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Healing with Dignity: Mental Health, Equity and Human Rights in Nigerian Social Work Practice

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Abstract
Mental health care in Nigeria continues to face recurrent challenges related to equity, human rights, and access to services. Social work practice is underutilised especially in mental health systems despite its relevance to psychosocial care, advocacy, and community-based intervention. The study was guided by six objectives and anchored Human Rights-Based Approach (HRBA) and the Social Determinants of Mental Health Framework. A systematic review design was adopted following PRISMA 2020 guidelines. Six electronic databases were searched: PubMed, Scopus, Web of Science, PsycINFO, CINAHL, and African Journals Online, alongside Google Scholar and grey literature sources. The search covered studies published between January 2016 and March 2026. A total of 1,311 records were identified (PubMed 210; Scopus 320; Web of Science 185; PsycINFO 160; CINAHL 145; AJOL 110; Google Scholar 156; grey literature 25). After removal of 312 duplicates, 999 records were screened. Title and abstract screening excluded 897 studies, while 102 full-text articles were assessed for eligibility. Ultimately, 32 studies met the inclusion criteria, comprising 15 qualitative, 10 quantitative, 5 mixed-method, and 2 policy or grey literature sources. Data were synthesised using narrative thematic analysis. Findings show that social workers roles in psychosocial care, case management, and community engagement, are crucial; although their integration into mental health systems remains underutilised. Nigeria continues to face a high burden of mental health conditions driven by socioeconomic stress, stigma, and weak service capacity. Key barriers include poor policy implementation, workforce shortages, cultural beliefs, and structural inequality. Despite these challenges, interventions such as the Mental Health Act 2021, mhGAP programmes, NGO-led services, and WHO frameworks demonstrate progress toward rights-based care. The study concludes that Nigeria has made policy

progress, but systemic and institutional weaknesses continue to weaken effective implementation. It recommends stronger policy enforcement, workforce expansion, improved funding, and scaling up of community-based and rights-focused mental health services.

Keywords: Mental health, equitable service delivery, social work practice.

Introduction

Mental health constitutes a vital component of overall human wellbeing and is essential for effective social functioning. The concept extends beyond the mere absence of illness, encompassing a state in which individuals can manage daily stressors, realize their capacities, work productively, and make meaningful contributions to their communities (World Health Organization, 2022). Globally, mental health conditions have become a significant public health concern. Disorders such as depression, anxiety, substance use disorders, schizophrenia, bipolar disorder, and trauma-related conditions are major contributors to disability and a diminished quality of life. Recent data indicate that one in every eight individuals worldwide experiences a mental health condition, with low- and middle-income countries disproportionately affected due to limited-service access, weak health infrastructures, and pervasive social inequalities (GBD 2019 Mental Disorders Collaborators, 2022).

Nigeria exemplifies these challenges, grappling with high rates of poverty, unemployment, insecurity, forced displacement, gender disparity, familial instability, and restricted healthcare access. Such socioeconomic adversities foster psychological distress and elevate vulnerability to mental disorders. Common conditions such as depression and anxiety have become prevalent in Nigeria, yet most affected individuals do not receive professional care (Gureje, Oladeji, & Araya, 2015). The treatment gap is alarming, with estimates indicating that over 80 percent of those with mental health conditions lack adequate service access (Abdulmalik, Kola, & Gureje, 2016). This deficit is amplified by a shortage of mental health professionals, including psychiatrists, psychiatric nurses, psychologists, and social workers. Urban concentration of mental health facilities leaves rural populations underserved, while primary healthcare systems lack trained personnel, necessary medications, and robust referral pathways (Anyebe, Olisah, Garba, et al., 2021).

Equity in healthcare denotes fairness in resource allocation, opportunities, and service access based on need rather than social status or privilege (Braveman, Arkin, Orleans, et al., 2018). In Nigeria's mental health landscape, inequities arise across multiple dimensions, with geographic, economic, gender, and disability-based disparities. Rural residents face significant access barriers, while economic constraints hinder affordability of consultations and medications. Gender and disability discrimination further perpetuate exclusion, with women subjected to stigma stemming from marital and reproductive expectations, and persons with psychosocial disabilities encountering marginalization in diverse life spheres (Kagan, Itzick, & Tal-Katz, 2018). Stigma, exacerbated by cultural beliefs linking mental illness to spiritual or moral failings, serves as a formidable barrier, often deterring individuals from seeking formal care and resulting in delayed intervention (Ogueji, Agberotimi, Adesanya, Gidado et al., 2021).

These patterns have considerable human rights implications. Human rights frameworks uphold the dignity, autonomy, and equal participation of all individuals, including those with mental health conditions (World Health Organization, 2021). However, evidence from Nigeria and similar contexts reveals exposure to neglect, coercion, unlawful detention, and degrading treatment in both formal and informal care settings (Mahdanian, Laporta, Bold, et al., 2023). Reports of physical restraint, chaining, starvation, and abuse, particularly in traditional and religious healing centres,

are well documented (Human Rights Watch, 2023). The enactment of the Nigerian Mental Health Act in 2021 marked a pivotal policy development, aiming to improve care access and safeguard rights, yet implementation remains constrained by limited funding, institutional capacity, and workforce shortages (Cherima, Enebeli, Amadi, et al., 2026). Against this backdrop, social work emerges as a critical discipline, intersecting with issues of equity, rights, and service delivery, and necessitating a rights-based approach to mental healthcare (Patel, Saxena, Lund, Thornicroft, et al., 2022).

Objectives of the Study

The general objective of this review is to examine existing evidence on mental health, equity, and human rights in Nigerian social work practice. However, the specific objectives are to:

1. examine the current role of social workers in mental health care delivery within Nigeria.
2. identify major mental health challenges and service gaps affecting individuals and communities in Nigeria.
3. examine the extent to which human rights principles such as dignity, autonomy, inclusion, and protection from abuse are reflected in Nigerian mental health practice.
4. identify barriers limiting the integration of human rights and equity principles into social work practice in Nigerian mental health settings
5. review existing interventions, policies, and service models that promote equitable, rights-based, and person-centred mental health care in Nigeria.
6. provide evidence-based recommendations for strengthening Nigerian social work practice, policy development, and mental health service systems.

Research Questions

1. What roles do social workers currently perform in mental health practice in Nigeria?
2. What mental health challenges and service gaps affect individuals and communities in Nigeria?
3. To what extent are human rights principles such as dignity, autonomy, inclusion, and protection from abuse reflected in Nigerian mental health practice?
4. What barriers affect the implementation of equitable and rights-based mental health social work practice in Nigeria?
5. What existing interventions, policies, and service models promote equitable, rights-based, and person-centred mental health care in Nigeria?
6. What evidence-based recommendations exist for strengthening Nigerian social work practice, policy development, and mental health service systems?

Theoretical Framework

This review is anchored on the Human Rights-Based Approach (HRBA) and the Social Determinants of Mental Health Framework. Both approaches explain how mental health, equity, and human rights intersect in Nigerian social work practice. They also provide a strong foundation for assessing how dignity, fairness, and social justice operate within mental health systems. The Human Rights-Based Approach views mental health care as a matter of legal and moral entitlement rather than charity or discretionary service. It is grounded in international human rights instruments such as the Universal Declaration of Human Rights and the Convention on the Rights of Persons with Disabilities (CRPD). The CRPD specifically affirms the rights of persons with psychosocial

disabilities to dignity, autonomy, inclusion, and equal participation in society (United Nations, 2007). It also rejects discrimination, forced treatment without due process, and exclusion from community life.

In mental health systems, the HRBA requires that service users are treated as rights holders and that states are duty bearers responsible for ensuring access to acceptable, available, and quality mental health services. This approach is highly relevant in Nigeria, where evidence shows that persons with mental illness may experience stigma, neglect, and in some cases coercive treatment in both formal and informal care settings (Human Rights Watch, 2020; Aluh, Ayilara, Onu, et al., 2022). Such conditions raise concerns about dignity and protection of rights within care systems.

The HRBA also aligns with social work values. Social work emphasizes human dignity, social justice, and empowerment as core principles of practice (International Federation of Social Workers, 2014). In mental health settings, this approach requires social workers to go beyond clinical support and engage in advocacy, protection of service users' rights, and challenge to discriminatory practices. It also supports participation of service users in decision-making processes related to their care and recovery.

The Social Determinants of Mental Health model on the other side, explains how mental health outcomes are determined by social, economic, political, and environmental conditions. This model builds on the broader Social Determinants of Health model developed by the World Health Organization Commission on Social Determinants of Health (World Health Organization, 2008). It argues that mental health is strongly influenced by living conditions such as income, education, employment, housing, social support, and exposure to violence or insecurity. In Nigeria, these determinants are highly visible. Poverty, unemployment, insecurity, displacement, and weak access to healthcare contribute to psychological distress and poor mental health outcomes. Rural populations, however, face limited access to mental health services due to uneven distribution of facilities and professionals (Fadele, Igwe, Toluwalogo., et al., 2024). Economic barriers also prevent many individuals from accessing care due to out-of-pocket payments and limited insurance coverage.

The Social Determinants framework further explains that inequality in society produces unequal mental health outcomes. Individuals in disadvantaged groups, including women, children, and persons with disabilities, face higher exposure to stressors and lower access to support systems (Lund, Brooke-Sumner, Baingana, Baron, et al., 2018). In Nigeria, stigma and cultural interpretations of mental illness further increase exclusion and delay help-seeking behaviour (Chima, & Onichakwe, 2025). These conditions reinforce cycles of vulnerability and limited recovery opportunities. Therefore, the integration of both theories strengthens this review. The Human Rights-Based Approach focuses on dignity, justice, and legal protection, while the Social Determinants explains the structural causes of mental health inequities. The two theories support a holistic understanding of mental health practice that combines rights protection with social and economic intervention.

Methodology

This study adopts a systematic review design to synthesise evidence on mental health, equity, and human rights in Nigerian social work practice. The review follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA, 2020) guidelines to ensure transparency, replicability, and methodological rigor (Page, McKenzie, Bossuyt, et al., 2021). A review protocol guided the entire process. The protocol defined the research questions, eligibility criteria, search strategy, screening procedure, and synthesis method. A comprehensive search was conducted

across six electronic databases and grey literature sources. The databases included PubMed, Scopus, Web of Science, PsycINFO, CINAHL, and African Journals Online (AJOL). Google Scholar was used to identify additional peer-reviewed and grey literature not indexed in major databases. Policy documents from the World Health Organization and United Nations were also reviewed. The search covered studies published between January 2016 and March, 2026. The search process produced a total of 1,286 records across all databases: PubMed: 210 records, Scopus: 320 record, Web of Science: 185 records, PsycINFO: 160 records, CINAHL: 145 records, AJOL: 110 records, Google Scholar: 156 records. In addition, grey literature sources produced 25 records, bringing the total to 1,311 records. After removal of 312 duplicates, 999 unique records remained for screening. The screening process followed PRISMA 2020 guidelines in three stages:

Title Screening: At this stage, 999 studies were screened based on titles. Studies not related to mental health, social work, equity, or human rights in Nigeria were excluded. A total of 710 records were excluded at this stage.

Abstract Screening: A total of 289 abstracts were screened for relevance to the review objectives. Studies that did not focus on Nigeria, did not address social work practice, or lacked relevance to mental health equity or human rights were excluded. This resulted in exclusion of 187 studies.

Full-Text Screening: A total of 102 full-text articles were assessed for eligibility. Studies were excluded for the following reasons:

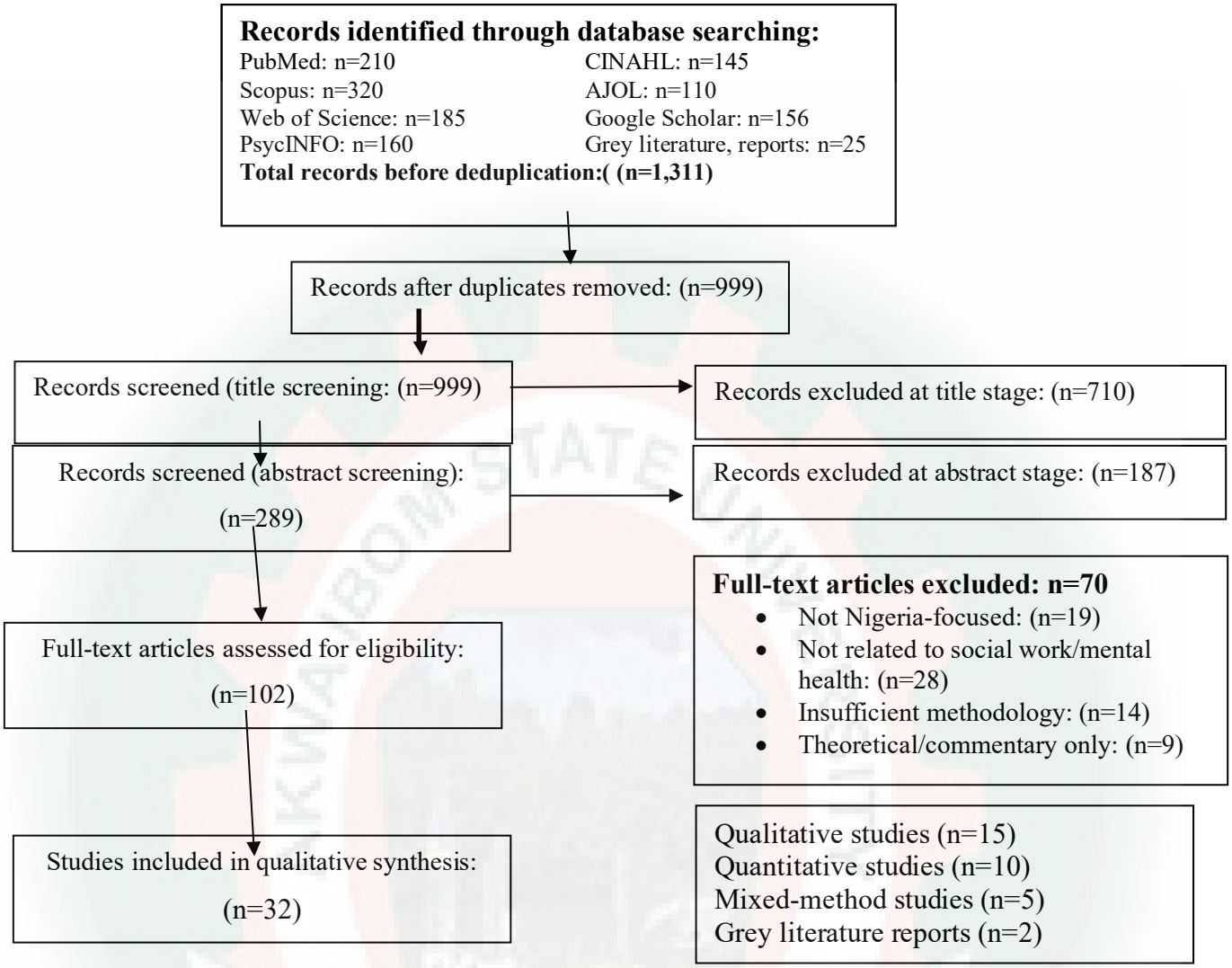
- Irrelevance to social work practice (n = 28)
- Lack of Nigerian context (n = 19)
- Insufficient methodological detail (n = 14)
- Theoretical commentary (n = 9)

After full-text assessment, 32 studies met all inclusion criteria and were included in the final synthesis. These studies consisted of 15 qualitative studies, 10 quantitative studies, 5 mixed-method studies and 2 policy and grey literature reports. Data were extracted from all 32 included studies using a structured extraction form. A narrative thematic synthesis approach was used due to heterogeneity of study designs and outcomes. Narrative synthesis enables integration of diverse evidence into coherent themes (Popay, Roberts, Sowden, Petticrew, et al., 2006). Findings were grouped under five thematic areas aligned with the review objectives:

i. Roles of social workers in mental health care in Nigeria
ii. Mental health challenges and service gaps in Nigeria
iii. Human rights and dignity in mental health care in Nigeria
iv. Barriers to equitable social work practice in mental health setting in Nigeria
v. Existing interventions and policy responses that promote equitable, rights-based, and person-centred mental health care in Nigeria

This study relied exclusively on published literature and secondary data. No human participants were involved; therefore, ethical approval was not required. Proper citation and academic integrity were maintained throughout the review process.

Figure 1: PRISMA 2020 Flow Diagram



Findings and Discussion

Roles of Social Workers in Mental Health Care in Nigeria

Mental health care in Nigeria has been heavily influenced by biomedical and psychiatric models, with limited integration of social work across clinical, community, and policy spaces. Evidence from the reviewed studies shows that social workers perform important functions in psychosocial support, advocacy, case management, family intervention, referral coordination, and community mental health education, although their contributions are under-recognised within the formal health system. Social workers are positioned as professionals who address the social dimensions of mental illness rather than symptoms alone. The review by Okech, Neszméry and Mačkinová established (2020) that social workers in multidisciplinary mental health teams contribute to psychosocial assessment, discharge planning, crisis intervention, rehabilitation support, and coordination of care between hospital and community systems. Their role is important in contexts where mental illness is influenced by poverty, unemployment, housing instability, family breakdown, and stigma.

Afolabi (2020) examined the role of social work in mental health and academic performance among students and found that social workers contribute through counselling, referral services, emotional support, and early identification of psychosocial challenges affecting students' learning outcomes Similar findings were reported in university health setting, as social workers in university health centres provide psychosocial intervention, mental health education, crisis support, and linkage to psychiatric services where needed (Fowowe, Ajike & Oyinlola, 2020). Community engagement is another major area of social work practice. Omokhabi and Omokhabi (2023) found that social workers and community actors contribute to suicide prevention through awareness campaigns, gatekeeper education, emotional support, and referral systems in communities with weak mental health infrastructure. Their study suggests that community-based mental health efforts in Nigeria benefit from social workers because they are trained to address family systems, cultural beliefs, and community resistance.

Evidence from northern Nigeria also shows indirect social work roles within community mental health service delivery. Non-governmental organisations contribute significantly to community mental health through awareness campaigns, outreach programmes, referral services, and psychosocial support in underserved communities (Anyebe, Abubakar, Garba, et al., 2021). Although these programmes are often NGO-led, their service structure reflects core social work principles such as empowerment, inclusion, and community mobilisation. Social workers also contribute to implementation of task-sharing mental health initiatives. Mathew, Adamu and Akpan (2024) discussed the Mental Health Gap Action Programme in Nasarawa State and noted the importance of community-based personnel and allied professionals in expanding mental health service reach in low-resource settings. These findings support a general call for decentralisation of mental health care in Nigeria.

Despite these roles, reviewed studies show that social workers remain marginal within Nigerian mental health systems. Social work is poorly institutionalised in hospital mental health teams, and many facilities prioritise psychiatry and nursing with minimal psychosocial staffing. Governance challenges including workforce shortages, poor mental health financing, and weak interprofessional integration contribute to this problem (Abdulmalik, Kola & Gureje, 2016). Lasebikan (2016) further noted that cultural interpretations of mental illness influence help-seeking pathways, directing service users first to religious or traditional centres rather than formal care systems. This creates an important advocacy role for social workers, who can bridge biomedical systems with community realities.

Therefore, findings reveal that social workers occupy significant but underdeveloped roles in Nigerian mental health care. Their contributions extend to psychosocial support, case management, family intervention, and community engagement. However, weak institutional integration limits their influence within multidisciplinary teams. Biomedical dominance reduces recognition of social work input, despite evidence of its relevance to recovery-oriented care. Community and university-based settings show stronger involvement, especially in counselling and referral services. Hence, the findings suggest that social work practice is essential for holistic mental health care, but structural, policy, and workforce limitations continue to restrict its full effectiveness in Nigeria's mental health system.

Major Mental Health Challenges and Service Gaps Affecting Individuals and Communities in Nigeria.

Mental health challenges in Nigeria are influenced by social, economic, cultural, and institutional conditions, which collectively widen the treatment gap and reduce opportunities for early intervention and

recovery. One major issue identified across the studies is the rising prevalence of mental health conditions amid limited-service capacity. Fadele, Igwe, Niji-Olawepo, et al. (2024) described mental health in Nigeria as an urgent public health concern driven by increasing cases of depression, anxiety, substance misuse, trauma-related disorders, and suicide ideation, alongside inadequate infrastructure to meet service demand. Their study notes that the available mental health resources remain far below population needs. The scoping review conducted by Omoge, Omoge, Arogundade, et al. (2026) found that multiple factors contribute to poor mental health outcomes in Nigeria, including poverty, unemployment, insecurity, family instability, poor educational outcomes, and exposure to violence. These structural pressures increase vulnerability to psychological distress and complicate recovery, particularly among economically disadvantaged groups.

Abdulmalik, Kola and Gureje (2016) reported longstanding governance challenges within Nigeria's mental health system, including insufficient psychiatrists, psychiatric nurses, psychologists, and allied mental health professionals relative to population size. The shortage is severe in rural communities, where access to specialist care is often absent. Service distribution also reflects geographic inequality. Most psychiatric hospitals and specialised facilities are concentrated in urban areas, leaving large segments of the population dependent on under-resourced primary healthcare centres or informal care systems. Community-based mental health services at primary healthcare level face serious barriers, including inadequate training, weak referral pathways, lack of psychotropic medication, and poor policy implementation (Anyebe, et al., 2021). Mental health care in Nigeria is largely financed through out-of-pocket payment, which excludes many low-income households. Access to mental health services remains constrained in low-resource settings because financial barriers prevent sustained treatment engagement and continuity of care (Eaton, 2024). This problem is compounded by weak insurance coverage for mental health services.

Stigma and cultural interpretations of mental illness influence service utilisation. Mental illness is understood through religious, supernatural, or moral frameworks, leading many individuals to seek help first from prayer houses, traditional healers, or informal institutions rather than formal healthcare systems (Lasebikan, 2016). This pattern contributes to delayed diagnosis and treatment. Similar findings emerged from Chima and Onichakwe, (2025) who reported that fear of discrimination, shame, poor mental health literacy, and distrust of formal services discourage help-seeking behaviour among Nigerians. Malah, Onwudiwe, Imade, et al. (2025) also observed that stigma remains a major barrier among older adults, especially where mental illness is associated with weakness, spiritual attack, or family disgrace.

Institutional barriers within universities and educational settings also emerged. Limited campus mental health resources, poor awareness of available services, and institutional stigma are observed as barriers to student mental health support in a Nigerian university setting (Dada, 2026). This suggests that even educated populations face obstacles in accessing care. Service fragmentation further weakens outcomes. Weak supply chains, poor implementation systems, and inadequate policy coordination reduce the effectiveness of mental health expansion efforts in low-resource settings such as Nigeria (Ogbuagu, Mbata, Balogun, et al. 2024).

Findings indicate that Nigeria faces a severe mental health burden alongside weak service capacity. Prevalence of disorders is rising, while workforce shortages, poor funding, and unequal service distribution limit access to care. Rural areas experience greater gaps due to lack of specialists and weak primary healthcare systems. Cultural beliefs and stigma reduce help-seeking and delay treatment. Financial barriers further exclude low-income populations from sustained care. Institutional fragmentation and poor policy implementation weaken service delivery across

sectors. Therefore, the findings suggest that Nigeria's mental health challenges are driven more by structural and systemic weaknesses than by prevalence alone.

Human Rights and Dignity in Mental Health Care in Nigeria

Reviewed study indicates that people living with mental illness experience violations of dignity, autonomy, privacy, and freedom within both formal and informal care settings (Yusuff, 2016); which calls for legislative and policy guidelines. These violations explain deeper structural problems associated with stigma, weak regulation, poor service infrastructure, and long-standing cultural interpretations of mental illness. A recurring issue across the literature is the continued use of coercive and restrictive practices in mental health care. These include involuntary admission, physical restraint, seclusion, and treatment without informed consent. Such practices are justified as necessary for safety or symptom control, yet they raise serious ethical concerns regarding liberty and bodily integrity. Service users have reported experiences of powerlessness, fear, loss of control, and limited participation in treatment decisions, suggesting that many care settings still operate within paternalistic models rather than rights-based frameworks (Aluh, Ayilara, Onu, et al., 2022; Okere, 2025).

Evidence also indicates that harmful practices extend beyond hospital environments into traditional and faith-based treatment centres. In some settings, individuals with mental illness are exposed to chaining, forced isolation, food deprivation, confinement, and physical punishment under the assumption that symptoms are spiritually caused or morally rooted. These practices have been widely criticised as degrading and inconsistent with international human rights standards (Ogunwale, Fadipe, & Bifarin, 2023; World Health Organization, 2023). In addition, mental illness in Nigeria is still commonly associated with spiritual attack, witchcraft, personal weakness, or family shame. These beliefs influence family responses, delay professional help-seeking, and legitimise non-medical treatment pathways that may expose individuals to abuse. Older adults appear especially vulnerable, as age-related stereotypes intersect with mental health stigma and social neglect (Malah, Onwudiwe, Imade, et al., 2025).

Another issue identified in the literature is poor awareness and enforcement of legal protections. Although Nigeria enacted the National Mental Health Act to improve rights protection, service regulation, and access to care, implementation challenges remain substantial. Weak institutional oversight, inadequate funding, and limited awareness among practitioners and the public reduce the practical effect of legislative reform. Concerns remain regarding enforcement of standards related to consent, confidentiality, humane treatment, and protection from abuse (Oyinlola, 2025; Fajolu, 2021). The rights of service users are also influenced by health worker attitudes and professional culture. Evidence from nursing education suggests mixed knowledge and attitudes regarding the rights of people with mental illness. Although some healthcare trainees demonstrate awareness of legal and ethical obligations, discriminatory assumptions and limited rights literacy remain concerns (Iheanacho, Mbadugha, Anetekhai, et al., 2022). This suggests that rights protection is not solely a legal issue but also a workforce training issue.

Policy and international guidance documents emphasise that mental health care should be person-centred, participatory, and community based. Rights-based systems are expected to promote autonomy, social inclusion, informed decision-making, and least-restrictive care models (World Health Organization, 2021; World Health Organization, 2023). Current evidence suggests that Nigeria is still transitioning toward this standard. For social work practice, these findings carry important implications. Social workers are professionally obligated to protect vulnerable

populations, challenge discrimination, and advocate for dignity and social justice. In Nigeria, this includes monitoring rights violations, supporting service-user participation, strengthening family education, and advocating for alternatives to coercive care. However, weak institutional recognition of social work limits the profession's ability to influence rights protection at systemic level (Alamu, 2022).

The findings suggest that human rights concerns in Nigerian mental health care are not isolated events, but systemic issues rooted in structural weakness, cultural beliefs, and institutional gaps. Although legislation has improved on paper, with weak implementation, The persistence of coercive practices suggests that safety is prioritised above autonomy, especially in under-resourced systems where staff shortages, overcrowding, and poor infrastructure reduce care options. Informal treatment settings are still developing, because they operate outside formal regulation. Cultural legitimacy and community trust allow these spaces to function as first-line treatment options despite documented rights concerns. This means mental health reform in Nigeria cannot focus only on hospitals. It must also engage communities, faith institutions, traditional practitioners, and family systems. The literature therefore, note that social workers are strategically positioned to strengthen rights-based practice. Their training in advocacy, case management, family systems, and community mobilisation aligns with rights protection needs in mental health care, but limited professional integration reduces their influence within formal systems.

Barriers Limiting the Integration of Human Rights and Equity Principles into Social Work Practice in Nigerian Mental Health Settings

Social work interventions occur within systems where dignity, autonomy, and equal access are questioned and weakly protected. Mental health practice in Nigeria identifies persistent gaps in the application of human rights and equity principles, as service users continue to face unequal treatment, limited participation in care decisions, and restricted access to rights-based support. These challenges show a disconnect between global standards for rights-based mental health care and the realities of practice in many Nigerian settings (World Health Organization, 2023; Anders, 2025). Coordination gaps between agencies reduce accountability and weaken enforcement of the Mental Health Act 2021. Institutional leadership also struggles with limited monitoring systems and unclear operational guidelines. These governance issues reduce the capacity of social workers to apply equity-based approaches in practice (Abdulmalik, Kola & Gureje, 2016; Cherima, Enebeli, Amadi, et al., 2026). Policy fragmentation further creates inconsistencies in service delivery, especially at primary and community healthcare levels where social workers engage most with clients. Resource shortages compound these weaknesses, limiting outreach and reducing the availability of structured rights-based interventions.

Social and cultural barriers also interfere with human rights integration. Stigma toward mental illness remains widespread and continues to influence public attitudes and institutional responses. Many service users experience discrimination within families and communities, which affects help-seeking behaviour and long-term engagement with care. Cultural interpretations of mental illness, including spiritual and traditional explanations, often delay access to formal services and reduce acceptance of psychosocial interventions (Lasebikan, 2016; Malah, Onwudiwe, Imade, et al., 2025). Reports of coercive practices and restrictions on patient autonomy further reflect systemic rights violations within some facilities (Aluh, Ayilara, Onu, et al., 2022). These conditions weaken trust between service users and mental health professionals, limiting the effectiveness of social work advocacy for dignity and equity.

In addition, many mental health settings in Nigeria are challenged with shortages of trained social workers and multidisciplinary staff. Heavy workloads reduce time for client-centred engagement and limit the use of participatory approaches in care planning. Weak integration of social workers into mental health teams reduces their influence in decision-making processes, despite evidence of their central role in community engagement and suicide prevention (Okech, Neszméry & Mačkinová, 2020; Omokhabi & Omokhabi, 2023). Funding constraints and inadequate infrastructure further weaken service delivery, especially in rural areas. Non-governmental organisations attempt to bridge gaps in community mental health services, yet limited coordination with government systems reduces sustainability and impact (Anyebe, Olisah, Garba, Murtala, et al., 2021).

The findings suggest that embedding human rights and equity principles in Nigeria's mental health social work practice remains a challenge due to structural, cultural, and institutional constraints. Rights-based frameworks exist in policy documents, yet practice realities differ due to poor enforcement, stigma, and limited professional capacity. Strengthening integration requires improved governance, consistent implementation of mental health legislation, and investment in workforce development. Equally important is the need for community sensitisation to reduce stigma and promote acceptance of rights-based care. Without these reforms, social work practice will continue to face limitations in achieving equitable and dignified mental health services in Nigeria.

Existing Interventions, Policies, and Service Models that Promote Equitable, Rights-Based, and Person-Centred Mental Health Care in Nigeria

Mental health care in Nigeria has witnessed gradual development through policy reforms, community programmes, and service delivery models that aim to strengthen equity, dignity, and person-centred practice. These interventions reflect efforts to reduce the treatment gap and align services with global human rights standards. The National Mental Health Act 2021 provides a legal foundation for rights-based care. The Act promotes protection of service users, regulation of mental health facilities, and reduction of coercive practices, with early implementation studies in federal hospitals show attempts to operationalise these provisions (Cherima, Enebeli, Amadi, et al., 2026). Broader policy analysis indicates that Nigeria's mental health governance is improving in structure but still struggles with coordination, funding, and accountability systems (Abdulmalik, Kola & Gureje, 2016; Fajolu, 2021). Global frameworks also reinforce these reforms by emphasising dignity, participation, and rights-based service delivery (World Health Organization, 2023).

The Mental Health Gap Action Programme (mhGAP) has been applied in selected states to improve early detection and treatment at primary healthcare level, introducing a community-based mental health service models Findings from implementation in Nasarawa State show improved capacity of primary health workers and increased community awareness of mental health conditions (Mathew, Adamu & Akpan, 2024). These approaches aim to decentralise services and reduce pressure on tertiary facilities, further improving access in underserved populations (Eaton, 2024). Non-governmental organisations contribute significantly to service expansion, especially in Northern Nigeria. They provide psychosocial support, awareness campaigns, and community outreach services. These interventions help reduce stigma and improve access to care in resource-limited settings (Anyebe, Abubakar, Garba, et al., 2021). Community engagement initiatives also support suicide prevention efforts and strengthen early intervention mechanisms (Omokhabi &

Omokhabi, 2023).

Furthermore, social work integration within mental health systems is a key model for person-centred care. Social workers contribute to psychosocial assessment, family intervention, and community reintegration. Evidence shows that multidisciplinary collaboration improves service responsiveness and supports holistic care delivery (Okech, Neszméry & Mačkinová, 2020). In educational settings, school and university-based mental health services demonstrate the role of social work in improving academic performance and emotional wellbeing (Fowowe, Ajike & Oyinlola, 2020; Afolabi, 2022). These models reflect growing recognition of social determinants in mental health outcomes. Task-shifting and primary healthcare integration strategies also support service expansion. Mental health screening tools introduced in primary care settings improve early identification and referral systems (Komi, Mustapha, Forkuo, & Osamika, 2024). Workforce training initiatives aim to strengthen capacity and reduce dependence on specialist services, particularly in rural areas (Ogbuagu, Mbata, Balogun, et al., 2024). WHO frameworks further reinforce these strategies by promoting meaningful service user engagement and rights-based care planning (World Health Organization, 2023).

The findings show that Nigeria has developed a combination of legal, community-based, and institutional interventions aimed at strengthening equitable and rights-based mental health care. The Mental Health Act 2021 stands as a major policy milestone. Community-based programmes such as mhGAP, NGO involvement to strengthens outreach and stigma reduction demonstrate practical progress in improving access at primary healthcare level. These interventions reduce reliance on tertiary institutions and promote early detection. Social work practice emerges as a central component of person-centred care, as multidisciplinary collaboration improves psychosocial support and service coordination. However, the limited number of social workers in mental health teams restricts full utilisation of their role. Therefore, the findings indicate that Nigeria has adopted relevant frameworks and service models aligned with global best practices.

Conclusion

This study examined mental health care in Nigeria through five interrelated themes, which focus on the roles of social workers, mental health challenges, service gaps, barriers to rights-based practice, and existing interventions that promote equitable and person-centred care. The findings show that mental health care in Nigeria is influenced by arrays of structural limitations, cultural beliefs, workforce shortages, and weak policy implementation. The findings revealed that social workers role in providing psychosocial support, case management, community engagement, and multidisciplinary collaboration is important but under-recognised. Their contributions are essential in addressing the social dimensions of mental illness, yet limited institutional integration reduces their impact within mental health systems.

The second theme showed that Nigeria faces a growing mental health burden driven by socioeconomic stressors, insecurity, stigma, and limited awareness. These challenges are intensified by inadequate workforce capacity, unequal service distribution, and weak funding mechanisms, which collectively widen the treatment gap. The third theme explained barriers to integrating human rights and equity principles into mental health care. These include stigma, cultural interpretations of mental illness, coercive practices, weak governance, and poor enforcement of mental health legislation. These factors weaken dignity and limit user participation in care decisions. The fourth theme identified institutional constraints such as poor infrastructure, fragmented policies, weak inter-agency collaboration, and limited professional development.

These issues reduce the effectiveness of social work practice and mental health service delivery. Furthermore, the findings showed that although Nigeria has introduced important interventions such as the Mental Health Act 2021, mhGAP programmes, NGO-led services, and WHO-aligned frameworks, however, implementation gaps continue to limit their effectiveness. The study, therefore, concludes that while Nigeria has made progress in developing mental health policies and service models, systemic, cultural, and institutional barriers continue to restrict equitable, rights-based, and person-centred care. Sustainable improvement requires stronger implementation structures and integrated service delivery.

Recommendations

Based on the findings of this study, the following recommendations were proposed:

1. Government should establish clear monitoring guidelines, inspection units, and enforcement mechanisms for mental health services. This is necessary because weak implementation has weakened the impact of existing policies and allowed rights violations to persist. It is aimed at service users with mental illness to ensure dignity, protection, and fair treatment. This responsibility should be led by the Federal Ministry of Health in collaboration with state ministries and hospital management boards.
2. Government and professional regulatory bodies should increase the training, employment, and deployment of psychiatrists, psychologists, psychiatric nurses, and social workers. This is important because workforce shortages reduce service access and quality of care. It is intended for individuals and communities experiencing mental health challenges, especially in rural and underserved areas. Implementation should be handled by the Federal Ministry of Health, Universities, Social Work regulatory bodies, and Teaching Hospitals.
3. Policy makers should include mental health services in health insurance coverage and subsidised care schemes. This is needed because out-of-pocket payments exclude low-income populations from accessing treatment. It is aimed at poor and vulnerable service users who cannot afford continuous care. The National Health Insurance Authority, Federal Government, and private insurance providers should lead this process.
4. Health authorities should expand mental health services at primary healthcare level using trained community health workers and mhGAP guidelines. This is intended for rural communities, families, and individuals with limited access to hospitals. State Ministries of Health, Local Government Health Departments, NGOs, and international partners such as WHO should implement this strategy.
5. Government, NGOs, and media organisations should conduct continuous public awareness programmes on mental health. This is important because stigma and cultural misconceptions delay help-seeking and worsen outcomes. It is targeted at the public, religious leaders, caregivers, and community members. Implementation should be carried out by Ministries of Information, NGOs, community-based organisations, and faith-based institutions.
6. Health and social service institutions should improve coordination between psychiatrists, social workers, psychologists, educators, and community workers. This is necessary because fragmented services reduce continuity of care and limit holistic treatment. Hospital management teams, universities, and intersectoral government committees should drive this collaboration.

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