



## Original Article

# Towards an Integrated Mental Health Approach in Nigeria: A Scoping Review of Policies, Strategies, and Interventions

Usman<sup>1</sup>, M.I. Ruiter<sup>1</sup>,  
Department of Work and Social Psychology  
Applied Social Psychology Group.

R.A.C. Schaafsma<sup>3</sup>  
Fontys University of Applied Sciences

## Abstract

**Background:** Functional impairment caused by mental illness, known as psychosocial disability, significantly impacts the quality of life and socioeconomic well-being of individuals, particularly in Nigeria, where mental health challenges are escalating.

**Objective:** This study aims to conduct a literature review on the intersectionality of mental illness and sexual and reproductive health (SRH) in Nigeria, focusing on the policies, strategies, and interventions that affect access to SRH services for individuals with mental illness.

**Methods:** A systematic literature review was conducted using academic databases like PubMed, Google Scholar, and the WHO library. We used specific keywords related to mental health and SRH access in Nigeria. We included peer-reviewed articles, government reports, and credible publications relevant to our research.

**Results:** Our findings show significant gaps in health policies and service delivery. Cultural beliefs and legal frameworks negatively impact access to SRH services for individuals with mental illness. Despite policies promoting inclusivity, barriers such as insufficient government funding, poor agency coordination, and societal stigma continue to exist.

**Conclusions:** To improve access to essential health services in Nigeria, we need comprehensive policy reforms and targeted interventions that address the needs of marginalized populations.

**Keywords:** mental health, sexual and reproductive health, Nigeria, policies, interventions, access to care.

## Introduction

Functional impairment caused by mental illness, known as psychosocial disability, critically affects the quality of life and socioeconomic well-being of individuals, families, and societies. This is particularly concerning in light of the increasing number of individuals experiencing various forms of mental illness. Global estimates indicate that one in five people with mental illness may face impaired abilities, which directly influence their quality of life [1]. Some may live with these conditions for extended periods, potentially requiring lifelong support from others. Consequently, mental illness has emerged as a prioritized non-communicable disease receiving global attention due to its associated functional impairments and disabilities [2].

In Nigeria, the mental health landscape is alarming, marked by rising instances of anxiety, depression, and chronic mental disorders, leading to severe outcomes such as suicidal behavior, economic dependency, and productivity loss [3]. Mental disorders, particularly depression and anxiety, are prevalent among vulnerable groups, including women and the elderly, thereby exacerbating the financial burden on families and health systems [4]. Statistics reveal that approximately 7-25% of elderly Nigerians may experience depression at some point in their lives [5].

Access to mental health services and psychosocial support is predominantly facilitated through public and private health systems, yet these services are primarily concentrated in major urban centers, leaving rural communities underserved [6]. With fewer than 200 trained psychiatrists in Nigeria—equating to about one psychiatrist per million people—and a limited number of psychiatric nurses and other mental health professionals, the provision of care remains grossly inadequate [7, 8]. Moreover, only about 3% of government health allocations are dedicated to mental health services, with a mere 10% of individuals with mental health issues accessing the necessary healthcare [9].

## Methodology

This study employs a literature review methodology to analyze inclusive policies, laws, and interventions concerning SRH for individuals with mental illness in Nigeria. Given the focus on intersectionality, the literature review will not only summarize existing knowledge but also seek to identify best practices and highlight gaps in the current landscape in policies, strategies, and interventions that affect access to SRH services for individuals with mental illness.

**2.1 Search Strategy:** A thorough search was conducted across multiple academic databases, including PubMed, Google Scholar, and the WHO library, using targeted keywords such as “mental health,” “mental illness,” “access to sexual and reproductive health services,” and “Nigeria.” To better align with the study's focus on intersectionality, additional keywords related to “legal frameworks,” “strategic approaches,” and “targeted interventions” were incorporated.

**2.2 Selection of Sources:** Sources were chosen based on their relevance to the research questions and objectives, focusing on peer-reviewed articles, government reports, and credible publications addressing mental health and SRH access for individuals with mental illness in Nigeria.

**2.3 Data Extraction and Synthesis:** Data were extracted using a template to maintain consistency, focusing on study design, sample size, location, and key findings. A narrative

synthesis approach was adopted to integrate findings, emphasizing the interactions between the identified themes and how they influence access to SRH services.

## Results

**3.1 Health Policies, Disability Laws, and Service Gaps:** This section reviews national health policies, disability laws, and health service gaps related to access and utilization of SRH services for persons with mental illness in Nigeria. Since 1998, the Nigerian government has been working to align health system activities and interventions with national health policy and strategic plans [16]. With rising public health concerns regarding sexual and reproductive issues such as HIV/AIDS, teenage pregnancy, maternal and neonatal deaths, and related complications, the provision of basic SRH services has become a top priority for the government [17, 18]. The current national health policy highlights the government's commitment to ensuring full access to SRH services for all citizens [19]. These commitments align with provisions in the Constitution of the Federal Republic of Nigeria and international guidelines [20].

Health policies also acknowledge the roles of cultural norms, religious beliefs, and different ethnic communities in Nigeria [21]. However, these values are not shared uniformly across all states and regions, affecting the uniformity and integration of SRH services in Nigeria [22, 23]. This disparity has impacted the harmonization of SRH data for decision-making at the policy level and made monitoring and evaluation of SRH interventions difficult due to asymmetric information [24].

The Nigerian government, through its implementing agencies such as the Federal Ministry of Health, has intensified efforts to improve SRH services in the country [25, 26]. Policies are formulated to address current challenges and SRH needs, focusing on the supply and distribution of SRH commodities like family planning services to ensure full access, especially in rural areas [27]. Recently, some policies have shifted focus to address demand by promoting inclusiveness and community participation to address equity, gender, stigma, and discrimination [28, 29]. This aims to ensure access to SRH services for vulnerable and marginalized groups such as adolescents and people with intellectual, sensory, physical, and mental illnesses [30, 31]. However, the diverse cultural and religious beliefs in Nigeria continue to pose significant challenges to accessing SRH services for marginalized groups [32].

In Nigeria, individuals with mental illness are a high-risk group for sexual health issues, yet they face significant barriers to accessing sexual and reproductive health (SRH) services. Despite the high demand for these services, stigma and marginalization make it difficult for them to receive adequate care [33]. To address these inequities, strong policy and intervention commitments from the government are essential. However, inadequate funding and a heavy reliance on donor support limit the government's ability to provide comprehensive SRH services tailored to the needs of these individuals, as outlined in various policy documents [34, 35].

A major challenge affecting health policies in Nigeria is the lack of coordination and overlapping cross-cutting responsibilities among various ministries, departments, agencies, and stakeholders [36]. For example, the Ministry of Women's Affairs and Social Development is responsible for social services aimed at disadvantaged populations, while other ministries handle essential services like health, legal support, and education [37]. This separation complicates the provision of comprehensive sexual and reproductive health (SRH) care for individuals with mental illness, who require coordinated support across community, facility, and institutional levels [37, 38].

Although social care policies are managed by the Ministry of Women's Affairs and SRH policies by the Ministry of Health, these efforts need to be aligned to effectively address the socio-economic and health challenges faced by people with mental illness [39, 40]. Additionally, Nigeria is one of 21 priority countries identified by the United Nations Population Fund (UNFPA) for SRH care in Africa, chosen due to its low service coverage and high morbidity and mortality rates related to SRH issues [41, 42].

**3.2 Inclusive Disability Laws and their Influence on SRHR for People with Mental Illness in Nigeria:** The Nigerian Disability Act 2018, also known as the Discrimination Against Persons with Disabilities (Prohibition) Act, addresses disability discrimination and promotes inclusivity [43, 44]. However, the act lacks specificity and clarity regarding different types of disabilities and their unique challenges in Nigeria [45, 46]. This is significant, as different disabilities require different approaches to care, support, and protection.

Sexual and gender-based violence against people with mental illness in Nigeria is largely linked to a weak legal and justice system [47]. Crimes such as sexual violence, abuse, assault, and harassment often go unpunished, and harmful behaviors are sometimes supported by local cultural and traditional norms [47]. For instance, there are more reported incidents of sexual abuse affecting individuals with mental illness compared to those without [48]. Women and girls with mental illness are particularly vulnerable to rape and genital mutilation [49]. Additionally, anecdotal evidence suggests that adolescent girls with mental illness face a higher risk of being forced to use birth control pills and contraceptives, largely due to a lack of understanding about mental illness [49].

While there is no specific data on the involuntary sterilization of women and girls with mental illnesses in Nigeria, a study involving 450 participants found that 38.8% reported hearing about cases where these women or girls were given medication to prevent pregnancy [48]. Other reasons cited for denying fertility included avoiding pregnancy and financial concerns [49]. These issues often arise due to weak laws and inadequate enforcement in many developing countries, which fail to protect the rights of affected individuals or to criminalize such practices [49].

Individuals with severe mental illnesses, like psychotic disorders, often face serious neglect from their families due to stigma. This neglect can have long-lasting effects, including increased vulnerability to sexual abuse [50].

In some rural communities, people with mental illnesses are not allowed to have children. Women with mental illness may even be denied the chance to breastfeed their babies because of fears that they might pass on mental illness through their milk [51]. Additionally, many of these communities require families to check that a potential partner has no history of mental illness in their family before marriage [52]. If such a history exists, it can lead to annulment of marriages [52]. These practices limit personal freedom, which is essential for sexual and reproductive health (SRH), and make it difficult for individuals to access reproductive care, especially in rural areas [53].

The law in Nigeria does not provide enough protection for vulnerable populations, especially those with mental illness, and it can also affect their access to essential services including the justice system and healthcare [54]. The government needs to strengthen its legal framework to address the issues faced by individuals with mental illness and promote their access to necessary Sexual and Reproductive Health (SRH) services [55]. This includes enforcing laws that protect the rights and ensure access to essential services are available to vulnerable groups [54, 55].

## Discussion

The findings on health policies and disability laws in Nigeria highlight significant gaps in service delivery for vulnerable populations, particularly individuals with mental illnesses. Despite efforts since 1998 to align health system activities with national policies focused on Sexual and Reproductive Health (SRH), critical issues such as HIV/AIDS and maternal health remain inadequately addressed, especially for those with mental health challenges. Individuals with mental illnesses face substantial barriers to accessing SRH services due to stigma and marginalization. Inadequate funding and reliance on donor support limit the government's ability to provide tailored services, compounded by a lack of coordination among various ministries that complicates comprehensive care delivery.

The Nigerian Disability Act of 2018 aims to promote inclusivity but lacks specificity regarding the unique challenges faced by individuals with mental illnesses. This gap, alongside the prevalence of sexual and gender-based violence against this group, underscores inadequacies in the legal and justice systems. Women and girls with mental illnesses are particularly vulnerable to sexual violence and coercive reproductive practices, which further restrict their rights and access to care. There is a pressing need for stronger legal frameworks, coordinated efforts across sectors, and effective policy implementation to ensure comprehensive SRH service delivery. Addressing these interconnected challenges requires a multi-faceted approach that promotes inclusivity and protects the rights of this vulnerable population.

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