

# Mental Health and the SDGs in Nigeria: An Overlooked Priority?

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## ABSTRACT

Mental health is a critical component of the Sustainable Development Goals (SDGs), particularly SDG 3, which aims to ensure healthy lives and promote well-being for all. However, mental health remains an overlooked priority in Nigeria, where mental health disorders affect a significant portion of the population. This paper explores the intersection of mental health and the SDGs in Nigeria, examining how neglecting mental health undermines progress toward key SDG targets, including poverty reduction, quality education, gender equality, and economic growth. Despite the high prevalence of mental health disorders, Nigeria's mental health care system is underfunded, under-resourced and burdened by stigma and outdated legislation. Key barriers include the lack of integration of mental health services into primary health care, inadequate financial investment and societal stigma, which collectively limit access to essential services. The paper argues that addressing mental health is essential for achieving sustainable development in Nigeria and highlights the need for policy reform, increased funding, and public awareness campaigns to address the current gaps. Integrating mental health into the broader SDG agenda is critical to achieving holistic development in Nigeria, and failure to do so may compromise the overall success of the SDGs by 2030.

**Keywords:** Mental Health; Sustainable Development Goals; Nigeria, Health System; Policy Reform; Stigma; Development

## Introduction

Before mental health began to gain the momentum and crucial attention it is gaining today, it has been previously neglected and treated as not important, even after series of cases began to showcase themselves. According to the WHO [1], a lot of people suffering from a mental health situation from 1800s to late 70s have been previously diagnosed wrongly, with similar ailments (such as lunacy, spiritual ailments, etc.) seen as the cause of their health problems. Be that as it may, mental health has become a trending topic in the overall well-being of our lives, in the world today. As the World Health Organization [1] rightly puts it, about 450 million people suffer from

a mental health disorder, with over 22% of these population having experienced these mental health illnesses at one point in their lives. Thus, the global world saw this as a matter of urgency, reached an agreement, and adopted the Sustainable Development Goals (SDGs) in 2015 to help curb this new emerging problem facing mankind. The SDG 3, which aims to protect, ensure, and nurture healthy lives, as well as, the well-being of everyone carries mental health awareness and promotion as one of its core targets. Specifically, the WHO [2] defines mental health to be "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".

In a similar vein, Keyes [3] also sees mental health as a complete state of well-being, characterized by the presence of positive feelings (emotional well-being) and positive functioning (psychological and social well-being), in which an individual can function optimally in society. This definition underscores the importance of emotional resilience and the ability to maintain meaningful relationships and work productivity as core components of mental health. Be that as it may, Mental health in Nigeria can be said to be neglected or given very little recognition. According to Babatunde et al. [4], it remains largely under-prioritized in the country's policy formulations and implementations, public health managements and discourse. Nigeria has a population of over 220 million people, of which 29 million Nigerians (14% of the population) suffer mental health disorders or conditions such as depression, anxiety, and the misuse or excessive use of substances (WHO, [5]). One can argue that these mental health challenges are often initiated by the socioeconomic problems like unemployment, political instability, insecurity, poverty, etc. facing Nigeria as a whole, leading to the patient sometimes paying the ultimate price -suicide. Nevertheless, mental health has continued to be relegated to the background, despite the problems it's causing for the population. Gureje et al. [6] argued that some of the reasons mental health services remain grossly inadequate in low and middle income countries like Nigeria are severe under-funding, inadequate qualified health staffs, stigma, etc which serve as obstacles to a proper mental health system in the country.

Alternatively, the partnership of EpiAFRIC and Africa Polling Institute (API) conducted a general survey on mental health in Nigeria, and the final results indicates the low level of awareness of mental health. Majority of the respondents agree to have suffered from mental health conditions like anxiety, depression, insomnia, etc at one point in their lives. However, the common belief among respondents is that such condition is caused by sickness of the brain, evil spirit, and most of them sought traditional solutions like prayer houses for spiritual intervention (EpiAFRIC & API, [7]). While there have been efforts by the Nigerian government to address Mental health in the population, these efforts have often been fragmented and insufficient. As Abdulmalik et al. [8] rightly puts it, the National Mental Health Policy created in 1991 have not been effectively implemented, thus initiating a lacuna in the well-being of the people. With more pressing health issues at hand, Nigeria seems to dim its light on mental health, and as a result, the SDG 3 target which includes mental health have not received the same level of attention or resources. It is pertinent to note that achieving a good mental health well-being for the population helps in the realization of other SDGs. According to Patel et al. [9], a poor mental health can have an effect on production levels, poverty, and social inclusion, all of which are important components of the SDGs agenda. Accurately, mental health conditions or disorder can exacerbate poverty, unemployment, and even cause a brain drain, which serves as an obstacle to SDG 1 (No Poverty) and SDG 8 (Decent Work and Economic Growth). Similarly, gender disparities in mental health situations, especially in females who are more susceptible to

mental conditions like depression and anxiety impedes the progress of SDG 5 (Gender Equality) (Babatunde et al. [4]).

Due to these interconnections between the numerous SDGs and mental health, it is critical to understand Nigeria's position on mental health, and how it is integrated with SDG framework and the health-care system. This paper seeks to explore the extent to which mental health has been prioritized within the context of the SDGs in Nigeria and examine the barriers that continue to hinder its recognition as a key public health issue. By highlighting the gaps in mental health service provision and policy implementation, the paper will argue that mental health remains an overlooked priority in Nigeria's pursuit of the SDGs, with significant implications for the country's overall development trajectory.

## Nigeria's Healthcare System and Mental Health

The nature of the Nigerian healthcare system has been a partnership between the public and the private sector with the former largely underfunded. With the country's enormous population of over 200 million, the WHO report [1] shows that about 3.6% of the total GDP is budgeted for healthcare. This negates the 15% target agreed upon by the Abuja Declaration. Scholars have argued that this low budget has led to the several challenges facing the healthcare system today (poor infrastructure, inefficient health worker, inadequate medical and health services, etc.). Notwithstanding, the country's healthcare system have recorded giant strides and progress, meeting the challenge of dangerous diseases like Ebola, Covid-19, Polio, etc. These amongst many other progress have been recorded due to efficient legislation, leadership and support gotten from international partnerships. Nigeria's healthcare system is divided into three tiers; the primary healthcare system which often deals with rural areas and grassroots, the secondary healthcare system which includes comprehensive health centers and general hospitals under state governments, and the tertiary healthcare systems are basically federal medical centers, specialist hospitals and teaching hospitals run mostly by the federal government of Nigeria.

The history of mental health in Nigeria is not any different from the current situation of events as regards the phenomenon today. It has faced neglect historically within the context of Nigeria's health-care policy and practice. According to Gureje & Olley [10], so far, Nigeria has not been able to formulate and implement a mental health legislation or policy aside the Lunacy Act in 1958. This according to them is archaic and obsolete, as new emerging problems and information have been unraveled as regards mental health. The legislation only provides institutionalized solutions to severe mental illnesses, failing to promote prevention, treatment, and the inclusion of mental health into the general healthcare system of the country. In the data recorded by the World Health Organization, there is a huge possibility that 1 in 4 Nigerians are battling with a mental health condition or illness, equating to the sum of over 50 million people affected. Depression, being the most common mental health condition is

estimated to have affected about 3.9 million Nigerians so far, and it is pegged as one of the causal factors of disability in Nigeria. Nevertheless, mental health still remains at the bottom of the priority list within the Nigerian healthcare. Currently, Nigeria's mental healthcare system is under-prioritized, underfunded, and under-resourced. Despite the enormous population, the country can boast of only eight fully functioning psychiatric hospitals (Gureje, et al. [11]). The system is also facing manpower shortage with fewer than 300 psychiatrists - approximately one psychiatrist for every 750,000 people (Suleiman, et al. [12]). Additionally, there is a massive shortage of personnel like clinical psychologists, social workers, and psychiatric nurses (WHO, [1]). The challenge constitute a direct effect or consequence of the massive migration of skilled professionals to developed countries of the world offering good living and working conditions, good remunerations, safety of lives and properties, etc. This is often referred to as brain drain.

### Barriers to Mental Health Care in Nigeria

Adeosun [8] opine that Stigma has been one of the leading challenges and barriers negating the progress of mental healthcare in Nigeria. Despite the awareness level of mental health conditions in Nigeria, there's still a superstitious belief, discrimination, and wide-spread stigma attached to these conditions. The survey by EpiAFRIC and Africa Polling Institute (API) shows how misunderstood mental health can be within the Nigerian population. The impacts of this stigma according to Adeosun presents itself in serving as discouragement to individuals who seek help and marginalizes those who eventually do. Thus, Nigerian suffering from mental health conditions and disorders visits prayer houses and traditional healers in search for spiritual treatments and solutions, instead of getting the proper medical care. Secondly, the mental health system in Nigeria has so far been underfunded, serving as a critical challenge to its progress. According to the WHO [1], out of the 3.6% budgeted for healthcare annually, only 4% goes to mental healthcare. This small budget is insufficient in addressing the mental health crisis of over 50million people. In Nigeria, there is a need for the expansion of mental health facilities, training of mental health professionals, and adequate medications and therapies, all of which the minute funding cannot cater for. Subsequently, there are policy and legislative gaps in the struggle for progress in mental healthcare systems in Nigeria.

Despite the National Mental Health Policy developed in 1991 and revised in 2013 [13], the implementation of this policy has been a major problem facing the policy. According to Abdulmalik et al. [14], the lack of political will and accountability on the part of the government has contributed to the death of the National Mental Health Policy. He also argued that there have been no formal mechanism integrating mental health into the primary healthcare, as much as it has been in other tiers of Nigeria's healthcare system.

### Mental Health and the SDGs: Missed Opportunities

The Sustainable Development Goals adopted by the United Nations in 2015 set forth an ambitious global agenda to address a broad spectrum of social, economic, and environmental challenges by 2030. The connection between mental health and SDGs cannot be overemphasized. Mental health well-being sits as one of the targets of the SDG 3, which promotes good healthy lives and general well-being. Besides the direct links of mental health and SDG3, it is also important in ensuring the realization of other SDGs in Nigeria. SDG 1 which indicates (Zero/No Poverty) can be hindered by mental health. Its realization can often depend on how mentally stable and healthy the population is, thus; creating a link between mental health and poverty eradication. As Patel et al. [9] put it in their work, mental health disorders especially depression and substance use disorders and abuse can lead to a less productive population and this raises the level of unemployment, which in turn, increases household poverty. A poor mental health can condition individuals and even families in poverty, leading to slow national progress and SDGs. In SDG 4 (Quality Education), mental health plays a very important role towards its actualization. For the population to enjoy quality education, children and adolescents suffering from mental health conditions must be treated efficiently and effectively.

According to UNICEF [7], children and adolescents with untreated mental health disorders are likely to drop out or perform below par. Kieling, et al [15] found out that, half of all mental health conditions often begin at the age of 14, thus; serving as obstacles to educational endeavours, which in turn, affects opportunities for future employment and general well-being. Finding a solution for this problem in schools is important for fostering a productive and educated workforce. There is also a link between mental health and SDG 5 (Gender Equality). While 1 in 4 Nigerians suffer from a form of mental health disorder or the other, women are more susceptible to some form of mental health disorder than their male counterparts. Conditions like depression and anxiety are mostly experienced and suffered by women, due to reasons like gender-based violence, inequality, and poverty (Babatunde et al. [4]). Finding treatment and addressing this problem will allow women also partake actively and equally in the economic and social life, which is one of the central arguments of gender equality. Mental health is also important for the realization of SDG 8 (Decent Work and Economic Growth). Researchers have been able to prove that mental health is one of the leading causes of zombification in work settings, absenteeism, and lost productivity, particularly in low and middle income countries like Nigeria. Addressing mental health issues among the Nigerian population will improve worker's productivity, which will in turn, contribute to sustainable economic growth.

## Opportunities for Action

This paper opines that despite the barriers that hinder the progress of mental healthcare system in Nigeria, there are several opportunities through which mental health can be addressed within the SDG framework. First, the mental healthcare services and system should be integrated into the primary healthcare of the country. According to Fayemi et al. [6], the Nigerian healthcare system on mental health has so far focused on those parts of the population living in the urban and metropolitan areas. This neglect of the grassroots and rural areas often stems from primary healthcare workers not given the necessary and professional training to recognize and treat common mental health conditions, thereby; reducing the number of mental health cases in Nigeria. Thus, integration of mental health with the grassroots will help curb the stigma challenge, normalizing it as part of the general health services. Secondly, there is a need for public awareness campaigns to reform and change the societal notion and attitudes against mental health, although Nigeria has been currently rolling out series of mental health awareness project, or programmes, sensitizing the population on the importance of mental stability. By helping people understand what mental health is, the conditions attached with it, and their treatment, stigmatization of mental health patients will reduce drastically. This will give people more confidence to speak out and seek solutions to their mental disorders. Successful public health campaigns in other areas, such as HIV/AIDS, demonstrate that public education can shift cultural attitudes and improve health outcomes.

Finally, reformation, implementation, and execution of new policies to tackle mental health challenges in Nigeria is very important. According to Gureje & Olley [10], the only existing law on mental health in Nigeria is the Lunacy Act passed in 1953, long before independence. This is believed to be archaic and obsolete, as it no longer cater for new emerging mental health challenges. There is a need for Nigeria to reform a new policy or policies that will entail a modern mental health legislation that promotes human rights, community-based care, and the integration of mental health into general healthcare services (Gureje, et al. [10,16]). A comprehensive mental health law would provide the legal framework necessary to ensure accountability and drive progress toward mental health goals.

## Conclusion

Mental health in Nigeria remains a largely overlooked priority within the country's pursuit of the SDGs. Despite the clear link between mental health and multiple SDGs, including poverty reduction, gender equality, and economic growth, Nigeria has yet to integrate mental health fully into its health system and development agenda. Significant barriers, including stigma, inadequate funding, and policy gaps, continue to impede progress. However, by investing in men-

tal health services, integrating mental health into primary care, and reforming outdated laws, Nigeria has the opportunity to address its mental health crisis and achieve its broader development goals.

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