

A THEOLOGICAL-ETHICAL APPRAISAL OF MENTAL HEALTH CARE IN NIGERIA: REIMAGINING POLICY AND PRACTICE THROUGH THE LENS OF CHRISTIAN ETHICS

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Abstract

This study offers a theological and ethical appraisal of mental health care in Nigeria, exploring how Christian ethics—anchored in virtues such as compassion, justice, and human dignity, alongside African communitarian philosophy—can inform and transform mental health policy and practice within Nigeria’s diverse socio-religious environment. Utilizing a theoretical framework that integrates Christian moral theology (including Thomistic and Liberation theology) with public health ethics, the research critically examines existing literature, policy documents, and pastoral practices to reveal a significant gap: the absence of an explicit Christian ethical lens in mental health policymaking. While prior studies recognize the role of faith in mental health, this study uniquely bridges theological insights and health policy to propose a normative ethical critique tailored to Nigeria’s cultural realities. The findings highlight the transformative potential of collaborative partnerships between faith leaders, policymakers, and healthcare providers to reduce stigma, foster inclusive care, and promote holistic wellbeing. Recommendations include actively involving religious leaders in policy development, embedding ethical sensitivity into mental health training, and encouraging sustained cooperation between secular institutions and faith-based organizations. By enriching discourse on culturally and theologically grounded mental health care, this research provides practical and ethical insights to guide policy reform and pastoral engagement. Future empirical research is needed to assess the real-world impact of Christian ethical principles on mental health outcomes across Nigeria.

Keywords: Christian ethics, mental health care, Nigeria, pastoral care, health policy

Introduction

Mental health is increasingly recognized as a critical public health issue in Nigeria, yet access to adequate care remains deeply limited, often hindered by stigma, underfunding, and cultural misunderstanding (Gureje et al., 2015). While policies exist, implementation is weak, and many Nigerians turn to religious spaces for emotional and spiritual support. Christian ethics—grounded in compassion, justice, and the dignity of every person—offer a valuable lens for reflecting on how mental health care could be more humane and inclusive (Anyamele, 2020). The church plays a significant role in shaping public values, yet its potential contribution to mental health care remains underexplored. This study seeks to examine how Christian ethical principles can inform and critique current policies and practices in Nigeria's mental health system, offering a morally grounded vision for reform rooted in both theology and social responsibility (Ogunwale, 2019).

Research Problem

In Nigeria, mental health care is deeply underdeveloped, with limited access, poor funding, and widespread stigma. While faith-based institutions—especially churches—play a vital role in the lives of many Nigerians, their ethical responsibility in supporting mental health is often overlooked. Christian ethics, which emphasize compassion, dignity, and justice, could offer valuable moral direction in reshaping how mental health is treated (Vaughn, 2020). However, current policies and practices rarely reflect these values. This raises a crucial question: how can Christian ethical principles inform and improve mental health care delivery in Nigeria? Without integrating these moral perspectives, mental health care risks remaining ineffective and culturally disconnected (Okpaluba, 2018). This study critically explores how Christian ethics can guide policy and practice, offering a framework that is both ethically sound and culturally relevant.

Purpose of the Study- The purpose of this study is threefold:

1. To examine the present state of mental health care delivery in Nigeria, with attention to existing policies, public attitudes, and the socio-cultural factors that influence how mental health is perceived and managed in the country.
2. To ethically appraise Nigeria's mental health care system through the lens of Christian ethics, identifying areas where Christian moral values such as compassion, justice, human dignity, and communal responsibility can critique or enrich current approaches.
3. To propose a theologically grounded framework for reimagining mental health policy and practice in Nigeria, offering ethical insights and faith-based

recommendations that can inspire both institutional reform and active pastoral engagement.

This study aims to bridge theological reflection and practical mental health advocacy, encouraging collaboration between the Church, mental health professionals, and policymakers to promote more humane and morally responsive care.

This study raises three central questions. First, what is the current reality of mental health care in Nigeria—what structures are in place, and how do social and cultural conditions affect access to treatment and support? Second, how can Christian ethical principles inform a critique of existing mental health policies and practices, especially regarding justice, dignity, and compassion? Finally, in what ways can a Christian theological-ethical approach offer a fresh vision for improving mental health care delivery, both in policy frameworks and pastoral practice?

Significance of the Study

This study is important because it brings together two powerful forces in Nigerian society—religion and healthcare—to tackle a growing mental health crisis. In a country where over 20 million people are believed to suffer from mental illnesses and only a small percentage have access to professional help (Gureje et al., 2015), there's an urgent need for new ways of thinking about care and support. By exploring Christian ethics—such as compassion, human dignity, and justice—this study offers a moral and theological framework that can inspire more humane mental health policies and practices (Gushee & Stassen, 2003).

The study is also relevant because faith-based institutions play a major role in community life across Nigeria, especially in rural and underserved areas where formal services are lacking (Oladipo, 2010). A theological-ethical appraisal can help church leaders, policymakers, and mental health professionals collaborate more effectively, bridging spiritual care and clinical treatment. Furthermore, it challenges stigma and promotes inclusive care, grounded in the Christian belief that every person is made in the image of God (Genesis 1:27). Ultimately, this study seeks to reshape conversations around mental health by offering both moral clarity and practical direction.

Scope of the Study

This study takes a focused look at mental health care in Nigeria from a Christian ethical perspective. It aims to explore how values such as human dignity, compassion, justice, and care for the vulnerable—central to Christian moral teachings—can be used to evaluate and improve existing mental health policies and practices in the country. Rather

than relying on fieldwork or new data collection, the study adopts a theoretical approach. It engages with theological reflections, Christian ethical frameworks, and policy analysis to build a moral case for a more humane and inclusive mental health care system. The study is especially concerned with how churches, Christian leaders, and ethical thinkers can help shape a mental health culture that values every person as made in the image of God. Although mental health is a broad and complex issue involving medical, psychological, and social factors, this paper limits its focus to ethical and theological contributions. It does not cover every religion or tradition, nor does it attempt to provide clinical solutions. Instead, it offers a faith-informed ethical critique that can guide policymakers, church communities, and advocates toward more compassionate care for those affected by mental illness.

Methodology

This study adopts a theoretical research methodology, focusing on conceptual analysis rather than empirical data collection. The goal is to critically engage with existing literature, ethical theories, and theological frameworks to appraise mental health care policy and practice in Nigeria through the lens of Christian ethics. Theoretical methodology allows for a deep exploration of normative questions about what ought to be, emphasizing values such as dignity, compassion, and justice central to Christian moral thought (Creswell & Poth, 2018). By analyzing scholarly writings, official policy documents, and theological texts, this approach provides a robust foundation for critiquing current mental health care practices and proposing ethically grounded reforms. The study draws on Christian social ethics and African communitarian perspectives to ensure cultural and religious relevance (Hauerwas & Wells, 2016; Mbiti, 2015). This method is suitable because it aligns with the study's aim to develop normative insights rather than measure empirical outcomes (Neuman, 2014). While this approach does not involve direct data gathering, its strength lies in synthesizing interdisciplinary perspectives to offer meaningful contributions to ethical discourse and policy reflection. Such a method is vital for addressing complex moral issues in mental health care within Nigeria's unique socio-religious context.

Theoretical Frameworks

This study draws on *Christian moral theology*—particularly Thomistic ethics and Liberation theology—as its guiding framework to evaluate mental health care delivery in Nigeria. These traditions originate from centuries of Christian thought rooted in Scripture, tradition, and reason.

*Thomistic ethics, developed by Thomas Aquinas (1225–1274), emphasizes natural law, virtue, and human dignity. Aquinas taught that moral action is based on reason guided by divine law, with the ultimate goal of human flourishing or the "common good" (Aquinas, *Summa Theologica*). This approach is useful for evaluating ethical responsibilities in public health, especially when asking how institutions should act toward vulnerable populations such as those with mental health challenges.*

On the other hand, *Liberation theology* emerged from Latin America in the 1960s through theologians like *Gustavo Gutiérrez*, who emphasized God's preferential option for the poor and oppressed (Gutiérrez, 1973). This theology calls for practical action against social injustices and aligns strongly with advocacy for marginalized mental health sufferers. It encourages churches and Christian professionals to take active roles in systems reform and community healing.

Together, these frameworks offer a solid foundation for analyzing how Christian ethics can contribute to more just and compassionate mental health care policies in Nigeria. Nigeria's cultural and religious context gives the Church significant influence in shaping social attitudes, making these frameworks highly relevant (Jegede, 2009). By combining Thomistic reason-based ethics with the socially conscious activism of Liberation theology, the study is able to explore both moral ideals and practical outcomes. This dual approach helps address stigma, policy exclusion, and lack of pastoral care in the Nigerian mental health landscape. In summary, this theological-ethical framework is not just theoretical but provides practical insight into policy-making, community engagement, and ethical caregiving within a Nigerian Christian context.

Understanding Mental Health Care in Nigeria

Review of the Current State of Mental Health Services in Nigeria: Mental health services in Nigeria remain largely inadequate, fragmented, and underfunded despite growing awareness of mental health challenges. The World Health Organization (2022) notes that Nigeria has less than one psychiatrist per 100,000 people, highlighting a deep gap in access to professional mental health care. These services are mostly urban-based, making them inaccessible to rural populations. Scholars like Gureje et al. (2015) corroborate that mental health care remains low on the national health agenda, with outdated policies and little integration into primary health care systems. While some studies point to improvements—such as the 2021 signing of the Mental Health Bill, which seeks to modernize Nigeria's mental health framework—other scholars argue that legislative progress alone is insufficient without cultural, ethical, and spiritual reform (Adejumo & Falade, 2020). There is a clear conflict between policy optimism and on-the-ground realities, especially regarding stigma, public attitudes, and limited funding.

Religious and ethical concerns are often overlooked in mainstream discourse. Though churches and faith-based organizations play a significant role in community support, their engagement is rarely captured in policy evaluations or ethical analyses. This study aims to fill that gap by bringing *Christian ethical principles* into the conversation, exploring how compassion, dignity, and communal responsibility might reshape mental health discourse and guide reforms. The existing literature focuses mainly on clinical, legal, and sociological issues, leaving a noticeable gap in theological-ethical contributions. By offering a faith-based ethical lens, this study hopes to challenge both secular and religious communities to reimagine mental health care as a moral and spiritual duty, not just a clinical necessity.

Socio-cultural and Religious Attitudes toward Mental Illness

In Nigeria, socio-cultural and religious beliefs significantly shape how people understand and respond to mental illness. Many communities associate mental health disorders with spiritual causes such as witchcraft, ancestral punishment, or demonic possession (Jegede, 2005). As a result, people with mental illness are often stigmatized, hidden away, or taken to prayer houses and traditional healers instead of psychiatric hospitals.

Christianity, particularly Pentecostal and Charismatic strands, often reflects similar assumptions—interpreting mental illness as a sign of spiritual attack or lack of faith (Gureje et al., 2015). This has led to practices like exorcism and spiritual deliverance, sometimes at the expense of psychological or medical treatment. However, there are Christian communities and theologians who challenge this view, promoting compassionate and integrated approaches that include both spiritual care and clinical intervention (Adejumo & Olugbile, 2005). While there is consensus that faith and culture influence mental health attitudes, some scholars warn against generalizations. For instance, Abbo (2011) argues that not all religious or cultural practices are harmful—some promote resilience, community support, and emotional healing. Despite these discussions, there is still a gap in the *ethical appraisal* of these attitudes from a *Christian theological perspective*, especially one that critiques harmful practices while affirming constructive ethical responses. Existing literature often either condemns religion or ignores its redemptive potential in reforming mental health care. This study fills that gap by offering a Christian ethical framework that critiques and reimagines Nigeria’s approach to mental illness—grounded in compassion, justice, and human dignity.

Christian Ethics: Theoretical Foundations

Key Concepts in Christian Moral Theology: Christian moral theology is the branch of theology that explores how Christians should live in response to God’s will, focusing on

values like love (agape), justice, compassion, human dignity, and the common good. At its core, it emphasizes the imitation of Christ as the moral ideal (Hays, 1996). One key concept is *agape love*, understood as selfless concern for others. Scholars like Joseph Fletcher (1966) championed this in his “situation ethics,” arguing that love should be the sole guiding principle in moral decisions. Similarly, Hauerwas (1981) emphasized *character and virtue*, arguing that Christian ethics should focus less on rules and more on cultivating moral communities that reflect Christ-like values. However, tensions arise between *rule-based (deontological)* approaches and *virtue or narrative-based* ethics. For instance, Aquinas’ natural law theory grounds moral reasoning in universal human purposes, which some argue lacks cultural flexibility (McCormick, 1981). Others challenge the individualistic bias in Western moral theology, calling for more *communitarian and African perspectives* rooted in relationality and Ubuntu (Gyekye, 1997). The *gap* lies in the limited application of these theological-ethical frameworks to real-world mental health challenges in postcolonial African settings like Nigeria. Most works remain theoretical, abstract, or Western in orientation. They rarely address how *Christian ethics can shape mental health policy and pastoral care in culturally relevant ways*. This study seeks to fill that gap by linking Christian moral theology with Nigeria’s mental health system, exploring how compassion, justice, and dignity—central Christian values—can inform more inclusive, humane, and ethical mental health care practices.

African Christian Ethics and Communitarian Values: African Christian ethics is deeply rooted in community-based values like solidarity, mutual care, and collective responsibility. These values resonate with traditional African moral systems and are reinforced by Christian teachings such as love of neighbour, stewardship, and human dignity (Mbiti, 2015; Bujo, 2001). In many African societies, including Nigeria, a person’s identity and well-being are understood in relation to the community—captured in the popular expression: “*I am because we are*” (Tutu, 1999). These communal ideals can support mental health care by promoting inclusion, compassion, and social accountability. Many scholars agree that African Christian ethics can enrich mental health care by offering a holistic view of the human person—spirit, soul, and body—along with a moral responsibility for others (Orobator, 2011; Gathogo, 2008). However, some critics argue that traditional communal values can also suppress individual needs or discourage people from openly discussing mental illness, due to fear of stigma or shame (Agbiji & Swart, 2015). In these cases, community becomes a source of silence rather than support. This review reveals a gap: while much has been said about the *moral strength* of African communitarianism, little attention is paid to how Christian ethics can *challenge and reform* these same values where they undermine mental well-being. This study seeks to fill that gap by offering a theological-ethical model that draws from both African

communal wisdom and the redemptive, liberative message of Christian ethics. It proposes a reimagining of mental health care that maintains communal solidarity but also affirms individual dignity, agency, and open support.

Relevant Ethical Principles: Three core ethical principles—*human dignity, compassion, and justice*—are central to Christian ethical thought and highly relevant to mental health care in Nigeria. These values guide not only pastoral care but also the broader moral obligation to ensure ethical treatment in public health systems.

Human dignity refers to the belief that every individual is created in the image of God (imago Dei), deserving respect regardless of mental health status (Genesis 1:27). This idea is widely supported by Christian ethicists such as Hauerwas and Wells (2016), who argue that the intrinsic worth of individuals should shape how institutions treat the mentally ill. However, critics argue that religious discourse around dignity is sometimes abstract and not clearly translated into policy or practice (Amutah-Onukagha et al., 2017).

Compassion, a practical expression of love and care, is another key value. In Christian ethics, it is not just emotional sympathy but an active duty to support the suffering (Luke 10:25–37). Scholars like Nussbaum (2013) agree, emphasizing empathy in healthcare ethics. Yet, others contend that compassion alone is not enough without institutional support and systemic change (Farmer, 2013).

Justice concerns the fair distribution of mental health resources and the right to accessible care. Christian social teaching sees justice as central to human flourishing (Wright, 2004). Nonetheless, critics warn that religious interpretations can be vague or inconsistent when addressing complex structural inequalities (Marshall, 2010). Most literature supports these principles in theory but fails to integrate them meaningfully into Nigeria's mental health policies. This study fills that gap by offering a *theologically grounded, context-sensitive ethical framework* that can inform real policy and pastoral practice, bridging the divide between theology and healthcare systems.

Theological-Ethical Critique of Nigeria's Mental Health Policy and Practice

Policy Gaps from an Ethical Perspective: Mental health policies in Nigeria often lack an ethical foundation that reflects both the dignity of persons and the spiritual values held by many citizens. Scholars such as Atilola (2015) argue that while Nigeria's National Mental Health Policy outlines goals for improved access and integration, it fails to address the deep-rooted stigma and moral neglect toward people with mental illness. In line with this, Jegede (2017) critiques the policy's failure to engage religious institutions, which play a significant role in shaping health beliefs and care giving in Nigerian society. Conversely, Obindo et al. (2020) highlight efforts by government and NGOs to promote mental health

awareness and community-based support, suggesting incremental improvements. Yet, they admit these efforts rarely align with the ethical values of compassion, justice, and pastoral care. What's missing in these reviews is a *Christian ethical analysis* that assesses not just access and awareness, but *moral responsibilities of the Church and state* in delivering care rooted in human dignity. This study seeks to fill that gap by reimagining Nigeria's mental health care framework through a theological-ethical lens that integrates both policy critique and faith-based values.

The Role of the Church and Pastoral Care in Mental Health: Several scholars agree that the Church plays a critical supportive role in mental health, especially in communities where professional services are limited. Churches often serve as accessible spaces for emotional support, counseling, and spiritual guidance (Koenig, 2012). Pastoral care, in particular, is recognized for promoting hope, belonging, and resilience through faith-based encouragement and community connection (Leavey, 2010). However, some studies caution that pastors may lack adequate training in psychological care, leading to possible misdiagnosis or spiritualizing mental health issues (VanderWeele, 2017). While faith communities provide comfort, conflicting views argue that churches sometimes contribute to stigma by framing mental illness as a result of sin or spiritual failure (Gearing et al., 2011). This tension highlights the need for balanced engagement that respects faith traditions while encouraging mental health literacy. The gap this study seeks to fill lies in the limited *theological-ethical evaluation* of how pastoral care and Christian ethics can be intentionally shaped to influence mental health policy and practice in Nigeria. This research offers a normative perspective that connects moral responsibility, compassion, and cultural understanding to the Church's mental health role.

Ethical Issues: Stigma, Neglect, and Institutional Silence: Mental health stigma in Nigeria often stems from cultural beliefs that associate mental illness with spiritual causes or personal failure, leading to shame and social exclusion (Gureje et al., 2015). This stigma discourages open dialogue and results in neglect by both families and institutions. Studies confirm that health systems often overlook mental health due to inadequate funding and policy priority, leaving vulnerable individuals unsupported (Eaton et al., 2011). Christian communities, though central to social life, sometimes reinforce stigma through misinterpretation of mental illness as sin or demonic possession (Amoateng et al., 2022). However, some scholars argue that faith-based groups are also sources of care, offering spiritual counseling and emotional support (Dein & Cook, 2015). This presents a conflicting view—religion as both a healing space and a source of stigma. The ethical tension lies in this dual role. What is missing in current literature is a *theological-ethical appraisal* that both acknowledges this tension and reframes Christian responsibility from a moral standpoint. This study fills that gap by offering a normative Christian ethical lens

that reimagines the church not as a passive observer, but as an active moral agent in addressing stigma and institutional silence.

Toward a Christian Ethical Framework for Mental Health Reform

Theological Vision for Inclusive and Compassionate Care: Theological scholarship widely affirms the imperative of inclusion and compassion as foundational to Christian care, especially in mental health contexts. Scholars like Hauerwas (2001) emphasize that Christian ethics calls for embracing those marginalized by illness, advocating for a community that reflects Christ's unconditional love and acceptance. Similarly, Cone (2010) stresses liberation and justice as core to pastoral care, promoting mental health approaches that confront stigma and systemic neglect.

Conversely, some critiques caution against overly idealistic visions. Nussbaum (2006) argues that theological frameworks may at times underappreciate the complexities of mental health, risking simplified or paternalistic care models that do not fully engage with individual autonomy or secular mental health paradigms. Others, like Mbiti (1990), highlight tensions between communal African religious ethics and Western individualistic mental health practices, complicating straightforward applications of Christian care models.

Despite these insights, a clear gap remains: existing literature often either isolates theological ideals from Nigerian socio-cultural realities or lacks practical frameworks linking Christian ethics directly with national mental health policy reform. This study seeks to bridge that gap by contextualizing theological ethics within Nigeria's mental health system, offering an integrated, culturally sensitive model of inclusive and compassionate care.

Ethical Proposals for Policy and Practice: Many scholars emphasize the importance of integrating Christian ethics—such as compassion, dignity, and justice—into mental health policies to promote humane and inclusive care (Hauerwas & Wells, 2016; Swinton, 2012). These ethical frameworks advocate for policies that not only address medical needs but also consider the spiritual and social well-being of individuals, aligning with Christian values of holistic care. For example, Swinton (2012) highlights the role of pastoral care in reducing stigma and fostering community support. However, some critics argue that overemphasis on religious ethics risks marginalizing non-Christian perspectives and may inadvertently reinforce stigma by associating mental illness with moral failure (Appiah, 2019). Additionally, there is concern about the practical challenges of integrating theology into secular health policy frameworks, which require universal applicability (WHO, 2021). Despite these debates, existing reviews often overlook the

specific Nigerian socio-cultural and religious context, particularly how African Christian communitarian ethics can uniquely inform mental health reform (Mbiti, 2015). This gap—addressing culturally grounded Christian ethics in Nigerian mental health policy—provides fertile ground for this study to contribute nuanced ethical guidance tailored to local realities.

Enhancing Church-State Collaboration: Church-state collaboration in mental health care has gained increasing attention as a pathway to holistic support in Nigeria. Several scholars emphasize the church's unique role in providing pastoral care, counseling, and community support, which can complement formal mental health services (Adebayo & Oladele, 2020; Okoye, 2019). They argue that the church's moral authority and grassroots presence position it as a vital partner in reducing stigma and promoting mental well-being (Umeh, 2021). However, some critics caution against potential challenges, such as differing priorities between religious organizations and government agencies, and concerns over the secular nature of state health policies (Eze & Nwankwo, 2022). They warn that inadequate regulation and lack of clear frameworks could lead to fragmented efforts or the marginalization of evidence-based mental health interventions. Despite these insights, current literature often overlooks how Christian ethical principles can practically guide and strengthen such collaborations, especially in Nigeria's complex socio-cultural context. This study aims to fill that gap by providing a theological-ethical appraisal that bridges policy, pastoral care, and Christian moral vision, offering a framework for more integrated and ethically sound partnerships.

Conclusion

Summary of Key Findings: The reviewed literature consistently highlights the central role of Christian ethics in shaping compassionate and holistic approaches to mental health care. Core ethical principles such as human dignity, justice, and pastoral compassion emerge as foundational values that can guide both policy and practice (Hauerwas & Wells, 2016; Swinton, 2019). African theological perspectives, particularly those emphasizing communitarianism and relationality, further enrich this ethical framework, aligning closely with Nigeria's cultural and religious milieu (Mbiti, 2015). Studies also underscore the significant influence of religious communities, especially the church, in providing informal support systems and pastoral care for individuals experiencing mental health challenges (Swinton, 2019). The literature reveals that Christian moral teachings can serve as powerful tools for reducing stigma and fostering inclusion when appropriately integrated into mental health discourse (Hauerwas & Wells, 2016). Moreover, policy analyses within the literature reflect an emerging recognition of the need for ethical grounding in mental health reforms, particularly through the integration

of faith-based perspectives with secular health policies (Adewuya & Makanjuola, 2009). Collectively, these findings suggest that Christian ethics offer valuable normative resources that can inform and enhance mental health care delivery in Nigeria.

Implications for Theological Ethics and Public Policy: This study's theoretical appraisal reveals that Christian ethics—emphasizing human dignity, compassion, and justice—offers a vital moral foundation for rethinking mental health care in Nigeria. The findings suggest that theological ethics can guide policymakers and practitioners toward more inclusive and humane approaches that confront stigma and marginalization embedded in current mental health frameworks (Hauerwas & Wells, 2016; Swinton, 2019). By integrating African communitarian values, Christian ethics encourages a relational and holistic view of mental well-being, challenging overly clinical or fragmented approaches (Mbiti, 2015). For public policy, the study underscores the need to explicitly incorporate ethical principles derived from Christian moral theology into mental health legislation and programs. This can foster policies that prioritize pastoral care, community engagement, and ethical accountability in service delivery. Furthermore, the study highlights the critical role of church institutions as moral agents capable of bridging gaps between policy and practice, advocating for reform, and offering compassionate support. Ultimately, these implications call for a collaborative effort between religious leaders, policymakers, and mental health professionals to develop frameworks that reflect Nigeria's unique socio-religious realities while upholding universal ethical standards. Such synergy can promote transformative change in mental health care policy and practice.

Recommendations and Suggestions for Further Studies

Based on the theological and ethical appraisal of mental health care in Nigeria, this study recommends a stronger integration of Christian ethical principles—such as dignity, compassion, justice, and community care—into mental health policies and practices. Policymakers should engage with faith leaders and theologians to develop frameworks that address stigma and promote inclusive care. The Church, as a trusted institution in many Nigerian communities, can play a vital role in pastoral support, mental health education, and advocacy for policy reforms that prioritize human dignity and holistic wellbeing. Additionally, training programs for mental health practitioners should include modules on religious and ethical sensitivity to better serve Nigeria's culturally and spiritually diverse population. Collaboration between healthcare providers, government agencies, and faith-based organizations is crucial for creating accessible and ethically sound mental health services. Encouraging dialogue between secular and religious perspectives will enrich mental health discourse and practice. For further studies, there is

a clear need for empirical research that explores how Christian ethical values practically influence mental health outcomes among patients and caregivers in Nigeria. Longitudinal studies examining the impact of church-led mental health initiatives could provide valuable insights into best practices. Moreover, comparative analyses between different religious traditions and their approaches to mental health care would deepen understanding of the socio-religious dynamics affecting policy and practice. Future research might also explore the experiences of mental health practitioners navigating religious beliefs in clinical settings, providing nuanced perspectives on ethical dilemmas and opportunities for integrative care. Such studies would contribute to a more comprehensive and culturally responsive mental health system in Nigeria.

References

- Abbo, C. (2011). Profiles and outcome of traditional healing practices for severe mental illnesses in Eastern Uganda. *Mental Health, Religion & Culture*, 14(7), 621–637.
- Adebayo, T., & Oladele, J. (2020). The role of faith-based organizations in mental health promotion in Nigeria. *Journal of Religion and Health*, 59(4), 1901–1915.
- Adejumo, A. O., & Olugbile, O. (2005). Psychiatric stigmatization and the Nigerian family: A viewpoint. *International Journal of Social Psychiatry*, 51(1), 87–92.
- Adewuya, A. O., & Makanjuola, V. A. (2009). *Mental health care in Nigeria: Current challenges and future prospects*. Nigerian Journal of Psychiatry, 7(2), 45–52.
- Amoateng, Y. O., Osei-Tutu, E., & Ababio, M. (2022). Religion, mental illness, and stigma in sub-Saharan Africa. *Journal of Religion and Health*, 61(2), 1537–1554. <https://doi.org/10.1007/s10943-021-01477-z>
- Amutah-Onukagha, N., et al. (2017). *Health equity and faith-based approaches*. Journal of Health Disparities Research and Practice, 10(1), 92–105.
- Anyamele, S. C. (2020). *Christian ethics and public health care in Nigeria*. Lagos Theological Review, 12(1), 45–58.
- Appiah, K. A. (2019). *The ethics of identity*. Princeton University Press.
- Aquinas, T. (1947). *Summa Theologica* (Fathers of the English Dominican Province, Trans.). Christian Classics.
- Cone, J. H. (2010). *The cross and the lynching tree*. Orbis Books.
- Dein, S., & Cook, C. C. (2015). Religion, spirituality and mental health: Theoretical and clinical perspectives. *BJPsych Advances*, 21(2), 94–101.
- Eaton, J., McCay, L., Semrau, M., Chatterjee, S., Baingana, F., Araya, R., ... & Saxena, S. (2011). Scale up of services for mental health in low-income and middle-income countries. *The Lancet*, 378(9802), 1592–1603.

- Eze, M., & Nwankwo, L. (2022). Challenges in church-state partnerships in health care delivery: A Nigerian perspective. *African Journal of Public Policy*, 8(2), 45–59.
- Farmer, P. (2013). *To repair the world: Paul Farmer speaks to the next generation*. University of California Press.
- Gearing, R. E., Schwalbe, C. S., MacKenzie, M. J., Brewer, K. B., Ibrahim, R. W., Olimat, H. S., & Al-Krenawi, A. (2011). Adaptation and translation of mental health interventions in Middle Eastern Arab countries: A systematic review. *International Journal of Social Psychiatry*, 57(6), 587–595.
- Gureje, O., Lasebikan, V. O., Ephraim-Oluwanuga, O., Olley, B. O., & Kola, L. (2015). Community study of knowledge of and attitude to mental illness in Nigeria. *The British Journal of Psychiatry*, 186(5), 436–441. <https://doi.org/10.1192/bjp.186.5.436>
- Gushee, D. P., & Stassen, G. H. (2003). *Kingdom ethics: Following Jesus in contemporary context*. InterVarsity Press.
- Gutiérrez, G. (1973). *A Theology of Liberation*. Orbis Books.
- Hauerwas, S. (2001). *Resident aliens: Life in the Christian colony*. Abingdon Press.
- Hauerwas, S., & Wells, S. (2016). *Christian ethics for the twenty-first century*. Wiley-Blackwell.
- Jack-Ide, I. O., & Uys, L. R. (2013). Barriers to mental health services utilization in the Niger Delta region of Nigeria. *African Journal of Primary Health Care & Family Medicine*, 5(1), 1–7.
- Jegede, A. S. (2005). The notion of ‘were’ in Yoruba conception of mental illness. *Nordic Journal of African Studies*, 14(1), 117–126.
- Jegede, A. S. (2009). The Cultural Context of Health, Illness and Medicine in Nigeria. *Ibadan Journal of the Social Sciences*, 7(1), 35–44.
- Koenig, H. G. (2012). *Religion, spirituality, and health: The research and clinical implications*. ISRN Psychiatry, 2012, 1–33.
- Leavey, G. (2010). The appreciation of the spiritual in mental illness: A qualitative study of beliefs among clergy in the UK. *Transcultural Psychiatry*, 47(4), 571–590.
- Marshall, R. (2010). *Political spiritualities: The Pentecostal revolution in Nigeria*. University of Chicago Press.
- Mbiti, J. S. (1990). *African religions and philosophy*. Heinemann.
- Mbiti, J. S. (2015). *African religions and philosophy* (2nd ed.). Heinemann.
- Mbiti, J. S. (2015). *African religions and philosophy* (2nd ed.). Heinemann.
- Nussbaum, M. C. (2006). *Frontiers of justice: Disability, nationality, species membership*. Harvard University Press.
- Nussbaum, M. C. (2013). *Creating capabilities: The human development approach*. Harvard University Press.

- Ogunlesi, A. O., & Ogunwale, A. (2021). Mental health services in Nigeria: Past, present and future. *South African Journal of Psychiatry*, 27(1), 1–5.
- Ogunwale, A. (2019). *Pastoral care and mental health in Nigeria: Bridging the gap*. African Journal of Theology, 27(2), 99–113.
- Okoye, C. (2019). Faith and mental health: The church's contribution to psychosocial support in Nigeria. *International Journal of Mental Health*, 48(3), 212–228.
- Okpaluba, C. (2018). *Mental health and the church in Africa*. Lagos: Heritage Press.
- Oladipo, O. (2010). The role of religious leaders in mental health awareness in Nigeria. *Journal of Religion and Health*, 49(2), 236–245. <https://doi.org/10.1007/s10943-009-9240-2>
- Swinton, J. (2012). *Spirituality and mental health care: Rediscovering a “forgotten” dimension*. Jessica Kingsley Publishers.
- Swinton, J. (2019). *Spirituality and mental health care: Rediscovering a “forgotten” dimension*. Jessica Kingsley Publishers.
- Umeh, I. (2021). Reducing mental health stigma through church-based interventions in Africa. *African Journal of Psychology*, 33(1), 102–119.
- VanderWeele, T. J. (2017). Religious communities and human flourishing. *Current Directions in Psychological Science*, 26(5), 476–481.
- Vaughn, L. (2020). *Doing ethics: Moral reasoning and contemporary issues* (6th ed.). New York: W.W. Norton.
- World Health Organization (WHO). (2021). *Mental health action plan 2013–2030*. WHO Press.
- World Health Organization (WHO). (2022). *Mental Health Atlas 2020*. Geneva: WHO.
- Wright, N. T. (2004). *Scripture and the authority of God*. SPCK.