FEDERAL MINISTRY OF HEALTH
AND SOCIAL WELFARE

National Mental Health Policy

National Mental Health Programme (NMHP)
Federal Ministry of Health and Social Welfare

2023

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FOREWORD

Mental, Neurological and Substance use (MNS) disorders have a major impact on quality of life as well as social and economic viability of families, communities, and the nation. They are common, according to WHO one in eight people globally are living with mental health conditions, which can impact their physical health, their well-being, how they connect with others, and their livelihoods. Mental health conditions are also affecting an increasing number of adolescents and young people. Many mental health conditions are also chronic, requiring long-term commitment to treatment. As a result, they are an important cause of disability, estimated by the WHO to comprise 14% of all disability – the largest single group among non-communicable diseases. Studies in Nigeria have found that only around 10% of those diagnosed with MNS disorders received any treatment within the previous 12 months.

The national policy for mental health service delivery was developed and published by the Ministry in 1991 to provide a standardised framework for reference in provision of mental health services across the country; this was last reviewed in 2013, despite the statutory requirement of reviewing the document every 5 years. As a strategic step in addressing the rising burden of MNS disorders and emerging mental health issues, especially in the post COVID-19 era, the National Mental Health Programme commenced the review of the national mental health policy with technical inputs from subject matter experts and relevant stakeholders.

The Federal Ministry of Health in collaboration with relevant stakeholders facilitated the process of the enactment of the National Mental Health Act. This law aims to promote and protect the rights of persons with mental health conditions, intellectual, psychosocial or cognitive disabilities, and to promote the enhancement and regulation of mental health services in Nigeria. Furthermore, the publication of this document shows the Nigerian government's continuous commitment as a strategic step in addressing the rising burden of MNS disorders and emerging mental health issues in the country.

I, therefore, encourage all healthcare practitioners and facilities to take advantage of this opportunity to improve their standard of care for people with mental health conditions in Nigeria. Also, this publication contributes to the government's effort to bring hope and succour to those affected by MNS disorders.

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ACKNOWLEDGEMENT

We are very delighted that the National Mental Health Policy for Nigeria has become a reality, despite the challenges that slowed down the process.

Our sincere gratitude goes to all stakeholders, who committed time and other resources towards development of this document.

The leadership role of the former Head, Department of Public Health; Dr. M.O. Alex-Okoh, the coordination of the process by the hardworking team of the National Mental Health Programme, ably led by Dr Ojo Tunde Masseyferguson and the contributions of the other officers from the Federal Ministry of Health, especially, Department of Family Health, Department of Health Planning Research and Statistics, Department of Food and Drugs and Department of Hospital Services, National Primary Health Care Development Agency, Nigeria Police Force, Federal Ministry of Finance Budget National Planning, Federal Ministry of Women Affairs and Social Development, Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development, National Human Rights Commission, National Orientation Agency, Federal Ministry of Justice, Federal Ministry of Education, Professional Bodies(Association of Psychiatrists in Nigeria (APN); Association of Medical Social Workers of Nigeria (AMSWON); National Association of Clinical Psychologists (NACP); Association of Psychiatric Nurses of Nigeria (APNON); Association of Public Health Physicians in Nigeria(APHPN); Association for Child and Adolescent Psychiatry and Allied professions in Nigeria (ACAPAN), all the Federal Neuropsychiatric Hospitals in Nigeria, the Academia's, Civil Society and Non-Governmental Organizations (The Leprosy Mission Nigeria; Nigerian Mental Health; Mental Health with Ditty; Mandate Health Empowerment Initiative; Secure D Future;), International Development partners (World Health Organization, International Organization for Migration, Africa Centres for Disease Control and prevention, Clinton Health Access Initiative, CBM Global Disability Inclusion), and persons with lived experience.

A special note of thanks goes to the World Health Organization (WHO) for the significant financial and human resource contributions towards the developing and finalising of this document and our profound gratitude goes to Clinton Health Access Initiative (CHAI) for supporting the validation, and International Organisation for Migration (IOM) for supporting validation and printing of this document.

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EXECUTIVE SUMMARY

Background

The first National Mental Health Policy in Nigeria was adopted by the Federal Government in 1991 and served as the impetus needed for subsequent reforms in the Nigerian mental health system. The 2013 revision of the policy reaffirmed the commitment of the Nigerian government and peoples to optimal mental wellbeing of all persons in Nigeria. However, it has become imperative to revise the National Mental Health Policy again to respond to newer local and global threats to population mental wellbeing, such as COVID-19 pandemic, climate change, economic and social inequalities, as well as poverty and insecurity, among others. This revision also aims to reflect the global political commitment to mental health as well as new knowledge of interventions for population mental health that have emerged in the last decade. Nigeria, like other nations of the world, recognizes the link between mental health and development as enunciated in the Sustainable Development Goals, the national economic cost and personal suffering occasioned by untreated mental health conditions, the right of every person in Nigeria to health, including mental health, as well as the fundamental human rights of persons with mental health conditions. The current policy aligns with the overall health sector development agenda in Nigeria and could not have come at a more opportune time, with the passage of the National Mental Health Act in 2021, which provides the main legal framework for the policy. This policy revision was a collaborative process initiated by the National Mental Health Programme, Federal Ministry of Health, with contributions from a wide range of stakeholders.

Vision, Mission, Guiding Principles and Overarching Goal

Vision: A nation where optimal mental health and wellbeing of all persons is guaranteed.

Mission: The mental health and wellbeing of every Nigerian shall be continually improved throughout the lifetime through the provision of quality, accessible, affordable, and evidence-based promotive, preventive, and curative mental health services, with the active participation of members of the community and all stakeholders relevant to mental health.

Guiding Principles: mental health as an integral part of general health; citizenship and non-discrimination; human rights, social justice and equity; accessibility and availability; community participation; intersectoral collaboration; mainstreaming' comprehensive care.
Overarching goal: To strengthen Nigeria's mental health system, particularly at the primary health care level, to deliver effective, efficient, equitable, accessible, affordable, acceptable, person-centered and recovery-based mental health services, particularly community-based mental health services, to all persons in Nigeria.

Legal Framework

The policy is set within the framework of the National Health Policy 2016 and is subject to the Constitution of the Federal Republic of Nigeria 1999, the National Health Act 2014 and the National Mental Health Act 2021. It is consistent with and supported by existing legislations and international conventions that the Federal Republic of Nigeria is signatory to.

Areas for Action

The policy contains several areas for action derived from the WHO building block and other priority areas agreed to by all stakeholders, and these include: Leadership and Governance, Organization of Services; Mental Health Financing; Human Resources and Training;

Psychotropic Medications; Mental Health Information System; Monitoring and Evaluation; Mental Health Research; Human Rights and Inclusion in Social Life; Advocacy; Intersectoral Collaboration; International Collaboration; Vulnerable Groups; Public Health Emergencies and Humanitarian Crises; Prevention of Premature Mortality and Suicide Prevention; Alcohol and Substance Abuse; and Intellectual Disability. Policy actions were developed for each of these areas for action to ensure that the mental health system is sufficiently strengthened to ensure optimal mental wellbeing of all persons in Nigeria, through the participation of members of the community, as well as through intersectoral and multisectoral collaboration. The implementation of these actions is expected to assure all persons in Nigeria of access to quality promotive, preventive, curative and rehabilitative mental health care, as well as financial protection for the vulnerable and the achievement of the SDGs in Nigeria.

Implementation Framework

The coordination and monitoring of this Policy shall be the responsibility of the Department of Mental Health Services, Federal Ministry of Health, in collaboration with all stakeholders. It shall be implemented across Federal, State and Local Government Levels, through policy dissemination, state-level adoption of policy, development of strategic plans and engagement of stakeholder across all levels.

Roles of Stakeholders

Stakeholders were identified and their roles and responsibilities in the implementation of this policy have been spelt out in this document. The stakeholders span across the mental health system, the broader health sector as well as other sectors and partners.

Conclusion

The successful implementation of the National Mental Health Policy 2023 requires the cooperation of all tiers of government as well as the engagement of all stakeholders for its implementation. It also requires adaptation to state and local government contexts as well the development and implementation of strategic plans at all levels.

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GLOSSARY OF TERMS

Community-Based Care: Care that is provided outside of institutional and hospital settings, as near as possible to the places where people live, work and study.

Community Mental Health Services: Services based outside of hospitals and institutions and is focused on meeting the needs of people living with mental health conditions and of their families, and that potentially include community mental health centres or teams, as well as peer support services, psychosocial rehabilitation programmes and, where feasible, supported living through small-scale residential facilities.

Disability Adjusted Life Year (DALY): A measure of disease burden that combines years of life lost due to premature mortality (YLL) and years of life lost to disability (YLD). One DALY represents the loss of one year of full health.

Mental Health: A state of mental well-being that enables people to cope with the stresses of life, to realise their abilities, to learn well and work well, and to contribute to their communities. Mental health is an integral component of health and well-being and is more than the absence of mental disorder.

Mental Health Condition: A broad term covering mental disorders and psychosocial disabilities. It also covers other mental states associated with significant distress, impairment in functioning, or risk of self-harm.

Mental Disorder: A mental disorder is a syndrome characterised by clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes that underlie mental and behavioural functioning. These disturbances are usually associated with distress or impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Psychosocial Disability: Disability that arises when someone with a long-term mental impairment interacts with various barriers that may hinder their full and effective participation in society on an equal basis with others. Examples of such barriers are discrimination, stigma and exclusion.

Reasonable Accommodation: Reasonable accommodation is any modification or adjustment to a job or the work environment that will enable an applicant or employee with a disability to participate in the application process or to perform essential job functions. Reasonable accommodation also includes adjustments to assure that an individual with a disability has rights and privileges in employment equal to those of employees without disabilities.

ABBREVIATIONS AND ACRONYMS

Abbreviations/ Acronyms	Meaning
BHCPF	Basic Health Care Provision Fund
CHIPS	Community Health Influencers, Promoters and Services
CBOs	Community Based Organizations
CHOs	Community Health Officers
CME	Continuing Medical Education
CPD	Continuing Professional Development
DALY	Disability Adjusted Life Year
DHPRS	Department of Health Planning, Research and Statistics
EC	European Commission
FMOH	Federal Ministry of Health
HCW	Healthcare Workers
HIV	Human Immunodeficiency Virus
IOM	Institute Of Medicine
LGA	Local Government Area
MHC	Mental Health Conditions
MHP	Mental Health Programme
DMHS	Department of Mental Health Services
NCDs	Non-communicable diseases
NTDs	Neglected Tropical Diseases
NMHA	National Mental Health Act
NHIS 2	National Health Information System 2
NHMIS	National Health Management Information System
PHC	Primary Health Care
NPHCDA	National Primary Health Care Development Agency
PHCW	Primary Healthcare Workers
SPHCDB	State Primary Health Care Development Board
MNS	Mental, Neurological and Substance abuse
TFH	Traditional/Faith Healers
WHO	World Health Organisation

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TABLE OF CONTENTS

CHAPTER ONE: BACKGROUND

Introduction

Mental health conditions have been described in populations around the world for hundreds of years, but the earliest official documentation of orthodox mental health care services in Nigeria was in the late 19th century, in reports stating that persons with mental health conditions were sent for treatment in neighbouring Sierra Leone, as there were no institutions in the country for the orthodox treatment of persons with mental health conditions[2]. Beginning from 1907 (starting with the establishment of a psychiatric asylum in Calabar), several psychiatric hospitals began to be established across Nigeria. However, it was not until 1991 that the first National Mental Health Policy for Nigeria was adopted by the Federal Government of Nigeria. While the impact of the policy was at best, minimal [3]it served as the needed impetus for reform in the Nigerian mental health system. The 1991 policy recognised the need to revise the then obsolete laws relating to persons with mental health conditions in Nigerian statutes, as well as stating explicitly that "…*individuals with mental, neurological and psychological disorders shall have the same rights to treatment and support as those with physical illness and shall be treated in health facilities as close as possible to their own community" and that "no person shall suffer discrimination on account of mental illness".* Importantly, in line with major reforms in the larger health sector, the 1991 policy firmly places the provision of mental health services at the Primary Health Care (PHC) level.

The 2013 National Policy for Mental Health Services Delivery in Nigeria updated the 1991 policy, addressed some of its shortcomings and made a number of wide-ranging policy recommendations spanning the entire mental health system, while reaffirming the commitment of the Nigerian government and peoples to the provision of quality mental health services that are accessible and affordable to all persons. The 2013 policy is hinged on the integration of mental health care services at all levels of health care delivery, and very importantly, the primary health care system using the adopted WHO mental health gap (mhGAP) intervention guide.

In the decade since the adoption of the 2013 policy, however, a number of developments, both global and national, have made it imperative for another update of the National Mental Health Policy. Mental, neurological and substance use (MNS) conditions continue be prevalent globally and in Nigeria, yet the vast majority of persons with these conditions remain untreated or undertreated, especially in low- and middle-income countries, including Nigeria[4], partly due to severe scarcity of mental health professionals as well as poor political

[2] Jegede, R. O. (1981). Nigerian psychiatry in perspective. *Acta Psychiatrica Scandinavica*, *63*(1), 45–56.

[3] Gureje, O. (2003). Revisiting the national mental health policy for Nigeria. Archives of Ibadan Medicine, 4(1), 2–4

[4] Gureje et al. Lifetime and 12-Month Prevalence of Mental Disorders in the Nigerian Survey of Mental Health and Well-Being. The British Journal of Psychiatry 2006, 188, 5.

will and commitment to population mental health. Mental health is now increasingly being re-affirmed as a basic human right, and every person is entitled to "the highest attainable standard of mental health, including the need to be protected from mental health risks, the right to available, accessible, acceptable good quality care, as well as the right to liberty, independence and inclusion in the community"[5]. This right is guaranteed in the constitution of the Federal Republic of Nigeria (1999) and is enshrined in several international conventions and declarations which Nigeria is signatory to[6]. Furthermore, the Mental Health Act was signed into law and gazetted in 2022, a significant step in the commitment of the government and peoples of Nigeria to mental health and mental health service provision in Nigeria. This Act addresses mental health governance by establishing a department of mental health services within the Federal Ministry in charge of health to provide coherent, rational and unified response to the delivery of mental health services in Nigeria, and promote and protect the fundamental human rights and freedom of all persons with mental health conditions, and ensure that their rights are guaranteed. Hence, the needs for a revision of the current policy framework to deepen these commitments and ensure that the department of mental health services provide the leadership for a multi-sectoral and multidisciplinary approach to mental health care for the country.

Furthermore, there have been major advances in the understanding of the burden and determinants of mental health conditions globally, as well as qualitative, accessible, affordable and cost-effective interventions for them. There has also been renewed global political commitment to mental health, probably the most important being the adoption in 2012 of resolution WHA65.4 by the 65th World Health Assembly on the global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level[7] in member countries. It is only fitting therefore that a revision of the 2013 policy is carried out to reflect these realities and trends. The current policy will deliver on the global and national aspirations of delivering quality mental healthcare to Nigerians by focusing on strengthening the mental health system building blocks and addressing other emergent issues relevant to mental health, in order to reduce the burden of mental health conditions in Nigeria. The policy is intended to promote the mental health of all persons in Nigeria, improve access to humane and evidence-based care and improve mental health services. It is pertinent to note that translating this policy into action would require an accompanying comprehensive mental health plan and strategic framework. Good quality community-based services with hospital support have been shown to be the most effective form of comprehensive mental health care. The Federal Ministry of Health is committed to the provision of evidence-based care through the expansion of accessible, decentralised services in Nigeria, which will address the mental health access gap that currently exists in the country.

[5] World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

[6] For example, the Sustainable Development Goals.

[7] World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO

This policy has chosen to continue to use the term Mental, Neurological and Substance Use (MNS), because of the considerable overlap amongst these conditions and because the services for them exist in the same settings in Nigeria. Similarly, in this document, where the term “mental health conditions" is used, it should be understood to mean “Mental, Neurological and Substance abuse (MNS) conditions", and “mental health” should be understood to cover MNS health and well-being.

Understanding Mental Health and Wellbeing

According to the World Health Organisation (WHO), “health is a state of complete physical, ***mental*** and social wellbeing, and not merely the absence of infirmity[8].” It is obvious from the above, that mental health is an essential component of health, and has been defined as a “state of wellbeing whereby individuals recognise and realise their abilities, are able to cope with the normal stresses of life, work and study productively, and contribute meaningfully to their communities”[9]. Mental ill health is more than an absence of symptoms of mental illness or distress. Mental wellbeing refers to a positive sense of wellbeing and a belief in our own worth and dignity and the worth of other people. Positive mental health includes the capacity to perceive, comprehend and interpret our surroundings, to adapt to them and to change them, if necessary, to think and speak, and to communicate with one another. Mental health also affects our ability to cope with and manage change, transition and life events: the birth of a child, unemployment, bereavement or physical ill health. Mental wellbeing is mediated by the quality of interaction with others, societal structures and resources, and cultural values. From the foregoing, it is clear that mental health is crucial to personal, community and socio-economic development. Mental health and wellbeing are therefore issues of everyday life and should be of interest to every citizen and every employer, and to all care, education and administration sectors. Mental health is influenced, enhanced and jeopardised in families and schools, on the streets and in workplaces – where people can feel safe, respected, included and able to participate, or may be in fear, be marginalized and excluded. It is the result of, among other things, the way we are treated by others, and the way we treat other people and ourselves. Mental health promotion is therefore relevant to everyone.

Mental Illness and its Consequences

When mental health is impaired and individuals lack access to appropriate support, mental wellbeing is compromised. Depending on the type and severity, mental health conditions can disturb individuals’ thoughts and emotions, change behaviours, compromise physical health and disrupt relationships, education and livelihood. A **mental disorder** is characterised by significant disturbance in an individual’s cognition, emotion, or behaviour and is usually associated with distress or impairment in personal, social, educational, occupational and other important areas of functioning. ***Mental health condition*** is a much broader term covering mental disorders and psychosocial disabilities, as well as other mental states

[8] World Health Organisation. (2023). Constitution of the World Health Organization. Retrieved September 23, 2023, from https://www.who.int/about/governance/constitution

[9] WHO (2001). Strengthening mental health promotion. Geneva, World Health Organization (Fact sheet, No. 220).

associated with significant distress, impairment in functioning or risk of self-harm. It is important to note that while the term *mental disorder* describes discrete and specific conditions for practical clinical and epidemiological purposes, mental health is not a binary state. Rather it exists on a complex continuum, with experiences ranging from optimal state of wellbeing to debilitating states of great suffering and emotional pain. Mental health issues and challenges are therefore experienced differently from one person to the next, with varying degrees of difficulty and distress, and potentially different social and clinical outcomes.

The consequences of poor mental health can be seen in a wide range of health, social and economic problems. One of the reasons for the low level of investment in mental health promotion is the global failure to make the links between mental wellbeing and social functioning and productivity. Not only can living with a mental health condition cause personal suffering to individuals, it can also impose a significant financial burden on individuals and households. Persons with mental health conditions are often stigmatised discriminated against and denied basic rights, including access to care. Mental illnesses can also result in interrupted or unfinished education and unemployment.

Risk Factors, Protective Factors and Social Determinants of Mental Health

Mental health conditions are a result of various predisposing factors (e.g., early childhood experiences), precipitating factors (e.g., stressful life events), social support and individual resources (e.g., self-esteem) and experiences. Socio-economic factors, notably; education, employment, income distribution and housing play an important role. Psychological variables (e.g., levels of self-esteem) and life skills (e.g., communication, negotiation and conflict management) have a significant influence on the impact of socio-economic factors and individual, family or community responses to trauma or stressful life events. The impact of risk factors for mental health conditions, for example bereavement, a family history of psychiatric disorder or unemployment, can be reduced by strengthening factors known to protect mental well-being. Many risk factors for MNS conditions are difficult to address, notably those arising from political conflicts, long term economic problems or natural disasters. A strategic framework for mental health promotion therefore needs to achieve a balance between reducing risk factors and strengthening protective factors which can enhance the ability of communities to cope with and survive difficulties.

Burden of Mental Disorders

Mental, neurological and substance use disorders are common in Nigeria as they are everywhere else in the world, and contribute to disability, mortality, loss of economic productivity and poverty. About one in eight persons around the world is living with a mental disorder[10]. Many of these conditions are also chronic, requiring long- term commitment to treatment. As a result, they are an important cause of disability. Poor mental

[10] Institute of Health Metrics and Evaluation. Global Health Data Exchange (GHDx), (https://vizhub.healthdata.org/gbd-results/, accessed 14 May 2022)

health contributes to physical diseases and to poor compliance with prevention and treatment programmes. Mental ill health is also a major contributor to mortality for a variety of reasons, and suicide is the tenth leading cause of death in the world.

In 2019, mental, neurological and substance use (MNS) disorders together accounted for 10.1% of Disability Adjusted Life Years (DALYs) worldwide, mental disorders accounted for 5.1% of the global burden of diseases, neurological conditions 3.5% while substance use disorders accounted for 1.5%[11]. In Nigeria, *Gureje* and colleagues estimated the lifetime and 12-month prevalence of mental disorders to be 12.1% and 5.8% respectively, with only around 10% of those with seriously disabling mental health conditions receiving any treatment within the previous 12 months[12]; these estimates date back to 2006. With increasing prevalence of many of the population determinants of mental health in Nigeria in the last few decades and COVID-19 pandemic, it is not unlikely that these figures are now gross underestimates. There is evidence that depression is particularly common among Nigerian elderly, with over 7% reporting major depressive disorder in a 12-month period and over 25% reporting same in the course of a lifetime[13].

Neuropsychiatric and substance use disorders can have a major impact on the quality of life as well as social and economic viability of families, communities, and the nation. For example, economic cost of mental disorders to the Nigerian society was estimated to be 166 million US Dollars in 2012[14]. The costs of not addressing mental disorders efficiently and effectively in Nigeria arise from:
Lost productivity from people with mental health conditions being unable to work, in the short, medium or long term.

Reduced productivity from people being ill while at work.
Cost of accidents by people with certain mental health conditions (especially people responsible for the safety of others like bus drivers, factory workers). Nigeria, with rates of road traffic accidents among the highest in the world, probably owes this to the misuse of alcohol and other psychoactive substances by road users who are not restrained by the absent prospects of random checks by law enforcement agents for the detection of such substances in their system.

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[11] Global Health Estimates 2019: disease burden by cause, age, sex, by country and by region, 2000-2019. Geneva, World Health Organization; 2020 (https://www.who.int/docs/default-source/gho-documents/global-healthestimates/ghe2019_daly_global_2000_2019106cc197-7fec-4494-9b12-64d11150302b.xlsx?sfvrsn=ab2e645c_9, accessed 25 March 2022).

[12] Gureje O, Adeyemi O, Enyidah N, Ekpo M, Udofia O, Uwakwe R, Wakil A. Mental disorders among adult Nigerians: risks, prevalence and treatment. In: The WHO World Mental Health Surveys (eds. Kessler RC and Ustun TB.). Cambridge University Press, 2008; pg 211-237, WHO

[13] Gureje, O., Kola, L., & Afolabi, E. (2007). Epidemiology of major depressive disorder in elderly Nigerians in the Ibadan Study of Ageing: A community-based survey. Lancet, 370(9591), 957–964.

[14] Esan, O. B., Kola, L., & Gureje, O. (2012). Mental disorders and earnings: Results from the Nigerian National Survey of Mental Health and Well-Being (NSMHW). *The Journal of Mental Health Policy and Economics*, *15*(2), 77–82.

Supporting dependents of the mentally ill person. Unemployment, alienation, and crime in young people whose childhood problems (e.g. depression, conduct disorder) were not sufficiently well addressed for them to benefit fully from the education available.

Cost of not properly addressing the consequences of dyslexia, epilepsy, mild intellectual disability and other special educational needs in childhood.
Poor cognitive development in the children of mentally ill parents.
Higher costs incurred if disorders are not addressed early and if they remain untreated.
Lost productivity from premature deaths from suicide.

Current Mental Health Services

Presently, government services are provided mainly in tertiary Institutions (Federal Neuro-psychiatric Hospitals and Psychiatry departments in University Teaching Hospitals and Federal Medical Centres). Some States have specialist psychiatric hospitals and psychiatry units in General Hospitals. The focus of all these services is in urban areas, which makes access to care difficult for the majority of the population, most of whom live in rural areas.

There are currently less than 300 psychiatrists in the country (less than 1 per 1 million populations) and very few neurologists, with many specialists leaving the country to work abroad. Available data indicate that there are around 5 psychiatric nurses per 100,000 population and only very few other mental and neurological health professionals like clinical psychologists, social workers, neuro-physiotherapists, and occupational therapists[15]. The systems that support delivery of mental health services are currently weak, with poor availability of psychotropic medications and lack of incorporation of mental and neurological health measures in the health information system. Weaknesses in mental health services in Nigeria include emphasis on hospital rather than, primary care; treatment rather than prevention, promotion or rehabilitation; specialist expertise rather than family physicians; doctors at the expense of other disciplines; and concentrating health services in the major cities, with little decentralisation across the country to states, local government areas and communities.

Rationale for Policy Review and Investment in Mental Health

There are compelling reasons for nations, including Nigeria, to invest in the mental wellbeing of their citizens, despite limited national resources and competing agenda. These include, but are not limited to the following:

Burden and consequences of MNS conditions

Mental health conditions are prevalent in all countries including Nigeria and contribute to disability and premature mortality. They are also responsible for significant personal suffering and economic loss, due to loss of productivity, premature mortality and intergenerational transmission of the disadvantages occasioned by untreated mental health conditions. Conversely, optimal mental wellbeing is a resource for individuals, families and

[15] WHO, and Federal Ministry of Health, Nigeria. WHO-AIMS Report on Mental Health System in Nigeria, 2006.

society, with associated improvement in quality of life of persons and national economic prosperity.

Mental Health is a global development concern

Mental health is essential to social and economic development, and neglecting mental health can have a significant deleterious effect on development by reducing productivity, straining social relationships and compounding cycles of poverty and disadvantage. There is a bidirectional relationship between mental health and development. Investing in mental health helps individuals to work productively and contribute to societal development, while addressing social inequalities and economic disadvantages has been shown to advance mental wellbeing. Nigeria is committed to the Sustainable Development Goals (SDG), a global agenda for development. All of the SGDs have direct or indirect bearing on mental health and have mutually reinforcing effects on both mental health and national development.

Newer global and national threats to mental health

In the last few decades, there have been newer global and national threats to population mental health, necessitating renewed political will and investment in mental health. On the global level, these threats include public health emergencies (the most recent being COVID-19 pandemic, with attendant direct and indirect impact on mental health in many countries, including Nigeria), economic and social inequalities, humanitarian emergencies and forced displacement and climate crisis. These are global threats to mental health that have local impact and require local response to protect the population. There are also newer threats to mental health in the country, which include but are not limited to high poverty and unemployment rates, economic difficulties and insurgency, with their impact on mental health and the health system.

Investing in mental health improves physical wellbeing

Investing in mental health not only reduces the societal burden of mental health conditions, it also delivers a wide range of physical health benefits. Physical health conditions can share risk factors with some mental health conditions, and either can be a complication of the other. Therefore, preventing and promoting one is a cost-effective way of preventing the other. Bidirectional links between physical and mental health conditions have been described for NCDs, HIV/AIDS, TB and NTDs[16]. This makes a strong case for integrating mental health into general health and into specific disease programmes, and the need to increase funding for mental health.

[16] World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

Mental health as a priority for the World Health Organization

WHO has had a strong focus on MNS conditions for several decades and has conducted a number of key studies and programmes on MNS. From WHO work, we know that the prevalence of mental disorders is similar across the world (it is a myth that mental illness is only a problem for the developed world). As well as a MNS division in WHO headquarters, there is also an MNS advisor in each WHO Region who supports country developments and inter-country meetings and workshops. In 2001, WHO devoted both its annual health day and its annual health report to MNS, which called for countries to adopt clear MNS policies. This emphasis has subsequently been further developed into major WHO encouragement of the development of MNS policy and legislation. The WHO has since then continued to release *The World Mental Health Report* to draw attention of governments and policy makers around the world to the importance of mental health and wellbeing for patients, their families and societies.

Mental health aligns with overall health sector development agenda

The 2016 National Health Policy expresses Nigeria's commitment to global and local initiatives and declarations, such as the Sustainable Development Goals, which third goal is to ensure healthy lives and promote wellbeing for all at all ages, as well as commitment to Universal Health Coverage and the principles of Alma Ata, among others, as well as to implement the provisions of the National Health Act 2014, all of which express commitment to good health and wellbeing of all Nigerians.

In aligning with the overall national health agenda, the MNS strategy will be linked with and integrated with overall health policy and health sector reform so that there are no inherent conflicts between general health and MNS reforms which might militate against full implementation, and so that the current policy can fully contribute to the achievement of Nigeria's physical and mental health targets. The attainment of the Sustainable Development Goals (SDGs) depends to a large extent on the mental health policy and mental capital of the populace. Reduction of poverty, improvement of maternal and child health, including the promotion of educational attainment in the youths are all influenced by the promotion of mental health and effective treatment of mental disorders when they occur. Therefore, the general health sector strategy will include mental as well as physical health, as will be explicated further throughout this document:

Primary Health Care Policy explicitly includes mental and neurological health.

The Basic Minimum Package of Health interventions include mental and neurological health.
Human resources planning include mental and neurological health.
Basic training, post basic training and continuing professional development for all cadres of health and social care professionals include mental and neurological health.
Public health interventions focus on mental as well as physical health.
The health management information system includes mental and neurological health, mortality indicators include deaths from suicide, and morbidity indicators include morbidity due to mental and neurological illness.

Essential psychotropic medications are available through the standard mechanisms in the health system, and that provision in private pharmacies includes psychotropic medication.
Funding mechanisms (e.g. National Health Insurance Scheme, BHCPF and Federal budget allocations) are designed to ensure inclusion of provision for people with mental and neurological disorders.

Policy Development Process

This policy is a revision and expansion of the 2013 National Policy for Mental Health Services Delivery in Nigeria. The revision was conducted through a collaborative process which included a wide range of stakeholders in mental health in Nigeria. It uses examples from other countries with similarities in social and economic contexts, as well as evidence-based best practice guidelines. The revised policy went through a consultative process with significant input from many stakeholders. These included professional groups, government departments, NGOs and service users.

CHAPTER TWO: SCOPE OF POLICY

Vision

A nation where optimal mental health and wellbeing of all persons is guaranteed.

Mission

The mental health and wellbeing of every Nigerian shall be continually improved throughout the lifetime through the provision of quality, accessible, affordable, and evidence-based promotive, preventive, and curative mental health services, with the active participation of members of the community and all stakeholders relevant to mental health.

Guiding Principles

PRINCIPLES	VALUES
Mental health is an integral part of general health	At all levels of health care, MNS services should be integrated within general health services To achieve a comprehensive coverage of the population, delivery of MNS care should be firmly established in the PHC setting and any other setting considered appropriate As it is in the provision of physical health, the rights to equality, non-discrimination, dignity, respect, autonomy, information and privacy should be ensured in the provision of mental health care
Citizenship and non-discrimination	No person should suffer discrimination on account of MNS conditions such that their ability to participate in community life is compromised
Human rights, social justice, and equity	The human rights of all persons with MNS conditions should be promoted and protected Health is a human right, and mental health is an inalienable component of health Individuals with MNS conditions should have the same rights to treatment and support as those with physical health conditions
Accessibility and availability	Promotive, preventive, therapeutic, rehabilitative and social re-integration aspects of MNS care should be made available and accessible to all persons All persons with MNS conditions should be treated in health facilities as close as possible to their own community
Community participation	MNS services should be promoted by all healthcare personnel with active participation of members of the community in the planning, delivery, and evaluation of the services
Intersectoral collaboration	Intersectoral collaboration should be fostered among all sectors involved in the overall national development of quality of life, including social development, agriculture,

	education, science and technology, housing, environmental protection, communication, humanitarian and others
Mainstreaming	Mental health should be considered in all legislative, policy, planning, programming, budgeting, and monitoring and evaluation activities of the public sector (including national health, social welfare, education and criminal justice policies) Mental health should be considered across all physical health conditions, and should not be neglected in the provision of physical health services
Comprehensive care	Mental health interventions should be directed at mental health promotion, illness prevention, treatment and rehabilitation

Overarching Goal

To promote the mental health and wellbeing of all Nigerians.

Policy Objectives

To improve the mental health of the Nigerian population, through collaboration between the Ministry of Health and other sectors as well as a multi-sectoral approach to mental health promotion and prevention.

To increase public awareness regarding mental health and reduce stigma and discrimination associated with mental illness.

To improve the quality of life of all persons through access to an integrated, well planned, effectively organised and efficiently delivered mental health care services in Nigeria.

To scale up decentralized integrated mental health services, which include community-based care, primary, secondary and tertiary levels of care.

To empower local communities, especially mental health service users and carers, and non-governmental organisations (NGOs), to participate in promoting mental wellbeing and recovery within their community.

To promote and protect the fundamental human rights and freedom of all persons with mental health conditions and ensure that the rights are guaranteed.
To ensure that the planning and provision of mental health services is evidence-based.

CHAPTER THREE: LEGAL FRAMEWORK

Legislation/Legal Considerations

This policy is set within the framework of the National Health Policy, and is subject to the provisions of the Constitution of the Federal Republic of Nigeria (1999), the National Health Act (2014) as well as the National Mental Health Act (2021). It shall be reviewed every five years or earlier as may be requested by the Honourable Minister of Health or with the emergence of new evidence as it affects mental health. Similarly, relevant laws (legislation, regulations and guidelines) pertaining to mental health conditions; including promotion, prevention, treatment and rehabilitation need to be revised and updated from time to time.

This policy shall be supported by and is consistent with existing legislations and international conventions that the Federal Republic of Nigeria is signatory to. These include, but are not limited to:

The Constitution of the Federal Republic of Nigeria, 1999
The National Health Act, 2014
The National Mental Health Act, 2021
Discrimination against persons with disability (prohibition) Act, 2018
Child Rights Act, 2003
National Drug Formulary and Essential Drugs List Act, 2008
United Nations Convention on the Rights of Persons with Disabilities , 2006
African Charter on Human and People's Rights, 1981

CHAPTER FOUR: AREAS FOR ACTION

4.1. Leadership and Governance

4.1.1. Department of Mental Health Services

The Department of Mental Health Services (DMHS) is established in the Federal Ministry of Health by the provisions of the Mental Health Act and shall be headed by a Director, preferably a specialist in mental health care. This officer will be responsible for the oversight of all mental health activities and initiatives, and coordination of same across Federal, State and Local Government levels, including the implementation and administration of the provisions of the National Mental Health Act (Department of Mental Health Services) and the National Mental Health Policy, as well as perform governance and accountability functions in order to achieve effective and efficient use of human and financial resources. Similar structures shall be established at all the 36 State and FCT Ministries of Health.

4.1.2. Roles and Responsibilities of the Department of Mental Health Services

As specified in the Department of Mental Health Services, the Department of Mental Health Services shall:

Provide coherent leadership for a multi-sectoral and multidisciplinary approach to the implementation of this policy.

Propose legislations and policies for mental health conditions and facilitate their approval and implementation.

Develop and periodically update a comprehensive and integrated national plan and programme on mental health to implement the provisions of the Department of Mental Health Services and this policy.

Promote the rehabilitation and integration of persons with mental health conditions into the community and the adoption of community- and family-based care and support systems for persons with mental health conditions as appropriate.

Formulate and review guidelines related to mental healthcare at all levels of care.

Promote and facilitate collaboration among agencies and disciplines and support the strengthening of the community and facility linkages of mental health services.

Conduct regular monitoring and evaluation in support of policy formulation and planning on mental health related issues.

Provide for and collaborate with relevant regulatory bodies to ensure the licensing, accrediting, development and implementation of minimum standards for the delivery of mental health services in Nigeria.

Ensure and guarantee the fundamental rights and safety of persons with mental health conditions and protect them from discrimination and stigmatization.

Facilitate access to educational, vocational and leisure opportunities within mental health care facilities.

Ensure integrated multidisciplinary services.

Maintain a national directory of mental health care facilities accredited for the admission and treatment of persons with mental health conditions.

Conduct regular inspection of mental health care facilities to ensure compliance with the guidelines for the treatment and care of persons with mental health conditions and prescribed standards.

Support the development of community-based programmes for the care and rehabilitation of persons with MNS conditions where appropriate.

Routine data collection and promote research, analysis and dissemination of information on mental health conditions in Nigeria.

Carry out sensitisation programmes and promote access to information on the rights, care and management of persons with mental health conditions.

4.1.3. Divisions and Units under the Department of Mental Health Services

The Department shall create under it such divisions, branches and units as would enable it to deliver effectively on its mandate as specified in the Mental Health Act. As the need arises, the Department may also constitute an ad hoc committee(s) to address emergent issues outside the defined roles of the units and divisions, with membership and roles assigned by the Department.

4.2. Organisation of Services

There is a need to organise mental health services to deliver effective, humane, person-centred, recovery-based, acceptable and accessible care that gives priority to reducing stigma in an efficient mental health system. To this end, in line with WHO recommendations and as provided for in the NMHA, the following reforms and actions shall be undertaken:

4.2.1. Optimal mix of different mental health services

Individual's mental health needs vary widely in intensity and duration; therefore, a wide range of high-quality mental health services, including preventive, promotive, curative and rehabilitative care, will be provided in different settings in the community and across the three levels of health care, and resources will be allocated to them such that the most frequently needed services receive higher funding priority. The services most needed in order of decreasing magnitude include self-care management, informal community care, and community-based mental health services provided by PHC workers, followed by psychiatric services based in general hospitals and lastly specialist mental health services (Fig 1).

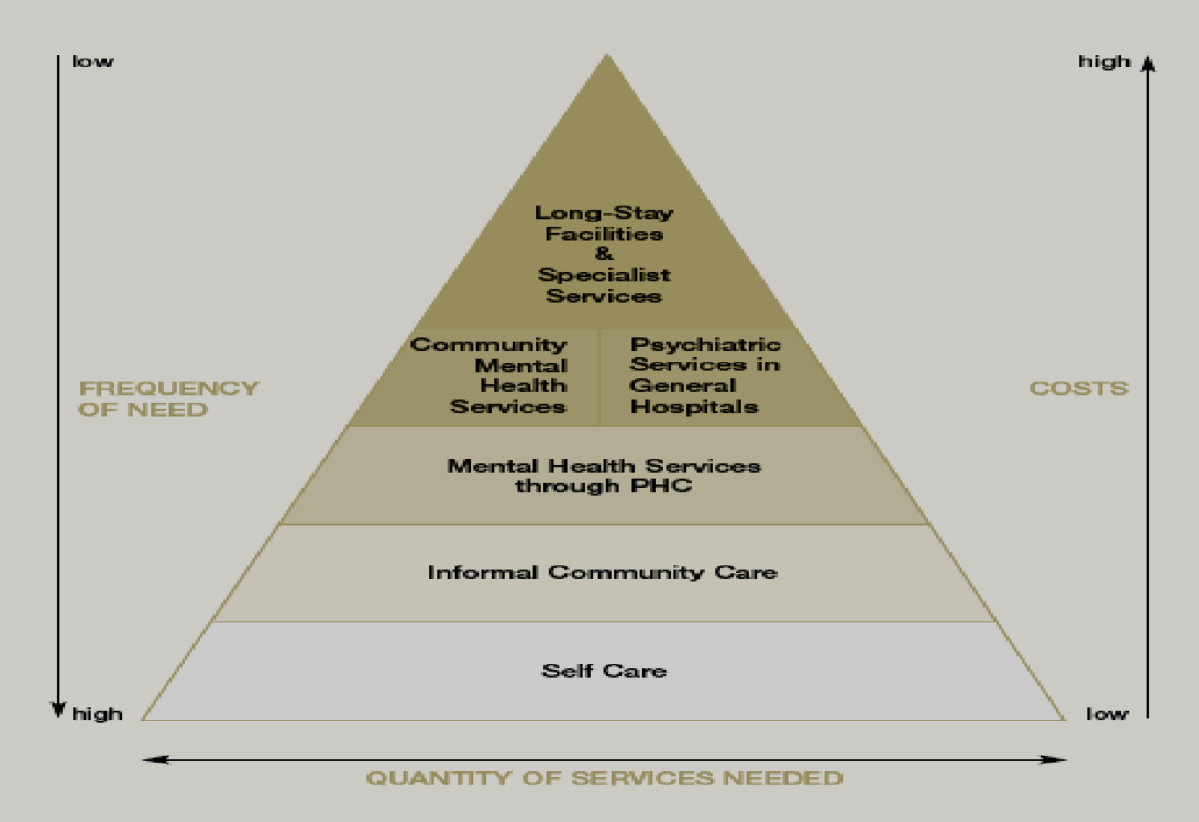

Figure 1: Optimal mix of different mental health services (Source: WHO)

4.2.2. Community-based mental health services

In keeping with global standards and local values, persons with MNS conditions shall be cared for as close to home as is compatible with health and safety of the public, and in as least restrictive an environment as possible, with due regard to their rights as human beings and respect for their dignity, religion and culture. To achieve this, mental health services will be accessible as close as possible to where individuals live, work and receive general health care and will be decentralised such that there is a gradual departure over time from institutionalised care in large mental health facilities to ***community-based mental health care***. Community-based mental health system is a network of interconnected services that includes a mix of 1) ***community mental health services*** 2) ***mental health services integrated in general health care*** 3) ***services that deliver mental health care in non-health settings and support access to key social services*** (Fig 2)

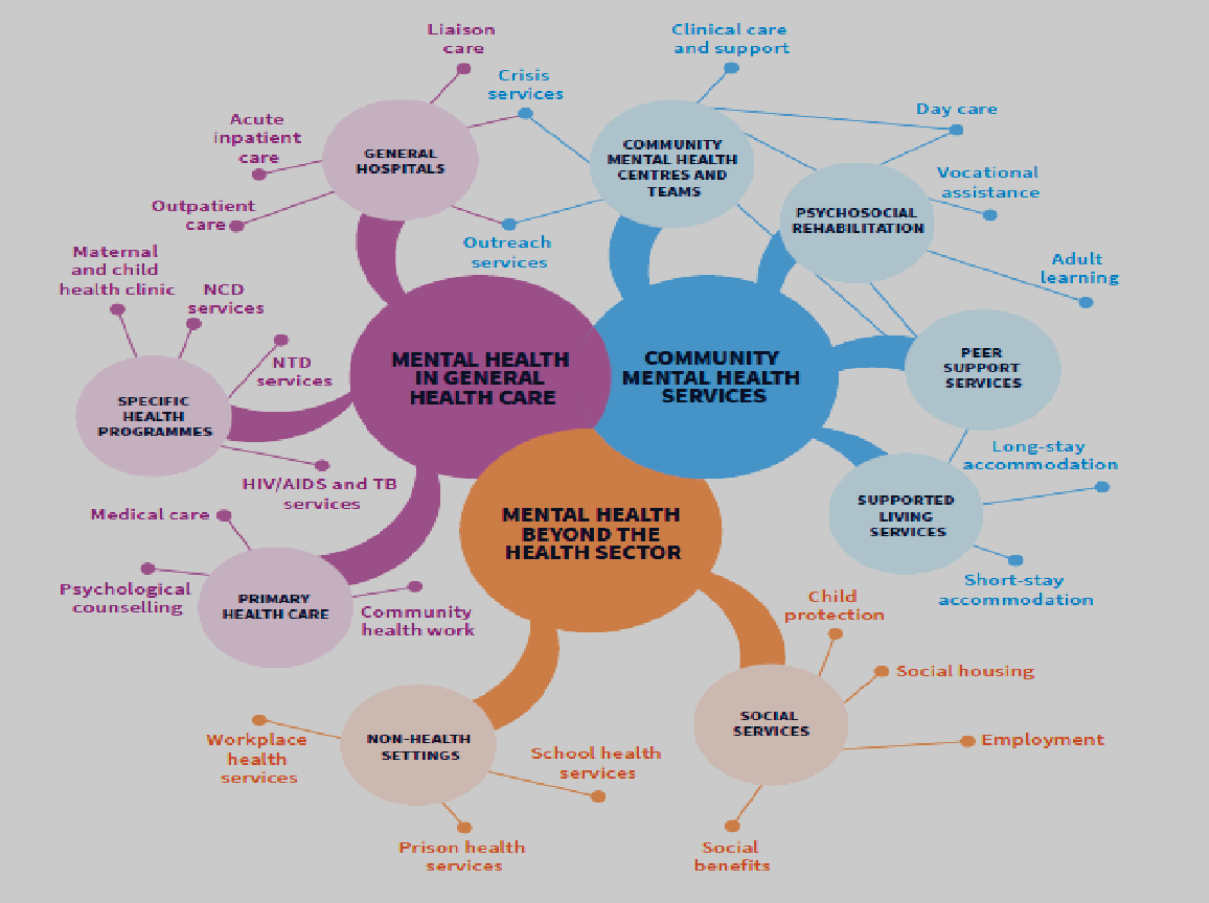

Figure 2: Network of Community-based mental health services (Source: WHO)

4.2.3. Mental Health in General Health Care

The Nigerian health system is conveniently organised into primary, secondary and tertiary levels of care. For a seamless delivery of mental health services in line with the National Mental Health Act, the following reforms shall be undertaken across all levels of care:
Integrate mental health services into general health care at all levels of care in line with guidelines established by the DMHS.

Make provision for acute in-patient care for persons with MNS conditions at every federal neuropsychiatric hospital, teaching hospital, general hospital and federal medical centres while discouraging unnecessary long-term institutionalisation as provided in the NMHA.
Provide for outpatient mental health care at every federal neuropsychiatric hospital, teaching hospital, general hospital and federal medical centres.

Provide for multidisciplinary services including occupational therapy service, social service and psychological service at every facility where persons with MNS problems are treated.
Hospital admissions shall be provided for those in need but for as short a duration as essential, and preferably on a voluntary basis except where otherwise permitted by the application of the appropriate sections of the NMHA.

Integrate mental health into disease-specific programmes including HIV, Tuberculosis (TB), neglected tropical diseases (NTDs), non-communicable diseases (NCDs), maternal and child health, sexual and reproductive health programmes, and adolescent health programmes.
DMHS, in consultation with relevant stakeholders, shall strengthen the referral process across all levels of care by developing clear procedures for upward and downward referral, according to standards established by Federal and States Ministries of health.

DMHS, in consultation with relevant stakeholders, shall prepare and update evidence-based guidelines which are tailored to the Nigerian context for primary health care and higher levels of care.

4.2.4 Mental Health in Primary Health Care Setting

Mental health conditions are common in Nigeria, as they are globally, yet there is severe scarcity of specialist mental health personnel all over the world, and especially in low- and middle-income countries like Nigeria. Therefore, most people with MNS conditions will need to be seen by members of the primary health care team. In line with the National Health Policy, which states that "primary healthcare shall remain the basic philosophy and central focus for national health development", MNS care will be integrated into primary health care in order to make MNS services accessible and affordable to all who need it. The PHC shall be strengthened in the following areas:

Specified mental health interventions shall be included in the core services provided at the PHC and will include task sharing/task shifting approaches whereby non-doctors/non-specialists are trained to deliver evidence based mental health and psychosocial support services as interventions for persons with MNS conditions. These services shall include:

Medication monitoring and psychosocial rehabilitation within a recovery framework for severe mental health conditions;

Detection and a stepped approach to management and referral of common mental disorders (anxiety and depression) in PHC clinics;

Detection and management of other priority conditions, including child and adolescent mental health conditions, in PHC clinics and at the community level (e.g., schools), and referral where appropriate;

Routine screening for mental health conditions during pregnancy, and a stepped approach to management and referral.

Provide clinical protocols for assessment and interventions of mental health conditions at the PHC level.

Healthcare workers at the PHC, including medical officers of health, nurses and midwives, psychologists, medical social workers, counsellors, health educators (where available), community health officers (CHOs) and community health extension workers (CHEWs) shall have basic and continuing training in the assessment, diagnosis, management and referral of mental health conditions.

Specialist multidisciplinary teams established by secondary and tertiary centres shall support non-specialist PHC teams and community-based workers.
Supportive supervision shall be provided at different levels within the PHC system by trained senior PHC workers.

PHCs shall be supported to provide outreach programmes to client homes and provide support to informal community mental health services provided by self-help groups and peer groups. Community aspects of the PHC system shall be engaged to ensure community-level health promotion, surveillance, referral and follow-up.

4.2.5. Mental Health in Secondary Health Care Setting

Inpatient and outpatient mental health services shall be established in every State general hospital and State University Teaching Hospital to increase access to psychosocial treatments alongside good quality medical care.

Facilities at this level of care shall be provided with adequate medications, and other equipment necessary to provide MNS services.

High quality standards and good practice guidelines at this level of care shall be developed and periodically reviewed by the DMHS in consultation with relevant stakeholders.

Every state of the federation and the FCT shall develop their MNS services to the highest degree possible by:
Ensuring that every State and the FCT has at least three psychiatrists in its employment that shall have the responsibility of service development with the support of other mental health professionals.

Ensuring that States without a mental health hospital establish inpatient and outpatient units at their general hospitals. Mental health training programmes for general health staff shall be conducted at this level of care.

4.2.6. Mental Health in Tertiary Hospital Setting

Inpatient and outpatient psychiatric services will be established in every Federal Medical Centre and University Teaching Hospital.
Children and adolescents' mental health services will be provided at this level of care; needs of this population will also be assessed periodically, and regular referral pathways will be developed for child and adolescent services. There will be improved liaison with schools, with adequate guidelines for engagement.

Community rehabilitation and support services and interventions will be established in every state of the federation and FCT, and will be closely linked to community mental health teams affiliated to tertiary level of care.

Specialist MNS services for the elderly in each state will be available to assess service needs of the elderly population and incorporate this into training and service guidelines.

Specialist substance abuse services will be strengthened at this level of care to provide preventive and curative services.

General hospitals will be provided with MNS expertise to improve the mental health outcomes of people with physical illness.

Federal Psychiatric hospitals will play additional supporting roles to the other levels of care thus:
Establish liaison services with the Federal Medical Centres/ Teaching Hospitals in their geopolitical zones.

Establish and run the clinics in the state general hospitals.

Establish inter-sectoral liaison at state levels so as to ensure other sectors include mental health in planning and implementation of their services.
Support Local Governments in provision of mental health services in Primary Health Care system through advocacy for investment in services at this level, and training and supervision of relevant staff on an ongoing basis

Offer expert input into state medical, nursing and community health officer training programmes, particularly practical experience.

4.2.7. Mental Health Services in Private Facility Setting

Mental health services provided in private hospital settings shall conform to standards set by the DMHS and States Ministry of Health.

Private services, particularly where there are Public Private Partnership initiatives, will be supported by government through training of general staff by mental health professionals at all levels of care, and through linkage and a robust two-way referral system as developed by the DMHS and States Ministry of Health. Most primary care is provided privately and can be an important source of good initial treatment and appropriate referral.
Services organized by NGOs and comparable stakeholders, particularly where they complement health service by empowering people with mental health problems to address social needs, shall also be supported.

4.2.8. Community Mental Health Services

These services focus on meeting the needs of people with mental health conditions and their families in the community. They can be formal or informal community services. Examples of services that can be provided by community mental health centres include:

Treatment (consultations, individual and group therapies, follow-up support, day care, home visits, medication (prescription and supply).

Overnight care (short term emergency care)

Community outreach (awareness campaigns, trainings)

Coordination (across health care levels, and settings; with community partners for housing and social support)

Social inclusion (social and cultural events, educational activities, economic activities)

Support groups (peer support groups, support groups for families)

Caregivers support groups

Several examples of these services already exist in Nigeria[17].

4.2.8.1. Formal community mental health services:

Formal community mental health services include a wide array of settings and different levels of care provided by mental health professionals and people who work alongside professionals in an auxiliary capacity. As provided for in the NMHA (2021), these services include but are not limited to outreach services, home care and support, emergency care, community psychosocial rehabilitation centres and supported housing. They are not based in hospital settings but require working links with secondary and tertiary centres. They work best if closely linked with primary health care centres and informal care providers working in the community; they bring specialised skills and competencies usually found in higher levels of care to primary care and the community. The following priority actions shall be carried out to strengthen care in this setting:

DMHS shall provide a supportive framework for community mental health services.

DMHS through government-owned hospitals shall establish community mental health services and scale them up throughout the country, such that over time, they become the predominant vehicle through which mental health services in the community will be provided in Nigeria. Subsequent downscaling of large centralised psychiatric hospitals can then proceed.

All levels of healthcare shall establish and operate community centres and outpatient clinics that provide mental health services commensurate with available expertise.

Non-governmental organisations, faith-based organisations and other community groups, including self-help and family support groups shall establish these services and shall be eligible for government funding to do so.

[17] Ryan, G. K., Nwefoh, E., Aguocha, C., Ode, P. O., Okpoju, S. O., Ocheche, P., Woyengikuro, A., et al. (2020). Partnership for the implementation of mental health policy in Nigeria: A case study of the Comprehensive Community Mental Health Programme in Benue State. *International Journal of Mental Health Systems*, *14*(1), 10.

DMHS shall support and collaborate with licensed community mental health services run by non-governmental organisations, faith-based organisations and other community groups, including self-help and family support groups.

Secondary and tertiary centres shall establish interdisciplinary community mental health teams to support persons with mental health conditions and their families or carers in the community.
Persons with mental health conditions with practical experiences shall be engaged as peer support workers in the community.

Capacity of service users and their families shall be developed to provide appropriate self-help and peer led services.

4.2.8.2. Informal community mental health services:

These are services provided by local community members. Although these care providers have received little or no formal training in mental health, they can provide much of the required care, especially in settings where people with mental disorders live at home with their families. While these providers do not represent the core of mental health service provision in Nigeria, they represent a readily available and acceptable mental health human resource in rural and isolated communities. Their services can play an important supportive role in improving outcomes for persons with mental health conditions. Providers in this category may include:
Village or community workers
Family members
Self-help and user groups
Advocacy services
Lay volunteers providing parental and youth education on mental health issues and screening for mental disorders (including suicidal tendencies) in clinics and schools
Religious leaders providing health information on trauma reactions in complex emergencies
Day care services provided by relatives, neighbours or retired members of local communities
Humanitarian aid workers in complex emergencies.

While informal community mental health providers do not operate within the governance structures of the formal mental health system, they are bound by the provisions of the NMHA (2021) as it relates to the protection of the human rights of persons with mental health conditions. To improve the quality of services provided by informal community mental health services, and to safeguard the human rights of persons with mental health conditions, the following actions shall be undertaken by the relevant stakeholders:
DMHS, in partnership with relevant stakeholders, shall develop and implement tools for self-help care for the population including the use of mobile technologies (see section on digital mental health services).

Secondary and tertiary centres shall establish interdisciplinary community mental health teams to support persons with mental health conditions and their families or carers in the community.
Informal community mental health services shall have close links with the nearest PHC clinic/centre and/or community mental health teams affiliated to secondary and tertiary level hospitals.

Trained PHC teams and community mental health teams shall develop capacity of service users and their families to provide appropriate self-help and peer led services that meet acceptable safety and quality standards for their setting.

Trained PHC teams and community mental health teams shall provide guidance to groups providing community mental health services on the need to formally register, depending on the nature and complexity of services provided.

DMHS shall licence, support and collaborate with community mental health services run by non-governmental organisations, faith-based organisations and other community groups, including self-help and family support groups.

All NGOs, FBOs and other community groups, including self-help and family support groups who are licensed by the appropriate authority in the 36 States and FCT shall be regulated and supported by the DMHS through the respective State Ministries of Health.

4.2.9. Traditional/Faith Healers in the Provision of Mental Healthcare

Traditional/faith healers (TFH) are currently the first point of contact for many people who develop a mental health conditions and may be the only available mental health service providers in many communities in Nigeria, as in many LMIC[18,19]. TFH are widely available and accessible in the community, as they are in many LMIC, where they outnumber orthodox mental health service providers up to a hundred-fold and have up to 10 times the admission capacity of conventional mental health facilities[20,21]. There are evidence that some patients with common mental health conditions may do well from support from traditional healers, because of the psychotherapeutic benefits of some of their approaches[22,23]Others with more severe illnesses, psychosis and epilepsy are likely to continue to be symptomatic unless assessed and actively treated with more orthodox medicines and therapies. Users of TFH services often express high level of satisfaction with TFH services, indicating that a large proportion of mental health service users will continue to patronise them in the foreseeable future[24].

[18] Gureje O, Nortje G, Makanjuola V, Oladeji BD, Seedat S, Jenkins R. The role of global traditional and complementary systems of medicine in the treatment of mental health disorders. The Lancet Psychiatry. 2015;2(2):168–77.

[19] Esan O, Appiah-Poku J, Othieno C, Kola L, Harris B, Nortje G, et al. A survey of traditional and faith healers providing mental health care in three sub-Saharan African countries. Social Psychiatry and Psychiatric Epidemiology [Internet]. 2018 Nov 19 [cited 2018 Dec 31]; Available from: http://link.springer.com/10.1007/s00127-018-1630-y

One of the major challenges of integrating TFH into countries' formal health system is widespread harmful approaches and human right abuses common in their practices[25]. However, there is evidence that TFH can be trained to eliminate these approaches while delivering care to persons with severe mental health conditions[26]. From the foregoing, it can be concluded that, with a faithful adherence to the provisions of the National Mental Health Act, strong oversight and support from orthodox mental health practitioners, TFH can participate in collaborative care models to improve the quality and safety of care they provide, as well as improve the outcome of persons with mental health conditions. Who would otherwise have received no care at all or poor-quality care? Indeed, such model of care has been demonstrated in a randomised control trial in Nigeria and Ghana to be effective and cost effective and was associated with reduced disability and harmful treatment practices and human rights abuses[27].

In line with the National Health Policy initiative to "…develop and implement measures to standardise and integrate traditional medicine practice into the national healthcare delivery system…" (Section 2.2.1.), TFH shall be integrated into the Nigerian mental health system following the guidelines below:

For the purpose of this policy, the only context in which TFH shall be allowed to provide legally acceptable mental health care is through a collaborative shared care (CSC) model in which orthodox mental health care providers partner with TFH to improve safety and patient outcomes.

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[20] World Health Organization. (2002). *WHO traditional medicine strategy 2002-2005.*

[21] Esan, O., Appiah-Poku, J., Othieno, C., Kola, L., Harris, B., Nortje, G., Makanjuola, V., Oladeji, B., Price, L., Seedat, S., & Gureje, O. (2018). A survey of traditional and faith healers providing mental health care in three sub-Saharan African countries. *Social Psychiatry and Psychiatric Epidemiology*. https://doi.org/10.1007/s00127-018-1630-y

[22] van der Watt A, van de Water T, Nortje G, Oladeji BD, Seedat S, Gureje O, et al . The perceived effectiveness of traditional and faith healing in the treatment of mental illness: a systematic review of qualitative studies. Soc Psychiatry Psychiatr Epidemiol. 2018 Jun 1;53(6):555–66.

[23] Nortje G, Oladeji B, Gureje O, Seedat S. Effectiveness of traditional healers in treating mental disorders: a systematic review. The Lancet Psychiatry. 2016;3(2):154–70.

[24] Ayinde OO, Fadahunsi O, Kola L *et al.* Explanatory models, illness, and treatment experiences of patients with psychosis using the services of traditional and faith healers in three African countries: Similarities and discontinuities. *Transcult Psychiatry* 2021b:13634615211064370.

[25] Ogunwale, A., Fadipe, B., & Bifarin, O. (2023). Indigenous mental healthcare and human rights abuses in Nigeria: The role of cultural syntonicity and stigmatization. *Frontiers in Public Health*, *11*, 1122396. https://doi.org/10.3389/fpubh.2023.1122396

[26] Gureje, O., Appiah-Poku, J., Bello, T., Kola, L., Araya, R., Chisholm, D., Esan, O., Harris, B., Makanjuola, V., Othieno, C., Price, L., & Seedat, S. (2020). Effect of collaborative care between traditional and faith healers and primary health-care workers on psychosis outcomes in Nigeria and Ghana (COSIMPO): A cluster randomised controlled trial. *The Lancet*, *396*(10251), 612–622. https://doi.org/10.1016/S0140-6736(20)30634-6

[27] Gureje O.; Appiah-Poku J.; Bello T.; Kola L.; Araya R.; Chisholm D.; Esan O.; Harris B.; Makanjuola V.; Othieno C.; Price L. & Seedat S. Effect of collaborative care between traditional and faith healers and primary health-care workers on psychosis outcomes in Nigeria and Ghana (COSIMPO): a cluster randomised controlled trial. *The Lancet* **396,** 612–622 (2020).

The overall philosophy of CSC shall be the provision of effective and humane mental health care, spanning prevention, promotion, treatment and rehabilitative care, provided by human resources indigenous to the community, supported and strengthened by trained orthodox health professionals to improve patient safety and health outcomes.

DMHS in collaboration with relevant MDAs and stakeholders shall develop a framework for the operationalization of CSC model with attention to the following:
Awareness of the provisions of the NMHA (2021) as it pertains to human care and human rights;

Recognition, registration and regulation of participating TFH and their professional groups;
Training and retraining of participating orthodox mental health care providers on recognition of mental health conditions, mutual understanding of elements of traditional healing and orthodox mental healthcare, partnership and trust building between collaborating partners and other related matters.

CSC clusters should preferably be one PHC to TFH facility in the PHC's catchment area, with oversight and support from community mental health teams affiliated to the nearest secondary or tertiary hospitals.

DMHS and corresponding departments in the state ministries of health shall have overall oversight and regulation of CSC in terms of operating manuals and periodic supervisory visits to ensure professional standards and accountability.

Governments at all levels shall support and work towards scaling up this model of care.
Appropriate research (especially those aimed at understanding and further developing the utilities of local herbs and other traditional healing approaches shall be encouraged to enable further development of traditional medicine in the service of mental health.

4.2.10. Traditional Birth Attendants in the provision of Perinatal Mental Healthcare
Mental health care, having been integrated into the Reproductive Health Programme, shall lay emphasis on prevention, promotion, early identification, treatment and rehabilitation of women with MHC in the perinatal period. Both specialist and general health staff working in this space shall ensure a partnership with traditional birth attendants similar to that described for TFH to respond to perinatal mental health conditions.

4.2.11. Mental Healthcare beyond the Health Sector

The risk and protective factors for mental health conditions reside where individuals live and work, and different settings provide opportunities for mental health promotion, prevention, treatment and rehabilitation. There already exist health care activities ongoing in different sectors other than health. These existing structures are avenues for integrating mental health care. Mental healthcare will therefore be provided and strengthened in sectors such as correctional facilities, schools and the workplace. Secondly, the Social services sector will be strengthened to provide support to people living with mental health conditions to ensure inclusion and fulfil basic needs such as housing, education, employment and social benefits. Partnerships with these sectors are discussed in subsequent sections of this policy.

4.3. Mental Health Financing

Translating mental health policies and plans into action in Nigeria requires adequate and sustainable financing commitment from government and other stakeholders, increasing the efficiency and equity of existing resources for mental health, as well as ensuring financial risk protection in access to mental health services for all Nigerians, especially the poor and the most vulnerable. Persons with mental health conditions tend to be in the latter two groups very often because of the inextricable link between poverty and mental health. The following priority actions for funding will be undertaken:

Develop and implement mechanisms for enhancing more effective communication, collaboration and working relationships between Federal Ministry of Health/ Department of Mental Health Services, the National Assembly and funding partners/funding partners to advocate and mobilise for funds into the National Mental Health Fund (as provided for in the National Mental Health Act) to cover the implementation of costed national mental health strategic plan.

Develop and implement mechanisms for enhancing more effective communication, collaboration and working relationships amongst Ministries of Health, Finance and MDAs to create budget lines for adequate funding for mental health in all their programmes.

All sources of funding accruing from different sources of government revenue from improved taxation including but not limited to taxes on every mobile phone airtime recharge and ‘sin tax’ (alcoholic drinks, tobacco, and sugar sweetened beverages (SSB)) shall be made available for mental health financing to improve funding for mental health like other NCDs.

Develop mechanisms to ensure that mental healthcare is specifically provided for in the implementation of the Basic Healthcare Provision Fund, especially through health insurance for the most vulnerable Nigerians to access Basic Minimum Package of Health Services (including mental health care) and developing human resources for mental health at the PHC level, as provided for by the National Health Act (2014).

Ensure that the health insurance system does not discriminate against persons with MNS conditions in accessing insurance policies.

Increase advocacy for mental health to drive contributions into the Mental Health Fund from individuals, organisations, and the private sector;
Eliminate inefficiencies and improve accountability for mental health resources;
Ensure that all programmes with global funding have budget lines for mental health;
Engaging sectors that have mental health components to make targeted budgetary allocation to mental health services and programmes within their sector priorities
Ensure public-private partnerships and voluntary private sector participation in the provision of mental health services and financing.
Provision for the needs of people with MHC should be included in mainstream initiatives in health and other sectors. A key mechanism is the National Health Insurance Authority (NHIA), which in its criteria for accessing payments, must recognize the specific characteristics of mental health care needs, that mental health conditions may be chronic and relapsing so that provision for brief acute treatment is not sufficient, and that persons with MHC may find payment into the scheme particularly challenging.

4.4. Human Resources and Training

Nigeria does not yet have enough health and social care professionals and needs sustainable plans for human resource production, training, continuing development and retention, and regularly updated curricula and quality standards of fitness to practise. Relevant stakeholders shall provide appropriate training in mental health and psychosocial skills and a positive attitude towards persons with MHCl shall be provided to all healthcare personnel in the different settings where they provide services.

The postgraduate medical colleges in the country train only a handful of specialists in psychiatry and neurology. However, the number of specialists trained yearly does not meet the mental health needs of the country. The postgraduate medical colleges shall therefore be supported to train more mental health specialists and other professionals (non-specialists).

The training of middle level specialists in MNS and neurology will substantially improve the availability of more mental health professionals to man the various secondary level cares that will be required to implement this policy.

It is necessary to have appropriately trained personnel at all levels, with the core competencies to deliver what is expected of them. They require standard training, but also in-service training and supervision, as well as monitoring of standards of work. In order to practice effectively, they require the materials to do their work, and an environment that is conducive to work.
The occupational health guidelines for health professionals shall be developed in consultation with relevant stakeholders and shall include mental as well as physical health (see also, section on mental health in the workplace).
In partnership with relevant stakeholders, the DMHS shall ensure adequate basic training, retraining and retention of mental health practitioners in the country's mental health system:

Actions regarding human resources

Psychiatrists

Regular review of post graduate training of psychiatrists by relevant training institutions and regulatory bodies

Ensure trainee rotation in a variety of placements including PHC settings, community and NGO development, research and teaching skills, community liaison, and delivering service to a target population

Regular review of continuing education of psychiatrists (CPD/CME)

Reinforce psychiatry diploma courses in Nigeria, and advocate for recognition of the qualification so that career pathways for postgraduate diploma holders is clearly defined

Nurses

Strengthen mental health component of all nursing training by accredited training institutions

Regular review of continuing education

Provision of published mental health guidelines and standard operating procedures

Strengthen capacity of nurses to provide occupational therapy services

Capacity strengthening for key psychosocial skills needed for rehabilitation, relapse prevention, and medication management.

Social Workers

Develop medical social services training programme in institutions where mental health services are rendered

Operationalization of the use of guidelines and standards

Occupational Therapists

Develop occupational therapy training programme in all tertiary mental health institutions

All tertiary hospitals shall employ at least one occupational therapist to coordinate rehabilitation activities

Ensure that there is access to occupational therapy for persons with mental health conditions at institutions where mental health services are rendered

Psychologists

Strengthen cooperation with other mental health professionals

Establish psychologist's posts at university teaching hospitals, Federal Medical Centres and state secondary health care facilities

Community Health Officers and Community Health Extension Workers

The training of this cadre of workers shall be guided by the fact of integration of mental health into primary health care and the principle of task sharing

As provided by the National Health Act (2014), 10% of the Basic Health Care Provision Fund shall be used for the development of human resources for PHC. The DMHS and states ministries of health will work closely with the SPHCB to ensure this fund is available for training in mental health skills at this level of care MNS shall be explicitly included in the job description and community activities of CHOs and CHEWs.

They will receive training on identification and management of common mental disorders in line with the recommendations of the Mental Health Gap Action Programme-Implementation Guidelines (mhGAP-IG)

They will also receive periodic retraining and supportive supervision from trained medical officers of health as psychiatrists working within their jurisdiction.

They will participate fully in mental health preventive, promotive and curative activities, as well as be well acquainted with referral and follow-up protocols.

Curriculum for training of Community Mental Health Workers shall be developed by the DMHS in consultation with relevant stakeholders

Psychotropic medications

The Primary Health Centres, as well as all other levels of care need an adequate supply of antidepressants, antipsychotics, anticonvulsants, and other necessary drugs (guided by the essential drug list). This shall be included in all relevant systems for procurement, distribution, storage, and quality management and monitoring.

Other priority actions include:

Inclusion of psychotropic medications in the revision, update and implementation of relevant policies and statutes concerning medicines, vaccines and other health technologies. These include but are not limited to National Drug Policy, the National Essential Medicines List, the Nigeria Supply Chain Policy for Pharmaceuticals and other Healthcare Products, and the National Quality Assurance Policy for Medicines and other Health Products.

Regular periodic review and update of the National Drug Formulary and Essential Drugs List Act so that essential psychotropic are available at the PHC to treat priority conditions

Ensure the appropriation and use of the 20% allocation from the Basic Health Care Provision Fund for the provision of essential drugs, vaccines and consumables, including psychotropic medications at the PHC level.

4.6. Mental Health Information System

The FMOH shall ensure coverage of MNS conditions in the National Health Information System 2 (NHIS2). It shall ensure that mental health indicators are integrated into an NHIS2 to cover all levels of health care to assist in shared care, estimation of needs for care, needs for medicines and to support FMOH and SMOHs in health planning.

Priority actions include:

Mental health indicators shall be identified and included in the general health
Information and reporting system.
Each year an annual status report (part of annual health sector performance report) covering all mental health data for national level and for each state of the federation and FCT shall be published and used for planning and service improvement. This shall be done in collaboration with the DPHRS of the FMOH.
Specific capacity building programmes shall be initiated for both national and
State health personnel on the use and application of the NHIS2.
Mental health research shall be strengthened through strategic partnerships with DHPRS, academia, research institutions, funding partners (local and international), CSOs and other relevant stakeholders for evidence-based information in mental health.

Digital Mental Health Services

Digital technologies such as websites, online platforms, smartphones and mobile applications have been shown to help people to achieve better mental health, especially in high-income countries. The increasing availability and affordability of these technologies in Nigeria presents an opportunity to harness these tools for individual and population mental health. The COVID-19 pandemic brought to the fore the urgent need to develop these technologies to augment face-to-face care and in some situations, as the sole means of providing care. There are several applications of digital technologies in mental health, including public education, training of health workers across different locations simultaneously, supporting non-specialist mental health providers remotely and for deploying self-help interventions[28,29]. Telemental health, a subset of telehealth or telemedicine, is the process of providing a range of mental health services remotely using digital technologies. While telemental health offers great promise for delivering mental health services to clients in remote areas, saves transportation costs, reduces stigma and offers some relief for persons who have to find carers for their children while attending clinics, there are important issues to be addressed for its use in our context. The Federal and State Ministries of Health shall encourage providers of mental health services to use digital technologies in delivering mental health services bearing the following in mind:
Service providers are encouraged to invest in telemental health infrastructure for meaningful, safe and effective service delivery.

[28] World Health Organization 2022. World mental health report: transforming mental health for all.
[29] Marinelli S, Basile G, Zaami S. Telemedicine, Telepsychiatry and COVID-19 Pandemic: Future Prospects for Global Health. Healthcare (Basel). 2022 Oct 19;10(10):2085.

Providers of telemental health services must practise within the information technology, medico-legal and regulatory framework in force in Nigeria[30] Just as in face-to-face delivery of mental health services, telemental health services are grounded in solid ethical principles governing all interactions between doctors, patients, and other stakeholders. In particular, service users receiving telemental health services must be provided adequate information on the nature of the services, the technologies involved, and the risks associated with this modality of receiving care.

Providers must ensure adequate attention to confidentiality, privacy and data integrity while using this modality of service delivery.
All stakeholders shall ensure fairness in telemental health services provision by catering to the needs of every person in Nigeria using technologies appropriate for different social and economic contexts.

Monitoring and Evaluation

Good information is necessary to ensure effective planning, budgeting and documentation of the outcomes of resource expenditure. The Federal Ministry of Health requires an annual report of population needs, service inputs, service processes, service outputs and health outcomes achieved, to be placed before and scrutinised by the National Assembly and made available to the wider public. The FMOH shall put in place an efficient process of auditing of service provision and delivery for mental, neurological and substance use disorders. This will also ensure that support mechanisms for good quality mental health care such as provision of essential medicines is monitored. A comprehensive M&E framework shall be developed.

Quality Improvement: At all levels of care, there shall be periodic audits of mental health services, programmes and policies, in order to improve quality on a continual basis. Such periodic audit ensures evidence-based planning, implementation, monitoring and evaluation and course-correction.

Mental Health Research

There is a need for research to drive a responsive and vibrant health system. While it is clear that Nigeria, like all other countries, can benefit from the readily accessible international evidence base, there are crucial questions which can only be answered by local research. Hence a coordinated MNS research programme shall be planned and undertaken. Research should cover all areas of the health system, including clinical and health systems research. The MNS programme in collaboration with relevant stakeholders shall:

Strengthen the evidence base for mental and neurological health care by vigorously encouraging, and funding research programmes aimed at enhancing our understanding of the risk factors and consequences of MNS mental disorders in Nigeria; and the development and implementation of effective interventions.

[30] See the National Health ICT Strategic Framework; See also the Constitution of the Federal Republic of Nigeria, the National Health Act, Mental Health Act and the Medical Code of Ethics

Strengthen research capacity, especially health services research and epidemiology
Plan national epidemiological studies to include assessments of disability, risk factors (socio-demographic, life events, social supports, social networks, and service use)
Audit needs and outcomes of inpatients
Human rights and inclusion in social life

The stigma, discrimination and social exclusion that is commonly experienced by people with mental health conditions is addressed in this policy through ensuring equitable access to care, and specific activities aimed at challenging negative attitudes in the population. This section addresses the rights of persons with mental health conditions.
As provided in the NMHA 2021, "persons with mental health conditions shall have the same fundamental human rights and shall not be subject to any form of discrimination". This policy adopts all relevant status and declarations protecting the rights of both persons with physical health conditions, and specifically, mental health conditions. These include, but are not limited to[31]:
1. Rights under the National Health Act
2. Rights under the Mental Health Act
3. Rights under the Federal Competition and Consumer Protection Act
4. Patient's Bill of Right
5. Rights under the World Medical Association Principles
The NMHA 2021 protects the rights of the person with mental health conditions, including the rights to employment, housing, mental health services, among others, and provides guidance on both voluntary and involuntary hospital admission for care.

4.10. Advocacy

To eliminate social stigma often associated with mental disorders, encouragement shall be given to the promotion of positive attitudes towards persons with mental health conditions among the general population. Government shall work to inform the public about the nature, causes, and treatability of mental disorders. Government shall promote the integration of MNS services into every tier of health service delivery, in particular the general and specialist hospitals, and into programmes addressing physical health delivery (with which MNS is intricately associated). Priority actions include:
Use of the partnerships with educational programmes in schools, workplaces, the community and the media to provide platforms for mental health literacy and awareness programmes.

Public health education

Improve community awareness of MNS conditions through use of evidence- based messages in the media, and by using organisations with community links.
Implement strategies to reduce stigma and discrimination against persons with mental health conditions.

[31] See Idhiarhi, S. (2019). *Bill of rights for patients in nigeria: An exploratory essay*.

Enhance MNS literacy by seeking and utilizing public health education opportunities in the media, schools, campaigns, community groups, religious groups etc.
To achieve increase mental health literacy and reduce mental health related stigma, there shall be a national project led by the DMHS in collaboration with relevant stakeholders.
Link MNS to other health education strategies
Intersectoral Collaboration
Many sectors, agencies and individuals have important contributions to make for MNS health, and partnerships are essential. There are several areas of joint interest between the DMHS and other sectors.

1. The risks and protective factors for mental health are embedded within many sectors outside of health, hence important health promotion and preventive activities can take place in these settings e.g., bullying in schools and education as protective factors; provision of employment and housing as protective factors against mental health conditions.

2. To make mental healthcare accessible to all, clinical care services can be delivered in non-health settings such as schools and correctional facilities.

3. Non-Health sectors are needed to provide support to persons with mental health conditions to ensure inclusion and fulfil basic needs such as social housing, education and employment.

Therefore, there is a need for the Minister in charge of Health to establish a **National Mental Health Steering Committee** drawn from all the key sectors. This should be followed by the formation of decentralised **Mental Health Steering Committees** at state government level, with vertical and horizontal reporting and liaison mechanisms. The roles and responsibilities as stated in chapter 6.

Partnerships between the health and correctional sector: People with severe mental conditions should always be cared for in a therapeutic rather than a punitive environment. Thus, as provided for in the NMHA 2021 (sections 46-48), persons in contact with the criminal justice system with severe mental health conditions shall be treated within hospital settings. Less severe mental health conditions are common among correctional facility populations. Mental health will be integrated into correctional services health care services where they exist. There will be liaison by health teams with correctional officers, training of correctional officers about recognition of mental disorders and criteria for referral to hospital as provided in the Mental Health Act 2021,and the National Mental Health Policy for Correctional Facilities, 2022 and about recognition and management of depression and suicidal risk within correctional facilities settings. At tertiary levels of care, Forensic psychiatry units will be established in designated mental health facilities in the country. Specifically, the DMHS shall partner and work with the correctional services in the following ways:

Develop joint work plans with the aim of improving the conditions for people with mental health conditions in correctional facilities.

Develop good practice guidelines for management of persons with mental health conditions. Ensure correctional facilities follow them.

Organise training and retraining activities for correctional facilities officers and health care staff.
There should be mental health professionals (at least to the level of psychiatric nurse) in each correctional facility, with resources to meet medical care needs of the correctional facilities population.

Ensure that the provisions of the National Mental Health Act are adhered to in delivering mental health care to inmates of correctional facilities.

Ensure that mental health professionals are familiar with correctional facilities health care systems, and that correctional officers are familiar with human rights of persons with mental conditions in correctional facilities.

Develop mechanisms for allocating specific budget lines for health and mental health in the correctional sectors budget.

Inclusion of mental health in the programmes and policies of the sector

Partnerships between the health sector and the police: Health staff and police will cooperate to ensure that people with mental health conditions can receive speedy assessment and treatment and will also develop training and a locally agreed guideline for police in the recognition and handling of people with mental conditions, compatible with the National Mental Health Act 2021. Specifically, section 41 of the National Mental Health Act 2021 provides for the police to "remove to a place of safety" a person with a mental health condition who is being inhumanely treated or is a danger to self or others. The DMHS will partner with the Nigeria Police Force in the following ways:
Liaise with police to improve police handling of people with mental health conditions.

Develop joint work plans with Police Colleges and other police training institutions to include training on early detection of common mental health conditions and delivering of simple psychosocial interventions, as well as providing linkage to care for persons with mental health conditions.

Develop good practice guidelines for police handling of people with mental illness, as provided for in the National Mental Health Act 2021.

Ensure healthcare professionals are familiar with police procedures and roles in relation to people with mental health conditions and violence.

Include MNS and human rights in the training curriculum of the police.

Partnership between the health sector and other defence sectors: Military personnel and other relevant security agents are often faced with exposure to traumatic events and other occupational hazards to a greater degree than the general population in the discharge of their duties. They may also be at increased risk of using maladaptive coping strategies such as psychoactive substance use in the context of a stressful work environment. Therefore, military personnel constitute a unique vulnerable population in need of tailored mental health services. The DMHS will:

Ensure that the armed forces and other security personnel follow good practice guidelines for people with mental conditions.

Integrate mental health care into existing healthcare in these settings, with accompanying capacity building activities on MNS for the health care staff.

Ensure awareness of the NMHA 2021 among healthcare staff in these settings of the provisions of the National Mental Health Act 2021 relating to the rights and needs of persons with mental health conditions.

Develop service level agreements with military and other security agencies health care to ensure availability of mental health expertise in these settings for identifying and responding to mental health conditions.

Partnerships between the health and education sectors: There are a wide range of issues which such partnerships need to address, which include MNS promotion in school and universities (including other non-mainstream educational systems)[32], early detection, treatment, rehabilitation of disorders, and prevention of suicide. There is also the need to ensure that children and adolescents who have MHC are provided with 'reasonable accommodations' to take care of their mental health and academic needs.

The DMHS (and state ministries of health) will work with all public and private schools at national, state and local government levels. There shall be a school based mental health programme across all levels of education in the country. This shall be conducted in collaboration with the Federal and State Ministries of Education and other relevant stakeholders in the following ways:

. Ensure schools follow good practice guidelines for children with MNS problems.
· Strengthen capacity of teachers at all levels to participate in MNS promotion in schools.
· MNS literacy shall be included in health education curriculum.
· MNS promotion, identification of children with mental health problems, basic management at school level, and referral.
· Ensure Mental Health Practitioners are familiarised with school health care system.

Mental Health in the workplace/partnerships with employers of labour: There is an intimate relationship between work and mental health. Persons who work in safe and healthy work environments are more likely to enjoy good mental health and good mental health enables individuals to work productively. While work provides an opportunity to earn a living, provides a platform for structured routines and positive relationships and helps one to gain a sense of purpose and achievement, the work environment can also be a risk for MHC. Work-related risk factors include unemployment, unstable employment, poor working conditions, and discrimination at the workplace, bullying, harassment and violence at the workplace. These have been associated with poor mental health outcomes. In line with the recommendations of the WHO[33], the MNS programme will work with employers of labour in both private and public sectors in the following ways:

Encourage employers and employees to develop health policies for the workplace which include MNS, (including MNS promotion, prevention, access to treatment and rehabilitation) and which follow best practice for people with mental health conditions.
Prevent work-related mental health conditions by minimising or eliminating work-related stressors using organisational interventions to reshape and modify working conditions, cultures and relationships.
Protect and promote workplace mental wellbeing through training and interventions that increase mental health literacy, improve recognition and response to common mental health conditions at the workplace, and empower workers to seek support and help when needed.

Support workers with mental health conditions to participate fully and equitably in work through reasonable accommodation, return-to-work programmes and supported employment initiatives.
A workplace mental health policy shall be developed by the DMHS in consultation with relevant stakeholders.

Partnerships between the health and social welfare sectors: Similarly, consideration of social welfare is critical for all clients, social welfare services can assist with assessment and management of mental wellbeing in the community and health facilities. Specifically, the DMHS and state ministries of health shall work with the ministries responsible for social welfare in the following ways:
Liaise with relevant stakeholders for social welfare at national, state and local government levels to improve social outcomes of people with MHC. This is best done by ensuring that people with MHC are included in mainstream programmes
Develop joint work plans to achieve this objective
Ensure health professionals are familiar with social welfare and with social work roles
Improve liaison and referral between health and social welfare sectors.
Include MNS in the training curriculum of workers in the welfare sector.

[32] E.g., The Almajiri Educational System/Nomadic Schools
[33] WHO guidelines on mental health at work. Geneva: World Health Organization; 2022

Partnerships with the Training, Accreditation and Registration Bodies: Primary care physicians, specialist family practitioners, pharmacists, general nurses, psychologists, medical social workers, counsellors, recreational and occupational therapists, as well as CHEWs and CHOs will all have central roles in the MNS programme. The accreditation, regulation of training and registration bodies of these practitioners will ensure the practitioners they register are adequately trained and equipped to care for persons with MHC. Regular updating of the training curricula of the bodies shall be carried out to improve the knowledge and competencies of practitioners for mental health service deliveries.

Partnership with Non Governmental Organisations: Non-governmental organizations (NGOs) shall be encouraged to assist in the promotion of MNS as well as in the preventive and rehabilitative aspects of MNS care services. Specifically, NGOs will be:
Strengthened to support persons with MNS conditions.
Promote inclusion and participation of representative organisations for people with mental health conditions in structures and decision-making processes.
National, State and Local Government committees shall map the NGOs involved in mental health services provision and support in their areas, and make their contact details available in locally disseminated good practice guidelines.
Orientation visits to NGOs should be included in mental health trainee placements.
Encourage NGOs to develop initiatives to empower people with psychosocial disabilities through peer support groups etc.
Include NGOs as stakeholders in Local, State and Federal Government mental health governance structures.
International collaboration

There shall be collaboration with all international organizations whose objectives and programmes include aspects addressing mental, psychosocial, and neurological as well as alcohol and substance abuse conditions.
Vulnerable Groups
Special care shall be provided for the vulnerable and disadvantaged members of the community such as children, women, the elderly, persons with disabilities, detainees of correctional facilities and refugees.

Women and Children

Women and children are a very precious resource for Nigeria and are especially vulnerable to the consequences of mental and neurological disorders. In addition to the general rates of illness, women also experience higher rates of illness around the time of childbirth. If untreated, these disorders affect the mother's relationship with her children, thus damaging the child's cognitive and emotional development. Therefore, both primary and secondary services shall pay particular attention to women and children's mental health and well being. Mental health shall be integrated into maternal health at every level of care.

Older Adults

With the increasing life expectancy and the number of the older adults in the population, there has been a documented increase in the prevalence of MNS conditions in this age group. There is a need to provide for their peculiar mental health needs especially with retirement, loneliness, physical frailty, cognitive impairments, and elderly abuse or neglect.

In line with the above, there shall be:

- Regular screening of older adults for MNS conditions and other psychosocial issues at the PHC or any other tier of care they present.
- Inter-agency and intersectoral collaboration to cater to the needs of this population

Public health emergencies and humanitarian crises

Public health emergencies and humanitarian crises with psychosocial consequences shall be handled through a coordinated and collaborative rapid preparedness response plan. There is a need for the integration of mental health services into both national and state emergency preparedness and planning through collaboration between the DMHS and the National Emergency Management Agency and the States counterparts. Implementing this initiative requires capacity building of members of staff to deliver basic psychosocial interventions in humanitarian settings. During health emergencies and humanitarian crises, to promote wider coverage, individuals, families and communities shall have access to psychological services (such as psychological first aid (PFA), counselling and psychotherapy), Information, education and communication (IEC) materials for public enlightenment and online therapy sessions to provide emotional care and support especially to those in isolation and quarantine centres. MHPSS interventions shall be made available in all humanitarian crisis settings.

Special needs of individuals with psychological distress as a result of humanitarian crises

Individuals affected by humanitarian crises face physical, mental and psychosocial consequences including displacement, violence, insecurity, human right violation, stigma and discrimination. They are at higher risk of developing mental health conditions than the general population.

The Federal Ministry of Humanitarian Affairs through the National Commission for Refugees, Migrants and IDPs (NCFRMI) and other relevant agencies shall work with the DMHS to facilitate Return, Resettlement, Rehabilitation and Re-integration of all persons affected by humanitarian emergencies.

The MNS programme will liaise with the Humanitarian Affairs Department to coordinate all humanitarian and mental health and psychosocial interventions for persons with humanitarian context.

The DMHS shall ensure mobilization and coordination of effective humanitarian principles actions in partnership with other MDAs, Local actors (NGOs), Civil Society Organisations, International NGOs, United Nation Agencies, and other development partners that render assistance to the vulnerable population. They shall ensure holistic coordination of all sectors in collaboration with humanitarian actors in the field of Education, Health, Water Sanitation and Hygiene, Food Security, Child Protection, Livelihood Support, Psychosocial and Nutrition Support sectors.

Prevention of Premature mortality and suicide prevention

Prevention of premature mortality

Persons with mental health conditions have a higher premature mortality than the general population from physical illness. It is therefore extremely important to ensure adequate physical health care and health promotion to people with mental health conditions, particularly those being looked after in psychiatric units and hospitals. Priority actions include:

1. Regular physical health checks as a monitoring mechanism while on medication
2. Baseline screening before initiation of psychotropic medication
3. Adequate support for relevant lifestyle changes to manage weight and cardio-metabolic risks. This will increase educational support as well as ensuring the equivalence of mental and physical health care.

4.15.2. Suicide prevention

Suicide is a leading cause of death in the world and is thus a significant cause of mortality in most countries. Suicide is nearly always linked to mental health condition but is preventable in many cases. Cultural and religious reasons make the reporting of suicide an uncommon in Nigeria. Recent evidence from epidemiological surveys suggests that attempted suicide is common in the country and may be a pointer to the fact that suicide is not as rare as its official reporting suggests. Ac curate data collection on suicide is therefore necessary.

Like other human behaviours, suicide has bio-psycho-social aetiologies that interact with one another over time, and thus requires multilevel prevention approach.

Priority actions include:

1. Advocacy and legislative engagement to decriminalise suicide and improve understanding of suicidal behaviours as conditions requiring care, not punishment
2. Advocate for restriction of dangerous means of attempting suicide, (toxic pesticides)
3. Responsible media reportage of suicide
4. Investing in programmes that build resilience in the young, school mental health programmes and suicide prevention activities in schools
5. Recognition and early intervention for mental health conditions.

Other actions at national and state levels include:

Dedicated national suicide prevention helplines

Regular awareness and sensitization campaigns

Routine suicide data collection for planning and policy formulation

Adequate training of first responders for suicidal behaviour

(A comprehensive national suicide prevention strategic framework has been developed)

Alcohol and Drug Abuse

Alcohol and drugs abuse and their associated problems shall be reduced to the barest minimum by the use of appropriate preventive, therapeutic and rehabilitative measures in Nigeria.

Intellectual disability

Intellectual disability is common in Nigeria as in other countries, and children with intellectual disability shall be encouraged to lead as normal life as possible. Children with intellectual disability as well as having special educational needs, often also have special physical, psychological and social needs. Close liaison between Ministries in charge of health, education and social welfare.

CHAPTER FIVE: IMPLEMENTATION FRAMEWORK

The coordination and monitoring of this policy shall be the responsibility of the Director, Department of Mental Health Services, and Federal Ministry of Health. The DMHS shall collaborate with relevant stakeholders to mobilise and ensure efficient use of resources, provide guidance and set standards for the implementation of the provisions of this policy. Implementation of this policy at the state and local government levels shall take place through the state's ministry of health department of mental health services or equivalent, and at the Local government level through the Local Government Health Authority.

The following are general implementation requirements:

1. Dissemination of the policy
2. State-level adaptation of policy
3. Development of strategic plans

CHAPTER SIX: ROLES OF STAKEHOLDERS

6.1. Stakeholders

For the purpose of this policy, the key stakeholders include:
Federal, State, Local Government and their Ministries, Departments and Agencies
National, State Assemblies, and Local Government Council
Development partners
Organized private sector
Non-Governmental organizations (NGOs)
Relevant Professional Bodies and Associations
Media organizations and Practitioners of Journalism.
Community, religious and traditional leaders
Academia and research institutions
Funding agencies (both internal and external)
Persons living with MNS conditions and their caregivers
Pharmaceutical companies and biomedical engineers

6.1.1. Roles of the Department of Mental Health Services

Consistent with and in addition to the roles specified for it in the Mental Health Act, the Department of Mental Health Services shall:
Develop and periodically review the National Mental Health Policy and the Mental Health Act, in consultation with all stakeholders.
Develop a comprehensive and integrated national plan of action and coordinate the implementation of this policy.
Monitor and evaluate the implementation of this policy and the Mental Health Act, in relation to specific targets and indicators
Strengthen state and Local Government Desk Officers/Focal Persons responsible for implementing this policy at all levels.
Set standards, define and develop indicators, formulate and review guidelines related to mental health care at all levels.
Strengthen the **National Mental Health Steering Committee** and the **National** Mental **Technical Working Group**.
Facilitate and support mobilization of internal and external resources for strengthening the mental health system and services at all levels.
Facilitate and support capacity building at all levels.
Facilitate and support advocacy and social mobilization for mental health at all levels.
Expand access to essential medicines, basic technologies, consumables and services for mental health care.
Promote and facilitate local and international partnerships for mental health.
Facilitate and coordinate mental health research for the purpose of developing services and improving quality of mental health services and care.
Maintain a database for mental health conditions, including the National Health Management Information System (NHIS2).
Conduct supportive supervision of mental health programmes at all levels

Conduct quarterly review meetings of mental health programmes at the national level.

6.1.2. Roles of States Ministry of Health

The states Ministry of Health shall:

Designate Desk Officers/Focal persons who will be responsible for coordinating mental health programmes at the state level.

Make annual budgetary provision and support resource mobilisation and allocation for the mental health programme.

Facilitate and support capacity building at the state and Local Government for the implementation of this policy.

Facilitate and support advocacy and social mobilisation at the state and Local Government levels for mental health programmes and services.

Ensure access to essential medicines, basic technologies, consumables and services for mental health at the state and Local government levels.

Ensure effective linkages and referrals between PHC and higher levels of care.

Promote appropriate partnerships and collaboration in furtherance of the mental health agenda consultation with the Department of Mental Health Services.

Ensure data management and use on mental health including integration with the NHIS2.

Provide effective Implementation, supportive supervision, monitoring and evaluation of this policy at the state and Local Government levels.

Conduct quarterly review meetings of the mental health programme at state and LG levels.

Establish and strengthen State Steering Committee on Mental Health and State Mental Health Technical Working Group

6.1.3. Roles of Local Government Health Department

The Local Government Health Department shall:

Designate a focal person who will coordinate mental health programme at the LG level.

Provide a budgetary line, and support mobilisation and allocation of adequate resources for mental health programme.

Facilitate and support capacity building and provide adequate human resources at the Primary Healthcare Centre for the implementation of this policy.

Facilitate and support advocacy and social mobilisation at community level for mental health care.

Ensure access to essential medicines, basic technologies, consumables and services for mental healthcare at PHC level.

Ensure effective linkages and referrals between PHC and higher levels of care.

Support data collection on mental health and utilisation using available appropriate reporting system including NHIS.

Support effective implementation, supportive supervision, monitoring and evaluation of this policy at the PHC level.

Conduct monthly review meetings of mental health programme at the LG level.

Establish appropriate supervisory committee to oversee mental health programmes at the local government level

6.1.4. Roles of National Primary Health Care Development Agency

The National Primary Health Care Development Agency (NPHCDA) shall:

Partner with the Department of Mental Health Services in the integration of mental health into the PHC system.

Support the collection, collation, analysis and use of mental health surveillance data in the LGAs and communities.

Support the mobilisation of the community for mental health promotion, prevention, treatment and rehabilitation activities.

Support the training and supervision of health workers at the LGA and community levels.

Regular review of appropriate policy and training documents for PHCs to mental health

Support research initiatives related to mental health in primary health care centres and communities. This would inform evidence-based policies and practices for addressing mental health conditions at the primary and community level.

6.1.5. Roles of National Mental Health Steering Committee

Under the coordination of the DMHS/FMOH, the **National Mental Health Steering Committee** shall be set up comprising but not limited to the following:

The federal minister responsible for health shall recommend the chairperson of the committee

The Federal Minister responsible for health shall serve as the secretariat of the committee

Heads of relevant line Government Ministries and Agencies

Special Assistant to the President on SDG

Representatives of Development partners

Representative of organised private sector

The **National Mental Health Steering Committee**

Shall undertake the following tasks:

Set national goals and objectives for mental health.

Support implementation of national mental health act and policy. ,

Ensure the full engagement of partners, broad advocacy and communication.

Undertake resource mobilization and oversee optimal use of existing resources for program implementation and research.

6.1.6. Roles of National Mental Health Technical Working Group

The **National Mental Health Technical Working Group** shall constitute technical officers from government MDAs, mental health professionals, the Academia and Research Institutions, Private sector, Development and Funding partners, NGOs, Civil Society Organizations, Community Based Organization, Faith Based Organizations, and lived experience.

The National Mental Health Technical Working Group shall:

i. Draft National policies, Strategies, Plans, Guidelines and SOPs.
ii. Facilitate capacity building for committee members.
iii. Oversee the implementation of activities related to mental health in Nigeria.
iv. Provide training to states on optimal implementation of the mental health strategic plan.

v. Coordinate regular monitoring, evaluation and reporting on national response to address mental health issues including the implementation and updating of this policy and the costed national mental health strategic plan for this policy.
vi. Report to the National Mental Health Steering Committee annually.
vii. Lead advocacy for the implementation of the National Mental Health Policy and Strategic Plan
viii. Engage with relevant industries to achieve the national targets set in the national mental health strategic plan.
ix. Evaluate progress of the partnership towards established goals (impact and coverage of cost-effective interventions).
x. Develop an annual research plan based on identified research priorities during implementation of this policy and the national mental health strategic plan.
x. Create sub-committee to address areas of action, including:
i) Policies, plans, legislation and regulations.
ii) Health interventions such as development of protocol, standard operating procedure or guidelines and training tools.
iii) Advocacy, communication, social and resource mobilization
iv) Research and surveillance
Each of the sub-committee shall nominate its chair and secretary.

6.1.7. Roles of Development Partners

Development partners shall:
Provide technical, financial and infrastructural support to governments at all levels in capacity building, advocacy, social mobilization and service delivery for the successful implementation of this policy in consultation with the FMOH.
Support research on mental health interventions and services at all levels of health care.
Support monitoring and evaluation and supportive supervision of mental health programmes at all levels of health care.
Support review meetings of mental health programmes at all levels.

6.1.8. Roles of the Organised Private Sector

The Organized Private sector shall:
Support the effective implementation of this policy;
Support public-private partnership in the implementation of this policy;
Comply with laid down Government guidelines and regulations regarding mental health promotion, prevention, treatment and rehabilitation
Transmit relevant data generated from their facilities to the LG Health Department.
Support resource mobilization for the implementation of this policy.

6.1.9. Roles of Pharmaceutical and other health related industries

Support research in mental health
Support and facilitate local manufacturing and availability of quality-assured and affordable essential medicines for management of mental health conditions

6.1.10. Roles of NGOs/CSOs

Support awareness creation, community mobilization, advocacy, capacity building, resource mobilization and research on mental health conditions and services.

Protect rights of persons with mental health conditions

Hold the Government accountable on its commitment to fulfilling the provisions of this policy and promote transparency.

6.1.11. Roles of Professional Bodies

The professional bodies shall:

Sensitize and mobilize their members for effective implementation of this policy.

Participate in capacity building activities involved in the implementation of this policy.

Support advocacy and community mobilization.

Support and participate in research in mental health.

6.1.12. Roles of Media Organisations

Media organizations and practitioners of journalism shall:

Support advocacy and community mobilization towards mental health promotion, prevention, treatment and rehabilitation.

Sensitize and mobilize their members for effective implementation of this policy.

Support dissemination of accurate information to the public on mental health promotion, prevention, treatment and rehabilitation at all levels.s

CHAPTER SEVEN: PARTNERSHIP COORDINATION

The DMHS/Federal Ministry of Health shall be responsible for the coordination of the activities of all partners and other stakeholders involved in the mental health policy implementation and resource mobilization.

7.1. Policy Administration

7.1.2. Policy Validation

This policy shall be validated through the following processes:
Input from relevant stakeholders
Approval by the Honourable Minister of Health.
Approval by the National Council on Health.

7.1.3 Policy Dissemination

Dissemination of this policy shall be through various means
Policy launch
Publish online and upload on the Federal Ministry of Health website
Dissemination of hard copies
Policy briefs

7.1.4. Policy Implementation

This policy shall be implemented at all levels of health care delivery in Nigeria and in all tiers of government.

7.1.5. Policy Monitoring

The FMoH through the Director of the DMHS shall coordinate the monitoring of the policy implementation. This shall be done annually at all levels of health care delivery in Nigeria and at all tiers of government. The responsibility for the policy implementation monitoring at the state level shall be that of the commissioner for health and by the mental health focal persons at the state level.

7.1.6. Policy Review and Update

The policy shall be subjected to review and update every five years or sooner if and when such need arises.


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