A CONCEPTUAL OVERVIEW OF MENTAL HEALTH AND MENTAL HEALTH LAW IN NIGERIA

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Abstract

This paper is a conceptual overview of mental health and law as a key approach to safeguarding the individual well-being. The law covering mental health act is grossly inadequate. The traditional practice and treatment measures of mental illness across the three major ethnic groups in Nigeria were observed; the Igbo, Yoruba and Hausa ethnic groups relying on Ogboni, Babalawo, and Mai-Magani respectively for the traditional healing. The establishment of Asylum in Lagos and Abeokuta as psychiatric homes shifts the movement from traditional measures to the orthodox medicine as a better alternative therapy for the treatment of mental illnesses in the country. Unfortunately in Nigeria, the bill submitted on Mental Health Act was withdrawn by the House of Assembly. However, the authors emphasized the need for review of the current law and the Mental Health Act to make it

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encompassing. The paper recommends that campaign among mental health professionals should be put in place multi-dimensionally to touch all aspects of mental health to save the individual from the unlikely inhumane effect of mental experience.

Keywords: Mental Health; Mental Health Law; Mental Health Professional; Nigeria

Introduction

There has been a longstanding and vigorous debate over the relationship of mental disorder to violent and other criminal behaviours dating back over centuries (Lombroso, Maudsley & Monahan, 2004). In the 1960's and 70's a broad consensus emerged among mental health professionals, criminologists and other researchers that any apparent correlations between mental disorder and offending were the result of the confounding influences of the social dislocations which so often accompany disorder and disability (Monahan, Steadman & Mullen, 2004). In the 1980's there was an increasing emphasis among researchers from psychiatry and psychology, on the correlations between serious mental disorders and offending behaviors (Torrey, Monahan & Steadman, 2011). The mainstream of psychiatry in the 1980's returned from an emphasis on broadly social and psychology constructions of mental disorder back to its traditional medical adherence to causal theories based in neurobiological pathologies and genetic variations (Hodgins, 1992). This reopened divisions both within the social sciences and other mental health disciplines, in particular nursing, which continued to give centrality to the social and/or psychological bases of treatment (Mullen, 2010). These differences were in part played around whether robust correlations really do exists between mental disorder and offending and if they do, what mediates that relationship and the law to cater for the protection of the sufferers.

Unfortunately the interpretation of the law is open to profound influence by the prior commitments of mental health professionals. The paper explores the understanding, response and interpretation of mental health by the Act of law in Nigeria.

Mental Health

Mental health describes either a level of cognitive or emotional well-being or an absence of a mental disorder (WHO, 2009). From perspectives of the discipline of psychology or holism, mental health may include an individual's ability to enjoy life and procure a balance between life activities and efforts to achieve psychological resilience (WHO, 2009; Hodgins 1992, Torrey 1994, Monahan and Steadman 1994, Mullen, 2010). Mental health is an expression of emotions and signifies a successful adaptation to a range of demands (WHO & UNICEF, 2009). The World Health Organization defines mental as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2009). Most recently, the field of Global Mental Health has emerged, which has been define as 'the area of study, research and practices that places a priority on improving mental health and achieving equity in mental health for all people worldwide (WHO, 2009). Maintaining good mental health is crucial to living a long and healthy life. Mental health when good can enhance, when poor can prevent, someone from living a normal life. According to Richards, Campania, & Muse-Burke (2010) there is growing evidence showing that emotional abilities are associated with prosocial behaviors such as stress management and physical health" (WHO, 2009).

Mental health and wellness is generally viewed as a positive attributes, such that a person can reach enhanced levels of mental balance, even if the person does not have any diagnosed mental health conditions. This definition of mental health highlights emotional well-being, the capacity to live a full creative life, and the flexibility to deal with prospective life's inevitable challenges. Many therapeutic systems and self-helps books offer methods and philosophies espousing strategies and techniques vaunted as effective for further improving the

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mental wellness of otherwise healthy people. This is evident in positive psychology as it is increasingly prominent in mental health (WHO, 2009), and defined mental health as a person's health of the mind. This model generally encompasses psychological, anthropological, educational, religious and sociological perspectives, as well as theoretical perspectives from personality, social, clinical, health and developmental psychology (WHO, 2009). The positive psychology identified and recommends as characteristics of healthy functioning and a major component of wellness to include essence or spirituality, work and leisure, friendship, love and self-direction, sense of worth, sense of control, realistic beliefs, emotional awareness and coping, problem solving and creativity, sense of humor, nutrition, exercise, self care, stress management, gender identity, and cultural identity. The components provide a means of responding to the circumstances of life in a manner that promotes health (WHO, 2009). Furthermore, the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and the International Classification of Diseases and Related health problems (ICD-10) also seen mental health as an absence of a major mental health condition: Mental and behavioural disorders. Therefore the impact of social, cultural, physical and education can all affect someone's mental health (DSM IV, 1994; ICD-10, 1994). Thus, different societies, group, cultures, institutions and professions have very different ways of conceptualizing the nature and causes, determining what is, and deciding what interventions, if any, are appropriate for mental disorder.

Mental Health Issues across the World

Mental disorders, especially emotional mental disorders, are leading causes of disabilities worldwide (WHO, 2009), accounting for 37% of all healthy life years lost through disease." (Thornicroftt, 2007). Investigating the degree and severity of untreated emotional mental disorders throughout the world is a top priority of the World Health Organization (WHO). These disorders are most destructive to low and

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middle-income countries due to their inability to provide their citizens with proper aid. Despite modern treatment and rehabilitation for mental health disorders "even economically advantaged societies have competing priorities and budgetary constraints" (Thornicroftt, 2007). The World Mental Health (WMH) survey initiative has suggested a plan for countries to redesign their mental health care systems to best allocate resources. "A first step is documentation of services being used and the extent and nature of unmet needs for treatment. A second step could be to do a cross-national comparison of services use and unmet needs in countries with different mental health care systems. Such comparisons can help to uncover optimum financing, national policies, and delivery systems for mental health care" (Thornicroftt, 2007).

Unfortunately, most countries have insufficient data to guide decision, absent or competing visions for resources, and near constant pressures to cut insurance and entitlements." (Thornicroftt, 2007). WMH surveys were done in Africa (Nigeria, South Africa), the Americans (Colombia, Mexico, USA), Asia and the Pacific (Japan, New Zealand, Beijing and Shangai in the Peoples Republic of China), Europe (Belgium, France, Germany, Italy, Netherlands Spain, Ukriane), and the middle east (Israel, Lebanon). They are countries classified with World Bank criteria as low-income (Lebanon, Mexico), and high-income (all others) of the world (Thornicroftt, 2007). The coordinated surveys on emotional mental health disorders, their severity, and threats were implemented in afore mentioned countries. These surveys assessed the frequency, and types, and adequacy of mental health services use in 17 countries in which WMH surveys are complete. The WMH also examined unmet needs for treatment in strata defined by the seriousness of mental disorders (Thornicroftt, 2007). Their research showed that "the number of respondents using any 12-month mental health service was generally lower in developing than in developed countries, and the proportion receiving services tended to correspond to countries' percentages of gross domestic product spent on health care" (Thornicroftt, 2007). "High levels of unmet need worldwide are not surprising, since WHO Project ATLAS' found much lower mental health expenditures than was suggested by the magnitude of burders from mental illnesses. Generally, unmet needs in low-income and

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middle-income countries might be attributable to these nations spending reduced amount (usually <1.0%) of already diminished health budgets on mental health care, and they rely heavily on out-of-pocket spending by citizens who are ill equipped for it" (Thornicroftt, 2007).

Mental Health Law

Mental health law has received little attention in scholarly legal forums. This made University of Memphis CecilC' Humphreys School of law in 2011 to announce the formation of an edited law journal entitled "Mental Health & Policy Journal". Generally, mental health law is an Act that covers the responsibilities, rights and management of individuals with malfunctions in normal range of human endeavors (Agomoh & Jullian, 2011). Mental health legislation is largely used in the management of psychiatric disorder, such as dementia or psychosis, and developmental disabilities, where a person does not possess the ability to act in a legally competent manner and requires treatment and/or another person to act in his or her best interest. The laws generally cover the requirements and procedures for involuntary commitment band compulsory treatment in a psychiatric hospital of other facility (Hafner, & Boker, 2009). In some jurisdictions, court orders are required for compulsory treatment; in others, psychiatrists may treat compulsorily by following set procedures, usually with means of appeal or regularly security to ensure compliance with the law.

In common law jurisdiction, mental health law includes areas of civil and criminal, common and stationary Acts governing crime and criminal responsibility, and antecedent treatment for mentally ill persons. Common law is based on long-standing English legal principles, as interpreted through case law. Mental health-related legal concepts include men's insanity defenses (insanity before the law); legal definitions of "sane" "insane", and "incompetent;" informed consent; and automatism among many others. Stationary law usually takes the form of a mental health status. An example is the Mental Health Act 1983 in England and Wales. These acts codify aspects of the

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treatment of mental illness and provide rules and procedures to be followed and penalties' for breaches.

Mental Health Law around the World

Every independent nation of the world is suppose to have a mental health Act to cater for it citizenry (WHO, 2009). However, not all countries of the world have proper and current mental health law. The Power Health Report (2001, 2010) lists the following percentages, by region, for countries with and without mental legislation.

Table 1: Regional Mental Legislation Table

Regions	With legislation	No legislation
Africa	59%	41%
The Americans	73%	27%
Eastern Mediterranean	59%	41%
Europe	96%	4%
South-East Asia	67%	33%
Western Pacific	72%	28%

The failure recorded above could be partly accounted for by limited training that is required by citizenry of the world populace to build adequate and formidable work force of mental health professionals.

Furthermore, in the case of psychiatric patient, many people are being forced to have drugs put in their bodies against their will, even, shockingly, in their own homes under so called 'community' involuntary psychiatry orders. In many communities around the world, people are having their basic human right to self-determination and bodily integrity ripped away from them by violent mental health laws that crush dignity and hope. In many countries citizens targeted for forced psychiatry are denied even a court hearing. In a hostile world where the government thinks human rights abuses are 'help', you must plan for the future as best you can, by arming yourself with information and allies in the fight for human rights in the mental health system. The mental health law or mental health courts are establish to demonstrate their value by ensuring public safety, easing the strain on our corrections system and providing

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mentally ill offenders with needed treatment. The mental health bills should define and regulate mental health courts and their operation, and set reporting requirements. The law requires individuals to comply with treatment, which may keep them from committing crimes. It provides recommendations for ensuring that offenders with mental health or substance abuse issues receive appropriate treatment rather than jail time. In addition, community mental-health centers would only receive grants if their state's commitment laws include a "need for treatment" standard, which gives families and physicians greater ability to get help for the mentally ill. Grants would also flow only to centers that have assisted-outpatient treatment laws, in which courts can require the mentally ill, as a condition of remaining in a community, to receive treatment.

Mental Health Professionals

A mental health professional is a health care practitioner who offers services for the purpose of improving an individual's mental illness (UNICEF, 2007). This broad category includes psychiatrists, clinical psychologists, clinical social workers, psychiatric nurses, health psychologists, mental health counselors as well as many other professionals like community health workers. These professionals often deal with the same illnesses, disorders, and conditions and issues; however their scope of practices differs. The most significant differences between mental health professionals are the laws regarding required education and training across the various professions (UNICEF, 2008).

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Table 2: Comparison of American Mental Health Professional through Wider World

Occupation	Degree	Common Licenses	Prescription Privilege	Average Income($US)
Psychiatrist	MD/DO	Psychiatrist	Yes	$200,000
Clinical Psychologist	PhD/PsyD	Psychologist	No (Yes) ^	$85,000
School Psychologist	Doctoral LevelPhD/EdD/PsyD Post-Master's Terminal Degree (not doctoral level)EdS Masters Level MA/MS	Certified School Psychology, National Certified School Psychologist	No	$78,000
Counselor/Psychotherapist(Doctorate)	PhD/EdD/DMFT	Psychologist	No	$75,000
Counselor/Psychotherapist(Masters)	MA/MS/MC plus two to three years of post-master's supervised clinical experience	MFT/LPC/LPA/LMHC	No	$49,000

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Clinical or Psychiatric Social Worker	MSW/DSW/ PhD plus two to three years of post-master's supervised clinical experience	LCSW/LICSW	No	$50,700
Social Worker (agency based master's level)	MSW/DSW/ PhD	LMSW/GSW/ LSW	No	$46,170
Social worker (bachelor level)	BSW	RSW, SWA, Social Work Assistant	No	$29,170
Occupational therapist(Doctorate/Master Level)	MOT, MSOT, OTD, ScD, PhD	OTR, COTA, Mental Health Board Certification	No	$69,630
Behavior Analyst	PhD/EdD/M.S./M.Ed./M.A.	LBA/LBS	No	$60,000
Psychiatric and mental health nurse practitioner	MSN/DNP/PhD	MHNP/NPP	Yes	$80,711
Physician assistant	MPAS/MHS/ MMS/DScPA	PA/PA-C/APA-C/RPA/RPA-C	Yes	$80,356
Expressive/Art Therapist	MA	ATR/MT-BC	No	$45,000

Source: APA 2003 Report on Salary Survey

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Treatment Diversity

Mental health professionals exist to improve the mental health and well-being of individual's couples, and families. Because mental health covers a wide range of elements, the scope of practice greatly varies between professionals. Some professionals may enhance relationship while others treat specific mental disorders and illness. Often as with the case of psychiatrists and psychologists, the scope of practice may overlap. Most qualified mental health professionals will refer a patient or client to another professional if the specific type of treatment needed is outside of their scope of practice. Additionally, many mental health professionals may sometimes work together using a variety of treatment options such as concurrent psychiatric medication and psychotherapy. However, specific mental health professionals may be utilized based upon their cultural and religious background or experience (WHO, 2009). The certified Mental Health Professionals (CMHP) certification is designed to measure an individual competency in performing the following job tasks, which are not necessarily presented in any particular order of important:

1. Maintain confidentiality of records relating to client's treatment.
2. Encourage clients to express their feelings, discuss what is happening in their lives, and help them to development insight into themselves and their relationships.
3. Guide clients in the development of skills and strategies dealing with their problems.
4. Prepare and maintain all required treatment records and reports.
5. Counsel clients and patients, individually and in group sessions, to assist in overcoming dependencies, adjusting to life, and making changes.
6. Collect information about clients through interviews, observations, and tests.
7. Acts as the client's advocates in order to coordinate required services or to resolve emergency problems in crises situations.
8. Develop and implement treatment plans based on clinical experience and knowledge.
9. Collaborate with other staff members to performs clinical assessments and develop treatment plans.

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10. Evaluate client's physical or mental condition based on review of client information.

Mental Health in Nigeria

Prior to the colonial era, there were healers in all the various ethnic groups in Nigeria, whose expertise was the treatment of mental health problems (Singleston, 2001). The fathers of modern psychiatry in Nigeria trained in British in the 1950's and on their return, set about transforming the few colonial-era asylums in the country. The first indigenous Nigerian psychiatric professional to hold a senior position in what was then called the Asylum at Yaba, Lagos in 1952, was a psychiatric nurse, Mr. Abraham Ordia. Also, another first known Nigerian doctor specializing in mental health as a Psychiatrist was the late Professor Thomas Adeoye lambo. He was trained in Britain, and returned to Nigeria in 1954, making and international name for himself in Aro Hospital, Abeokuta with his renowned Village System of care. He realized that people need a revolution in medical treatment for mental illnesses (Andrew, 2009). It was only with this village system of care that the mentally ill actually find it harder to be independent when they go home than those who receive treatment in system of care (Federal Ministry of Health, 2010). Sadly, the system in Nigeria has not kept up with these early advances (Andrew, 2009). Recent studies based in Nigeria have shown that only around 10% of people with severe mental illness receive the care they need (Federal Ministry of Health, 2010). The specialist hospitals in big cities like Lagos, Ibadan, Enugu, Calabar and Sokoto are not sufficient to provide care that is affordable and accessible by the majority of the population that needs it (Federal Ministry of Health, 2010).

Mental health care in Nigeria is seen by the World Health Organization as a forgotten issue because of the little GDP allocated to it (WHO, 2009). Also, mental health problems remain a huge stigma in Nigeria with most people, even families of victims, choosing to ignore them in the hope that the problem will simply go away. Patients are

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often handcuffed to prevent violence to others and themselves. The problems, however, rarely vanish and whether an individual's problem is severe or mild, if not treated, it can result in exclusion from society, loss of work, and breakdown in relationships. Families usually struggle to find help, but in Nigeria today, that search is often in vain (Federal Ministry of Health, 2010). The result of this is that many people are suffering unnecessarily, and in the worst cases are subjected to being chained, beaten and subjected to terrible abuse, sometimes at the hands of those who they have turned to for treatment. In spite of highly effective and affordable treatments which have become more readily available, Nigerian citizens are still not fully benefitting (Federal Ministry of Health, 2010). This is further increased by lack of human and financial resources. Nigeria only has about 130 specialists psychiatrist, less than one per million of the population compared to a typical figure in European countries of one per 10,000 people. There are more Nigerian psychiatrists in Britain alone than in Nigeria. We are slightly better served with psychiatrist's nurses, who would form the basis of a primary health-care based service. Nigeria in fact trains significant numbers of these essential staff, though many are also lost to the brain drain (WHO, 2009).

In Nigeria less than 3% of Gross Domestic Product (GDP) is spent on health and of this less than 1% is allocated to mental health, the figure recommended by the WHO for mental health is 5% and in many countries it is nearer to 15%. The low level of expenditure means that even if services were well organized, the majority of cases could not receive the care they need (WHO, 2009). Often times the most severe mental illnesses require long-term treatment. Although this treatment when given in the community is not expensive, the system of paying out-of-pocket means that many families find it hard to afford the care their loved ones need month after month. It is unclear whether the National Health Insurance Scheme will adequately cover mental ill health (WHO, 2009).

The treatment of mental illness in Nigeria exists in a number of forms through the traditional down to the orthodox treatment. Traditional medicine plays a central role in the culture and practice of mental health treatment in different ethnic groups in Nigeria. During the

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colonial era, most Nigerians preferred traditional methods to the institutions of British on the treatment of mental illness (Sadowsky, 1999). Today, preference for traditional healers is strong for the most three largest ethnic groups in Nigeria; with Igbo, Yoruba, and Hausa visiting Ogboni, Babalawo, and Mai-Magani respectively for their traditional mental health treatment. Although efforts have been made to integrate traditional healing into the health care system and encourage a belief in the value of orthodox medicine (Adekson, 2003). However, healers commonly use the plants, a relatively orthodox anti-psychotic drug, to sedate patients. Once under control, the healer begins assessing the cause of the illness, which often takes place by simply beginning treatment based on one cause and changing treatment until the patient improves. If the perceived cause of illness is preternatural, the patient seeks treatment from the diviner. Diviners use methods such as incantations, rituals, and sacrifices to attempt to remedy their patients' illnesses (Eaton, & Ahamefula, 2008).

Orthodox psychiatry also exists in Nigeria and has played a significant role in the management of mental health issues. The British introduced Western-style treatment of mental illness in the late nineteenth century as a reaction to "an apparent swarm of 'lunatics' on the streets." At the time, western-style treatment focused only on confinement, so the authorities built a pair of asylums. Nigeria has the following asylums; Yaba Lunatic Asylum became Yaba Mental Hospital and started and treatment using orthodox medicine and therapy. Aro Mental Health Hospital in Abeokuta. Unfortunately for Nigeria and its citizens suffering from mental illness, the Aro model neither spread to other parts of the country nor provoked a change in the mental health law (Adeoye, 2010).

Policy and Legislation

In Africa overall, less than 50% of countries have a mental health policy (WHO, 2009). As of 2005, 84% of these countries with mental health legislation (78% of countries) have updated that

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legislation since 1961. In addition, 52.9% of those countries have updated their laws since 1991. The international community has also taken steps to prevent discrimination against those with mental disabilities by creating the Convention on the Rights of Persons with Disabilities (WHO & UNICEF (2011). The treaty requires, in part, that parties "adopted all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention,....[and to] take all appropriate measures, including legislation, to modify or abolish laws, regulations, customs and practices that constitute discrimination against persons with disabilities." In Nigeria, the progressive 1991 primary health care policy states that mental health should be integrated at the primary care level (Eaton & Tilley-Gyado, 2010). In response to the international priority being given to mental health, there are now plans to updates Nigeria's legislation (Federal Ministry of Health, 2010). At present, the exciting legislation dates back to British colonial laws of 1916, later adopted as the Lunacy Act in 1958. The legislation process has not responded effectively to the need for radical reform of the sector (WHO, 2009).

Fortunately, an organization called Prisoners Rehabilitation and Welfare Action (PRAWA) actively seeks release from asylums of those individuals who have committed no crime (Andrew, 2009). On a larger level, one senator in the Nigerian National Assembly sponsored a bill in 2003 for Mental Health legislation and replace it with Mental Health Act and was adopted by the Senate, but was not able to pass House of Representatives and be adopted into law until it was withdrawn in April 2009 toward the end of the administration (Andrew, 2010). With support from the WHO, the Federal Ministry of Health has brought together a team of experts to make recommendations for laws and policy that will safeguard the interest of people with mental health problems in the country, allowing for services to reach those whose needs are currently not met (WHO, 2009; Federal Ministry of health, 2010). If these plans are to be implemented, significantly higher levels of resources will need to be devoted to this neglected area. However, a close look at the formal centers showed that the majority of mental health services are provided by 8 regional psychiatric centers and psychiatric departments and medical schools of 12 major universities. A

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few general hospitals also provide mental health services. More so, the ratio of psychologists and social workers is 0.02 to 100,000 patients that is less than 1% to 100,000 patients.

Importantly, health care in Nigeria is influenced by different local and regional factors that impact the quality or quantity present in one location. Due to the aforementioned, the health care system in Nigeria has shown spatial variation in terms of availability and quality of facilities in relation to need. However, this is largely as a result of the level of state and local government involvement and investment in health care programs and education. Also, the Nigerian ministry of health usually spends about 70% of its budget in urban areas where 30% of the population resides. It is assumed by some scholars that the health care services are inversely related to the need of patients (WHO, 2009). Empirical evidences revealed negative impact of commercialization of public health service delivery on attainment of the MDGs in Nigeria (WHO, 2009).

Criticism

The state of mental health system and law in Nigeria is grossly inadequate given rise to the following:

1. The 2000 WHO report on the performance of health care systems rank the country 187 out of 191.
2. Empirical evidences reveal negative impact of commercialization of public mental health services delivery on attainment of the MDGs in Nigeria.
3. Policy is in place but no implementations
   i. Nigerian is a signatory of UNCRPWD (2007) with little effect.
   ii. National mental Health Policy (1990) lying in state.
   iii. 2009 Mental Health Bill still in Senate
4. Little Enforcement
5. National Human Rights Commission (1995) hampered by lack of resources and lack of power, can only make

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recommendations to government on legal work and awareness rising.

Conclusion

From the foregoing discussion, it is apparent that mental health and its attendants antecedence are obsolete, hence the need for encompassing package of policy and implementation of Mental Health Act without delay. The present study therefore; have opened a line of research on mental health law as a mechanism for improving the well-being of mental health patients in Nigeria and beyond. In particular, addressing the growing problems of recognizing the professionalism of psychologists (Clinical and Health Psychologists) in understanding and working with mental health patients, including the acceptance of her expertise and recommendation to the judicial system on the presentation of mental health status and evaluation and diagnosis of the accused client (patients in psychology), is a key element and strategy for the Nigerian Judicial System and the Nigerian government in safeguarding and improving the peoples' mental health and well-being in the administration of justice in the country.

Recommendation

The authors of this paper are recommending that the Nigerian populace should avoid stigmatization and the control management of the impression formed and attitude directed towards the mental and emotionally ill. Also, the psychologists among the mental health professionals should take an active, proactive and bold pragmatic steps by extending their courtesy to the medics and the appropriate individuals such as the Minister of Health among others to reawaken the deplorable state of Mental Health Care System and the need to uplift such a neglected area of health and to improve the percentage allocation of GDP to the World Health Organization's recommendation, offering of voluntary services as would be necessary.

This paper is specifically recommending that since the policy is already on ground and the bill is lying in state with the legislators, measures for proper implementation of the current version of the Mental Health Act in Nigeria should follow the recommendation thus:

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The Federal Ministry of Health should ensure policy and law implementation in Nigeria by increasing the percentage of Gross Domestic Products (GDP) allocated to Mental Health from less than 1% to the least recommended 5% of the World Health Organization, and even up to 15% as obtainable in most country. Also, for the country to achieve the aforementioned goal there should be increase awareness rising through: Media, Events, Community Training, Voluntary Health Work Training, Integrated Primary Health Care System(s), Volunteer community members chosen for participation, Involving psychologists and legal practitioners, Involving up to 3-50 Voluntary Health Workers trained per LGA, and Linking affected people and families to community Mental Health Programmes.

Importantly too, mental health professionals especially psychologists should be intensively involved both in the legislation and implementation of the Mental Health Act to reach affected persons in line with the recommendation of the Federal Ministry of Health as required by World Health Organization (WHO). Also, the law should guarantee and priotize the services of psychologists on Mental Health Examination/Evaluation (MHE) report in every court of law; as this will help the Nigerian Judicial System to justify a state of Mental Health Status (MHS) of an accused person, whether or not to discharge and acquaint the accused on the basis of insanity before the law. The justification of successful actualization of activities reaching the intending goals should involve:

i. Meeting of stakeholders.
ii. Judiciary and law enforcement agency training.
iii. Hasting legislation of the Mental Act bill to encompass current unmet needs including magistrates' workshop with magistrate's involvement with Psychologists in Mental Health Issues.
iv. Strategic workshops to be attended by government, private sector, and voluntary sectors, i.e., Civil Society Organizations.

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