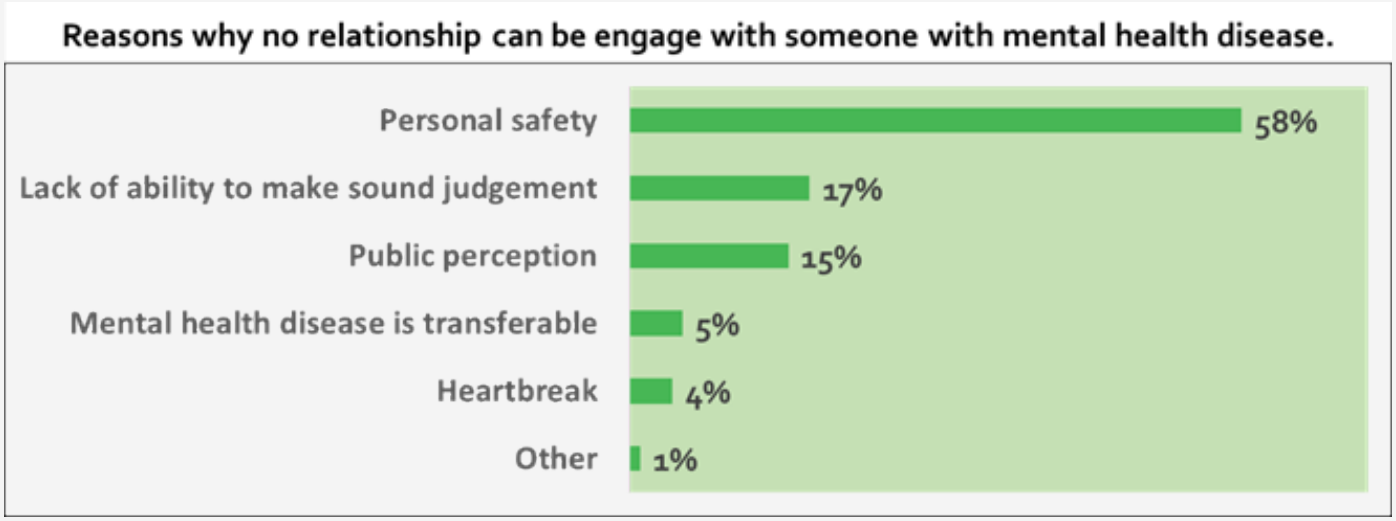

Figure 7: Reasons to unwillingly associate with mentally challenged persons

5.5 PERCEPTION OF MENTAL HEALTH TREATMENT

To measure respondents' knowledge on the treatment remedies available to a person living with a mental health disorder, the survey sought to find out if respondents were knowledgeable about treatment of mental health disease. Findings showed that 69% of respondents claimed to be knowledgeable about mental health treatment, while 8% claimed otherwise.

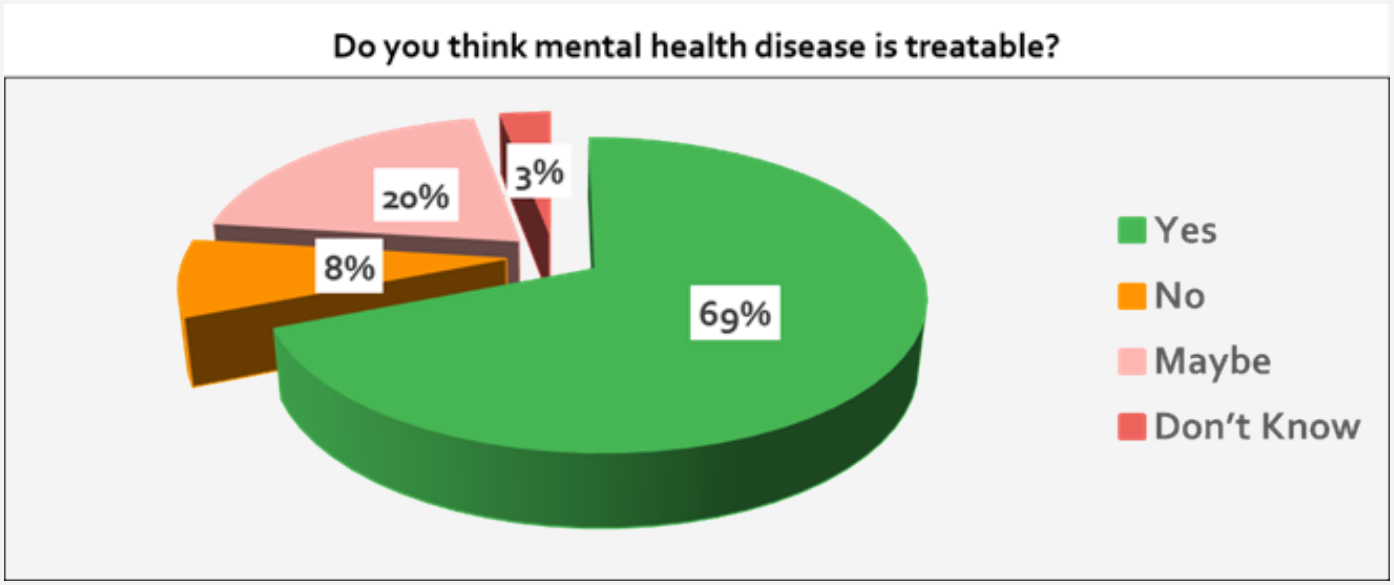

Figure 8: Knowledge of Mental Health treatment

Disaggregating the survey data across geo-political zones, it was found out that Nigerians who have the perception that mental health is untreatable were found more in the South-East (13%). Furthermore, more Nigerians in the rural areas (8%) than urban areas (7%) seems to share this sentiment too.

Do you think mental health disease is treatable?

	National	Gender		Age-Group			Disability Status		Urbanization		Geo-Political Zone					
		Male	Female	18 – 35	36 – 60	60+	Yes	No	Urban	Rural	North-Central	North-East	North-West	South-East	South-South	South-West
Yes	69%	69%	67%	68%	69%	66%	67%	69%	69%	68%	66%	67%	72%	53%	67%	77%
No	8%	8%	8%	7%	8%	9%	9%	7%	7%	8%	7%	10%	7%	13%	6%	6%
Maybe	20%	20%	21%	22%	19%	22%	20%	21%	20%	21%	22%	20%	20%	24%	24%	15%
Don't Know	3%	3%	4%	3%	4%	3%	4%	3%	4%	3%	5%	3%	1%	10%	3%	2%

Table 7: Knowledge of Mental Health treatment by Demography

In comparison to why respondents feel mental health disease is treatable as to why it is untreatable, the following reasons were highlighted by respondents.

Respondents who claimed mental health disease is treatable said: hospitals can provide the necessary help needed to cure mental disorder (28%), acknowledgement of victims with mental health issues who are doing very well (30%), belief in divine healing and intervention for a cure (21%), belief in traditional medicine for cure (6%), and lastly, 4% who believe that mental health disease is just like any other disease.

While respondents who claimed mental health disease is incurable cited that: they see a lot of mad people around hence, there is no cure for such disease (31%), this is closely followed by 26% of respondents who believed it is because such victim has been possessed by evil spirits, "It is a curse from God" (17%), punishment for the victims wrong doing (13%), and lastly, 12% of respondents believed it is a very serious condition, hence, it is incurable.

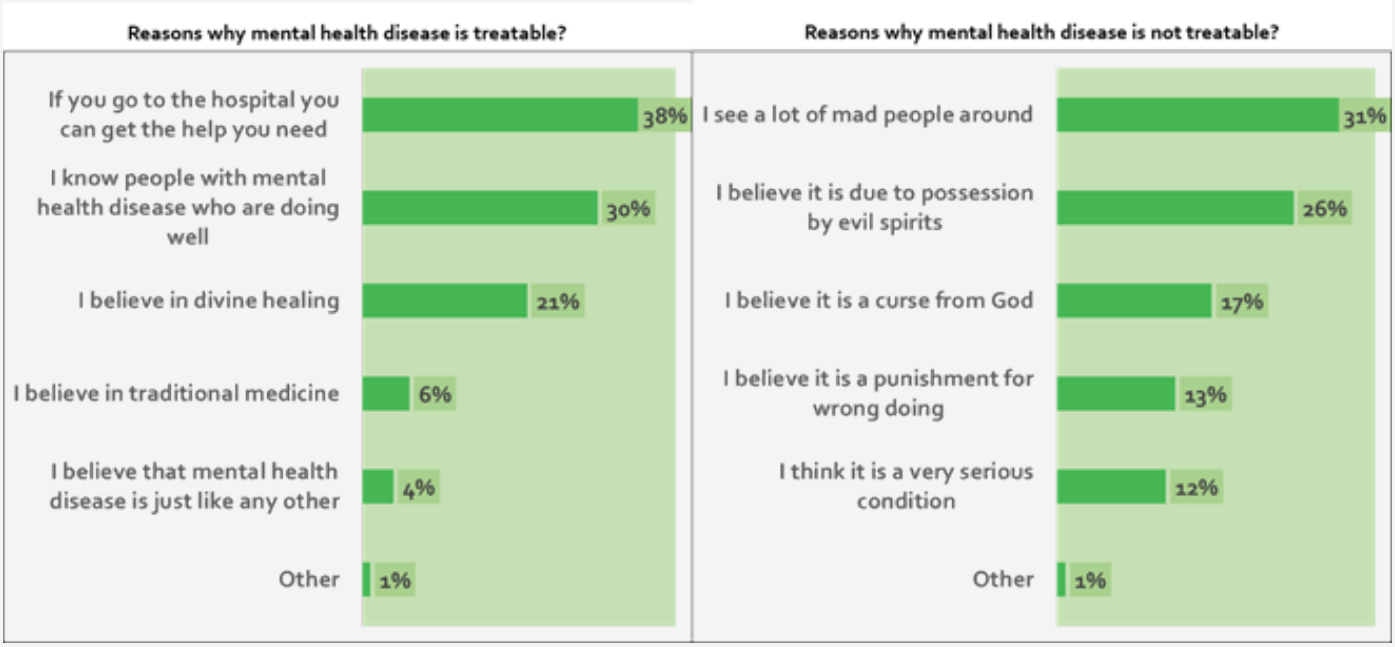

Figure 9: Comparison between why mental disorder is treatable and NOT treatable

5.6 COMMON BELIEFS ABOUT MENTAL HEALTH

People tend to have strong beliefs about people suffering from mental health disorders, and many of these are based on prevailing local systems of belief. Seeking to explore the commonly held beliefs held by people surrounding mental health, the following were harvested: "Mental health disease is when a person goes mad" (64%), "Always check for history of mental illness in the family before marriage" (63%), "People with mental health disease hear things from the spiritual realm (51%), "Being too studious can lead to mental health disease" (27%), "Mental health disease is a pre-condition to be wealthy (25%).

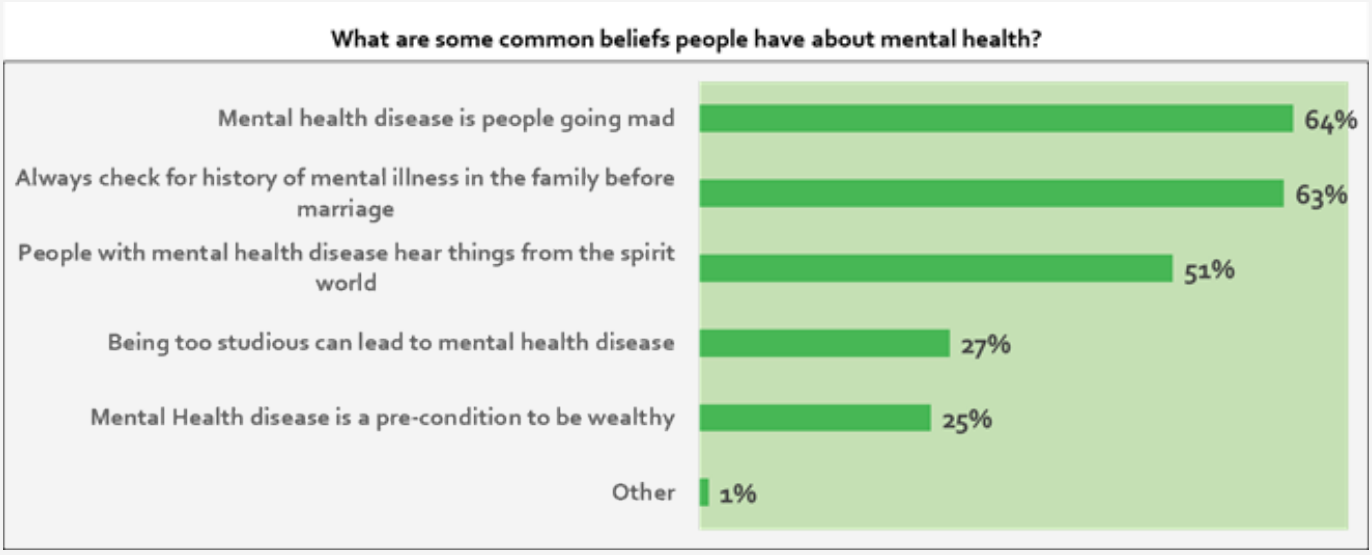

Figure 10: Common beliefs by the people about Mental Health

5.7 SUGGESTED WAYS MENTAL HEALTH DISEASE CAN BE PREVENTED

Respondents were asked to suggest ways mental health disease can be prevented. Based on the findings, majority of respondents (68%) suggested that people should stop taking hard drugs as a way of preventing mental health diseases. This was followed by 60% of respondents who suggested people should be prayerful, 54% of respondents suggested people should stop taking medication without doctor's prescription, and in the same manner 51% of respondents suggested people should form the habit of going to the hospital when sick. To further prevent mental health disease, 40% of respondents were of the opinion that more awareness should be created about mental health.

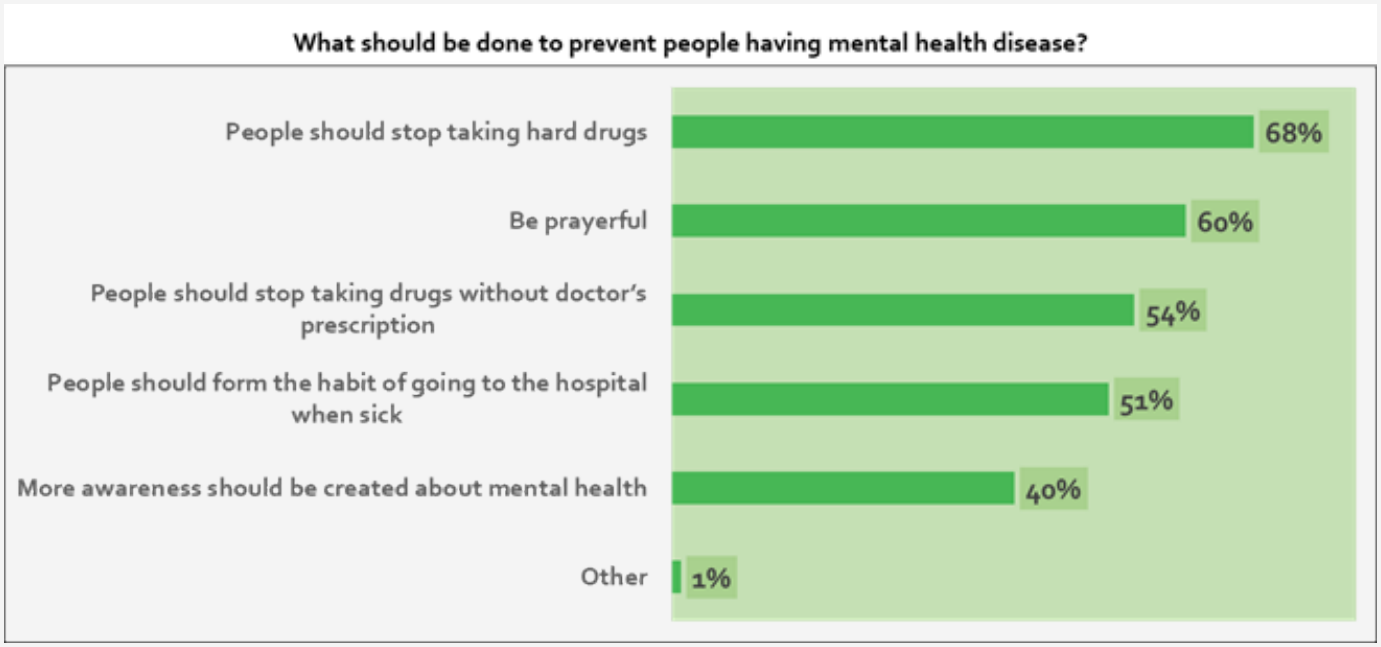

Figure 11: Suggested ways mental disorder can be prevented

Further look at demographics across geo-political zones revealed that although, respondents unanimously across all zones are of the opinion that people should stop taking hard drugs but this opinion was expressed more by those who reside in the South-South (75%) and South-West (73%). Also, more male respondents (41%) and those living in the North-East (55%) were among those with the opinion that more awareness should be created about mental health.

What should be done to prevent people having mental health disease?

	National	Gender		Age-Group			Disability Status		Urbanization		Geo-Political Zone					
		Male	Female	18 – 35	36 – 60	60+	Yes	No	Urban	Rural	North-Central	North-East	North-West	South-East	South-South	South-West
People should stop taking hard drugs	68%	69%	68%	69%	69%	64%	68%	69%	69%	68%	67%	69%	66%	60%	75%	73%
Be prayerful	60%	59%	62%	59%	62%	56%	59%	60%	60%	61%	49%	61%	65%	52%	53%	72%
People should stop taking drugs without doctor's prescription	54%	55%	53%	53%	57%	52%	55%	54%	55%	54%	52%	74%	47%	46%	54%	57%
People should form the habit of going to the hospital when sick	51%	51%	51%	50%	53%	49%	53%	50%	52%	50%	49%	65%	49%	42%	53%	51%
More awareness should be created about mental health	40%	41%	39%	38%	42%	48%	38%	41%	41%	39%	39%	55%	31%	33%	42%	44%
Other	1%	1%	1%	1%	1%	2%	1%	1%	1%	1%	1%	%	1%	2%	3%	1%

Table 8: Suggested ways mental disorder can be prevented by Demography

5.8 SUGGESTED WAYS TO IMPROVE MENTAL HEALTH AWARENESS

In the same vein, respondents were asked to suggest ways to improve awareness on mental health in Nigeria. Based on the findings, majority of respondents (63%) suggested that government should invest in training more mental health professionals as a way of improving mental health in the country. Followed by 61% of respondents who suggested that government should develop mental health policies, 53% of respondents suggested that NGOs should be involved in mental health awareness, and 51% of respondents suggested that religious leaders, traditional leaders and employers should be given proper training on the right mental health support. To further create and improve awareness around mental health in the country, 36% of respondents were of the opinion that social media should be used to disseminate right mental health information to the public.

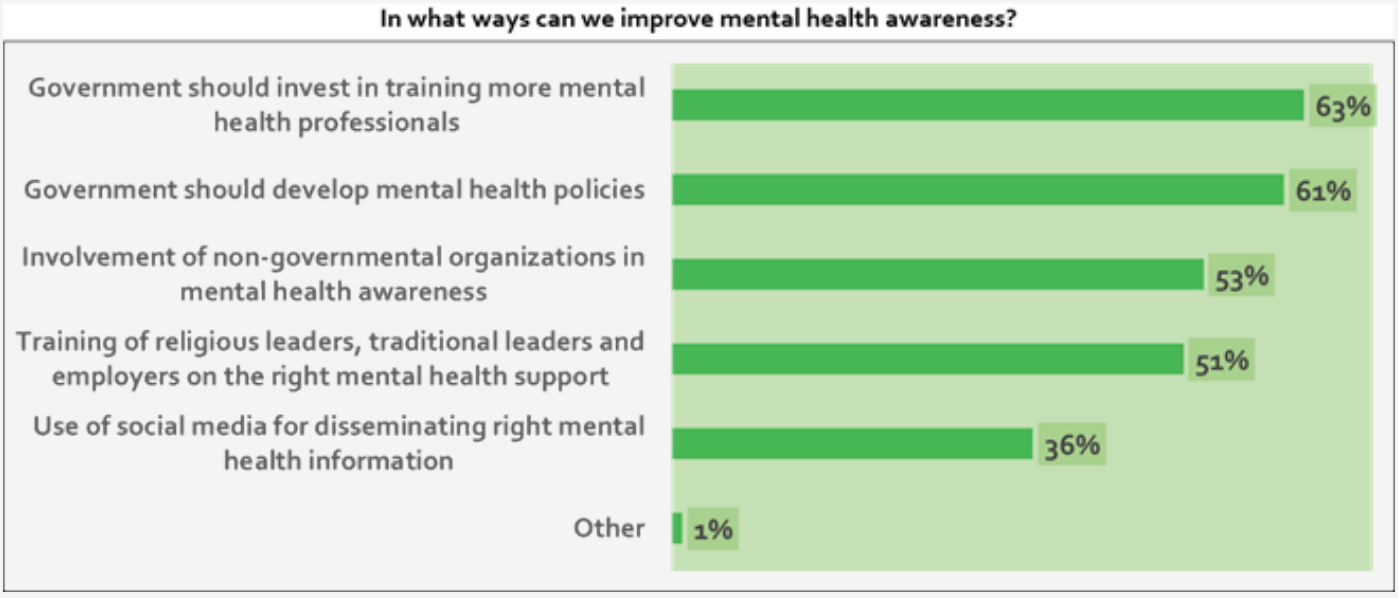

Figure 12: Ways Mental Health awareness can be improved

Across demographics on disability status, respondents with disability (61%) and those without (61%) equally share the opinion that government should develop mental health policies in Nigeria. Likewise, an equal proportion (53%) of respondents living in urban and rural areas were of the opinion that NGOs should be involved in mental health awareness,

In what ways can we improve mental health awareness?

	National	Gender		Age-Group			Disability Status		Urbanization		Geo-Political Zone					
		Male	Female	18 – 35	36 – 60	60+	Yes	No	Urban	Rural	North-Central	North-East	North-West	South-East	South-South	South-West
Government should invest in training more mental health professionals	63%	63%	63%	60%	67%	67%	65%	63%	65%	61%	57%	73%	61%	65%	66%	60%
Government should develop mental health policies	61%	61%	60%	60%	61%	61%	61%	61%	60%	62%	61%	72%	59%	56%	68%	52%
Involvement of non-governmental organizations in mental health awareness	53%	54%	51%	50%	56%	50%	50%	53%	53%	53%	51%	68%	47%	37%	62%	52%
Training of religious leaders, traditional leaders and employers on the right mental health support	51%	51%	51%	50%	53%	53%	53%	50%	52%	50%	44%	64%	53%	41%	50%	51%
Use of social media for disseminating right mental health information	36%	38%	34%	35%	37%	42%	34%	37%	36%	36%	30%	52%	30%	25%	42%	41%
Other	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	%	1%	2%	1%	1%

Table 9: Ways Mental Health awareness can be improved by Demography

Artwork Credit: https://www.mentalhealthtoday.co.uk/

6.0 SUMMARY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

This survey aimed to assess the level of information on the knowledge of, perceptions and attitudes of Nigerians towards mental illness. Findings reveal that although most respondents are aware of mental health disease, it appears that they recognise and connect with overt signs of mental ill health much more than covert signs. For example, most respondents believe that mental illness is "When someone starts running around naked" and "When someone starts talking to himself or herself". Only a percentage of respondents also mentioned "When someone starts keeping to themselves". This finding suggests that one must display disruptive behaviour that attracts public attention to be recognized as having a mental health disorder. Mental health disorders in general are thought to be caused by a variety of factors.

Survey results also show "Drug Abuse" as the most common cause of mental health disorder. This may be directly connected to the current increasing use of drugs among youth in developing countries. Possession by evil spirits and sickness of the mind (Brain) ranked as the second and third most common factors. In Nigeria, there are culturally accepted beliefs that link mental disorders with the activity of evil spirits in a person. Most respondents indicated a preference for proper medical care in treating a person with a mental health disorder. However, a significant number of respondents in the South-East indicated that they would take the person to a prayer house. Although this is a relatively small number, it is however interesting to note that some respondents mentioned that they would take the person to a traditional medicine healer, lock the person up or beat the disease out of the person.

Results also show that most respondents, especially female, are unwilling to go into any type of relationship with a person living with a mental health disorder. This may be because of the perception of the poor public image of a mentally ill person. Some respondents indicated a willingness to be friends with a mentally ill person, they are however unwilling to either marry or enter into a business with a mentally ill person. One of the most common reasons cited by the respondents for not being willing to enter a relationship with a mentally ill person is personal safety.

Many of the respondents are of the opinion that mental health disorders are treatable. Most common reason is that they believe "If you go to the hospital you can get the help you need". Among the respondents who do not believe that they are treatable, the most common reason is that they "See a lot of mad people around". Other reasons are "It is due to possession by evil spirits" and "It is a curse from God".

One common strongly held belief about mental health disorders among the respondents is, "Mental health is people going mad". Again, this is an indication that mental health disorder is only perceived where there is a display of disruptive behaviour that attracts public attention. A close second is the fact that people are often encouraged to check for a history of mental illness in the family of their prospective spouse before they marry. This is a common occurrence in Nigeria and often, when a mental health condition is traced in the family, the marriage plans are cancelled. Furthermore, most respondents believed that mental health disease can be prevented if first, people stop taking hard drugs and second, if they are prayerful.

Lastly, the 3 most common ways respondents believe that mental health awareness can be improved in Nigeria are, for government to invest in training more mental health professional, develop mental health policies and the involvement of non-governmental organizations in mental health awareness.

RECOMMENDATIONS

Based on the findings from this survey, the following recommendations were proffered:

A National policy for Mental Health Services in Nigeria was developed in 2013 however, some key provisions of the policy, including establishing a body at the Federal Ministry of Health to be focused on mental health, are yet to be implemented. Government should ensure that required action is taken so that the country develops and implements both a policy and legal framework to addressing mental health issues.

A culture of stigma and discrimination driven by poor awareness has allowed misconceptions about mental illness to flourish. The results of this survey demonstrate the urgent need to educate Nigerians - at institutional and community levels, in order to raise awareness on mental health disorders and improve people's perception on matters concerning mental health issues.

There are less than 150 psychiatrists in this country of 200 million, and WHO estimates that fewer than 10 percent of mentally ill Nigerians have access to the care they need. According to a 2017 by Nigeria Health Watch, nine out of every ten doctors in Nigeria are seeking to leave the country and find work elsewhere. To stem this migration, government should work towards improving the conditions faced by medical doctors in Nigeria.

Task sharing is the process of enabling lay and mid-level healthcare professionals – such as nurses, midwives, clinical officers, and community health workers to provide clinical services and procedures that would otherwise be restricted to higher level cadres, safely. It can be a vital strategy in overcoming the shortage of doctors in many countries. For example, in Rwanda, community health workers are the backbone of healthcare as outlined in an opinion piece written by Dr Ifeanyi Nsofor. There is a network of community health workers who provide health services, including mental health treatment and ensure that residents in local communities receive all the healthcare they need. This task sharing initiative should be replicated in Nigeria to help reduce the burden of mental health disorders in Nigeria.

Public-Private Partnerships are becoming a popular and effective avenue in the healthcare field through which the reach of health systems can be enhanced. One way to ensure that people battling mental illness have access to mental healthcare is by partnering with organisations that are committed to providing mental health awareness and services. Mentally Aware Nigeria Initiative (MANI) is an NGO that is successfully fighting mental illness in Nigeria. Using the internet and social media to spread awareness as well as providing a suicide and distress hotline, this group focuses on ending the negative stigma surrounding mental health in order to increase the demand and the resources for psychiatric care. MANI is focused on ending mental health stigma and creating a comfortable environment for open conversations about mental health issues.

Some of the poor health seeking behaviour when it comes to getting help for mental health issues may result from the fact that the individual either does not have a health facility close to them or where there is a health facility, it is not equipped to handle mental health issues. It is important to advocate for the integration of mental health services into Primary Health Care.

Lastly, the Friendship Bench Programme is an unconventional intervention that offers a brief psychological intervention addressing Depression in primary care clinics in Zimbabwe. It is designed to bridge the mental health treatment gap, enhance mental well-being and improve quality of life using problem-solving therapy delivered by trained lay health workers. The therapy rooms are outdoors under trees & the therapists are elderly Zimbabwean women. These women are city lay health workers who have become known as "community grandmothers". This initiative has been so successful, it has set off a mental health revolution and is being replicated globally. Replicating this programme in local communities in Nigeria can serve as an option to residents those communities who don't have access to care.

This Mental Health in Nigeria Survey has unpacked perceptions of Nigerians regarding mental health. Some of the results are quite troubling, showing poor knowledge of mental health and huge stigma associated with mental health disorders. It implies that most sufferers of mental health disorder in Nigeria are suffering in silence. To deepen this work, we need to hear directly from them. We need to document their experiences with access to care, medications and how they manage to survive in a country with paucity of mental health practitioners and with so many triggers of mental health disorders. It would also be imperative to hear from other stakeholders such as health workers who manage sufferers of mental health disorders, family members and caregivers of those suffering from mental health disorders, government and other critical stakeholders to explore ways to improve mental health care in Nigeria. A large population-based survey that is mixed (quantitative and qualitative) by design should be deployed to achieve these objectives. Finally, API and EpiAFRIC are open to grants and funding from the institutions and the donor community to enable us take a deeper dive into this extremely salient subject matter.

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MENTAL HEALTH IN NIGERIA SURVEY

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REPORT

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