
The Rise of Mental Health Illnesses amongst the Youth in Africa: A Case Study of Nigeria.

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ABSTRACT:

This concept paper examined the unprecedented rise in mental health illnesses among the youth in Africa, using Nigeria as a study unit. According to the reviewed literature, mental health illness is one of the major challenges the world at large is facing, though the situation is worse in African countries due to the number of economic social challenges common in Africa. Nigeria is one of the African countries which has the highest number of mental health disorders especially among the youth. This study reveals that social factors such as poverty, drug and alcohol abuse as well as to genetic causes, are the major causes of mental health illnesses in Nigeria. Other factors are the traditional beliefs that most mental illnesses are caused by spiritual attacks initiated by people practicing witchcraft and or by evil spirits. This has led to patients shunning seeking conventional medical treatment, but instead going to traditional doctors. Operational issues, such as lack of trained or professional personnel to manage mental institutions as well as inadequate funding which leads to the shortage of essential drugs in mental hospitals, are the main challenges faced by the Nigerian government. Stigmatizing and demonisation of mental health patients is another challenge in the treatment of mental patients. However, through research, the Nigerian government, in collaboration with WHO, has prioritized the management of mental health treatment through integration of mental health services into primary care as opposed to the common practice of treating mental illnesses at tertiary level. However, despite all the efforts put in place by government, treatment of mental health illness has remained one of the biggest challenges in the Nigerian society due to poverty and stigma.

Keywords: Mental health, mental illnesses, stigma.

Introduction

There has been an increase in the rise of mental health illnesses, especially among the youths in Africa. This study examines the status quo of mental health illnesses in Nigeria. The definition of health and mental health are given, followed by the global and African view and management of mental health illnesses with a lot of reference to the experiences of WHO. The study finally examines the Nigerian experience of mental health illnesses which has been on an increase, the causes, challenges of stigma, and promotion and management of mental health by the community, Nigerian government and international agencies. In conclusion, the author identifies the gaps which the Nigerian government has been facing in management of mental health illnesses and recommendations on how to bridge the gaps.

What is Health?

According to World Health Organisation (WHO), health has been defined as *a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity* (WHO, 1946). However, health can be defined in a variety of ways, but the WHO definition provides an important basis for the discussion of health and for subsequent definitions because it includes three core dimensions of health: physical, mental and social. The physical dimension refers to the proper functioning of the physiological or biological components such as cells, tissues and organs. If any part of the body is malfunctioning, it means that the person is not healthy. The mental dimension has to do with the consciousness of the individual, devoid of illusions and characterized with a good sense of judgment and coherence, and with the absence of mental disorder or illness (Amzat and Razum, 2018). The social dimension refers to an individual's capacity to interact with others in the society. It deals with social life and social attributes that affect morbidity and mortality. Therefore, going by this definition, it is possible to be unhealthy even in the absence of those antigens. This connotes that while health is a matter involving the germ theory, other perspectives such as mental and social are also significant in conceptualizing or describing health.

What is mental health?

Mental health is both a global and personal issue and has been identified as the cause of substantial disability and exclusion, affecting the ability of many people to fully contribute to their communities and economy. According to World Health Organisation (WHO) Constitution, mental health is fundamental to health and is defined as *a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity* (WHO, 2008). According to the findings of research conducted in recent years, mental health inherently affects physical health, and physical health affects mental health. In order to achieve a complete state of wellness, the two conditions are inseparable and impact on each other; for instance, mental condition like depression can lead to many other types of physical health problems such as diabetes and heart diseases. However, in the absence of physical, mental and social well-being, mental health illness can develop. Common conditions associated to mental health illness are: anxiety, behavioral, eating, substance use, mood and obsessive-compulsive disorders. Mental health illness is one of the major challenges the world at large is facing but more especially in Africa.

Global view of mental health

According to WHO, disorders of the nervous system produce substantial disease burden in the developing world leading to high toll on societies, and these disorders are significant causes of disability in adults and impede human capital formation by their effects on children (Altevogt, et al, 2010). Caring for these patients poses a formidable challenge for individuals,

families, governments, and societies across the world. Experts under WHO have further assert that improving both access to care and quality of care could help to alleviate disease burden. However, resource constraints, disorder stigmatization, shortages of trained personnel, and a lack of understanding of the causes of the disorders limit the amount and quality of care that many individuals receive (Ibid.).

Nevertheless, there has been an increased attention that has been given to mental health on an international stage. According to the World Health Organization, awareness about the importance of mental disorders for public health has greatly increased. Global leaders have come together to show their commitment to confronting mental illnesses to the extent of sharing their personal stories of suffering, struggle and recovery. It is estimated that about 13% of the global population experiences a diagnosable mental health condition in their life time and yet the majority do not receive proper treatment (Thorncroft, et al., 2016). The situation is worst in low and middle income countries especially in Africa. This is caused by limited resources for mental health and health systems that are not equipped to address this need, with over three-quarters of people lacking access to the mental health services they require (Bloom, G., et al., (2012).

In light of constrained resources, efforts have been made by WHO to apply a global and increasingly rigorous evidence base for effective interventions in low-resource settings. Traditions of mental health and psychiatry that guide global mental health practice and research need to be carefully examined to ensure that assumptions and approaches to mental health care are respectful and aligned to local needs and cultural understanding so that the support provided is appropriate to the context. Mental health is paramount to the personal well-being and family relationships and it contributes to the successful development of society. Mental illness impedes people's ability to learn and engage productively in their economy (WHO, 2008). The main goal of WHO is to ensure that mental health is integrated into health care systems across the globe and treated at the primary care level as opposed to the current practice of treating the illness at tertiary level.

African view of mental health

Africa has some of the most difficult and diverse health problems in the world mental illness being one of them. Disorders of the nervous system are common to all countries and cause tremendous suffering. In Africa, especially Sub-Saharan region there is high prevalence of the burden of mental health, neurological, and substance abuse disorders. Epilepsy, depression, and drug and alcohol abuse affect the lives of millions of Africans, disrupting the daily course of life, challenging families, and weighing on the social and economic fabric of the region (Prince et al., 2007). Current data from the more than 47 countries that constitute sub-Saharan Africa make it clear that, at a minimum, many of these problems are much more common in this region than in other parts of the world (Forsgren, 2008).

Studies (Ngoungou et al., 2006; Okasha, 2002) have shown that issues related to mental health continue to be neglected in Africa; mental healthcare has been inefficient, inadequate and inequitable due to a number of challenges. One such major challenge is lack of resources and commitment from the government. Even though many African countries have policies to address mental health problems, the policies are often weak and outdated to combat the present challenges of mental healthcare. Minus strong policies and commitment, it becomes difficult to identify areas of need to decide on the course of legislation. According to Mental Health Atlas survey conducted by World Health Organisation (WHO) in 2014, 46% of African countries that participated in the survey did not have in place or implemented the standalone mental health policies, which shows lack of political will by most African leaders and government (WHO, 2014).

Another major challenge has been lack of many studies on psychiatric diseases in Africa (Yoder, al.et. 2016). According to the renowned journal on health issues, *Lancet Global Health*, only 24 articles have been published in the area of mental health in Africa (Sankoh, Sevalie and Weston, 2018). This lack of research in this area reflects the poor and weaknesses of mental health services offered across the continent of Africa, and the lack of political will by African leaders and governments.

Lack of enough qualified mental health workers is another challenged. Africa as a region has 1.4 mental health workers per 100,000 people, and also performs relatively poorly with regard to the number of psychiatrists, number of mental health facilities for patients with mental illness, and the coverage of outpatient facilities (WHO, 2014). As a result, very few mental patients have access to the treatment. While the global annual rate of visits to mental health patients is 1051 per 100,000 population, in African, the rate is at 14 per 100,000 (WHO, 2016).

Another notable challenge is lack of awareness of mental health illnesses (Abdulmalik, al.et. 2019). Most patients with mental health conditions often seek spiritual interventions instead of modern therapy. This is due to the fact that in Africa, mental health illnesses are frequently linked to cultural and ancestral roots, leading to failure by governments to address collaboratively mental health crisis hence, having adverse effects and unnecessary suffering for the African population.

The demand for mental health treatment in Africa has been increasing steadily and studies have attributed this to an increase in Africa's population, which mainly comprised of young people (UN, 2018). Therefore, Africa needs a robust mental health care on all its fronts in order to survive the impending mental health calamity.

Nigerian experience of mental health illnesses

Nigeria, just like most African countries, has one of the highest mental health illness cases, and the situation of mental health services is critical and in need of urgent attention. Mental health disorders such as acute psychotic episodes, schizophrenia, affective disorders, alcohol and drug related problems, especially among the youth, and organic brain syndromes are very common in Nigerian societies. Further, experience has shown that one of the contributing factors to an increase in mental health disorders is that the majority of the people with mental health problems first consult traditional health practitioners before they seek help from conventional health practitioners. This is due to the traditional belief among most Nigerians that most mental illnesses are caused by spiritual attacks initiated by people practicing witchcraft and or by evil spirits. This has led to poor documentation and monitoring of the mental health cases by the health institutions and is one of the challenges in the treatment of mental health patients.

Another challenge hindering the mental health care is lack of adequate trained personnel. Over time now, the number of frontline mental health workers and professional staff has been declining mainly due to migration of professionals to other countries in search of greener pastures, retirement, death and low output from training institutions. Further, other key mental health workers such as psychologists, social workers and occupational therapists are also in short supply. These operational issues have greatly affected the mental health care system in Nigeria.

Apart from the challenges of operational issues by government and responsible line departments and ministries, the problem of mental health in Nigeria has been marred by stigma and demonisation of the illness. Mental health stigma has been defined as the

disgrace, social disapproval, or social discrediting of individuals with a mental health problem. The stigma comes in various forms: self-stigma, public stigma, and institutional stigma (Rossler, 2016). Self-stigma refers to the negative attitudes and shame that people with mental health illness have about their own condition. Public stigma involves the negative or discriminatory attitudes that others have about mental illness, while institutional stigma is more systematic and involves policies of government and private organisations that intentionally or unintentionally limit opportunities for people with mental illness such as lower funding for mental illness research or fewer mental health services relative to other health care. A review of studies on stigma shows that while the public may accept the medical or genetic nature of a mental health disorder and the need for treatment, many people still have a negative view of those with mental illness.

In Nigerian society, people who are mentally ill are always stigmatized, scorned at, humiliated and condemned not only by members of the community but also by some family members and even medical personnel. This situation leads to the violations of human rights of mental health patients, with no one, in most cases, to protect or fight for their justice. This attitude towards mental patients often increases their social isolation and can be the cause of failure to disclose the sickness by shunning to seek medical attention from appropriate medical institutions.

In Nigeria, stigma is captured at three levels namely self-stigma, stigma from family members and the community in which the patient lived, and stigma from the health care providers. Self-stigma comes about when the patient becomes aware that he or she is sick and began to lose hope in medication. Community stigma also adds on to the self-stigma and this causes challenges related to adherence to medication and the general well-being of the patient. Misconceptions by community members such as the belief that mental health conditions can be spread or transmitted to other people through sexual intercourse and bites from patients, lead patients to relapse into their mental health conditions as they are reminded that they are sick.

The consequences of stigma are that victims avoid seeking medical attention due to shame associated with mental illness. Even disclosing of the illness to other people including members of the family, becomes difficult. As a result of stigma, patients feel isolated and lonely with no one to share the problem with. This may eventually lead to even committing suicide.

Causes of mental health in the Nigerian society

There are so many behaviors associated to the causes of mental illnesses in Africa, Nigeria in particular. Scientifically speaking, mental health disorders may be triggered by untreated infections such as meningitis, HIV, malaria and cardiovascular problems such as strong. Mental disorder may be also due to genetics. However, social factors, such as childhood abuse, trauma, social isolation or loneliness, stigma, severe stress, drug and alcohol abuse, and many others, may lead to mental illnesses. Physical conditions such as head injury or neurological condition such as epilepsy can also lead to some mental illnesses.

In Nigeria, social factors, besides genetic, have been identified as potential causes of mental health conditions. These include stressful family relationships due to socio-economic challenges, infections such as malaria meningitis, syphilis and HIV caused by social promiscuity, as well as the use and dependence on alcohol and other psychotropic substances (Anakwenze and Zuberi, 2013). Poverty has been identified as the underling social factor causing mental health disorders. However, culturally speaking, witchcraft is believed to be the most leading causes of most mental illnesses.

Nigeria is one of the highly populated countries in Africa with the population of approximately 219,417, 891 million people in an area of 923,768 Km². According to the United Nations projection, the overall population of Nigeria will reach about 401.31 million by the end of the year 2050 (UN, 2022). According to the World Bank report (2022), *A better Future for all Nigerians: Nigeria Poverty Assessment 2022*, as many as four (4) people in ten (10) Nigerians live below the national poverty line, and many Nigerians also lack education and access to basic infrastructure such as electricity, safe drinking water, and improved sanitation. The report further highlights that jobs do not translate Nigerians' hard work into an exit from poverty, as most of the workers are engaged in small-scale household farm and non-farm enterprises. In addition, the reports notes that climate and conflict shocks are on an increase and their effects have been compounded by COVID-19. As a result of high levels of poverty, and conflict and climatic conditions, households have adopted dangerous coping strategies including reducing education and scaling back food consumption.

As a result of such high levels of poverty, many families are stressed up, a condition which may lead to mental health illness. Poverty has always being associated with mental health illness and this could be cited as one of the reasons why mental health illness has been on an increase in the Nigerian society. Apart from poverty, HIV and other Sexually Transmitted Illnesses, such as syphilis, may have contributed to the high levels of mental health illnesses in Nigeria. This condition could also be connected to poverty because studies have shown that where there is poverty, HIV transmission has flourished. In an effort to survive harsh economic conditions, women have been involved in prostitution so has to raise money for various needs hence exposing themselves to HIV and other sexually transmitted illnesses which if not properly treated may lead to mental health illness among the victims.

Another social behavior associated to mental health illness in Nigeria is the substance abuse, such as alcohol, cocaine, and many other harmful substances. The most notorious is called *Mkpurummiri* which is commonly used especially by the youths. This vice makes communities to be unsafe to live in because it leads to the escalation of crime. But the worst part of it is that excessive use of such substances leads to brain damage leading to mental health disorders. This has led to high prevalence of mental illnesses in most Nigerian communities.

Another cause of mental health illness, but which is difficult to prove scientifically, is witchcraft. Generally speaking, belief in mystical powers among African societies, Nigeria included, has been at the center of African cultural heritage. Mbiti (2015: 191), one of the greatest anthropologists of Africa, asserts that *every African who has grown up in the traditional environment will, no doubt, know something about this mystical power which often is experienced, or manifests itself, in form of magic, divination, witchcraft and mysterious phenomena that seem to defy even immediate scientific explanations*. This mystical power can be used to send curses or harm, including death and mental disorders to other people especially the offenders. According to Mbiti (2015), witchcraft is a term used more popularly and broadly to describe all sorts of evil employment of mystical power, generally in secret fashion, including causing mental health illness. In Nigeria, it is strongly believed that most mental health illnesses are caused by witchcraft and the disorder can only be reversed by the witchdoctor. This is the more reason why victims of mental disorders are never taken or referred to conventional hospitals but rather to traditional doctors. The belief held by tradition is that modern medicines or therapy cannot cure an illness inflicted by the mystical powers. This belief is held by almost all African societies and this has been one of the greatest hindrances to the treatment of mental health sicknesses not just in Nigeria but Africa as a whole.

Promotion and management of mental health

In recent years, there has been a systematic collaborative strategy to intervene in the management of mental health illnesses globally but more especially in Africa where the illness has been getting out of control. Collaborative efforts among all stakeholders globally have been identified as the mainstay in the promotion and management of mental health. This section reflects on the individual, national, and international contributions on the promotion and management of mental health in Nigeria.

At individual level, insufficient knowledge of mental health and mental health conditions in community, stigma and demonisation of mental illnesses, and lack of prioritization of cost-effective options from the policy level, has greatly affected the management of mental health in Nigeria. Cultural beliefs whereby people associate mental illness to witchcraft and evil spirits has also contributed to failure by government to adequately provide mental health services to the victims. Instead of seeking medical attention from conventional doctors, victims usually go to traditional doctors for treatment. However, a lot of sensitisation has been done to make people understand that mental health illness can be treated by modern medicines just like any other common sicknesses. Instead of taking the mental patient to the witch doctor, members of the community are advised to seek modern treatment from recognized and approved medical institutions. Despite some sensitisation, indicators on the ground show that individuals, and community at large have not heeded the professional advice. A random survey by the researcher (December, 2022) in some Nigerian communities indicated that people still strongly believe that mental health illness is caused by witchcraft and that only traditional therapy can heal this illness. Stigma against the mental patients is still thriving in most communities, and patients are still roaming the streets and homeless without receiving any help neither from relatives nor government medical institutions.

However, there has been progress made by Nigerian government in the area of promoting and managing mental health in the country. Government has come to realize that providing services at primary care level would improve significantly the mental health services in the country (WHO, 2013), and in order to enhance service delivery and adequate management of mental health services in Nigeria, government has put in place a number of interventional strategies. One of such strategies is the formulation of policies that would enhance the provision of mental health services, such as legal framework that would protect the rights of mental patients and compel government to fully and consistently fund mental health programs to enable availability of drugs for the patients and training of specialized mental health personnel. For a long time, financial constraint has been a barrier to inadequate mental health services provision and the overall implementation of the mental health policy in Nigeria. Furthermore, the issue of shortage of drugs for the patients due to low funding has been a great challenge in the provision of mental health services, as it was also noted that drugs were even every expensive such that poor patients could not even afford.

Working in conjunction with the World Health Organisation, the Nigerian government has rolled out a mental health Gap Action Programme Intervention Guide to address historical disparities in mental health delivery (WHO, 2008). A structured approach has been developed through research to integrate mental health services into primary care as opposed to the common practice of treating mental illnesses at tertiary level. Nigeria has been a site for ongoing research in this process by collaborators focusing on the system strengthening, and support for self-advocacy by service users (Gureje, et al, 2015). This program was grounded on three main objectives:

- to develop a model for integration of mental health into primary care in Nigeria that is evidence based, appropriate to the local context, feasible, accessible, and acceptable to those using the service and providing the service
- to evaluate the service, focusing particularly on key processes for successful implementation, as well as broad outcomes such as coverage, efficacy and user acceptability, and;
- to use the results to advocate for service reform and investment by presenting convincing evidence, in an accessible and persuasive format to key decision makers.

The results of this study were that a program model was developed, and alongside the implementation was a deliberate process of engagement with government for advocacy including through engagement with local leaders and support for the National Mental Health Action Committee. This model provided a practical evidence-based guidance for treatment of mental health illness, whose services will be provided by primary health care workers who are mainly nurses, community health officers, and community health extension workers. The program also included a component training for the health workers as a way of capacity building of local health practitioners.

Conclusion

This concept paper examined the unprecedented rise in mental health illnesses among the youth in Africa, using Nigeria as a study unit. According to the reviewed literature, mental health illness is one of the major challenges the world at large is facing. However, the situation is worse in African countries due to the number of economic social challenges common in Africa. Nigeria is one of the African countries which has the highest number of mental health disorders especially among the youth. The situation has been attributed mainly to social factors such as poverty, drug and alcohol abuse, which is rampant in most Nigerian communities, as well as to genetic causes. Other contributing factors to an increase in mental health disorders are the traditional beliefs that most mental illnesses are caused by spiritual attacks initiated by people practicing witchcraft and or by evil spirits. This has led to patients shunning seeking conventional medical treatment, but instead going to traditional doctors.

Other challenges faced by Nigerian government is the management of mental health are the operational issues, such as lack of trained or professional personnel to manage mental institutions as well as inadequate funding which leads to the shortage of essential drugs in mental hospitals. Stigmatizing and demonisation of mental health patients is another challenge in the treatment of mental patients.

However, through research, the Nigerian government, in collaboration with WHO, has prioritized the management of mental health treatment through integration of mental health services into primary care as opposed to the common practice of treating mental illnesses at tertiary level. However, despite all the efforts put in place by government, treatment of mental health illness has remained one of the biggest challenges in the Nigerian society due to poverty and stigma.

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