Mental Health Emergency in Nigeria: The Interventionist and Preventive Roles of Clinical Psychologists and Allied Professionals

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ABSTRACT

The 21st-century Nigerian context is characterised by political instability, escalating violence, socioeconomic deterioration, urbanisation-driven breakdown of social supports, and rising prevalence of trauma and psychosocial disorders. This article employs a narrative approach that: (1) situates the epidemiology and socio-economic and cultural drivers of psycho-emotional distress in Nigeria, and the attendant psychopathologies; (2) maps the interventionist competencies and interdisciplinary roles of clinical psychologists and allied professionals across clinical and non-clinical domains; and (3) proposes a detailed preventive framework, emphasising society-wide psycho-education, multisectoral advocacy for the required investment in mental healthcare, the transformation of our private and public institutions and systems into trauma-informed entities, workforce expansion, task-sharing, telepsychology, as well as legal and regulatory reforms. The paper argues that coordinated, evidence-informed, and culturally attuned mobilisation of clinical psychology is a strategic and cost-effective pathway to transform Nigeria's current reactive crisis management into a prevention-oriented mental health system that enhances individual wellbeing and strengthens social cohesion. It presents prioritised, actionable recommendations, ranging from mainstreaming mental health in primary healthcare and revising training curricula to incorporate telehealth models and commissioning implementation research, to guide policymakers, professional bodies, funders, and practitioners. The paper concludes with prioritised recommendations and an implementation roadmap to mainstream clinical psychology within Nigeria's health architecture and to scale prevention and intervention at national and subnational levels.

Keywords: Mental Health Emergency in Nigeria; Clinical Psychology; Prevention; Trauma-Informed Care; Telepsychology; Workforce Development.

INTRODUCTION

The 21st-century human society is burdened by multiple existential crises that exert a heavy toll on the psycho-emotional and spiritual well-being of people across the world (World Health Organisation [WHO], 2022). In Nigeria, we have witnessed a widespread and longstanding political instability, sporadic inter-ethnic tension and conflicts, incessant social upheaval, ever-worsening economic fortunes of the majority of the population, and heightened insecurity across the land, on account of the deadly activities of terrorist insurgents, killer bandits, callous kidnappers, and other ruthless criminals. Our deplorable circumstances have been compounded by the breakdown in traditional family, kindred and community support systems, which the phenomenon of urbanisation and the massive migration of people to our anonymous cities have brought about. All these and more have combined to render the average Nigerian of today more vulnerable to mental confusion, depression, schizophrenia, psycho-trauma and post-traumatic stress disorders, addictive disorders, grief disorders, anxiety disorders, anger management issues, phobias, panic attacks, compassion fatigue, suicide ideation, suicides, etc., than Nigerians of previous generations (Fadele, et al., 2024).

Indeed, we have a mental health emergency in our hands. A lot of our people are enduring incalculable pain and misery, and they are often visiting their unaddressed psychopathologies on their fellow countrymen and women, further worsening the already precarious situation (Gureje et al., 2020). Our ongoing state of aggravated insecurity is particularly worrisome. For several years, it was the Northern and Middle Belt regions that had been experiencing outbreaks of high-intensity violent conflicts, resulting in thousands of deaths and the displacement

of millions of people (Internal Displacement Monitoring Centre, 2020). These violent conflicts have now extended to other parts of the country, including the Southwest, the Southeast, and the South-South (Human Rights Watch, 2020).

Purpose statement

This article aims to: (a) document and synthesise the socio-political, economic, and cultural drivers of the current mental health emergency in Nigeria; (b) map the interventionist roles and competencies of clinical psychologists across clinical and non-clinical domains; and (c) propose a detailed, actionable preventive framework and a set of recommendations to mainstream clinical psychology services, expand workforce capacity, integrate mental health into all levels of not only the health system, but also humanitarian and emergency care and support systems, leveraging on technology and multisectoral partnerships for scale.

METHODOLOGY

The study adopts a conceptual, narrative synthesis approach that integrates descriptive evidence, policy documents, clinical frameworks, and practice-oriented observations to analyse Nigeria's current mental-health context and to articulate the interventionist and preventive roles of clinical psychologists. The work synthesises multiple forms of secondary evidence, such as published reports, professional guidelines, seminal clinical texts, and contemporary empirical studies, together with richly detailed contextual and practice examples that illustrate local realities, emerging service models, and culturally specific therapeutic approaches. Emphasis is placed on coherence between evidence and practice rather than on the generation of new primary data.

The sources of data include international agency reports and humanitarian briefs that document epidemiology and system gaps, peer-reviewed literature on trauma, task-sharing, and telepsychology, professional manuals describing diagnostic and therapeutic modalities, and descriptions of locally developed programmes and training initiatives. The selection of material was purposive and thematic: texts and reports were prioritised when they directly illuminated conflict-related psychosocial burden, preventive and intervention strategies feasible in Nigeria, mental health workforce development, regulatory arrangements, and culturally integrated models of care. Both contemporary empirical findings and foundational theoretical works were considered to ensure recommendations were grounded in evidence while remaining clinically and culturally relevant.

The article is organised into broad domains: context and rationale, interventionist competencies, preventive strategies, implementation considerations, and policy recommendations, with contextual descriptions that clarify local need or demonstrated programmatic practice. The article is intentionally designed to be descriptive and prescriptive, organising complex contextual information into an actionable framework rather than performing a systematic review or primary empirical study.

Context and Rationale

Many of the persons who are direct or indirect victims and survivors of the terrorist insurgency, the widespread banditry, the sporadic inter-ethnic and inter-religious conflicts, the widespread kidnapping for ransom, the *yahoo+* ritual killings, and the sundry criminality across the length and breadth of Nigeria, have lived through extremely traumatic experiences (Ehusani, 2022). Children have watched their fathers hacked to death or their mothers savagely raped in their presence. It no longer makes headline news in Nigeria that 25 military personnel, including high ranking officers, were ambushed by terrorists in Bornu State and savagely murdered; that gun-wielding terrorists violated the female hostel of a government secondary school and forcefully abducted 100 teenage girls whom they would subsequently turn into sex slaves; that bandits invaded a village in Plateau State and killed 59 people; that unknown gunmen descended on a village in Ebonyi State and killed 40 people; that a luxurious bus was waylaid on the Benin-Onitsha highway, and 30 occupants were kidnapped and led away into the bush; and that swarths of the Nigerian territory are no-go areas, as criminals now govern those places and collect taxes from the locals who dare to go to their farms (Human Rights Watch, 2020; Amnesty International, 2019).

Many survivors of our high-intensity conflicts have lost everything overnight, including their family members, their sources of livelihood, their homes, and properties, and they are suddenly thrown into abject poverty and destitution (Internal Displacement Monitoring Centre, 2020). Some have lost limbs and are now living with one disability or the other. Others have been raped or have endured untold physical torture and psychological abuse (Amnesty International, 2019). True, many Nigerians have been living through circumstances that are a moral equivalent of war, with devastating consequences for their psycho-emotional and spiritual wellbeing, the wellbeing of their family members and friends, and the wellbeing and development of the society as a whole (Ehusani, 2022).

We are witnessing today an upsurge in family dysfunction, in spousal and domestic violence, in marital breakdown as well as in divorce, which often leave the offsprings of the marriages in great distress and they often become vulnerable to a variety of psychopathologies, including complex childhood trauma and all manner of maladaptive coping mechanism, with attendant consequences that are nearly always devastating (WHO, 2022). This is apart from the fact that most of those whose marriages collapse irretrievably, do themselves sustain deep emotional wounds that require psychological support towards healing and wellbeing, the kind of professional support that most of the time is not available (Patel et al., 2018). To compound the already atrocious situation, we may add the very high unemployment rate, including graduate and youth unemployment, and recent economic policies of the government that suddenly pushed the majority of struggling Nigerian individuals and families into the pit of destitution (World Bank, 2020; International Labour Organisation, 2021).

Meanwhile, in the face of our precarious socio-economic circumstances, and what appears to be an epidemic of hopelessness, which Viktor Frankl famously referred to as widespread "existential nihilism," the indications are that many of the young Nigerians whom we call the leaders of tomorrow, are adopting very destructive coping mechanisms, including widespread resort to substance abuse on a scale perhaps never before witnessed in our society (United Nations Office on Drugs and Crime, 2021). Many of our children from secondary school to university level, and many more of our out of school children on the streets, in the motor parks and in construction sites, are today hooked to ever more novel, and ever more deadly psychotropic concoctions that instantly damage their minds, their bodies and their spirits (Egunyanga et al., 2025; National Drug Law Enforcement Agency [NDLEA], 2018). Others present symptoms of obsessive compulsive disorders, as are evident in the widespread addiction to gambling, the internet and social media addiction that is subjecting our youths to a distressful form of "cognitive overload," as well as addiction to all shades of pornography and aberrant sexual behaviours; all these with their attendant clinical complications (Kuss & Griffiths, 2017; Montag et al., 2021).

Thus, one can come to the sober conclusion that the soul of the Nigerian nation is ailing very badly. In such an existentially compromised and socially degenerate environment, there is no doubt that the psycho-emotional and spiritual wellbeing of the majority of the people will, in turn, be highly degraded. A 2025 World Health Organisation report says that an estimated 20-30 per cent of the Nigerian population (i.e., 40-50 million people) suffer from mental health disorders of one form or another (WHO, 2025). We know that these official figures are often inaccurate, grossly understated, and largely out-of-date, because perhaps the majority of mental illnesses are unreported and undiagnosed (Gureje et al., 2020). And only a small percentage of those identified as suffering from mental illnesses have access to adequate care at the hands of trained professionals (WHO, 2022).

Nigeria is indeed at the threshold of a major epidemic that may make nonsense of all our plans, projections and aspirations for national development. In fact when I reflect on the toxicity of the popular culture in Nigeria, the widespread indiscipline exhibited in our social interactions, the abysmally low level of public morality, the apparent loss of shame among many in leadership positions, the dangerously toxic level of anger in the polity, as well as the puzzling contradictions in our fragile inter-ethnic and inter-religious relations, etc.; when one reflects on these realities, one truly wonders if as a people, what we witness today is not a manifestation of some form of collective insanity or mass psychosis, triggered perhaps by the phenomenon of Ongoing Traumatic Stress Disorder, among other deleterious factors that abound in the polity (International Crisis Group, 2019; van der Kolk, 2014).

Interventionist Roles of Clinical Psychologists

Ours is a country where mental health awareness, even among the educated segments of the population, is abysmally low. Generally, across the country, the Nigerian people and our governments are yet to gain sufficient awareness that mental health care needs to be provided for in the same way as we provide for physical health care, and that effective healthcare delivery in the contemporary society should adopt a holistic approach, taking into cognizance the human person's physiological, psycho-emotional, social and spiritual wellbeing, rather than focusing on only limited dimensions of the complex human reality (WHO, 2022). So, until a disturbed person degenerates into a full-blown psychiatric case, requiring them to be detained in a psychiatric hospital, we often do not recognise that there is a health challenge that needs urgent attention.

Yes, until people strip and parade the streets naked, we often do not give their mental health issues any serious attention. We often tell ourselves that we do not have mental illness in our families, so even when we notice that a relation is disturbed, or struggling with issues of a psycho-emotional nature, we sometimes blame it on demons, and go from one "spiritualist" to the other, or from one herbalist to the other, seeking for deliverance and healing of the sick family member, but further complicating issues for the sick person with what is often physical abuse and cruel torture; whereas in many cases what the suffering person requires is psychological assessment by a trained professional, followed by appropriate diagnosis and a treatment plan that is suited to the presenting condition (Ehusani, 2022).

For the few trained Clinical Psychologists in Nigeria, the harvest is indeed plentiful, but the labourers are very few. With less than 400 licensed Clinical Psychologists amid nearly 220 million people, the majority of whom are depressed, distraught, traumatised, anxious, angry, indignant, resentful, despondent, acrimoniously poor, hopeless and often on the verge of despair, practising Nigerian Clinical Psychologists and allied mental health professionals can only scratch the surface of the problem (WHO, 2022; Gureje et al., 2020). But they must nevertheless do the best they can under the circumstances.

Clinical Psychologists are trained and equipped to treat mental, emotional and behavioural disorders (Barlow & Durand, 2022). They are often considered empirical scientists, and called "science practitioners," even though we can argue that much of what they do daily belong to the arts, and what is more, that the human being, which is the subject of their daily "scientific enterprise," often defies such fundamental dogmas of the scientific method, as observability, measurability, and repeatability. Indeed, the very mysterious workings of the human mind and soul (or the psyche), the very complex nature of the human thought processes, and the very disparate patterns, wide spectrum and idiosyncratic nature of human behaviour, as well as the unique personality traits and distinctive psycho-emotional and spiritual identity of every individual human entity, etc., all these and more in my view, possibly make the daily enterprise of the clinical psychologist more of an art than a science, notwithstanding the high level of research and documentation, as well as measurements and surveys that are often involved in their work.

In the course of their rigorous training, clinical psychologists learn not only psychological theories and conceptual models and hypotheses, which they use to analyse and explain human feelings, thought processes and behaviours, but also they learn skills, tools and therapeutic approaches for facilitating the healing of troubled minds and souls, for mediating the transformation of distorted thought processes, and for supporting a wholesome change from destructive patterns of behaviour to more socially acceptable ones (Comer et al., 2022). They are trained and equipped to carry out psychological assessment – using different case-appropriate methods to gather information on what is going on with the client, including personality types and traits, levels of anxiety and trauma, where people are in their brain functions, as well as the way they see the world (Groth-Marnat & Wright, 2016).

They are trained and equipped to effectively diagnose psycho-emotional pathologies and disorders, using tools like the American Psychological Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) (American Psychiatric Association, 2013). Clinical Psychologists are also equipped with the required knowledge and skills to engage in "Differential Diagnosis," such that even when presenting symptoms are multiple, similar, and confusing to the uninitiated, clinical psychologists can effectively distinguish between such problems as

schizophrenia and bipolar disease, or separate issues of unaddressed childhood trauma from borderline personality disorder (First, 2010).

Clinical psychologists are trained and equipped in the core competency of case formulation – the dynamic, evidence-based process, whereby the psychologist uses his or her exposure to various concepts and theories to form a hypothesis or come by an understanding of the diagnosis, as it relates to the particular patient's history, psycho-spiritual self-perception, socio-cultural worldview, and the current events in his or her life; and how all these pieces fit together; towards coming up with a treatment plan or therapy pathway that is tailored for the particular individual, as indeed no two persons' mental disorders and diagnosis are the same (Kuyken et al., 2020). And here it is widely believed, and rightly so, that the better the clinician's formulation, the better or more successful the treatment is going to be (Ingram, 2023).

Clinical psychologists are also trained and equipped to engage in the actual treatment of mental disorders, using one or the other of the multiple therapies and approaches that experts have developed over the last 100 years, from Sigmund Freud's "Psychoanalysis" and "Psychodynamics," to Swedish Gerhard Andersson's (and Per Calbring's) "Internet-Based Cognitive Behavioural Therapy (iCBT)," or the "Psychedelic-Assisted Therapies" that have emerged in the last few years from the Johns Hopkins University and the London Imperial College (Freud, 1917; Andersson, 2014; Johnson et al., 2019).

Perhaps the more commonly used therapies by clinical psychologists in our setting include Cognitive Behavioural Therapy (CBT), especially for the treatment of anxiety and depression, obsessive compulsive disorder, psychosis and addictive disorders (Osei-Tutu & Dzokoto, 2020). There is the "Eye Movement Desensitisation Reprocessing" (EMDR), found to be particularly effective in the treatment of PTSD, Panic Attacks and Phobias, and Sleep Disturbances (Mbazzi et al., 2021). There is the "Acceptance Commitment Therapy" (ACT), found to be effective for the treatment of Anxiety and Depression, as well as for obsessive-compulsive disorder and Addictive Disorders (Makhubela, 2019). We have the "Dialectical Behavioural Therapy," which equips clients with skills to manage intense emotions, improve relationships and change destructive behaviours (Guse & Hudson, 2014). We have the "Schema Therapy" – which helps clients identify and change early maladaptive coping mechanisms, or break away from negative behavioural schemas, patterns or blueprints (Jacob & Arntz, 2023). We also have the Interpersonal Therapy (IPT), an evidence-based treatment used for cases of depression, especially perinatal and adolescent depression, as well as for bipolar and anxiety disorders (Weissman et al., 2000). We may also mention "Family Therapy," which is aimed at addressing conflicts and improving communication within families, and "Parent-Child Interaction Therapy," often used to address issues of children with very disruptive behaviours, and it focuses on coaching parents (in live therapy sessions) on how to interact with their children for more positive results (Thomas & Zimmer-Gembeck, 2023)

To all these models and approaches, we may add the "Psycho-Spiritual Therapy" (PST), which is a model that integrates some of the best tools and approaches of the modern psychological sciences, with such critical traditional religious resources for soul care and soul cure, as belief a supreme being, who is the overarching controller of the universe and our individual and collective destinies, the disposition of surrender to a higher being and a much higher cause than ourselves, the practice of prayer and meditation, repentance from sin, forgiveness of offences as well as forgiveness rituals, the attitude of gratitude, a lifestyle of love, mercy, empathy and compassion, as well as regular fellowship and community support. An increasing number of researchers from a cross section of disciplines are today beginning to agree that these are critical mental health-enhancing elements of the religious enterprise (Richards & Barkham, 2022; Rathore & Kriplani, 2023).

The Lux Terra Leadership Foundation has, for the last 12 years, been championing for the continent of Africa, this psycho-spiritual integrative approach to the treatment of mental illness, with the establishment of the Psycho-Spiritual Institute of Lux Terra Leadership Foundation in both Nairobi, Kenya, and Abuja, Nigeria (Psycho-Spiritual Institute, n.d.). Among other programmes, it now runs the Basic Certificate Course in Psycho-Spiritual Trauma Healing, the Postgraduate Diploma in Psycho-Spiritual Trauma Healing, and the Master of Arts degree in Psycho-Spiritual Therapy. The postgraduate programmes have been duly accredited by the Kenyan Commission for University Education and the Nigerian National Universities Commission.

Clinical psychologists are very versatile healthcare professionals. They can function in a myriad of clinical and non-clinical settings, including hospitals and healthcare centres, private consulting clinics, colleges, universities, and research institutes (Moore et al., 2024). In hospitals they collaborate with medical professionals to provide comprehensive patient treatment and care, giving their unique psychological insights into the assessment, diagnosis and treatment of not only classic mental health disorders like depression, schizophrenia, bi-polar disease, addiction, and PTSD, but also the psychological dimensions of such medical conditions as Hypertension, Diabetes, Stroke, Heart Disease and Auto Immune Disease. Recent research findings in neuroscience have sufficiently established the dialectical and symbiotic relationship between the mind and the body, namely, how bodily malfunction for a prolonged period of time can impact negatively on the patient's mental health, and how extremely traumatic experiences that put a lot of stress on the individual's mind, could trigger a chain of chemical reactions in his or her endocrine system that eventually result in serious malfunction or even total collapse of some vital organs of the body (McEwen & Akil, 2022; van der Kolk, 2014).

For those of us in the integrative psycho-spiritual enterprise, this dynamic does not stop at the mind and body. Instead, we now speak of the mind-body-spirit relationship, because of our acute awareness and profound conviction that the human reality is a complex constituent of mind, body and spirit (Rathore & Kriplani, 2023). The (intangible) spirit or soul dimension of the human reality is so fundamental and so critical, especially in our African religious setting, that any mental health professional who chooses to ignore it does so at his/her own peril (Richards & Barkham, 2022). How quickly people forget that psychology means the study of the "psyche," and that "psyche" is the Greek word for "soul" (Levy, 2017). Therefore, technically, psychology can be more correctly described as "the study of the human soul, mind and behaviour" than how many describe it today as "the study of the mind and human behaviour" (Levy, 2017). A cursory look at the history of the psychological sciences will show that what we know today as the psychological enterprise is the same enterprise, which less than 300 years ago was known in scholarly circles simply as *"Soul care"* and *"Soul cure."* Such soul care and soul cure enterprise was practiced largely within the context of religious traditions, and this is what eventually metamorphosed into the various psychological sciences that we know of today (Benner, 1998; Watts, 2020).

The knowledge of the complex workings of the human soul, the human mind and human behaviour, acquired by clinical psychologists in the course of their intense academic and professional training, and the rich experience they gain in the course of their daily practice, is capable of transforming this category of professionals into men and women of great insights, men and women of good judgment, and men and women with very high levels of compassion, discernment, sagacity or perspicacity (Norcross & Wampold, 2018). In other words, the training exposure of clinical psychologists and their practical experience with a rich diversity of human personalities who exhibit a wide range of human behaviour patterns, coupled with the deep reflection that ideally should follow each human encounter in their practice, etc., these realities do indeed transform clinical psychologists and their kind into wisemen and women, whose counsel should be regularly sought after, in the same way as in ancient times men and women used to troop to the deserts of the Middle East, in search of the Desert Fathers and Mothers, and to the hermitages and monasteries of Europe and Asia, in search of cure for the diseases of their souls, or in search of good counsel from the wisemen and women that dwelt in those places (Norcross & Wampold, 2018).

This is why at this time of mental health emergency in Nigeria, clinical psychologists, along with their colleagues in general psychology, health psychology, counselling psychology, social psychology, neuropsychology, sports psychology, forensic psychology, educational psychology, organisational psychology, and child psychology, etc., should be rated very highly and remunerated very handsomely, as professionals of critical importance for the wholesome functioning of individuals, groups, institutions, and the overall wellbeing and development of the society as a whole (Gureje et al., 2018). At a time of multiple existential crises in our country, when monumental losses, tragic disruptions, and vexatious dysfunctions are a daily occurrence, clinical psychologists and other trained mental health professionals should be engaged in a wide range of settings, apart from the purely clinical setting of hospitals and medical centres (WHO, 2018). Many should be encouraged and supported to establish their own independent practices, where they see clients with a variety of mental health issues (Moore, 2024).

In an environment of widespread substance abuse and addiction, sufficient provision should be made for many clinical and forensic psychologists to be engaged full time, in not only organisations like the Nigerian National

Drug Law Enforcement Agency (NDLEA), but also in schools, colleges and universities, where the consumption of all shades of illicit drugs is taking on epidemic proportions (United Nations Office on Drugs and Crime, 2021; NDLEA, 2018). Clinical psychologists and other trained mental health professionals should be considered for engagement in the management team of both Correctional Centres and state and private Rehabilitation Centres, where they provide assessment, therapy, help for recovery, strategies for relapse prevention, as well as mental and behavioural health services to inmates, while also supporting the staff with the management of their own mental wellbeing, and behavioural change mechanisms and strategies (WHO, 2022).

We need clinical psychologists to be engaged in research centres and laboratories, where they would conduct studies on the causes, assessment and treatment of mental illness in the contemporary Nigerian setting (Patel et al., 2018). We need clinical psychologists to be engaged in specialised centres for such specific disorders as children with learning difficulties or dementia in the elderly (Brace Foundation, 2025). We need clinical psychologists to apply their rich training and wide exposure in human behaviour, to lead human resource departments of large and medium-sized corporate entities (Di Fabio & Kenny, 2016). We need them to work with airlines and airport authorities to regularly screen pilots and airflight crews for their level of stability or mental alertness (Federal Aviation Administration, 2023). We need them to use their expertise to support law enforcement agencies with screening and assessment of candidates for enlistment into the military and paramilitary services, as well as engage in ongoing assessment of security personnel, especially before and after critical combat engagements (Greene et al., 2023; Adler et al., 2020).

We need clinical psychologists to be engaged in the Nigerian Independent National and State Election Commissions, as well as in Federal, State and Local Government Political Party Secretariats, to help screen aspirants and candidates for political offices across the country (Furnham, 2017). With their training in psychoanalysis and their experience in the assessment and diagnosis of mental illness and personality disorders, clinical psychologists and allied professionals can help us isolate aspirants and candidates for political office who exhibit symptoms or show indications of such dangerous psychopathologies as PTSD, obsessive compulsive disorder, kleptomania, megalomania, and mythomania; or those with a history of drug and alcohol addiction (Furnham, 2017).

With their training and experience in the assessment and diagnosis of personality disorders, they could be engaged at the national and state assemblies to help the politicians in the screening of those nominated for the position of ministers, commissioners, and chief executive officers of federal and state departments and parastatals (Furnham, 2017). Yes, we need clinical psychologists and allied professionals in these centres of recruitment for public office, so they may help us root out psychopaths, sociopaths, as well as psychologically and emotionally compromised elements in our midst, some with dangerously inflated ego, and a paranoid ambition to rule or perpetuate themselves in power, even when they are no longer wanted (Wisse et al., 2024; Gong et al., 2024). Indeed, our recent experience with widespread leadership debauchery in Nigeria indicates that some of those currently occupying high public offices in our land should ordinarily be consigned to the asylum, rather than parading the corridors of power. I sincerely look forward to a time when clinical psychologists and allied professionals will be mobilised to help the Nigerian system get to that point of mandatory mental health assessment and screening for public office (Furnham, 2017; Norcross & Wampold, 2018).

The Preventive Roles Of Clinical Psychologists In Nigeria

The scale and intensity of the mental health emergency in Nigeria demand a preventive response that is systematic, culturally attuned, and institutionally embedded. Preventive work must seek to eliminate all traces of stigma regarding mental illness, reduce incidence, mitigate risk, build resilience, and forestall the progression of distress to diagnosable psychopathology across communities, institutions, and population subgroups. The following section outlines society-wide, policy advocacy mechanisms, as well as creative community engagement measures that clinical psychologists should spearhead and operationalise in Nigeria.

Engaging in Society-Wide Psycho-Education

Psycho-education must go beyond awareness creation to include active skill-building that enables stakeholders in the communities to identify, prevent, and respond to mental health needs before they develop into disorders (WHO, 2018). Mass media efforts should be combined with peer education programmes, school programmes, and community workshops that teach emotional intelligence, fundamental coping mechanisms, and effective referral procedures. To ensure that messages are understood across Nigeria's diverse linguistic and cultural settings, story-driven radio dramas and local theatre may be utilised (Ibrahim et al., 2023). Furthermore, psycho-education should specifically address trauma literacy by describing typical responses to trauma, distinguishing between normal grief and more serious conditions, and offering safe, immediate psychosocial first-aid techniques that neighbours, educators, social workers and religious leaders can use. More so, training modules for journalists and editors should be developed to promote trauma-informed reporting practices that avoid sensationalism, protect the identities of survivors, and minimise vicarious trauma among audiences. Indeed, media partnerships can play a critical role in delivering quick mental health messages during emergencies (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Lastly, psycho-education should be an ongoing process informed by evidence, which includes pre-testing messages for cultural relevance, tracking changes in help-seeking behaviours and stigma, as well as adapting approaches based on community feedback and new local data (WHO, 2022).

Building Trauma-Informed Communities and Institutions

To build trauma-informed communities and institutions, it is essential to implement systemic policy changes, continually build capacity, and hold individuals accountable so that trauma awareness and trauma sensitivity become regular features of organisational operations and human resource management, rather than just a training initiative (SAMHSA, 2014). Clinical psychologists should assist in developing trauma-informed protocols for various settings, including schools, healthcare facilities, police stations, custodial or correctional centres, and humanitarian organisations. To reduce vicarious trauma and exhaustion, these protocols should include mandated supervision for frontline staff, clear disclosure procedures, safe places, and trauma exposure testing. Institutions should be taught to put in place trauma-sensitive HR policies that cover mental health restorative procedures, including appropriate counselling and mental health leave, following an incident. These policy provisions must be connected to performance and compliance audits in order to ensure that they are consistently enforced rather than merely ostentatiously embraced (WHO, 2018). At the community level, psychologists should collaborate with local leaders to strengthen protective social networks, such as neighbourhood support groups, mothers' circles, and youth mentorship programmes, that help restore communal resilience lost due to urbanisation and displacement. Also, establishing grievance and feedback mechanisms that allow beneficiaries of mental health services to report instances of re-traumatisation or disrespectful care will help institutionalise survivor-centred practices and promote ongoing quality improvement.

Strengthening Advocacy for Legal Reforms, Increased Funding, and Reducing Stigma

To move advocacy beyond rhetoric, concrete financial and legislative initiatives, including mental health prevention, must be undertaken. Preventive initiatives will fail unless they have legal structures and continuing funding (WHO, 2022). Clinical psychologists should team up with civil society groups, patient organisations, and supportive legislators to develop and promote legislation that recognises psychology as a regulated health profession, ensures mental health services are available at primary healthcare (PHC) levels, and mandates insurance coverage or government funding for essential mental healthcare. Advocacy efforts should also aim to secure dedicated funding for preventive mental health initiatives at both the federal and state levels, using pilot local data to demonstrate how early interventions can reduce costs in healthcare, social welfare, and security (Ibrahim et al., 2023). Anti-stigma initiatives should be based on evidence and led by individuals with personal experiences, utilising personal stories, community discussions, and endorsements from faith leaders and social media influencers, to challenge harmful beliefs and encourage people to seek help (Becker & Kleinman, 2013). Additionally, psychologists should push for regulations that ban harmful traditional practices and impose penalties for abusive treatments, while also providing culturally appropriate referral options.

Developing Targeted Programmes for Vulnerable Groups

Programmes with a wide focus on general populations often do not sufficiently help the most vulnerable. Therefore, preventive interventions should include developing tailored and culturally relevant programmes for those most at risk of trauma and social exclusion (Tol et al., 2023). For young people, nationwide mental health initiatives in schools should blend universal socio-emotional learning with specific interventions for at-risk students, offer drop-in counselling services, and establish safe reporting mechanisms for incidents of violence and abuse. For internally displaced persons (IDPs), preventive efforts should also be targeted. To address the social factors causing distress and offer help in the restoration of dignity and autonomy, comprehensive psychosocial support for IDPs and conflict-affected communities should include child-friendly settings, community-led trauma healing ceremonies customised to local contexts, group trauma treatment, and livelihood assistance. Similarly, rehabilitation programmes for ex-service Nigerians should provide mental health assessments, peer support groups, vocational training, and family reunification to help lessen the risks of mental breakdown, including substance abuse and aggressive conduct. Likewise, victims of sexual and gender-based violence should be helped to access safe housing, legal aid, and private psychosocial care, as part of gender-sensitive prevention programmes. In line with these preventive efforts, clinical psychologists should also support community initiatives that challenge the harmful patriarchal practices that encourage gender and interpersonal violence.

Expanding the Mental Health Workforce: Task-Sharing, Supervision, and Professional Pathways

The dismally low psychologist-to-population ratio in Nigeria is a major challenge that requires urgent attention. Thus, to address this shortage of manpower, clinical psychologists can develop task-sharing models that train and supervise non-specialist providers, thereby improving career pathways and retaining qualified psychologists. They can create standardised, competency-based training programmes for community health workers, educators, faith-based counsellors, and lay volunteers, focusing on psychological first aid, brief interventions, and the use of validated screening tools, supported by digital job aids and translated manuals. To maintain quality and safety, supervision could be organised inside institutions and include reflective practice groups, regular remote and in-person case evaluations, and procedures for handling complex situations. To prevent brain-drain and encourage retention in remote, underserved areas, advocacy initiatives can also focus on providing formal recognition, competitive compensation, and career growth opportunities for psychologists and volunteers. Tele-supervision can assist in providing specialised oversight for those in remote primary healthcare clinics. Lastly, integrating mental health professionals into primary healthcare teams and human resource departments across various sectors will help normalise preventive mental health practices and support early detection and wellness initiatives.

Increasing Accessibility: Telehealth Services, Helplines, and Community Screening Initiatives

To overcome challenges connected to stigma, innovations that expand access to mental health services, such as telehealth, crisis hotlines, and community screening programmes, are essential. These strategies should be included in current referral networks and applied with strict ethical requirements (WHO, 2018). The creation of national telepsychology standards that emphasise emergency response procedures, data protection, confidentiality, and consent should be spearheaded by clinical psychologists. Additionally, they should test telephone counselling models with low bandwidth in areas where access to internet connections is limited or non-existent. Crisis hotlines can provide instant psychological support and aid in preventing suicide because they are connected to community volunteers and local emergency agencies. Moreover, data from these hotlines can serve as early warning systems for areas experiencing rising psychosocial issues that require targeted intervention. Also, clinical psychologists should spearhead the introduction of brief, validated tools that are adapted for various languages and literacy levels, which can be used for screening and early detection of mental distress at primary healthcare facilities and community events. Clear referral and follow-up procedures should be in place to prevent individuals who lack the resources to offer assistance from worsening the conditions of help-seekers. Also to be encouraged are mobile outreach units with multidisciplinary teams that can integrate mental health screening with medical, legal, and social services to address the broader social factors contributing to mental distress.

Fostering Resilience through the Promotion of Positive Psychology, Community Support, and Group Activities

Efforts at promoting individual and community resilience must involve actively advancing and utilising strategies from positive psychology, group therapy, and community healing traditions that help people affected by violence and adversity regain their sense of purpose and social connections (Seligman & Csikszentmihalyi, 2021). Programmes emphasising forgiveness, appreciation, group rituals for grieving, and structured social support can help people manage long-term stress and halt the onset of medical conditions. Reputable organisations should be encouraged to carry out these programmes in line with local values. Research has demonstrated that programmes involving group procedures are effective ways of reaching more people, and they foster mutual support and shared coping mechanisms, such as interpersonal skills training, problem-solving sessions, and trauma-focused cognitive behavioural therapy. Group programmes should be a part of an organised care system that allows referrals to specialised individual care as needed. In ways that traditional therapeutic approaches may be deficient, community-driven healing techniques, including truth-and-reconciliation discussions, arts therapies, religious rituals, and culturally sensitive storytelling, can help restore trust within communities and address collective trauma. Additionally, clinical psychologists can partner with humanitarian agencies to help communities build resilience, a necessary mental health component connected to socioeconomic initiatives, such as job creation, education, and social safety nets. Indeed, psychological improvements can be unstable without advancements in the material conditions that contribute to ongoing psychosocial stress.

Monitoring, research, and sustainability

To achieve sustainable prevention, it is essential to have thorough monitoring, implementation research, and effective financing strategies that show results and guide decisions for scaling up programmes. Without proper measurement, these initiatives risk being overlooked by policymakers and losing support from donors (WHO, 2022). Clinical psychologists should develop key indicators for preventive efforts, such as the reach of psycho-education, the rate of screening in primary healthcare, the completion rates of referrals, response times for hotlines, reductions in stigma, and positive outcomes for service users. These indicators should be incorporated into standard health information systems. Research on implementation should focus on adapting and validating screening tools for different cultures, conducting practical trials for group telehealth interventions, and performing economic analyses that compare community-based prevention with treatment costs and security expenses to strengthen the argument for investment (Ibrahim et al., 2023). In addition, to ensure the sustainability of these preventive programmes, especially those serving the most disadvantaged Nigerians, they should be funded through multiple sources, including government budgets, health insurance, private partnerships, and community contributions. Lastly, establishing national research and training centres of excellence in preventive mental health will help generate local evidence, train skilled professionals, and integrate prevention into Nigeria's health and education systems.

SUMMARY RECOMMENDATION

1. Clinical psychology services should be mainstreamed at all levels of the health system, from primary health-care centres to tertiary hospitals, so that prevention, early detection, and evidence-based interventions are routinely available and integrated with general medical care. This will require a deliberate design of formal psychological care in primary healthcare facilities, clinical pathways that connect primary healthcare to expert teams, and the regular inclusion of mental-health indicators in facility reporting systems to track coverage and outcomes.

2. Nigeria needs to significantly scale up the training, accreditation, and equitable deployment of clinical psychologists and allied professionals across all geopolitical zones by expanding university programmes, scholarship schemes, and guaranteed service assignments in underserved areas. National workforce planning must set concrete targets for numbers, competencies, and rural/urban distribution, supported by incentives for service in hard-to-reach and high-need areas.

3. Undergraduate and postgraduate teacher-education and school-counselling programmes should be reviewed so that school psychologists, child-guidance counsellors, and education professionals receive

expanded, practicum-rich training in developmental psychopathology, school-based assessment, trauma-informed pedagogy, and evidence-based psychotherapy. Embedding supervised practicum placements in school settings will produce graduates ready to deliver prevention and early-intervention services within educational systems.

4. There should be a comprehensive, publicly accessible register that lists psychologists, counsellors, social workers, psychiatric nurses, and allied mental health professionals, together with service locations and specialities, to enable coordinated deployment during routine service delivery and emergency response (WHO, 2022). Such a registry will facilitate resource mapping, reduce duplication, and expedite rapid mobilisation in crises.

5. The formalisation and resourcing of independent licensing and regulatory agencies at national and state levels should be encouraged, to set standards of practice, enforce ethics and minimum competence, and protect clients through complaints and disciplinary mechanisms. Regulatory frameworks should also recognise and supervise paraprofessional cadres engaged in task-shared preventive work, with clear scopes of practice and supervision requirements.

6. Mental health and psychosocial support should be explicitly incorporated into national emergency preparedness, disaster risk reduction, and humanitarian response plans. This measure will necessitate a corresponding deployment of qualified mental health workers during crises such as interpersonal conflicts, natural disasters and mass displacement. To this end, it would be required to establish standard operating procedures mandating psychological first aid, referral networks, and continuity of mental healthcare within larger medical emergency responses.

7. There is a need to invest in telepsychology platforms, confidential crisis hotlines (including suicide prevention lines), and mobile outreach to close access gaps for underserved and remote populations. This should incorporate low-bandwidth and telephone-based options where internet access is limited. National guidelines must define ethical standards, data protection, and emergency escalation procedures for remote care.

8. Nigerian mental health professionals need to proactively engage with international professional bodies (for example, the British Psychological Society, American Psychological Association, Association of Black Psychologists, and related organisations) to co-develop training, supervision, quality frameworks, research collaborations, and capacity-building exchanges that are adapted to Nigerian sociocultural contexts. Bilateral partnerships can accelerate the transfer of best practices while supporting local leadership and contextual adaptation.

9. Mental health professionals must encourage multinational corporations, local businesses, and philanthropic partners to sponsor public mental-health awareness campaigns, workplace mental-health programmes, and community-based prevention initiatives, aligned with corporate social responsibility goals and evidence-based interventions. Public–private financing instruments and matched-funding schemes can help sustain community programmes beyond short-term grants.

10. Mental health professional bodies in Nigeria should commission research on culturally adapted preventive approaches and publish cost-effectiveness analyses to inform and thereby secure sustained budgetary allocations. Data-driven mental health advocacy will strengthen the call for long-term investment in clinical psychology and mental health infrastructure.

Final Imperative

The scale of Nigeria's mental health emergency calls for urgent, coordinated, and sustained action. If left ignored, the rising burden of trauma, substance abuse, mood and anxiety disorders, and community instability will continue to undermine social stability and national productivity. Clinical psychologists and allied professionals must be supported with the statutory recognition, workforce numbers, regulatory safeguards, and resources necessary to deliver prevention and intervention at scale. The recommendations above form a practical

roadmap; their implementation depends on political will, cross-sector collaboration, and the mobilisation of professional, community, and international partners to restore psychological wellbeing as a national priority. If Nigeria takes urgent action to adopt these strategies, the country can transition from chronic crisis management to a robust, prevention-focused mental health system that protects citizens' wellbeing and improves social cohesion.

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