

VIEWPOINT

Addressing the Boko Haram-Induced Mental Health Burden in Nigeria

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In Nigeria, the Boko Haram insurgency has opened up wide-ranging discussions regarding human security and human rights. The crisis has exposed the sheer neglect and near exclusion of people under mental distress from health facilities, despite the urgent need for adequate mental health support and care for those who have experienced extreme violence. If people are unable to receive mental health care, the crisis will likely lead to further violence and other human rights abuses. As well as ensuring that there are mental health care services available, government leaders must address the social determinants of mental health. This includes providing legal support to ensure justice for victims; promoting community enterprises to help build communal resilience; undertaking awareness and information campaigns on the value of mental health support interventions; and encouraging people to recognize that mental health is a human right. To achieve all of these things, new legislation and dedicated funding is needed.

I have worked for the past decade with multilevel local, national, transnational, and international stakeholders, including serving as the secretary and Anglophone West Africa focal representative in the Africa Working Group of the Global Action Against Mass Atrocities and, for a time, country coordinator for the Terrorism Research Initiative–Nigeria. Thus, I have long been concerned about the impact of these attacks on the population’s mental health and, accordingly, recognize the need to protect mental health as a fundamental human right. By applying mass atrocity prevention and human rights lenses to the unique public and mental health challenges of Nigeria, this Viewpoint beams a searchlight on ways to address mental distress after encounters with Boko Haram.

Boko Haram and its impact in Nigeria

Nigeria’s 12-year conflict with Boko Haram has devastated communities in the country’s northeastern states.¹ Boko Haram has targeted its attacks on both civilians and security personnel, damaging and destroying buildings and public infrastructure. Local communities have suffered grave human rights abuses as a result of the incessant raids.² These abuses include murder, abduction, sexual violence, forced labor, forced conscription of children, looting, and burning public buildings (such as schools), personal property (such as farmland), and, in some cases, entire villages.³ Since the beginning of the conflict, more than 43,000 people have died from Boko Haram violence.⁴ Those who have survived this violence are often left with enduring physical and mental trauma.⁵

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Mental health as a human right

The International Covenant on Economic, Social and Cultural Rights (ICESCR) asserts that “health is a fundamental human right indispensable for the exercise of other human rights where every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity.”⁶ The African (Banjul) Charter on Human and Peoples’ Rights draws on language from the ICESCR and also mandates the health security of individuals as a human right.⁷ Nigeria ratified the United Nations Convention on the Rights of People with Disabilities in 2007 and its Optional Protocol in 2010, recognizing the importance of mental health.⁸ Human rights demands adequate and urgent care for survivors of trauma, especially in high-burden environments such as war zones or mass atrocity environments.

Despite these commitments to human rights, Nigeria lacks a national mental health policy. The World Health Organization estimates that over 2 million of the country’s near 200 million residents suffer from depressive and anxiety disorders.⁹ However, there are insufficient mental health workers in Nigeria to cater to the dispersed population, even without the burden of Boko Haram-induced mental distress. For example, in one of the northeastern affected states, Borno, 80% of local government areas have insufficient numbers of functioning health facilities.¹⁰ During periods of conflict or postconflict, heavier burdens are placed on every aspect of the public sector, thereby forcing facilities to compete against each other for reduced budgetary allocations.

Consequently, public health facilities and services in Nigeria, including mental health services, are in a poor state to respond to a crisis such as mass atrocity. Accessibility to mental health care services in the northeast is severely restricted, with mental health services and staff unable to meet the needs of individuals requiring attention.¹¹ In 2020, there were about 250 psychiatrists in the entire country: community mental health task-shifting pilot programs were limited to a few locations.¹² As a result, the impacts from trauma—such as post-traumatic stress disorder, depression, anxiety, and

drug dependence—go untreated. This exacerbates the harm that Boko Haram has inflicted on the community at large and increases the risk of perpetuating the cycle of violence.

Addressing social determinants and community relationships

To limit the long-term mental health impacts of Boko Haram violence, governments at the local, state, and national levels must protect and fulfill victims’ mental health rights, without discrimination. In a multidimensional, intersectoral response, Nigerian officials must reinforce support for the social determinants of mental health, recognizing that individual needs and community relationships are fundamental in promoting and protecting improved mental health and well-being.¹³

The lack of mental health services compounds survivors’ inability to adjust and cope with the losses and trauma they have experienced. Across most of the country, people who have experienced mental distress remain stigmatized and discriminated against. Personal and religious beliefs may cause survivors of these atrocities to reject mental health interventions. Government-led awareness and education campaigns at the local or community levels, and in partnership with religious institutions, could help promote the acceptance of mental health interventions.

Reparation, another important mitigating factor in healing, has not yet been addressed. The legal system needs to provide official recognition of victims’ need for justice and develop strategies to help people who have been kidnapped or injured by Boko Haram. Although testifying must be handled sensitively to avoid retraumatizing victims, the courts can provide justice and closure for those who have been harmed.

The suffering caused by Boko Haram is a collective loss, as well as an individual one. An injury to one community member injures all. While the community has experienced harm, the community can also be a source of healing. Cultural and community affiliations promote resilience in the form of family, cultural, religious, and traditional

associations. Training in skills acquisition and enterprises, such as soap making and sewing, has offered communities collective coping solutions to mitigate suffering.¹⁴ More such opportunities are needed.

Conclusion

The Boko Haram insurgency has exposed serious and substantive flaws in Nigeria's public health system. Nigeria has human rights obligations to address these failings, and must do so in a way that is consistent with the Convention on the Rights of Persons with Disabilities. The United Nations Human Rights Commission has been advocating for the domestication of this convention at state levels for some time, to promote the human rights entitlements of people exposed to Boko Haram atrocities. In particular, it is imperative that the National Assembly pass a mental health bill that, among other things, will lead to an increase in the number of mental health workers and to a reduction in discrimination and stigma.¹⁵ Local government and state emergency response teams could also advocate for such legislation. Mental health support in Nigeria, especially in the northeast, requires multidimensional and multidisciplinary approaches for research and practice that frame health issues within the broader context of the psychosocial well-being and rights of postconflict societies. It must provide justice, employment, and economic support, all of which contribute to sustained good mental health of individuals and communities.¹⁶

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