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What Does Securitization Mean for Forensic Mental Healthcare in Nigeria?
The Search for Global Best Practices

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Abstract:

What is the current state of understanding and practice on forensic mental healthcare? In what ways does securitization explain forensic mental health in the context of policy and practice in Nigeria? How can Nigeria leverage current global practices in the implementation of its forensic mental health policy? This paper examines the foregoing questions, drawing lessons from the state of forensic mental healthcare practice in Nigeria, with specific reference to securitization and global best practices. The paper draws attention to the reality that despite global movements toward recovery-oriented care as a security issue in forensic settings, there is a policy and practice challenge in Nigeria relating to the linkages between securitization and forensic mental healthcare. These challenges are compounded by system-level barriers such as the non-recognition of forensic mental health as a human security issue, overcrowding in correctional facilities, inadequate workforce, and funding constraints. Furthermore, the paper argues that there are potential solutions that are both pragmatic and culturally adaptive, emphasizing interdisciplinary collaboration, adoption, and incorporation of the Forensic Assertive Community Treatment (FACT) approach, which Nigeria's forensic mental healthcare policy and practice can leverage. This is with the goal of formulating and implementing a security-responsive model that resonates with Nigerian realities while benchmarking global standards.

Keywords:

Securitization, Forensic Mental Healthcare, Human Security, Nigeria,

Introduction:

Forensic mental health care is an intricate fusion of psychiatric care and the complexities of the criminal justice system. Across the world, best practices on forensic mental health are established to meet the therapeutic demands of traditional psychiatric symptoms. This also includes the diverse criminogenic needs of the justice system and the provision of consistent, high-quality care meeting the forensic recovery standard for this population (Warburton,2015). It is aimed at optimizing therapeutic safety and security for individuals with mental disorders who have interacted with the legal system. Such patients may reside in various facilities, including homes, prisons, hospitals, and juvenile correctional centers. However, the extent of adoption and application of these practices varies from country to country.

Internationally recognized best practices on forensic mental health provide a framework for delivering optimal mental health services in forensic settings. The question remains: to what extent are Nigerian forensic services aligned with these practices? What specific challenges hinder the adoption and implementation of best practices in Nigeria? Addressing these questions necessitates an exploration of both systemic barriers and culturally relevant practices, successes, and gaps associated with Nigeria's forensic mental health based on the existing global normative framework and benchmarks.

In Nigeria, there is a growing concern about the accessibility and quality of mental health services, including forensic mental healthcare. Despite a high prevalence of mental illness reported in Nigerian prisons (Fatoye et al., 2006; Armiya'u et al., 2013), the care offered often lacks consistency and is not properly aligned with global best practices. Several barriers contribute to this misalignment, including resource constraints, shifting care paradigms, and societal perceptions (Lovett et al., 2019; Yusuf & Nuhu, 2009).

Method:

This paper is a contribution that examines the state of discourse on the linkage between securitization and forensic mental health in Nigeria, with specific reference to the role that research, policy, and praxis are playing in shaping the pedagogy of health security within the broad framework of human security as the central pillar for the actualization of the health needs of people, particularly those connected with mental health. The paper reviewed secondary literature on the subject matter it analysed, drawing inferences from varied perspectives and insights provided by scholars and practitioners alike.

Towards an Understanding of the Correlates between Securitization and Forensic Mental Health

In the 1990s, the concept of securitization emerged out of what was referred to as the Copenhagen School, which conceived the notion of securitization as a "speech act" within the policy arena that frames an issue as posing an existential threat, requiring extraordinary measure (Buzan, Waever & de Wilde, 1998:25). The argument of the Copenhagen School is framed on the basic assumption that the securitization of health is the most potent approach to attracting large-scale response from the state. In this context, health issues, particularly as they relate to forensic mental health, fall within the broader discourse of what Heymann et.al., 2015, referred to as non-traditional security issues. In its 1994 report titled "New Dimension of Human Security, the United Nations Development Programme (UNDP) drew attention to the fact that, regardless of the threats the world confronts, people, rather than borders, international relations, or economics should be prioritized by policymakers (UNDP, 1994).

Broadly speaking, mental health represents one of the components of human security, which makes health-related threats to be viewed as security threats, which compels governments to deploy resources towards addressing such threats. From the foregoing, the securitization of health has to do with governments, declaring

and accepting a particular challenge as an existential security threat. For such governments the alignment of these threats to the country's national or human security priorities, is meant to promote the health and well-being of the people. In this context, securitization seeks to bolster health as a security priority, with a strong sense of preparedness and response in meeting the health-related demands of the people.

While government attention has been focused largely on public health issues such as pandemics and epidemics, large-scale mental health crises have precipitated security-threatening triggering events, such as pandemics, war, and political turmoil, that result in disruptive socioeconomic and demographic transitions (Patel, Saxena & Lund, 2018). Unfortunately, there have been concerns to the effect that over time, there has been an omission of mental health from global health security, despite the global burden of mental disorders that are estimated to account for 21.2% to 32.4% of years lived with disability and 7.1% to 13.0% of disability-adjusted life-years (Vigo, 2016).

In a survey that was conducted on the state of mental health in Nigeria, the Africa Polling Institute (API) reported that an estimated 20%–30% of the Nigerian population suffers from mental disorders that have not been effectively addressed (API, 2020:5). There has been huge public outcry about the non-prioritization of mental health issue by the Nigerian government despite the threats it posed to human security in the country. The passage of the mental health bill by the Nigerian government, represents an attempt to prioritise mental health issues in the country. From a human security standpoint, the mental health law is supposed to address the negative public perception of mental health issues (Saied, 2023), which have increased the vulnerability of mentally ill persons, thereby affecting their well-being and safety.

In the context of the four pillar policy unveiled by Nigeria's Coordinating Minister of Health, Prof Muhammad Pate, he pointed out the fact that health security will be embedded in the country's national security (Akor, 2023). This approach to the securitization of health provisioning represents a major shift in the country's response to health issues in a way that prioritises health as a security imperative for the government. This broad recognition of health as a security issue presents a situation whereby mental health is accorded the same attention as other health-related issues that require the utmost attention of the government.

Forensic Mental Health Care in the Shadow of Securitization in Nigeria:

The current discourse on forensic mental health care is one that targets the delivery of forensic mental health along the direction of recovery-oriented therapy, emphasizing the value of therapeutic alliances and all-encompassing rehabilitation strategies. Such methods are crucial for achieving best practices around the world and are also crucial for the flexibility of services in the face of shifting patient demographics, especially in the current times of increased vulnerabilities for mentally ill persons. This was underscored in a study by Marshall and Adams (2018), which stressed the need for recovery-oriented care as the best approach in forensic mental health. A comprehensive strategy for recovery that prioritizes not only symptom management and therapy but also lowering criminal risks, such as the risk, need, and responsivity (RNR) model of rehabilitation, is also crucial as a key catalyst for safeguarding the safety and well-being of persons with mental health challenges. A crucial part of this technique is one that adopts a human security approach to recovery by focusing on the social, psychological, and physical needs of the affected persons.

In order to promote well-being, personal recovery, and safety as per mental health care, the utilization of evidence-based services based on a social model of health in a relationship of trust, recovery-oriented care has become an important area of focus, which also targets an individualised, dignified, empowered, partnered treatment planning, and execution method. According to Ogunlesi and Ogunwale (2018), the three different models now used in Nigeria appear to be at odds with contemporary forensic mental health treatment practices, which

place emphasis on recovery-oriented care. In its effort to provide the best forensic mental health treatments, the country encounters a variety of difficulties due to the fact that effective care delivery is frequently hampered by overcrowding in many Nigerian correctional facilities and detention centers. Additionally, services are hampered by a lack of qualified professionals, insufficient funding, poor infrastructure, inadequate coordination and management of these services, and apparent gaps in implementing evidence-based practices in Nigeria. The cumulative effect of the foregoing condition is one that weakens the human security of mentally ill persons, which also constitutes a public health challenge that requires a civil-military coordinated response (Kwaja et.al., 2021).

In a bid to advance a reparative model for offenders, the Nigerian Prisons' Service recently changed its name to the Nigerian Correctional Service in 2018. The capacity of Nigerian prisons to provide good corrections has long been known to be inadequate (UNODC, 2021). Being locked up or punished was a suitable response to such acts, and prisoners are today seen as oppositional or social outcasts. The self-directed notion of recovery-oriented care is not supported by such prison care for criminal offenders, who, in turn, constitute potent security risks to society.

Beyond these technical and organizational difficulties, however, is a more serious problem. This has to do with the unmet forensic mental health needs of patients in a society that is characterised by uncertainties around public safety and security. These law enforcement officers are expected to be invulnerable and resistant to mental health issues, so their demands for mental health care are left unmet. It is essential to meet these demands that are glaringly unmet by the current forensic mental health services in Nigeria if justice is to be delivered effectively and rehabilitation is to be successful.

The gaps in the provision of forensic care serve as a reminder of the value of a supportive physical and psychological environment, as well as a specialised forensic mental healthcare system that is sensitive to the security needs of mentally ill persons. When taking into account the reciprocal effects that both have on building therapeutic relationships between forensic service users and clinical personnel, one of the pillars of successful forensic mental health care (Tomlin et al., 2023), the roles of both work-space and work-force become especially crucial, from the perspective of a safe space approach to the provision of forensic mental health care in Nigeria

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Challenges Hindering Optimal Forensic Mental Health Services in Nigeria's [In]secured Spaces:

The pathway to achieving the best forensic mental health care in Nigeria has been hampered by several factors. While institutional and human resource weaknesses associated with a human security approach to forensic mental health services are evident, inadequate financing of mental health service delivery has been a distinct problem (Ogunwale et al., 2020). The most recent best practices in forensic mental health care are sadly not widely known or fully understood. The stigma that society frequently associates with mental health often serves to worsen this (Warburton, 2015), particularly as it relates to the increased ostracization of persons considered to be mentally ill, which in turn denies them care and support. Under such conditions of neglect and stigmatization that are society-induced, these persons become threats to the security of the community they live in and, by extension, risks to themselves. In addition, the stigma and discrimination toward offenders in general among members of society (Tremlin & Beazley, 2022), negatively impacted by these attitudes, is further worsened by the additional barriers to the comprehensive rehabilitation of mentally ill persons, particularly in correctional services settings.

Prisoners suffering from mental illnesses, while incarcerated are vulnerable to abuse and harassment by their fellow convicts, and they run the risk of suicide if they are not given proper treatment. These factors compromise their security and safety. They could also be a threat to others by acting violently. The security of mental health

professionals stationed inside jails during jail breakouts is another crucial concern. Concerns over secrecy and privacy become less ethical. Standard interview rooms for clinical patient contacts are lacking in many Nigerian correctional facilities. Even though the Nuremberg Code makes it abundantly evident that informed permission must be voluntary, it is uncommon to obtain consent for treatment from these people. It appears that the voluntariness of those who are currently involuntarily detained could be compromised by their surroundings, which would call into doubt the legitimacy of their agreement to receive treatment or participate in research.

The standard procedure under Nigerian criminal law for incarcerating individuals found not guilty by reason of insanity (NGBROI) is to remand them to prison for an indeterminate period of time (Ogunlesi & Ogunwale., 2018). This method presents ethical difficulties in terms of striking a balance between the public's safety and the rights of the individual. Such individuals stay longer than necessary incarceration and become a threat to other inmates. This is largely because they don't get the needed treatment as medications are lacking in the correctional facilities, thus worsening their symptoms and becoming more sick. This singular point is a security threat to the public and society at large. Best practices should be concerned about this. Research on care equivalency in other areas has demonstrated that there is no care equivalency between non-prison and prison populations (Niveau, 2007). This is particularly evident in Nigerian prison environments (Araromi, 2015). For this set of people, this equates to discrimination and injustice.

The gendered dimension to forensic health care, in the context of securitization, also presents a complicated picture in terms of the gender dynamics within the correctional service system and society in general. Even though there have been calls for gender-separate correctional service centres, this has not been addressed in Nigeria, as the allocation of detainees within correctional centres does not take into account the peculiar security needs of women and girls serving jail terms or living with their families.

Developing a Securitised and Comprehensive Model for Forensic Mental Health Care in Nigeria

Given the unique challenges Nigeria faces, it is essential to develop a securitized model for forensic mental health that is both adaptive and responsive to its local context while maintaining global standards. The first step is to foster interdisciplinary collaborations, engaging stakeholders across the mental health, psychological, legal, public health, and security sectors. The design of a security model for forensic mental health should be guided by key health-related policy priorities such as the National Disaster Response Plan (2002), National Health Policy (2020), National Mental Health Act (2021), as well as the Nigeria Correctional Service Act (2019). Though these policies were designed a set of actions to be undertaken towards achieving the healthcare needs of the country, they also underscore the primary purpose of government, which has to do with meeting the welfare and security needs of the people, as the primary purpose of the Nigerian state.

The adoption of a Forensic Assertive Community Treatment (FACT) approach to managing mental health issues offers an effective way of reducing cases of undue incarceration of individuals grappling with severe mental health disorders (Lamberti et al., 2004). By integrating this FACT within the Nigerian forensic mental health system, the country can make strides in safeguarding the rights of its vulnerable populations while ensuring public safety. From a public safety standpoint, this client-based and community-focused approach to service delivery strengthens relations between the criminal justice or law enforcement sector, security sector, communities, and mentally ill persons due to the integrated service delivery method it utilizes.

Mainstreaming mental health training in the curriculum of security, criminal, law enforcement, and correctional service sectors is essential for ensuring mental health is fully integrated into the country's national and human security agenda. Such a comprehensive approach has proven to be effective in other countries, which can serve as a model for Nigeria (US

Department of Justice, 2014). The design of the mental health training curriculum should be integrative to the extent that it captures the strategic role of the private sector as one actor that is playing a major role in the forensic mental health sphere in Nigeria.

For the mentally ill persons, serving jail terms should not be an end in itself. By adopting human security-focused strategies for forensic mental health care services, both the affected persons and their families can receive the much-needed support, which is capable of minimising the likelihood of relapse and repeat offenses (James, 1996). The efficacy of such outreach can be ensured by customizing it to fit the Nigerian cultural and family structures, which are key definers and shapers of the personality and worldview of persons considered to be mentally ill. In this context, the family and other social networks constitute principal agents of socialization that should not be neglected in framing securitized agendas for forensic mental health in Nigeria.

While the absence of a forensic mental health service census remains a key challenge in terms of the profile of mentally ill persons, there is a sense in which having a comprehensive understanding of the needs of such persons is important. This would provide a current picture of the gaps and opportunities that still exist in ways that would enable policymakers to design and implement integrated health security policies that are sensitive to the human security needs of forensic mental health in Nigeria.

Forensic mental health models in Nigeria can concentrate on creating a clear service users' progression pathway by drawing on worldwide insights. Care providers can deliver focused and timely interventions by methodically mapping from diagnosis to rehabilitation and societal reintegration (Walker et al., 2022). The establishment of an acute psychiatric unit within the correctional services facilities may be raised by such mapping. The demands of the convicts' human security needs can be met through such a unit, which could deliver care that is integrative and sensitive to such an environment (Armiyau et al., 2013). In addition, the potential addition of secure units to psychiatric institutions that

are specifically intended to treat criminals with serious mental health issues should be an important area of focus.

Conclusion

This paper has drawn attention to the correlates between securitization and forensic mental health, premised on the logic that Nigeria should improve on its commitment to the mental health of its citizens within the policy and practice continuum that places health provisioning as both a national and human security imperative. Consequently, while epidemics and pandemics have been securitized, not much has been done to mainstream such on mental health. Hence, the need to build stronger capacity in responding to mental health issues through investment in infrastructure, training of mental health practitioners, towards the provision of quality mental health-related services that are sensitive to the security needs of people who are prone and vulnerable to mental health challenges. In addition, integrating security in forensic mental health within Nigeria's national health policy agenda will promote the safety and social reintegration of persons caught in the web of the country's mental health arena.

In a world that is characterised by uncertainties due to criminality, conflicts, and other social issues that directly affect the mental well-being of people, the consequences are dire for people as a result of the emotional, psychological, and social stresses they confront. The call here is for the adoption of a multidisciplinary approach to understanding the intersection between security, psychiatry, law, psychology, and sociology, which allows for the development of more comprehensive, integrated, and pragmatic approaches to the vexed issue of forensic mental health in Nigeria.

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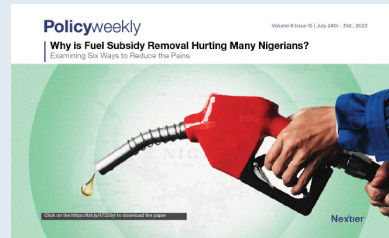
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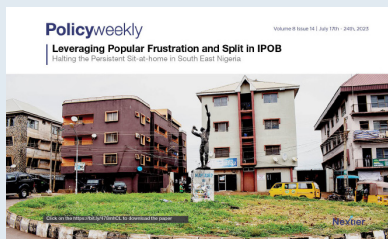
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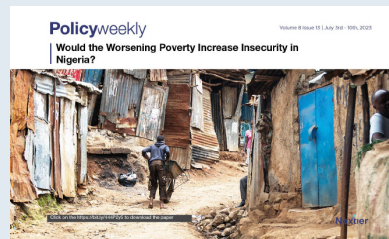
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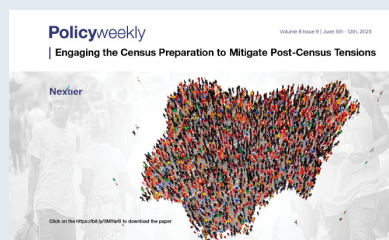
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