

When Mental Health Issues Turns to a Case of National Emergency: Nigeria in the 21st Century

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Abstract

From one individual to another, a unique disparity remains, dictated by thorough pattern and made manifest through performance and human action. Regardless of life's convoluted experiences from birth to death, identities remain sacrosanct, hence some are emotional, impulsive, careless, reticent, deeply meticulous, neurotic, while others are socially exuberant, methodical, shy, temperamental among others. At the heart of these reactionary responses is the Mental Platform, anatomically operational in the human brain. That as the clock ticks, a greater number of the over 200million citizens of Nigeria are hopelessly anxious, fearful, hungry, in dire need of at least one basic human need, is no more news. Utterly disturbed and worried by the Progressive national poverty level, the novel corruption, mismanagement, impunity and brigandage of the political leaders, the non-existent health and social service programme, the widening youth unemployment, the high cost of living and the depreciating life expectancy, many Nigerians are not only distressed, but depressed, aggressive and mentally challenged, with suicidal inclinations. Undoubtedly, Nigeria's national psyche is weighed down. Just as some react by adopting the popular 'Japa' Syndrome for those who are opportuned, others unfortunately in trying to cope unaided, simply breakdown health-wise. Bereft of sound leadership ideas, the political class's mental derangement is not only manifest in showcasing the nation's depressed economy, but in the calamitous dearth of ordinary basic Primary Healthcare facilities. Existing credible statistical data have continued to prove that a dangerously high percentage of Nigerians are currently living with myriads of mental issues. A good deployment of the Causality Theory through the ambit of Health History and eclectic methodology have not only unearthed the rot that is Nigeria's Health Sector, but the brain drain challenge, poor funding and the peculiar problems bedeviling the mental Health Sector. With the National Mental Health Bill recently signed into law, this study advocates that more attention should be directed to the Nigerian youthful population to safeguard the country's future.

Keywords: Anxiety, Depression, Emotion, Fear, Poverty, Mental

Introduction

Fashioned like the human brain, the Brain box which functions as the pivotal decoder and enabler in automotives and machines, showcases the capability, propensity and viability of the said product. Automated or auto programmed, its productivity, ability and life span are basically designated and capped, hence determined. However, circumstantial subjections and exposure could affect all that has to do with this product positively or negatively. Humans are simply like that. Under pressure, though propensities tend to differ, variegated results and manifestations in inclining towards absurdities assume the upper hand. Since adaptation remains a climacteric attribute of human versatility, its limitations must be accepted as uniquely individualistic, just as personal differences remain guided by genetic and accultural dispositions.

Sequential thoughts, actions and evaluation by humans overtime have through historical information and teachings created a reflective standard and reasoning, hence the much referred 'rationality' which mostly distances one from the law of the jungle. The ethical system of humanism which centers on human values, needs, interests, abilities, dignity, freedom among others, remain the viable router through which the algorithm of 'Rationality' can determine, nurture, classify and manage excesses in behavioural output. Once attitude and human behaviours remain relevant part of human existentiality, the place of the mind, soul and thought sequence cannot be ruled out, hence mental health.

Mental Health undoubtedly remains not only the cornerstone, but the exciting amalgam determining other aspects of human health. Thoughts, considerations alike and decisions, though privy to actions, most times remain discreet and personal. Physical fitness may not always guarantee mental balance, hence the deception and challenge, including the disbelief always shown by people most especially when notable figures in the society are diagnosed with mental Health issues. Mental Health goes beyond psychological issue alone, hence is properly docked with the Psychiatrist. Though Health History has proved that no human is perfectly mentally fit, identifying and diagnosing mental disorders as ominous or tactile as they could be appear to be, may not be hard nowadays.

The subject of study is the mental emergency in 21st century Nigeria, suffice it to say that majority of the Nigerian population are having one or the other listed litany of mental challenges. The Nigerian under development pathway is no longer a new story on the international arena, hinged on social maladies of inept and corrupt leadership, unhindered state-sponsored terrorism, poverty, hunger, unemployment and starvation among other challenging indices which portray statistical figures above those of the nations who are undergoing warfare. Brazen crime and criminality, emboldened by State impunity and brigandage have kept on unleashing social mayhem on the citizenry, creating a hopelessness evidenced by not only lowlife expectancy, drug and substance abuse morality, the 'Japa' and 'get rich quick syndrome' in the midst of collapsed and dysfunctional government institutions. The Nigerian phenomenon is not only stubbornly branded, but enigmatic, in that the politicians appear to have successfully set the poor innocent masses against themselves, hence sustaining an unbridled pyramidal exploitation.

The multiplicity of these problems, coupled with their veracity, added to its consequent reactionary effects have continued to create a fastly growing dominant hopeless vanguard who are either mentally imbalanced or manifest attitudinal challenge in one form or the other. In any balanced society, the three goals of Public Health according to WHO include – the **prevention** of disease, **promotion** of health are all geared towards the **prolongation** of the wellbeing of the populations' life as a whole. Directed towards achieving service delivery, managerial economic support through the organisation of programs and resource production, rational Public Health through updated policies and management, steered by biostatistics and epidemiological information, the Nigerian Health Ministry's record is seriously tainted with abysmal performance. Judging from all ramifications *vis a vis* international human capital development, Nigeria has remained deeply pervasive on its citizens, affecting all age levels, children, youths and the aged. Realistically, its uncommon valiant population portrays the propensity of subsisting somehow comfortably under tremendous suffering, hardship and difficulties. Burdened and devastated by unbridled kidnapping, banditry, killings, pillaging and terror acts, and utterly disheartened by the Deep State's disinterestedness, involvement and impunity, hopelessness and helplessness have given way to disgust, disenchantment and lackluster, degenerating further through anger, bitterness and frustration to depression. These existing peculiar vagaries of the Nigerian environment remain potently at work like a conveyor belt, challenges, retards and negatively affect the mental psyche of a good number of the citizens. This overbearing reality has led to the continuous outpouring of a mentally distressed and disordered bunch freely into the environment, with frightening complications. When orderliness is relegated to the background, absurdities assume the centre stage.

Poverty breeds ill-health, with dangerous mood and thought-sequencing. The benchmark of poverty is unavailability, inaccessibility, denial of needs and abject lack of opportunity to obtain or achieve a much needed thing. When one lacks, it implies that those under his care are equally denied, hence triggering and promoting a chain line of poverty, hopelessness and suffering. Nigeria presents an amazing scenario of a consumer edifice with a resilient vibrant ingenious bunch, ill-protected, demotivated and uncared for, deeply and wholesomely exploited by an endogenous few, emboldened in most cases by some parasitic exogamous interests. In the same way sourcing and making use of the different services of the state apparatus like the legal penal system and the police remains a mirage, that of the basic Primary Health Care services, education and shelter, remain a far cry. Dreams, visions, lofty ideas and aspirations remain healthy emissions of progressive societies, most especially the youths, because on such crucibles lie the road to progressive national growth and development.

Abnormal conditions breed abnormal people, and when such situation persist for long, the tendency may result in the gradual erosion of previously cherished values and the adoption of the abnormal, according to the dictates of life and environmental adjustables. Just as the stubborn fear of survival stares the average Nigerian daily on the face, a good number resort to dehumanized unthinkable engagements and errands, most times under the influence of drugs and controlled substances. When the existing indices of state control and social welfare apparatuses drunkenly wobble in their gait, a turgid air of insecurity subsists.

Human societies are known to be evolving through adaptive mode and procedure, hence impacting and changing values, norms and cultural patterns in the process. The strong attraction to, and resort to negative solvents and shortcuts not only require matured minds to sieve, sustain and jettison, but great caution, most especially when and where positive solvents appear difficult or a mirage. Child upbringing and formation remain challenging and herculean in such climes. Unfortunately, the fabric of the Nigerian society appears to have been tailored on a faulty public perception and understanding, where a step by step rise steered by compassionate skill and passion has been eroded by a fast lane syndrome, sustained by a paradoxical bemused societal applause.

Life is simply a one-go experience, oscillating on a psycho-social economy, hence making mental health to be everything indeed. One could rightly observe that sequel to Nigeria's comfortable penchant for bad governance since independence in 1960, and considering its litany of resultant complications of poverty, hunger, insecurity and stark underdevelopment, amidst a steady rising population of over 200million, the psyche of an average Nigerian citizen is constantly aggitatively irritated abnormally, resulting in an upsurge of largely dysfunctional ailments classified under mood and affective disorders. On the other hand, could one overlook the trending perditous effects of the larger Nigeria's youthful population's resort to substance use and abuse, with its myriads of attendant health, social and national challenges. No thanks to the governmental poor funding of the Nigeria's health sector, added to its negative impact to the currently trending 'Japa' overdrive, bringing a world Health Organisation's recommended physician-patient ratio of one physician to every 4,000 to 5,000 patients, to a practicable disproof¹. Infact, **Nigeria Health Watch** projects that with Nigeria's population on the rise (it is slated to double by 2050, according to the United Nations), the country will need to stop loosing doctors, and instead start bringing more in – at a rate of 10,605 per year to keep pace with overall patient demand². Since different statistical data emitting from wholesome sources point to one in every four Nigerians as having mental issues³, while another allude to a population of over 60million⁴, whereas the other had earlier pegged it at 3 in 10 Nigerians⁵, the national horizon simply appears helplessly bleak.

Resort to solvent shortcuts does not only attract regrettable hiccups within the natural system, but help in promoting indolency since one is bound to easily find it fashionable jettisoning the seemingly longer orderly convoluted route of development and problem solution. Today's youths in Nigeria are not completely exonerated from this, hence it may not be an overstatement to conclude that majority of them are in a somewhat mental overdrive. Resort to the Nigerian 'Japa' syndrome is persistently a national psycho mental catharsis with complex fallouts.

The Concept of Mental Health

Mental Health tends to refer to a state of conclusive analytical status of one's thought-sequencing, response-credibility and reaction-ability, hence it could be classified through certain diagnostic routine to be simply stable or experiencing certain issues. One's Mental Health status could be classified as stable when

in its state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society, Basic Cognitive and Social Skills, retain the ability to recognize, express and modulate one's own emotions, as well as empathize with others. Life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which

contribute, to varying degrees, to the state of internal equilibrium⁶.

Unapologetically distancing away from what many have comfortably believed Mental Health (MH) to be, this study does not deny the fact that thought sequence and projections differ a lot as part of the uniqueness of each individual, suffice it then that since one man's meat may likely be another's poison, what one may pass as holistically healthy may be proven otherwise using some other evaluation principles and pedestals. Annoyance, happiness, and stark indifference could always help determine and drive one's immediate verbal or reactionary responses, however, such transitory phases may not actually help in determining one's Mental Health status. What can one say about the happiness of the serial killer who succeeds in trailing and finally killing his target; the soldier who is definite on eliminating his friendly commander in order to achieve a target; the kidnapper who subjected his prisoner to extreme pains in order to extort a targeted ransom?

Mental Health, just like referring to discussions on any other aspect of the human body, that is liver health, prostrate health among others, remain a basic prerequisite for balanced human operation. Consequently, once proven to be operationally unstable over an extended period of time, one's mental health could be designated as undergoing certain issues, hence this study posits that while actual diagnosis is a clinical procedure, societal manifestations maybe chequered, though prognosis depends highly on severity, resilience and competent attention, management and treatment. Beyond encompassing emotional, psychological and social well-being, Mental Health remains the singular determinant and driver of the intricate and tangled complexities of both human and animal species. An amalgam of myriad of explanations and definitions centering on Mental Health (MH) coming from variegated sources tend to highlight primarily the importance of rationality and reasoning as core evaluators and determinants. One maybe referred to as mentally-healthy, when he or she is capable of functioning independently, tailored by harmonious tendencies, foresight, adaptability and orderly mood variations manifestingly - timely appropriate.

In life, thoughts are projected to guide actions, hence when the reverse is the case, abject abnormality results with enormous consequences. Certain basic principles guide, nurture and support human life, existence and progressive continuity. In the human person, the operational centers of the mind, the spirit and the Mental are realistically not the same, but they appear to complement one another to sustain individual unique identity objective, character, choice, emotion, reasoning, rationality, belief and values among others. This study would want to believe that there is a connection, infact an affinity between the Mental and the Spirit. The mental not only guides the spirit, but it actually hosts it, hence when the mental is either troubled or unstable, the spirit remain unsettled, unfocused and inactive, or better still insane, since the mind is equally compromised. Definite standards remain reference decimals which help determine either sound or challenged minds. All are factored into basic attributes of human behaviour, dictated by normative etiquettes. Perhaps, for ages, and even in the present 21st century, in many climes, developed and underdeveloped, not even only a significant percentage of the population, but a good number of the educated and versed Health professionals, appear to waiver on the clear cut dichotomy existing between Mental Health issues and Spiritual or religious connections.

When Mental Health succumbs to certain internal or external pressures, challenges occur and manifest within degrees as signs and symptoms, that are medically classified as deviations. These deviations as primarily enormous and elaborate as they are, could be genetically, socially, accidentally or idiopathically oriented or traced. Moreover, while some may present as a cyclical occurrence with a rhythm, others maybe a societal/environmental reaction, short or long in duration, depending on prognosis, management and resettlement. Since Mental Health is inexplicably tied to all that concerns the human person, visible and invisible, tangible and intangible, any challenge emanating from that realm expectedly manifests with life-threatening complexities. Mental Health issues could either occur through slow onset or as emergencies, and along this pedestal, this study posits that once the streaming of basic normal human reasoning is affected and consequently distorted, rationality is scuttled. Besides genetic predisposition, early childhood experiences including later adult stressful conditions could lead to issues of Mental Health. Research has shown that most mental disorders

follow a developmental course that typically starts early in life like autism and Attention Deficit Hyperactivity Disorder (ADHD), but also mood, anxiety and psychotic disorders, just as many people who suffer from depression, social phobia, obsessive compulsive disorder, bipolar disorder, or schizophrenia showed signs before they were 24 years old⁷.

Regardless of whichever way or formula one applies towards standardizing Mental Health, in order to effectively establish when or at what point issues or challenges could be said to have occurred, it must be observed that individual peculiar attributes primarily sway impairment, symptoms and degree of distress, hence while some are temperamental, methodical, cautious or impulsive, careless or shy, others could be reticent. While conceptualizing Mental Health, this study would want to believe that a line must efficiently be drawn that would determine at what point deviations emerge. Suffice it to posit that Mental Health issues, the thesis of this study, result when an individual's 'normal' behaviour is potentiated, altered or diminished into 'abnormal' standards; ethical caution guided by common sense is blatantly abolished, emboldened by an irritated brain activity that could freely swing to either extreme opposing polars, depending on a variety of factors. When normalcy is derailed as the case maybe, emergent flight of ideas are dictated by the level of amines beamed on the activity and thought center in the Central Nervous System. Presenting manifestations (depressive, hidden or manic presentation), most often depends on the severity, which in most cases determine nature of, and the degree of hallucinatory modes and insight. Undoubtedly, contextually the margin between what is termed 'normal' and 'abnormal' appear to be shifting overtime, largely due to inadequacies of the human person exposed to certain dominant societal influences.

Theoretical Treatise

Mental Health issues as previously premised by this study, could result from an interplay of several causes. Considering the percentage of the Nigeria population already affected, moreso the worsening nature of this malady which places it as an ongoing critical national problem, amongst the various viable theories eligible towards understudying this phenomena, the Regularity and Inferential Theories of Causation, appears more appropriate. The core idea of this theory is that causes are regularly followed by their effects, the import of one variable to impact another to exist or fluctuate, or probabilistic causation⁸ Mental Health issues in Nigeria is trending on a fast lane, undoubtedly sequel to an existing portent number of reasons and policies that are ignorantly or deliberately bequeathed on the citizenry through many ways.

The cumulative problems which have continued to catapult Nigeria in its Mental Health crisis could only be addressed succinctly through the ambit of Health History. Dating back and clearly traceable through the convoluted contours of its march from nationhood, a couple of indices have coalesced to endow it unequivocally with the many existential threats that is not only Mental Health issues.

Aristotle first introduced this theory of Causality as a way of understanding human experience of physical nature. According to him; there maybe multiple causes, but there is once cause, the final cause, the fundamental source of becoming, which is Teleology, hence teleology is then the one overarching source of change, potentially and in actuality. Premising this study on the four explanations in Aristotle's Causality Theory, *viz* why, form, Agent and Purpose (end), the end product would yield and provide answers to not only the apparent endogenous reasons hatching this MH crisis, but attempt to unearth the national benefits if any, and in doing so reversely proffer solutions.

Aristotle opined that to the question "why?" in the analysis of change or movement in nature: the material, the formal, the efficient and the final, remain pillar guides. He goes on to say that 'we do not have knowledge of a thing, until we have grasped its why, that is to say, its cause'. Steeping into pure scientific analysis with due reference to physics and metaphysics, Aristotle holds that these four answers to the 'why' questions – matter (material cause of change or movement), Form (Formal Cause of arrangement, shape or appearance), Agent (efficient or moving cause of change or movement, example – the efficient cause of moving wood to become a table is a carpenter), End or purpose (the final cause of a change or movement for the sake of a thing to be what it is; for humans

to use it, or for it to be what it is⁹. Simply put, ill-governed, brutalized and robbed, Nigerian's mental reaction are reactionarily in tandem with the causes.

Nigeria's Retrospective Health Status

The Seventh-largest country in the world, Nigeria has Africa's highest rate of depression, and ranks fifth in the world in the frequency of suicide, according to WHO. There are less than 150 psychiatrists in this country of over 200million, and WHO estimates that fewer than 10 percent of mentally-ill Nigerians have access to the care they need¹⁰.

In making direct reference to the quagmire that is Nigeria's health status, it is never the intention of this study to deliberately relegate the traumatic state that Nigeria as a nation is undergoing to the background with an unbelievable indices of poor governance since independence in 1960, high unemployment rate, poverty and underdevelopment. Biodiversically rich in mineral resources, oil, gas and cheap manpower, import-dependent and investor attractive, it is however anxiety-laden if its variegated domestic insecurity, institutionalized corruption and infrastructural deficit is put into consideration¹¹. Undoubtedly a caveat to be declared economically as Africa's *numerouno*, hence some experts and analysts insist that this paradigm must be treated with caution, thus might be misleading, since according to World Bank figures, dating even back to 2010, a staggering 84.5percent of Nigerian's lived on less than 2 dollars a day¹². By every calculation, endowed with a populous determined and ingenious rapidly increasing youth population, who are unfortunately pathetically bereft of national patriotism, having grown in an environment where meritocracy is brazenly sacrificed for mediocrity and indolent loafers make it with effortless ease¹³.

This national fragility has been growing for the past five decades, and ascending to enormous proportions currently. Fratricidal and religious sentiments have cashed in on joblessness and criminality, snowballing into hopelessness, anxiety, fear, banditry and terror infernos. 'Japa Syndrome' systematically evolved and took the centre stage as a strategic resortful recourse for survival if the means proves available for one, while the gross domestic health deficiencies and facilities spur the rest to continuously rely on an economically debilitating medical tourism to India amongst others. Healthcare centres are grossly inadequate, while the few operational ones are not only perennially lacking the enabling facilities, but are managed by highly ill-motivated healthcare workers. Dilapidated ones moreover, remain unkept, while there's scarcely any hope of either renovating them, or replacing them with new ones. How can one possibly assimilate the fact that Nigeria has realistically turned into a viable baking pot where Health and professionals are trained and tutored for immediate recruitment, migration and services to the Western economies, at the detriment of the nation? Needless revisiting the heart-rending trending data and supportive figures from domestic and international bodies buttressing this assertion. For example, between 2008 and 2021, a total of 36,467 Nigerian doctors migrated to the United Kingdom¹⁴. Between 2019 and mid-2022 at least 4,460 nurses migrated from Nigeria to the United Kingdom¹⁵.

A nation's development is seriously challenged when its population apart from being on an accelerated arithmetic progression, is experiencing a descent in basic healthcare services, poverty and low-life expectancy indices. Health security as an important crucible in national development, cannot be papered – over as a matter of priority in any clime that is on track with the needs of its populace. Hounded from all sides, so to say, from lack of basic amenities, ordinary social services and care, just like one in a boiling cauldron, hopelessly exploited by religious-based establishments, and finding no help from purposefully weakened so called state institutions of 'democratic' governance, fear in most degenerate to Generalized Anxiety Disorders (GAD), mood variations/swings among others.

National Mental Picture

This study makes it bold to state that Nigeria's national mental picture is unfortunately bedridden with enormous issues, pervase as they are, seriously troubling with somewhat doubtful prognosis. While existential pointers may not at all exonerate developed nations from extensive existential mental problems, Nigeria's signature mental issues credulously elicit passionate attention sequel to not only

the delicate nature of the identified causative factors, the apparent disinterestedness of the state apparatus, but the replicative speed of spread within the national space. Considering that ‘Anxiety disorders are the most common mental health concern in the US, with over 40million adults impacted according to the National Alliance on Mental illness’¹⁶; regardless of its wealth and infrastructural development, one maybe awed by the debilitating interplay which poverty, decayed infrastructure and poor governance bequeath into the Nigerian space.

Not in the least helped by the global information connectivity promoting vain and jaundiced fantasies, vaulting/ambitious flight of ideas, many young people are on a fatalistic jamboree driven by a tremendous faulty belief pattern, largely hinged on vain indices, rather than timely structured ascension. Unapologetically exposing the citizenry of the fabric of the Nigerian State under uncaring environment and circumstances in quick reverse breeds and replicates fragile emotions, unstable personalities with fleeting minds and split personalities in alarming proportions, with distorted reasoning ably heralded by a dominant conscienceless vanguard, who bastardise orderly norms in humane living; when cautions freedom is globally thorn, inherent destruction closes the door to gainful human and societal development. Moving along this pedestral, this study strongly asserts that the litany of these peculiarities interfacing within the Nigerian society, identifiable with bad governance is constantly beaming collective trauma on the citizenry, hence sustaining the already triggered Mental Health issues to the present abysmal level, whereby the alleged data base that alerted in 2022 that over ‘60million Nigerians are suffering from mental illness’¹⁷, may not be controverted.

A very thin line divides the status of optimal health and ill health, hence sustaining basic health standards within any environment, involves not only the provided facilities and professionalism, but equally taking into adequate consideration, societal impact, individual temperamental potentialities, the subsisting orientation and the dominant age bracket of the population concerned. Ordinarily, growing up and operating under the harsh impunity-laden Nigerian environmental absurdities, simply negates standard globally accepted etiquettes of human existential variables. Maintaining a bad brand along its Health history, Nigeria’s national Mental State is strewn and propelled on poor National Health Policy. Overwhelming paucity of, and de-motivation of the few available licensed Health professionals, health educators, psychologists and social clinical workers, through humongous faulty nuances and algorithms, have continued to bequeath high level stress on the society, with its attendant resultant random vices, antagonism, aggression and perfidiousness, easily exhibited primarily at person to person contacts and relations on a wider panorama. While adumbrating the myriad of rebound effects of these identified Nigerian peculiarities on the domestic arena, it is poignant to further assert that in tandem with the identified driving theoretical compass of this study, which is centred on Causality, the grave lapses of the Nigerian project is not only ordinarily causative, but potentiative, considering the large spread and deep depth of the accruing crisis, resulting from gross disregard and monumental mismanagement. Mood, Affective and Cognitive Disorder cases appear to be on the rise, complicated and worsened by substance abuse, terminally-ill and Geriatric related mental challenges that are largely derelict. However, one cannot totally rule out Psychosis and Schizophrenia, ‘though more than just a spell of melancholy blues, clinical depression is a grave disturbance that often hinders a person from carrying out daily activities, hence a cruel intruder’¹⁸.

In Nigeria, only eight neuropsychiatric hospitals are operational with dire budget and staffing shortfalls, prompting a seemingly unending industrial action by Doctors and other healthcare professionals, protesting the national Healthcare system as a whole¹⁹; the prognosis looks grimmer for psychiatric care. ‘Roughly, nine out of every ten doctors in Nigeria are seeking to leave the country and find work elsewhere’, according to a 2017 poll by the non-profit organization, Nigeria Health Watch.

The desire for better opportunities, improved pay, facilities, work environment, professional satisfaction, tax breaks and career progression were among the reasons that psychiatrists and other doctors surveyed said they were hoping to emigrate²⁰.

Nigeria's healthcare sector is simply a mere formality, accompanied by the no funding scenario from the government, the World Health Organisation placed the country on an estimated physician-patient ratio of one doctor to every 4,000 to 5,000 patients, six times smaller than the acceptable physician-patient ratio²¹. Federal allocations to the Health Sector by 2018 was just 1.95 percent, while the 2020 budget allocated just 4.3 percent²², and this tradition has been maintained uptill date. Nigeria's youth and adolescent population remain more vulnerable to mental health conditions, and in buttressing this, the WHO listed the following as trigger factors: discrimination or exclusion, lack of quality support and services, violence, harsh parenting, severe socioeconomic problems, exposure to adversity among others. This reality is domestically poignant for Nigeria, as a note of caution since globally it is estimated that 1 in 7 (14%) 10 – 19 year olds experience mental health conditions, yet these remain largely unrecognized and untreated²³. Panic symptoms and excessive worry, anxiety, isolation, withdrawal and mood variations leading to depressive and suicidal symptoms; Behavioural disorders like Attention Deficit Hyperactivity Disorder (ADHD) could lead to poor academic conduct and criminal activities; Eating disorders and Psychiatric episodes marked by heightened hallucinations and delusions, usually exacerbated or slowed by technological influence (digital media), peer group and coping/risk taking behaviours like substance abuse, sex romps and perpetration of violence. The World Health Organization concludes by stating that interpersonal violence remains the major cause of death of older adolescents²⁴.

It remains a novel tradition to observe that in both State and Federal owned Mental Care institutions, through an existing complicated racket, bed spaces are simply for the highest bidder; by the same token, several prescription drugs and medicaments often labelled 'out of stock', reappear as soon as agreed prices exchange hands. Issues of patient abuse and neglect subsists as a Pandora's box, hence relations of the mentally-challenged, confused and in pretty greater difficulties and anxious to get their own in order, easily settle for alternative spiritual treatment. Swayed by the mesmeric esoteric rituals of certain 'prescribed' prayer merchants and groups, who apart from their handy humane response, present themselves as ordained diagnostics easily misplace symptomatic episodic complaints of the mentally-challenged as spiritual séances, rather than Fronto-Temporal deficiencies or excesses. Timely professional Mental Care package remain largely bleak and inaccessible to the challenged in Nigeria. Apart from the upsurge of new cases, sequel to the litany of the already identified peculiar national problems, it is not surprising to note that most older cases easily relapse. Treatment and care, if at all given, is usually a regimen of disjointed exercise, robustly chequered, leaving the patient with even added complications in most situations.

Suicidal mortality rates are on the rise according to statistics in Nigeria, if not possessing the highest number now, accounting for 77% of all suicides worldwide in 2019²⁴. When 30% of Nigerians are reputed to having suicidal inclinations sequel to depression and harsh socio economic conditions, in addition to at least 703,000 yearly recorded suicidal attempts, on a population age range of between 15 to 29²⁵. Besides, the persistent increase in armed conflict in Nigeria, leading to long-term displacement, impoverishment, sexual violations, physical disabilities and mental health problems, accessibility to effective, high quality and inexpensive mental care becomes dimmer by the day. By the same token, corresponding responsive data acclaim of the ever-growing incidence of depression among students in Nigeria tertiary institutions²⁶, due to endemic national socio economic reasons, or can one overlook the mental health issues which is bedeviling the typical Nigerian workplace²⁷.

Suffice it then to unequivocally opine that the Nigerian factor has remained a portent platform of national mediocrity and violence, degenerative in all ramifications, massively blighting the mental capacities and acuity of its citizenry. For many, resort to negative measures may either be due to lack of adequate information and guidance, poverty, isolation, or a handy psycho-available strategy, temporarily attractively befitting, addictively compelling with life-threatening complications. Mental health issues mostly arrives with patient denials, which may sometimes not be deliberate, since for the normal human person, a portent escape is urgently needed, hence the readily prevalence of resort to substances like skunchies (mixture of marijuana, water, *mkpulummiri*, ethanol and *zobo*), which in providing the so called 'cover of euphoric highness' turn youths into addicts and junkies. Many mentally-challenged sometimes may not be aware that they are no more normal, hence knowledge and

firmness remain important tools at this stage. Students in Nigerian tertiary institutions remain on the red zone of mental health problems; pressed, pushed and stressed from all sides, academically, financially, and socially, confused whether to communicate or not, or deceived by peer groups, always ended up initiated into a regimen of substance abuse, onwards to a life of perdition. Frustration forcefully emits abnormal prompts from the brain, which like emotion, beclouds judgment, triggering negative thought patterns and behaviour.

Reflections and Recommendations

Every year, Nigeria regardless of its abysmal failure and shortcomings on aspects of Mental Health, pays lip service to the 10th of October acknowledging celebration of World Mental Health Day. Dedicated to raising awareness and mobilizing efforts in support of mental health around the world, it remains to be seen how the present Nigerian government will prioritize mental health wellbeing. After more than 65 years of regulatory inaction in the field²⁸, the National Assembly passed the National Mental Health Bill, 2021, and forwarded it to the President for signing²⁹. Already signed into law, it has replaced the outdated and inhumane Lunacy Act of 1958, which pivoted Nigeria's Mental Health aspects. All encompassing, it is hoped that this new law will address the way and manner mentally-ill populations are catered for devoid of discrimination, stigma, coercion, funding, the rights of the mentally-ill, steered by global best practices³⁰. Be that as it may, interestingly, under siege from within, as paradoxically ridiculous as it sounds, many Nigerian laws are technocratically prepared, though inordinately billed for no execution or implementation. In consonance with the dictates of this new law towards containing the abuse in the Mental health sector, this study advocates that the ridiculous use of unrefined and absurd designatory terminologies should be forthrightly done with.

Nigeria's Health Sector is not exonerated from the malady affecting the whole country. Deeply relegated to the background, forgotten and overtaken by events, the national Mental Health apparatus trails behind. First enacted in 1916 as the Lunacy Ordinance, it may be recalled that Nigeria's mental health legislation, was amended to give medical practitioners and magistrates the power to detain an individual suffering from mental illness. Interestingly, the 1958 law only allowed such persons to be detained until they were deemed to be 'sane', resulting in prolonged detention. Such confinement was not always accompanied by proper handling of the patient concerned. Previous attempts at reforming the Mental Health Act in 2003 and 2013 failed, and when the National Assembly successfully passed the Bill in 2020, the President for no good reason delayed it for 2 years, before signing it into law³¹.

The 1958 Lunacy Act relatively helped when it came, but unfortunately overstayed its usefulness, hence ended up legally overseeing the monumental maiming, killing and inflicting of unutterable scars on a good number of Nigerians who unfortunately took ill mentally due to one reason or the other. The picture from that sector was not only gory, but that of indelible bodily harm, on the hands, legs and back, inflicted with iron chains, *koboko* and horse whips, accompanied with long hours of exposure to the excessive weather conditions of Sunlight and rains, or locked out in extreme dark and poorly ventilated rooms, open to sexual harassments and abuse of unimaginable proportions.

The dominant idea and belief then was that mental challenges or inadequacies has a strong connection with moon phases and rhythm, hence the word 'lunar', then lunatic. Maintaining a relationship with the heavenly bodies, a strong Spiritual Connotation was attached to it, hence the commanding height of prayers and flogging sessions in their treatment and management regimen. Since beating them was seen as a form of pre-requisite therapy and taming of the possessing evil spirit, lesser attention was paid to the wholesome error and injury done to the patient. Besides, as at then, only a few portent medications have been scientifically invented and produced, not to talk of their availability. This gap was replaced mostly by the many local herbal preparations, which may not be totally written off as unuseful. Professional hands in the nature of Psychiatrists, Psychologists, Mental health nurses and Community Social health workers were extant. Stigma was not simply deep and patient-oriented, but widespread, enveloping and affecting the family and relations, hence lots of precious time were initially wasted in suppressing or cover-up maneuvers intended to protect the family's overall community image.

All in all, an indepth redirection of the Nigerian Society must start with leadership reorientation and behavioural change; a body language that is value-oriented to spur, motivate and encourage a subsisting patriotism, hence deterring national anxiety, hopelessness and fear at least on the youthful population. It is indubitable that overriding depressive conditions have left Nigeria as an aggressive society with high violence quotient. Fatalistic feelings and moods make people easily liable to indoctrination, deception and manipulations. However, proper democratic governance can redeem the situation according to the EIU Economist 'through enunciating the interplay of the ultimate role of government: Electoral Process and Pluralism, Functioning of government, political participation, Democratic political culture and Civil Liberties'³².

Finally, since early and proper diagnosis aids quicker and better care and resolution of most health ailments, this study advocates for proper assessment, treatment, management and subsequent follow-up evaluation, quite aware that no laboratory tests are effectively linked to diagnostic mental issues, hence reliance on Signs and Symptoms. Cognition and Affect (feeling and behavior) remain the pivotal Psychological and biological aspects in mental issues. The employment, provision, deployment and motivation of necessary professionals in tandem with demand and need remains optimal. It is utterly disheartening to observe that Trado-religious establishments within the country remain active bazaars housing many mentally-challenged patients, including diaspora citizens hastily dumped back from the United Kingdom and the United States. Such places, still light years behind in their ethical handling and management of such cases, remain a dangerous drag in the system, hence require special attention and orientation. On the other hand, Nigerian institutions of higher learning, including Secondary Schools should re-activate the status of staff advisers and counselling units, thereby making their work more viable, hence not only opening a good channel of interaction, communication and evaluation, but primarily investing in mitigation as a portent solvent principle. Random mental assessments for the citizenry is equally advocated. Agreed that a strong correlation exists between aging and mental retardation, enough societal awareness is advocated to guide and streamline understanding care and management. Rehabilitative measures as an important part of treatment and management must be programmed to improve on the patients' present condition under an orderly environment, dictated by set principles and laws unfortunately is not yet accessible to Nigerians.

Within every society, changing times comes with evolving better innovations. The invention and introduction of new game-changing drugs and facilities into the treatment regimen has revolutionized the sector, hence rendering methods like incarceration, Electro Convulsive Therapy (ECT) the use of handcuffs and leg chains, including whips non useful, non-applicable, banned and obsolete. Moreover, today, patients and their families are not only legally protected, but possess the right to litigations against stigma, discriminations, bodily harm and abuse.

End Notes

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