



Mental Health Crises in Nigeria: The Urgent Need for Mental Health Education in Secondary Schools

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Abstract

Education is the foundation and instrument for social change in any society. There is no nation that can grow when the mental health of the citizen is in crisis hence there is a need for improvement in the nation's mental development. With one in four Nigerians suffering from mental illness according to World Health Organization, 15th in the world on the frequency of suicide and Africa's highest caseload of depression; there is need for total overhaul in the country's medical and mental health care in order to arrest this problem now before the country loses its younger generation to mental disorders. The situation of Nigerian mental health system is also becoming worrisome as her policy is more focused on the "traditional health system" than qualitative social-emotional development. This explains the reasons her mental health system is still a national discourse with undoubtedly a number of significant impediments in the last decade as it continues to struggle with implementation and assurance of quality mental health policy. This paper therefore x-rayed the need for education in dealing with mental health issues from the cradle of adolescence which is secondary schools given that the emergence of mental illness is more common among younger people who are presumed to be in that category of educational feat using secondary sources of data and scholar's views to highlight why mental health education need to start from secondary schools. It was recommended among others for a total overhaul of the educational curriculum that will provide mind developing contents which will handle the mental health issues in schools.

Key words: Education, Mental health, Secondary school, Mental illness, Students

Introduction

Nigeria, Africa's most populated country, is having a mental crisis just like other developing nations who are falling prey to mental health traps. This is because developing nations like Nigeria spend too little, sometimes nothing on mental healthcare as a result, the nation's population suffers because of it. Mental health care in Nigeria is also not an exception with poor management, under funding and out dated method of handling mental illnesses. With a population of about 200 million, it is estimated that as much as 40 percent of Nigerians suffer from a mental illness (WHO, 2016). This is supported by a report from the Centre for disease

control in 2018 that more than 55 million people are dealing with mental illness with little or no help. Amongst these numbers, fewer than 10 percent of those battling mental illness have access to mental healthcare; with the access limited to cities leaving the rural areas without resources for psychiatric care (Onyemelukwe, 2016). Since most of its population live in rural areas with no access to mental healthcare, they resorted to self- medication, self-diagnosis, misunderstanding and denial of their symptoms (Suleiman, 2016). It's quite a pity that many of those without help are children and adolescents however going by the current Covid-19 pandemic in the country, it has now become so urgent to address this issue because the assumed increasing number of mental illness has added to the already overwhelming numbers.

Mental health illnesses are not uncommon with the global burden projected at 15 percent by the year 2020. By this time, it is expected that common mental illnesses such as depression, anxiety and substance abuse-related disorders will destroy more people than complications arising from AIDS, heart diseases, wars and accidents combined together. This is an astonishing statistic and poses serious questions to why mental health illness are not given much more attention that it currently receives (Suleiman, 2016). The attention given to mental health illnesses in Nigeria is at best fleeting; and the level of awareness of the Nigerian public on mental health issues indisputably poor with the conceptions surrounding mental health flourishing. The 2006 WHO-AIMS report on the mental health system in Nigeria revealed that there is considerable neglect of mental health issues in the country. With this damning statistics and spike in recent suicide episodes recorded in different part of Nigeria, it forces a re-think on the general attitudes to mental health and questions the current status quo.

Mental health

Mental health refers to cognitive, behavioral and emotional well-being (APA, 2020). According to American Psychiatric Association, it is the foundation for emotions, thinking, communication, learning, resilience and self-esteem. It is sometimes used as a connotation to mean the absence of a mental disorder or illness. It is a state of well-being in which an individual realizes their own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to their community (WHO, 2016). Mental health is more than the absence of mental illness, disorder or disabilities, avoiding active conditions, but looking after on-going wellness and happiness. Mental health can affect daily living, academics, relationships and physical health. Everyone has a risk of developing a mental illness regardless of their age, gender, income or ethnicity. It is important to note that good mental health depends on a delicate balance of factors with several elements of life and the world at large working together (APA, 2016).

Mental illness also refers to a wide range of mental health conditions-disorders that affect mood, thinking and behavior (APA,2016). Many people have mental health concerns from time to time however, a mental health concern becomes a mental illness when ongoing signs and symptoms cause frequent stress and affect one's ability to function. According to the Diagnostic and statistical manual of mental disorder (DSM V,), signs and symptoms of mental illness can vary depending on the illness, circumstances, and other factors affecting emotions, thoughts and

behaviors. They include: feeling sad, been down casted, poor positive mindset, poor concentration, excessive fears or worries, extreme feelings of guilt, extreme mood changes, withdrawal from friends, low energy, sleeping problems, hallucinations, delusions, inability to cope with daily problems or stress, excessive anger, suicidal thinking among others. Sometimes these symptoms may appear as physical problems however mental illness don't improve on their own and if untreated, may get worse over time and cause serious problems.

Although the exact cause of mental illness is not known, research has shown that many of these conditions are caused by a combination of biological, psychological and environmental factors (Hyman, 2000). Mental illness sometimes run in families, suggesting that people who have a family member with a mental illness may likely develop one themselves. Susceptibility is passed on in families through genes. However, experts believe mental illness is linked to abnormalities in many genes rather than just one and these genes interact with the environment which is why a person inherits susceptibility to a mental illness and doesn't necessarily develop the illness. Certain infections have been linked to development of mental illness for example, pediatric autoimmune neuropsychiatric disorder (PANDA) associated with streptococcus bacteria has been linked to the development of obsessive-compulsive disorder (Mbamalu, 2019). Defects or injury to certain areas of the brain have been also linked to some mental illness (Suleiman, 2016). Other factors include, prenatal damage, substance abuse, poor nutrition, exposure to toxins, severe psychological trauma, loss of loved one, death, divorce, social, cultural expectations among others.

The factors contributing to the increased prevalence of emotional and behavioral disorder among young people are multiple and complex accounting for the long-term trend of increased prevalence over the past 20 years; other factors explain the sharp rise in admissions observed since 2010. According to Collishaw (2012), if adolescents have been experiencing more stress, there is enough evidence to suggest that it could be related to rising trends in mental health problems too. Considering the factors that may have increased the stresses that students face can therefore help to understand the increased prevalence of mental ill-health among them. They includes but not limited to:

- Parental mental ill health and socio-economic disadvantage- While mental ill-health can affect students across socio-economic groups, prevalence is weighted disproportionately towards those in the poorest households (Hyman, 2000). They are three times more likely to develop mental health condition than those growing in better off homes (Green et al, 2005). This is partly because stressful and unprecedented negative life events occur more often to students in low socio-economic status. Most often, students are negatively affected by parents who experience mental ill-health given that parental depression and anxiety is considered the best established risk factor for development of emotional problems in children and young people (Gardner et al, 2012), it's no surprise that the current high levels adult mental ill-health is occurring alongside those of secondary school students.
- Poverty- According to Kofi Annan, former Secretary- General of United Nations "poverty is the enemy of mental health in developing world". This is because majority of people with mental and psychosocial disabilities are living in poverty, poor physical health and are subject to human

right violations because of their inability to take care of themselves. Poverty is one of the most significant social determinants of mental health, intersecting with all other determinants, including education. The mental health effects of poverty are wide ranging and across life span (Kevin et al, 2018). Students who experience poverty early in life or for an extended period are at risk of a host of adverse health and developmental outcomes through their life. This is associated with lower school achievement, worse cognitive, attention-related outcomes, higher rates of delinquency, depressive and anxiety disorder etc. Poverty affects mental health through an array of social and biological mechanisms which in turn prevents individuals from leaving poverty thereby creating vicious intergenerational cycle of poverty and poor health. In a 2010 review of 115 studies that spanned 33 countries across the developed and developing worlds by Young Minds in 2018, nearly 80 percent of the studies showed that poverty has an outstanding ranking with higher rates of mental illness. There is also a growing evidence that depression is higher in poorer countries than in wealthier ones. According to Johannes Haushofer, an economist and biologist who studies interactions between poverty and mental health at Princeton University, these findings challenge a long-held myth of the “poor but happy African sitting under a palm tree” (Kevin et al, 2018).

- Cyberbullying- Students who experience cyberbullying are at risk for several mental health conditions especially if they have previously been emotionally abused according to a study by American Psychiatric Association in 2017. In the new study they found out that cyberbullying was associated with symptoms of depression, dissociation and anger. Cyberbullying is an important new kind of violence, with some different characteristics from bullying. Cyberbullying refers to using internet, cell phones or other devices to send or post text messages or images intended to hurt or embarrass another person. It is quite different from traditional bullying as victims of bullying may not know the identity of their bully (Lindert, 2017).

- Screen time: It is well known that today’s students spend more time on social media playing video games and watching television than their predecessors. Excessive screen-time has been associated with lower well-being, higher levels of anxiety, anxiety and attention difficulties. In 2012/13, 56 percent of children and young people were found to spend up to three hours per day using social media (APA, 2013). In 2015 survey of independent schools and head teachers, problems related to social media and technology were the issues most frequently cited as the biggest cause of pressure on students (Suleiman, 2016).

- Websites that reinforce harmful behaviors- A study by Dauda in (2015) highlighted the fact that websites and digital platforms that promote and reinforce harmful behaviors relating to self-harm and suicide has raised sufficient concern to warrant a detailed consideration of the impact of the internet on student’s mental health.

- Sexting- This is creating, sharing and forwarding sexually suggestive nude or nearly nude images through mobile phones and the internet. A 2014 survey of 10-16 year old found that 19 percent of them know someone who they felt was forced to post or send a personal nude picture or video (Mind, 2014).

- Stigma- Stigma and discrimination can worsen someone’s mental health problems, delay or impede them from getting help, treatment and recovery trapping them in a cycle of illness. This

is because society in general has stereotyped views about mental illness and how it affects people. Many people believe that people with mental ill-health are violent and dangerous when in fact they are more at risk of being attacked or harming themselves than harming other people. The situation is exacerbated by the media that often link mental illness with violence or portray people with mental health problems as dangerous, criminal, evil or very disabled and unable to live normal, fulfilled lives.

- Educational Pressures- Over the last two decades, there has been an increase in the number of students sitting high stakes examination. While these may have been positive moves in terms of expanding educational opportunities and social mobility, an unintended side effect has exposed more young people to the worry and stress that exams can bring (Hagel et al, 2012). More recently, there has developed a sense that the pressure to meet demanding accountability measures has led some schools to place unreasonable pressure on students. It is not possible to make a causal link between increasing exam pressure and a rise in mental ill-health among students however research has found that exam pressure is the most common form of anxiety among secondary school students and as a result, stakeholders believe that it has played a part in increasing incidence of mental ill health among young people over the past 20 years (Chamberlain et al, 2010). This being the case, it is important for schools to promote both education success and fulfill their duty of care to student's mental health instead of seeing them as trade off.

The Role of Education on Mental Health

Education is the foundation and an instrument for social change in any society. It is the bedrock of a nation's development. There is no nation that can grow beyond the mental level of its citizens, hence the need to improve its mental development (Onyemelukwe, 2016). This means that education through teaching and learning brings out the life skills of an individual which helps in their societal survival. Human needs a long life education to support their existence. Supporting this, (Arung, 2016) posited that education gives human different options and choices in life. Mental health education is the training of individuals through regular skill and activities directly and indirectly related to their mental well-being. According to World Health Organization, mental health is defined as a state of complete physical, mental and social well-being, and not merely the absence of disease (WHO, 2013). It is the promotion of well-being, the prevention of mental disorders and the treatment and rehabilitation of people affected by mental disorder. Mental health education is the wheel through which individuals realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully and able to make contributions to their community. According to National Association of School Psychologists, good mental health is critical to student's success in school and life (NASP, 2016). Research demonstrates that students who receive social-emotional and mental health support achieve better academically. Examples of mental illnesses/disorders identified in schools include: substance abuse, conduct disorder, PTSD, depression, emotional disorder, attention problems, psychosis, anxiety, eating disorder, among others.

Given that the emergence of emotional and behavioral problems is more common among secondary school aged children and young people, the effect of these dual phenomena has been

to create a perfect storm for Nigeria secondary schools which are increasingly struggling to cope with the effects of mental illhealth among their students. Three student in every classroom now has a diagnosable mental health condition of which the majority are behavioral or emotional (Mbamalu, 2019). There has been a long term trend of increased childhood mobility related to mental illness since the 1970s, however this trend appears to have accelerated since 2010 (Onyemelukwe, 2016). It is widely believed that there is a crisis in the mental health of children and young people. The scale of the problem is such that professionals have warned of a hidden epidemic (WHO, 2019). While a variety of other stakeholder including young people themselves have also voiced real concern, a survey carried out by Action for Children in 2015 on about 2000 parents found out that 40 percent are worried about their children's mental health more than they did about any other health concerns (YoungMinds, 2015). Despite the consistency of these report findings, the absence of official data on mental health makes it difficult to arrive at a firm understanding of the current levels of mental ill-health among students. The rate of prevalence rises from 7.7 percent among 5-10 years old to 11.5 percent among 11-16 year olds; which indicates that mental health conditions becomes more commonly diagnosed among young people as they reach and progress through adolescence.(WHO, 2019, Murphy and Fonagy, 2013).

Nearly one in five students will have an emotional/behavioral disorder at some time during their youth regardless of their social status and family (WHO, 2019). Students with emotional disturbances exhibit their impairment in a variety of ways like academic failure, social rejection, poor self-esteem, difficulties, relating to peers/adults, little respect for societal laws, learning problems, substance abuse, severe depression, suicidal thoughts, psychosis, attention problems, obsessive-compulsive disorder and so on (Dauda, 2006). The mental health and well-being of students requires attention. This is because there is need to help them live more productive and fulfilling lives through programs that include life skills education, mental health education, school-based health interventions and professional treatment. Young students today face significant stress in their lives some of which are part of normal growing up example; growth and hormonal changes as well as the changes in relationship that they experience with parents and society. Other stresses are more individual involving pressures to advance in school, earn a living, peer pressures, school changes, parental crisis, divorce, substance abuse, sexual abuse, rape, physical violence among others. Many students make it through their youth without involving significant behavioral or academic difficulties due to a combination of stressful coping skills and amount of support available as well as the degree of environmental stress encountered. Unfortunately, it is not always possible to determine which student will develop mental health problems before they occur. Therefore, there is need to provide adequate programs for them with interventions ranging from skills for mental well-being to specific mental health interventions through education.

The State of Mental Health in Nigerian Secondary Schools

A case of attempted suicide by a 2019 UTME candidate in Ogun state was a case out of numerous cases to show the level of mental illness in the country where students prefer to take their own lives instead of fighting for their future. The student Segun in senior secondary 3

reportedly took sniper, a pesticide used for agricultural weeds after failing his UTME exams because he was infuriated that he would lose the chase to acquire tertiary education (Vanguard news, 2017). While some experts like Dr, Pius Adejoh of department of Sociology University of Lagos thinks it is a reflection of the level of moral decadence in the country from the family which is supposed to be a place of solace, to the over competitive society, social media influence, pressure to become somebody in the midst of diminished opportunities among others, however on the contrary, Saleem Pat Ogolowo (2019) a consultant therapist at Synapse rehabilitation center Abuja identified unresolved grief and depression as the leading cause of these mental illness among students. While students like Segun make headlines in the country day after day, this is also a warning sign of what could be a catastrophic crisis to come for Nigeria. According to a study by National Depression, about third of Nigeria's population reported experiencing depressive symptoms with 7 million diagnosed with the condition. Though this mental illness is regarded by WHO as the planet's leading cause of disability, Nigeria has further complications by failing to get its acts together through adequate data collection on the mental health of its citizens which has kept experts and authorities from developing coherent policies in order to fix the situation. This is in line with Dr, Joyce Omoaregba's report that the country needs more studies with adequate data and information in order to address the issue. In confirmation, Damola Morenikeji (2014) in his research attested to the fact that Nigeria's mental health issues is shrouded in secrecy, cultural traditions and social stigma which pushes patients into isolation, denial and away from seeking help. Another obstacle is seen in lack of mental health laws in the country which truncated the modern understanding of psychiatry, thereby giving room to traditional and spiritual connotations giving room to superstitions and misconceptions about mental health. This has led also to attribution of mental illness to witchcraft attacks, spiritual attacks rather than medical. Hence people resorted to seeking help from spiritual authorities and drugs rather than medications. With not so many psychiatric doctors in the country, lack of awareness and stigmatization, there is need for new laws and most importantly education in order to curb this crisis and solve the problem of mental health from its point of origin through adequate preparation, avoidance, treatment and management.

Mental illness represents one of the highest burdens of all disease and a major factor in perpetuating low academic achievement and school dropout. Currently, 80 percent of students in Nigeria do not receive treatment that would effectively reduce impairment while 99 percent lack the awareness on mental health (Eaton et al, 2013). Furthermore, there is growing international evidence that mental ill health and low educational achievement interact in a negative cycle in low-income countries of which Nigeria belongs. This cycle increases the risk of mental illness among people who live in poverty. In Nigeria for example, there is lack of mental health awareness and basic management skills among primary health workers talk more of educators (WHO-AIMS, 2016). Realizing this limitations, World health organization recommended school mental health education programs. This way, suffering of students may be reduced with early recognition and timely treatment of mental disorders. Mostly in developing countries the burden of mental illness is very substantial and there would likely be a disproportionately large increase in the coming decades (WHO, 2003, Ferri, 2005, Lopez, 2006).

As far as policy issues are concerned, there is at least some evidence that policy changes are currently evolving in Nigeria's mental health. The new National health policy (2016) notes the increasing numbers of person with mental health issues and the need to address mental health (Onyemelukwe, 2016). Also a policy on mental health services delivery was developed in 2013 though several key provisions of the policy including establishing a body at the federal ministry of health on mental health program are yet to be implemented (Vanguard News, 2017). Major challenges in identification and treatment of mental illness in Nigeria ranged from lack of professionals, not many psychiatric hospitals, lack of understanding of the root cause of mental illness through education and awareness, lack of synergy between school counselors, psychologist, administrators, teachers, psychiatrist, lack of financial support, lack of social support from family, friends and fellow students, fear of stigmatization of being labelled as deranged or mentally ill, fear of being in isolation, consultation of traditional native healers with zero idea of what mental illness entails thereby prolonging and complicating the illness, non-healthy nature of mental health services among others.

Secondary Schools potentials for promoting Mental Health

Schools are an ideal place to provide mental health services to students. This is because virtually every community has a school and most students spend at least 8 hours a day in school. Secondary schools offer an ideal context for prevention, intervention, positive development and regular communication between schools and families through professionals like school psychologists, school counsellors, school nurses, parents, teachers and other staffs. In fact, research has shown that students are more likely to seek counselling when services are available in schools (NASP, 2016). Many mental health issues also begin during the secondary school age, so it is logical that mental health education should be part of the curriculum. Moreover, since students spend so much of their daily lives at school, its logical that education about mental health should start at an early age especially since their cognitive and abstract reasoning are getting more matured. According to American Psychiatric Association (2019), 50 percent of mental illness begins by the age of 14. As childhood and adolescent mental health illness are so common, it's baffling that the schools and educational authorities are not equipping the students with adequate awareness and understanding of mental health in order to equip them with enough skills to live fulfilled lives.

Schools have an unprecedented opportunity to improve the lives of students with the full support of families and community making them the best place for a comprehensive mental programs because all young adult attend school at the same time during their lives. Secondary schools are also the strongest social and educational institutions available for intervention with a profound influence on students, their families and the community. Student's ability and motivation to stay in school, to learn and utilize what they have learned is affected by their mental well-being. Schools can act as a safety net which protects students from hazard affecting their learning, development and psychosocial well-being. They are very crucial in building or undermining self-esteem and competence, teachers can be actively involved in mental health programs, the interventions can reach generations of children; because teachers have received

some form of training in development principles, this makes them potentially well qualified to identify and remedy mental health difficulties in school aged students (NASP, 2016).

The Nigerian mental crisis is so overwhelming in secondary schools that World health organization in its (2010) report posited that three student in every classroom are believed to have a diagnosable mental health condition with a mental ill health affecting roughly one in ten children and young people (Layard, 2011). However, the extent of its role remains considerably uncertain because of variations on the extent students are able to assess early interventions of mental health services in schools furthermore, even where schools do make such services available; they are of poor quality and skeletal.

Mental health education is an important issue for all educators who are often the first line of defense for their students. Moreover since students spend most of their day in school, it is important that mental health education be taken serious because when they are empowered through education and dialogue, students will be able to get the help they need therefore there is need to make the school environment a place students are able to recognize when they dealing with mental health issues and comfortably ask for help without pressure, stigma and fear. A cultural shift in attitudes about mental health needs to start with the young and the only way they are going to understand more about mental health and stop stigmatization is if they receive the necessary education. Furthermore, when students are empowered with knowledge and dialogue encouraged, they will have the freedom to open up about what they are going through and get the support they need before it's too late.

Schools have also the potential to become a key part of the mental health infrastructure for students if and only they are recognized as important centers for both education and health and government committing to this transformation agenda with a mixture of resources and incentives needed to meet the emerging mental needs of the students(Layard, 2011). There is need also to give the schools the autonomy to find their own ways to meet the mental health of its students through integral combination of traditional subjects and mental health education. Furthermore, schools must be given a voice even when they are trading on unfamiliar world of health commissioning so that students can have access to high quality school-based early intervention services for the emerging mental health problems.

The aim of school-based interventions must be to provide an experience that will strengthen the student's coping abilities to counter environmental stress and disadvantages with which they have had to cope while growing up, provide a system of care with information on developing sustainable school mental health programs, develop a coordinated and comprehensive plan of evidence-based programs, activities and services that address the various mental health needs of students, provide student/family supports and resources and promote learning environments for all. A comprehensive school mental health program will lead to an organized school health including health institutions at all grade, easily accessible, healthy, nurturing, interactive and best for the total functioning of students. This is because mental health and psychosocial competence affects the entire school community including students, teachers, school administrators and community members. Mental health and learning go hand-in-hand with mental health knowledge, attitude and behaviors affecting all student and teachers hence

the need for educational interventions on the identification and handling of psychosocial and mental health problems. Mental health education will help to identify students with psychosocial problems early enough and target them for interventions. Because if left untreated, will predict later more serious problems such as drop-out, failure, early pregnancy, drug and alcohol abuse, delinquency among others.

How Secondary Schools can help

1: Promoting psychosocial competence: Psychosocial competence is a person's ability to deal effectively with the demands and challenges of everyday life. The most significant interventions for the promoting of psychological competence in secondary schools are those which enhance the student's own coping resources and competencies by teaching them life skills. Although the definition of life skill is culturally and situational determined, it is defined as the skills you need to make the most out of your life (NASP, 2016). There are core set skills that cut across different academic and school program like decision making, problem solving, critical and creative thinking, communication and inter personal relationship skills, self-awareness and empathy, and skills for coping with emotions and stressors. These life skills can be taught in variety of school interventions like health education, conflict management, civic education, substance abuse/prevention, promotion of intelligence among others. It is also taught to enhance coping with life stresses and pressures that can otherwise give rise to negative health behaviors and social problems. For the program to be effective, the students must be actively involved in the learning process with series of steps mapped out to describe what actions is required of the student, skills to model involving demonstration from the teacher especially in communication and interpersonal relationship skills, input from the school and education authorities, teachers training and development of teaching manuals (WHO, 2019). Given the potential impact of teaching life skills in secondary school for all spheres of health, physical, mental and social, life-teaching should be included in the school curriculum and made available to all students beginning at school entry. This is because life skills teaching is one way of preventing mental health problems as well as promoting well-being in a most positive and non-stigmatizing way (WHO,2019).

2: Mental health education: General health education should be comprehensive in order to address interrelatedness of biological, environmental and emotional factors that influence health (Durlak et al, 2011). Mental health education includes; value of positive mental health attitudes and causes and effect of mental illness which should be part of an overall school health education programs. It should provide information about mental health and illness to students, clarifying their attitudes, understand their values, and recognize their behaviors and emotions as they apply to mental health and illness (Mustard, 2008). Its specific content areas must be included in the curriculum with an interaction of physical, mental, social and environmental aspects like the brain and behavior, psychological and emotional development, effects of stress, successful coping strategies, risk factors, how and where to seek assistance, health relationship between the sexes. Schools can be the center for a number of community enhancement projects including programs to improve health and mental health, foster tolerance of disability and difference to de-stigmatize

illness, parenting skills where parents learn more about child development and effective skills to support and enhance feelings of self-worth and competences.

3: Teachers in-Training/workshop: For a comprehensive and integrated health education program; necessary knowledge and skills should be included in the curricular of teacher training institutions with an upgrade of the skills and knowledge through workshops, continuing education and training. Teachers need to be knowledgeable about child development, development of inter-personal behaviors, skills for teaching children with disabilities (Freeman, 2011). Providing emotional support and guidance to children along with classroom teaching is both physically and emotionally challenging therefore needs an ongoing support to promote their own positive health behavior to enhance their ability to serve as role models for students as well as for parents and family members. To complement mental health instructions, programs that may contribute to the promotion of mental well-being and mental health knowledge such as parenting education are important. Parenting education could also be introduced in the curriculum for the entire school population. Parenting education courses taught by trained teachers can enable young people to learn about child development, discipline, tolerance of misbehavior and respect for a child's individuality.

4: School based health centers: Health centers located within the school have an important role in supporting better health care and social services for children and adolescents. Since they provide primary health care services needed by students including mental health and substance abuse counselling. The choices are assessable to the students and easily accessible, offer them benefit of receiving assistance while decreasing the economic and psychological barriers. They also facilitate, support and encourage positive relationships among students, families, school and community. Professionals at school-based mental health clinics should also reach out to develop a working relationship with school staffs to coordinate psychological programs and increase the number of children they treat. Because school-based programs cannot meet all student needs, referral patterns to community services must be established and maintained.

Secondary school mental health specialist

The purpose of the secondary school mental education is to provide a system of care with information on developing sustainable school mental health programs, develop a coordinated comprehensive plan of evidence-based programs, activities and services that address the various mental health needs of students, provide student/family supports and resources and promote learning environments for all. A partnership between schools and mental health agencies have a shared purpose to support students in their development towards successful lives therefore, it should focus on factors affecting academic achievement and improving behavioral health outcomes in schools, home and community.

While teachers can play an important role in effecting school-based mental health provisions, school should also host a range of mental health specialists as part of a whole school approach. If mental health education and services should be taken on a higher dimension, there is need to employ these specialist:

A: Counsellor-School counselors provide services that students can voluntarily enter into should they wish to receive help on any issue relating to their emotion, well-being or behavior. They identify, intervene and make referrals on mental issues (YoungMinds, 2014). This is because school counselling services offer a drop-in-service where counsellors are the first point of contact at which student's issues are raised. They offer and provide opportunities for students to explore, understand and overcome issues in their lives which may be causing them difficulty, distress or confusion which may be symptomatic of emerging mental health problems (Cooper, 2013). In this context, school-based counselling is used as a form of early intervention in order to reduce the likelihood that students with identified emotional or behavioral problems will go on to develop more serious mental health condition, As a result, counselling in secondary schools bring short-term benefits to children and young people who are experiencing psychological distress. Moreover, in order for them to be effective, it's important that counsellors are integrated into the wilder school system making the services visible and student's right to confidentiality respected. In Nigeria currently, there are problems with the way in which counselling services are provided in secondary schools. Too many schools do not offer counselling services besides schools where they are provided, its quantity is not enough to meet student's demands.

B: School nurses-school nurses lead and deliver healthy programs for students while working together with schools to identify health problems and concerns, promote healthy lifestyle, maximize learning and achievement, build resilience and improve emotional health and well-being.

C: Psychologists-Students need to access child psychologist and/or educational psychologist within a school setting. While child psychologist specialize in student's mental health with help and support to those experiencing difficulties, educational psychologist explore issues relating to emotion and behavior with a specific focus on how they might interfere with learning.

Conclusion

Quality education is a very essential ingredient that can propel sustainable national mental development in Nigeria. The development of education system that advocates sustainable mental development needs first; education systems that is viable and capable of producing curricular and programs for the integral and holistic development of the student. Going by the fact that students spends most of their times in school the fight against the mental health pandemic must start from there. Not only can students benefit across border same time, it has the capacity to handle a lot of students same time. Therefore, there is need to go back to the drawing board on handling mental health with all stake holders coming together and giving it the urgency it demands before as a nation we lose our young adults who are supposed to drive the wheels of this great nation economically, physically, psychologically and other wise.

Recommendation

1: Government should handle the mental health of Nigerians with utmost urgency by making policies aimed at solving the crisis, giving adequate funding, provide facilities, and equip existing

ones to international standards. There should be a partnership between government and private organizations on awareness, support and encouragement to mentally ill patients.

2: Awareness should be created on mental health through mass media in order to de stigmatize the secrecy and misconceptions surrounding mental health.

3: Mental health education should be integrated into the school curriculum. This will help increase understanding and reduce stigma around mental issues.

4: Training and re-training of teachers in order to understand the risk and resilience factors for their students along with how to support and help them. Seminars should be conducted for students, parents and teachers on how to acquire life skills and different techniques on living positively.

5: Mental wellness week should be organized and celebrated in schools with extracurricular activities made part of school. This will enable both students and teachers to talk about mental health, boost student's self-esteem and encourage connection.

6: Every secondary school must have adequate number of counsellors and other specialists needed to handle the mental health of students.

REFERENCES

American Psychiatric Association (2008). *Diagnostic and statistical manual of mental disorder*. 4th ed-text revision. Washington DC

American Psychiatric Association (2018). *Cyberbullying and adolescent mental health: A study of adolescent on an acute patient*. Annual meeting. San Diego

Arung, F. (2016). *Basic concept of education*. Retrieved from <http://www.tandfonline.com/pulse/basic-concept>

Cook, B.G., Landrun, T.J., Tankersley, M. &Kauffman, J.M (2003). Bringing research to bear on practice: Effecting evidence-based instruction for students with emotional or behavioral disorder. *Education and treatment*, 26(4), 345-361

Collishaw, S., Maughan, B., Goodman, R, & Pickles, A (2004). Time trends in adolescent mental health: *Journal of child psychology and psychiatry*, 45(8), 1350-1362

Cooper, M. (2013). *School-based counselling in UK secondary schools: A review and critical evaluations*, British Association for Counselling and Psychotherapy

Damola Morenikeji (2014). *New vision for Education. A personal view by global youth ambassador*

Diagnostic and statistical manual of mental disorder 5th-text revision. Washington DC

Durlak, J.A., Weissberg, R.P. & Dymnick, A.B(2011). *The impact of enhancing student's social and emotional learning: A meta-analysis of school-based universal interventions*. *Child development*

Freeman, E. (2011). *School mental health sustainability: Funding strategies to build sustainable school mental health programs*, Washington DC. *The ethical assistance partnership for child and family mental health*.

- Ferri, C.P., Price, M., Brayne, C., Broadaty, H., Fratiglion, L. & Ganguli, M (2005). Global prevalence of dementia: Delphi consensus study. *Lancet*, 366(9503) 2112-7
- Gardner, F., Collinshaw, S., Maughan, B., Scott, J., Scheman, J. & Hagell (2012). *Trends in parenting can help explain time trends in problem behavior*
- Green, H., McGinnity, H., Ford, T. & Goodman, R (2005). *Mental health of children and young children in Great Britain*. Palmgrave Macmillan
- Hagell, A., Sandberg, S, & MacDonald, R.(2012). *Stress and mental health in adolescence: Interrelationship and time trends in Hagell, A (ed) changing adolescence: Social trends and mental health*. Policy press: 26--42
- Hutchings, M. (2015). *Exam factories: The impact of accountability measures on children and young people*. National union of Teachers. [http://www.teachers.org.uk/files/exams factories. pdf](http://www.teachers.org.uk/files/exams%20factories.pdf)
- Hyman, S.E. (2000). The Genetics of mental illness implications for practice. *Bulletins of the world health organization*, 78(4), 455-63
- Joyce, Omoaregba (2011). *Pattern of mental illness among women attending an infertility clinic in Southern Nigeria*. *Journal of the Nigeria medical association* 52(2): 114-118
- Layard, R. (2011). "Time for Action" *New scientists* 210(2808)
- Lindert, J. (2017). *Cyberbullying and its impact on mental illness*. *European journal of public health*, vol 27. [http://doi.org 110.1093/eurpub/ckx187.581](http://doi.org/10.1093/eurpub/ckx187.581)
- Kevin, M., Simon, Michela B., Marc, W. & Manseau, (2018). *Addressing poverty and mental illness*
- Mind (2014). *Survey shows greatest improvement in public attitudes to mental health in 20 years press release*
- Mustard, F. (2008). *Investing in early years: closing the gap between what we know and what we do*. Adelaide. Government of South Australia
- National Association of School Psychologists (2016). 4340 East/ West Hwy: H402, Bethesda. MB 20814, [www. Nasponline, org](http://www.nasponline.org)
- Onyemelukwe, C. (2016). *Stigma and Nigeria: some suggestion for law reform*. Law policy club
- Socrates Mbamalu (2019). *Federal Neuro-Psychiatric hospital Yaba*
- Suleiman, D.G (2016). *Mental health disorders in Nigeria. A highly neglected disease*. *A Nigerian Med*: [http://www.annjournal.com/text/asp 47//266214](http://www.annjournal.com/text/asp/47/266214)
- Vanguard News: World health Day (2017). *NMA collaborates with NASS on passage of mental health bill*. Vanguard news: Available from: [http://www. Vanguardng.com](http://www.vanguardng.com)
- World Health Organization (2003). *Investing in mental health*: World health organization
- WHO-AIMS (2006). *Report on mental health system in Nigeria*, WHO and ministry of health Abuja, Nigeria.