

## Theoretical Reflections on Causes and Effects of Mental Illness in the Nigerian Society

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**Abstract:** *This review paper anchored on psychosocial theory examined the causes, persons mostly affected and effects of mental illness in the Nigerian society. Biological, psychological and environmental or social factors were consistently mentioned to be incriminated in the aetiology of mental illnesses. Socio-economic issues like social class constituted a major predisposing factor to the condition. On the other hand, the effects of mental illness are far reaching on the individual, his family and society at large. This is in terms of decreased quality of life for the individual, inability to work at full capacity to to challenges of providing care to the family member with mental illness. Valuable resources are also invested by society in managing mentally ill persons in their domain. It was therefore recommended that psychiatric hospitals and rehabilitation centres should be constructed to provide mental health services. The general public should also be enlightened on what constitutes mental illness and appropriate responses elicited from them in such situations. Above all, support parenting and good governance should be provided to enable people cope with socio-economic challenges rather than allow them to breakdown and manifest mental illness in any form.*

**Keywords:** *Mental illness, stigmatization, psychiatry, rehabilitation centres, mental health treatment centres*

### 1. INTRODUCTION

Mental illness refers to a wide range of mental health conditions and disorders that affect peoples' mood, thinking, behaviour (Mayo Clinic, 2012). The Public Health Agency of Canada (PHAC), describes mental illness as characterised by alterations in thinking, mood, or behaviour (or a combination) and impaired functioning over a long period of time.

According to National Institute of Health (2005) mental illness can be defined as a health condition that changes a person's thinking, feelings or behaviour (or all three) and that causes the person distress and difficulty in functioning. On his part, Apa (2012) agreed with Diagnostic and Statistical Manual of mental disorder (DSM-5) which defines mental disorder or illness as a behavioural or psychological syndrome or pattern that occurs in an individual, that reflects an underlying psychobiological dysfunction. In general, mental illness affects an individual's, psychological, biological, and social wellbeing.

### 2. THEORETICAL FRAMEWORK

The Psychosocial model is adopted as the theoretical platform for this study. Florence Hollis summarizes the main elements of the psychosocial approach as an attempt to mobilise the strength of the personality and resources of the environment at strategic points to improve the opportunities available to the individual and to develop more effective personal and interpersonal functioning (Hollis, 1977). This definition stresses the importance of both internal and external factors in relation to people's capacity to cope with the everyday stresses of modern living. The psychosocial model consists of many psychological and sociological theories, such as psychoanalytic and social stress theories.

In relation to this research work, psychosocial theory explains mental disorder as a result of some psychological and social forces in the patient's life. It actually involves using psychoanalytic and social stress theory in explaining mental illness.

Psychoanalytic theory presented by Sigmund Freud traces mental disorder to some unresolved conflict that occurred in the patient's childhood. To Freud, conflict is inevitable within the personality of every human being. This is because; personality is made up of three conflicting parts- the id, the ego, and the superego. Most of these conflicts take place during childhood. If the ego succeeds in resolving the conflicts, the child will grow up to be

normal. If the ego, fails to resolve a conflict, especially one over an important issue, the unresolved conflict will develop in a neurosis or psychosis. The conflict is usually such a painful experience that the patient "represses" it, pushing it into the unconscious area of the mind. The conflict manifests itself in the form of psychiatric symptoms such as anxiety, depression, or compulsion. To help cure the patient, the psychoanalyst must bring the conflict out into the open, so that the patient can understand and solve the problem (Theo, 1995:279).

The social stress theory is largely aimed at explaining mental disorder as a result of stressful social experiences (Theo, 1995). Social stress or life crises like divorce, unemployment, and death of loved one has been as a significant contributor to the development of mental illness. A study of breast cancer patients found that 39% of them suffered from abnormally high levels of depression or anxiety one year after their mastectomies. Social stress can cause mental illness, if the coping resources are inadequate.

The psychosocial theory has been criticised based on psychoanalytic theory and social stress. The psychoanalytic theory is not empirically testable. One has to rely on faith to accept them as real in the same way as accepting ghosts as real. Critics have observed that most studies on stress and psychopathology have not clearly demonstrated stress as the cause of mental disorder. Social stress is often seen as the affect of mental disorder (Theo, 1995).

### **3. CAUSES OF MENTAL ILLNESS**

The exact cause of most mental illness is not known. It is becoming clear, through research that many of these conditions are caused by a combination of biological, psychological, and environmental factors.

**Biological factors:** Some mental illnesses have been linked to an abnormal balance of special chemicals in the brain called neurotransmitters. Neurotransmitters help nerve cells in the brain communicate with each other. If these chemical are not working properly, messages may not make it through the brain correctly, leading to symptoms of mental illness. Biological factors arise from physiology, biochemistry, and genetic history. For example, depression has a clear link to chemical imbalance in the brain (Huffman, Vernoy and Vernoy, 1994). Infections, brain defects or injury, pre-natal damage (disruption of early foetal brain development or trauma that occurs at the time of birth), substance abuse, etc, have all been linked to mental illness.

**Psychological factors:** psychological mechanisms have also been implicated, such as cognitive (e.g. reasoning) biases, emotional influences, personality dynamics, temperament and coping style. A person's upbringing and stressful incidents can lead to mental disorder. For example, depression could be as a result of tragic family death (Santrock, 2003).

**Environmental or social factors:** scientist defined environment in the realm of mental illness broadly, to encompass everything that is not inherited. Certain stressors can trigger an illness in a person who is susceptible to mental illness. These stressors include; death or divorce, self harm, feelings of inadequacy, a dysfunctional family life, low self esteem, anxiety, anger or loneliness, social cultural expectations (For example, a society that associates beauty with thinness can be a factor in the development of eating disorders), substance abuse by the person or the person's parents (Santrock, 2003). Unemployment, socio-economic inequality, lack of social cohesion and features of particular societies and cultures can lead to mental illness.

### **4. THE ROLE OF SOCIO-ECONOMIC FACTORS IN MENTAL ILLNESS AND GROUPS MOSTLY AFFECTED**

Socio-economic factors affecting mental illness includes, poverty, violence, racism, safety, clean air and water, education, occupation and income. Researches supported by the National Institute of Mental Health (NIMH) have also found that half of all life time cases of mental illness begin by age 14; three quarters have begun by age 24. Thus, social class measures and models do predict origin of mental health and its treatment outcomes (Muntaner , Eaton, and Diala, 2000).

Muntaner et al, found that low-level supervisors (those who do not have policy-making power but can hire and fire workers) have higher rates of depression and anxiety than both upper level management (those who have organizational control over policy and personnel)and front line employees (who have neither). The repeated experience of organizational control at work protects most upper level managers against mood and anxiety

disorders. Low level supervisors on the other hand, are subjected to a 'double exposure'. The demands of upper management, to discipline the work force and the antagonism of subordinate workers, while exerting little influence over company policy. (Spitzer, Endicottj and Robins, 1978).

This 'contradictory class location' may place supervisors at greater risk of depression and anxiety disorders than either upper management or non supervisory workers. On the other hand, a socio-economist have provided cross sectional and prospective evidence of the association of psychosocial factors (e.g. perceived job demands, perceived financial hardship) with depression symptoms and anxiety disorders (Singh-Manoux, Adler and Marmot, 2003).

Compared with men, women have been shown to be two times or more at risk of depression and anxiety disorders. Studies on women continue to find that low socio-economic position (poverty, low income) increases the risk of depression (Reading and Reynolds, 2001).

## **5. CLASSIFICATION OF MENTAL ILLNESS**

The Diagnostic and Statistical Manual of mental disorder (DSM-IV), produced by the American Psychiatric Association (APA), categorised mental disorder thus;

**Anxiety Disorder:** these are psychological disorders that involve excessive levels of negative emotions, such as nervousness, tension, worry, fright and anxiety (Lahey, 2009). An anxiety disorder is diagnosed if the person's response is not appropriate for the situation. Anxiety disorders include generalised anxiety disorder, post traumatic stress disorder (PTSD), obsessive compulsive disorder (OCD), panic disorder, social anxiety disorders and specific phobias.

**Mood Disorders:** These disorders, also called effective disorders, involve persistent feelings of sadness or periods of feeling over happy or fluctuations from extreme happiness to extreme sadness. The most common mood disorders are depression, mania and bipolar disorder.

**Psychotic disorders:** psychotic disorders involve distorted awareness and thinking. Two of the most common symptom of psychotic disorder are hallucination (the experience of images or sounds that are not real, such as hearing voices) and delusions (which are false, beliefs that the ill person accepts as true), despite evidence to the contrary. Schizophrenia is an example of psychotic disorder.

**Eating Disorder:** This involves extreme emotions, attitudes, behaviours involving weight and food. Anorexia nervosa, bulimia nervosa, and binge eating disorder are the most common eating disorders.

**Impulse control and addiction disorder:** people with impulse control disorder are unable to resist urges, or impulses to perform acts that could be harmful to themselves and others. Pyromania (starting fire), kleptomania (stealing), and compulsive gambling are examples of impulse control disorder. Alcohol and drugs are common objects of addictions. Often people with these disorders become so involved with the object of their addiction that they begin to ignore responsibilities and relationships.

**Personality disorder:** These are psychological disorders that are believed to result from personalities that developed improperly during childhood. People with personality disorders have extreme and inflexible personality traits that are distressing to the person and /or cause problems in work, school or social relationships. Personality disorders tend to be long-lasting but are not always chronic (Lenzenweger, 2004 in Lahey, 2009). Personality disorders are of two types- schizoid personality disorder (characterised by blunted emotions, lack of interest in social relationships and withdrawal into a solitary existence), and anti-social personality disorder(characterised by smooth social skills and a lack of guilt about violating social rules, laws and taking advantage of others (Lahey,2009).

**Dissociative disorders:** people with these disorders suffer severe disturbances or changes in memory, consciousness, identity and general awareness of themselves and their surroundings. These disorders usually are associated with overwhelming stress, which may be the result of traumatic events, accidents, or disasters that may be experienced or witnessed by the individual. Dissociative identity disorder, formerly called multiple personality disorder, or "split personality", depersonalization, dissociative amnesia, dissociative fugue, are types of dissociative disorder (Lahey, 2009).

**Developmental disorder:** They are disorders usually first diagnosed in infancy, childhood or adolescence. It focuses on two sub categories of diagnoses, autism, and the attention deficit and disruptive behaviour disorder (Gleitman, Reisberg, and Gross, 1981).

**Somato form disorder:** The person with somato form disorder, formally known as psychosomatic disorder, experiences physical symptoms of an illness, even though a doctor can find no medical cause for the symptom.

**Tic disorder:** people with tic disorder, make sounds or display body movement that are repeated, quick, sudden and/or uncontrollable, (sounds that are made involuntarily are called vocal tic). Toureffe's syndrome is an example of a tic disorder.

## **6. LEVELS OF EFFECTS OF MENTAL ILLNESS IN THE NIGERIAN SOCIETY**

The problem of people living with mental illness in Nigeria is mostly felt at individual, family/caregivers and society level respectively. At the individual level, there is a greater risk for decreased quality of life, educational difficulties, lowered productivity and poverty, social problems, vulnerability to abuse and additional health problems. In addition, psychological disorders result in lowered individual productivity at work. Furthermore, mentally ill individuals are vulnerable to low quality care, abuse, stigma and human rights violations, particularly in low income areas with limited mental health care resources (Wood and Wilson, 2005).

At the family or caregivers level, they are often unable to work at full capacity due to the demands of caring for a mentally ill individual, leading to decreased economic input and a reduction in household income. Loss of income and the financial cost of caring for a mentally ill person put these households at an increased risk of poverty (Wood and Wilson, 2005).

On the societal level, mental illness varies among cultures and nations. The World Health Organization (2003) estimated that mental disorders cost national economies several billion dollars annually. This also applicable to Nigeria Mental disorders can exacerbate other public health issues, increasing the burden on national economies and impeding international public health efforts (World Health Organization, 2003).

The founder of the Mental Health Foundation in Nigeria, Dr. Emmanuel Owoyemi, said that 64(sixty four) million Nigerians had one form of mental illness or the other. He attributed the situation to the absence of a mental health policy in the country. According to Owoyemi (2013), everything that will cause mental illness is on the increase in Nigeria. Poverty is on the increase, hopelessness is on the increase, insecurity is on the increase. There is so much panic at heart, anxiety, high level depression. Also, there is no mental health policy in Nigeria right now.

None of the Psychiatric Hospitals in Nigeria today has up to one thousand (1000) beds, but Nigeria's population is above 170million people. Nigeria has about 150 psychiatrists, 34 neuro-surgeons, meaning that above one million Nigerians is to access one psychiatrist. How many people can one psychiatrist attend to within the 1.2 million or 1.3 million that ought to go to him/her? Owoyemi (2013) thus concludes that Nigeria has not done enough. The human capital is not there, the facility is not there, and yet everything that could cause mental illness is on the increase in Nigeria

## **7. TREATMENT SERVICES FOR MENTAL ILLNESS RELEVANT TO NIGERIAN SOCIETY**

According to Schacter, Gilbert, and Wegner (2010), orthodox treatment and support for mental disorder is provided in psychiatric hospitals, clinics and at a diverse range of community mental health services. The major treatment strategies include psychotherapy, medication and others (electro-convulsive therapy, psychosurgery),

**Psychotherapy** There are several main types; cognitive behavioural therapy (CBT) is widely used and is based on modifying the patterns of thought and behaviour associated with a particular disorder (Schacter et al, 2010).

**Systematic therapy or family therapy** is sometimes used, addressing a network of significant others as well as an individual (Schacter et al, 2010).

**Psychiatric Medication** includes, several main groups; they are antidepressants, anxiolytics, mood stabilizers, anti-psychotics, stimulants, etc. Anti-depressants are used for the treatment of clinical depression, as well as for anxiety

and a range of other disorders. Anxiolytics (including sedatives) are used for anxiety disorders and related problems such as insomnia. Mood stabilizers are used primarily for bipolar disorder. Anti-psychotics are used for psychotic disorders, notably for positive syndromes in schizophrenia and also increasingly for a range of other disorders.

**Stimulants** are commonly used, notably for attention deficit /hyper activity disorder (ADHD) (Schacter et al, 2010).

**Electroconvulsive therapy (ECT)**, psychosurgery, counselling, psycho-education; electroconvulsive therapy (ECT) is sometimes used in severe cases when other interventions for severe intractable depression have failed.

**Psychosurgery** is considered experimental but it's advocated by certain neurologist in certain rare cases (Mind disorders encyclopaedia, 2014).

**Counselling** (Professional) and co-counselling (between peers) may be used.

**Psycho education and Creative therapies** Psycho education programmes may provide people with the information to understand and manage their problems. Creative therapies are sometimes used including music therapy, art therapy and drama therapy.

**Life style adjustments and supportive measures** are often used including, peer support, self help groups for mental health and supported housing or supported employment (including social firms) (Schacter et al, 2010).

**Traditional and Faith based Treatment Options** According to Aniebue & Ekwueme (2009), there are a lot of treatment services that mentally ill persons could adopt. They include; going to a psychiatric home, prayer houses, traditional healers etc.

There are several factors that influence the choice of treatment option adopted by individuals and families when confronted with mental health challenges. They range from the persons confidence of receiving cure at the treatment place of his or her choice, and belief that such condition was not amenable for orthodox treatment (for those that apply traditional medicine). Also perception of the patients, that the ailment is caused by demonic attack, makes them result to prayer houses. Above all, ignorance of the existence of a mental rehabilitation home could negatively affect treatment decisions.

## **8. RECOMMENDATIONS ON HOW TO REDUCE THE BURDEN OF MENTAL ILLNESS IN THE NIGERIAN SOCIETY**

Four key measures are recommended to reduce the problem of mental illness in the Nigerian society. They include;

**Educational programmes** It is through education that we can erase the stigma of mental illness that blocks proper treatment for millions of Americans each year (Mental Illness Research Association, 2014). Education and proper awareness should be created on the cause and preventive measures for mental illness in the Nigerian state. The general public should be enlightened on what actually constitutes mental illness. This will help in reducing the level of stigma and discrimination, victims of mental illness encounter. Also, the mass media should be cautioned on how they portray the mentally ill to the general public.

**Legislation and passage of relevant mental health bills** More so, Nigeria has no mental health policy right now. Owoyemi (2013), urged the national assembly to ensure the speedy passage of the mental health bill, to reduce high rate of mental cases. Also, to recruit and encourage young scholars who will develop themselves, in the area of neuro-surgery and psychiatry, to avoid the lack of human capital?

**Supporting parenting skills** has shown by evidence to be more effective in addressing mental health needs (Schoevers; Smith; Deeg; Cuijpers; Dekker; Van Tilburg and Beekman, 2006). In particular, support should be given to children from broken homes to avoid stressors that can lead to mental illness or disorder.

**Role of Good Governance** There should be youth empowerment programmes and skill acquisition seminars. This will keep the youths busy and prevent them from staying in their hideouts, where they learn how to smoke and take drugs, which could cause mental illness. The government should subsidize the price of the drugs given to victims of mental illness. Drugs like narcotics and anti-depressants. This will make the drugs more affordable. The federal government should build a mental health research and treatment institutes in all states of the country..

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