

2.16. Individuals with disabilities, especially mental health illness

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The Discrimination Against Persons with Disabilities (Prohibition) Act 2018[751] 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 rural[755] 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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