

# What Nigerians told us about their mental health under COVID-19 lockdown

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In Nigeria, mental illness is highly [stigmatized](#) and mental healthcare is not widely available. Resources, facilities and health staff are in short

supply and disorders may not be well understood at the primary healthcare level.

It's been [estimated](#) that 80% of individuals with serious mental health needs in Nigeria cannot access care. With [fewer](#) than 300 city-based psychiatrists for a population of [over 200 million](#), caring for the mentally ill is typically left to family members.

This situation could worsen as Nigerian health professionals [emigrate](#).

Unattended mental illnesses can have severe [consequences](#) for homelessness, poverty, employment and safety. They can affect children's chances of success at school and result in family and community disruption. Mental problems also add to the burden on the systems of healthcare, policing, education, criminal justice, and [social services](#).

The COVID-19 pandemic is known to have put [pressure on people's mental health](#) all over the world, owing to uncertainty and losses of various kinds. Nigeria is not an [exception](#). Uncertainty [diminishes](#) how well people can prepare for the future, and thus contributes to anxiety, stress, confusion, anger and substance abuse.

We conducted a [survey](#) to assess how well people were coping in seven sub-Saharan African countries under COVID-19 lockdowns in March 2020. Nigeria was one of the countries; the others were Ghana, Cameroon, South Africa, Tanzania, Kenya, and Uganda. We looked for prevalence of mental health symptoms and negative emotional reactions.

Although COVID-19 [infections and deaths](#) are lower in Nigeria than in some countries, the [prevalence](#) of mental health symptoms in Nigeria and across sub-Saharan Africa suggested that the population might be vulnerable to emotional distress. Better care should be available.

## Mental health impact of COVID-19 in Nigeria

We undertook a survey of 2,032 adults using WhatsApp, Facebook and emails between April and May 2020, a period when many African countries were under lockdown. Most African countries, [Nigeria](#) among them, [responded](#) to the pandemic with strict nationwide lockdown measures which disrupted the day-to-day lives of the public and [shrank](#) economies. Only certain groups received financial [support](#) from their governments.

Our survey included adult respondents. The majority (556, or 27%) were from Nigeria. Of these, 38% were aged 18–28, 54% were males and over half were married (55%). Most (94%) had at least a bachelor degree and 60% were employed at the time.

We asked participants to report whether they felt anxiety, worry, anger, boredom or frustration during lockdown.

Almost all the Nigerians reported mental health symptoms (500, or 89.9%). About half of Nigerians reported feeling anxious (44.9%) or worried (47.1%). Almost a third reported being frustrated (31.7%). A sixth were angry (18.5%) and almost two-thirds (59.2%) reported being bored during the lockdown.

Prior to the lockdown, [the Nigerian government](#) had said that three in 10 Nigerians suffered from one form of mental disorder or another. Our findings indicate that COVID-19 may be adding to the country's mental health burden.

We also found that Nigerian males over 28 years, and those who were married or unemployed, were more likely to report mental health and emotional symptoms. In a country with already high rates of unemployment, the impact of massive job losses in the pandemic cannot

be underestimated.

Our data revealed that 16.6% of the Nigerian respondents lived alone. Participants living with more than six people (28.2%) in the household were more likely to report feeling anxious, angry and frustrated. Participants with families of their own seem to be more likely to be emotionally burdened during the lockdown.

## Implications

Our findings challenge [the view](#) that communal life is a protection from mental health issues. It is also at odds with World Health Organisation [guidelines](#) encouraging individuals to stay with friends and families to reduce isolation during the lockdown.

Access to and use of orthodox mental healthcare services is [low](#) and social opportunities are also under strain as a result of rising insecurity. This points to [further](#) mental health pressure down the line.

Our research also showed that individuals perceiving themselves or their [family members](#) to be at lower risk of infection, or of dying from COVID-19, reported lower rates of worrying about the virus. Hence, one emotional coping strategy may be to be less concerned about the impact of COVID-19. This may, however, result in less action to prevent the spread of infection.

## The way forward

The Nigerian government needs to be convinced of the importance of adequate mental healthcare. It must make effective treatment and adequate facilities and resources available. Appropriate remuneration and conditions of service are needed to halt the "brain drain" of staff.

Mental health should be an integral part of public healthcare at all levels.

The [mass media](#) can be deployed to share the survivor experiences of mental health patients. Educational campaigns are needed to help the public understand mental illnesses and the benefits of seeking orthodox care.

Research on the effects of the pandemic brings to the fore opportunities for [health](#) authorities to discuss and address those challenges.

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