NAVIGATING THE UNSEEN: ADDRESSING STRUCTURAL DISCRIMINATION AND INTERSECTIONAL STIGMA IN MENTAL HEALTH RIGHTS IN NIGERIA♦

Abstract
Mental health-related stigma and discrimination remain pervasive in Nigeria, undermining the effective realisation of the right to non-discrimination for individuals with mental health conditions. While progress has been made through legal reforms and advocacy, critical gaps persist in addressing structural discrimination and intersectional stigma, areas often neglected in mainstream discourse. This study examines these grey areas by analysing systemic barriers within Nigeria's healthcare, employment, and educational sectors, which disproportionately affect individuals with mental health conditions. It further explores how intersecting factors, such as gender, socioeconomic status, ethnicity, and disability, compound stigma and discrimination, resulting in heightened marginalisation and social exclusion. Drawing on a doctrinal analysis of Nigerian legislation, international human rights instruments, and comparative insights from jurisdictions with progressive frameworks, the paper identifies deficiencies in existing laws and policies, including inadequate legal recognition of psychosocial disabilities, insufficient anti-discrimination safeguards, and weak enforcement mechanisms—particularly their inability to adequately address structural discrimination and intersectional stigma. Based on these findings, the paper recommends targeted reforms, including the explicit recognition of psychosocial disabilities within anti-discrimination laws, the adoption of intersectionality-focused policies, and the enhancement of enforcement mechanisms to ensure effective redress. Furthermore, it calls for robust public awareness campaigns, inclusive policymaking, and the active involvement of civil society organisations in advocacy efforts. By highlighting these underexplored dimensions and proposing practical solutions, this study bridges existing gaps and advances mental health rights in Nigeria in alignment with international standards.

Keywords: Mental Health, Human Rights, Intersectional Stigma, Non-Discrimination, Structural Discrimination

1. Introduction

Mental health is an essential, though historically neglected, aspect of human well-being and public health in Nigeria.[1] The right to non-discrimination is a fundamental human right that underpins the dignity of every individual, including those with mental health conditions. This right is not only recognised in international human rights instruments such as the Universal Declaration of Human Rights (UDHR)[2] and the United Nations Convention on the Rights of Persons with Disabilities (CRPD),[3] to which Nigeria is a party, but is also embedded in Nigeria's domestic legal framework. Notably, the Constitution[4] guarantees freedom from discrimination based on sex, ethnic group, place of origin, religion, or political opinion. Although mental disability is not explicitly listed, a purposive interpretation in line with Nigeria's international obligations supports its inclusion.[5] Yet, despite these normative protections, the reality for individuals living with mental health conditions in Nigeria is marked by exclusion, marginalisation, and systemic inequity.[6]

The social and institutional framework is riddled with deeply entrenched stigma and discriminatory attitudes towards persons with mental health conditions.[7] Across healthcare, employment, education, and housing sectors, they face overt and covert forms of discrimination, often justified by cultural myths, misinformation, and institutional silence.[8] Stigma does not merely manifest as negative attitudes but usually translates into tangible barriers, such as denial of access to services, loss of livelihood opportunities, and even inhumane treatment in traditional or faith-based healing centres.[9] These issues are exacerbated by a weak legal and policy framework, which has only recently begun to evolve with the passage of the National Mental Health Act,[10] repealing the colonial-era Lunacy Act.[11] However, the NMHA, though progressive in many respects, has yet to be fully operationalised or mainstreamed across government structures and public consciousness.

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[1]YH Wada*et al.*,'Mental health in Nigeria: A neglected issue in public health', *Public Health in Practice* (2021) 2(100166) 1 -3 <https://doi.org/10.1016/j.puhip.2021.100166> accessed 8 April 2025.

[2] Article 2, United Nations, Universal Declaration of Human Rights, UNGA Res 217 A (III) of 10 December 1948, UN Doc A/810 (1948)

[3]Article 5, United Nations, Convention on the Rights of Persons with Disabilities, adopted by UNGA Res 61/106 of 13 December 2006, entered into force 3 May 2008, 2515 UNTS 3

[4]Section 42 of the Constitution of the Federal Republic of Nigeria 1999 (as amended). Subsequently 'the 1999 Constitution' when properly defined.

[5]NC Umeh, 'Reading 'Disability' into the Non-Discrimination Clause of the Nigerian Constitution," *African Disability Rights Yearbook* (2016) 4, 53-76<> accessed 8 April 2025.

[6]*Ibid*

[7]HEJomboand AU Idung, 'Stigmatising Attitudes towards Persons with Mental Illness among University Students in Uyo, South-South Nigeria' *International Journal of Health Sciences & Research* (2018) 8 (4) 24 -31 <https://www.ijhsr.org/IJHSR_Vol.8_Issue.4_April2018/5.pdf> accessed 8 April 2025; and D.I, Ukpong and F. Abasiubong, 'Stigmatising Attitudes towards the Mentally Ill: A Survey in a Nigerian University Teaching Hospital' *South African Journal of Psychiatry* (2010) 16(2) 56 -60.

[8]*Ibid*

[9]OOOgunwale*et al.*, 'Indigenous Mental Healthcare and Human Rights Abuses in Nigeria: The Role of Cultural Syntonicity and Stigmatization' *Frontiers in Psychiatry* (2023) 14, <https://pubmed.ncbi.nlm.nih.gov/37427251/> accessed 8 April 2025

[10]National Mental Health Act, 2021. Subsequently 'the NMHA' when properly defined

[11]Lunacy Act, Cap. 112, LFN and Lagos, 1958 (originally enacted as Lunacy Ordinance No. 5 of 1916).

While existing scholarship has highlighted the general challenges faced by people with mental health conditions,[12] insufficient attention has been given to the systemic and structural dimensions of their discrimination. Structural discrimination refers to institutional practices, policies, and cultural norms that create and perpetuate unequal outcomes for certain groups, whether intentionally or inadvertently. In Nigeria, structural discrimination is visible in the absence of mental health support within the national health insurance scheme, inadequate budgetary allocation to mental healthcare, and the lack of workplace policies protecting mental health.[13] These systemic issues are compounded by intersectional stigma, where mental health discrimination intersects with other identity markers such as gender, socioeconomic class, ethnicity, age, and disability, resulting in compounded exclusion.[14] For instance, a poor, rural woman with a psychosocial disability is more likely to face multiple layers of discrimination than her urban, male counterpart.

This study interrogates these often-overlooked dimensions by examining how structural and intersectional stigma operate within Nigeria's sociopolitical and legal context. The objective is twofold: first, to critically analyse the legal and institutional frameworks that address, or fail to address, the right to non-discrimination for persons with mental health conditions; and second, to offer informed, practical recommendations for reform that align Nigeria's obligations under the CRPD and other global standards with its constitutional and domestic legal commitments. The significance of this inquiry lies in its potential to reshape the discourse on mental health rights in Nigeria. By shifting the focus from individual-level stigma to broader structural and intersectional injustices, the paper contributes to a more nuanced and holistic understanding of mental health discrimination. It also seeks to influence legal and policy reform by providing evidence-based recommendations that reflect best practices from jurisdictions with more developed mental health rights frameworks. In doing so, this study adds to the growing body of mental health literature andserves as a catalyst for inclusive, rights-based change within Nigeria's legal and policy framework.

2. Conceptual Clarification and Theoretical Framework

Defining Key Concepts

Mental Health: This multifaceted construct encompasses emotional, psychological, and social well-being. It influences cognition, perception, behaviour, and interpersonal relationships. The World Health Organisation (WHO)[15] defines mental health as a state where individuals recognise their abilities, cope with everyday life stresses, work productively, and contribute to their communities. This holistic perspective emphasises that mental health is not merely the absence of mental disorders but a vital component of overall well-being and health.

Discrimination: This term refers to the unjust or prejudicial treatment of individuals based on specific characteristics such as race, gender, age, or health status. According to Garner,[16] it is defined as 'the effect of the law or established practice that grants privileges to a particular class while denying them to another based on race, age, sex, nationality, religion, or disability.' In the context of mental health, discrimination is evident when individuals with mental health conditions face unfavourable treatment due to their diagnoses. This can occur across various sectors, resulting in significant social and economic disadvantages.

Stigma: This concept refers to the negative attitudes, beliefs, and stereotypes directed at individuals perceived as different. The Oxford English Dictionary[17] defines stigma as 'a sign of severe censure or condemnation impressed on a person or thing.' In the context of mental health, stigma reflects societal disapproval and the devaluation of individuals with mental health conditions. The American Psychiatric Association[18] identifies three primary types of stigma: Public Stigma, which encompasses negative societal attitudes and beliefs toward those with mental health conditions; Self-Stigma, the internalisation of societal prejudices by individuals with mental health conditions that leads to diminished self-esteem and self-efficacy; and Structural Stigma, which refers to institutional policies and practices that systematically disadvantage individuals with mental health conditions.

Structural Discrimination: This refers to the societal systems, policies, and institutional practices that generate and sustain unequal access to resources and opportunities for specific groups.[19] In the context of mental health, structural discrimination is evident when laws, organisational policies, or societal norms systematically marginalise individuals with mental health conditions. For example, the underfunding of mental health services or exclusionary employment practices exemplify structural discrimination.

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[12] (n 7) and (n 9)

[13] L Sheikh *et al.*, 'Sustainable Financing Mechanisms for Strengthening Mental Health Systems in Nigeria' *IJMHS* (2019) 13(38)1 -15 <https://doi.org/10.1186/s13033-019-0293-8> accessed 8 April 2025

[14] F Jackson-Best and N Edwards, 'Stigma and Intersectionality: A Systematic Review of Systematic Reviews Across HIV/AIDS, Mental Illness, and Physical Disability' BMC Public Health (2018) 18, 919 <https://doi.org/10.1186/s12889-018-5861-3> accessed 9 April 2025

[15] World Health Organization, 'Mental health: Strengthening our response' WHO (17 June 2022) <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response> accessed 11 April 2025

[16] BA Garner, Black's Law Dictionary (9thedn, West Publishing Co., 2009) 534

[17] Oxford English Dictionary Online, Oxford University Press<https://www.oed.com> accessed 11 April 2025

[18] American Psychiatric Association, 'Stigma, Prejudice and Discrimination against People with Mental Illness' *APA* <https://www.psychiatry.org/patients-families/stigma-and-discrimination >accessed 11 April 2025.

[19] FL Pincus, 'Discrimination Comes in Many Forms: Individual, Institutional, and Structural' *American Behavioral Scientist* (1996) 40(2)186<https://doi.org/10.1177/0002764296040002> accessed 11 April 2025

Intersectional Stigma: This phenomenon occurs when multiple stigmatised identities coexist within an individual, resulting in compounded discrimination.[20] It acknowledges that individuals may face layered forms of stigma due to the interplay of various characteristics, such as race, gender, socioeconomic status, and mental health.[21] For instance, a woman of colour who has a mental health condition may encounter discrimination that is not merely additive but multiplicative, as the intersecting stigmas interact in complex ways.

Theoretical Framework

Social Model of Disability: This theory emerged in the United Kingdom during the 1970s and was primarily developed by disability rights activists Paul Hunt and Vic Finkelstein. It posits that disability arises not solely from individual impairments but from societal barriers and attitudes that hinder the full participation of individuals with disabilities.[22] This model shifts the focus from the individual's condition to the need for societal change, advocating for removing barriers and promoting inclusive practices. In the context of mental health, this model emphasises that societal attitudes and structural barriers, rather than the mental health condition itself, are primary contributors to the challenges faced by individuals.

Intersectionality Theory: Introduced by Kimberlé Crenshaw in 1989, this theory examines how various social identities (e.g., race, gender, class) intersect to create unique experiences of oppression or privilege.[23] This framework is crucial in understanding how individuals with mental health conditions may experience compounded forms of discrimination when other marginalised identities are also present. It calls for an analysis that considers multiple axes of identity to fully grasp the nuances of discrimination and stigma.

Human Rights-Based Approach to Mental Health: This theory integrates international human rights principles into mental health policies and practices.[24] This approach asserts that access to mental health care and protection from discrimination are fundamental human rights. It emphasises the state's obligation to respect, protect, and fulfil the rights of individuals with mental health conditions, ensuring their dignity, autonomy, and inclusion in society.[25]

3. Existing Legal and Policy Frameworks on Mental Health and Non-Discrimination in Nigeria

Legal Framework

Constitutional Provisions

The 1999 Constitution provides broad protections for individuals with mental health conditions through its fundamental human rights provisions, even though it does not explicitly mention disability. Several constitutional provisions are instrumental in safeguarding the rights of people with mental health issues. For instance, section 34 of the Constitution guarantees the right to the dignity of the human person, and prohibits torture, inhuman, or degrading treatment. This provision is particularly significant for individuals with mental health conditions, as it serves to protect them from abusive institutional practices and the degrading societal attitudes often directed toward them. People with mental health conditions are frequently subjected to inhumane treatment, such as forced institutionalisation, neglect, or coercion during medical treatment. Section 34 directly addresses these abuses by enshrining the right to dignity for all citizens, including those living with mental health conditions. Section 42 of the Constitution also ensures freedom from discrimination on grounds such as ethnic group, place of origin, sex, religion, or political opinion. Although disability is not explicitly listed as a protected category, Section 42 can be interpreted purposively to include people with mental health conditions. This interpretation is further supported by Nigeria's obligations under international human rights treaties like the CRPD, which Nigeria has ratified. The CRPD explicitly calls for the inclusion of individuals with mental health conditions in all areas of society without discrimination.[26] Consequently, Section 42, when considered alongside these international instruments, provides a constitutional foundation for advocating for the inclusion of people with mental health conditions and psychosocial disabilities in Nigerian society. Chapter II of the Constitution outlines the Fundamental Objectives and Directive Principles of State Policy, which, although non-justiciable and not enforceable in a court of law, provide the framework for social justice and human development, including the rights of individuals with mental health conditions.[27] Section 17(3)(d) directs the State's policy to ensure that all citizens, without discrimination, have the opportunity to secure adequate means of livelihood and medical care. This provision underscores the state's responsibility to guarantee access to healthcare, including mental health services, for individuals with mental health conditions. Similarly, Section 17(3)(c)

[20](n 14)
[21]*Ibid*
[22]Hunt and Finkelstein co-founded the Union of the Physically Impaired against Segregation (UPIAS) in 1972, arguing that disability arises from societal barriers, not individual impairments.
[23]K Crenshaw, 'Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics' *University of Chicago Legal Forum* (1989) 139, <https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8> accessed 11 April 2025
[24]JK Burns, 'Mental health and Inequity: A Human Rights Approach to Inequality, Discrimination, and Mental Disability' *IJSP* (2013) 59 (4) 337–345<https://doi.org/10.1177/0020764012450962> accessed 11 April 2015
[25]*Ibid*
[26]Articles 5 and 19
[27]Scholars have called for reforms to make the right to health, including mental health, justiciable in Nigeria. See EB Omoregie and D Momodu, 'Justifying the Right to Healthcare in Nigeria: Some Comparative Lessons' *Nigerian Juridical Review* (2014) 12, 13-32

advocates for equal opportunities for all citizens to secure suitable employment, indirectly supporting the rights of individuals with mental health conditions to pursue employment opportunities without facing discrimination.

National Mental Health Act

The NMHA, enacted in January 2023, marks a significant advancement in Nigeria's approach to mental health legislation. This Act repeals the outdated Lunacy Act of 1958, which was criticised for emphasizing institutionalisation and stigmatisation rather than providing appropriate medical care.[28]The new legislation recognises mental health conditions as medical issues, not moral failings, and seeks to protect the rights of individuals living with these conditions.[29]A cornerstone of the Act is the establishment of the Mental Health Services Department within the Federal Ministry of Health,[30] tasked with overseeing the implementation of mental health services and policies.[31] This department is responsible for proposing national mental health policies, promoting mental well-being, and facilitating humane care, including treatment and rehabilitation in the least restrictive environment.[32] The Act emphasises a culturally appropriate, affordable, accessible, and equitably distributed mental health care system that involves both the public and private sectors.[33]The legislation enshrines the protection of human rights for individuals with mental health conditions, including freedom from discrimination, access to healthcare services, and the right to community-based services.[34] It mandates informed consent and confidentiality, ensuring that individuals are treated with respect and dignity, and that their personal and medical information is kept private.[35] Furthermore, the Act contains anti-discrimination provisions that prohibit discrimination against individuals with mental health conditions in areas such as employment, housing, education, and access to services.[36] It also encourages public education and awareness campaigns to reduce stigma and promote a better understanding of mental health issues in society.[37]By integrating mental health services into primary and secondary healthcare levels, the Act aims to improve accessibility and reduce the treatment gap.[38] It mandates that every public healthcare facility provide integrated mental health treatment at all levels, in line with guidelines established by the Department.[39] This approach aligns with global best practices, promoting early intervention and community-based care.The NMHA represents a comprehensive framework for addressing mental health issues in Nigeria, focusing on human rights, integration of services, and the destigmatization of mental health conditions. Its successful implementation will require concerted efforts, including adequate funding, public education, and continuous evaluation to ensure that the rights and needs of individuals with mental health conditions are effectively met.[40]

Discrimination against Persons with Disabilities (Prohibition) Act

The Discrimination against Persons with Disabilities (Prohibition) Act[41] was enacted on the 17th of January 2019, having been signed into law in 2018. This legislation aims to eliminate discrimination against persons with disabilities in both public and private spheres across Nigeria.[42] It mandates the provision of reasonable accommodations to ensure that individuals with disabilities, including those living with mental health conditions, have equitable access to essential services such as education, employment, healthcare, and housing.[43] To support the implementation and enforcement of its provisions, the Act established the National Commission for Persons with Disabilities (NCPWD),[44] which is tasked with promoting the rights and welfare of persons with disabilities and monitoring compliance with the law.[45]Although the Act does not explicitly reference mental health conditions or psychosocial disabilities, its language is sufficiently broad to encompass all forms of disability. This inclusive interpretation has been adopted by Nigerian courts, which have extended the application of the Act to individuals with mental and intellectual disabilities. For instance, in *Abimbola v. National Commission for Persons with Disabilities*,[46] the Federal High Court in Abuja affirmed that persons with mental health conditions fall within the protection of the Act, recognising that such individuals face systemic barriers to accessing services and asserting their rights. This decision highlights the evolving understanding of disability within the Nigerian legal framework and affirms the right of individuals with mental health conditions to full and equal participation in all aspects of life, as envisioned by the DAPD Act.

[28]OO Akanni and LC Edozien, 'The New Nigerian Mental Health Act: A Huge Leap Before Looking Closely? *'Nigerian Medical Journal* (2024) 64(6) 838–845 <https://nigerianmedjournal.org/index.php/nmj/article/view/351> accessed 11 April 2025
[29]Part II, particularly sections 12(1) & 15(1) od the Act
[30]Section 2
[31]Section 3
[32]Section 4
[33]Section 3(c)
[34]Sections 12, 14 & 15
[35]Section 17
[36]Section 12(1)(b)
[37]Sections 4(e) & 5(k)
[38](n 28)
[39]Section 24(1)
[40]AA Ogunwale *et al.*, 'Implementation of the Nigerian Mental Health Act 2021' *The Lancet Psychiatry* (2023) 10(11) 310–311.
[41]Discrimination Against Persons with Disabilities (Prohibition) Act, 2018. Subsequently, the 'DAPD Act' when properly defined.
[42]Section 1
[43]Sections 4, 6, 17, 18, 21, 27, & 28
[44]Section 31
[45]Section 38
[46]unreported, Suit No. FHC/ABJ/CS/774/2021, decided on 12th July 2022

Violence against Persons (Prohibition) Act

The Violence against Persons (Prohibition) Act 2015[47] is a critical piece of legislation that seeks to protect individuals from various forms of violence, including physical, emotional, verbal, and psychological abuse. The Act is particularly relevant for protecting individuals with mental health conditions, who are often subjected to emotional and psychological violence in various forms.[48]The VAPP Act specifically recognizes 'mental harm' as a form of violence in Section 14, where it stipulates that any act that causes emotional, verbal, or psychological harm[49] to another person is punishable under the law. This provision is crucial because individuals with mental health conditions are often subjected to abuse and neglect, and the law provides them with a basis for legal redress in cases of mental or emotional harm. The Act is applicable in the Federal Capital Territory (FCT) and has been domesticated in 34 out of the 36 States in Nigeria,[50]further increasing its reach and enforcement.

4. International Standards and Nigeria's Obligations

Nigeria's commitment to international standards on human rights and disability rights has significantly influenced its policies and legislation concerning mental health. A key international treaty in this regard is the Convention on the Rights of Persons with Disabilities (CRPD), adopted by the United Nations in 2006. Nigeria ratified this convention in 2007, thereby binding itself to adhere to its provisions, which include the rights of persons with mental and intellectual disabilities. The CRPD emphasises the need for States to provide accessible, non-discriminatory, and high-quality mental health care.[51] It also requires that individuals with mental health conditions enjoy the same human rights and freedoms as others, without discrimination.[52] The treaty further mandates that individuals with mental health conditions be included in decision-making processes related to their treatment and care.[53]In addition to the CRPD, the Universal Declaration of Human Rights (UDHR), adopted by the United Nations General Assembly in 1948, provides a broader human rights framework, including the right to health and non-discrimination. Article 25 of the UDHR highlights explicitly the right to an adequate standard of living, which includes access to health services, such as mental health care. Nigeria's obligations under the UDHR strengthen the need for the government to protect and fulfil the rights of individuals with mental health conditions, ensuring they are not marginalised or discriminated against.[54]The African Charter on Human and Peoples' Rights (ACHPR),[55] which Nigeria ratified in 1983, also contains provisions that address the rights of individuals with mental health conditions. Articles 16 and 18 guarantee the right to health and non-discrimination, respectively, while underscoring the State's responsibility to promote the welfare of its citizens, including those facing mental health challenges. These international frameworks play a critical role in guiding Nigeria's development of policies and laws to align its domestic legal systems with global standards on mental health care and non-discrimination.

5. Gaps and Challenges

Despite notable strides in Nigeria's legal and policy framework regarding the treatment of individuals with mental health conditions, significant gaps continue to undermine the effective implementation of non-discriminatory practices. A key issue is the lack of robust enforcement mechanisms. Although progressive legislation such as the NMHA has been enacted and Nigeria has ratified international treaties, including the CRPD, these legal instruments often fail to yield tangible results due to weak implementation structures. Empirical studies highlight persistent challenges such as limited access to mental health services, chronic underfunding of mental health programs, and a severe shortage of trained mental health professionals. Fadele *et al.*[56] observed that only a small fraction of hospitals in Nigeria are equipped to provide specialised psychiatric care. Even so, those that exist are often overwhelmed, with insufficient staff and resources to meet the growing demand. Furthermore, cultural and societal perceptions are critical in sustaining stigma and discrimination. In many parts of Nigeria, mental health issues are often misunderstood and associated with spiritual afflictions or moral failure. This misunderstanding fosters marginalisation and harmful practices, including involuntary institutionalisation, coercive treatment, and social exclusion. Labinjo *et al.*[57]reported that a significant portion of the Nigerian population attributes mental health conditions to supernatural causes or personal weakness rather than recognising them as medical issues that require professional care. These misperceptions are exacerbated by the lack of mental health education both at the community level and within the health sector, thereby perpetuating cycles of stigma.[58]Additionally, the challenges faced by individuals with mental health conditions are intensified by intersectional discrimination. Gender, socioeconomic status, ethnicity, and rural-urban divides intersect to amplify vulnerabilities. Women, for example, may encounter compounded discrimination that hinders their access to adequate care. According to Oduenyi *et*

[47]The Violence Against Persons (Prohibition) Act, 2015 (subsequently 'the VAPP Act')
[48]Section 14
[49]Psychological harm is synonymous with mental harm.
[50]Partners West African Nigeria, 'VAPP Tracker' at <https://www.partnersnigeria.org/vapp-tracker/?utm_source=chatgpt.com#vapp> accessed 11 April 2025
[51]Article 25
[52]*Ibid*
[53]*Ibid*
[54]Article 25
[55]Organization of African Unity, African Charter on Human and Peoples' Rights, OAU Doc. CAB/LEG/67/3 Rev. 5, 21 I.L.M. 58 (1982) <https://www.refworld.org/legal/agreements/oau/1981/en/17306> accessed 11 April 2025
[56]KP Fadele *et al,* 'Mental Health Challenges in Nigeria: Bridging the Gap Between Demand and Resources *'Cambridge Prisms: Global Mental Health* (2024) 11(29) <https://doi: 10.1017/gmh.2024.19> accessed 11 April 2025
[57]T Labinjo *et al*, 'Perceptions, Attitudes and Cultural Understandings of Mental Health in Nigeria: A Scoping Review of Published Literature' *Mental Health, Religion and Culture* (2020) <https://shura.shu.ac.uk/25894/17/Labinjo-PerceptionsAttitudesAndCultural%28AM%29.pdf> accessed 11 April 2025
[58]*Ibid*

al.,[59] women with mental health conditions are more susceptible to neglect, coercion, and abuse within familial settings than their male counterparts. Rural residents also face pronounced geographic and economic barriers, coupled with a dearth of mental health professionals. Ikwuka *et al*.[60] underscore the acute shortage of providers and facilities in rural areas, where targeted interventions are often lacking. The disparity between policy and practice is especially evident in Nigeria's mental health infrastructure. Many regions lack quality facilities and trained personnel; where services exist, they are frequently substandard. A comprehensive national mental health strategy is yet to be developed, and the absence of systematic monitoring and accountability mechanisms contributes to continued neglect. As noted by the President of the Association of Psychiatrists in Nigeria,[61] the country's mental health system remains underdeveloped and largely inaccessible, impeding progress toward equitable and non-discriminatory care.

6. Grey Areas in Mental Health Rights and Non-Discrimination

Structural Discrimination: Structural discrimination refers to systemic barriers embedded within societal institutions such as healthcare, employment, and education that disproportionately disadvantage individuals with mental health conditions. Despite legislative efforts like the NMHA in Nigeria, these obstacles persist across critical sectors. The healthcare system exemplifies this challenge. Research indicates that mental health services are underfunded and marginalised,[62] with fewer than 250 practising psychiatrists serving a population exceeding 200 million.[63] This results in a psychiatrist-to-patient ratio of approximately 1:1,000,000, far below the recommended standard of 1:10,000. The situation is exacerbated by the migration of trained professionals seeking better opportunities abroad, further depleting the already scarce mental health workforce.[64] Consequently, individuals with mental health conditions face significant challenges in accessing appropriate care, particularly in rural areas where services are even more limited due to logistical barriers such as a lack of transportation, poor infrastructure, and insufficient healthcare resources.[65] In the employment sector, misconceptions and stigma surrounding mental health contribute to discrimination against individuals with mental health conditions. Despite the DAPD Act, which aims to prevent discrimination based on disability, mental health conditions are often overlooked or inadequately addressed within these frameworks. This omission is evident in the lack of provisions for reasonable accommodations for employees with mental health conditions, leading many to conceal their conditions for fear of stigma or job loss. These systemic issues underscore the need for comprehensive reforms beyond legislative declarations. Addressing structural discrimination requires concerted efforts to implement policies effectively, allocate adequate resources, and foster societal attitudes that support the inclusion and well-being of individuals with mental health conditions.

Intersectional Stigma: Intersectionality describes how overlapping social identities such as gender, socioeconomic status, ethnicity, and disability interact to create compounded forms of discrimination. In mental health contexts, this means individuals often face multiple layers of stigma, making it harder to access rights and services. For instance, women with mental health conditions encounter unique challenges due to societal expectations and gendered stigma. In many Nigerian communities, women are traditionally seen as caregivers and homemakers.[66] Mental illness can conflict with these roles, leading to increased isolation and exclusion from social and economic opportunities.[67] Additionally, research shows that women are more likely to experience gender-based violence, and when coupled with a mental health condition, this results in further marginalisation.[68] Persons with disabilities, including those with psychosocial disabilities, also face compounded discrimination. In Nigeria, disability is often viewed through a moral or spiritual lens, especially in rural areas. This perspective intensifies the stigma

[59]C Oduenyi *et al*., 'Gender Discrimination as a Barrier to High-Quality Maternal and Newborn Health Care in Nigeria: Findings from a Cross-Sectional Quality of Care Assessment' *BMC Health Services Research* (2021) 21, 1-15 <https://link.springer.com/content/pdf/10.1186/s12913-021-06204-x.pdf> accessed 11 April 2025

[60]U Ikwuka *et al*.,'Ideological vs. Instrumental Barriers to Accessing Formal Mental Health Care in the Developing World: Focus on South-Eastern Nigeria *'Journal of Health Care for the Poor and Underserved* (2016) 27(1)157-175<https://doi: 10.1353/hpu.2016.0025> accessed 11 April 2025

[61]T Obindo, 'Over 60 Million Nigerians of 200 Million Population Suffer from Various Mental Ailments'*Sahara Reporters* (2022, September 11)<https://saharareporters.com/2022/09/11/over-60-million-nigerians-200-million-population-suffer-various-mental-ailments> accessed 11 April 2025

[62](n 56)

[63]S Oguntola, 'Nigeria has fewer than 300 psychiatrists for its over 200 million population — Obindo, APN president' *Nigerian Tribune* (2022) <https://tribuneonlineng.com/nigeria-has-fewer-than-300-psychiatrists-for-its-over-200-million-population-obindo-apn-president/> accessed 11 April 2025.

[64]C Chukwunedu, 'Over 100 Psychiatric Doctors Left Nigeria for Practice Abroad in 2023 – Association President' *Nairametrics* (2024) <https://nairametrics.com/2024/07/19/over-100-psychiatric-doctors-left-nigeria-for-practice-abroad-in-2023-association-president/ >accessed 13 April 2025.

[65]AM Magnus and P Advincula, 'Those Who go Without: An Ethnographic Analysis of the Lived Experiences of Rural Mental Health and Healthcare Infrastructure' *Journal of Rural Studies* (2021) 83 37-49<https://doi.org/10.1016/j.jrurstud.2021.02.019> accessed 11 April 2025

[66]EF Asuquo and PA Akpan-Idiok, 'The Exceptional Role of Women as Primary Caregivers for People Living with HIV? AIDS in Nigeria' in M Cascella and MJ Stones (eds.), *Suggestions for addressing clinical and non-clinical issues in palliative care* (London: Intech Open, 2021) 101-191

[67](n 59)

[68]S Rees*et al.*, 'Lifetime Prevalence of Gender-Based Violence in Women and the Relationship with Mental Disorders and Psychosocial Function' *JAMA* (2011)306(5) 513-521

surrounding mental health, leading to exclusion from social, economic, and cultural activities.[69] Access to essential services like education and healthcare is often limited, and rights are frequently overlooked or violated.[70]

Individuals from marginalised communities, such as rural populations, ethnic minorities, and LGBTQ+ individuals, experience additional disadvantages in mental health care. In rural areas, limited access to mental health services and poor infrastructure exacerbate existing challenges.[71] Ethnic minorities may face discrimination based on both ethnicity and mental health status, hindering access to justice and healthcare.[72] Similarly, LGBTQ+ individuals with mental health conditions may confront unique forms of stigma related to their sexual orientation or gender identity, compounding the challenges they face.[73] These intersecting forms of discrimination highlight the need for comprehensive approaches that address the multifaceted nature of stigma. Policies and practices must consider the real-life contexts in which discrimination occurs to ensure inclusive and equitable access to mental health services for all individuals.

Implementation Gaps in Legal Recognition of Psychosocial Disabilities: The enactment of Nigeria's NMHA marks a pivotal step in acknowledging and protecting the rights of individuals with psychosocial disabilities. By explicitly recognising mental health conditions within federal legislation, Nigeria aligns its domestic laws with international standards, such as the CRPD. The Act enshrines principles of equality and non-discrimination,[74] prohibiting discriminatory practices in employment,[75] housing,[76] healthcare, and access to community services.[77] This legal framework establishes a foundation for safeguarding psychosocial disabilities as a distinct and legitimate category within Nigeria's anti-discrimination efforts.Despite these advancements, significant implementation gaps persist. While the NMHA articulates robust protections, enforcement across key sectors such as healthcare, education, justice, and employment remains inadequate.[78] Structural discrimination is deeply entrenched, leading to systemic exclusion of individuals with psychosocial disabilities. In healthcare, untrained personnel often exhibit discriminatory attitudes, reasonable accommodations are lacking, and biomedical models dominate, marginalising those with lived mental health experiences.[79] The educational sector similarly lacks institutional mechanisms to support learners with psychosocial disabilities, with minimal adjustments in teaching methods or assessments.[80] In workplaces, disclosure of a mental health condition can still result in stigma or termination, contrary to the Act's provisions. These systemic inequalities exemplify structural discrimination, where institutional policies, cultural norms, and service delivery systems collectively produce unequal outcomes, despite formal legal guarantees of equality. The situation is further complicated by intersectional stigma, where individuals face multiple, overlapping forms of marginalisation based on factors such as gender, socioeconomic status, ethnicity, or sexual identity, in addition to their mental health status. Although the NMHA recognises the need for non-discriminatory service delivery, it does not expressly account for these compounded vulnerabilities or mandate the collection of disaggregated data to reveal the full extent of intersectional stigma. Consequently, policies and practices often fail to consider the real-life contexts in which discrimination is experienced, rendering the promise of inclusion elusive for the mostmarginalised. Moreover, Nigeria's broader anti-discrimination laws, such as the DAPD Act, are similarly limited in their operational reach and specificity. The Act does not explicitly use the term 'psychosocial disability,' and while it is generally interpreted to include mental impairments, this ambiguity creates room for inconsistent application. In legal and administrative practice, physical and sensory disabilities still receive more attention and resource allocation, while psychosocial disabilities remain under-recognised.[81] This gap highlights the need for more explicit statutory language and enforcement guidelines that explicitly identify psychosocial disability as a protected ground and ensure that rights are realised equally across all categories of disability. The consequences of these enforcement deficits are far-reaching. Individuals with psychosocial disabilities continue to face barriers in accessing justice due to courtroom biases, evidentiary challenges, or a lack of mental health literacy among legal professionals.[82] Their ability to live independently, secure housing, and participate in civic life remains hindered by societal stigma and the absence of practical support structures. Furthermore, the lack of strategic public education and legal literacy campaigns means that rights-holders and duty-bearers often remain unaware of the law's protections. The crux of the challenge is no longer legal invisibility but operational inaction. Bridging this gap requires stronger enforcement mechanisms, cross-sectoral policy alignment, and a deliberate effort to address structural discrimination and intersectional stigma holistically

[69]CJ Eleweke and J Ebenso, 'Barriers to Accessing Services by People with Disabilities in Nigeria: Insights from a Qualitative Study' *JESR* (2016) 6(2), 113 <https://doi.org/10.5901/jesr.2016.v6n2p113> accessed 11 April 2025
[70]*Ibid*
[71](n 66)
[72](n 57)
[73]LK O'Connor *et al.*,'The Experience of Dual Stigma and Self-Stigma Among LGBTQ Individuals with Severe Mental Illness' *AJPR* (2018) 21(1) 167-187<https://muse.jhu.edu/article/759951> accessed 11 April 2025
[74]Section 12
[75]Section 13
[76]Section 14
[77]Section 15
[78](n 28)
[79]YO Oshodi *et al.*, 'Pattern of Experienced and Anticipated Discrimination Among People with Depression in Nigeria: A Cross-Sectional Study'*SPPE* (2014) 49(2), 259–266<https://doi.org/10.1007/s00127-013-0737-4> accessed 11 April 2025
[80]CP Ihuoma and DA Ekundayo, 'Inclusive Education and the Psycho-Social Adjustment of Students with Special Needs in Lagos State, Nigeria' The Counsellor (2022) 45(1), 51–65.
[81]AE Arimoro, 'Are They not Nigerians? The Obligation of the State to End Discriminatory Practices Against Persons with Disabilities' *Social & Legal Studies* (2019) 28(6), 766–785<https://doi.org/10.1177/1358229119846764> accessed 11 April 2025
[82]AE Arimoro, 'Persons with Intellectual Disability and Access to Justice in Nigeria: Challenges and the way Forward' *Hasanuddin Law Review* (2019) 5(2), 180–198<https://doi.org/10.20956/halrev.v5i2.1561> accessed 11 April 2025

and sustainably. Only then can Nigeria move from declaratory rights to substantive inclusion for individuals with psychosocial disabilities.

7. Comparative Analysis

International Best Practices

Canada: A Holistic Approach to Mental Health Care: Canada's approach to mental health has been shaped by both federal and provincial legislation aimed at providing comprehensive care for individuals with mental health conditions. The Canadian Charter of Rights and Freedoms[83] guarantees equality rights, ensuring that individuals with mental health conditions are not discriminated against. Additionally, the Mental Health Commission of Canada (MHCC)[84] has played a vital role in advancing mental health policy, particularly with its Mental Health Strategy for Canada, which promotes mental health as an integral part of overall health and well-being. One of the key best practices in Canada is integrating mental health care into primary health services. The country has moved towards a community-based mental health care model, which has been widely successful.[85] This model focuses on providing care within local communities, allowing for greater accessibility, continuity of care, and more personalised treatment plans. Furthermore, the Canadian mental health care system places a strong emphasis on reducing stigma by integrating mental health education into school curricula and workplaces, promoting awareness, and ensuring that mental health is viewed as a mainstream health issue, not as a separate or stigmatised category.[86]

South Africa: The Mental Health Care Act: South Africa's Mental Health Care Act[87] represents a landmark in the country's commitment to the rights of individuals with mental health conditions. The Act focuses on the right of individuals with mental health conditions to have access to mental health care services, ensuring that people are treated with dignity and respect.[88]The law also emphasises the right of individuals to participate in decision-making processes about their treatment,[89] a principle that aligns with international human rights standards, such as those in the CRPD. One of the critical features of the South African model is the establishment of the Mental Health Review Boards,[90] which oversee the involuntary treatment of individuals with mental health conditions, ensuring that such decisions are made with full consideration of the rights of the individual.[91]Including patient representation and oversight of institutional care through these boards ensures that the mental health system remains transparent and accountable, mitigating the risk of abuse and ensuring fair treatment.

Australia: National Disability Insurance Scheme (NDIS)[92]: Australia's mental health framework is notably influenced by its NDIS, which includes provisions for individuals with psychosocial disabilities (mental health conditions).[93] The NDIS recognises psychosocial disability as a legitimate form of disability and provides targeted support for individuals with mental health conditions.[94] The scheme promotes community-based care and ensures that individuals with mental health conditions have access to individualised care plans, which include funding for mental health services, housing, and social support.[95]The NDIS also aims to combat stigma by promoting the inclusion of individuals with mental health conditions in all aspects of life, including employment and education.[96] By offering financial support and ensuring that individuals with psychosocial disabilities have access to appropriate services, the NDIS provides a holistic and inclusive model of care that has been instrumental in improving the quality of life for individuals with mental health conditions.

8. Lessons for Nigeria

Drawing on the international best practices outlined above, Nigeria can adopt strategies tailored to its unique socio-cultural, economic, and legal contexts to enhance mental health care delivery. Firstly, integrating community-based mental health care models, as Canada and Australia exemplify, offers valuable insights. Given Nigeria's extensive rural areas with limited access to mental health services, decentralising care by embedding mental health services within primary health care facilities can significantly improve accessibility. Training general practitioners and community health workers in basic mental health care can tackle the shortage of specialised professionals and mitigate stigma associated with mental health treatment. Furthermore,

[83]Canada, Constitution Act, 1982, being Schedule B to the Canada Act 1982 (UK), 1982, c. 11, Part I (Canadian Charter of Rights and Freedoms), s. 15(1).
[84]The Mental Health Commission of Canada was established by Order-in-Council in 2007 following the Senate report *Out of the Shadows at Last (2006)*, and operates as an independent, non-profit body funded by Health Canada to lead national mental health reform
[85]N Kates *et al*., 'Collaborative Mental Health Care in Canada: Challenges, Opportunities and New Directions' *The Canadian Journal of Psychiatry* (2023) 68(5) 372–398<https://doi.org/10.1177/07067437221102201> accessed 11 April 2025
[86]S Kutcher *et al.*, 'Sustained Improvements in Students' Mental Health Literacy with Use of a Mental Health Curriculum in Canadian Schools.' *BMC Psychiatry* (2015) 15(1) 379<https://doi.org/10.1186/s12888-014-0379-4> accessed 11 April 2025
[87] Mental Health Care Act 17 of 2002, as amended by Mental Health Care Amendment Act 12 of 2014.
[88]Sections 8 and 9
[89]Sections 9, 17 and 31
[90]Section 18
[91]Section 19
[92]The NDIS in Australia is established by the National Disability Insurance Scheme Act, 2013.Subsequently 'the NDIS Act when properly defined.
[93]Section 24 of NDIS Act.
[94]Sections 4, 24 and 33 of the NDIS Act.
[95]Section 4, 33, 34 and 36 of the NDIS Act
[96]*Ibid*

incorporating mental health education into primary and secondary school curricula can foster early awareness and reduce societal stigma. Secondly, Nigeria can be inspired by South Africa's Mental Health Care Act, primarily by establishing independent oversight mechanisms such as Mental Health Review Boards. These boards monitor and ensure that the rights of individuals undergoing involuntary treatment are respected. Implementing similar bodies in Nigeria or expanding the powers of the Mental Health Services Department under the NMHA can create avenues for individuals to challenge human rights violations and abuses. Additionally, emphasising patient participation in decision-making guarantees that individuals with mental health conditions actively engage in their treatment plans, moving away from paternalistic approaches.Thirdly, adopting a disability support system similar to Australia's NDIS can offer targeted financial assistance to individuals with psychosocial disabilities. Implementing such a program in Nigeria would ensure access to housing, social services, and employment support, thereby promoting inclusion and enhancing the quality of life for individuals with mental health challenges. Lastly, integrating mental health issues into broader anti-discrimination policies is crucial. While Nigeria has ratified international treaties like the CRPD and enacted laws such as the DAPD Act and the NMHA, these legal frameworks require robust public awareness campaigns and social initiatives to be effective. Countries like Canada and Australia have emphasised the normalisation of mental health care through public education and workplace inclusion programs, focusing on reducing stigma, promoting early intervention, and encouraging individuals to seek treatment without fear of discrimination. Nigeria can adopt similar approaches to foster a more inclusive and supportive environment for individuals with mental health conditions.

9. Conclusion and Recommendations

This study has critically explored Nigeria's legal and policy framework on mental health and non-discrimination, acknowledging the commendable progress achieved alongside persistent areas of concern. Central to this discourse is the understanding that mental health is fundamental to human dignity, requiring more than legislative recognition. It demands cultural change, institutional support, and societal validation. The enactment of the NMHA represents a transformative legislative step, moving Nigeria away from archaic custodial models toward a more inclusive, rights-based approach. By explicitly recognising psychosocial disabilities and prohibiting discrimination across critical sectors such as healthcare, education, housing, and employment, the Act aligns domestic law with Nigeria's obligations under international human rights frameworks, notably the CRPD.Nonetheless, the study reveals that legal reform, while crucial, is insufficient on its own. Gaps in implementation, weak enforcement mechanisms, and pervasive cultural stigma continue to restrict the full realisation of mental health rights. Structural discrimination remains embedded within institutions, and intersectional stigma disproportionately affects women, rural populations, and LGBTQ+ individuals living with mental health conditions. These realities diminish the practical impact of the NMHA's protections and highlight the pressing need for systemic reform. Comparative examples from Canada, South Africa, and Australia illustrate the value of integrated community-based care models, independent oversight bodies, and inclusive disability policies. Nigeria's ability to adapt these lessons to its own context will be essential to advancing sustainable reform. Moving forward, coordinated action from legislators, policymakers, healthcare providers, civil society actors, and community leaders is imperative. Ultimately, the foundations for progress exist, but the road to meaningful inclusion lies in bridging the gap between legal rights and lived realities. Only through inclusive policymaking, institutional accountability, and social reorientation can Nigeria realise the full promise of mental health justice.
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To address the gaps, challenges, and grey areas identified in the mental health rights framework in Nigeria, the following reforms, initiatives, and strategies are proposed to create a more inclusive, equitable, and effective system for the protection of individuals with mental health conditions:

Legislative Reforms

Incorporating Mental Health in Anti-Discrimination Laws: The Nigerian legal system should explicitly include mental health as a protected category under its anti-discrimination laws. While the DAPD Act provides a foundation, its application to individuals with mental health conditions is often vague. The law should clearly define 'mental health conditions' and explicitly prohibit discrimination based on both physical and psychosocial disabilities. Additionally, Nigeria should adopt a broader definition of 'disability' that encompasses all mental health conditions, including those that are episodic, such as bipolar disorder or schizophrenia.

Specific Legislative Measures to Address Intersectionality: Nigeria's legislature should enact specific provisions addressing intersectional discrimination, particularly the distinct challenges faced by vulnerable groups such as women with mental health conditions, rural dwellers, LGBTQ+ individuals, and marginalised ethnic communities. These groups face compounded stigma that restricts access to mental health care and justice. Legal reforms should guarantee equal treatment, especially in areas like family law, custody, and property rights for affected women.

Mental Health Care as a Human Right: Nigeria should amend its constitution to explicitly recognise the right to mental health care as part of the right to health, thus ensuring that individuals with mental health conditions are guaranteed access to appropriate, high-quality care. This can be achieved by including mental health care in the national health policy and legal reform to support a more rights-based approach to mental health services.

Strengthening Enforcement Mechanisms: Stronger enforcement mechanisms are needed to ensure that individuals with mental health conditions have access to legal redress in case of discrimination or rights violations. This could involve establishing an independent body, such as a Mental Health Rights Commission, which would handle complaints, investigate violations, and promote accountability in mental health care settings.

Policy Initiatives

National Public Awareness Campaigns: The Nigerian government, alongside non-governmental organisations (NGOs) and civil society groups, should launch large-scale public awareness campaigns to educate the general public about mental health

issues. These campaigns should target key sectors such as education, healthcare, and media to demystify mental health, reduce stigma, and encourage open dialogue. The campaigns should emphasise that mental health conditions are medical issues that require support and treatment, not a source of shame or exclusion.

Integration of Mental Health Education into School Curricula: Nigeria should integrate mental health education into the school curricula at all levels, from primary to tertiary education. This would help to build a culture of understanding and empathy among young people, reduce stigma, and promote mental health literacy. Students should be educated on how to recognise signs of mental health conditions and how to seek help. This early intervention could go a long way in addressing mental health problems before they escalate.

Training for Healthcare Providers and Law Enforcement Officers: There is an urgent need to train healthcare providers, law enforcement officers, and public servants to recognise and respond appropriately to mental health conditions. The training should focus on reducing stigma, improving mental health literacy, and ensuring that individuals with mental health conditions are treated with dignity and respect. Healthcare providers, especially in rural areas, should be trained in the basics of mental health care and be equipped with the skills to provide first-line support.

Inclusive Policymaking: Mental health should be prioritised in national and state health policies. Policymakers must engage mental health professionals, people with lived experience, and disability advocacy groups in policymaking. This collaborative approach ensures that the policies developed are not only inclusive but also aligned with the real needs of individuals with mental health conditions.

National Mental Health Strategy and Implementation Plan: Nigeria should develop and implement a National Mental Health Strategy that outlines specific goals, objectives, and timelines for improving mental health services, reducing stigma, and ensuring that mental health care is accessible, affordable, and high-quality. This strategy should include clear measures for allocating resources, monitoring progress, and evaluating outcomes.

Advocacy and Social Change

Strengthening Civil Society Engagement: Civil society organisations (CSOs) have a critical role in advocating for the rights of individuals with mental health conditions. NGOs that focus on disability rights, mental health, and human rights should work closely with government agencies to push for stronger mental health policies and legislative reforms. They should also support individuals with mental health conditions by offering counselling, legal aid, and social services.

Empowering People with Lived Experience: It is essential to empower individuals with lived experience of mental health conditions to advocate for their rights. They should be given platforms to share their stories, raise awareness about the challenges they face, and contribute to policy discussions. This can be achieved through support groups, advocacy training programs, and inclusion in policymaking processes.

Promoting Mental Health Alliances and Coalitions: NGOs and CSOs should form alliances and coalitions with key stakeholders, including the government, private sector, academia, and international organisations, to advance mental health rights. These coalitions can pool resources, share best practices, and collaborate on large-scale awareness campaigns, thereby increasing the impact of their advocacy efforts.

Media and Public Relations: The media is crucial in shaping public attitudes towards mental health. NGOs and civil society groups should partner with the media to portray individuals with mental health conditions in a positive light, highlighting their potential contributions to society rather than focusing solely on the stigma surrounding mental illness. Positive media representation can help challenge misconceptions and promote social inclusion.

Building Partnerships with International Organisations: Nigeria should strengthen its partnerships with international organisations, such as the WHO and the United Nations, to gain technical support, access funding for mental health initiatives, and align its policies with global best practices. These partnerships can also help foster the exchange of knowledge and resources on mental health care and rights.