



NEUROSCIENCE SOCIETY OF NIGERIA

## Nigerian Journal of Neuroscience

<https://njn.neurosociety.org.ng>

DOI: [10.47081/njn2025.16.3/001](https://doi.org/10.47081/njn2025.16.3/001)



### Short Communication

<https://ojshostng.com/index.php/NJN>

Open Access

## Integrating Mental Health Support into the Sustainable Development Programmes in Nigeria

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### ABSTRACT

Mental health is an essential component of well-being, yet it remains overlooked in Nigeria, despite the significant challenges in health and education. As Africa's most populous nation and largest economy, Nigeria faces a mental health crisis that impedes progress toward the Sustainable Development Goals (SDGs), particularly SDG 3 (good health and well-being) and SDG 4 (quality education). This review examines the integration of mental health support into Nigeria's sustainable development programmes, addressing gaps in infrastructure, funding, and awareness. An analysis of the current state of mental health services reveals a critical lack of resources and systemic support. Comparative evaluations with other African countries highlight best practices and adaptable strategies. Cultural stigma, inadequate policy frameworks, and systemic barriers remain major challenges to mental health inclusion in healthcare and education systems. The societal and economic costs of untreated mental health issues aggravate poverty and inequality, emphasising the urgent need for action. To address these challenges, the review proposes evidence-based solutions, including legislative reforms, community-based interventions, and the inclusion of mental health education in schools. The comprehensive route map outlines the key steps, stakeholders, and measurable milestones for effective implementation. Urgent investment in mental health is essential for Nigeria to unlock its human capital, enhance educational outcomes, and promote societal equity. Thus, prioritising mental health within the sustainable development agenda will address the pressing crisis and position Nigeria as a model for integrating health and education in national development.

### Keywords

*Mental health, Sustainable Development Goals, Nigeria, Education, Advocacy*

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**Cite as:** Okeowo, O. M. (2025). Integrating mental health support into the sustainable development programmes in Nigeria. *Nig. J. Neurosci.* 16(3), 72-80. [doi: 10.47081/njn2025.16.3/001](https://doi.org/10.47081/njn2025.16.3/001)

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### INTRODUCTION

Mental health is a fundamental pillar of human well-being, yet it has long been neglected in global and national development agendas. Historically misunderstood and stigmatised mental health conditions were once attributed to supernatural forces, moral failings, or divine punishment (Rössler, 2016; Kirmayer and Ramstead, 2017; Subu *et al.*, 2022). Over time, the perception of mental health evolved, particularly during the Enlightenment and the 19th century, when reforms aimed to improve care for individuals with mental illnesses (Bertolote, 2008; Cummins, 2020). Today, the recognition of mental health as a critical component of sustainable development is growing, particularly within the United Nations Sustainable Development Goals (SDGs) framework. SDG 3 (good health and well-

being) and SDG 4 (quality education) emphasise the need for comprehensive mental health strategies to achieve equitable health and educational outcomes (Patel *et al.*, 2018).

Nigeria, the most populous nation in Africa, is facing a mental health crisis. An estimated one in four Nigerians experiences mental health challenges, yet fewer than 10% receive adequate care (WHO, 2014). Barriers such as stigma, inadequate funding, and historical policy neglect have hindered Nigeria's progress in advancing mental health care. For decades, mental illness was governed under the Lunacy Act of 1958, a colonial-era law that treated mental illness challenges primarily as legal and custodial issues rather than public health priorities. Although this outdated legislation remained in force for years, it was finally replaced with the enactment of the National

Mental Health Act in 2021. This was a landmark achievement and a major milestone that marked a shift toward a rights-based and health-focused approach to mental health governance in Nigeria (Odusote, 2023; Ogunwale, 2023; Saied, 2023; Ozota *et al.*, 2024). However, significant gaps persist between policy and implementation, despite this legislative progress. Without targeted interventions, mental health will continue to be sidelined in national development efforts.

Mental health support, including education and advocacy, is an essential component of public health, focusing on the prevention, awareness, promotion of psychological well-being, and the treatment of mental disorders. This approach aims to empower communities with the knowledge and skills they need to recognise, address, and manage mental health challenges. Globally, mental disorders contribute significantly to the burden of disease, with approximately 450 million people affected, and one in four individuals is likely to develop a mental or behavioural disorder at some point in their lives (Herman and Jané-Llopis, 2005; Williams *et al.*, 2005). In Nigeria, mental health services are often under-resourced, and stigma remains a substantial barrier to care, limiting access to support and reducing the likelihood of positive health outcomes (Zayat and Hoskins, 2025). Comprehensive mental health support, therefore, extends beyond clinical services to include education that builds mental health literacy, advocacy that challenges harmful societal norms, and community-based programmes that foster resilience and social support. This integrated approach is critical for addressing Nigeria's mental health crisis effectively and sustainably.

Integrating mental health support into Nigeria's SDG programmes is both a health priority and a developmental necessity. Mental health significantly influences the SDGs (Fig. 1), particularly those directly related to health, education, economic productivity, and social equality (SDG 3, 4, 8, 10, and 16), because poor mental health negatively affects well-being, learning, workforce efficiency, and social stability. It has a moderate influence on goals addressing poverty, gender equality, and urban development (SDG 1, 2, 5, 11, and 17), where mental health plays a role but is influenced by broader structural factors. The low influence is seen in SDGs focused on environmental sustainability, energy, and infrastructure (SDG 6, 7, 9, 12–15), where mental health has an indirect or minimal direct impact. This pinpoints that a mentally healthy population fosters resilience, innovation, and sustainable growth. Embedding mental health education and support systems within SDG initiatives can reduce stigma, improve access to care, and enhance national well-being (De Silva, 2015). Hence, this review advocates for a structured approach to integrating mental health promotion, which includes education and advocacy, into Nigeria's development agenda. It explores the current state of mental health services, highlights the interconnections between mental health and SDGs, and proposes actionable strategies for overcoming systemic barriers. By prioritising mental health support in sustainable development programmes, Nigeria can build a healthier, more inclusive, and prosperous future for everyone.

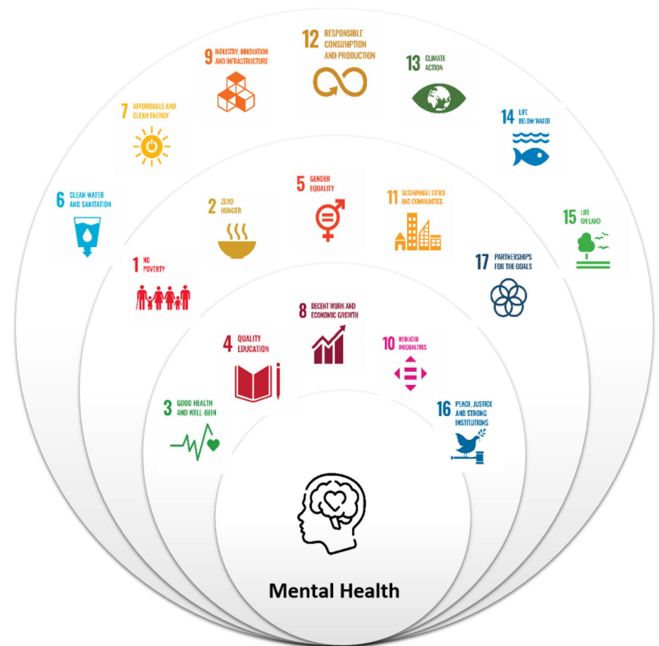


Fig. 1: Interconnection between mental health and SDGs. The reciprocal relationship between mental health outcomes and the seventeen key development goals, indicating whether mental health directly influences the achievement of the goal (high influence), indirectly influences the goal (moderate influence), or has a lower direct influence on the goal (low influence).

### The Current State of Mental Health in Nigeria

Mental disorders in Nigeria are a growing public health concern, affecting millions across the population. Depression, anxiety, and substance use disorders are the most prevalent, with depression alone accounting for a significant portion of years lived with disability in the country (Gureje *et al.*, 2006; Greene *et al.*, 2021; Gbadamosi *et al.*, 2022). The World Health Organisation (WHO) estimates that 4.4% of Nigeria's population suffers from depression, while 3.5% experience anxiety disorders (WHO, 2017). Substance use disorders, particularly alcohol and cannabis abuse, are also increasing, with studies reporting prevalence of up to 15% in certain communities (Oshodi *et al.*, 2010; Adewuya *et al.*, 2022). Youth are particularly vulnerable, with approximately 25% of school-aged children experiencing mental health issues that hinder their educational attainment and social development (Bakare *et al.*, 2011; Atilola, 2015). Gender disparities further exacerbate the problem, as women disproportionately experience depression and anxiety due to sociocultural stressors, including gender-based violence and economic inequality (WHO, 2000; Yu, 2018). The burden of mental disorders extends beyond individual suffering, significantly impacting families, communities, and the nation at large.

Currently, Nigeria faces numerous challenges in addressing mental health issues, which significantly hinder the integration of mental health education into SDGs programmes. These challenges are multifaceted, encompassing societal stigma, a shortage of trained professionals, insufficient funding, and a lack of integration into school curricula.

The high prevalence of mental health disorders highly contrasts with the limited availability of mental health services in Nigeria, thereby revealing significant systemic gaps. The inadequate infrastructure, low mental health workforce, and concentrated urban facilities fail to meet the growing needs of the population. While Nigeria has several Federal Neuro-Psychiatric Hospitals and psychiatric departments within teaching hospitals, these facilities remain concentrated in urban areas, leaving many rural populations underserved (Atewologun *et al.*, 2025). Despite this, the mental health workforce is critically inadequate, with fewer than 300 psychiatrists serving a population exceeding 200 million, resulting in a psychiatrist-to-population ratio of approximately 1:1,000,000 (Fadele *et al.*, 2024; Ibrahim *et al.*, 2025). This is far below the WHO recommended standard of 1:10,000 (WHO, 2019) and in comparison with other African countries.

Similarly, other mental health professionals, such as clinical psychologists and psychiatric nurses, are in short supply, further straining the country's mental health system. The uneven distribution of these professionals exacerbates the urban-rural divide, limiting access to mental health care for a significant portion of the population. There is a significant shortage of trained mental health professionals, and funding for mental health services is inadequate. The shortage of mental health professionals in Nigeria is being further exacerbated by the ongoing "Japa Syndrome", a term used to describe the mass emigration of skilled professionals seeking better economic opportunities abroad. This trend has significantly depleted the country's mental health workforce, compounding the challenges of providing adequate mental health services. Economic factors such as low salaries, poor working conditions, and limited professional development opportunities are primary drivers of this exodus (Afunugo, 2023; Adelowo *et al.*, 2024). The resulting brain drain has reduced the availability of qualified professionals and increased the workload on those who remain, leading to burnout, diminished job satisfaction, and further emigration. Moreover, this migration has broader psychological implications, affecting both those who leave and those who stay behind. Professionals who migrate often face emotional challenges such as loneliness, cultural adjustment, and mental stress, while their departure leaves critical gaps in the healthcare system, particularly in rural areas where access to specialised care is already limited (Harper, 2017; Okunade and Awosusi, 2023; Adelowo *et al.*, 2024). Mental health services are also financially inaccessible for many Nigerians, with treatment costs largely borne out-of-pocket, deterring care-seeking behaviour (Dixon *et al.*, 2006; Eaton *et al.*, 2011). Only about 3.3% of the national health budget is allocated to mental health, while the majority is directed towards primary and secondary healthcare, tertiary care, preventive programmes, and administrative costs (WHO, 2005).

Furthermore, cultural attitudes toward mental health in Nigeria are deeply rooted in a lack of awareness, misconceptions, and stigma. Many Nigerians attribute mental illness to supernatural causes, such as witchcraft or spiritual possession, leading to delays in seeking professional help (Ikwuka *et al.*, 2016; Arinze-Umobi and Chiweta-Oduah, 2021; Subu *et al.*, 2022; Akinbobola, 2024). Moreover, mental health education is not widely included in school

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curricula, leaving a gap in knowledge and awareness. Schools primarily focus on academic subjects, often neglecting the emotional and psychological well-being of students. Integrating mental health education into the school curriculum can equip students with critical life skills, promote early intervention, and reduce stigma (Patel *et al.*, 2007; Kutcher *et al.*, 2016). However, this requires policy changes, teacher training, and the development of appropriate educational materials. Although the passage of the National Mental Health Act in 2021 was a legislative milestone (Ogunwale, 2023; Saied, 2023; Ozota *et al.*, 2024), its implementation remains weak due to a lack of education, funding, and inadequate resources, which hampers its effectiveness (Fadele *et al.*, 2024). These societal and policy barriers further highlight the urgent need to promote mental health literacy and foster a supportive environment for sustainable development.

### Strategies for Integrating Mental Health Support into SDG Programmes in Nigeria

A multifaceted approach is essential to effectively integrate mental health support into SDG programmes in Nigeria. This involves policy development, capacity building, community engagement, leveraging existing structures, and harnessing technological advancements (Fig. 2). A structured and evidence-based strategy will ensure that mental health is embedded in national development initiatives and aligned with global standards.

A robust policy and legislative framework is fundamental for successful integration. This includes updating and enforcing the National Mental Health Act of 2021, formulating national and regional mental health policies, and ensuring alignment with SDG targets, particularly SDG 3 (good health and well-being) and SDG 4 (quality education). The government must demonstrate commitment by embedding mental health education in school curricula and primary healthcare services while protecting the rights of individuals with mental health conditions (Jacob *et al.*, 2007; Prociow *et al.*, 2012). Nigeria can take inspiration from Ghana, where the passage of the Mental Health Act in 2012 has led to significant progress in mental health service integration at the community and policy levels (Okrah, 2014; Patel *et al.*, 2018; Nimoh, 2024).

Capacity building and training are essential to address the severe shortage of mental health professionals in Nigeria. Integrating mental health training into medical, nursing, and allied health professional curricula will ensure that future healthcare workers are well-equipped to identify and manage mental health conditions. Additionally, in-service training should be a priority for existing professionals to enhance their ability to provide mental health care. Task-shifting, which involves training lay health workers and community health workers to deliver basic mental health services, has proven successful in Zimbabwe's Friendship Bench program, where grandmothers were trained to provide cognitive behavioural therapy to individuals with depression and anxiety, leading to significant improvements in mental well-being (Chibanda *et al.*, 2015; Munetsi *et al.*, 2021). Nigeria can adopt similar community-led approaches to expand access to mental health care in underserved areas. One of such programmes is the World Health Or-

organisation's Mental Health Gap Action Programme (mhGAP), which was introduced as a critical strategy for scaling up mental health services in Nigeria. The mhGAP focuses on training non-specialist health workers, including nurses, community health extension workers, and general practitioners, to identify and manage priority mental health conditions like depression, psychosis, epilepsy, and substance use disorders in primary care settings (Spagnolo and Lal, 2021; WHO, 2023). In Nigeria, the mhGAP has been adapted to the local context, allowing for the integration of mental health into primary healthcare systems, as demonstrated in Lagos State, where non-specialist health workers are trained to provide mental health care with ongoing supervision (Abdulmalik *et al.*, 2013). Furthermore, continuous professional development opportunities for mental health specialists must be institutionalised to ensure they stay updated with best practices and emerging research (Kakuma *et al.*, 2011; Patalay *et al.*, 2017).

Community engagement and awareness campaigns play a crucial role in reducing stigma and promoting mental health education. Nationwide campaigns should be conducted through various media platforms, engaging influential community and religious leaders to advocate for mental health awareness. For example, Kenya's Basic Needs Model, which integrates mental health education into community settings, has successfully reduced stigma and improved mental health service uptake (Meyer and Ndeti, 2016; Waruguru *et al.*, 2021; Wakoli, 2024). In Nigeria, various organisations and initiatives provide critical mental health support through education, advocacy, digital interventions, and community-based services. The Asido Foundation is a not-for-profit mental health advocacy organisation dedicated to combating stigma and misinformation about mental health through evidence-based education and targeted interventions (Asido Foundation, 2025). The Suicide Research and Prevention Initiative (SURPIN) offers a 24 h toll-free helpline for immediate counselling and suicide prevention services, aiming to reduce the rising suicide rates in Nigeria through crisis intervention and community support (SURPIN, 2017). Additionally, the Mentally Aware Nigeria Initiative (MANI), a youth-led organisation, focuses on mental health awareness, providing support networks and educational resources to young Nigerians (MANI, 2024). Digital platforms like MyTherapist.ng offer virtual counselling and access to licensed therapists, making mental health care more accessible to the general population (MyTherapist, 2021). Community-based centres like Safe Place Nigeria provide safe spaces for young people to seek mental health support and guidance, fostering a supportive environment for emotional well-being (SafePlaceNigeria, 2016). These organisations exemplify the diverse and evolving landscape of mental health support in Nigeria, leveraging innovative approaches to reach underserved populations and address the country's mental health crisis effectively. Additionally, implementing school-based programmes to introduce mental health education in curricula can enhance mental health literacy at an early age. Teaching coping skills, stress management, and emotional regulation will equip students with lifelong resilience against mental health challenges. Community-based programs, such as peer support groups and counselling networks, should also be developed to

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provide culturally relevant interventions tailored to specific regional needs (Clement *et al.*, 2015; Jorm, 2012; Petersen *et al.*, 2012; Semrau *et al.*, 2015).

Leveraging existing health and educational systems is critical for ensuring the sustainability of mental health integration in SDG programmes. Mental health services should be embedded within Nigeria's primary healthcare system to improve accessibility and reduce the burden on specialised services. Nigeria's commitment to integrating mental health into primary healthcare was formalised with the adoption of the 1991 National Mental Health Policy, which was later revised in 2013 (Abdulmalik *et al.*, 2017; Okocha *et al.*, 2020). This policy mandates the inclusion of mental health services at all levels of healthcare delivery, with primary healthcare centres (PHCs) serving as initial points of contact. Implementation responsibilities are delegated to local governments, highlighting the role of PHCs in providing accessible mental health care. However, the policy's execution has faced challenges, including insufficient training for primary care workers, limited funding, and inadequate supervision, leading to inconsistent integration across regions (Chu *et al.*, 2022). Training primary healthcare providers to offer basic mental health care, similar to Ethiopia's Integration of Mental Health into Primary Care Initiative, can significantly expand service coverage and accessibility (Fekadu *et al.*, 2016; Fekadu and Thornicroft, 2014; Hailemariam *et al.*, 2016). Additionally, embedding mental health education into the national education curriculum will foster early identification of mental health conditions and promote psychological resilience among young people. Partnerships with non-governmental organisations (NGOs) and international agencies specialising in mental health, such as the WHO and local advocacy groups, can provide expertise, funding, and evidence-based intervention models to strengthen implementation (Patel *et al.*, 2007; Saxena *et al.*, 2007; Wei *et al.*, 2013; Simblett, 2017). Furthermore, competitive remuneration, improved working conditions, and robust mental health support systems are needed to retain skilled professionals and reduce the impact of the "Japa" syndrome on Nigeria's mental health sector (Adelowo *et al.*, 2024; Olorunfemi *et al.*, 2024).

Technology presents a transformative opportunity for expanding access to mental health education and services. Telemedicine platforms can be utilised to provide virtual mental health consultations, particularly in remote and underserved regions where mental health professionals are scarce. Rwanda's Mobile Mental Health Service, which employs digital tools to facilitate mental health screening and remote consultations, has demonstrated the potential of technology in bridging mental health service gaps (Ndayizigamiye, 2016; Rusatira *et al.*, 2016; Ruzek and Yeager, 2017; Ng'oma *et al.*, 2020). Nigeria can adopt similar models to enhance service delivery. Furthermore, digital education tools such as mobile applications and online learning platforms can be developed to disseminate mental health education, provide self-help resources, and promote early intervention. Additionally, data collection and analysis using digital tools can support policymakers in making informed decisions and tracking the effectiveness of mental health programs (Ramos and Chavira, 2022; Simblett, 2017; Turvey and Roberts, 2015). Table 1 outlines the roles and responsibilities of the various stakeholders

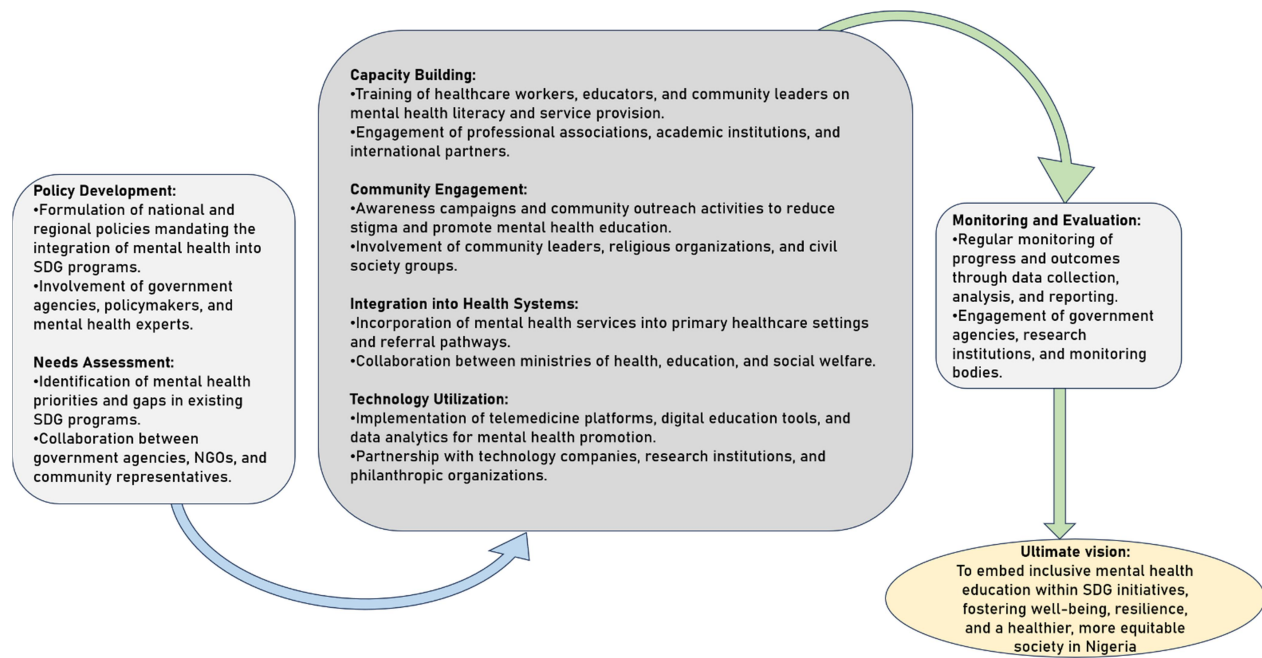


Fig. 2: Proposed Framework for Integrating Mental Health Support into SDG Programs. Outlines the steps, stakeholders, and strategies involved in the integration process

across different sectors and their specific contributions to advancing mental health promotion and sustainable development objectives.

**Conclusion**

Integrating mental health support into SDG programmes in Nigeria is essential for achieving overall well-being and societal progress, and it thus requires a comprehensive and multifaceted approach. Strengthening policy frame-

ties, leveraging existing infrastructures, and harnessing technology are critical steps toward achieving this goal. By learning from successful African models and adapting them to the Nigerian context, the country can build a sustainable mental health education system that aligns with its broader developmental agenda. This will ultimately improve individual well-being and contribute to economic productivity, social stability, and achieving broader SDG targets.

Table 1: Roles of stakeholders in integrating mental health into SDG programmes

works, investing in capacity building, engaging communi-

Stakeholder Groups	Members	Roles and Responsibilities
Government Agencies	Ministries of Health, Education, Social Welfare, Youth Affairs, and Planning	Formulate policies, allocate resources, coordinate implementation efforts, and monitor progress toward integrating mental health into SDG programs.
Policymakers	National and regional policymakers, legislative bodies, and regulatory authorities	Advocate for mental health inclusion in SDG agendas, enact legislation and create enabling environments for policy implementation and resource allocation
Healthcare Providers	Doctors, nurses, psychologists, social workers, and community health workers	Deliver mental health services, promote mental health literacy, and collaborate with other sectors to address social determinants of mental health.
Educators	Teachers, school administrators, and education policymakers	Integrate mental health education into school curricula, create supportive learning environments, and provide training on mental health awareness and support for students and staff.
Community Leaders	Traditional leaders, religious leaders, and community-based organizations	Mobilize communities, raise awareness, reduce stigma, and facilitate community-based initiatives to promote mental health and well-being.
Non-Governmental Organizations (NGOs)	Mental health organizations, advocacy groups, and humanitarian organizations	Provide support services, conduct research, advocate for policy change, and implement community-based programs to address mental health needs and promote social inclusion.
International Partners	UN agencies, donor organizations, and international NGOs	Provide technical assistance, financial support, capacity building, and knowledge sharing to strengthen mental health systems and advance SDG objectives in Nigeria.
Technology Partners	Tech companies, research institutions, and digital health platforms	Develop and deploy innovative technologies, such as telemedicine platforms and digital education tools, to improve access to mental health services and resources.
Civil Society	Grassroots organizations, youth groups, and human rights activists	Engage in advocacy, awareness-raising, and community mobilization efforts to promote mental health equity, human rights, and social justice.

**DECLARATION****Acknowledgements**

Not applicable.

**Grants and Financial Support**

None declared.

**Conflict of Interest**

None declared.

**Ethical Approval**

Not applicable.

**Consent to Participate and Publish Data**

Not applicable.

**Author's Contribution**

The entire research and article is the responsibility of the author.

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