

2.16. Individuals with disabilities, especially mental health illness

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The Discrimination Against Persons with Disabilities (Prohibition) Act 2018⁷⁵¹ prohibits disability-based discrimination and imposes penalties including fines and prison sentences for violations.⁷⁵² However, its enforcement is weak, driven by limited public awareness.⁷⁵³ As of July 2025, 23 out of 36 states have enacted their own disability laws.⁷⁵⁴ Persons with disabilities, especially those in rural⁷⁵⁵ or conflict-affected areas,⁷⁵⁶ face significant marginalisation, with limited access to essential services like education, health, employment and transportation, compounded by stigma and discrimination.⁷⁵⁷ Women and girls with disabilities face discrimination in accessing health –including sexual, reproductive health and maternal health–⁷⁵⁸ and education.⁷⁵⁹ They are at higher risk of gender-based violence,⁷⁶⁰ and encounter significant barriers to justice due to stigma, poverty and inaccessible services.⁷⁶¹

For more information on access to healthcare systems, including for specific profiles, see [Healthcare](#). For information regarding access and availability of medical treatment, see [EUAA Medical Country of Origin Information \(MedCOI\) Report: Nigeria, April 2022](#).

In January 2023, the National Mental Health Act 2021 ⁷⁶² passed into law, replacing the 1958 Lunacy Act. ⁷⁶³ The new law introduces certain safeguards for individuals with mental health conditions, such as granting them the ability to take part in decisions about their treatment.⁷⁶⁴ It also prohibits the use of chains on individuals with mental health issues and seeks to enhance access to care by expanding services available within communities. However, the law still allows involuntary treatment and other coercive practices, including physical restraints and isolation.⁷⁶⁵

Nigeria is currently facing a ‘mental health crisis’⁷⁶⁶ due to a lack of access to mental healthcare services, exacerbated by factors like social stigma, inadequate infrastructure, and a shortage of mental health professionals.⁷⁶⁷ Mental health system in the country remains under-resourced.⁷⁶⁸ Despite a population of over 200 million, Nigeria has around 150 psychiatrists,⁷⁶⁹ with many considering or actively planning to emigrate due to poor working conditions, low income, limited career prospects, and societal stigma surrounding mental health.⁷⁷⁰ In addition, there is a shortage of neurologists, with many newly trained professionals leaving to work abroad. There are approximately five psychiatric nurses per 100 000 people, and even fewer other mental and neurological health professionals, such as clinical psychologists, social workers, neuro-physiotherapists, and occupational therapists.⁷⁷¹ Infrastructures for mental health patients are inadequate, struggling to cope with increasing demand and chronic underfunding.⁷⁷²

In response to limited access, digital health platforms are emerging as lifelines. Initiatives like Awadoc, MindMentor, Mentally Aware Nigeria Initiative (MANI), and She Writes Woman⁷⁷³ provide virtual therapy, peer support, and mental health education. However, challenges such as poor internet access, high data costs, and the lack of national policy integration limit their reach, particularly in underserved communities.⁷⁷⁴

Prevailing stigma associated with mental illness⁷⁷⁵ prevent individuals from seeking treatment.⁷⁷⁶ People with mental health conditions are often targeted by mobs ‘that use their disabilities to make false accusations against victims and to justify lynching them’.⁷⁷⁷ The Advocacy for Alleged Witches (AfAW)⁷⁷⁸ raised alarm about the frequent accusation of witchcraft or demonic possession against people with mental illness. When accused of such acts, people with mental health challenges are often ‘shunned, beaten, tortured, or killed.’⁷⁷⁹ See [2.17. Individuals accused of witchcraft for more information.](#)

Furthermore, a 2024 study on stigma and healthcare in Nigeria found that the widespread stigma associated with mental illness contributes significantly to the underreporting of cases and the chronic underfunding of mental health services. Misconceptions and cultural myths about mental disorders further fuel rising rates of suicide, substance abuse, and long-term psychiatric conditions across the country.⁷⁸⁰

Trafficking victims in Nigeria face severe psychosocial impacts, but support services are limited and often overlooked in reintegration programs.⁷⁸¹ For more information see [2.2.7. Return and long-term reintegration of victims of trafficking.](#)

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