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# THE IMPERATIVE OF INTEGRATING MENTAL HEALTH AND PSYCHO-SOCIAL SUPPORT IN PEACE-BUILDING INTERVENTIONS IN NIGERIA

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**Abstract**
Decades of violent conflict in Nigeria have led to widespread mental health and psychosocial challenges, profoundly affecting victims, perpetrators, humanitarian workers, and peacebuilding efforts. Research highlights a strong correlation between violent conflict and mental health disorders, with affected individuals having higher rates of conditions such as post-traumatic stress disorder (PTSD), depression, and anxiety, particularly in conflict-ridden regions like Northeast Nigeria. Despite this evident link, mental health and psychosocial support (MHPSS**)** remain largely absent from peacebuilding interventions, exacerbating the prevalence of untreated mental health disorders and the attendant consequences. This paper underscores the urgent need to integrate mental health and psychosocial support into Nigeria's peacebuilding interventions while identifying key challenges such as the shortage of mental health professionals, societal stigma, and cultural misconceptions. To address these barriers, the paper advocates for a holistic, multisectoral approach rooted in global frameworks, including the United Nations Development Program's guidance. It recommends embedding MHPSS in peacebuilding and humanitarian interventions, promoting awareness to combat stigma, and building local and professional capacity through training.
**Keywords:** Mental Health, Psychosocial support, Peacebuilding, Interventions, multisectoral approach

## Introduction

Decades of violent conflicts in Nigeria have engendered severe mental health and psychosocial crises, affecting millions of individuals and impeding peacebuilding through cycles of unaddressed trauma and vulnerability. Recent systematic reviews indicate a prevalence of 20-30% common mental disorders nationwide, with depression impacting up to 25% of the population (Abubakar, Yisa, & Olukorode, 2025). Data from the Association of Psychiatrists in Nigeria (APN) reveal that more than 60 million Nigerians suffered from various mental illnesses in 2022, a figure likely higher in 2025 amid ongoing conflicts and economic challenges. The situation is particularly dire in conflict-affected areas, as years of violent conflicts and stress exacerbate existing mental health and psychosocial challenges. For instance, a study conducted in the northeastern region of Nigeria, which is ravaged by years of terrorism and other forms of violent conflicts (IOM, 2021), indicates that prolonged violent conflicts and stress experienced in the region exacerbate existing mental health and psychosocial challenges, thereby compounding the struggles of the victims and inhibiting peace and resilience. Other studies corroborate this with findings, indicating that individuals with untreated mental health disorders, such as PTSD, face a higher risk of radicalization or recruitment by armed groups, thereby perpetuating cyclical violence. They also establish a strong correlation between unending cycles of conflict and untreated mental health disorders (Oestericher, Taha, & Ahmadi, 2024; DeAngelis, 2021). Given these trends, integrating

mental health as a critical pillar of peacebuilding is essential to break violence cycles, promote resilience, and achieve long-term stability.

Despite the prevalence of mental and psychosocial ailments, support and treatment options remain limited, as only 2 in 10 people have access to mental health services, representing a treatment rate of 80% (Abdulmalik, 2025). While many recognize psychosocial ailments, victims often face stigmatization, with widespread misconceptions attributing issues to spiritual or demonic causes (Ajao, 2022). Data from the 2020 "Mental Health Survey in Nigeria" by the Africa Polling Institute and EpiAFRIC show that mental illnesses are feared and misunderstood in Nigeria, with causes linked to drug abuse, sickness of the mind, possession by evil spirits (55% in rural areas vs. 53% urban), or divine punishment, highlighting a rural-urban divide that intensifies isolation in conflict-prone regions.

Hence, persons who suffer from this ailment are often stigmatized and are not accorded the support and care they need. The challenge is exacerbated by a severe shortage of mental health professionals, inadequate infrastructure, and insufficient financial capacity and budgetary allocation for mental health care and support at both national and subnational levels (Punch Newspaper, October 10, 2020). Consequently, MHPSS is rarely prioritized or integrated into peacebuilding and development interventions, perpetuating inequities and hindering societal recovery.

**What is Mental health?**

Mental health is more than the absence of illness; it encompasses a holistic state of emotional, physical, psychological, and social well-being that enables individuals to cultivate meaningful relationships, build resilience, and realize their full potential, even in the face of adversity. The World Health Organization, (WHO, 2022) defines mental health as "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community". Similarly, the (American Psychological Association, n/d) conceptualize mental health as "a state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life". Hence, mental health is a vital aspect and matters in the overall well-being of every individual, society, and the effective functioning of human society, as it influences how individuals think, feel, and behave in their daily lives, and also determines how they respond to challenging situations such as violent conflicts. Neglecting mental health can have far-reaching implications that compromise an individual's or an entire society`s emotional well-being, relationships, productivity, and social harmony.

Like every other aspect of human well-being, mental health can be affected by factors that could lead to mental illness and psycho-social challenges with far-reaching implications. Factors such as poverty, violence, inequality, and loss of loved ones and sources of livelihood, which are prevalent in conflict zones, exacerbate vulnerability and often manifest in disorders like anxiety, depression, and post-traumatic stress disorder (PTSD). Findings from a study conducted by (Ofoma, Audu, & Nkata, 2025) have shown that depression and psychological distress are prevalent among persons affected by violent conflicts. Similar studies by (Carpiniello, 2023) Nwokolo, 2019) also show a prevalence of post-traumatic stress disorder (PTSD), anxiety, and depression among persons affected by violent conflicts. The impact of these ailments on individual well-being and societal harmony cannot be overstated. First, it can lead to social isolation, family breakdown, and community conflicts, ultimately undermining social cohesion and stability (Bekeko, Mekonnen, & Teklu, 2025). Untreated mental health ailment also reduces quality of life, increase social isolation, increase suicide risk, and functional decline in daily activities. It also heightens vulnerability to substance abuse and radicalization, perpetuating personal suffering (Eneh & Eneh , 2024).

Ultimately, untreated mental ailments can erode community trust, foster revenge cycles, and disrupt social cohesion, leading to cycles of trauma and violence that undermine peacebuilding and conflict resolution efforts.

**What is Peacebuilding?**

Scholars have articulated peacebuilding in various ways; yet a common thread lies in the acceptance that peacebuilding is indispensable in addressing the root causes of conflict, building community resilience, and laying the foundation for sustainable peace, particularly in post-conflict settings. The concept of peacebuilding is derived from the multi-approach that proposes that peace is not just putting an end to direct violence but also cultivating and encouraging systems and practices that promote enduring sustainability, equity, justice, and allow individuals and communities to thrive. (Galtung, 1967) distinction between 'negative peace" (mere absence of direct violence) and "positive peace" (presence of justice, harmony, and structural equity) is particularly salient here. In Nigeria's context, negative peace might manifest as fragile ceasefires amid peace deals with bandits in the northwest region, peace enforcement in the northeast and southeast insurgencies against Boko Haram insurgents and IPOB agitators, respectively, while positive peace demands addressing structural violence such as injustice, inequalities such as poverty, ethnic marginalization, and resource disparities, etc.

"Peacebuilding is essentially an approach adopted by individuals *or* groups who meaningfully engage with issues they care about in an effort to build a more peaceful and just world. It includes a wide range of actions, activities, and life choices aimed to transform conflict, delegitimize violence, deconstruct systems that produce inequality, heal suffering, or otherwise remove the causes of war and violence (O'Connor, 2020). It involves supporting people in or at risk of conflict to prevent or end direct violence and creating the conditions for sustainable peaceful coexistence and peaceful social change by addressing 'structural violence', the underlying inequalities, injustice, or conflict between groups of people by established institutions or processes (International Alert, 2025). The (United Nations, n/d) frames it as efforts to mitigate relapse risk by fortifying national capacities for conflict management and laying the groundwork for sustainable development. It further clarifies that peacebuilding is an intricate, long-term process of creating the necessary conditions for sustainable peace, and it addresses the core issues that affect the functioning of society and the State, and seeks to enhance the capacity of the State to effectively and legitimately carry out its core functions. (Curtis, 2019) echoes this, defining peacebuilding as the "medium-to-long-term process of rebuilding war-affected communities through identifying and supporting structures which will tend to strengthen and solidify peace in order to avoid a relapse into conflict".

**Mental Health and Psychosocial Support in Nigeria**

Although recognized as vital for conflict resolution and peacebuilding, mental health and psychosocial support (MHPSS) remain limited in Nigeria's peacebuilding and other interventions for conflict victims (Abdulmalik, 2025).This limitation is not peculiar to conflict settings but cuts across all facets of the country (WHO, 2017). A national survey by the Africa Polling Institute (API) and EpiAFRIC underscores low awareness, with respondents predominantly ascribing mental ailments to drug abuse, evil spirit possession, or cognitive maladies, fostering widespread misconceptions and reluctance to seek formal care (Africa Polling Institute, 2020). In rural areas, financial barriers, elevated treatment costs, and stigma compel individuals to endure untreated conditions or turn to traditional and religious healers, despite their often ineffectiveness in addressing clinical needs (Nweke, 2024; WHO, 2022). This dynamic not only sustains high prevalence rates but also amplifies vulnerabilities, particularly in rural areas where cultural norms further entrench isolation.

Beyond societal perceptions, the crisis is deepened by an acute shortage of mental health professionals, driven by systemic, economic, and cultural deterrents that impede recruitment, retention, and service expansion. As of 2025, Nigeria has fewer than 300 practicing psychiatrists serving over 220 million people and only 319 licensed clinical psychologists are registered with the Nigerian Association of Clinical Psychologists (Coker, 2024; Afolabi, 2025). The shortage is compounded by brain drain of professionals seeking better conditions abroad, hampering services and ultimately leaving millions without access to essential mental health care.

Cultural barriers and stigma surrounding mental health pose a significant challenge in addressing mental health ailments, particularly in rural areas where traditional beliefs and misconceptions prevail (Coker, 2024). In many communities, mental illness is shrouded in stigma, with individuals suffering from high levels of social exclusion and rejection from family, social, and religious circles. This stigma stems from deep-rooted cultural beliefs that attribute mental illness to supernatural forces, ancestral curses, or bewitchment, rather than recognizing it as a treatable medical condition (Audu, 2013). Caregivers and loved ones who support individuals with mental health challenges are also stigmatized, thereby serving as barriers to giving and accessing adequate care. Consequently, individuals with mental health challenges often face discrimination, ostracism, and even blame from their communities, which can exacerbate their condition. The stigma extends beyond to caregivers and loved ones, creating a significant barrier to seeking and accessing adequate care, as individuals fear being stigmatized or ostracized by their communities. As a result, many people suffering from mental health challenges tend to seek help from unorthodox sources, such as religious and traditional treatment centers, leading to delayed diagnosis, inadequate treatment, and poor health outcomes.

Furthermore, healthcare facilities and professionals face significant risks in conflict-prone areas (IRC, 2019). Kidnappings, attacks, and violence have become prevalent threats, severely impacting the healthcare system's capacity to provide essential services. Reports indicate that over 100 health workers were abducted between 2019 and 2024 across Nigeria, with 49 incidents of violence against health workers and facilities recorded in 2021, resulting in 30 health workers being kidnapped across 13 states. A recent incident involving the kidnapping of neurosurgeon Tochukwu Mbanugo in Anambra State further highlights the vulnerability of medical professionals. The constant threats have led to a shortage of skilled healthcare personnel in conflict regions, with many professionals migrating to safer areas or emigrating entirely, exacerbating the shortage and severely impacting healthcare delivery, particularly in conflict zones where medical services are urgently needed (Ojuroungbe, 2024; Aniunoh & Nwokolo , 2024). For instance, IRC reported in 2019 that only half of health-care facilities are functioning in Borno state due to violence and insecurity, disrupting essential health services, including mental health care, and hindering medical aid delivery. The situation is similar in other regions like Zamfara, Katsina, and Sokoto States, which are facing high levels of violence and insecurity (Relief Web, 2025).

## The Imperative of Integrating Mental Health and Psycho-Social Support in Peacebuilding

Violent conflict adversely affects people's mental health, and high levels of poor mental health affect the ability of individuals, communities, and societies to function peacefully and effectively during and after conflict, thereby hindering communities and cultures from achieving social harmony and development. Studies (Yang, Jiajia, & et, 2025; United Nations, 2020)have shown that exposure to violence can lead to the development of mental health ailments, and individuals with mental illnesses are at an increased risk of exhibiting violent behaviors. Conversely, peaceful environments promote mental well-being, tolerance, and social cohesion, thereby reducing the likelihood of violent behavior and other disorders.

Hence, mental health and psychosocial support (MHPSS) is arguably a foundation for long-term peacebuilding, and its integration into interventions at all levels is essential to achieving sustainable peace(Tankink, Bubenzer, & Walt, 2017). The integration entails acknowledging the intricate relationship between mental health, violence, peace, and how unaddressed mental health challenges can perpetuate cycles of violence (IASC , 2024).

A successful integration of mental health and peacebuilding requires a holistic understanding of the unique needs of each person and the communities involved. It takes into account the factors that influence mental health and the drivers of conflict and violence, such as poverty, inequality, and social injustice, which can exacerbate mental health challenges and undermine peacebuilding efforts. Other elements needed for the effective integration of mental health, psycho-social support, and peacebuilding are community sensitization on mental health, having Safe spaces for dialogue across social groups and generations, addressing negative cultural and gender norms that increase psychological distress, and redress for past violence(International Alert, 2023). Additionally, community engagement and participation are crucial, as involving local actors in the design and implementation of such initiatives will ensure cultural relevance and ownership. By adopting such a comprehensive and inclusive approach, mental health and peacebuilding initiatives can promote sustainable peace, reduce violence, and foster resilient communities.

**Strategies for Integrating Mental Health and Psychosocial Support in Peacebuilding**

For seamless integration of mental health support into peacebuilding interventions and programs, the United Nations Development Program (UNDP) 2022 developed a global Guidance Note, using a broad consultative process, which proposes a framework for integrating mental health and psycho-social support into peacebuilding processes and interventions. The guidance note outlines how mental health and psycho-social support can be integrated into peacebuilding activities from the planning, implementation, monitoring, and evaluation stages. The guidance note discussed below is context-dependent and organization-specific to allow room for flexibility and adaptability. It is worth noting that different governments and organizations working on peacebuilding and mental health had their frameworks and strategies before now, the principles developed by the UNDP are to contribute to developing a universal approach for integrating mental health and psycho-social support in peacebuilding.

The first principle recommended by the UNDP for integrating mental health and psycho-social support in peacebuilding is to co-create an integrated approach that brings together experts from mental health and psycho-social support (MHPSS) and peacebuilding fields to develop innovative solutions by combining their knowledge, skills, and perspectives. The expected outcome is to identify commonalities and areas for integration, clarify roles and responsibilities in interventions, and impact each other basic knowledge of the other`s field. This can be achieved using intellectual forums like workshops that bring practitioners from both fields to come together and learn from one another.

Closely followed to this principle is the need for a holistic, multi-sectoral, and multilevel approach to integrating Mental Health and Psycho-Social Support (MHPSS) into peacebuilding. This involves the recognition and promotion of a gender-sensitive, multisectoral, and multilayered strategy. The principle is aimed at taking cognizance of the diverse impacts of conflicts on different groups of individuals and fostering collaboration among various stakeholders (e.g., civil society, government, community leaders) and sectors (e.g., health, environment, economy). This is achieved by acknowledging how other fields impact mental health and peacebuilding needs and outcomes, reaching out to local organizations and other relevant bodies to explore synergies and possibilities for collaboration, conducting advocacy and awareness raising to gain the support of the government, donors, and other stakeholders on the need to integrate mental health and

psycho-social support into peacebuilding efforts as a necessary intervention for sustaining peace and preventing further violence.

Achieving the goal of integrating mental health and psycho-social support cannot be achieved without intentional and continuous relationship building between practitioners from both fields. Relationship building, coordination, and networking must be prioritized among the different groups. This involves building trust, developing mutual respect, and establishing a commitment to a future shared integrated vision and outcome. This is best achieved by fostering trust and building relationships through individualized exercises and exploring and aligning each other's organization's vision, mission, skills, knowledge, limitations, etc.

To commence interventions, stakeholders, inclusive of peacebuilding, mental health, and psycho-social support practitioners and community organizations, must first do a comprehensive assessment of the context, using the lenses of mental health, psycho-social support, and peacebuilding and local knowledge and practices. The assessment is to first identify the root causes of the conflict and its implications, and identify local needs, skills, resources, services, and resilience sources (youth, women's groups, religious) that are critical in achieving the set goal. Identifying the available resources (financial, social, cultural), evaluating the available support system if any, and building on it, etc.

While it is excellent to set ambitious goals, it should be realistic and consider the prevalent circumstances that may hamper or push the goals. The integrated approach must include short-term goals and actions accompanied by longer-term strategic plans and goals to attain this feat. The aim of the short-term goals is not to achieve sustainable peace and well-being but to serve as drivers of the long-term goals of sustainable peace and well-being. Ultimately, the combined efforts of short- and long-term interventions should lead to efficient mechanisms that achieve peacebuilding goals, including stability and national development.

Part of the measures to be taken for the successful integration of mental health and psycho-social support in peacebuilding efforts and enhanced outcomes is to develop a joint monitoring, evaluation, and learning framework. The framework should be inclusive and participatory, involving representatives from the affected community, recognize and boost agency, ownership, and relevance, continuously review the integration process within a well-designed research framework, be based on a well-documented theory of change, have context-specific results and contribute to assessing the program's effectiveness in achieving desired results. The key requirements to achieving this are; to align the monitoring, evaluation, and learning framework with community needs and priorities, explicitly agree and adopt the definition of key terms and concepts, develop a theory of Change through a participatory process that clarifies how the intervention will achieve its intended impacts, identify the steps and processes that will lead to desired outcomes and establish a baseline against which achievable and realistic targets and milestones are set etc.

Integrating mental health and psycho-social support into peacebuilding interventions must consider the unique context of each setting and adapt it into national contexts and frameworks. This includes historical legacies and their impact on the present, contemporary challenges like climate change, local expressions and definitions of well-being, recovery, illness, trauma, and peace. Doing this will ensure that global practices are adapted into local contexts, create dialogue spaces for local beliefs and practices, root implementation in local communities and interests, and recognize community members as the best source of knowledge. This will ultimately promote local ownership, sustainability, and effectiveness of the efforts.

Peace actors must ensure that their efforts and interventions are guided by the ‘Do No Harm' principle for organizations and personnel working in conflict-affected areas. This requires careful consideration to avoid causing unintended negative consequences through their presence and activities. To achieve this they must conduct thorough risk analyses for all programs and interventions, strategically define engagement approaches to avoid

compromising core principles, including human rights-based approaches, prioritize human dignity, life, and health protection throughout the intervention process, foster self-awareness, self-care, and cultural humility among personnel, collaborate closely with local CSOs and community leaders to manage power imbalances and cultural complexities and build on the local existing systems to rebuild trust, reduce stress, and promote social cohesion.

One of the biggest barriers to seeking mental health and psycho-social support is the stigma associated with the ailment. Understanding the roots and nature of mental health stigma in every given context is crucial for integrating mental health and psycho-social support into peacebuilding interventions. The actors i.e, peacebuilding and mental health experts, should seek and use the knowledge to raise awareness and promote tolerance, inclusion, and dignity, create safe spaces for individuals to open up about their mental health challenges, and address stigma as a key aspect of mental health and psycho-social support integration into peacebuilding. To effectively reduce stigma, interventions must be implemented at the community level, going beyond individual or family-focused approaches.

The final principle of integrating mental health and psycho-social support into peacebuilding efforts, as approved by the UNDP, is to acknowledge, manage, and support personnel's well-being. Persons working in conflict-affected areas are exposed to direct violence and traumatic narratives, compassion fatigue, burnout, mental health issues, work-related stressors like separation from family, expanded work expectations, social pressure, and personal experiences of violence or belonging to affected communities, etc which could lead to decreased productivity, impaired decision-making, effectiveness, adverse impacts on overall health, irritation and also stigmatization. It is therefore essential to prioritize personnel well-being through policies and processes, recognize and address mental health and psycho-social needs of personnel, and emphasize self-care and care for one another as fundamental to sustainable peacebuilding work. This can be achieved by creating a safe and positive workplace for personnel and equipping personnel with stress management skills that can be used throughout the fieldwork cycle etc.

**Integrating Mental Health and Psychosocial Support in Peacebuilding – Nigerian Context**

Nigeria's mental health landscape is profoundly strained, with over 20 % of the population suffering from mental health disorders. The dire situation is compounded by decades of violent conflicts in the form of banditry, terrorism, kidnapping, religious and ethnic conflicts, etc. As of 2024, the Internal Displacement Monitoring Centre reports over 3.6 million internally displaced persons (IDPs) due to armed violence, with millions more indirectly affected, heightening susceptibility to mental health and psychosocial challenges (IDMC, 2024). The displacement, coupled with the loss of loved ones and livelihoods, has had a profound impact on the mental health and psychosocial well-being of millions of people (Luana, 2017). Sadly, access to support in such volatile areas is very challenging as insecurity deters professionals and damages infrastructure, leaving the majority of people in need of help untreated. Stigma, financial limitations, and low awareness of mental health ailments also exacerbate mental health challenges and inhibit support. Additionally, interventions by the state and other stakeholders often prioritize the physical needs, such as food, water, shelter, healthcare, etc, as they are the most visible needs, and very little attention is given to the salient yet invisible mental health needs. Also, actors working in peacebuilding rarely know about mental health and the importance of integrating it into peacebuilding (Benjamin, 2022)

The impact of the minimal attention given to mental health in peacebuilding interventions is glaring and calls for urgent action. It increases suffering, disability, and mortality as people with mental health conditions are often at a higher risk of human rights abuses, including violence and exploitation (United Nations, 2024). For instance, in a study

of the impact of untreated mental health ailments among Internally Displaced Persons in northeast Nigeria, the hotbed of Boko Haram insurgency (Jegede, Albert, & Aluko, 2024), found that cooperation and collaboration, which previously served as social capital that connected people and promoted social cohesion, barely exist in many of the conflict-affected communities. Conversely, the conflicts have led to a widespread, deep-seated resentment that leaves people vulnerable. On the societal level, untreated mental health ailments are impeding peacebuilding interventions, making a return to conflict more likely as it frays the social fabric within communities, weakens opportunities for reconciliation and economic recovery, and increases the desire for revenge-seeking (Benjamin, 2022).

Seeing the importance of integrating mental health in peacebuilding interventions, the Nigerian government is collaborating with stakeholders to advance the integration of the two. Still in its budding stage, the integration is yielding positive results. Organizations like the International Organization for Migration (IOM) have pioneered community-based mental health and psychosocial support programs, utilizing mobile teams to reach individuals in need across different locations. Similarly, Médecins Sans Frontières (MSF) has established specialized clinics in Borno State, offering tailored psychological support through individual, group, and family sessions for internally displaced persons (IDPs), victims of violence, and host communities, thereby mitigating immediate trauma while fostering long-term coping mechanisms. The International Rescue Committee (IRC) complements these efforts with comprehensive counseling and therapy for displaced populations, emphasizing community reintegration to break cycles of violence, and the United Nations High Commissioner for Refugees (UNHCR) extends similar services to refugees and IDPs, focusing on trauma-informed support that aligns with broader protection frameworks. Equally important is the role of local actors, such as the Nigerian Red Cross Society and Neem Foundation, that deliver grassroots psychosocial aid to disaster and conflict victims via innovative initiatives like the "Counseling on Wheels," which deploy mobile teams of health specialists to bring mobile mental health services directly to insurgency-affected communities and hard-to-reach areas.

Despite these strides, efforts are marred by limited reach as the services are only accessible in a few locations, excluding millions in need. The limitation is attributed to sporadic attacks risking professionals, and shortages of professionals (MA, Oladele , & Olufadewa , 2020). Also, there is a coordination gap between organizations providing services and a scarcity of resources that limits the capacity of the organizations to reach a wider audience and provide the needed services (UNICEF, 2019).

**Recommendation**

1. Embed mental health and psychosocial support in Peacebuilding and humanitarian interventions: stakeholders need to integrate mental health and psychosocial support as a core component of peace and humanitarian responses in conflict settings. This will engender sustainable peace, break cycles of conflicts, improve social cohesion, and help persons and communities affected by conflicts make a wholesome recovery.
2. Promote awareness on mental health and psychosocial ailments: there is a need to create awareness in both conflict and non-conflict settings on mental health and psychosocial ailments. This will aid in eliminating the myths surrounding the ailment, reducing stigma, and creating a safe space for individuals to seek professional medical attention. This can be achieved by embedding mental health literacy in all critical sectors that promote social cohesion and development, and through partnership with community-based institutions, networks, and leaders in the design, implementation, and evaluation of interventions to ensure culturally relevant and effective education and awareness creation that leverage indigenous knowledge for sustainable outcomes.

3. Given the limited number of mental health professionals, there is a need for more hands to provide a wider reach. This can be achieved by creating incentives that will encourage more people to venture into the profession. Also, other healthcare workers and actors in the peacebuilding and humanitarian space should be trained and have their capacity built to provide ad-hoc mental health and psychosocial services, especially in conflict settings.

## Conclusion

Nigeria's enduring violent conflicts have resulted in a profound mental health and psychosocial crisis, affecting millions and perpetuating cycles of violent conflicts. Persons affected by this ailment rarely get the needed help due to the stigma associated with the ailment, low level of awareness, financial constraints, and shortage of professionals. Studies have shown that there is a close relationship between untreated mental ailments and cycles of conflict. Despite these correlations, peacebuilding and humanitarian interventions rarely take into account the mental health and psychosocial needs of individuals and communities. This paper, therefore, calls for integrating mental health and psychosocial support into peacebuilding interventions, as it is the foundation to achieving sustainable peace and stability.

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