

## COMBATING MENTAL HEALTH STIGMA THROUGH ADAPTIVE APPROACHES IN COMMUNITY HEALTH EDUCATION: A STRATEGY FOR IMPROVING MENTAL WELLBEING IN NIGERIA.

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### Abstract

*Mental health stigma remains a significant barrier to effective mental health care and wellbeing in Nigeria, deeply rooted in cultural, religious, and social misconceptions. This paper explores the critical role of adaptive, community focused health education in addressing mental health stigma and improving mental wellbeing across Nigerian communities. It highlights the necessity of culturally sensitive messaging, the use of indigenous languages, and the engagement of trusted community stakeholders including religious leaders, traditional rulers, and local organizations in designing and delivering mental health education. The integration of mental health education within existing community health programs, schools, and faith-based institutions is emphasized as a strategic approach to promote early help-seeking behaviours and reduce stigma. Furthermore, the paper discusses the innovative use of media, information and communication technologies (ICT), and storytelling as powerful tools for scaling stigma reduction efforts and humanizing mental illness. Despite these promising strategies, the analysis identifies significant policy and programmatic gaps, including limited funding, inadequate community outreach, and weak integration of mental health into primary care systems. To overcome these challenges, the paper advocates for combating mental health stigma in Nigeria requires a shift from rigid, one-size-fits-all strategies to adaptive, culturally relevant community health education approaches. By combining education, community engagement, policy support, and digital innovation, Nigeria can foster a more inclusive society where mental health is openly discussed and properly managed.*

**Keyword:** Mental Health Stigma Reduction, Adaptive Health Education Strategies, Community Based Mental Health Interventions, Cultural Competence in Health Education, Mental Wellbeing Promotion in Nigeria.

### Introduction

Mental health has emerged as a critical public health concern in Nigeria, characterized by a rising burden of mental disorders, inadequate service delivery, and systemic neglect. According to the World Health Organization (WHO, 2022), approximately one in eight people globally live with a mental disorder, and in Nigeria, an estimated 20–30% of the population is

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affected by various mental health conditions, ranging from depression and anxiety to schizophrenia and substance use disorders. Despite this high prevalence, Nigeria's mental health service infrastructure remains severely underdeveloped, with fewer than 300 psychiatrists serving a population of over 220 million (Federal Ministry of Health [FMoH], 2021) and (Gureje & Ogun, 2022).

Compounding this crisis is the fact that over 80% of people experiencing mental health conditions in Nigeria do not receive formal care (WHO, 2022). Mental health services are largely centralized in urban centres, often inaccessible to rural populations, and underfunded within national health budgets (Adeosun, 2020). In addition, traditional and religious healing systems often serve as the first point of care, influencing perceptions and health-seeking behaviour in ways that can either support or hinder recovery.

Stigma is a form of negative labelling directed at individuals or groups based on physical, psychological, or perceived differences, resulting in discrimination, social exclusion, and a diminished quality of life (Almeida & Sousa, 2022). This process involves labelling, stereotyping, and discriminatory behaviours, which are deeply embedded in cultural and contextual frameworks. In the context of mental health, stigma encompasses prejudicial attitudes and discriminatory actions toward individuals with mental health conditions, exacerbating their challenges and acting as a significant barrier to accessing care and support (Eiroa-Orosa, Lomascolo, & Tosas-Fernández, 2021).

Globally, mental illness stigma is recognized as a major barrier to mental health care, contributing to a significant treatment gap. Approximately 66% of individuals with mental health disorders avoid seeking medical treatment due to stigma, fear of social exclusion, and discrimination (World Health Organization, 2022).

In Africa, mental health stigma remains a critical challenge, exacerbated by cultural and societal factors. Mental illnesses are often misunderstood and attributed to supernatural causes or moral failings, leading to widespread discrimination and social exclusion (Monnapula-Mazabane & Petersen, 2021). Over 50 % of individuals in Africa avoid utilising mental health services to prevent being labelled as mentally ill (Pribadi, Lin & Chen, 2020).

Nigeria, as one of Africa's most populous nations, faces significant mental health stigma challenges. Approximately 1 in 4 Nigerians, or about 50 million people, experience mental health issues, yet 75% of these cases remain untreated, particularly in low- and middle-income countries like Nigeria (Global Mental Health Statistics, 2022). Stigma in Nigeria is deeply rooted in societal beliefs, with mental health conditions often attributed to drug abuse, evil spirits, or brain sickness. This leads to individuals being taken to prayer houses for spiritual interventions rather than receiving appropriate medical care, hindering effective mental health service delivery (Ogbonna, Iheanacho, Ogbonnaya, Mbadugha, Ndubuisi & Chikeme, 2020).

### Theoretical Framework

This study is anchored on an integrated theoretical framework that combines behavioral, sociological, and health education theories to explain and address mental health stigma in Nigeria. Mental health stigma is a socially constructed phenomenon involving labelling, stereotyping, discrimination, and social exclusion, which negatively affects help-seeking and wellbeing. Health Belief Model was used to offers a robust theoretical lens to explains how individuals' beliefs influence health behaviors.

- Perceived susceptibility (belief about risk of mental illness)
- Perceived severity (belief about seriousness of mental illness)
- Perceived barriers (e.g., stigma, cost, cultural beliefs)
- Perceived benefits (acceptance of treatment and support)

In Nigeria, misconceptions and cultural beliefs often reduce perceived benefits and increase barriers, reinforcing stigma. HBM helps explain why individuals avoid mental health services due to stigma and how education can modify these beliefs. The framework recognizes that stigma operates at multiple levels (individual, community, and societal) and therefore requires adaptive, community-based health education strategies.

### Understanding Mental Health Stigma in Nigeria

#### Forms of Stigma

- i. **Self-Stigma (Internalized Stigma).** Self-stigma occurs when individuals living with mental illness internalize the negative stereotypes, misconceptions, and societal prejudices associated with their condition. As a result, they begin to see themselves as inferior, dangerous, or incapable, which fosters feelings of shame, guilt, low self-worth, and hopelessness. In the Nigerian context, self-stigma is especially profound due to the widespread cultural interpretations of mental illness as a form of spiritual weakness or moral failure, which causes individuals to conceal their symptoms and avoid help-seeking behaviours (Obielodan & Gureje, 2023). This form of stigma can lead to social withdrawal, delayed access to treatment, and poor recovery outcomes. Furthermore, it affects medication adherence and reduces participation in social and occupational life, thereby reinforcing the cycle of illness and exclusion (Obielodan et al., 2023).
- ii. **Public stigma,** also referred to as social stigma, reflects the broad societal disapproval and discriminatory attitudes directed toward individuals with mental health conditions. It is characterized by stereotyping, prejudice, and social distancing, whereby the public perceives individuals with mental disorders as violent, dangerous, unpredictable, or burdensome (Kola, Kohrt, & Hanlon, 2021). In Nigeria, such stigma is fuelled by low mental health literacy, cultural myths, and sensationalist media portrayals, which reinforce harmful labels such as madness or possession by evil spirits. These perceptions lead to the marginalization of affected individuals in schools, workplaces, and communities. People with mental health issues are often denied social inclusion, marriage prospects, and job opportunities, and may even face ridicule and verbal or physical abuse. Public stigma is a significant deterrent to early intervention and remains a core target for mental health education and advocacy programs (Obimakinde, Oyelade, & Oladipo, 2023).
- iii. **Institutional Stigma (Structural Stigma)** Institutional or structural stigma refers to systemic policies, regulations, and institutional practices that restrict the rights, opportunities, and services available to people with mental illness (Obielodan et al., 2023) and WHO, (2022). This includes inequities in healthcare access, education, housing, and employment laws, often enacted or perpetuated through government neglect and discriminatory frameworks. In Nigeria, institutional stigma is evident in the underfunding of mental health services, the absence of mental health infrastructure at primary health care levels, and the lack of integration of mental health into public health policy and national insurance schemes (Gureje, Ibrahim, & Uwakwe, 2024). For example, Nigeria's National Mental Health Act (2021) is still undergoing slow implementation, and mental health receives less than 4% of the federal health budget, which is far below international recommendations (WHO, 2022). Additionally, training in mental health is not adequately included in the curricula for most health professionals, further reinforcing knowledge gaps and institutional neglect. More also Structural stigma not only reinforces public and self-stigma but also ensures that mental health remains a low

policy priority, contributing to poor service availability, treatment gaps, and poor patient outcomes—especially in rural and underserved communities (Atilola, Abiodun, & Adewuya, 2022).

### Causes of Stigma

According to WHO (2022), the causes of stigma are complex and often interconnected. Here are the major causes:

#### 1. Lack of Knowledge and Awareness

- Poor understanding of conditions like mental illness, HIV/AIDS, or disabilities
- Misinterpretation of symptoms or behaviors
- Limited health education in communities

#### 2. Cultural Beliefs and Traditions

- Deep-rooted cultural norms that label certain conditions as shameful
- Beliefs that illness is caused by curses, sin, or spiritual punishment
- Preference for secrecy to protect family reputation

#### 3. Fear and Misinformation

- Fear of contagion (e.g., HIV/AIDS, tuberculosis)
- False information spread through rumors or media
- Exaggeration of risks associated with certain conditions

#### 4. Social Inequality and Discrimination

- Prejudice against marginalized groups (e.g., based on gender, class, or disability)
- Power imbalances that reinforce negative labeling
- Structural discrimination in employment, education, and healthcare

#### 5. Media Influence

- Negative portrayal of certain groups in movies, news, or social media
- Reinforcement of stereotypes
- Lack of positive or accurate representation

#### 6. Language and Labeling

- Use of derogatory or insensitive terms
- Labeling individuals by their condition (e.g., “mad person” instead of “person with mental illness”)
- This reduces individuals to their condition and promotes discrimination

#### 7. Fear of Association

- People avoid individuals with stigmatized conditions to protect their own social image
- Concern about being judged by others

#### 8. Religious Misinterpretations

- Incorrect beliefs that certain conditions are punishments from God
- Stigmatization due to perceived moral failure

#### 9. Low Self-Esteem and Internalized Stigma

- Individuals begin to believe negative stereotypes about themselves
- Leads to shame, withdrawal, and reluctance to seek help

### Effects of Stigma

Stigma has wide-ranging negative consequences on individuals, families, communities, and the healthcare system. These effects can be grouped into psychological, social, behavioral, and economic impacts (Atilola et al., 2023).

#### 1. Psychological Effects

Stigma deeply affects the mental and emotional wellbeing of individuals:

- **Low self-esteem:** Individuals begin to see themselves as inferior or unworthy
- **Shame and guilt:** Feeling embarrassed about having a mental health condition
- **Self-stigma (internalized stigma):** Accepting negative societal beliefs about oneself

- **Depression and anxiety:** Stigma worsens existing mental health conditions
- **Loss of identity and confidence**

## 2. Social Effects

Stigma leads to social exclusion and isolation:

- **Discrimination:** Unfair treatment in employment, education, and relationships
- **Social rejection:** Avoidance by friends, family, or community members
- **Breakdown of relationships**
- **Marginalization:** Being excluded from community participation

## 3. Behavioral Effects

Stigma influences how people act toward their health:

- **Delay in seeking help:** Fear of being labeled prevents early treatment
- **Non-adherence to treatment:** Patients may stop medication to avoid being identified
- **Secrecy and concealment:** Hiding symptoms or diagnosis
- **Substance abuse:** Some individuals turn to alcohol or drugs as coping mechanisms

## 4. Economic Effects

Stigma has financial consequences for individuals and society:

- **Unemployment or job loss** due to discrimination
- **Reduced productivity**
- **Poverty and financial strain**
- **Limited access to opportunities** (education, housing, etc.)

## The Role of Health Educators and Community Stakeholders in Community Health Education

Community health education is most effective when driven by two synergistic forces: the technical expertise of trained health educators and the sociocultural influence of community stakeholders. Together, these actors form the foundation of sustainable health promotion in communities—particularly in resource-limited settings like Nigeria, where cultural norms, low health literacy, and limited access to care persistently hinder the uptake of evidence-based health practices (Gureje et al., 2024).

### 1. Health Educators: Professionals in Behavioral Change

Health educators are public health professionals who apply behavioral science, communication theory, and epidemiological data to promote health-enhancing behaviors. Their central responsibilities include: Conducting community health needs assessments, Designing and implementing educational interventions, Tailoring messages to fit cultural and social contexts, and Monitoring and evaluating program outcomes. Health educators are not merely disseminators of health facts; they act as facilitators of behavioral change and mediators of trust between the formal health system and the population. In Nigeria, health educators have been instrumental in public health campaigns such as polio immunization drives, maternal health promotion, and most recently, in COVID-19 vaccine literacy (Obimakinde et al., 2023).

### 2. Community Stakeholders: Catalysts for Cultural Legitimacy

Community stakeholders refer to influential figures and organizations within a local setting—such as religious leaders, traditional rulers, school authorities, women’s associations, youth groups, and local NGOs—who wield considerable influence over community norms and practices. where health decisions are often communal rather than individual, the role of these stakeholders is critical

### 3. Collaborative Engagement: A Model for Sustainability

The most impactful community health education models are those that foster collaborative partnerships between educators and stakeholders throughout the life cycle of a health program—from problem identification to intervention design and implementation. Co-

production and participatory approaches ensure: Community ownership of health programs, Accurate reflection of lived realities, and Better sustainability and impact of interventions over time (Atilola et al., 2023).

One such example is the use of community dialogue models during the roll-out of HIV education in southwestern Nigeria, which showed increased knowledge retention and behavioural intention when both professionals and stakeholders co-facilitated sessions (Adeosun et al., 2022).

### **Adaptive Approaches to Mental Health Education in Nigeria**

Addressing mental health stigma in Nigeria requires the adoption of adaptive and culturally grounded educational strategies that align with the socio-cultural, linguistic, and institutional realities of the population. These approaches are critical for increasing public acceptance of mental health care, improving mental health literacy, and ensuring inclusive, sustainable impact. Adaptive strategies work by engaging existing community structures, leveraging trusted local institutions, and incorporating evolving technologies to deliver meaningful health communication (Obielodan et al., 2023; Gureje et al., 2024).

#### **1. Use of Culturally-Sensitive Messaging and Indigenous Languages**

A culturally sensitive approach to mental health education involves designing messages that resonate with the community's values, belief systems, and linguistic practices. In many parts of Nigeria, mental illness is perceived not through biomedical lenses but rather as a spiritual affliction, a moral failing, or a manifestation of supernatural forces. This cultural framing often contributes to stigma and delays in seeking medical intervention (Atilola et al., 2023). To counter these perceptions, mental health communication must be intentionally adapted to the cultural context in the following ways:

- Using indigenous languages to improve understanding, especially in rural areas where English or standard medical terminology may not be accessible.
- Avoiding stigmatizing language or clinical terms that evoke fear or alienation, such as madness or insanity.
- Incorporating culturally familiar metaphors and symbols that emphasize restoration, social inclusion, and spiritual healing, thereby reducing fear and promoting empathy.

Thus, culturally-sensitive mental health education, when delivered through familiar linguistic and cultural formats, has demonstrated the potential to dismantle entrenched stigma, improve knowledge, and encourage timely help-seeking behaviour (Adeosun et al., 2024).

#### **2. Integration of Mental Health into Existing Community Health Programs**

Rather than creating separate mental health campaigns, adaptive education integrates mental health awareness into existing maternal health, adolescent health, HIV/AIDS, and primary care programs. This strategy normalizes mental health discussions and reduces stigma by associating it with general well-being (WHO, 2022; Adepoju et al., 2023). For instance, the Lagos State Ministry of Health incorporated depression screening into routine antenatal care. Coupled with targeted psycho education, this led to increased referrals and reduced postpartum depression cases (Obimakinde et al., 2023). Such integration ensures cost-effectiveness and system-wide adoption, particularly in under-resourced health systems.

#### **3 School- and Faith-Based Interventions.**

**School-Based Mental Health Literacy Programs :** Schools provide a unique opportunity to target young people during formative years, equipping them with the knowledge, skills, and attitudes necessary to recognize mental health challenges and seek appropriate support. Recent studies emphasize the impact of school-based mental health literacy curricula that focus on:

- Building coping skills to manage stress and emotional challenges,
- Fostering positive help-seeking attitudes by normalizing mental health discussions,

- Encouraging peer support mechanisms that create safe spaces for dialogue (Atilola et al., 2023).

-Faith-Based Mental Health Interventions : In Nigeria, where religious faith shapes much of social life, faith-based interventions hold immense potential for stigma reduction. Clergy and religious leaders are often the first point of contact for individuals experiencing mental distress, making them key agents in reshaping harmful spiritual narratives.

- Training clergy and faith leaders in basic mental health literacy enables them to distinguish between spiritual issues and treatable mental disorders, thereby reducing the conflation of mental illness with sin, witchcraft, or demonic possession (Adeosun et al., 2023).
- Integrating mental health education into sermons, counselling, and faith teachings helps reframe mental illness within narratives of compassion, healing, and support.

#### **4. Leveraging Media, ICT, and Storytelling for Stigma Reduction**

The rapid expansion of digital technologies and mass media in Nigeria has opened unprecedented avenues for mental health education and stigma reduction. These tools provide scalable, cost-effective, and culturally adaptable platforms to reach diverse populations across urban and rural settings. Social Media and Digital Platforms: Social media platforms—such as WhatsApp, Facebook, Instagram, and TikTok—have become integral to daily life for millions of Nigerians, especially youth and young adults. These platforms are systems to:

- Disseminate short, engaging mental health messages, animations, and testimonies that humanize mental illness and dispel myths,
- Facilitate peer-to-peer support groups and mental health advocacy campaigns,
- Promote interactive content, such as quizzes and live Q&A sessions with mental health professionals (Adebayo & Musa, 2023).

#### **5. Community Radio and Television**

In rural and underserved areas where internet penetration is limited, community radio and local television programs broadcast in indigenous languages serve as powerful tools for mental health education. Dialogue-based programs encourage listener participation, enabling direct engagement with mental health topics, challenging stereotypes, and normalizing mental health conversations.

#### **7. Storytelling and Personal Narratives**

Narrative-based interventions—through documentaries, theatre performances, blogs, and podcasts—humanize the experience of mental illness, making abstract conditions tangible and relatable. Storytelling:

- Provides platforms for people with lived experience to share recovery journeys,
- Fosters emotional connection and understanding, which reduces fear and prejudice,
- Encourages societal dialogue and shifts public attitudes towards inclusivity and support.

Community theatre groups in southwestern Nigeria have used storytelling as part of mental health outreach, producing significant attitudinal shifts and increasing community participation in mental health initiatives (Obielodan et al., 2023).

#### **Benefits of Adaptive Community Health Education**

Adaptive Community Health Education refers to flexible, culturally sensitive, and context-specific health education approaches that respond to the changing needs of communities (Nutbeam & Muscat, 2021). According to the authors, its benefits are especially important in addressing complex public health issues like mental health stigma, infectious diseases, and lifestyle-related conditions. The benefits are as follows according to Nutbeam et al., (2021).

### **1. Improves Health Awareness and Knowledge**

Adaptive approaches tailor messages to the literacy level, language, and beliefs of the community. This makes health information easier to understand and more relevant, leading to better awareness and informed decision-making.

### **2. Enhances Behavior Change**

By aligning health education with local values and realities, people are more likely to adopt positive behaviors such as seeking medical care, practicing hygiene, or maintaining healthy lifestyles.

### **3. Reduces Health Inequalities**

Different groups have different needs. Adaptive education ensures marginalized or vulnerable populations (e.g., rural dwellers, low-income groups) receive appropriate and accessible health information, helping to bridge health gaps.

### **4. Promotes Community Participation**

It encourages active involvement of community members, leaders, and stakeholders. This participatory approach builds trust and increases acceptance of health interventions.

### **5. Addresses Cultural Beliefs and Misconceptions**

Adaptive strategies consider cultural norms and myths, making it easier to correct misconceptions (e.g., beliefs about mental illness or infectious diseases) without offending the community.

### **6. Increases Effectiveness of Health Programs**

Programs designed with flexibility can be adjusted based on feedback and changing conditions, making them more efficient and impactful over time.

### **7. Strengthens Resilience to Health Challenges**

Communities become better equipped to respond to emerging health issues such as outbreaks or environmental changes because they are continuously learning and adapting.

### **8. Supports Mental Health and Reduces Stigma**

Adaptive education promotes open dialogue, awareness, and empathy, which helps reduce stigma and discrimination—especially in areas like mental health.

### **9. Encourages Use of Health Services**

When education is relatable and trusted, people are more likely to utilize healthcare services such as immunization, antenatal care, and counseling.

### **10. Facilitates Sustainable Development**

By empowering communities with relevant knowledge and skills, adaptive health education contributes to long-term improvements in health and overall quality of life.

### **Challenges to Implementation**

Implementing adaptive community health education to combat mental health stigma in Nigeria faces multiple structural, cultural, and systemic challenges. These barriers limit the effectiveness, reach, and sustainability of such interventions (Ibrahim, et al., 2023). The author outlines the following key challenges

#### **1. Deep-Rooted Cultural Beliefs and Misconceptions**

Many communities in Nigeria associate mental illness with witchcraft, spiritual attacks, or moral failure, rather than medical conditions.

- This makes adaptive education difficult because messages may conflict with long-held beliefs.
- Community members may prefer traditional or religious healing over formal health education.

#### **2. Persistent Stigma and Social Discrimination**

Stigma itself is one of the biggest obstacles to intervention.

- People fear being labeled “mad” or socially excluded.

- Individuals often avoid or delay seeking help, reducing the impact of education programs.
- Even educated groups (e.g., students) still exhibit stigmatizing attitudes.

#### **Low Level of Mental Health Literacy**

There is widespread lack of awareness and understanding of mental health issues.

- Mental health is not adequately integrated into school curricula or community education.
- Misinterpretation of symptoms leads to poor acceptance of health education messages.

#### **5. Inadequate Funding and Resources**

Mental health receives very low budget allocation in Nigeria.

- Community-based programs are underfunded or nonexistent.
- Lack of materials, logistics, and media support limits implementation.

#### **6. Weak Policy Implementation and Governance**

Although policies exist (e.g., Mental Health Act), implementation is poor.

- Bureaucratic delays and lack of political will hinder execution.
- No strong monitoring systems for community education programs.

#### **7. Limited Access to Health Services (Urban–Rural Gap)**

Adaptive education requires accessible services – but:

- Mental health facilities are concentrated in urban areas.
- Rural communities lack access, reducing the practical impact of awareness efforts.

#### **8. Financial Barriers and Poverty**

Economic challenges affect both providers and beneficiaries.

- High cost of treatment discourages behavior change even after education.
- Communities may prioritize basic needs over mental health concerns.

#### **9. Language and Cultural Diversity**

Nigeria's linguistic and cultural diversity complicates adaptive approaches.

- Over 500 languages make message standardization difficult.
- One-size-fits-all strategies fail to address local realities.

#### **10. Poor Community Engagement and Trust Issues**

Some communities distrust formal health systems.

- Preference for informal care (family, religious leaders).
- Lack of collaboration between health educators and community gatekeepers reduces acceptance.

#### **11. Inadequate Monitoring and Evaluation Systems**

Adaptive approaches require continuous feedback, but:

- Data systems are weak or absent.
- Difficult to measure effectiveness and adjust interventions accordingly.

#### **9. Conclusion**

This study concludes that combating mental health stigma in Nigeria requires a shift from rigid, one-size-fits-all strategies to adaptive, culturally relevant community health education approaches. By combining education, community engagement, policy support, and digital innovation, Nigeria can foster a more inclusive society where mental health is openly discussed and properly managed.

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