

Housing ‘Lunatics’ in Nigeria: A Study in the History of Eco-Psychiatry and Psychiatric Epidemiology

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Abstract: *Housing people with mental disorders has been a long-standing problem in Nigeria since the colonial era. Whereas biomedical and social analysis of psychiatric administration in Nigeria exists, these studies are lacking in historical, ecological and epidemiological perspectives. Thus, this paper discusses the trend of accommodating the mentally ill in Nigeria in the context of eco-psychiatry and psychiatric epidemiology. Underpinned by the historical analysis of colonial administrative and medical records, personal observations, interviews, newspaper reports and the literature, this work concludes that the contemporary challenges to mental health management in Nigeria are rooted in the colonial transformation and intervention that focuses solely on confinement as a tool of psychiatric epidemic control. Hence, the provision of social security schemes and the establishment of appropriate up-to-date psychiatric facilities in Nigeria are important in the face of the socioeconomic pressure of modern life.*

Keywords: housing, lunatics, mental healthcare, prison-asylum, Nigeria.

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Introduction

The ecological dynamics of psychiatric health provide a rich template for the understanding of the mental disorder outbreak that began in Nigeria since the colonial era. The colonial imprint of modern life characterized by the transformation of the traditional way of life was accompanied by environmental, political, economic, cultural, and social changes with implications for mental health.¹ It has been observed that ‘once the sociocultural system becomes fragmented, people lose their bearings, symptoms of anxiety, depression, apathy and non-rational hostility set in, the deleterious effects of disintegration are compounded and downward spirals are set in motion in which social pathology and psychopathology reinforce each other’.² In this light, the reassessment of the nexus between mental health and industrialization, deforestation, migration and globalization among others necessitated the shift in focus from “biological hypotheses” to a “psychosocial” perspective in the study of psychiatry. This perceptiveness is enrooted in the implications of environmental change (both natural and social) on mental health – an eco-psychiatric perspective.³

¹ T. Lergo, “Patterns of Psychiatric Illness: A Study In Kaduna Psychiatric Facilities”, in: *Journal of Social Development in Africa*, vol. 4, no. 1, 1989, pp. 47 - 59.

² A. H. Leighton, T. A. Lambo, C. C. Hughes, D. C. Leighton, J. M. Murphy and D. B. Macklin, “Psychiatric Disorder in West Africa”, in: *American Journal of Psychiatry*, vol. 120, issue 6, 1963, p. 521.

³ A. J. McMichael, *Human frontiers, environments and disease: past patterns, uncertain futures*, Cambridge, Cambridge University Press, 2001, pp. 261-264; A. N. Chowdhury,

Historically, the etiology of mental illness has been traced to environmental elements such as climatic change and the eclipse of the moon. While astrologers of the early Middle Ages had used the term ‘lunacy’ to mean neurological and psychiatric diseases, philosophers such as Aristotle posited that the full moon stimulates insanity due to insomnia.⁴ Thus, in the history of psychiatry, a relationship has been drawn between the conditions of the natural environment and insanity. While the problem of mental illness is a long-standing social problem, its environmental and epidemiological dynamics have been undermined in Nigerian historiography and biomedical research. This paper addresses the oversight in the literature by bridging the pre-colonial, colonial, and post-colonial historical realities in this regard.

Revisiting Pre-Colonial Mental Healthcare in Nigeria

In pre-colonial Nigeria, the administration of mental health was dependent on ethno-medicine. The mental disease etiology at this time featured the traditional belief of spiritual and natural determinants of illness. Thus, witches, bad spell, deities, gods, as well as bad substances were seen

“Ecopsychiatry: A new horizon of Cultural Psychiatry”, in: *TPSIG Newsletter of the College of Psychiatrists*, 1 March 2016, p. 1.

⁴ H. Arkowitz and S. O. Lilienfeld, “Lunacy and the Full Moon: Does a full moon really trigger strange behavior?”, in: *Scientific America*, 1 February 2009, available at <https://www.scientificamerican.com/article/lunacy-and-the-full-moon/>, accessed on 27th August 2017.

as the cause of mental disorder in the society. In this way, the multiple causes of mental illness are seen as emanating from natural and supernatural origins. The natural causes include heredity, bad diet, high fever and toxic drugs and the supernatural are evil spells, witchcraft manipulations, and ancestral disciplinary actions.⁵

The general perception of the mentally ill in Nigeria appears to have a common ground across culture areas. For instance, people suffering from mental disorders are called ‘Were’ in Yoruba land. The mentally challenged otherwise known as ‘lunatics’ in colonial times were differentiated by the Yoruba people. For example, *were alaso* are mentally ill people, who, even though unreasonable, can still manage a normal life in society. The other category is *were-abugije* – a fully blown wild lunatic.⁶ The Yoruba people see lunatics as mentally ill patients suffering from spiritual, pathological, and social instability. As observed by A.S. Jegede, the Yoruba people interpret every departure from the approved behaviour and culture as mental illness.⁷ In this respect, *were* are further classified by the Yoruba into three groups – ‘*were amutorunwa* (mental illness that one is born with), *were iran* (hereditary mental illness), and *were afise* (mental illness due to affliction)’. In this respect, mental illness is considered incurable but only

⁵ R. O. A. Makanjuola and A.A. Jaiyeola, “Yoruba Healers in Psychiatry II: Management of Psychiatry Disorders”, in: *African Journal of Medicine and Medical Sciences*, vol. 16, no. 2, 1987, pp. 61-73.

⁶ Oral Interview, Pa Ayobami Adeoya, aged 79, Akure, 9th July 2017; Mr Felix Abodede, aged 67, Akure, 11th July /2017.

⁷ A. S Jegede, “The Notion of ‘Were’ in Yoruba Conception of Mental Illness”, in: *Nordic Journal of African Studies*, vol. 14, no. 1, 2005, pp. 117–126.

manageable through spiritual intervention and the application of herbal remedies. Hence, an ‘alawoku’ refers to a mentally ill patient under treatment.⁸

Similarly, P.E. Iroegbu noted that among the Igbo of South Eastern Nigeria, the ‘aetiology and treatment of the insane involve many diverse rituals, as well as medicinal root and herbal treatment’.⁹ Among the Hausa of northern Nigeria, ‘aggression/destructiveness, talkativeness, and eccentric behaviours were the most frequently mentioned perceived symptoms of mental illness... one has to display behaviour that attracts public attention and is therefore socially disruptive to be recognized as having a mental disorder.’ Belief in drugs and demons as causes of mental health problems is prevalent among the Hausa people.¹⁰ Whereas the poor social status and perception of lunatics in pre-colonial Nigeria enhance their marginalization in society, the commensurate population distribution across settlements as well as moderate cases of psychiatric disorder during this era ensured the accommodation of the mentally-ill in primordial ethno-medical centres.¹¹

⁸ *Ibidem*, pp. 121 - 123.

⁹ P. E. Iroegbu, *Healing Insanity: A Study of Igbo Medicine in Contemporary Nigeria*, Bloomington, Xlibris Corporation, 2010, p. 439.

¹⁰ M. Kabir, Z. Iliyasu, I. S. Abubakar and M. H. Aliyu, “Perception and beliefs about mental illness among adults in Karfi village, northern Nigeria”, in: *BMC International Health and Human Rights*, vol. 4, no. 3, 2004, pp. 4-5.

¹¹ Oral interview, Awode Oladimeji, aged 76, traditional healer, Ibadan, 4th September 2017.

Outbreak of Mental Disorder and Colonial Interventions in Nigeria

The socioeconomic pressure of modern living that began in the colonial era seems to have led to a geometric progression of the number of people suffering from mental illness in Nigeria.¹² As observed by T. Lergo, the modernisation and urbanisation processes in Nigeria have led to socioeconomic insecurities that have found expression in social disharmony with deleterious implications for the mental health of many Nigerians.¹³

J.H. Sadowsky¹⁴ showcases the anti-thesis to Lambo's and Home's theory of an epidemic of insanity created by civilization and culture shock in the urban sphere of colonial Nigeria. This proposition was based on the assumption that unregistered mentally sick people were also prevalent in rural areas. The local scenario accounting for an estimated official case-ratio of 20/100,000 of the population in colonial Nigeria (excluding rural areas) compared with 365/100,000 in England and Wales was considered 'mild'.¹⁵ Nevertheless, speculations about the prevalence of mental disorder in rural areas were not substantiated, therefore rendering the official estimates unreliable. The obvious truth is that the unprecedented cases of mental disorder made the colonial authorities consult psychiatric experts such as Homes with his 1928 report entitled 'Insanity in Nigeria' and R. C.

¹² T. Lergo, *op. cit.*, pp. 47 - 59.

¹³ *Ibidem*, pp.47-48.

¹⁴ J. H. Sadowsky, *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria*, Berkeley, University of California Press, 1999, pp. 97 - 104.

¹⁵ *Ibidem*, p. 101.

Brown's 1936 report on the 'care and treatment of Lunatics'. This was the colonial approach to epidemic diseases such as plague in the 1920s. Indeed, Plague control in Lagos during the 1920s witnessed the consultation of medical expatriates and epidemiologists such as Sir Edward Thornston.¹⁶

The advent of colonialism and its attendant modernisation movement showcases new approaches to psychiatric health management in Nigeria. The colonial intervention in the unusual outbreak of mental disorder in Nigeria can be traced to the Lunacy Ordinance of 1907.¹⁷ The subjects of this pioneer legislation include 'the constitution of lunatic asylum'. The Lunatic Asylum Ordinance was passed for the purpose of managing lunatics in the colony. It provides for the 'establishment of asylums, the appointment of officers and visitors, the adjudication of persons as lunatics, the discharge of lunatics and the disposal of lunatic properties'. This earlier Ordinance of 1907 was upheld in the Lunacy Ordinance of 1916 which stipulates that "Asylum" means a lunatic asylum appointed under this Ordinance. "Community" includes house, family, town, village, and quarter of a town or village. "Lunatic" includes an idiot and any other person of unsound mind. "Visiting Committee" includes any two members of the visiting committee of an asylum sitting together.¹⁸

¹⁶ National Archives Ibadan, CSO 26/2. 17222. Vol I. 'Sir Edward Thornton's Report on Plague in Nigeria'. From E.Thornston to the Chief Secretary to the Government, Lagos, 12 July, 1926, p. 18.

¹⁷ ***, *Annual Report*, Southern Nigeria, 1907, no. 583. London: HIS Majesty's Stationery Office, 1908, p. 16.

¹⁸ National Archives Ibadan, CSO 26. 01153, vol. I, "Lunacy Ordinance", No. LVI. 1916, pp. 1 - 5.

All places declared to be lunatic asylums before the commencement of this Ordinance were deemed to have been appointed under this Ordinance. This Act made provisions for the incorporation of Asylums in public health service of colonial Nigeria. Medical officers in charge of the District in which any asylum was situated were in charge of the management of asylums and were termed the superintendent of such an asylum. The members of the executive council, all medical and sanitary officers and magistrates and such as other persons as the Governor may nominate were often visitors of any asylum within the colony. As a visitor, he or she was empowered to inspect an asylum at any hour of day or night, see and examine any inmate and entertain complaints thereof.¹⁹

The Lunacy Act empowered the medical officer to seize any suspected lunatic person and place him or her under observation in an asylum for not more than seven days, except with the authority of a magistrate. The continued detention of suspected lunatics was justified whenever it appeared to the magistrate that the person in question is a lunatic and a proper subject for confinement. However, the governor could have ordered the discharge from any asylum of any person detained therein under the ordinance whether recovered or not, and could have allowed any lunatic to be absent on trial for such a period as he thought fit and could have, at any time, granted the extension of such period. In respect of any lunatic absent on trial, the governor could have ordered the payment of any

¹⁹ *Ibidem*, pp. 2-5.

sum not exceeding the sum of two pounds per month to the person taking charge of such lunatic. No person was allowed to be absent on trial under this section unless some other person entered into agreement to take charge of such a person. If any lunatic allowed to be absent on trial did not return on or before the expiration of the allowed period of absence, such lunatic may at any time after the expiration of such period be retaken as if he had escaped from the asylum.²⁰

According to the colonial regulation, the community was liable to pay for maintenance of lunatics - when the lunatic is a native of Nigeria, any community bound by native law or custom to support such a lunatic paid a prescribed amount to the treasury every month during the detention of the lunatic in an asylum. Also, the colonial government made provisions for a foreign citizen suffering from mental illness in Nigeria to be deported to the United Kingdom, a British colony or protectorate.²¹

The colonial heritage of mental healthcare in Nigeria focuses mainly on confinement as a tool of controlling the public nuisance that may arise from mental disorder. For instance, cases abound in which the police were called in to arrest suspected ‘lunatics’ in colonial Nigeria. For example, a police report from the Ilesha police station dated 30 December 1953, reads as follows:

²⁰ *Ibidem*, pp. 5-6.

²¹ *Ibidem*, pp. 7-8.

As per your verbal instruction of 29.12.53 that I should follow one Laleye Anjorin (m) of Idasa street Ilesha to his house to watch and see to the demeanor of one John Oni (m) of the same address a "termed Lunatic". On 30.12.53 at about 17.00hrs I left together with the said (Lay) Laleye a brother to the Lunatic and three other constables getting to the scene of crime, the attention of the man in question was consulted and found to be normal, but this behaviour found "eccentric childish idiot", and I gave him a pamphlet to read, and he read it thoroughly, no mistake in his reading. In my own view, his behaviour shows no harmful action because the position we found him is well dignified, warm neat trouser with a Christian book and talked normally.²²

In other cases, criminal lunatics were imprisoned to avert potential danger to the society. For example, a colonial report of 4 August 1955 reads:

Joshua Ojo (m), a native of Erinmo in the Ilesha District, was found guilty of murder but insane by the Supreme Court at Akure on the 23rd of November 1948. He was then aged 40 years. At the time of the offence he was working as a bricklayer at Ile-Oluji in the Ondo Province...for a number of years, Joshua Ojo has behaved normally. He is at present confined in the Lagos Prison where the Alienist recently reported on him as follows: "In my opinion there would be no risk in releasing him, always provided that he is not received with hostility in his home town... In order that consideration may be given to the possibility of his discharge under section 233 of the criminal procedure Ordinance, Cap. 43, I am directed to ask if you will please advise whether or not, in the event of his release, this man would be received with hostility in his home town, Erinmo."²³

²² National Archives Ibadan, Ile Div1/1, "Lunatic Interview Police Report of from Afashorin", N. H. Police Station, Ilesha to the Sgt. Ile N.A. Police Ilesha, 22nd December 1954.

²³ National Archives Ibadan, Ile Div 1/1, "Criminal Lunatic No. M.W. 192. Joshua Ojo", from Ag. Deputy Governor to The District Officer, Ilesha Division, Ilesha, Ref No. 1189/72 of 4th August 1955.

The un-popular social-status of the insane undermined resource allocation for psychiatric treatment in the colonial era. Thus, there was a chronic lack of public support for the mentally sick in colonial Nigeria. Consequently, many ‘lunatics’ were housed in prison yards (Table 1).²⁴ Earlier attempts to stem this debacle can be traced to the establishment of psychiatric Asylum in Calabar in 1904 and Yaba Lagos in 1907. The facility in Lagos initially admitted 8 female and 6 male patients. By 17 June 1912, there were 18 females and 17 males and until 1949 the hospital also functioned as a leper asylum. However, inadequate facilities in the asylums made the trend of imprisoning lunatics persist throughout the colonial era. This colonial reality was noted in a memorandum from the Medical Department to the Director of Medical and Sanitary Service dated 20th April 1931: ‘as regards detention in a prison elsewhere than Lagos, there are a few criminals lunatics who could be as well detained in prison as in Yaba Asylum, but I understand that the prisons have under detention as many lunatics as they can deal with’.²⁵ The problem of this scenario surfaced when three prisoners were murdered by imprisoned lunatics in 1937. As observed by colonial officials on 30 August 1941, such killings should be stemmed by establishing purely lunatic asylums in Abeokuta and Lokoja.²⁶

²⁴ National Archives Ibadan, CSO 26/1. 01507/s1/t1, “Lunatics – Treatment of”, Prison Head Quarters File No. 773, Ref. No. 217/iv of 27th February 1936.

²⁵ National Archives Ibadan, CSO 26/ 01507/S.3., “Accommodation for Lunatics”, from W. B. Johnson, Director of Medical and Sanitary Service to the Administrator of the Colony, Lagos, Ref. No. 624/484/21 dated 20th April 1931.

²⁶ National Archives Ibadan, CSO 26/ 01507/S.3., “Notes of Sir Bernard Bourdillon”, Ref. No. 12752/ 30 dated 30 August 1941.

Table 1: Statistics of Lunatic facilities in Nigerian Prisons, 1924 – 1935

Prisons	Section of Prisons	Accommodation	Notice No.	Gazette No.
Calabar	B Block (males)	68	150	41
	Female Ward	-	155	46
Enugu	Solitary Cells 1-4	4	61	15
Ikoyi	F Block (females)	-	103	41
Lagos	F Block	40	15	6
	I ward	-	150	45
Onitsha	Ward No. 1 (Solitary)	6	95	47
Port Harcourt	Wards 1 and 2B	2	61	15
	M Ward & Solitary Cells Nos	10	-	-
	3 & 4 in Female	2	199	12
	H ward	20	46	3
	I ward	18	4	1
	No. 1 Cell European	1	-	-
	Ward & J Ward	45	1071	52
	Single Cells Nos. 1& 2	2	352	24
	Female Ward			
Sapele	The Prison	6	155	46
Warri	The Prison	12	155	46

Kumba Cells D & E in course of -
 construction

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Source: National Archives Ibadan. CSO 26/1. 01507/s1/t1. ‘Lunatics – Treatment of’. Prison Head Quarters File No. 773, Ref. No. 217/iv of 27 February 1936.

Inadequate funding and the attendant poor facilities in mental institutions have consistently been a major challenge to managing lunatics in Nigeria. The practice of imprisoning people suffering from mental disorders has been challenged since the colonial era. As observed by E .L. Salier (the Director of Prisons) in 1922, ‘I believe in (or about) 1917 it was stated that Zungeru Prison was to be transformed into a Lunatic Asylum and I understand that it was the intention to send all lunatics there... It is obviously wrong that those suffering from a disease of the mind should be kept within prison walls and treated similarly to criminals. Also, there is no extra staff allowed to look after these people and it simply means that the efficiency of the prison staff is affected. There are at the present moment 27 lunatics – 24 males, 3 females... I would press for early transfer of these lunatics to more suitable surroundings for them and then relieve the prison officials from duties outside their proper sphere’.²⁷ In a similar note, the

²⁷ National Archives Ibadan, CSO 26/1. 01507/S.3, from the Director of Prisons to the Secretary, Southern Provinces, Lagos. Correspondence Ref. Conf: 2/ 1922 of 26th January 1922, p. 1.

Director of Prisons asserted in 1922 that ‘I have to report that Lagos Prison is now overcrowded and cannot take any more lunatics’.²⁸ Thus, the question of housing lunatics in the prison was discussed amidst the desire that other arrangements be made during the colonial era. This call for psychiatric reform did not yield any positive result for the most part of the colonial era.

Dr. R. Cunnygham-Brown’s report on the care and treatment of lunatics affirmed the status quo in 1936. As observed by this report, ‘it is doubtful whether under the conditions of society obtaining in West Africa the establishment of large institutions for the detention of lunatics is desirable and that, in any event, funds could not at present be provided for the construction of large mental hospitals. On the other hand, I would deplore the indefinite perpetuation of the system under which, in certain dependencies, lunatics for whom room is not available in the existing asylums are detained in the prisons’.²⁹

This practice of imprisoning lunatics seems to have been the standard in British African colonies. For instance, in the Tanganyika territory, a suspected lunatic may be detained in a prison for the purposes of medical observation for a period not exceeding 30 days. In Kenya, certain prisons are marked as lunatic asylums. In Nigeria, lunatics for whom there

²⁸ National Archives Ibadan, CSO 26/1. 01507/S.3, “Lunatics in the Lagos Prison”, from the Secretary, Southern Provinces to the Chief Secretary to the Government, Lagos. Memo Ref. No. B. 763/1922 of 2nd December 1922, p. 1.

²⁹ National Archives Ibadan, CSO 26/1. 01507/ SI/ T.1, Dr. R. Cunnygham-Brown’s report on the care and treatment of Lunatics, 1936, p. 1.

is not enough room in the two existing asylums are detained in the prisons.³⁰ The colonial authority argued that the undesirability of associating lunatics with prisoners is fully recognised, but the many demands on Government's resources have hitherto impeded the provision of further asylums.³¹ However, it was suggested in 1939 that mental clinics with psychiatrists be established in Nigeria.³² Notwithstanding, the colonial authorities affirm that 'if detention is accepted as the main function of asylums, it is not illogical that the Prisons Department should take the chief share in the custody of lunatics'.³³ The 1950s witnessed a transition from a strict confinement of lunatics without psychiatric treatment to the establishment of mental hospitals such as *Aro* in Abeokuta.³⁴

Accommodating Nigeria's mentally ill: The Postcolonial Experience

Despite the emerging globalization of pharmacological psychotherapies, other non-western psycho-remedies exists side by side

³⁰ *Ibidem*, p. 3.

³¹ *Ibidem*, p. 3.

³² National Archives Ibadan, CSO 26/1. 01507/S1/T1, "Dr. R. Cunyngham Brown's Report on the Care and Treatment of Lunatics in Nigeria", from the Director of Medical Services to the Chief Secretary to the Government, Lagos, Ref. No. 3000/17, 2nd February 1939, pp. 1 - 2.

³³ *Ibidem*, p. 3.

³⁴ O. Ayorinde, O. Gureye and R. Lawal, "Psychiatric research in Nigeria: bridging tradition and modernization", in: *British Journal of Psychiatry*, vol. 184/2004, p. 536.

orthodox medical care in the Global South.³⁵ For instance, the pre-colonial perception of mental illness as both a spiritual and natural phenomenon endures into the post-colonial era. It has been noted that the home of traditional healers remains the first point of call for most of the people seeking mental health intervention in Nigeria. Thus, in spite of the spiritual inclination of traditional medicine, there is a need to bridge the gap between the traditional and orthodox healthcare systems.³⁶

The colonial legacy of asylums metamorphosed into mental hospital with a double purpose of detention and psychiatric treatment. The imprisonment of lunatics continued into the contemporary times. Victoria Uzamaka, the Controller of Enugu Prison, noted in 2009 that ‘Civil lunatics are people that society doesn't want roaming around causing problems, unfortunately, they are dumped in our prisons’.³⁷ Furthermore, population growth and the increasing numbers of criminals incarcerated meant less space for lunatics in the prison yard. Consequently, it is no longer obscene seeing lunatics roaming the streets.³⁸ As observed by a commentator:

These lunatics that walk haplessly on our streets often in their heart wrestle with us for abandoning them to the fate over which they have no power.

³⁵ S. Fernando, “Globalization of psychiatry – A barrier to mental health development”, in: *International Review of Psychiatry*, vol. 26, issue 5, 2014, pp. 551 - 553.

³⁶ O. Ayorinde, O. Gureye and R. Lawal, *op. cit.*, , p. 537.

³⁷ Victoria Uzamaka, quoted in BBC News, “Locking up Nigeria's 'civil lunatics'”, 29 April 2009, available at <http://news.bbc.co.uk/1/hi/world/africa/8023067.stm>, accessed on 23rd July 2017.

³⁸ This information was derived from my personal observation of the increasing number of lunatics roaming the streets in Southwestern Nigeria.

Some of these lunatics look so hale and agile that if government were concerned in looking after the entire citizenry irrespective of their state of health, they could be cured. But instead of stretching a helping hand, we leave them to parade the streets, sleep in the cold, walk naked in the open, having no home, absorbing the heat of the scorching sun. Beaten by the rains, they feed from the gutters and from the heaps of garbage, they drink from muddy water and wear shreds and rags; worst still, people curse them when they go amiss, and most times, you see them with deep and glaring bruises.³⁹

In 2012, the National Human Rights Commission of Nigeria reported that many mentally ill persons were incarcerated in the Nigerian Prisons. Whereas their imprisonment was facilitated by the justice ministries and prosecutorial institutions working for the various states, human right activists have clamoured for the release of such categories of people to psychiatric hospitals.⁴⁰

Discoveries in the field of psychiatry have shown the relationship between human genetic composition and the potent interference of the natural environment in psychopathology. These factors have been implicated in schizophrenia, bipolar and other depressive mental

³⁹ Abiodun Badejo, “Whether insane, mad or lunatic, they are Nigerians too!”, *Daily Post*, 10 June 2012, available at <http://dailypost.ng/2012/06/10/whether-insane-mad-or-lunatic-they-are-nigerians-too/>, accessed on 28th July 2017.

⁴⁰ Emmanuel Onwubiko, “Lunatics in Nigerian prisons?”, *Daily Trust Newspaper*, 13th May 2013, available at <https://www.dailytrust.com.ng/sunday/index.php/comment-debate/13059->, accessed on 8th July 2017; Emmanuel Onwubiko, “Lunatics in Nigerian Prisons”, *Modern Ghana*, 17th May 2013, available at <https://www.modernghana.com/news/464404/1/lunatics-in-nigerian-prisons.html>, accessed on 8th July 2017.

disorders.⁴¹ These studies affirm the Nigerian traditional belief of hereditary or inheritance in mental illness. As noted by R. Uher and A. Zwickler:

*All types of mental illness have a tendency to run in families and the risk of developing an illness is associated with the degree of biological relatedness to the affected individual... Twin Studies consistently show that monozygotic twins who share 100% of their nuclear DNA are more likely to be concordant on each disorder than dizygotic twins who share 50% of their genetic material. This difference suggests that the causation of mental illness is to a large degree attributable to genetic factors... [In addition,] a synthesis of current knowledge on environmental causation of mental illness suggests a complex picture with a multitude of social, physical and chemical exposures occurring at different stages of life, affecting the risk for a range of mental disorders.*⁴²

In this light, the environmental determinants of mental illness refer to both the natural and the sociocultural factors, including ‘everything that isn’t an inherited gene’. This advances the ‘historically viewed environmental threats in the context of infectious agents, pollutants, and other exogenous factors that influence the individual’s physical surroundings’.⁴³ Thus, apart from a genetic susceptibility of an individual, unfavourable environmental conditions provide the necessary stimulus for the activation of mental illness. While climatic changes such as drought, cyclones, storms, may translate to socioeconomic challenges with

⁴¹ R. Uher and A. Zwickler, “Etiology in psychiatry: embracing the reality of poly-gene-environmental causation of mental illness”, in: *World Psychiatry*, vol. 16, no. 2, 2017, p. 121.

⁴² *Ibidem*, pp. 121 - 123.

⁴³ C. W. Schmidt, “Environmental Connections: A Deeper Look into Mental Illness”, in: *Environmental Health Perspectives*, vol. 115, no. 8, 2007, pp. A404 - A405.

deleterious effects on mental health,⁴⁴ other unfavourable environmental factors include socioeconomic and cultural challenges such as poverty, slavery, maltreatment and injustice, which often increases the risk for people who are genetically susceptible to mental illness.

Concluding Remarks

This paper reveals that the outbreak of mental disorder in Nigeria occurred amidst the environmental and social changes that began with the modernisation movement since the colonial era. The colonial intervention in this regard was preoccupied with the imprisonment of the mentally challenged without the provision of psychiatric treatment. This was a social control measure geared towards the prevention of public nuisance in the West African British colony. The endurance of this trend in the postcolonial era despite the existence of some mental hospitals showcases the colonial inclination in contemporary times. The fundamental human right born out of the human instinct for space and territoriality berates the detention of the mentally ill in dilapidated facilities such as the Nigerian prison asylums. Whereas imprisoning ‘lunatics’ was a colonial practice permissible under an imperial administration, the establishment of conducive up-to-date psychiatric facilities in the country is important in the face of the

⁴⁴ M. Moran, “Psychiatry Needs Eyes Wide Open About Environmental Issues”, *Psychiatric News*, 4th March 2011, available at http://psychnews.psychiatryonline.org/doi/10.1176/pn.46.5.psychnews_46_5_17_1, accessed on 3rd August 2017.

socioeconomic pressure of modern life. Nevertheless, the provision of socio-economic security and the amelioration of the culture shock that comes with modernisation would help abate the widespread incidences of mental disorder in Nigeria.

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