Mental Health Prevention Models in Nigeria: A Comprehensive Analysis of Innovative Approaches and Treatment Strategies

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Abstract

Background: Mental health disorders represent a significant public health challenge in Nigeria, where approximately 20-30% of the population experiences mental health issues, yet access to effective care remains limited. The country faces substantial treatment gaps exacerbated by limited resources, cultural barriers, and inadequate mental health infrastructure. This article explores the current landscape of mental health prevention and treatment models in Nigeria, with emphasis on emerging evidence-based approaches that leverage digital technology, cultural adaptations, and integrated care systems.

Methods: A comprehensive analysis of peer-reviewed literature, government reports, and research studies on mental health in Nigeria was conducted. The search encompassed multiple databases including PubMed, African Journals Online, and Google Scholar, focusing on studies published between 2013 and 2025. The review examined epidemiological data, intervention studies, policy documents, and implementation research to synthesize the current state of mental health prevention and treatment in Nigeria.

Results: Findings reveal that Nigeria has a high prevalence of mental health disorders, with an estimated 11.1% to 20% of the population affected. Anxiety and depression are predominant conditions, with a treatment gap exceeding 75%. Digital mental health interventions show promising results, with studies demonstrating efficacy in improving depression outcomes and clinic attendance. Cultural adaptations of evidence-based interventions for youth suicide prevention have shown large effect sizes (Cohen's d=1.30-3.02). Implementation challenges include limited mental health specialists (psychistrist to population ratio of 1:700,000), inadequate funding, and significant stigma.

Conclusions: Mental health prevention in Nigeria requires a multi-faceted approach that integrates digital technologies, culturally adapted interventions, task-shifting strategies, and strengthened policy implementation. Successful models demonstrate the importance of community engagement, cultural relevance, and systemic support. Future efforts should focus on sustainable implementation, capacity building, and scaling up evidence-based practices across the country.

Keywords

Mental Health Prevention, Digital Psychiatry, Cultural Adaptation, Task-Shifting, Mental Health Policy, Perinatal Depression

1. Introduction

Nigeria faces substantial challenges due to widespread mental health problems; studies indicate that about 20%-30% of its populace suffers from such conditions. The United Nations' health agency reports that approximately 12. 5% of people around the globe suffer from various forms of psychological distress, where anxiety disorders and depressive illnesses rank highest among these issues internationally. Across Nigeria, psychological disorders occur at comparable rates but there is an extremely scarce availability of mental health services. Current research indicates an estimated prevalence of around eleven cases in recent studies. One percent of Nigeria's population suffers from mental illnesses, which equates to roughly four hundred million individuals worldwide. In particular, during the year of 2017, roughly 7 million individuals were involved. Nine percent and four percent respectively. Nine million two thousand is being referred to in this context. Nigerian individuals suffered from both anxiety disorders and depression at rates of 7% [1].

In Nigeria, there's an urgent need for improvement regarding access to adequate psychiatric services; only about two-thirds of those suffering from severe psychological disorders receive necessary medical attention. The disparity stands out notably within rural regions and amongst marginalized groups. The condition becomes more severe due to insufficient numbers of mental healthcare professionals - fewer than 300 psychiatrists providing care for an estimated 200 million individuals, leading to a stark disparity where there's only one psychiatrist per every seven hundred thousand citizens. Other professionals in mental health care, such as clinical psychologists and psychiatric nurse practitioners, face an increasingly challenging environment.

Examining Nigerian mental healthcare history uncovers intricate developments in service provision and policy changes over time. A significant early piece of legislation for addressing mental well-being issues appeared as The Lunacy Ordinance in 1916; it subsequently became known as The Lunacy Act in 1958. A pioneering mental healthcare guideline debuted in 1991; subsequently, an updated version titled "Mental Healthcare Policy" appeared in 2013. Recently, new legislation like the National Mental Health Act of 2021 and strategic frameworks such as the National Suicide Prevention Strategy unveiled in November 2023 indicate heightened governmental focus on mental healthcare issues. Although such policies have been put in place, their successful execution faces obstacles due to a dearth of political commitment, limited financial resources, and deficiencies in health worker education and collaboration. Rephrase: [2].

In Nigeria, mental health issues have profound socioeconomic effects, leading to considerable financial strain due to decreased work efficiency and employment opportunities lost. Individuals suffering from psychological disorders face an increased likelihood of falling into severe economic hardship because they frequently miss their jobs through illness and suffer layoffs. The average global expenditure on $23 is calculated. One's diagnosis served as reimbursement for psychiatric care during its onset period along with a brief outpatient consultation afterward. High expenses for both explicit and implicit charges characterized Nigerian mental healthcare patients, where many individuals relied on personal funds, increasing their risk of severe financial strain.

Factors related to culture profoundly impact how people perceive their mental well-being and decide when to seek help in Nigeria. Despite widespread ignorance about mental health issues, many individuals turn to faith-based practitioners for help instead of healthcare professionals because they believe these healers can cure their ailments through supernatural means. In this cultural milieu, there exist dual facets of obstacles and prospects in crafting efficacious strategies aimed at promoting psychological well-being without disregarding indigenous wisdom yet integrating empirical methodologies [3].

The piece intends to thoroughly examine existing strategies for preventing mental illnesses as well as studies into treatments across Nigeria, emphasizing emerging methodologies employed locally. Our study examines current mental health care systems, investigates new tech-based treatments, analyzes cultural-specific preventive measures, and discusses potential policies affecting Nigerian mental healthcare sustainably. Here is another way to express it:

2. Mental Health Service Landscape in Nigeria

2.1 Current Healthcare System Structure

In Nigeria's health infrastructure, there exist distinct tiers of medical services encompassing primary, secondary, and tertiary institutions. Most healthcare centers fall under municipal control with backing from provincial administrations. Primarily catering to individuals residing in remote areas, their focus centers on addressing widespread health issues such as general wellness programs and measures aimed at preventing diseases. Despite mental health being formally part of the primary care framework, it often falls short because there's insufficiently skilled staff or inadequate support for physical health infrastructure.

Secondary healthcare includes both general hospitals and all-encompassing clinics, typically falling within the purview of provincial administrations. Many healthcare facilities managed by doctors belong in this group as well. It encompasses institutions such as specialized universities for healthcare professionals, national research facilities focused on medicine, regional specialty clinics, and some privately owned establishments in this category of advanced care services. The majority of locations for many mental healthcare professionals can be found within cities. In densely populated regions, there is an evident gap between residents' ability to obtain quality psychological services compared to those living in less populous settings. The third statement has been restated: [4].

Progress in integrating mental healthcare within general practices faces delays and difficulties. By 2022, Nigeria's Lagos, Ogun, and Osun provinces were among those that initiated statewide mental health education programs specifically tailored for primary care providers tasked with identifying individuals exhibiting signs of psychological distress early on in their communities. The restricted amalgamation poses an impediment hindering timely identification and support of psychological issues in local settings [5].

2.2 Mental Health Resources and Workforce Capacity

Nigeria faces a vital scarcity of mental fitness professionals that seriously limits the provision of offerings. With a population of more than two hundred million humans, and much less than three hundred psychiatrists who're frequently city-based totally, the ratio of psychiatrists to the complete population is approximately 1:700,000. The state of affairs is even more dire for other mental healthcare professionals, including scientific psychologists, psychiatric nurses, and occupational therapists.

Table 1. Mental Health Workforce Distribution in Nigeria

Professional Group	Estimated Numbers	Population Ratio	Geographic Distribution
Psychiatrists	<300	1:700,000	Mostly urban-based
Clinical Psychologists	Not available	Not available	Mostly urban-based
Psychiatric Nurses	Not available	Not available	Mixed, but limited
Mental Health Social Workers	Not available	Not available	Very limited

Table 1: This table is reveals the serious problems facing Nigeria's mental health services:

Severe shortage of professionals: Especially psychiatrists: Fewer than 300 serve the entire country.

Large amounts of professional data missing: Showing insufficient attention to mental health within the healthcare system.

Significant urban-rural disparities: Most professionals are concentrated in urban areas, with a severe lack of services in rural areas.

The schooling publicity to intellectual healthcare for other scientific professionals is also constrained. Of all of the scientific specialties available in Nigeria, handiest own family medicinal drug and inner medicinal drug trainees go through ordinarily -month postings in intellectual healthcare as a part of their education –a period considered grossly inadequate for unbiased intellectual fitness care provision. This confined training similarly constrains the potential of the wider healthcare gadget to address intellectual fitness needs [6].

The unequal distribution of intellectual fitness specialists both within and outdoor of Nigeria poses a similarly chance to the us of a's mental fitness personnel, with overconcentration of specialists in city cities. This internal and external mind drain leaves the sizeable majority of communities in Nigeria without any form of specialised mental health services, exacerbating the treatment gap, especially in rural regions.

2.3 Mental Health Policy and Financing

The way mental health policies have changed in Nigeria shows how the country's approach to mental health care has evolved over time. The Lunacy Ordinance from 1916 was the first known mental health law, giving magistrates and doctors the authority to control people who had mental illnesses. In 1991, the first mental health gap policy was created, but it didn't include plans for handling big stressful times, like during epidemics, when many people can get mental health issues.

In 2013, the policy was updated to the "Policy on Mental Health Service Delivery," which pushed for proper training, retraining, and ongoing education for important medical workers on how to spot, check, and treat mental, neurological, and substance use conditions at every level of care. More recently, the National Mental Health Act in 2021 and the National Suicide Prevention Strategic Framework in November 2023 show that national health leaders are now more focused on solving mental health problems.

Despite these policy developments, financing for mental health remains inadequate. Mental health receives a small fraction of the overall health budget, limiting the implementation of proposed policies and programs. The high out-of-pocket expenditure for mental healthcare creates financial barriers for many Nigerians, with catastrophic health spending consequences for families seeking care [7].

3. Digital Mental Health Interventions

3.1 Current State of Digital Psychiatry

Digital mental health tools are becoming a good way to help with the lack of proper care in Nigeria. Digital psychiatry, which uses digital health tech for checking mental health, giving support, stopping problems before they start, and treating them, can help with issues like not enough trained workers and difficulty getting care in certain areas. A review of research on digital psychiatry in Nigeria found two main areas being studied: how to implement these tools and what kinds of treatments work. Most of the studies looked at treatment methods and showed that using digital tools can help people with depression and make it easier to go to clinics. Studies on how to implement these tools also showed that both patients and doctors are happy to use them [8].

The increasing use of digital technology in Nigeria makes it possible to introduce mental health solutions through digital means. A report from the GSMA says that in 2018, Nigeria had more than 747 million mobile phone users and over 302 million people using smartphones. These numbers are expected to rise to over 1 billion by 2025. Because so many people have access to mobile technology, there is a chance to offer mental health support to those who haven't had access before.

Research on digital mental health in Nigeria shows positive outcomes in different areas. Studies have found that using mobile technology can help in treating patients outside of hospitals, providing therapy, and preventing mental health issues from returning. For example, one study showed that using digital tools helped patients follow through with their appointments and take their medicine as prescribed. These results show that digital methods can work well alongside traditional mental health care, especially in places where resources are limited [9].

3.2 Factors Influencing Adoption of Digital Mental Health

It's important to understand what affects people's use of digital tools for mental health. A study in Nigeria looked at how young mothers during pregnancy and after giving birth use mobile health (mHealth) apps to manage depression. The study used Social Cognitive Theory to look at how much people know about mHealth, their confidence in using apps, and how their environment influences their use. The study found that even though these young mothers were excited about mHealth and felt confident using apps, these factors on their own weren't enough for them to actually use the tools.

Getting pregnant at a young age brings social issues and disapproval that make it hard for people to adopt certain therapies. Relatives often don't trust using mobile phones for mental health treatment, people avoid going to clinics, and they don't like sharing app content with friends. These problems show that when creating digital mental health tools, it's important to think about the social environment, especially for those who are more vulnerable [10].

The study also highlighted the importance of involving parents, guardians, and partners in mHealth solutions by healthcare providers to help young mothers in Nigeria use digital tools for mental health care. It was noted that clear communication between healthcare providers and the families of patients about how mHealth is used in treatment is key to making the mental health management plan for depression successful.

Table 2. Key Findings from Digital Mental Health Studies in Nigeria

Study Focus	Key Findings	Implications
General Digital Psychiatry	Digital technology seems acceptable to Nigerian patients and clinicians; Intervention studies show efficacy in depression and appointment adherence	Policies to operationalize digital healthcare services can address unmet mental health needs
mHealth for Perinatal Depression	Personal factors and self-efficacy insufficient without social support; Relational trust issues impact adoption	Involvement of family members crucial for successful implementation
Task-Shifting with Digital Tools	Digital health can scale up care in task-shifting initiatives; Addresses barriers to care	Integration with primary care systems enhances accessibility

Table 2: This table shows that Nigeria's research findings on digital mental health mainly focus on:

• High acceptance and effectiveness of digital technologies
• Social support and trust relationships are important factors influencing adoption
• Digital tools can improve the service capacity of primary healthcare systems

Overall, digitalization has the potential to improve mental health services in Nigeria, but successful implementation requires policy support, family involvement, and integration with primary care.

3.3 Implementation Considerations

The implementation of digital mental health solutions in Nigeria requires attention to several key factors. The quality of evidence from the majority of studies needs enhancement, and additional research is required to uncover gaps in some regions of the country . Future studies should employ more rigorous methodologies and include diverse populations to strengthen the evidence base.

Technical considerations such as internet connectivity, device availability, and digital literacy also influence the implementation of digital mental health solutions. While mobile phone penetration is high in Nigeria, disparities in access to smartphones and reliable internet connectivity, particularly in rural areas, may limit the reach of digital interventions. Designing solutions that can function on basic mobile phones with limited internet requirements may enhance accessibility.

The integration of digital tools into existing healthcare systems is another critical consideration. Digital mental health interventions should complement rather than replace traditional services, particularly in settings where face-to-face interactions remain important for building therapeutic relationships. Additionally, training healthcare providers in the use of digital tools ensures effective implementation and sustainability [11].

4. Culturally Adapted Psychological Interventions

4.1 Youth Suicide Prevention Programs

Culturally adapted psychological interventions have shown remarkable success in addressing mental health challenges in Nigeria, particularly in the realm of youth suicide prevention. A systematic review of psychosocial interventions for youth in low- and middle-income countries (LMICs) included studies from Nigeria and demonstrated that cultural adaptations of evidence-based interventions could achieve substantial reductions in suicidal ideation. The review, which examined four studies from Pakistan, India, and Nigeria, found that cultural adaptation was a key factor in the effectiveness of these interventions.

In Nigeria, a specific study focused on female students who had experienced trauma implemented an art and music therapy intervention, which resulted in significant reductions in suicidal ideation as measured by the Suicide Ideation Questionnaire-Junior Version (SIQ-JR), with a large effect size (Cohen's d=3.02) . This substantial effect demonstrates

the potential of culturally resonant therapeutic approaches for addressing severe mental health concerns in Nigerian youth [12].

The effect sizes observed in these LMIC studies (ranging from d=1.30 to 3.02) were notably higher than those typically found in high-income countries (approximately d=0.24-0.54) for similar interventions. Several factors may explain this disparity, including higher baseline symptom severity, the cultural appropriateness of the interventions, and the possibility that participants were receiving mental health services for the first time. These findings suggest that culturally adapted interventions may be particularly beneficial for populations with limited prior exposure to mental health services.

4.2 Interventions for Perinatal Adolescents

Teenage mothers in Nigeria are a group that faces a higher risk of mental health issues. Studies show that depression during and after pregnancy, known as perinatal depression, is more common in teenage moms compared to older mothers. This condition can happen during pregnancy and up to a year after the baby is born. If not treated, perinatal depression can lead to serious health problems for both the mother and the baby.

The difficulties that this group faces in accessing care show that we need real and adaptable solutions that fit their specific needs. Teen mothers often deal with extra problems like unclear pregnancy situations, not enough support from family, and being treated differently by society. Because of these issues, healthcare needs to be designed with their age and situation in mind, taking care of both their mental health and the social factors affecting them during pregnancy and after.

Research has looked into using mobile health tools to help teenage mothers in Nigeria deal with depression during pregnancy and after giving birth. These young mothers are willing to use their phones for health care, which opens up chances to create technology solutions that meet their specific needs. But as before, making these solutions work well needs solving social problems and involving family members in the care process [13].

4.3 Community-Based Approaches

Community-based approaches to mental health prevention and treatment have gained traction in Nigeria, leveraging local resources and cultural understandings of mental health. These approaches often involve collaboration between traditional healers, religious leaders, and healthcare professionals to provide comprehensive care that respects cultural beliefs while incorporating evidence-based practices.

One good way to improve mental health support has been adding mental health services to places people already visit, like schools, churches, and community centers. This helps make talking about mental health feel more normal and less shameful, which makes it easier for people to get help. Especially in schools, these programs can help find and address mental health issues in kids and teens early on.

The use of peer support networks has also emerged as an effective community-based strategy for mental health promotion. By training individuals with lived experience of mental health challenges to support others in their communities, these programs create sustainable mechanisms for ongoing support while reducing the burden on formal healthcare systems [14].

5. Prevention Models and Implementation Pathways

5.1 Multi-Level Prevention Framework

Effective mental health prevention in Nigeria requires a comprehensive framework that addresses risk factors at multiple levels – individual, family, community, and societal. The prevention spectrum should encompass universal prevention strategies targeting the general population, selective interventions for at-risk groups, and indicated interventions for individuals showing early signs of mental health conditions.

At the individual level, prevention efforts should focus on building resilience and coping skills, particularly among children and adolescents. School-based mental health literacy programs can equip young people with knowledge and skills to recognize and manage mental health challenges. For adults, workplace mental health initiatives can reduce stress and prevent the development of more severe conditions [15].

At the family and community levels, interventions should aim to strengthen social support networks and reduce stigma associated with mental health conditions. Engaging traditional and religious leaders in mental health awareness campaigns can help to shift cultural perceptions and encourage help-seeking behavior. Community-based screening programs can facilitate early identification and intervention for mental health concerns.

At the society level, things like laws that support mental health, insurance that covers mental health issues, and including mental health in regular medical care are important for helping create a good environment that supports mental health and stops problems before they start [16].

5.2 Task-Shifting and Capacity Building

Task-shifting methods, where certain mental health tasks are given to less specialized health workers when it's suitable, have been suggested by the World Health Organization to help reduce the gap in mental health treatment worldwide. In Nigeria, using digital healthcare can help expand mental health care even more as part of this task-shifting approach.

Adding mental health care to primary health services is an important way to shift tasks and greatly improve access to help. As mentioned earlier, only three Nigerian states had trained all their primary healthcare workers in mental health by 2022. It's important to spread these training programs across the entire country to strengthen the ability of primary care services [17].
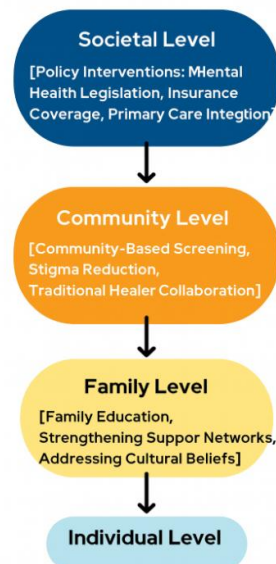

Figure 1. Proposed Multi-Level Prevention Framework for Mental Health in Nigeria

Figure 1: This figure is a flowchart of a multi-level mental health intervention strategy, using rounded boxes of different colors to show intervention methods from the "social level" to the "individual level." The arrows point downwards, representing the gradual implementation of interventions from the macro level to the micro level. This top-down, progressive mental health intervention system indicates that comprehensively promoting mental health requires not only government and institutional support, but also the joint efforts of communities, families, and individuals.

Training programs for primary healthcare workers should focus on recognition of common mental disorders, basic counselling skills, and knowledge of when to refer to specialists. These programs should be culturally sensitive and address local beliefs about mental illness to ensure that healthcare providers can effectively communicate with patients about mental health concerns.

The use of digital training platforms can facilitate the scaling up of mental health capacity building efforts. Online courses, mobile learning applications, and tele-supervision can provide cost-effective ways to train healthcare workers across geographically dispersed areas, overcoming some of the traditional barriers to in-person training [18].

5.3 School-Based Mental Health Promotion

Schools represent a crucial setting for mental health promotion and early intervention in Nigeria. With a large youth population – over 40% of Nigerians are under 15 years old – school-based programs can reach children and adolescents at developmental stages when many mental health conditions first emerge.

Effective school-based mental health programs typically include multiple components: mental health literacy curricula to increase knowledge and reduce stigma, socio-emotional learning to develop coping and relationship skills, screening programs to identify at-risk students, and referral mechanisms to connect students with appropriate services. These programs should be developmentally appropriate and culturally adapted to the Nigerian context.

The implementation of school-based mental health programs faces challenges, including limited resources, insufficient trained personnel, and competing academic priorities. However, innovative approaches such as peer support programs, teacher training in mental health first aid, and digital mental health resources can help to overcome these barriers [19].

5.4 Community Integration and Traditional Healer Collaboration

Engaging traditional and religious healers in mental health care represents a promising approach to expanding access in Nigeria. Given that many Nigerians first seek help for mental health concerns from traditional or religious sources, collaboration between these providers and the formal healthcare system could facilitate earlier intervention and appropriate referral.

Models for collaboration might include training programs for traditional healers on recognition of mental health conditions, referral networks between traditional healers and health facilities, and joint consultation opportunities where traditional and biomedical providers work together to address patients' mental health needs. These collaborative approaches require mutual respect and understanding between different healing traditions.

Community-based rehabilitation programs for people with severe mental disorders offer another avenue for integration. These programs, which often involve family and community members in providing support and rehabilitation services, can help to reduce institutionalization and promote recovery in community settings [20].

6. Challenges and Future Directions

6.1 Persistent Challenges

Despite some progress in preventing and treating mental health issues in Nigeria, there are still many problems that slow down improvements. A big issue is that most people who need mental health care don't get it. Over 75% of those with mental health problems don't receive the right treatment. This problem is worse in rural areas and among groups like children, teenagers, and people with serious mental illnesses.

Another big challenge is the lack of mental health workers. Nigeria has fewer than 300 psychiatrists for a population of over 200 million, and most of them are in cities. This shortage also affects other mental health experts like clinical psychologists, psychiatric nurses, and social workers.

Not enough money is also a major problem. Mental health gets a very small share of the total health budget, which makes it hard to start and keep up prevention and treatment programs. People often have to pay a lot out of their own pockets for mental health care, which can be very expensive and make it hard for families to afford.

Stigma and not knowing much about mental health are also big obstacles. Many people believe mental health problems are caused by spiritual issues, so they go to traditional or religious healers instead of doctors. While these practices are part of cultural traditions, they can stop people from getting proper care and treatment.

6.2 Future Directions

To meet the mental health needs of Nigeria's people, it's important to make smart investments and use new ideas in different areas. In the future, efforts should focus on several important areas:

Workforce development is crucial for expanding mental health services. This includes not only increasing the number of mental health specialists but also enhancing the capacity of primary healthcare workers to address common mental health conditions through task-shifting approaches. Training programs should be scaled up, and incentives should be created to encourage mental health professionals to work in underserved areas.

Digital mental health innovations offer promising avenues for expanding access to services. Future research should focus on developing and testing digitally enabled care models that can effectively reach populations with limited access to traditional services. These innovations should be designed with attention to local contexts, including technological infrastructure, literacy levels, and cultural preferences.

Including mental health in general healthcare is a good long-term way to fix the problem of not enough treatment. The World Health Organization has a program called mhGAP that gives clear guidelines for handling mental, neurological, and substance use issues in places where there are no specialists. This program can help Nigeria work better towards including mental health in healthcare.

Research capacity building is essential for generating contextually relevant evidence to guide mental health prevention and treatment in Nigeria. Priorities include developing and validating assessment tools for Nigerian populations, conducting implementation research to identify effective strategies for scaling up interventions, and evaluating the cost-effectiveness of different service delivery models.

Table 3. Summary of Key Recommendations for Strengthening Mental Health Prevention and Treatment in Nigeria

Domain	Key Recommendations
Policy and Governance	Increase mental health budget allocation; Strengthen implementation of mental health legislation; Enhance coordination between government ministries
Service Delivery	Scale up integration of mental health into primary care; Expand community-based mental health services; Strengthen referral systems between different levels of care
Human Resources	Expand training programs for mental health specialists; Enhance mental health training for primary care workers; Develop certification programs for community health workers in mental health
Digital Mental Health	Develop national guidelines for digital mental health; Invest in digital infrastructure in underserved areas; Support research on culturally adapted digital interventions
Community Engagement	Develop anti-stigma campaigns with cultural leaders; Strengthen collaboration with traditional and religious healers; Promote mental health literacy through community programs

Table 3: The table message of this table is: To strengthen Nigeria's mental health system, a comprehensive approach is needed across five areas: policy, services, human resources, digital technology, and community participation. The key focuses are:

- Policy support
- Primary health integration
- Professional and grassroots training
- Digital development
- Community and cultural participation

7. Conclusion

Mental health care in Nigeria has a lot of problems, like not enough money, not enough trained workers, and cultural beliefs that make people avoid help. But there are some good ideas that could make a big difference. Using digital tools for mental health has worked well, especially when they take into account the specific needs of the people using them. When mental health treatments are made to fit the culture, they work really well, even better than in richer countries. Training non-specialists to help with mental health and including this in regular health care can help more people get the support they need.

To fix these issues, Nigeria needs a full plan that includes changing laws, training more workers, getting the community involved, and using technology smartly. This plan should be based on what works locally and involve everyone, including people who have had mental health issues. If Nigeria keeps working on this, it can provide better, affordable, and culturally right mental health care for all its people.

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