MENTAL HEALTH ATLAS 2020

Member State Profile

[Nigeria]

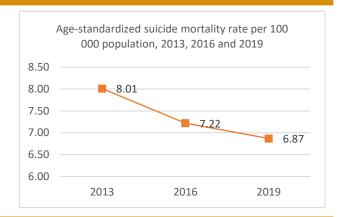
Total population (UN official estimate):¹
Total mental health expenditure per person (reported currency):

200 963 603 Income Group:³ 89.0 [NAIRA] WHO Region: Lower-middle AFRO

Burden of mental disorders (WHO official estimates)

Disability-adjusted life years (per 100 000 population):²
Age-standardized suicide mortality rate (per 100 000 population):⁴

3 003.1 6.87



Mental health research and reporting

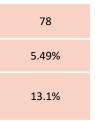
Availability / status of mental health reporting:

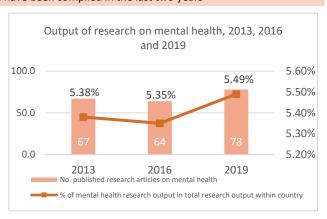
No mental health data have been compiled in the last two years

Number of published research articles on mental health⁵

Percentage of mental health research output in total research output within country

Percentage of mental health research output of the country in total mental health research output in the region





MENTAL HEALTH SYSTEM GOVERNANCE					
Mental health policy / plan		Mental health legislation			
Stand-alone policy or plan for mental health:	Yes	Stand-alone law for mental healt	h:	Yes	
(Year of policy / plan):	2013	(Year of law):		1958	
Policy / plan is in line with human rights covenants (self-rated 5-points checklist score; 5 = fully in line) ⁶	5	Law is in line with human rights or rated 5-points checklist score; 5		Not applicable	
Human resources are estimated and allocated for implementation of the mental health policy/plan	-	The existence of a dedicated authority or independent body to assess compliance of mental		ted authority body does	
Financial resources are estimated and allocated for implementation of the mental health policy/plan	No	health legislation with international human rights	not exist		
The mental health policy / plan contains specified indicators or targets against which its implementation can be monitored	Indicators not ava	ilable			
Child and/or adolescent mental health policy/pla	ın				
Stand-alone or integrated policy or plan for child mental health	No	Stand-alone or integrated policy or plan for adolescent mental health		No	
(Year of child mental health policy / plan):	-	(Year of adolescent mental health policy / plan):		-	
Suicide prevention strategy/policy/plan					
Stand-alone or integrated strategy/policy/plan for suicide prevention	No	(Year of strategy/policy/plan)		-	

RESOURCES FOR MENTAL HEALTH			
Mental health financing			
The government's total expenditure on mental health		The government's total expenditure on mental	
as % of total government health expenditure	4.1%	hospitals as % of total government mental health	100.0%
as 70 or total government health expenditure		expenditure	

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Insurance for mental health

How the majority of persons with mental health conditions pay for mental health services

Persons pay mostly or entirely out of pocket for services

How the majority of persons with mental health conditions pay for psychotropic medicines

Persons pay mostly or entirely out of pocket for medicines

The care and treatment of persons with mental health conditions (psychosis, bipolar disorder, depression) is included in national health insurance or reimbursement schemes in your country

No

Mental health workforce

	Total Number (gov. and non gov.)	No. per 100 000 population
Psychiatrists	-	-
Mental health nurses	-	-
Psychologists	-	-
Social workers	-	-
Other specialized mental health workers (e.g. Occupational Therapists)	-	-
Total mental health professionals	-	-

	Mental health workers per 100 000 population, 2014, 2017 and 2020
1.00	
0.80	Data for provious years are not available
0.60	Data for previous years are not available
0.40	
0.20	_
0.00	

Mental health workers in child and/or adolescent mental health services:

Child and/or adolescent psychiatrists - - Child and adolescent mental health services

MENTAL HEALTH SERVICE AVAILABILITY AND UPTAKE (Mental health services include care for mental health,					
neurological and substance use disorders) Integration of mental health into primary health care					
Integration of mental health into primary care is considered functional (self-rated 5 points checklist score: ≥ 4 = functional					
integration) ⁸					3
Outpatient care (total facilities)		Outpatient care (visits per 100 000 population)			
Mental health outpatient facilities attached to a hospital	-	Number of visits made by service users in the last year in mental health outpatient facilities attached to a hospital		-	
"Community-based / non-hospital" mental health outpatient facility	-	Number of visits m year in "Communit health outpatient f	:y-based / non		-
Other outpatient facility (e.g. Mental health day care or treatment facility)	-	Number of visits m year in other outpa health day care or	atient facility (e.g. Mental	-
Total number of outpatient facilities specifically for children and adolescents	-	Number of visits m year in outpatient and adolescents	-		-
Inpatient care (total facilities)		Inpatient care (beds/admissions per 100 000 population)			
Mental hospitals	8	Mental hospital beds / annual admissions		-/-	
Psychiatric units in general hospitals	-	General hospital ps admissions	sychiatric unit	beds / annual	-/-
Community residential facilities	-	Community residential beds / annual admissions		-/-	
Inpatient facilities specifically for children and	_	Child and adolescent specific inpatient beds /		-/-	
adolescents Mental hospitals		annual admissions ' Mental hospitals (length of stay)		,	
Total number of admissions	_	Inpatients staying less than 1 year -		_	
Admissions that are involuntary	_	Inpatients staying 1-5 years		-	
Follow-up of people with mental health condition		Inpatients staying more than 5 years		-	
discharged from hospital in the last year (discharged persons seen within a month)	-	Percentage of inpatients staying less than 1 year in the total number of inpatients		-	
Inpatients receiving timely diagnosis, treatment and follows	ow-up for physical	health conditions(e	e.g. cancer, dia	betes or TB)	-
Community based mental health services ⁹					
Total number of community based mental health facilities	-	Number of community-based mental health facilities per 100 000 population		-	
Treated prevalence of psychosis and by sex			Total cases	Male	Female
Treated cases of psychosis (inpatient and outpatient)			-	-	-

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	Number of inpatient admissions and outpatient visits per 100 000 population, 2014, 2017 and 2020
8.00	
6.00	
4.00	Data for previous years are not available
2.00	Data for previous years are not available
0.00	

MENTAL HEALTH PROMOTION AND PREVENTION

	Number of community-based mental health services per 100 000 population, 2014, 2017 and 2020
1.00	
0.80	
0.60	
0.40	Data for previous years are not available
0.20	
0.00	

Existence of at least two functioning programmes (self-rated 3 points checklist score; ≥ 2 = functioning programme) Category of mental health promotion & Programme examples Scope of programme Suicide prevention programme - - - - Mental Health Awareness /Antistigma Early Child Development Scope of programme - - - - School based mental health promotion Early Child prevention and promotion

Endnotes

Parental / Maternal mental health promotion and prevention

Work-related mental health prevention and promotion

disaster risk reduction

Mental health and psychosocial component of disaster preparedness.

⁷ Law compliance with human rights instruments self-rated 5 points checklist items: 1) Law promotes transition towards community-based mental health services (including mental health integrated into general hospitals and primary care); 2) Law promotes the rights of people with mental health conditions and psychosocial disabilities to exercise their legal capacity; 3) Law promotes alternatives to coercive practice; 4) Law provides for procedures to enable people with mental health conditions and psychosocial disabilities to protect their rights and file appeals and complaints to an independent legal body; 5) Law provides for regular inspections of human rights conditions in mental health facilities by an independent body (79% of responding countries). (5 = fully in line)

⁸ Integration of mental health in primary care self-rated 5 points checklist items: 1) guidelines for mental health integration into primary health care are available and adopted at the national level; 2) pharmacological interventions for mental health conditions are available and provided at the primary care level; 3) psychosocial interventions for mental health conditions are available and provided at the primary care level; 4) health workers at primary care level receive training on the management of mental health conditions; 5) mental health specialists are involved in the training and supervision of primary care professionals. (≥ 4 = functional integration)

⁹ Community-based mental health services are defined as services that are provided in the community, outside a hospital setting. Data for this indicator include countries' reported number of community-based outpatient facilities (e.g. community mental health centres), other outpatient services (e.g. day treatment facilities) and mental health community residential facilities for adults.

¹ UN, 2019. World Population Prospects. https://population.un.org/wpp/

² WHO, 2019. Global Health Estimates. https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/global-health-estimates-leading-causes-of-dalvs

³ World Bank, 2019. Country classification. https://datahelpdesk.worldbank.org/knowledgebase/topics/19280-country-classification

⁴ WHO, 2019. Global Health Observatory. http://www.who.int/gho/en/. Suicide mortality rates are computed using standard categories, definitions and methods are reported to facilitate comparisons over time and between countries and may not be the same as official national estimates.

⁵ **Output of research on mental health:** The annual published research output in peer-reviewed and indexed journals is used as a proxy for the amount (and quality) of mental health research that is being conducted or is related to a given country.

⁶ Policy/plan compliance with human rights instruments self-rated 5 points checklist items: 1) Policy/plan promotes transition towards mental health services based in the community (including mental health care integrated into general hospitals and primary care); 2) Policy/plan pays explicit attention to respect of the rights of people with mental health conditions and psychosocial disabilities as well as at-risk populations; 3) Policy/plan promotes a full range of services and supports to enable people to live independently and be included in the community (including rehabilitation services, social services, educational, vocational and employment opportunities, housing services and supports, etc.); 4) Policy/plan promotes a recovery approach to mental health care, which emphasizes support for individuals to achieve their aspirations and goals, with mental health service users driving the development of their treatment and recovery plans; 5) Policy/plan promotes the participation of persons with mental health conditions and psychosocial disabilities in decision-making processes about issues affecting them (e.g. policies, laws, service reform, service delivery). (5 = fully in line)

¹⁰ Functional mental health promotion and prevention programmes self-rated 3 points checklist items: 1) Dedicated financial & human resources; 2) A defined plan of implementation; and 3) Documented evidence of progress and/or impact. (≥ 2 = functioning programme)