

Responses to Information Requests - Immigration and Refugee Board of Canada

Nigeria: Mental health services available; treatment of persons with mental illness by society and by the authorities; state protection, including recourse and complaints mechanisms available in cases of abuse (2018–October 2020)

1. Overview

A July 2020 article by CNBC Africa, an African television network owned by Africa Business News and headquartered in Johannesburg (CNBC Africa n.d.), reports that there is a "lack of research on Nigeria's mental health demographics" (CNBC Africa 29 July 2020). In a telephone interview with the Research Directorate, the founder of the Mentally Aware Nigeria Initiative (MANI), an NGO "focused on raising awareness on mental health and illnesses as well as working to connect service users to mental health professionals" (Devex n.d.), noted that there is no recent mental health data (MANI 10 Oct. 2020). Sources report that an estimated 20 to 30 percent of Nigerians suffer from "mental disorder[s]" (*The Guardian* 4 Dec. 2018; API and EpiAFRIC Jan. 2020, 5; *The Eagle* 14 Nov. 2018). An October 2019 Al Jazeera article indicates that, according to the World Health Organization (WHO), around 50 million people, or one in four Nigerians, experience mental illness (Al Jazeera 2 Oct. 2019). Sources report that the "largest nationally representative study" on mental health in Nigeria, carried out by the WHO and published in 2004, found that one in eight Nigerians experienced a mental health condition during their lifetime (Africa Check 20 Nov. 2019; CNBC Africa 29 July 2020). For the year 2015, a WHO report estimates that approximately 7 million Nigerians suffered from depression (UN 2017, 17).

2. Availability of Mental Health Services

The US Department of State's *Country Reports on Human Rights Practices for 2019* notes that "[m]ental health-care services were almost nonexistent" in Nigeria (US 11 Mar. 2020, 37). A March 2018 Australian Department of Foreign Affairs and Trade (DFAT) country information report on Nigeria states that

[t]he government reports approximately five psychiatric nurses per 100,000 population and very few clinical psychologists, social workers, neuro-physiotherapists, and occupational therapists. Psychotropic drugs are rarely available and health information systems do not incorporate mental and neurological health measures. (Australia 9 Mar. 2018, para. 2.20)

Other sources report that there are "not enough" (CNN 25 Sept. 2020) or "too few" (Nigeria Health Watch 15 Jan. 2020) mental health professionals in Nigeria. The founder of MANI stated that mental health services in Nigeria are limited and that there are "few" psychiatrists and psychologists (MANI 10 Oct. 2020). The website of the Association of Psychiatrists in Nigeria (APN), an association of psychiatrists and "registered affiliates" from across Nigeria and the diaspora (APN n.d.a), which is "committed to holistic care for persons with mental illness and the promotion of positive mental health" (APN n.d.b), reports that there are 250 psychiatrists and

200 psychiatry trainees who are members of the APN (APN n.d.b). A September 2019 article by the UK's *Guardian* newspaper notes that "[m]ental health professionals are rare in Nigeria" and reports that "there are an estimated 150 practicing psychologists" (*The Guardian* 25 Sept. 2019). Similarly, the Al Jazeera article indicates that there are fewer than 150 psychiatrists in Nigeria, and that the "WHO estimates that fewer than 10 percent of mentally ill Nigerians have access to the care they need" (Al Jazeera 2 Oct. 2019). A Nigerian government report on the second National Strategic Health Development Plan states that "[o]nly 20% of Nigerians with serious mental illnesses (SMI) have received treatment in the prior 12 months, showing the level of neglect for mental healthcare in the country" (Nigeria [5 Sept. 2018], 25).

Sources report that "only" 3.3 percent of Nigeria's health budget is allocated to mental health (*The Guardian* 25 Sept. 2019; Nigeria [5 Sept. 2018], 25). The *Guardian* article adds that the limited budget "leaves the public system chronically understaffed" (*The Guardian* 25 Sept. 2019).

Sources report that there are 8 federal neuropsychiatric hospitals in Nigeria (CNBC Africa 29 July 2020; Nigeria n.d.). An October 2020 BBC article observes that there are fewer than 15 state-run neuropsychiatric centres in Nigeria, which restricts access for many individuals, particularly in rural areas (BBC 3 Oct. 2020). In correspondence with the Research Directorate, the WHO Nigeria Country Office stated that "[i]npatient and outpatient mental health services including psychologic and psychiatric services are available in Nigeria. However, access to comprehensive mental health services [is] more readily available in urban areas compared to rural areas" (UN 7 Oct. 2020). A resident psychiatrist at the Federal Neuropsychiatric Hospital in Lagos interviewed by CNN stated that "'we don't really have [mental health professionals] in rural areas. And if someone lives in such areas without mental health care, of course, they will find alternatives for care like traditional healers or churches'" (CNN 10 Oct. 2020). In a January 2019 interview with YaleNews, an assistant professor of psychiatry who, along with a group of researchers, started the Health Action for Psychiatric Problems in Nigeria Including Epilepsy and Substances (HAPPINESS Project), a project with the goal of increasing access to treatment for mental health conditions and epilepsy in underserved parts of the country, observed that in Imo State people need to travel four to six hours to see a psychiatrist and that many people requiring mental health services "'typically" do not make the trip (Yale University 9 Jan. 2019).

The founder of MANI noted that access to and quality of mental health care are "poor" (MANI 10 Oct. 2020). The same source indicated that people cannot access mental health services for early intervention (MANI 10 Oct. 2020).

In 2019, Human Rights Watch (HRW) released a report on the treatment of people with mental health conditions in Nigeria based on visits to 28 mental health facilities in 8 states and the Federal Capital Territory from August 2018 to September 2019 and interviews with 124 people, including 49 victims of chaining (fastening of a person's ankle to a chain and attaching it to a heavy object, or using shackles around both ankles) and their families, employees of different facilities, mental health professionals, and government officials (HRW 11 Nov. 2019). The document states that "several" mental health professionals reported to HRW that "quality mental health services are available only to wealthier citizens who can afford it" (HRW 11 Nov. 2019). A WHO Mental Health Atlas profile on Nigeria indicates that people with mental health conditions "pay mostly or entirely out of pocket for services and medicines" (UN 2018).

The HRW report notes that, because of the limited access to and high cost of quality mental health care, people "often" seek advice from traditional or faith-based healers (HRW 11 Nov. 2019). The October 2020 BBC article observes that with fewer "than 300 psychiatrists in a country with a population of around 200 million, families often turn to traditional healing centres, and faith-based facilities, both Christian and Muslim" (BBC 3 Oct. 2020).

3. Situation and Treatment of Persons with Mental Illness

3.1 Treatment by Society

Sources report that there is limited mental health awareness in Nigeria (CNN 25 Sept. 2020; API and EpiAFRIC Jan. 2020, 6; Ugochukwu, et al. Aug. 2020). According to sources, mental health issues are stigmatized in Nigeria (Australia 9 Mar. 2018, para. 2.21; UN 7 Oct. 2020, 6; MANI 10 Oct. 2020). However, the WHO representative noted that knowledge regarding mental health conditions is "increasing" and there are "several" ongoing anti-stigma campaigns (UN 7 Oct. 2020). The founder of MANI indicated that "mental illness is very stigmatized; it's improving a bit on the internet, but on the ground it's still bad and people are afraid to seek treatment because of the stigma" (MANI 10 Oct. 2020).

The BBC article states that even in regions with mental health facilities available, the stigma associated with mental health treatment prevents people from seeking treatment for family members (BBC 3 Oct. 2020). Similarly, the founder of MANI noted that people are "afraid to seek treatment" due to the stigma and that people will also travel to hospitals in other regions due to the stigma of visiting a local hospital (MANI 10 Oct. 2020). The same source stated that "[s]tigma and lack of education mean people do not access services" (MANI 10 Oct. 2020).

The BBC article observes that "[i]n some communities, mental illness is seen as a taboo and the mentally ill are referred to as 'mad people', ex-communicated by their families, [and] forced to roam the streets in tattered clothes and eat from rubbish dumps" (BBC 3 Oct. 2020). The founder of MANI noted that, when people in Nigeria think about mental illness, they think about "madness," psychosis, and mania (MANI 10 Oct. 2020). According to a report on a 2019 national survey of 5,315 respondents on mental health in Nigeria conducted by the Africa Polling Institute (API) [1] and EpiAFRIC [2], those respondents who stated that "mental health disease" is incurable gave reasons for this belief that included the following: 31 percent indicated that "they see a lot of mad people around" and assume that there must be "no cure," 26 percent indicated they "believe it is due to possession by evil spirits," 17 percent indicated they "believe it is a curse from God," and 13 percent indicated they "believe it is a punishment for wrong doing" (API and EpiAFRIC Jan. 2020, 14, 25).

The API and EpiAFRIC report states that most respondents associated mental ill health much more with "overt signs" than "covert signs," noting that the majority of respondents believed that mental illness is "[w]hen someone starts running around naked" (70 percent of respondents) or "[w]hen someone starts talking to himself or herself" (63 percent of respondents) (API and EpiAFRIC Jan. 2020, 29, 18). The WHO representative indicated that there are varying levels of stigma with different mental health conditions (UN 7 Oct. 2020). The founder of MANI stated that psychotic conditions are more stigmatized because they are more visible, and that depression, PTSD, and other conditions are "more invisible," but that talking about these conditions is still stigmatized (MANI 10 Oct. 2020).

According to a consultant psychiatrist interviewed by the BBC, "most" people view mental illness as a "spiritual problem," and "they seek help from spiritual leaders and traditional healers hoping to exorcise the evil spirit responsible" (BBC 3 Oct. 2020). The Australian DFAT report indicates that "many families hid[e] conditions or blam[e] family members' mental illness on curses or witchcraft" (Australia 9 Mar. 2018, para. 2.21). The HRW report on the treatment of people with mental health conditions in Nigeria indicates that a "misunderstanding" of mental health conditions, including the "misperception that they are caused by evil spirits or supernatural forces, often prompt[s] relatives to take their loved ones to religious or traditional healing places" (HRW 11 Nov. 2019). According to the API and EpiAFRIC report, 84 percent of respondents felt that mental health issues are caused by "drug abuse," 54 percent of respondents felt that they were caused by "[p]ossession by evil spirits," and 23 percent felt that they were "a result of God's punishment" (API and EpiAFRIC Jan. 2020, 19).

The WHO representative stated that "[i]t is quite challenging for people with mental illness in Nigeria as they are subjected to discrimination, harassment, abuse, or violence" (UN 7 Oct. 2020). The founder of MANI indicated that people with mental health conditions, especially those who are homeless, are subject to harassment and violence (MANI 10 Oct. 2020). The head of a psychiatrists' union reported to BBC that the practice of mistreating and "locking up" mentally ill people is "widespread" across Nigeria (BBC 3 Oct. 2020).

The founder of MANI stated that family members or community members will keep people with mental health conditions inside, monitor them and hide them from the rest of the community to avoid the stigma and to protect them (MANI 10 Oct. 2020). The same source noted that family members also restrict the rights of people with mental health conditions by denying them their property rights and refusing to allow them to get married (MANI 10 Oct. 2020). Corroborating information could not be found among the sources consulted by the Research Directorate within the time constraints of this Response.

According to API and EpiAFRIC, if someone has a "mental health disease," 65 percent of respondents indicated that they would "quickly take the person to the hospital," 18 percent of respondents indicated that they would "take the person to a prayer house for deliverance," 8 percent of respondents indicated that they would "take the person to a traditional medicine healer," 4 percent of respondents indicated that they would "lock up the person," and 2 percent of respondents indicated that they would "beat the disease out of the person" (API and EpiAFRIC Jan. 2020, 21).

The founder of MANI indicated that the use of traditional medicine to treat mental health conditions is "very common" and that, for "most people," the first person they call when someone is mentally ill is a religious leader or a traditional healer (MANI 10 Oct. 2020). The same source noted that this treatment is harmful and that during the treatment, individuals "are usually tied up" and sometimes beaten to "try to beat the demons out of them," adding that "they are chained for years" (MANI 10 Oct. 2020). The Australian DFAT report states that "DFAT is aware of several cases in rural areas of individuals suffering from a mental illness being chained and/or caged in churches or dwellings" (Australia 9 Mar. 2018, para. 2.21). The HRW report observes that "[t]housands of people with mental health conditions across Nigeria are chained and locked up in various facilities where they face terrible abuse" (HRW 11 Nov. 2019). The same source notes that "[d]etention, chaining, and violent treatment are pervasive in many settings, including state hospitals,

rehabilitation centers, traditional healing centers, and both Christian and Islamic faith-based facilities" (HRW 11 Nov. 2019). The same source reports that, at 27 of 28 facilities visited by HRW, "all residents had been unlawfully detained. They did not enter the facilities voluntarily and could not leave if they wished to do so" (HRW 11 Nov. 2019). The BBC article reports that "a 32-year-old man was chained up for at least seven years in his parents' garage in north-western Kano state" (BBC 3 Oct. 2020). The BBC article also notes that a 55-year-old man in Kano was found to have been locked up by his family for 30 years because of his mental illness (BBC 3 Oct. 2020). According to Reuters, there has been a "crackdown" by authorities on Islamic schools and rehabilitation centres (Reuters 5 Nov. 2019). The same source reports that in October 2019 President Buhari's office issued a statement that said "[n]o responsible democratic government would tolerate the existence of the torture chambers and physical abuses of inmates in the name of rehabilitation of the victims" (Reuters 5 Nov. 2019). CNN reports that "hundreds of people held under inhumane conditions" have been rescued in a "clampdown" on religious rehabilitation centres (CNN 10 Oct. 2020). Reuters notes that, as of November 2019, "nearly" 1,500 people had been "rescued from abusive institutions" (Reuters 5 Nov. 2019). However, an article co-authored by a senior researcher in the disability rights division of HRW and the founder of the Samuel Center for Social Connectedness notes that "[t]he government has also yet to acknowledge that chaining is happening in government-run facilities as well as traditional and other religious centers that are not Islamic" (Ćerimović and Samuel 7 Apr. 2020).

3.2 Treatment by Authorities

Information on the treatment of people with mental illness by authorities was scarce among the sources consulted by the Research Directorate within the time constraints of this Response.

The founder of MANI indicated that it is not common for people to call the police in cases of mental illness and that people generally try to manage it themselves or call someone they know to help (MANI 10 Oct. 2020). The same source noted that when the police are called because of an incident, it is common for them to use "more" force (MANI 10 Oct. 2020). Corroborating information could not be found among the sources consulted by the Research Directorate within the time constraints of this Response.

The HRW report indicates that "[i]n some cases" police arrest people with real or "perceived" mental health conditions and take them to government-operated rehabilitation centres (HRW 11 Nov. 2019). The same source reports that at these rehabilitation centres

many are shackled with iron chains, around one or both ankles, to heavy objects or to other detainees, in some cases for months or years. They cannot leave, are often confined in overcrowded, unhygienic conditions, and are sometimes forced to sleep, eat, and defecate within the same confined place. Many are physically and emotionally abused as well as forced to take treatments. (HRW 11 Nov. 2019)

US *Country Reports 2019* indicates that, "[g]enerally," prisons made "few" efforts to offer mental health services or accommodations to prisoners with mental disabilities (US 11 Mar. 2020, 9).

4. State Protection

4.1 Legislation

The founder of MANI stated that there is no legislation to protect mentally ill people (MANI 10 Oct. 2020). Sources report that the 1958 *Lunacy Act* [or Law] is the basis of mental health law in Nigeria (Premium Times 23 Feb. 2020; CNBC Africa 29 July 2020). The WHO representative stated that "[t]he lack of a legal framework for protecting the human rights of people with mental illness is outdated as the *Lunacy Act* of 1958 subsists. The provisions of the *Lunacy Act* are not aligned with current international human rights standards" (UN 7 Oct. 2020). Sources report that, under the *Lunacy Act*, people with mental health conditions can be detained even without being provided medical treatment (HRW 11 Nov. 2019; CNN 10 Oct. 2020). According to sources, the government introduced a mental health bill in 2003, but it was withdrawn in 2009; it was then reintroduced in 2013 (Australia 9 Mar. 2018, para. 2.19; CNBC Africa 29 July 2020; Premium Times 23 Feb. 2020) but was not passed (CNBC Africa 29 July 2020; Premium Times 23 Feb. 2020). Sources report that a new mental health bill passed a second reading in October or November 2019 and that the Senate held a public hearing on the proposed legislation in February 2020 (CNBC Africa 29 July 2020; Premium Times 23 Feb. 2020). A November 2019 article by the Premium Times, a Nigerian online newspaper based in Abuja (Premium Times n.d.), indicates that the bill seeks to create a commission for mental health (Premium Times 20 Nov. 2019). The same source further reports that the lawmaker who introduced the bill stated that the bill aims to provide increased regulation of mental health and substance abuse services, and to protect persons with mental health issues (Premium Times 20 Nov. 2019). An article by the *Guardian*, a Nigerian newspaper, reports that the president of the APN stated that the bill will protect the human rights of persons with mental illness, ensure they have access to effective and humane treatment, and require the government to provide funding for mental health (*The Guardian* 13 Jan. 2020). An October 2020 article by *Vanguard*, a Nigerian daily newspaper, reports that the Chairman of the Senate Committee on Health stated that the bill provides for the protection of the rights of people with mental illness, lays out different types and levels of management and treatment for mental health, establishes a committee to review the cases of people who require involuntary treatment, and addresses illegal forms of treatment (*Vanguard* 14 Oct. 2020).

Sources report that attempted suicide is a criminal offence and carries a penalty of up to one year in prison (*The Guardian* 25 Sept. 2019; MANI 10 Oct. 2020; Premium Times 29 Sept. 2019).

The information in the following paragraph was provided in a CNN article:

In 2015, Lagos State revised its law to advise hospital treatment for suicide attempt survivors; however, the law has not been changed at the national level. "There are frequent reports in local media of survivors being arrested and tried for attempting suicide." In 2017, a 25-year-old man was arrested and detained for weeks for attempting suicide. The 25-year old man said that he and other inmates were "'beaten'" and "'forced to take pills'." A health law expert stated that while jail sentences for attempting suicide are rare, "it is the process of arresting and taking [suicide survivors] through a legal process that is particularly cruel" (CNN 31 Dec. 2018).

4.2 Recourse and Complaint Mechanisms

The WHO representative indicated that the Constitution of the Federal Republic of Nigeria and laws such as the *National Health Act, 2014* apply to cases of abuse (UN 7 Oct. 2020). The founder of MANI noted that there is no legal recourse for people to complain because there is no legal framework [for mental illness] (MANI 10 Oct. 2020).

4.3 Examples of Non-Governmental Advocacy and Support Services

The UK's *Guardian* states that MANI has a 24-hour mental health support service that allows people to seek support over WhatsApp or Twitter, an emergency response team of volunteer counsellors, and a 24-hour confidential suicide hotline (*The Guardian* 25 Sept. 2019).

The Neem Foundation, an NGO "that is committed to improving the lives of those affected by the North-East insurgency in Nigeria" (Neem Foundation n.d.a), provides psychological support services in Borno state through its Counselling on Wheels program (Neem Foundation n.d.b). An August 2017 Reuters article reports that the Counselling on Wheels program uses tricycles to take psychologists and counsellors to remote communities to provide psychological and social services (Reuters 24 Aug. 2017). The Neem Foundation also provides psychological support, including child-centred therapy and trauma care, through its psychology centre in Borno State (Neem Foundation n.d.b).

The Love, Peace and Mental Health Foundation (LPM), an NGO based in Lagos (LPM n.d.a), provides support for people with mental illness, including low-cost therapy sessions, treatment, and free consultations (LPM n.d.b). LPM also runs a monthly men's only mental health support group (LPM n.d.c).

She Writes Woman is a women-led organization that promotes mental health in Nigeria (She Writes Woman n.d.a). It operates a privately run mental health helpline and has monthly women-only mental health support groups in the cities of Lagos, Abuja, Ibadan and Kaduna (She Writes Woman n.d.b). It also has a walk-in life clinic "with a mission to solve some of the most complex life issues facing young Nigerians as a measure to prevent mental disorders" (She Writes Woman n.d.b).

This Response was prepared after researching publicly accessible information currently available to the Research Directorate within time constraints. This Response is not, and does not purport to be, conclusive as to the merit of any particular claim for refugee protection. Please find below the list of sources consulted in researching this Information Request.

Notes

[1] The Africa Polling Institute (API) is a "non-partisan opinion research think-tank, which conducts opinion polls, surveys, social research and evaluation studies" to support public policy and advocacy in sub-Saharan Africa (API n.d.).

[2] EpiAFRIC is an African health consultancy group that "focuses on improving population health through expert research and data analysis, project design and evaluation, health communication, advocacy and training" (EpiAFRIC n.d.).

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Internet sites, including: African Union; Amnesty International; Association for Child and Adolescent Psychiatry and Allied Professions in Nigeria; Austrian Red Cross – Austrian Centre for Country of Origin and Asylum Research and Documentation; Bertelsmann Stiftung; eoi.net; EU – European Asylum Support Office; Factiva; Fédération internationale pour les droits humains; Médecins sans frontières; Mental Health Innovation Network; Nigeria – National Population Commission, Nigerian Institute of Medical Research; *The Punch*; UK – Home Office; UN – Office of the UN High Commissioner for Human Rights, Refworld; US – Congressional Research Service; *The Washington Post*; West African Health Organization; World Bank; Yale University – School of Medicine, The Happiness Project.