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Perceptions, attitudes and cultural understandings of mental health in Nigeria: a scoping review of published literature

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Abstract

Mental health is a public health challenge with lack of understanding, great institutional neglect and widespread stigma in Nigeria. There is also a dearth of secondary review studies exploring knowledge, perceptions, and attitudes towards persons with mental health disorders in Nigeria. The aim of this scoping review was to explore the knowledge, perceptions, and attitudes of Nigerians towards mental health issues. Sixty-four articles were identified as meeting the eligibility criteria. The most common determinants of mental health disorders as perceived by Nigerians were supernatural causes such as possession of evil spirits, sorcery, witchcraft, and divine punishment. In addition, a significant number of articles attributed the cause to drug or alcohol misuse. Social distancing and avoidance were expressed in all papers that looked at attitudes towards people with mental disorders. The research showed that Nigerians held supernatural belief as the cause of mental disorders and religion is a significant cultural aspect for Nigerians. Therefore, collaboration with religious and traditional institutions could help improve knowledge and awareness. Further qualitative studies are needed to explore the lived experiences of Nigerians particularly, in the northern regions of the country.

Keywords: Nigerians, Attitudes, Perceptions, Mental health, Mental disorder

Introduction

There is little evidence about mental health knowledge and service delivery in Nigeria. In addition, there is currently no nationally implemented legislation for mental health services in Nigeria (World Health Organisation, 2016). Mental health is a public health challenge with significant institutional neglect and widespread stigma in Nigeria. It has been reported that one in seven people in Nigeria will experience a serious mental disorder and one in four a common mental health disorder (Gureje, Olley, Olusola & Kola, 2006). Mental disorders are increasing due to the stresses of daily living, unemployment, and poverty especially for a country like Nigeria. (Sahithya & Reddy, 2018).

There is a dearth of secondary review studies exploring the perceptions, beliefs, and knowledge about mental health and mental health issues in Nigeria. The Nigerian media acts as a major route by which essential information such as mental health literacy is conveyed. This is an essential aspect in this scoping review as the media and entertainment industry such as the movie industry called 'Nollywood' is a major source of entertainment to Nigerians (Charles & British Council, 2015).

Nigeria has an estimated population of approximately 201,047,203 (World Population Prospects, 2019 Revision). Forty-four percent of the population are aged 0-14 years, fifty-four percent are aged 15-64 years and three percent are aged 65 years and above. The life expectancy in Nigeria is 52 years (51 years for men and 53 years for women). There are 36 states in the country divided into six geopolitical zones namely North-West, South-West, South-South, North- Central, North-East, and South-East. There are about 250 ethnic groups with over 500 indigenous languages. The most populous ethnic groups are Hausa and Fulani (29%), Yoruba (21%), Igbo (18%), Ibibio (3.5%), Ijaw (6.5%), Kanuri (4.1%) and Tiv (2.5%). The major religious groups are Christianity (40%), Islam (50%) and ancestral (traditional) religion (10%)

(National Bureau of Statistics, 2016). The country is rich in natural resources with oil resources providing the major source of income for Nigeria (Chete, Adeoti, Adeyinka & Ogundele, 2014; NBS, 2012, 2016). The power sector provides a production limit of only 40% of the population (NBS, 2012; 2016). Public expenditure on health care is also low amounting to 1.7% of the total GDP. The National health insurance scheme provides access to health care to less than 5% of Nigeria (Mohammed, 2017; Monye, 2006; Olukoya, 2017; Ilesanmi & Ige 2013; Popoola, 2017). Mental health policy was created in 2013 but has not been fully implemented (Federal Ministry of Health Nigeria, 2013; World Health Organisation, 2006, 2016) . There is currently no reported programme for mental health promotion and prevention in Nigeria (Federal Ministry of Health Nigeria, 2013). Over 100 million Nigerians live on less than one US dollar a day (Chukwu, 2017; Garuba, 2006). Insecurity is a major challenge facing the nation. Hundreds of thousands have been killed and over two million people displaced by Islamic insurgency (Boko Haram) and ethnic clashes (Amusan & Ejoke, 2017; Eme, Okpaga & Ugwu, 2012; Jackson, 2007; Oyewole, 2013).

Methodology

The aim of this scoping review was to explore the knowledge, perceptions, and attitudes of Nigerians towards mental health issues; summarize academic published reports and identify gaps in the literature. The outcomes from this review have the potential to identify possible areas for further research and suggest interventions to help promote mental health literacy towards assisting policymakers to provide more and improved access to mental health services in Nigeria.

The search strategy contained terms pertaining to perceptions or knowledge and attitudes with terms to describe mental health and/ or mental disorders and terms to describe Nigeria. The following terms were searched in a number of databases; beliefs, knowledge, opinion and perception while terms pertaining to attitudes were attitudes, stigma, and discrimination. The databases searched were MEDLINE (EBSCO), Published International Literature on Traumatic Stress (ProQuest), Family Health Database (PROQUEST), Health and Medical Collection (ProQuest), Health Management Database (PROQUEST), Nursing and Allied Health Database (ProQuest), Psychology Database (ProQuest), Social Science Database (ProQuest), Sociology Database (ProQuest), PsycArtciles (ProQuest), and PsycINFO (ProQuest). The searches were undertaken between 16 December 2017 and 18 May 2018. All references were imported into the reference management software, RefWorks (ProQuest). Duplicate references were manually removed.

The eligibility criteria in this scoping study were: (1) peer-reviewed journal articles: (2) contained primary data: (3) participants were Nigerians: (4) articles were written in English: and (5) articles had a focus on mental health/ disorders that were attributed to temporary or reactive factors. No date restrictions were placed on the publications included in the review.

The selection process involved two stages. The first stage involved manually screening all articles for their relevance to the review's aim using the information in the title/ abstract. The second stage involved retrieving and reading the full text of all articles to determine their eligibility for inclusion in the review. All studies included in the review were subjected to a thorough reading and followed by data extraction which was recorded using a tabular spreadsheet in Microsoft Excel 2016. The following data were extracted: author(s) names including the year of publication, the title of publication, study design, study type, location of study and outcome of the study.

Results

A total of 519 peer-reviewed papers were retrieved from the search, of which 447 were obtained from the bibliographic databases and 72 studies were obtained from hand searching reference lists. Two hundred and forty-six studies met the eligibility criteria following the title and abstract screening. After removing irrelevant and duplicate articles, 112 full-text studies were obtained and screened, of which 64 studies met the inclusion criteria and were included in the scoping review (see figure 1).

Characteristics of the included studies used in the scoping review

The 64 studies included in the scoping review used different key words to describe mental illness. Eleven (17%) used "knowledge" as the keyword for describing mental disorders, two (3%) "opinion", 10 (15%) "belief" and seven (11%) "perception". Twenty- eight (44%) of the studies looked at "attitudes" while six (9%) looked at "stigma" and "discrimination" to describe mental disorders. Studies that looked at 'stigma' focused only on schizophrenia. With regards to mental health conditions, five (8%) focused on mental health, thirty-seven (58%) mental illness, nine (14%) psychiatric conditions, four (6%) depression, one (2%) dementia, two (3%) mental disorder and six (9%) schizophrenia. None of the studies considered the positive aspects

of mental health and wellbeing but instead, all the included studies focused solely on the causes of and attitudes associated with mental illness, and descriptions of persons with mental illness.

Seven (11%) studies were published between 1970 and 2000, 23 (35%) between 2001 and 2010 and thirty-four (53%) between 2010 and 2018. The findings from this scoping review indicate that the views and knowledge about mental disorders in Nigeria have not changed significantly over time. Thirty- six (55%) of the studies were undertaken in the South-West region, nine (14%) in the South-East, eight (12%) in the South-South, five (8%) in North-Central, four (6%) in North-West and two (3%) in unstated regions in Nigeria.

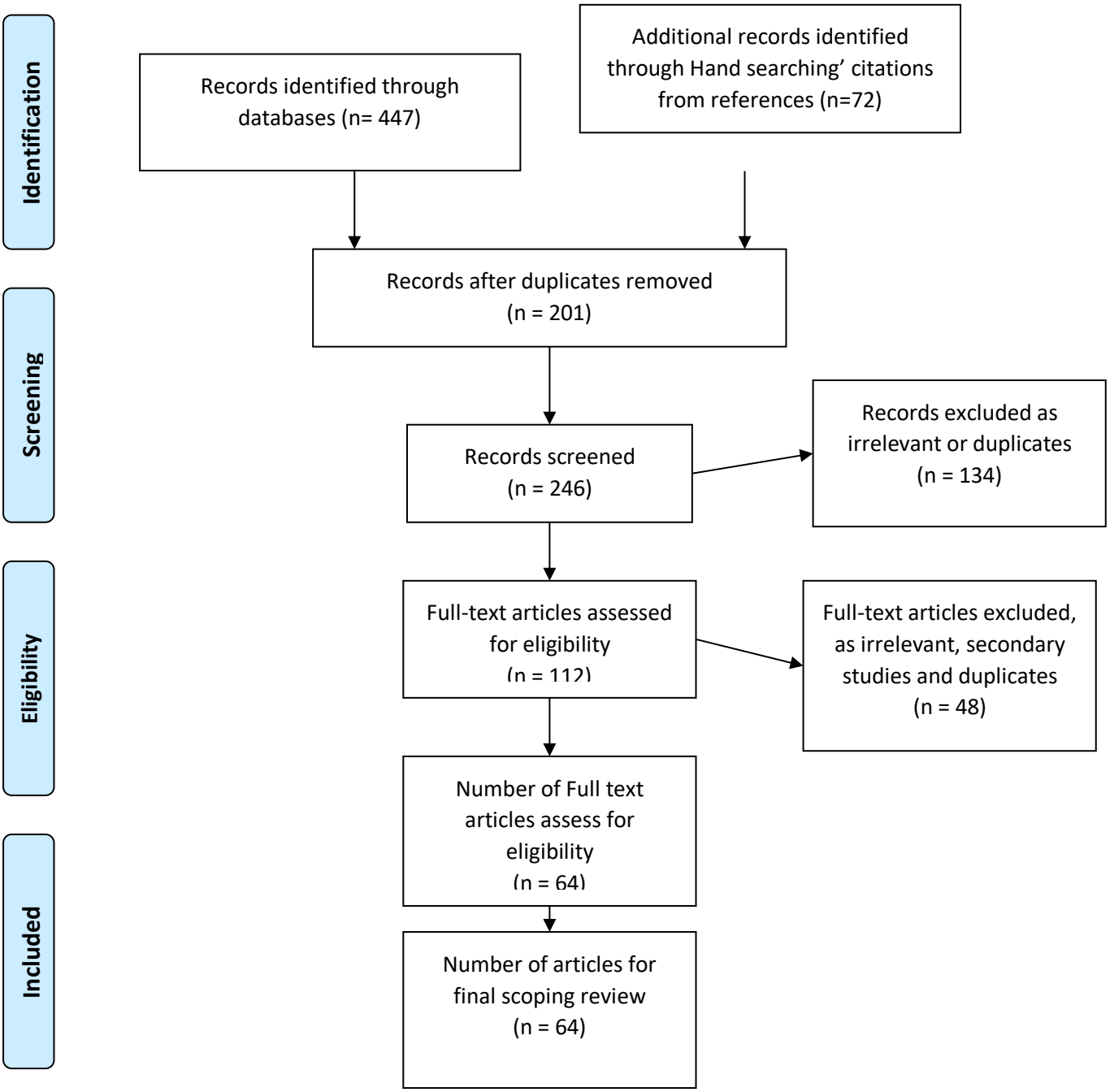

Figure 1: Flowchart showing the selection of articles for scoping review

From: Moher et al. (2009)

Sixty- two (97%) of the studies were cross-sectional studies and two (3%) of the studies had quasi-experimental control designs. Sixty-one (95%) articles were quantitative studies, one (2%) was a qualitative study and two (3%) were mixed method studies. Questionnaires and survey instruments were used as the primary mode of data collection for all sixty-one quantitative studies identified. Interviews were used to collect data from the single qualitative study while focus group discussion and key informant interviews were used in one mixed method study.

Themes generated from included studies

The scoping review identified three main themes (i) knowledge, perceptions and views about the causes of mental disorders and treatment of mental disorders in Nigeria: (ii) perceived description of people with mental disorders in Nigeria: and (iii) attitudes towards people with mental disorders in Nigeria.

Knowledge, perception and views about the causes and treatment of mental disorders in Nigeria

The most frequently reported causes of mental disorders were supernatural factors (n=31, 38%), followed by psychological factors such as abuse of drugs and alcohol (n=17, 26%) and stress (n=10, 15%), followed by medical/ biological causes (n=1, 2%) and genetic causes (n=3, 5%). Twenty studies described the first line treatment options for persons with mental disorders. Of these, in 17 studies the first line treatment options were traditional healing and spiritual homes. This was as a result of the belief that mental disorders have supernatural causes. Three studies proposed medical treatment options and one study identified both treatment options as first- line treatment (Kabir, Iilyasu, Abubakar & Aliyu, 2004; Mosuku & Wallymahmed, 2016; Ukpong, 2010).

This scoping review explored beliefs about mental disorders across different regions in the country. The findings from 35 studies in the South-West region showed that a significant number of participants believed that mental disorder was the result of either: supernatural factors (for example possession by evil spirit), God's will/punishment or the misuse of drugs and alcohol. People who endorsed psychological causation of mental disorders such as drug abuse and stress were associated with living in urban cities, higher levels of education, caring for the mentally ill or having a family member with mental disorders (Adewuya & Makanjuola, 2008a; Gureje et al., 2005; Gureje, Olley, Olusola & Kola, 2006; Ihaji, Awopetu & Aku, 2013; Olugbile et al., 2009). In three similar studies in the Northern regions (North-Central and North-West regions), participants attributed the cause of mental disorders to spiritual attacks, possession by evil spirits and punishment from God (Akighir, 1982; Audu, Idris, Olisah & Sheikh, 2011; Kabir et al., 2004). These three studies also attributed the abuse of Indian hemp (cannabis) and other psychoactive substances as a cause of mental disorders in these regions of the country (Akighir, 1982; Audu et al., 2011; Kabir et al., 2004).

Ten papers included in this review described that participants had visited a 'traditional/ spiritual home' as a first treatment option (Adelekan, Makanjuola & Ndom, 2001; Adewuya et al., 2017; Agara, Makanjuola & Morakinyo, 2008; Ekwueme & Aghaji, 2006; Jegede, 1981; Lasebikan, Owoaje & Asuzu, 2012; Mack & Tosan-Imade, 1980; Makajuola, 1985; Nonye & Oseloka, 2009a; Odinka et al., 2014). 'Spiritual homes' are places where Nigerians feel they belong. In the Nigerian context, these are places of worship for healing and spiritual commitments. They advocate continuous prayers, fasting, and revelation of their problems through visions and prophecies as therapeutic practices. Younger people aged below 40, educated people, Christians and urban dwellers were likely to visit a faith healer while older people aged 40 and above were likely to visit a traditional healer (Ikwuka, Galbraith & Nyatanga, 2014; Odinka et al., 2014; Uwakwe, 2007; Ukpong, 2010).

Nineteen studies of medical professionals found that some held traditional beliefs about the causation of mental disorders while the majority held psychological beliefs like alcohol and drug abuse. The belief in heredity, genetic or biological factors was prevalent among medical doctors and medical students (Abayomi et al., 2013; Adewuya & Oguntade, 2007; Adewuya et al., 2017; Aghukwa, 2010; Igobodaro, 2017; Igobodaro, Stefanovics, Makanjuola & Rosenheck, 2015). Traditional or spiritual causation was prevalent among primary health care workers while medical doctors and medical students held more psychological and biological beliefs (Abiodun, 1991; Adelekan et al., 2001; Adewuya & Oguntade, 2007; Adewuya et al., 2017; Aghukwa, 2010; Ewhrudjakpo, 2009; Igbodaro et al., 2015; James, Lawani, Omoaregba & Jenkins, 2012; James et al., 2013). Two studies among traditional health practitioners showed that before training, the participants could not recognise symptoms of mental disorders and held a strong belief in supernatural causes such as actions from enemies using supernatural forces. Some even beat their patients for therapeutic reasons. However, the studies found that after training, there was a better understanding of mental disorders and a reduction in the beating habits (Adelekan et al., 2001; Makanjuola, 1987). Two studies about spiritual healers' knowledge of mental disorders found that participants attributed mental disorders to supernatural causes (Agara et al., 2008; Akighir, 1982). Three studies exploring the attitudes of the clergy to mental disorders found that majority had not received any mental health training. The belief in evil spirit possession was prevalent followed by drug misuse, alcohol abuse and stress (Igbinomwanh & Omoaregba, 2013; Iheanacho et al., 2016; Iheanacho, Stefanovics, & Ezeanolue, 2018).

Eight studies exploring care seeking and beliefs among patients and families of patients with mental disorders showed that most of the patients had gone to a traditional or religious healer. The family members held the belief that supernatural forces were the cause of mental disorder although a few attributed them to environmental and/ or psychological causes. These studies

also explained that none of the patients sought medical help in the first instance and the duration of illness before diagnosis was more than four years. All Studies reported that patients attended medical centres when traditional and/ or spiritualists had failed them. They described the main reasons for attending traditional and/ or spiritual healing as confidence in the place of treatment, ignorance of existing mental health facilities, lack of funds and belief that mental health conditions cannot be treated medically (Aghukwa, 2012; Jegede, 1981; Lasebikan, Owoaje, & Asuzu, 2012; Makanjuola, 1985; Odinka et al., 2014; Ohaeri & Fido, 2001; Nonye & Oseloka, 2009).

Three studies among university students showed that they believed that mental disorders were caused by psychological factors such as stress and drug-related factors (Igbodaro et al., 2015; Iheanacho et al., 2014; Oluwole, Obadeji, & Dada, 2016). Five studies on the impact of mental health on young people and secondary students also found stress, trauma, drug abuse and supernatural beliefs as causes of mental disorders. Drug abuses, for example cannabis were the most frequently cited followed by supernatural forces. Traditional and/or spiritual healing was suggested as the first treatment option (Adeola & Omigbodun, 2017; Bella et al., 2011; Bella, Omigbodun, Dogra & Adeniyi, 2012; Bella- Awusah, Adedokun, Dogra, & Omigbodun, 2014; Ronzoni, Dogra, Omigbodun, Bella, & Atitola, 2010).

Three studies on the influence of mental health on the media and movie showed that most of the movies portrayed supernatural forces as the cause of mental disorders: for example, sorcery, enchantment, and repercussion of bad deeds. The most common depiction of persons with mental disorders was ‘madness’ (for example, exhibiting aggressive or erratic behaviour). A few showed scenes of self-harm via overdose of drugs. The treatment option in all movies was magical, spiritual or traditional healing (Aina, 2004; Atilola & Olayiwola, 2012, 2013).

Three studies that looked at specific conditions such as depression showed that most of the participants have heard of depression but never knew it was a major health problem. Drug abuse was reported as major causation of depression in these studies (Adesanmi, Esimai, Mapayi & Aloba, 2017; Adewuya et al., 2017; James et al., 2012).

Perceived description of people with mental disorders in Nigeria

Most studies included in this review described by their study participants that persons with mental disorders as 'mentally retarded', 'dangerous', 'unpredictable', 'violent', 'aggressive', 'mad', 'unable to talk to', 'a nuisance', 'less intelligent' and 'poorly dressed' (Adesanmi, Esimai, Mapayi & Aloba, 2017; Adewuya & Oguntade, 2007; Adewuya et al., 2017; Aghukwa, 2009; Gureje, Lasebikan, Ephraim- Oluwanuga, Olley & Kola, 2005; Iheanacho, Stefanovics & Ezeanolue, 2018; Kabir et al., 2004; Kapadia et al., 2018; Oluwole, Obadeji & Dada, 2016; Ronzoni, Dogra, Omigbodun, Bella & Atitola, 2010). Only a few studies (n=2) described mental disorders as being like physical illness in the respect that anyone can be unwell (Igbodaro, 2017; Iheanacho, Marienfeld, Stefanovics, & Rosenheck, 2014).

Five studies found that young people identified people with mental disorders through speech, behaviour, and appearance. The participants described people with mental disorders as 'mad' or 'mental'. They also described their appearance as abnormal using terms such as 'dirty clothes', 'torn clothes', naked' etc. (Adeola & Omigbodun, 2017; Bella, Omigbodun, & Atilola, 2011; Bella, Omigbodun, Dogra, & Adeniyi, 2012; Bella-Awusah et al., 2014; Ronzoni et al., 2010).

Four studies specific to depression described people with depression to have social withdrawal, loss of interest, dangerous and difficult to talk to (Adesanmi et al., 2017; Adewuya et al., 2017; James et al., 2012 ; Oshodi et al., 2014) while five studies specific to schizophrenia described that these patients were witches and wizards and should be excluded from social interactions

(Adeosun, Adegbohun, Jeje, & Adewumi, 2014; Chukwu & Onyeneho, 2015; Ewhrudjakpor, 2010; Ohaeri & Fido, 2001; Igberase & Okogbenin, 2017).

Attitudes towards people with mental disorders in Nigeria

The most expressed attitude in all 28 studies that looked at attitudes was social distance (study participants were unwilling to accept persons with mental disorders). This was reported in 20 (69%) studies and avoidance was reported in 14 (48%) studies. Marriage stigma was reported in eleven (38%) studies where very few would consider marrying a person with mental disorders due to fear of violent behaviour with aggressive tendencies (Abayomi, Adelufosi, & Olajide, 2013; Adebiyi, Fagbola, Olakehinde, & Ogunniyi, 2016; Adesanmi et al., 2017; Adewuya & Oguntade, 2007; Adewuya & Makanjuola, 2008b; Adewuya et al., 2017; Audu et al., 2011; Bella et al., 2011; Binite, 1970; Ewhrudjakpor, 2009 ; Gureje, Olley, Olusola, & Kola, 2006). Job-related stigma was reported in six (21%), with very few people believing they could have a regular job (Aghukwa, 2009; Binite, 1970; Gureje et al., 2005; Ikwuka et al., 2016; Olubunmi, 2009 ; Oluwole, Obadeji, & Dada, 2016) and abuse and discrimination was reported in three (10%) studies (Adeosun et al., 2014; Chukwu & Onyeneho, 2015; Ewhrudjakpor, 2010). Negative attitudes were found in 7 (24%) while positive attitudes were in 6 (21%) studies. The perceived positives were found in studies that looked at medical professionals' attitudes towards persons with mental disorders in Nigeria (Iheanacho et al., 2014; Olubunmi, 2009; Mosuku & Wallymahmed, 2016).

Medical professionals held negative attitudes even when some had had previous contact with persons with mental disorders (Abayomi et al., 2013; Abiodun, 1991; Aghukwa, 2010; Igbodaro et al., 2015; Igbodaro, 2017; Kapadia et al., 2015; Ogunsemi, Odusan & Olatawura, 2008). Some felt they would be ashamed if people knew their family member had a mental disorder (Adebiyi et al., 2016; Adewuya & Makanjuola, 2008b; Ekwueme & Aghaji, 2006).

Some medical professionals expressed shame and were not willing to accept that a recovered mentally ill could teach children (Adewuya & Oguntade, 2007). However, more experienced medical health workers showed more positive attitude (James et al., 2013; Mosuku & Wallymahmed, 2016; Ogunlesi & Adelekan, 1988).

Among the clergy, one study reported that people with mental disorders were perceived as different and considered to be a threat and should be avoided (Igbinomwanh & Omoaregba, 2013). However, in two studies most of the participants exhibited positive attitudes towards persons with mental disorders (Iheanacho et al., 2016, 2018).

Nigerian students described that they could not work with people with mental disorders due to fear (Adewuya & Makanjuola, 2008b; Oluwole et al., 2016).

Two studies specific to depression showed that older people exhibited a more negative attitude. These studies also exhibited unfair treatment in intimate relationships and keeping a job among persons with depression (Adesanmi et al., 2017; Oshodi et al., 2014).

Seven studies specific to schizophrenia exhibited negative attitudes due to poor knowledge. However, social support was present for patients with schizophrenia and bipolar disorder but not for patients with major depression and psychological distress (Adeosun, Adegbohun, Jeje & Adewumi, 2014; Ewhrudjakpo, 2009, 2010; Chukwu & Onyenecho, 2015; Furnham & Igboaka, 2007; Igberase & Okogbenin, 2017; Lasebikan et al., 2012).

A study on people's attitude towards dementia showed that some of the participants had heard of dementia but would prefer to hide their status (if they had dementia) and would never marry into families with dementia. A few participants referred to dementia as 'a disease of insanity' (Adebiyi et al., 2016).

Discussion

This scoping review has identified that belief in supernatural causes of mental disorders influences attitudes towards people with mental disorders living in Nigeria. For example, Gureje et al., (2005) reported in their study of South-West Nigeria that one in ten participants believed that mental disorders were because of spiritual or supernatural causes. Studies undertaken in the Eastern and Northern regions of Nigeria showed similar results (Iheanacho et al., 2016; Sheikh, Adekeye, Oliseh & Mohammed, 2015). The studies also showed that the initial pathways for care were through spiritualists or traditional medicine (Aghukwa, 2012; Aniebue & Ekwueme, 2009; Jegede, 1981; Lasebikan et al., 2012; Makanjuola, 1985; Odinka et al., 2014; Ohaeri & Fido, 2001; Nonye & Oseloka, 2009).

According to Uyanga (1979), spiritual healers specialize in various illness including mental disorders and the patients derive some psychological satisfaction from these practices due to their ability to provide some supernatural and spiritual explanations. Nigeria is a religious country and tends to attribute whatever circumstances or situations that come their way to 'God' or supernatural forces (NBS, 2016). Amadi et al., (2016) explained that Nigerians are more likely to resort to religious or spiritual coping due to the perceived supernatural causation of mental disorders among Nigerians (as indicated in this review). Many of these religious institutions offer spiritual treatments such as fasting and prayers, drinking holy water, seeing visions or prophecies, preparation of some herbs as medicine, etc. for all illness including mental disorders (Agara, et al., 2008). Studies have indicated a positive association between religious involvement and adapting better to chronic illness including mental disorders, by making patients less prone to psychological distress, resulting in improved mental health outcomes (Ani, Kinanee & Ola, 2011; Koenig, 2001). Positive attitudes were prevalent among the clergy towards people with mental disorders in Nigeria (Iheanacho et al., 2016, 2018). Adelufosi, Abayomi, Oyewole, & Ayankola, (2013) also explained that social contact between

frequent attendees in religious activities with people who have mental disorders, may promote some element of compassion and sympathy, resulting in some positive attitudes towards mental disorders. This is possibly because religion promotes compassion for individuals with health problems. Therefore, faith and spirituality were associated with stronger social support; this helped overcome barriers to care such as a lack of confidence in the health system and the stigma of mental disorders (Oji et al., 2017).

Traditional healers sometimes called 'witch doctors' have always been of interest to medical doctors and other allied professionals in Nigeria, even though studies have shown that medical professionals exhibit negative attitudes towards traditional medicine (Adelufosi et al, 2013; Offlong, 1999). However, many studies have indicated that native and spiritual healers could be used as effective agents in mental health in Nigeria (Adelekan et al., 2001; Agara et al., 2008; Iheanacho et al., 2016, 2018). A systematic review (James, Wardle, Steel & Adams, 2018) addressing the use of traditional and alternative medicine in sub-Saharan Africa showed that traditional medicine was common among the population with low socioeconomic and educational status. Most of the traditional medicine users refused to disclose their previous health background to their health providers, with the main reasons being fear of rejection and health providers' negative attitudes towards traditional medicine. This systematic review also showed that 66% of Nigerian patients with schizophrenia used traditional medicine, and the common reason for using this approach was due to its low-cost (James et al., 2018). This scoping review recognises that traditional medicine can be used alongside conventional medicine and it is being used to complement, rather than an alternative to, conventional medical care. This may be due to a paradigm shift in health attitudes towards traditional medicine that acknowledges the inadequacies of bio-medical care in sub-Saharan Africa (James et al., 2018). There are many reasons why people make decisions to consult traditional or spiritual practitioners. As explained in this review, the belief in, and potency of, the supernatural as the

causation of mental disorders influences this decision as well as economic reasons (e.g. non-availability of National Health Insurance Scheme) when the burden of care falls on the individual and the family. Several studies on health care access across Africa, especially in rural areas, reported that health care services were not utilised because of factors such as cost of travel, consultant and treatment fees, staff shortages, etc. (Burns & Tomita, 2016; Home Office, 2018; WHO, 2006). Studies have also showed that patients who seek traditional consultation for mental disorders were given spiritual reasons for the illness (Burns & Tomita, 2016; Nonye & Oseloka, 2009; Patel, 2011).

The Federal Ministry of Health said about 30% of Nigerians are living with mental disorders (Nwokeoma, 2018). A mental health plan was created in 1991 by the Federal Ministry of Health Abuja and revised in 2013. Its major components involve a shift of mental health services and resources from hospital-based settings to community settings as well as an integration of mental health services into primary health care, but this policy has not been fully implemented. There is currently no mental health expenditure by the government of Nigeria. The disability-adjusted life years per 100,000 population is 1,987 and suicide age –standardised rate per 100,000 is 6.5. The main cost of care to persons with mental illness is borne by individuals and households. The total recorded number of mental health staff in mental inpatient and outpatient care is 1,437 and 85 respectively. The total number of mental health workers per 100,000 is 0.9. There are about eight mental hospitals and thirty-six psychiatric units in general hospitals but there is currently no record of residential care facilities (Federal Ministry of Health Nigeria, 2013; WHO, 2006, 2016). There is also currently no reported programme for mental health promotion and mental disorders prevention, and there is currently no suicide prevention programme provision (Federal Ministry of Health Nigeria, 2013; WHO, 2006, 2016).

Since Nigerians are willing to use both medical and non-medical treatments. A good working relationship between the medical, spiritual and traditional healers is important. The latter could

play an important role in encouraging and referring patients to visit medical centres. This should be included in the mental health policy, to ensure that these practitioners can practice without fear of objection from government or medical practitioners. Traditional healers constantly have the fear of losing their licences to government, hence the reluctance to collaborate (Adelufosi et al., 2013; Offlong, 1999). Offlong (1999) suggests that regardless of the government policy on mental health, both traditional and medical practice complement each other as Nigerians patronize both. Therefore, research in relation to traditional treatment is necessary to integrate traditional medicine into the national health system and national policy in relation to mental health in Nigeria.

However, it is very difficult for medical professionals to collaborate with clergy due to the strong belief that sin, or demonic possession is the root cause of mental disorders. According to Leavey & King (2007), even though the traditional and/ or spiritual healers provide care to emotionally distressed individuals, they may be reluctant to move from spiritual guidance to encouraging visits to hospitals. They suggest that medical practice can collaborate with religious and/ or traditional healers through training. Roberston, (2006) also suggests that for collaboration to take place between medical, traditional and spiritual healers, there need to be studies on knowledge, methods of practices and best ways of working. There is also a need for strategies for medical professionals to engage with traditional or spiritual healers. Burns and Tomita (2016) would support this suggestion explaining that there has been a successful collaboration with traditional medicine relating to TB & HIV counselling. Patel (2011) recommends that policy evidence guided by common sense needs to be made in order to collaborate with traditional healers to help complement rather than compete. In order to avoid and stop abusive practices towards mental health patients due to a lack of mental health literacy, educative programmes aimed at collaboration between the medical professionals and traditional and/or spiritual healers should be undertaken.

Lasebikan (2016) explains that in Nigeria, culture is a significant element shaped by over 250 ethnic groups and over 500 languages. However, historically, there have been ethnic and religious conflicts, and these continue to persist. A lack of unity among the various ethnic groups has led to a series of ethnic conflicts resulting in underdevelopment in the health sector. This underdevelopment in major regions, especially in the Northern regions, has resulted in inadequate health-seeking behaviours and service use as well as a difference in how people communicate their health needs and concerns, particularly with regards to mental health concerns (Lasebikan, 2016). Culture has a strong impact on coping strategies, with religion playing a major role even with the challenges (such as insecurity, unemployment, poverty and inadequate basic amenities) constantly faced by Nigerians (NBS, 2010). Overall, studies have shown a positive association between cultures, a supportive family system with regular contact with extended family was found to ameliorate the course of mental disorders (Lasebikan et al., 2012; Trarakehwer et al., 2006).

The studies included in this scoping review also demonstrated that Nigerians strongly believe that drug abuse is a major cause of mental disorders (Abayomi et al., 2013; Adeola & Omigbodun, 2017; Adesanmi et al., 2017; Adewuya et al., 2017; Ihaji et al., 2013). Despite the strict position taken by the government of Nigeria, drug abuse is a growing problem in the country. According to a recent survey by the United Nations on Drugs and Crime (2018), about 14.3 million Nigerians representing about 14.4% of the country's population between the ages of 15-64 were said to have abused drugs in the period 2017-2018. The figure of 14.4% was a significant increase on the previous year's figure at 5.6% (United Nations on Drugs and Crime, 2018).

The most used drug was cannabis (Indian hemp) which was taken by 10.6 million in year 2017. Among Nigerian youths it has been reported that due to their affordability, tramadol, codeine, cough syrup and laxatives are frequently used (BBC News, 2018:

https://www.bbc.co.uk/news/world-africa-43994087; Punch Newspapers, 2019; UNODC, 2018). In the Northern region, in addition to a host of challenges such as insurgency, communal clashes, alarming poverty, and unemployment, drug use (for example, codeine and tramadol) is one of the major challenges threatening the region (Abubakar, 2018). According to the National Drug Law Enforcement Agency (NDLEA), the Nigerian senate estimated that in October 2017 alone about three million bottles of codeine were consumed daily in Kano and Jigawa states in Northern Nigeria. Seven out of ten youths in Kano state, Northern Nigeria are involved in drug abuse (Abubakar, 2018; BBC News, 2018; UNODC, 2018).

In response to this problem, the government has set up policies to help address this issue in Northern Nigeria through the introduction of the Senate round table in Kano state in December 2017. This committee resulted in the introduction of the Mental Health and Substance Abuse bill and the Codeine Control and other related matters working group in January 2018. The intervention will comprise a legal framework for law enforcement and other agencies to reduce the supply of illicit substances of abuse, and control illicit psychoactive substances (This Day Newspaper, 2018). The bill scaled to second hearing at the Nigerian Senate (Iroanusi, 2019).

Studies included in this scoping review on the influence of mental health on the media and movie industry, and attitudes amongst media practitioners towards mental disorders in Nigeria found that participants held negative attitudes towards mental disorders (Aina, 2004; Atilola & Olayiwola, 2012, 2013; Oluwole & Obadeji, 2014). There is limited research on the depiction of mental disorders in Nigerian movies and media. More research and training is needed to influence the knowledge and attitudes of moviemakers, actors and all stakeholders towards mental health issues in Nigeria. This will help develop educative and informative programmes and movies and, as the Nigerian movie industry (Nollywood) is the largest in Africa and a major source of entertainment to Nigerians. This will improve mental health literacy and challenge negative perceptions.

The North-Eastern region of Nigeria did not generate a single study. This raises a concern as the region is the poorest in the country with insecurity challenges. The lack of published studies could possibly be due to the security challenges in the region. Traumatic events of Boko-Haram insurgency have resulted in several deaths. This has resulted in the occurrence of mental disorders in residents living in this region (Amusan & Ejoke, 2017; Human Rights Watch, 2013). No studies reported data collected in the Federal Capital Territory (Abuja) in the North-Central region. This is the capital city of Nigeria with a population of 2.2 million. Many of the occupants of this region are civil servants, government workers, politicians and business owners (NBS, 2012)

Finally, while studies focused on Nigerians as a whole, a major population overlooked in all studies were internal migrants who constitute over 40% of the general population moving from rural to urban areas. Sixty-five percent of these internal migrants are aged 15-34 years with the number of internally displaced (due to political, social or safety issues) amounting to 2,193,767 in year 2017 (NBS, 2012, 2016; United Nations Refugee Agency, 2018). A recent review of possible health problems of internal migrants and internally displaced person in Nigeria indicated a prevalence of mental disorders, particularly post-traumatic stress disorders and depression (Owoaje, Uchendu, Ajayi & Cadmus, 2016).

Further Research

This scoping review has illustrated that supernatural beliefs in the causation of mental disorders are part of the culture of Nigerians. This is a significant aspect of the daily life of Nigerians, with religion remaining a significant coping method alongside regular contact with family members. Hence, the concept of 'spirituality' should be reviewed and incorporated into mental health care management. Stakeholders should consider collaboration with religious institutions

to improve knowledge and awareness of mental health. This will help reduce the stigma experienced by people living with mental disorders.

There is also a need for a qualitative study exploring the knowledge of, attitudes towards, and factors impacting mental health among Nigerians especially internal migrants. Such a study could be used to gain an understanding of the fundamental reasons, opinions, and motives underpinning the lived experiences and meanings of mental health issues, directly from the perspective of Nigerians. This could assist in identifying factors impacting on the mental health and wellbeing of Nigerians both positively and negatively. Studies should also be undertaken across the country, especially in the Northern regions (the North-East as well as the capital city of the country; Federal Capital Territory, Abuja). In addition, this proposed study will also focus on the positive aspects of mental health and wellbeing.

Conclusion

The findings from this scoping review show that belief in supernatural causes of mental disorders influences attitudes towards this group of people living in Nigeria. The review has also identified that there are very few qualitative studies exploring the views, knowledge, and attitudes towards mental disorders in Nigeria. In addition, the studies reviewed were mainly undertaken in the south-west region of the country. Less focus has been placed on the northern regions, especially the north-east, north-west, and north-central regions. Studies looking at the northern regions should be investigated as these regions are poor due to security challenges, under-development, low level of education and poverty (Ngbea & Achunike, 2014).

Very few studies (only three) studied the depictions of mental disorders in the movie industry in Nigeria. The Nigerian movie industry is one of the largest entertainment industries in Africa. Collaborations between health services and filmmakers could possibly be a vehicle for

educating and informing the public towards reducing the stigmatizing responses concerning people with mental disorders in Nigeria.

Collaboration and regular training between medical and traditional and/or spiritual professionals are necessary as Nigerians patronize both. Religion is a coping strategy due to supernatural beliefs. However, religion can be used to change attitudes towards people with mental disorders due to its elements of love, compassion, and sympathy. Therefore, more collaboration is required between spiritual healers and medical practice.

A major strength of the review is the inclusion of a wide range of academic database in the search to retrieve relevant articles.

Limitations of the study may lie in the fact that some relevant articles may not have been identified, grey literature was not included, and no addressed quality appraisal process was undertaken for the articles identified. However, this initial scoping was not meant to be exhaustive and, the steps taken were aligned to the PRISMA review approach.

Declaration of interest

No potential conflict of interest was reported.

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