



Neurodivergent in Our Society, Nigeria

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Abstract

Neurodivergent is a social classification comparatively as in gender, ethnicity, socioeconomic class, sexual orientation, or disability. This happens when a difference in performance or cognition of the brain occurs, used to describe the uniqueness in people's brain, which can be in terms of social preference. The distinctiveness is revealed through special ways of learning, communicating and/or ways of perceiving the environment. Globally, in every 7 individuals, there is 1 person who has neurodivergent condition for example, TS (Tourette syndrome), Autistic Spectrum, ADHD (Attention Deficit Hyperactive Disorder) etc. Sadly, people assume people diagnosed with mental health and neurodivergent are the same, this created the rationale for this research. Many Nigerians live undiagnosed, some are diagnosed but live without treatment, some receive one off treatment but cannot afford to continue with follow up treatments especially therapy sessions, some receive wrong treatment, some die unnecessary death or killed, and some end up in prison because their brain functions differently as neurodivergent. This paper considered mental health in Nigeria, Nigeria health care system, culture, education, political influence, and lack of awareness of neurodivergent in our communities. Secondary data from 4 case studies were used, which revealed lack of awareness of neurodivergent population, their struggle and how they cope in Nigeria. Paper revealed lack of expertise in identifying young children who have neurodivergent from pre-school



ages to access specialist health care system and avoid deterioration of functioning of their brain into adulthood. The Paper concluded that increase in humanitarian actors, NGOs (non-governmental organizations), CSO (civil society organizations), private sectors etc. have not impacted in making Nigerians aware of neurodivergent population in the communities and how to relate with them. It provided recommendation including collaboration of all types of treatments incorporating joint work with health system, native doctors, spiritualist, judicial system, education, family, and the humanitarian actors/NGOs.

Keywords: *Neurodivergent, Mental Health, Autistic Spectrum, Neurotypical, Society, Nigeria*

Introduction

Individuals are created equally with developing and functioning brains, however no two brains function the same way. When individual brains work individually, contrary from average to neurotypical, this is referred Neurodivergent. People are formed uniquely with social differences, preferences, struggles, and develop difficulties right through their developmental milestones from cradle up to grave. However, it must be recognized that each person has inherent unique strengths.

Australian, Sociologist Singer (1998) coined Neurodivergent, she made known the differences in neurology and the need to identify and recognize it as a social classification. This is likened to other known classifications including gender, disability, sexual orientation, ethnicity, or socio-economic class. Singer revealed "from each according to their ability; and to each according to their need", must be recognized, although she pointed out that it may not be achieved but necessary and ideal to work towards identification (Singer 1999).

In 2022, Cleveland Clinic disclosed that neurodivergent is not a medical expression, but a word used to describe people on how their mentality works. Arguably there is no single or agreed definition of 'normal' that is, on how the brain of human beings works.

Neurodiversity is a movement that upholds fairness, inclusion and there is no right or wrong way to behave, think or learn when to interact and experience their environment and the world (Baumer and Frueh 2021). It is refreshing to see researchers, scholars, clinicians, and the community's readiness to accept, embrace, and acknowledge uniqueness, structure, and performance of individual brains. This has



encouraged people with developmental disorders, such as those with ADHD (attention deficit hyperactive disorder), dyslexia – autism etc. to seek each other out and encourage each other because they are not 'odd' or 'different' but their brains are structured uniquely.

Neurodivergent is none treatable nor cured but could be managed through different therapy options, behavioral treatments, and medication to promote wellbeing and quality of life. Understandably, they have strength and challenges. About 15 to 20% of the world population is described by Doyle (2020) to exhibit the condition, which he portrayed as human experiences and complexities of life in relation to work, school and social relationships through environment and inherited genes.

This paper used secondary data from existing case studies of neurodivergent families and a special need UK based teacher. Case studies were randomly selected across the nation. Explanatory Theory was used to analyze and understand complexities of identified case studies. It revealed lack of knowledge and understanding of neurodiversity in our society, and level of loneliness and unacceptance felt by this population in Nigeria. Paper provided a conclusion and recommendation on how Nigeria can embrace, support, and manage neurodivergent in our society through collaboration of concerned agencies including health agencies, native doctors, spiritualist, judicial system, education, family, and the humanitarian actors/NGOs.

Conceptual Clarification

Neurodivergent:

When a person or child exhibits a typical growth behavior due to the functioning of their mind or on autistic continuum – when their intelligence functions differently to an average person or a neurotypical is called neurodivergent. It is a social model that recognizes strength rather than pathologizing weaknesses of affected population such as autism, dyslexia etc. They have unique strengths, for example ability to solve complex mathematical calculations, medical disorders e.g., Down Syndrome, ADHD and learning disability and difficulties.

Mental Health:

This is the primary foundation of wellbeing, quality of life and dignity. The ability individuals cope with structural stressors of life through their



survival skills to understand and navigate the interface between physical, social, economic, vulnerabilities with an outcome that can put self or others at risk. According to WHO (2022) Mental Health is a fundamental human right integral to social, personal, economic, and personal development, with a direct link to the ability to make informed decisions, make and keep relationships in everyday life. Mental health has a broad continuum and affects people differently. There are different types of mental health disorders such as: psychotic - schizophrenia; anxiety - phobias, paranoia, bipolar etc.

Four distinct markers can be used to understand Mental Health continuum:

1. Health (normal functioning) – self-confidence, physical and socially active
2. Reacting – irritable, impatient, nervous, sad, procrastination
3. Injured (significant functional impairment_ - anger, anxiety, avoidance, feeling worthless, tearful
4. Ill (clinical disorder) – suicidal thoughts, depressed moods, panic attacks

1 and 2 can be managed through social support and self-care.

3 and 4 can be treated and managed by professional care.

Autism Spectrum

Autism is a condition related to brain growth that impacts on how a person perceives and socializes causing difficulties in their social engagements and connections. There are different types of autism, for example, Down Syndrome, ADHD, dyslexia etc. a person on the autistic spectrum can be referred to as neurodivergent. The National Autistic Society revealed that 1 in 100 people are diagnosed with autism; and challenges experienced by neurodivergent population include extreme anxiety, highly focused interests, over or under sensitivity to light, sound and touch, impaired social communication, and interaction, they have repetitive and restrictive behavior, and experience typical meltdowns and shutdowns. In society like Nigeria, an autistic person is mostly kept away from visitors, kept in the shadow of the family and this eventually leads to mental health. Care givers and family must learn the care and support required to manage individual challenges presented.



Neurotypical

This is where individual or a child is undiagnosed to have learning disability or difficulties and/or mental health. They have normal brain development and functioning.

Rationale of Study

Bearing in mind Nigeria is still in the age where people who have mental health diagnosis are labeled and ostracized, what then is the faith of neurodivergent people in the community? There are few papers, research, and scholarly work on neurodivergent in Nigeria and this makes it necessary to have this paper add to information on the topic. Few people who have lived in the 'dark' with neurodivergent condition, who have found people with similar brain functioning on the social media, have recently started to come together, share their experiences from their childhood to adulthood. This has granted them inclusion, belonging and self-worth.

This paper hopes to put a stir into the research community for further study. It is important as a nation to have statistics on neurodivergent population that will assist the government, policy makers and funds allocation to support neurodivergent special educational, social, and economic needs that will facilitate their development and achievement in life.

Research Questions

- I. Why is Nigeria still in the age where some disabilities including autism, and mental health are taboo and stigmatized; and the level of awareness, treatment and management of neurodivergent is negligible?

Research Objective

- I. This paper used literatures, research, and case studies to understand neurodivergent in Nigeria through explanation of Nigerian culture, education, health, and political influence.

Methodology

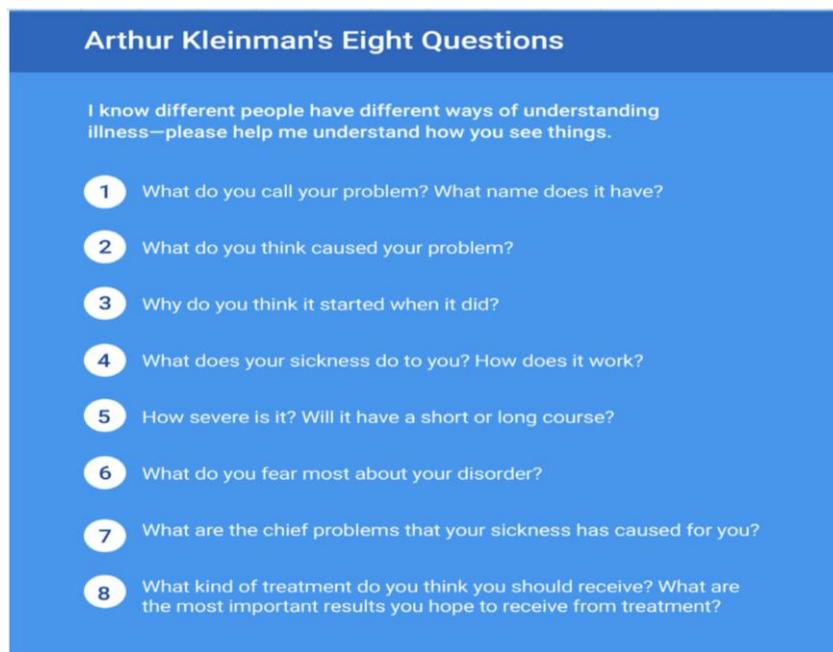
Paper utilized secondary data from existing case study of neurodivergent families and a UK based special need teacher. Four families were randomly selected across Nigeria, and it incorporates

literature reviews, and online searches. After intense research a gap in statistics of neurodivergent population in Nigeria was identified; like lack of awareness in managing mental health illness in Nigeria. Due to shortage of data and robust information on neurodivergent in Nigeria created a limitation to the paper. Hence, recommendation for further research on the topic.

Theoretical Framework

Explanatory Theory: According to Collins Dictionary, Explanatory Theories intend people to understand issues or circumstances through description or by providing reasons for it. This theory was first proposed by Arthur Kleinman, through development of 8 questions (Fig 1) used to analyze and make clear complex events and situations. For this paper, it was used to identify neurodivergent population - people on the autistic spectrum with their strength e.g., social preferences, communication styles etc. instead of pathologizing their weaknesses.

Figure 1: Arthur Kleinman's Eight Questions



Source: Kleinman et al., 1978



According to Davidoff (2019), this approach involves:

- I. Basic explanations
- II. New meaning to complex/confusing facts
- III. Separating out individual components

Mental Health in Nigeria

WHO (World Health Organization) described mental health "a state of well-being in which the individual realizes his or her own abilities, cope with the normal stresses of life, work productively and fruitfully, and able to make a contribution to his or her community" (WHO 2014). Mental health is a global issue, but in Africa it is more significant, UNICEF (2022) revealed 1 in 4 children in Africa live with a parent with mental health condition, which brings it to about 37 million adolescents of ages between 10 to 19 years live with a mental health disorder. Majority of people in Nigeria identify people who have mental disorder to be possessed by evil spirit or punishment from gods, linked to supernatural causes rather than clinical problems (Onyeji (2020). In 2019, a survey was completed across Nigeria in all the senatorial districts, including Abuja, about 55% of the respondents from the rural areas see people with mental health condition possessed by evil spirit (Onyeji 2020).

WHO estimates that worldwide, 450 million people have a mental disorder and 25% of the population will suffer from mental illness at some times in their lives. According to Chaplin and Lewis (2023) Nigeria has between 25 to 30% of people who has mental illness diagnosis. Sadly, we still find many Nigerians classify mental health patients 'mad person' – a stereotypical degrading labelling. Okafor et al. (2022) in their paper concluded that due to lack of apt understanding, knowledge, and traditional beliefs affected attitude, perception, and mindset of majority of Nigerians toward management of mental health. Conversely mental health problems can start either from acquired brain injury, brain disorder, drug abuse, and substance addictions.

Outcome of Africa Polling Institute and EpiAFRIC survey on mental health in Nigeria, 2019 demonstrated how shallow awareness and management of mental health is in Nigeria. Survey accounted that majority of the respondents acknowledged that mental health population are demand possessed, a spiritual condition, or they have brain disease or drug abuser. Most Nigerians go to churches, mosques,

herbalists, and traditional doctors for medical intervention instead of clinical management.

WHO's Mental Health Action Plan 2013 - 2030 upholds promotion of mental health and wellness for all and to prevent mental health disease or breakdown for people at risk. To achieve this the action plan has four major objectives: effective leadership; knowledgeable governance of mental health; incorporation of community based mental health and social care; application of policies for promotion and prevention, reinforced information system, evidence, and research. Considering the after effect of recent Ebola pandemic and COVID19, Nigeria is on the right track, however considering the awareness and clinical management of mental health disease there is a huge gap and cause for concern to the Federal Government.

Understandable, with current population in Nigeria and unreliable statistics of diagnosed, those receiving treatment (right/wrong treatment) at-risk population, and combination of reoccurring natural and human-made disasters for example, floods, food crisis, insecurity, corruption etc. the WHO 2013 to 2030 Mental Health Action, Nigeria is still a work in progress to achieve the set objectives.

Ministry of Health Nigeria

This ministry is responsible for the design and application of Nigeria's health related guidelines, regulated by the Federal Government. It is a large organization that encompasses different departments for example Public Health (surveillance, implementation, and control of diseases); Maternity, Neonatal and Child Health; Planning and Research; Food and Drug Services etc. According to the Nigeria Health Facility Registry, there are about 38,681 functioning hospitals and clinics in Nigeria jointly owned by government and private sector.

Nigeria is ranked 157th in the 2023 edition of world best health system (Statista 2023). This attests to limited funds, mismatched ratio of psychiatrist and patients, medical doctor's poor remuneration, reoccurring doctors' strikes and doctors migrating to greener pastures. A representative of Akin Ogunbiyi Foundation in Osun State, Nigeria during the 2023 World Mental Health Day revealed that Nigeria has eight neuropsychiatric hospitals, this highlighted the gap considering population size of Nigeria and staggering number of mental health and neurodivergent patients (Oyebade 2019). Although, WHO acknowledged Nigeria's unexceptional improvement but, there remains significant health care disparity across the nation.



Diagnosing Mental Health, Learning Disability, Autistic Spectrum – remains a significant concern and difficult to achieve. Many Nigerians are undiagnosed or wrongly diagnosed. There are 3 Arms of Health System in Nigeria opened to patients including mental health and neurodivergent population.

Primary Health Care System – these are accessible in rural areas, every ward of local government managed by local government in collaboration with the state government and international donor. Cases are referred to secondary or tertiary – as case requires.

Secondary Health Care System – these include comprehensive health centres, general hospitals managed by state government

Tertiary Health Care System – these are federal medical centres, specialist hospital and teaching hospital.

Effective management of the different arms of health system in Nigeria is challenging, but the mental health care makes the challenge more complex especially getting the mental health services right, integration of mental health care into primary health care, policy development and legislation, financing, research, and training. Of importance, provision of special health care, managing and support required by neurodivergent population remains a concern. Khalid et al. (2020) pointed out that Nigeria with a population of over 190 million has a ration of 300 psychiatrist to 700,000 of the population, a ratio of 1:700,000. In the same vein Ugochukwu et al. (2020) pointed out that most of the psychiatrist are based in the cities and due to lack of adequate clinicians/doctors, adequate knowledge/awareness of mental health care, families are left to care and support their neurodivergent family members and people with mental health condition privately or otherwise.

This makes it urgent for the Federal Government to enable more research and statistics that will promote awareness and management strategies to policy makes within the Ministry of Health.

Culture:

Nigeria has over 200 million population (Worldometer 2023) and diverse cultures including religions, and traditions which impact on how individuals, groups and communities perceive functioning of the brain and how it affects individual behaviour from person to person. As clearly explained by Cleveland Clinic (2022), Neurodivergent is a social model used to describe functioning of the brain, but due to



diverse cultures most Nigerians view people who behave differently or whose brain functions differently as 'mad' or posed by evil spirit, to be avoided or disposed as one of the family from the case study disclosed. It is shocking in the 20th century people are still labeled 'mad, dumb, deaf, mute, crippled'. People who have mental disorder or breakdown or sensory impaired or physically impaired are labeled, including neurodivergent population. Care must be taken because it is due to the way their brain functions, they behave differently to neurotypical and require special care and support but not to be labeled or marginalized. These lead to exclusion and prevent such people to thrive and accomplish their goals in life.

Some cultures in Nigeria are barbaric, they sometimes demand mothers to end the life of neurodivergent child or keep the child in the dark, away from visitors even existence. For example, a child born with cerebral palsy, will have delay in the child's developmental milestones, abnormal posture, stiff or fluffy body and such child will require support throughout their life but not to be excluded.

Education:

Sadly, most teachers in Nigeria do not have the knowledge or experience to identify young children from early ages including pre-school, primary school ages, even secondary school, pick up signs and refer such children to the right health care specialist to prevent deterioration of mental condition. One of the case study, a UK based Nigerian, Emmanuel during his time in Lagos, Nigeria 2023, worked as a teacher trainee. He was shocked to realize level of lack of awareness surrounding dyslexia in the Education system. He revealed teaching is carried out using English textbooks without consideration of multi-diverse demographics in the nation.

Lawal (2022) illustrated consequences of lack of political will to restructure and provide sufficient funding that will retain qualified and experienced teachers in the mainstream education, and this has direct impact in identifying effective special needs schoolteachers in Nigeria. This has made Nigeria to have a challenging inclusive education system, whereby there is a huge gap in finding special need teachers. Adua (2023) succinctly demonstrated worries and sense of unfairness felt by students and graduates from the college of special education in Afijio Local Government, Oyo State, Nigeria. Students have genuine predicaments of not having experienced special need staffs (teachers/lecturers) in their classes. Likewise, these students after their struggle in their secondary and colleges, it is

another battle to find lucrative jobs with the right incentive, remuneration and adapted work environment.

Most schools and workplaces do not have the disability work environment, for example doors width to fit wheelchairs, lifts or stair lift for people with poor mobility, ear loop system for people with hearing impairment etc.

Political Influence:

There is lack of political influence in awareness, diagnosing, treatment, support and care of neurodivergent people in Nigeria. The country suffers political rivalries, competition, unfair resource allocation, struggling health care system, cultural stigma and neurodivergent are not identified at an early age as special need, insufficient knowledge and understanding of policy affects decisions made and allocation of provisions for this population, a disservice.

Findings of 4 case study – labeled as A, B, C, D

A: is a young female, for 7years of adult life she was unhappy, procrastinates and remained disturbed until she found friends of like minds through online community. With the people she met online she could express her struggles and difficulties, she felt included and abled to start a career (Solomon 2023).

B: is a young female. She had a troubled childhood; her family did not understand why she was different from others but struggled until her teenage years. B was not diagnosed until 19years (Adamu 2023). This suggests that B grew up in the shadow, hidden away not sure of her purpose.

C: A mother of three, one of the children is diagnosed cerebral palsy. C struggled, she was not supported by her family or community but took it upon herself to understand her child, know how to care and support her child. Her family advised her to dispose her neurodivergent child. She persevered, went through a bad period until she educated herself about her child's condition and decided to impact acquired knowledge to educate others and make her community aware of the reason why some children like her child are different from other children. This was how she started her NGO (Ahmed 2019).

D: this was a UK based male teacher who volunteered during the lock down to teach in Nigeria. He was surprised teachers were unaware of

dyslexia, a common condition of functioning of the brain (Emmanuel 2023).

Nigeria's ignorance of neurodivergent:

- I. Lack of literacy level, which affects awareness level e.g. in the rural areas
- II. Some cultures do not allow you to talk about a neurodivergent child
- III. Disabled children are labelled evil and ostracised, some killed
- IV. Some end up on the street as drop outs from school, robbers, kidnappers etc, as they are not accepted in the classroom because they are slow learners and they are not accepted in the community
- V. The Almgangarie community surely will have significant number of neurodivergent

Nigeria will lack behind and struggle to achieve the 4 objectives set out by WHO's Mental Health Action Plan 2013 – 2030 and the SDGs (Sustaining Development Goals).

Table below provides perusal of individual comments emotions from the 4 case studies. There are similarities in their statements: A, B and C felt isolated, not understood, depressed, anxious, etc. Healing and acceptance started when they found other people with unique behavior, and they were better understood. The mother, C was able to educate her community about special need children with different functioning of brain. The UK based teacher D was able to expose pertinent lack of awareness and comprehension amongst Nigerian teachers. A positive insight was created for the teachers in a non-judgmental approach. He was able to impact the knowledge and awareness of understanding how to identify and support special need in the classroom.



Table 1: Tabulated Responses for the Case Studies

A - 2015 to 2023	B – lives with ADHD for 19yrs	C – mother of neurodivergent	D – trainee teacher in Nigeria
Lack of motivation	Carelessness	Mentally/emotional toll – has 3 children. One has cerebral palsy	During lock down volunteered to teach
Procrastination and deadlines	Unruly	People do not care	Teachers in the school he taught lacked knowledge and expertise to recognize a child with dyslexia
Rejection and sensitivity	Unorganized	People are not aware of autism – they see it as a bad omen	Nigeria teaches in English with multi - diverse demography (culture, language, faith etc.) some children are slow learner – different brain functioning

Time blindness and forgetfulness	'Pissed off' - angry	People do not show empathy	
Depression and anxiety	No one will marry her	Went through difficult time	
Friends are online community	Diagnosed at 19yrs	Anxiety /Depression	
2023 – year of growth	Older – calmer and more coordinated	Advised to kill her neurodivergent child	
Acceptance	Neurodivergent is an abominable topic in her house	Has NGO to promote awareness	
Career pathway			

Source: Author

Conclusion

Neurodivergent is a major concern in Nigeria and the Federal Government, and its policy makers cannot afford to leave it without effective management. Too many Nigerians have been failed owing to lack of operational special need education system, lack of early diagnosis and treatment, and appropriate support for family caring for neurodivergent. Federal/State Government, NGOs, CSO, humanitarian benefactors and private sectors need to come together and bring to focus awareness, diagnosis, treatment and managing neurodivergence especially from the grassroots, villages and remote places. Through holistic corroboration and collaborative work between the 3 arms of health care system, Police, Judicial, churches, mosques, herbalists, traditional doctors, and Ministry of Health. This will enable early diagnosis, treatment, and reduction of criminalizing neurodivergent.



Recommendations

- I. Awareness of the condition cannot be over emphasized, communities from the grassroots must be provided the knowledge and understanding of how people brain function differently. This was concurred by Okafor et al. (2022) that rural women will gain expertise through intervention of NGOs, CSO, humanitarian actors etc. by upholding community-based approach to impact recognizing, seeking right treatment and managing the condition, and offer support to the patients and family.
- II. Political interest must be stirred up to facilitate the Federal Government to gain speed in improving the health care system in relation to the neurodivergent in our society.
- III. Cultural labelling and stigmatization must stop to promote an inclusive society.
- IV. Reformation and implementation of the health system for a better, accessible, and affordable mental health and neurodivergent services for the mental well-being of the populace.
- V. Families in the rural areas including educated families still prefer to take their neurodivergent children/family to the religious and traditional people for treatments. Hence joint work with religious, traditional institutions and Ministry of Health will help improve knowledge and awareness.
- VI. Teachers at all levels from pre-school to tertiary must have knowledge and awareness in identifying children and adult who may have mental health or neurodivergent for referral to appropriate agency.
- VII. Education curriculum must include special need that will facilitate a positive learning environment for neurodivergent and disabled students.
- VIII. Early diagnosis is required to avoid children to suffer and struggle from childhood into adulthood without formal diagnosis.
- IX. Police and judicial system must also have formal training in identifying mental health and neurodivergent in communities to enable appropriate care and support while in custody or sentencing.
- X. Federal Government must consider scholarships and grants to neurodivergent and mental health people for their health and educational needs.
- XI. Discrimination against Persons with Disabilities Act must be monitored, and penalty upheld if contravened because neurodivergent and other people with disability have to make

extra effort to maintain quality of life and wellbeing, they suffer stigmatization, discrimination and all form of difficulties

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