

Psychosocial Disorders of Nigerian Society: Its Causes and Remedy

Resurrecta Maria Agu, John S. Ezenwakwo, Chidozie E. Nwafor, Chinwe I. Onyemaechi

Department of Psychology University of Agriculture and Environmental Sciences

**Corresponding Author: Resurrecta Maria Agu, Department of Psychology University of Agriculture and Environmental Sciences, Nigeria*

ABSTRACT

This review aimed at exploring the psychosocial disorders of Nigeria as a nation, its effect on the citizens and the remedy. Psychosocial disorder is a mental illness induced by life experiences, stress, as well as maladaptive cognitive and behavioural processes. The prevalence of these disorders include depression, schizophrenia, anxiety disorders, substance use disorder, personality disorder and autism spectrum disorders have rapidly increase over the past years in Nigeria with its negative impact on the socioeconomic status, psychological well-being; peaceful coexistence and mental health of the entire society. These have precipitated some social anomalies such as bribery and corruption, antisocial behaviour, religious fanaticism, terrorism and so on. The study therefore recommends the need for government to implement effective mental health interventions program that would facilitate easy access to mental healthcare services in Nigeria. There is also an urgent need to improve the mental health awareness of Nigerians through education and public mental health campaign.

Keywords: *Psychosocial Disorders, Causes, Remedy, Nigerian Society.*

INTRODUCTION

The rapid increase of psychosocial disorders across different ages in Nigeria has facilitated the need to understand the etiology, remedies, preventive measures, and legislative implications of mental health disorders. In addition, divergent views on the rationale behind mental health challenges and its consequences on well-being and quality of life of individuals, families, and society has indicated that certain underlying factors (e.g., religious belief, cultural background, stigma, and discrimination) play an vital role in explaining psychological and social problems bedeviling the society (Obindo et al., 2017). With the emergency of corona-virus (Covid-19) and its deleterious effect to the world economy and global peace, psychosocial disorders has become rampant and exacerbated in many societies especially in low and middle income classes of diverse countries of the world (World Health Organization, 2020).

Based on this, researchers are striving to understand the scope and trajectory of the pandemic on mental health as well as to identify measures to control and reduce the nomothetic threat it pose to the world (Hagerty & Williams, 2020; Hora, 2020).

It is obvious that the negative impact of psychosocial disorder on mental health is no longer feasible to exclusively focus on therapy and rehabilitation processes only. Given the myriad of mental health issues (for example, rape, suicide, drug abuse, sexual abuse, depression, schizophrenia, victims of banditry and terrorism) and its impact to the society, considerable public mental health awareness has been advocated by various scholars (Nkomo, 2020; Nwankwo et al., 2019). Hence, this call for a systematic review of psychosocial disorders as well as its prevalence in Nigeria society.

Psychosocial disorders are characterized by disorders that affect one's mental health, emotional wellbeing, social and occupational functioning (Nkomo, 2020). Psychosocial disorder refers to psychological dysfunction in an individual which is manifested as distress, deviant, and impaired social relationship, and generally maladaptive behaviour (Brogaard, 2015).

Psychosocial disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or

developmental processes underlying mental functioning (APA, 2013). Psychosocial disorder is often induced by life experiences (e.g., parental socio-economic background, cultural practices, religion and interpersonal relationship), dysfunctional cognitive and behavioural processes (Encyclopedia for children's Health, 2020). Basically, the phenomenon of psychosocial disorder comprised psychological and social factors that influence mental health. Psychological factors include personality, cognition, emotion and behavioural processes. While social factors include family background, socioeconomic status, peer pressure, and interpersonal relationship that shape ones personality and influence psychological make-up (Encyclopedia for children's Health, 2020).

As noted by Chapresov (2018) psychosocial disorder affects three vital components of individuals' well-being which are mental, emotional and social component. Mental component also called mental health involves one's belief, and values in responding to situations, accepting responsibility, mistakes, and living meaningful.

Emotional component also called emotional health have to do with emotional intelligence, positive affection and generally inability to understand and control personal emotions and influence those of others. Social component also known as social health involves the inability to create and maintain healthy intra and interpersonal relationships (Chapresov, 2018).

It is pertinent to know that socio-deviant behavior for example, political rascality, religious fanaticism or sexual violence that are primarily between the individual and society may not be considered mental disorders unless the deviance results from a dysfunction in the individual (APA, 2013).

Nevertheless, psychosocial disorder may occur as a result of unpredictable negative events, maladaptive assumptions, irrational beliefs, poverty, disaster, environmental degradation and biochemical imbalance in the brain. In most cases, it may severely affect a person's ability to function effectively and adjust positively as well as interferes with the individuals' contribution to their family, community and society at large. Such mental disorders include depression, anxiety disorders, post-traumatic stress disorder, bipolar disorder, obsessive compulsive disorder, schizophrenia, attention deficit disorders and autism spectrum disorders and so on.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) 5th edition, classify different mental disorders using a standardized diagnostic criteria (American Psychological Association (APA), 2013). For example, neuro-developmental disorders in order words, a group of disorders that are typically diagnosed during infancy, childhood, or adolescence are clustered as disorders that typically manifest early in the individual development. These disorders are usually diagnosed before the person gets to the age of grade school and are characterized by developmental deficits that produce impairments of personal, social, academic, or occupational functioning (APA, 2013). These disorders are diagnosed only when the characteristic deficits cut across an individual's functionality in multiple contexts within a specific years and months (APA, 2013).

They also include a number of disabilities such as intellectual disability (general mental disabilities such as reasoning, problem solving, abstract thinking, judgment, academic learning, and learning from experience), global developmental delay (inability to meet expected developmental milestones in several areas of intellectual functioning); communication disabilities (language disorder, speech sound disorder, social communication disorder, and childhood-onset fluency disorder- stuttering), autism spectrum disorder (persistent deficits in social communication and social interaction across multiple contexts) and ADHD (impairing levels of inattention, disorganization, and hyperactivity-impulsivity) (APA, 2013, p.31). it is to be noted that the range of these developmental disorder may vary from very specific limitations of learning or control of executive functions to global impairments of social skills or intelligence (APA, 2013).

Available literature has found that there is high prevalence of neuro-developmental disorder (e.g., ADHD) among African school children ranging from 5.4% and 8.7% (Bakare, 2012). Specifically, in Nigeria, a prevalence rate of 23.15% has been reported among school children (Ndukuba et al., 2015).

Although there could be variation in the prevalence of ADHD among Nigerian children across the geopolitical zones (Egbochuku & Abikwi, 2007; Ndukuba et al., 2015), there is need to curtail the occurrence of this disorder in order to salvage the society from the imminent mental disorders. Furthermore, depression has been identified as the leading cause of suicide in

Nigeria (Suleiman, 2016). Depression is characterized by low sad state, irritable mood, accompanied by somatic and cognitive changes that significantly affect an individual's capacity to function (APA, 2013). Depression involves feelings of guilt, fatigue, irritability, emotional and behavioural motivation (Chapresov, 2018). World Health Organization (WHO) in 2019 made it known that the increasing prevalence of depression globally is associated with the high mortality rate among young people. The devastating mental health consequences that come with depression may lead to suicide, antisocial personality disorder and other social threats that constitute danger to oneself and others.

Global Burden of Disease study and the Disability Adjusted Life Years conducted by Ton, Mackenzie, and Molyneux (2015) found that persons with depressive illness often present other physical consequence that increase burden of care and financial stress. The proportion of major depressive disorder in the general population also varies across women and men, with women showing more depressive disorder than men (Obindo et al., 2017; Kessler, 2003).

There are varieties of depression and they include: dysthymia, postpartum, psychotic and seasonal affective disorder.

The dysthymia is also known as persistent depressive disorder and a type of depressed mood that lasts for at least two years. The postpartum depression is the one that occurs after child birth. The psychotic depression is a severe depression with some form of psychosis such as delusion and hallucinations. Finally, the seasonal affective disorder is the one that has to do with the weather especially the winter season when there is less natural sunlight (Gureje et al., 2006). On the other hand, bipolar disorder is defined as a mood swim that changes in activity and energy levels (APA, 2013). It is characterised by experiencing shifts between elevated moods and periods of depression.

The moods are often referred to either as mania (elevated or irritable mood accompanied by increased activity and energy) or hypomania (Chapresov, 2018).

For example, individuals with mania are more likely to indulge in activities that might have negative long-term implications such as gambling and shopping sprees. Both manic and depressive episodes have a great implication for

the affected individuals, their family, friends and the society who observe these behaviours and mood shifts (Chapresov, 2018).

Other psychosocial disorders are anxiety disorders (excessive and persistent fear, worry, anxiety and related behavioral disturbances) such as Generalized Anxiety Disorder (excessive feelings of worry about everyday events), specific phobia (severe and persistent fear of a specific object or situation) and social anxiety disorder (persistent or irrational fear of social or performance in an environment where embarrassment may occur), separation anxiety (irrational fear of being separation or loss beloved ones), acrophobia (fear of public places), Obsessive compulsive disorder (unwanted and repetitive thoughts and feelings that drive a repeated action or behaviour) (Chapresov, 2018; Nkomo, 2020).

Also, psychosocial disorders such as schizophrenia spectrum (e.g., schizotypal personality disorder- acute discomfort in close relationships, cognitive or perceptual distortions, and eccentricities of behavior) and other psychotic disorders (lost of contact with reality) are highly recorded among Nigerian sample (Aluh, Okonta & Odili, 2019). The disorder is manifested in five domains which include delusions, hallucinations, disorganized thought (speech), grossly disorganized or abnormal motor behavior (including catatonia), and negative symptoms (APA, 2013).

Statistical evidence has revealed that these disorders are more concertize in societies where there is a large margin in poverty level (Suleiman, 2016). In Nigeria, for example, there is an observable difference between the high and low social classes which are credited to the spates of corruption, tribalism, religious intolerance and terrorism, indiscriminate attacks of security personnel's on the civilians, and kidnappings (Amusan, & Ejoke, 2017; Amusan & Oyewole, 2015). Based on this, mental health literacy among Nigerians has remained low coupled with stigma, discrimination and neglect that prevent people from approaching care and treatment (Aluh et al., 2018; Aluh et al., 2019). Epidemiological studies on schizophrenia and help seeking behaviour showed a poor mental health literacy among the students, which is attributed to inadequate mental health promotion in Nigeria (Aluh, Okonta & Odili, 2019; Aluh et al., 2018). Generally, Nkomo (2020) found that the level of psychosocial disorders among Nigerian university undergraduates in terms of

depression, attention disorder, bipolar disorder, generalized anxiety, depressing anxiety and autism spectrum disorder is significantly high. In 2016, National Health Policy reported the increasing numbers of mental health issues and the urgent need to address mental health in Nigeria. Despite the availability of mental health services policy and establishment of a body at the federal ministry of health to focus on mental health issues developed in 2013, there are yet to implement such policy in Nigeria (Suleiman, 2016).

Thus it is estimated that about 20% to 30% of Nigerian population had suffered from one mental disorder or another in a lifetime (Onyemelukwe, 2016). The misconceptions regarding mental health disorders in Nigeria have continued to flourish, despite clear evidence that psychosocial factors may be at the root of these disorders (Suleiman, 2016). As a result, majority of the affected individuals often explore negative coping mechanism and maladaptive way of thinking which often put them in a great danger that constitutes a threat to the society (Onyemelukwe, 2016).

Furthermore, the impact of mental disorders on health and well-being has been associated with severe economic burden due to high cost of treatment and impaired ability to work among young people (Esan, Kola, & Gureje, 2012).

Some underlying social factors have also been identified to precipitate mental disorders. They include civil conflicts and political instability, poverty, underemployment and unemployment, substance abuse, and human immunodeficiency virus (HIV)/AIDS (Pacione, Measham, & Rousseau, 2013; Sharma et al., 2017). One of the most powerful social risk factor to mental health is poverty.

Studies have found that people without financial means are likely to live in a slum area with intense crime rates, food insecurity, have low education status, job opportunities, and run greater risk for mental and physical health problems (Betancourt et al., 2013; United Nations International Children's Emergency Fund [UNICEF] and Overseas Development Institute [ODI], 2009).

Poverty may create a climate in which mental health disorders are more likely to develop, however, it is not the only factor at work; other risk factors such as biological factors (e.g., age and sex), social factors (e.g., relationships with caregivers during childhood), and structural

factors (e.g., change, conflict, and natural disasters) also plays an active role as key contributors to poor mental health (Allen, Balfour, Bell, & Marmot, 2014)

Similarly, substance abuse has been pinpointed as a potential risk factor to mental health disorder. Persistent use of psychoactive substances increases risk of substance use disorders (SUDs) leading to biopsychosocial disorders with multiple risk factors interacting at individual and contextual levels resulting in co-morbid health conditions and affecting people from all social and economic backgrounds (Griffiths, 2005; Jemberie, 2020; Skewes & Gonzalez, 2013).

The health implication of SUDs (for example, cardiovascular diseases, respiratory diseases, type-2 diabetes, immune and central nervous system depression, and psychiatric disorders) and the associated environmental challenges (e.g., housing instability, unemployment, and criminal justice involvement) may increase risk for crime and contracting viral infection like COVID-19 (Centers for Disease Control and prevention [CDC], 2020; Dorn, Cooney & Sabin, 2020). Studies conducted in Nigeria among students showed that alcohol and substance use is associated with an increased likelihood of risky sexual behaviour, with accompanied increased risk for sexually transmitted infections including HIV (Nwagu, 2016; Oppong et al., 2014). Hence, psychoactive substances users are more likely to engage in crime and interpersonal violence and are also more likely to suffer traffic accidents (Doran et al., 2012).

Another important factor that may influence mental disorder in Nigeria society is political instability. Political instability has been linked to many social anomalies in the society such as bribery and corruption, antisocial behaviours, religious fanaticism, terrorism and so on (Amusan & Ejoke, 2017). For example, Nigeria is faced with some terrible security situations that are credited to political instability and corruption in the country (Amusan et al., 2017). Prominent among these are the activities of the Boko Haram insurgent sect in the north-eastern part of the country in which thousands of people have been killed through bomb blasts, gun shots, arson, and kidnapping of over 250 high school female students at Chibok Girls High School in Borno state, and other violent attacks from the group (Aliyu, Moorthy, & Idris, 2015; Onapajo & Usman, 2015). Despite the security measures

deployed by the Nigerian state and its surrounding countries to respond to Boko Haram insurgencies, the sect remains capable of initiating significant attacks (Amusan et al., 2017). Thus people living in this war-torn region may likely develop mental disorders such as generalized anxiety disorders, depression, substance use disorders, and schizophrenia if they do not receive optimal psychological attention.

The above assumption is supported by sociocultural theory which assumed that psychosocial disorder is more likely to develop in individuals' who are consistently faced with a societal conditions that are perceived as threat or dangerous (Andrews & Wilding, 2004). Research has supported the assertion that people living in highly threatening environments are indeed more prone to develop anxiety disorder, depression and so on (Andrews et al., 2004).

Given such concerns, the prevalence of mental health disorders has been on the increase in Nigeria society. Globally, there is a rapid rise in mental health challenges which is facilitated by fear of contagion, loss of relatives or loss of job, and financial liability, inadequate coping (Tabari et al., 2020).

Although some researchers have proposed evidence-based treatment approach in addressing the needs of people with mental disorders; however, the situation of mental health has remained deplorable especially in Nigeria since the government is yet to provide adequate support and conducive environment for such treatment to trend (Onyemelukwe, 2016; Suleiman, 2016).

Documentation conducted by the National Institute of Mental health reveals that across the globe report on mental health disorders vary drastically among the developed countries and developing countries (Bantjes, et al., 2017). For example, about 45% of university students in United States report various symptoms of psychosocial disorders (depression, and anxiety related disorders); 15% of university undergraduate students reported symptoms of psychosocial disorders, 24.5% had suicidal ideation in South Africa; 40.2% of Nigeria students reports poor mental health status (Esan, et al., 2019; Oku et al., 2015), the proportion seem to high among females (31.8%) than males (28.2%) (Uwadiae & Osasona, 2016). Consequent upon this fact, it is pertinent to explore the causes of mental disorders as well as its remedy.

Causes of Mental Disorders

In a community based survey (Nigerian Survey of Mental Health and Well-Being) on the prevalence, impact and antecedents of mental disorders conducted between 2001 and 2003 by Gureje et al. (2006). The following are the causes of mental disorders reported in Nigeria.

Biological causation: this perspective holds that mental disorder occur as a result of brain disease (biochemical imbalance) or poisoning, genetic inheritance, either deliberate or by eating dangerous herbs (e.g., marijuana).

Cultural causation: cultural view suggested that some emotionally trying traditional rites or rituals could lead to mental illness in those who are not psychologically or physically prepared. Childbirth can also upset the body mechanisms and lead to mental health problems (Gureje et al., 2006).

Religious causation: this perspective assumed that mental illness is due to possession by evil spirits, or it might be a divine punishment. However, this belief implies that people with mental illness might in some way be deserving of the disorder and should seek a religious treatment. A supernatural view of the origin of mental illness may imply that orthodox medical care would be futile and that help would be more likely to be obtained from spiritualists and traditional healers (Gureje et al, 2006).

Remedies or treatments of mental disorder

Research has suggested the following treatment approach to mental disorder (Okechukwu, 2020).

Biological model: this model implores physical and chemical methods in treating people with psychosocial problems. Such methods include drug therapy, electroconvulsive therapy and surgery.

Psychological model: this model includes combination of psychological treatment (psychodynamic, behavioural, cognitive, humanistic-existential model) that focus to address the client early childhood conflict or faulty learned behaviour or maladaptive assumption or inability to confront philosophical issues such as self-awareness and responsibilities).

Recently, psycho education (series of techniques employ during treatment such as counter-conditioning, aversive conditioning, operant conditioning, behavioural control, stimulus

control, and so on) and cognitive behaviour therapy (CBT) has proved to be highly effective therapeutic method in treating mental health disorders (Agara & Onibi, 2007).

Sociocultural model: this model highlighted the societal forces that affect members of a society. It holds that social label and roles of the societal influence certain mental disorder (Tyrer & Stenberg, 2005).

In treating such mental disorder therapists employs family system therapy, social network and support, cultural background and spirituality to determine the role they play in an individual's psychological functioning.

RECOMMENDATIONS

It is necessary to consider the following recommendations in the course of further theoretical and empirical studies.

There should be aggressive mental health awareness among Nigerians in the educational sectors, public sectors, political sectors, urban and rural areas in order to educate the general public on mental health issues and the need for societal and family support, and the avoidance of stigmatization of people with mental health disorders. There is need to implement efficient mental health interventions that can enable quick and smooth access to mental healthcare services in Nigeria, hence minimizing the effects of untreated mental health disorders among young Nigerians (Juma et al., 2020).

Nigerian government should adequately provide financial support in mental health- care sector and implement policy that encourage funding and training of psychologists and psychiatrists in the country and also improve the salary and welfare packages of already trained psychologists and psychiatrists. Government should fund mental health research in order to ascertain effective preventive and intervention measures that may be sustainable in addressing mental health issues across the country. There is need for psychologists and psychiatrists to advance their course in evidence-based treatment research; this is because some therapeutic orientation may have underlying cultural bias that may not be applicable in Nigeria milieu hence psychologists, psychiatrists and other mental health practitioners should be abreast in the clinical field. Government should ease mental health financial stress or burden on families through the implementation of national health insurance

and as well as encourage primary health care service in the country.

Government should ensure that required action is taken so that the country develops and implements both a policy and legal framework to addressing mental health issues.

There is an urgent need to educate Nigerians - at institutional and community levels, in order to raise awareness on mental health disorders and improve people's knowledge on mental health issues.

Finally, non- governmental organizations should be encouraged to play active roles in the promotion, prevention, and rehabilitation of mental health disorders in Nigeria.

REFERENCES

- [1] Agara, A. J. and Onibi, O. E (2007). Effects of group psychoeducation (GPE) on compliance with scheduled clinic appointments in a Neuro-Psychiatric hospital in Nigeria, *Annals of the Academy of Medicine, Singapore*, 36(4), 272-275.
- [2] Allen, J., Balfour, R., Bell, R., & Marmot, M. (2014). Social determinants of mental health. *International Review of Psychiatry*, 26(4), 392-407. <https://doi.org/10.3109/09540261.2014.928270>
- [3] Amusan, L., & Ejoke, U. P. (2017). The psychological trauma inflicted by Boko Haram insurgency in the North Eastern Nigeria. *Aggression and Violent Behavior*, 36, 52-59. <http://dx.doi.org/10.1016/j.avb.2017.07.001>
- [4] Amusan, L., & Ejoke, U.P. (2017). The psychological trauma inflicted by Boko Haram insurgency in the North Eastern Nigeria. *Aggression and Violent Behaviour*, 36, 52-59. <http://dx.doi.org/10.1016/j.avb.2017.07.001>
- [5] Andrews, B., & Wilding, J. M. (2004). The relationship of depression and anxiety to life-stress and achievement in students. *British Journal of psychology*, 95(4), 509-521.
- [6] APA (American Psychiatric Association). (2013). *Diagnostic and Statistical Manual of Mental Disorders*, American Psychiatric Association, Arlington, Va, USA, 5th edition, 2013.
- [7] Bakare, M. O. (2012). Attention deficit hyperactivity symptoms and disorder (ADHD) among African children: A review of epidemiology and co-morbidities. *African Journal of Psychiatry*, 15, 358-361.
- [8] Bantjes, J., Lochmer, C., Stein, D. J. & Taljaard, L. (2017). Mental health issues facing university students. Retrieved from www.news.uct.ac.za.

- [9] Betancourt, T., McBain, R., Newnham, E., & Brennan, R. (2013). Context matters: Community characteristics and mental health among war-affected youth in Sierra Leone. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 55(3), 217–226. <https://doi.org/10.1111/jcpp.12131>
- [10] Brogaard, B., (2015). Psychological disorder. Retrieved from www.psychologytoday.com.
- [11] Centers for Disease Control and Prevention [CDC]. (2020). Severe outcomes among patients with coronavirus disease 2019 (COVID-19)—United States, February 12–March 16, 2020. *Morbidity and Mortality Weekly Report (MMWR)*, 69(12), 343–346. <https://doi.org/10.15585/mmwr.mm6912e2>
- [12] Chapresov, A. (2018). Psychosocial health. Retrieved from <https://study.com>.
- [13] Egbochuku, E. O., & Abikwi, M. I. (2007). The prevalence of attention deficit hyperactivity disorder (ADHD) among primary school pupils of Benin metropolis. *Journal of Human Ecology*, 22, 317-322.
- [14] Encyclopedia for children’s Health, (2020). Psychosocial personality disorders. Available from <http://www.Health of children.com/P/Psychosocial-Personality-Disorders.html>
- [15] Esan, O. B., Kola, L., & Gureje, O. (2012). Mental disorders and earnings: Results from the Nigerian National Survey of Mental Health and Well-Being (NSMHW). *The Journal of Mental Health Policy and Economics*, 15(2), 77–82.
- [16] Esan, O., Esan, A., Folasire, A., & Oluwajulugbe (2019). Mental health and wellbeing of medical students in Nigeria: A systematic review. *Internal Review of Psychiatry*, 13(7), 661-672.
- [17] Griffiths, M. A. (2005). Components model of addiction within a biopsychosocial framework. *Journal of Substance Use*, 10(4), 91–97. <https://doi.org/10.1080/14659890500114359>
- [18] Gureje, O., Lasebikan, V. O., Kola, L., & Makanjuola, V. A. (2006). Lifetime and 12-month prevalence of mental disorders in the Nigerian Survey of Mental Health and Well-Being. *British Journal of Psychiatry*, 188, 465- 471.
- [19] Hagerty, S. L. & Williams, L. M. (2020). The impact of COVID-19 on mental health: The interactive roles of brain biotypes and human connection. *Brain, Behavior, and Immunity – Health*, 5, 1-4. <https://doi.org/10.1016/j.bbih.2020.100078>
- [20] Hora, D. (2020, April, 3rd). Scientific progress and the COVID-19 pandemic. ResearchGate. Retrieved from <https://www.researchgate.net/blog/post/the-covid-19-research-community-page-a-new-approach-for-researchgate>
- [21] Jemberie, W. B., Williams, S. J., Eriksson, M., Grönlund, A. S. Ng N., Nilsson, B. M., Padyab, M., Priest, K. C., Sandlund, M., Snellman, F., McCarty, D., & Lundgren, L. M. (2020). Substance Use Disorders and COVID-19: Multi-Faceted Problems Which Require Multi-Pronged Solutions. *Frontiers in Psychiatry*, 11, 714. <https://doi.org/10.3389/fpsy.2020.00714>
- [22] Juma, K., Wekesah, F. M., Kabiru, C. W., & Izugbara, C. O. (2020). Burden, Drivers, and Impacts of Poor Mental Health in Young People of West and Central Africa: Implications for Research and Programming. In: McLean M. (eds) *West African Youth Challenges and Opportunity Pathways. Gender and Cultural Studies in Africa and the Diaspora*. Palgrave Macmillan, Springer International Publishing, p. 233-265. https://doi.org/10.1007/978-3-030-21092-2_11
- [23] Kessler, R. C. (2003). Epidemiology of women and depression. *Journal of affective disorders*, 74(1), 5-13.
- [24] Ndukuba, A. C., Odinka, P. C., Muomah, R. C., Obindo, J. T., & Omigbodun, O. O. (2015). ADHD among Rural Southeastern Nigerian Primary School Children: Prevalence and Psychosocial Factors. *Journal of Attention Disorders*, 1–7. [10.1177/1087054714543367](https://doi.org/10.1177/1087054714543367)
- [25] Nkomo, N. N. (2020). Evaluation of Prevalence of Psychosocial Disorders among University Undergraduate Students in Cross River State, Nigeria. *International Journal for Cross-Disciplinary Subjects in Education (IJCDSE)*, 11(2), 4305- 4309.
- [26] Nwankwo, N. I., Ezenwa, M. O., Okoye., C. A.F., Aboh, U. J., & Oraetue, H. (2019). Do personality traits and perceived stigma predict attitude towards help seeking behaviour among clients under psychiatric management?. *Practicum Psychologia*; 9(1), 41-64. <http://journals.aphriapub.com/index.php/pp>
- [27] Obindo, J., Abdulmalik, J., Nwefoh, E., Agbir, M., Nwoga, C., Armiya’u, A., Davou, F., Maigida, K., Otache, E., Ebiloma, A., Dakwak. S., Umaru, J., Samuel, E., Ogoshi, C., & Eaton, J. (2017) Prevalence of depression and associated clinical and socio-demographic factors in people living with lymphatic filariasis in Plateau State, Nigeria. *PLOS Neglected Tropical Diseases*, 11(6), 1-10. <https://doi.org/10.1371/journal.pntd.0005567>
- [28] Okechukwu, C. E. (2020). Shortage of psychiatrists: A barrier to effective mental health-care delivery in Nigeria. *International Journal of Non communicable Diseases*, 5(1), 22-23.
- [29] Oku, A., Oku, O., Owaaje, E., & Monjok, E. (2015). An assessment of mental health status of undergraduate medical trainees in the University of Calabar, Nigeria. *A Cross Sectional Study Journal of Medical sciences*, 3(2), 356-362.
- [30] Onyemelukwe, C. (2016). Stigma and mental health in Nigeria: Some suggestions for law

- reform. *Journal of Law and Global Policy*, 55, 63-68.
- [31] Pacione, L., Measham, T., & Rousseau, C. (2013). Refugee children: Mental health and effective interventions. *Current Psychiatry Reports*, 15(2), 341. <https://doi.org/10.1007/s11920-012-0341-4>
- [32] Sharma, M., Fine, S. L., Brennan, R. T., & Betancourt, T. S. (2017). Coping and mental health outcomes among Sierra Leonean war-affected youth: Results from a longitudinal study. *Development and Psychopathology*, 29(1), 11-23. <https://doi.org/10.1017/s0954579416001073>
- [33] Skewes, M. C., & Gonzalez, V. M. (2013). The biopsychosocial model of addiction. *Principles of Addiction*, 1, 61-70. <https://doi.org/10.1016/B978-0-12-398336-7.00006-1>
- [34] Suleiman, D. E. (2016). Mental health disorders in Nigeria: A highly neglected disease. *Annals of Nigerian Medicine*, 10, 47-8.
- [35] Ton, T. G. N., Mackenzie, C., Molyneux, D. H. (2015). The burden of mental health in Lymphatic filariasis. *Infectious Diseases of Poverty*, 4, 34. <https://doi.org/10.1186/s40249-015-0068-7>
- [36] Tyrer, P., & Stenberg, D. (2005). *Models for mental disorder: Conceptual models in psychiatry*. Chichester, England: John Wiley.
- [37] United Nations International Children's Emergency Fund (UNICEF), & Overseas Development Institute (ODI). (2009). *Strengthening social protection for children: West and Central Africa*. Retrieved from <https://www.odi.org/publications/3478-strengthening-social-protection-children-west-and-central-Africa>
- [38] Uwadiae, E., & Osasona, S. O. (2016). Psychological distress amongst undergraduate students of a Nigerian university. *Central African Journal of Medicine*, 62, 5-8.
- [39] WHO (World Health Organisation). (2019). Mental Disorders. Available from <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>

Citation: Resurrecta Maria Agu, Chidozie E. Nwafor, Chinwe I. Onyemaechi, "Psychosocial Disorders of Nigerian Society: Its Causes and Remedy", *Journal of Philosophy and Ethics*, 3(2), 2021, pp.1-8. DOI: <https://doi.org/10.22259/2642-8415.0302001>

Copyright: © 2021 Resurrecta Maria Agu, Chidozie E. Nwafor, Chinwe I. Onyemaechi. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.