There are an estimated 216.7 million people living in Nigeria as of 2022.[1] Furthermore, there are an estimated 121,000 Nigerian nationals living in the UK, and 3,000 living in Birmingham as of June 2020.[2] The aim of this research is to account the situation surrounding mental health support in Nigeria and identify best practice interventions to inform a future strategy for engaging Nigerians living in Birmingham. This research seeks to map the experiences of Nigerians, both in Nigeria and the UK. From initial research, it was clear that there are significant barriers to accessing mental health support within Nigeria. This research first explains these barriers and second the current best practice interventions that address them. To provide further context, it then discusses the experiences of mental health support for Nigerians and examples of best practice within the UK.

There are multiple, interconnected barriers to accessing mental health support within Nigeria.[3] Despite some failed attempts at reform, Nigeria's mental health laws have not been changed since the 1958 Lunacy Act, which allows for forced confinement of individuals deemed to be 'lunatics', but does not even mention treatment.[5] The term 'lunatic' is poorly defined and thus mentally healthy individuals are frequently confined.[5]

Mental illness is widely stigmatised and misunderstood in Nigeria. Perceived causes of mental illness include drug abuse (84%), possession by evil spirits (54%), inherited through the family (32%), and punishment from God (23%).[6] Mental   ¢ Mental   ¢ Mental   "

The Neem Foundation [8]:

Provide and develop mental health support networks in conflict zones.

Counselling On Wheels: mobile units taking free counselling directly to underserved, rural communities. (Top left)

Accessing Mental Health Care:

Studies have identified that Nigerians both in Nigeria and the UK are open to mental health support but face barriers to accessing it.[11] These reflect the experiences of Black African and Caribbean people in the UK [12]:

Poor Accessibility: This includes affordability, long waiting times, language barriers and poor communication from providers.[11]

Cultural Insensitivity and Mistrust: Concerns around confidentiality, discrimination and a lack of cultural understanding from providers.[11] This is understandable given that black people are 4 times more likely to be detained under the Mental Health Act than white people.[12] Also, pathways into psychosis care for Black African and Black Caribbean people have a higher probability of involving compulsory admission and police or criminal justice system contact, but lower probability of GP contact. [13]

Stigma and Awareness: Masculine stereotypes, reluctance to recognise and discuss issues, perception of mental illness, and knowledge of services available are all barriers.[11]

Free, Accessible, Culturally Sensitive Mental Health Support:

Black Minds Matter UK (Top Left) and **The Empowerment Group:** they connect black people to free, online culturally-appropriate therapy.

Mendu is a free journaling app for wome 11.04AMuS-3(9(3(u)4(p)4(p)4(o)5(r)-3(t:)]TJETEMC /P AMCID 9 3D

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To conclude, outdated mental health legislation, widespread stigma and responsibility for mental healthcare being left to the family has resulted in significant human rights abuses of the mentally ill in Nigeria.[3, 7] Severe shortages and unaffordability of healthcare has meant that essential mental health support is inaccessible to the vast majority of the Nigerian population.[3] However, there are some successful local and national interventions delivering free, online and community-based therapy, as well as campaigns advocating for mental health legislation, raising awareness and tackling stigma.[8, 9, 10] Furthermore, barriers of stigma, awareness and poor accessibility also affected Nigeribased

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