

## Broadcast Media Intervention in Mental Health Challenge in Edo State, Nigeria

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### Abstract

*In most communities, especially in Africa, people with mental health challenges are denigrated; the society is not sympathetic with sufferers of mental illness. A lot of issues can trigger mental illness. These can be stress (economic stress, social stress, educational stress, etc); hereditary factors; war and aggression; rape; spiritual factors, to mention a few. Therefore, there is the need for understanding and awareness creation among the people as one of the ways of addressing the problem. Methodologically, this study deploys analytical, observation and interview techniques. In doing this, it uses the Edo State, Nigeria scenario to critically reflect, albeit preliminarily, on the interventionist role the broadcast media have played/are playing/should play in creating awareness and providing support systems for mentally challenged persons in urban and rural centres in Nigeria. The study argues that television and radio media are very innovative and their innovativeness can be deployed in the area of putting mental health issue in the public discourse and calling for action. This is because, as modern means of mass communication, radio and television engender a technologically negotiated reaching-out or dissemination of information which naturally flows to all manner of persons regardless of their place of abode, class, political, social or religious orientations and persuasions. It further argues that although radio and television can readily provide friendly platforms for people to interact, with the intent of sensitizing and mobilising others to individually or collectively support identified social causes, their potentialities are yet to be fully explored in terms of programming, social responsibility as well as the maintenance of public good, with regard to creating awareness and understanding among the people toward remediating the prevalent problem of mentally challenged persons in Edo State, Nigeria. To reverse this, the study calls for a greater nexusing of the broadcast media and mental health issues, through carefully designed radio and television programmes, to reduce the culturally placed stigma associated with mental illness and remediate the incidences of overt and covert mental health cases in Edo State, Nigeria.*

**Keywords:** Edolites, Edo State, Mental health challenge, FUCC, Radio, NAMI, Television, CMHA, Mentally

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## Introduction

*We must be mindful of opportunities to initiate change. Even if not implemented immediately, the everyday steps we take eventually will have a positive and lasting impact, bringing us that much closer to our ultimate goal– a greatly enhanced state of world mental health* (Rosalynn Carter in the International Women Leaders for Mental Health, 2002).

The germaneness of the above quote is rested on the fact that across all epochs the issue of mental health has always affected virtually all strata of the human society. The poor, the rich, the black, the white, the old, the young, celebrities, peasants, leaders, followers, etc, have been victims of one form of mental illness or the other at one time or the other. The Bible, the holy writ of the Christians in the book of Samuel (1 Samuel 16:14; 1 Samuel 18:10) noted that at a time in history King Saul of Israel had a mental health challenge, which came in bouts of madness. Amidst, the glitz, glamour, glitterati of Hollywood, some of its all-time greats such as Whitney Houston, Marilyn Monroe, Michael Jackson, to mention a few, have had to contend with one form of mental health challenge or the other. Many ‘ordinary people’ in the backwaters of communities in first, second and third world countries have been confronted or are still confronting different forms of mental issues. What is really mental illness? What is the global situation? What is the Edo State, Nigeria scenario like? And, what have been the response of the broadcast media in terms of awareness creation and the provision of support systems for mentally ill persons in Edo State? These are some of the issues this study has set for itself.

Mental illness can be described as a state where the reasoning pattern of a person is altered in such a way that may cause discomfort to the person and/or his or her neighbours. It is synonymous with terms such as psychosis, lunacy, insanity, etc. It is when an individual goes off the ark that he or she is said to be insane or mentally challenged. The National Alliance on Mental Illness (NAMI) states that mental illnesses are medical conditions that disrupt a person’s thinking, feeling, mood, ability to relate to others and daily functioning (2012). Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, dysthymia, obsessive compulsive disorder (OCD), and panic disorder, post traumatic stress disorder (PTSD) and borderline personality disorder. Apart from these wild kinds of mental illness, there are milder forms such as minor depression, anxiety neurosis, seasonal affective disorder, minor sleeping disorders, among others. The Canadian Mental Health Association (CMHA) asserts that “mental illnesses can take many forms, just as physical illnesses do. Mental illnesses are still feared and misunderstood by many people...” (2012). However, NAMI (2012) points out that “mental illnesses are treatable.”

A lot of issues can trigger mental illness. These can be stress (economic stress, social stress, educational stress, etc); hereditary factors; war and aggression; rape; spiritual factors, to mention a few. In most communities, especially in Africa, people with mental challenges are denigrated; the society is not sympathetic with sufferers. Therefore, there is the need for understanding and awareness creation among the people as one of the ways of

addressing the problem. This study uses the Edo State, Nigeria situation of mental health challenge; with regard to the interventionist role the broadcast media have played/are playing/should play in creating awareness and providing support systems for the mentally challenged, as a template for discussion.

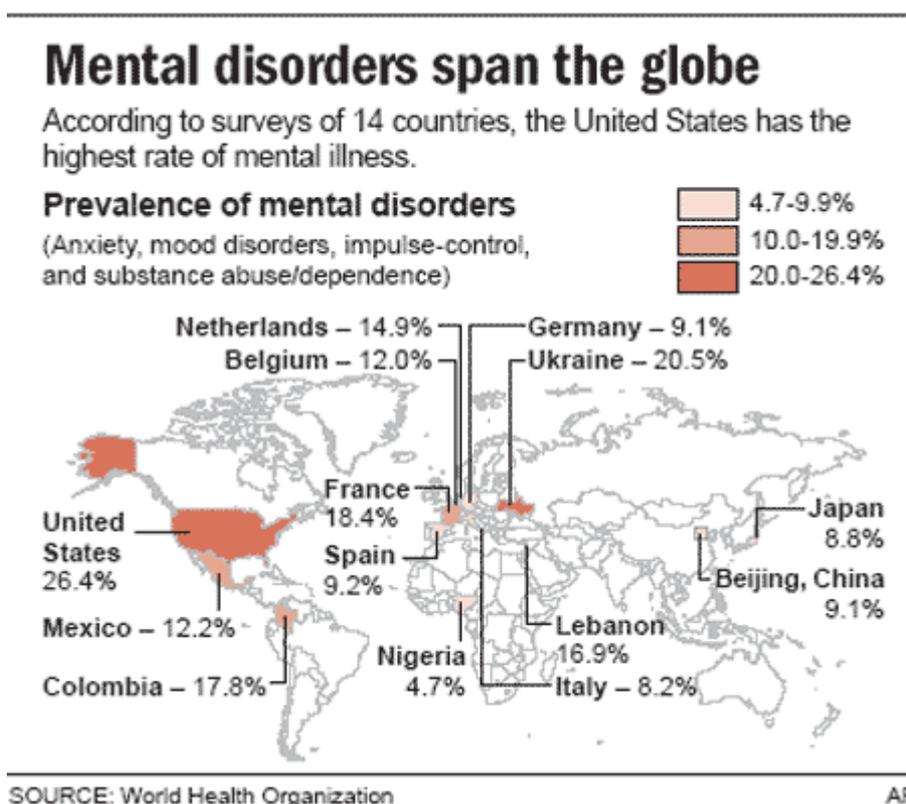
Severally and copiously, the media (radio, television, film and print [RTFP]) have been noted for their ability and capacity to create awareness and mobilise efforts as regards social causes, removal of the scales of ignorance from the eyes of people, rallying of citizens for national development, localization of the global and globalization of the local, putting the challenges of child abuse, child rights, HIV/AIDS as well as other socioeconomic and socio-political issues on the front burner of public discourse in different parts of the world at different times (McLuhan, 1965; Blumler and Gurevitch, 1984; Black, 1992; Baran and Davis, 1995; Dominick, 1996; Adeseye and Ibagere, 1999; Wellings and Macdowell, 2000; Saunders and Goddard, 2002; Baran, 2006; Omoera, 2006; Omoera and Awosola, 2008; Ekwuazi, 2008; Awosola and Omoera, 2008; Ibagere, 2009; Omoera, Awosola, Okhakhu and Adesina, 2010; Omoera, 2010a; Omoera, 2010b; Omoera, 2010c; Gupta and Sinha, 2010; Nyaole-Kowuo, 2010; Omoera and Okhakhu, 2010; Okhakhu and Omoera, 2011; Okhakhu, 2012). It is in view of this that this study examines how the media, specifically television and radio have been able to put the issue of mental illness in some communities (Benin City, Ekpoma and Auchi) in Edo State, Nigeria in the public domain and mobilise concerned governmental organizations' (GOs'), nongovernmental organizations' (NGOs') and other stakeholders' attention, with a view to remediating the problem. The study hopes to use the Edo State scenario to critically reflect, albeit preliminarily, on what the broadcast media have done/what the broadcast media can do to deal with the many cases of mentally challenged persons in urban and rural centres of Nigeria. This is especially so because the broadcast media can construct and reconstruct reality in ways that can impact many people (Wurtzel and Stephen, 1989). In other words, television and radio as mediums of mass communication are very innovative and their innovativeness can be deployed in the area of putting mental health issue in the public discourse in Edo State, Nigeria.

Mental health is a global phenomenon and falls within the purview of public health. Correspondingly, the media have a responsibility to keep the public abreast of happenings, occurrences and events and to maintain public good, including public health. It is from this perspective that this discourse nexuses radio and television media and mental health in society. Livingstone (1995) and Monaco (2009) have asserted that the broadcast media transcend time, space, geographical boundaries and cut across a wide range of audience(s) irrespective of differences in demographic and ecological characteristics. If this assertion is anything to go by, it means that television and radio are contemporary barrier-breakers that could be used to reach-out on social/health causes, including mental health issues. This technologically negotiated reaching-out or dissemination of information naturally flows to all manner of persons regardless of their place of abode, class, political, social or religious orientations and persuasions. It is in this respect that we argue that radio and television media can readily provide congenial platforms for people to interact, with the intent of sensitizing and mobilising others to individually or collectively support identified social causes or objectives in spite of their differences in contemporary Nigerian society. Methodologically, this study deploys analytical, observation and interview techniques in considering the

issue of mental illness in relation to the broadcast media in Edo State, Nigeria.

### Mental Illnesses: A Brief Global Review

Mental illnesses including anxiety disorders, substance abuse/dependence, mood disorders, depression, among others, are common and under-treated in many developed and developing countries, with the highest rate found in the United States of America (USA), according to a study of 14 countries (Associated Press [AP], 2004; Cable News Network [CNN], 2010). Souter (2004) has reported that thousands of interviewers/researchers in 28 countries are compiling information on the prevalence, severity and treatment of mental health disorders around the world. Researchers are calling it the most complex psychiatric epidemiological study ever attempted. The study's first section incorporates data from 60,463 face-to-face household surveys with adults in 14 countries conducted from 2001 to 2003. The results, released in the *Journal of the American Medical Association*, were analyzed to identify trends in the occurrence of mental illness around the world. The results list the USA as having the highest rates of mental illness (at 26.4% compared with 4.7% in Nigeria or 8.2% in Italy). The chart below captures the prevalence of mental disorders in some countries according to the study.



However, it must be noted that these figures might be relatively high in the USA and Ukraine because of cultural opposition to disclosing symptoms of mental illness or recognizing their significance in other countries such as Nigeria. This is probably why some researchers suggest that the actual number of mentally ill persons is likely much higher since residents/citizens of countries such as Nigeria, Saudi Arabia, Ghana, Cameroon,

Congo Democratic Republic, to mention a few, may be hesitant to confide in strangers due to culture bars. In many of these countries there is a hidden or unhidden stigma. People are reluctant to admit that they have mental problems (Ronald Kessler and T. Bedirhan Ustun quoted in AP, 2004).

In spite of these traditions that tend to prevent people from speaking up, the World Health Organization (WHO) has made considerable efforts to convince governments around the world that mental health problems should be taken seriously in a systematic way, in ways that many governments do not and particularly in developing countries where much money is spent on roads, high jinks or on guns than on health. The argument is that the human capital potentiality of a country requires that it develops and maintains a crop of educated and healthy citizens. If such a country refuses to do the above, it may never get developed. This perhaps explains why the WHO, in spite of the huge financial outlay, has for several years engaged in research efforts, including that of mental illness, aimed at making citizens of different countries around the world healthy (WHO's Global Burden of Disease Initiative, 1999). In fact, when the report of the WHO's Global Burden of Disease Initiative first came out in the late 1990s it said that the number one most burdensome illness in the world among people in the productive years of life was not cancer or heart disease or diabetes. It was depression, a form of mental disorder.

Similarly, the World Federation for Mental Health (WFMH) continues to push its vision of a world in which mental health is a priority for all people. Even though mental health services are increasingly being recognized as critical, they still get short shrift. They do not get the resources and support they deserve (WFMH, 2005). WFMH continues to sponsor international conferences on mental health innovations and on mental health promotion and prevention, to conduct projects of specific topical or regional interest such as those on HIV/AIDS and depression, and diabetes and depression, and to coordinate and support World Mental Health Day (Ganju, 2011). More recently, WFMH has redoubled efforts to achieve its vision through an initiative led by Dr. John Copeland that is called the "Great Push for Mental Health." Ganju (2011) asserts that the WFMH has formed a strategic alliance with the Movement for Global Mental Health (MGMH). The Movement is best reflected in a series of articles in *The Lancet*. Essentially, these articles make the case that mental illnesses constitute a significant proportion of the global burden of disease and that prioritization and attention on mental health intervention will contribute significantly to both economic and social development. The major themes of the "Great Push..." are: unity, visibility, rights, recovery (Ganju, 2011).

### **The Case of Nigeria**

Unfortunately, Nigeria appears to be on the periphery of ongoing international mental health network/effort. This is probably because apart from the absence of the requisite manpower (there are less than 70 qualified psychiatrists in the whole of Nigeria with a population of about 170 million people), government agencies such as welfare departments, women and children units, ministries of health at different levels of governance appear to bother less about mental health issues among the populace. Many a time, concerned government authorities tend to pass the buck as to whose responsibility it is to handle matters of mentally ill persons who aimlessly hang

around market places, schools and social gatherings in Nigeria.

This weighty finger-pointing is not unconnected with the lukewarm/laissez faire approach of the Nigerian government and other concerned stakeholders, including the media towards mental illness issues. First, mental health training institutions/psychiatric hospitals where researches into various forms of mental illness can be conducted or treatments administered to referred/identified mentally ill persons are unacceptably very few. Second, issues of psychiatry are considered under secondary or tertiary health care. Third, hordes of mentally challenged persons roam the streets in both rural and urban centres across the country. Fourth, many fraudsters who bear all kinds of names, including native doctors, spiritual healers, alternative medicine practitioners, are now on the prowl frisking hapless mentally challenged persons/families of their hard earned money in the name of providing them with treatments.

Fifth, apart from the infrequent new reports and occasional discussion segments on psychiatric issues hardly are matters relating to mentally ill persons put on air, whether on radio or television media in Nigeria. Sporadic discussions of mentally ill persons have been held on segments such as “Healthy Living” on “Good Morning from Benin” on Independent Television (ITV), Benin City; “Health Tips” on “AM Express” on Nigerian Television Authority (NTA) network; “Bridging the Gap,” a Lift Above Poverty Organization (LAPO) sponsored programme that is on the airwaves in Nigeria, among others. Sixth, the government has not thought it wise to give political muscle in support of nongovernmental organizations (NGOs), community based organizations (CBOs) or other volunteering agencies who may be interested in mental health issues in Nigeria. Actually, there is a litany of reasons why the government should be held culpable over the parlous state of mental health in Nigeria. However, that is not the focus of this discourse. It is more interested in exploring ways by which mental health issues/mentally ill persons could get attention and how the challenges they throw up increasingly become matters for discussion in the public domain through the instrumentality of the radio and television media.

### **Mental Health Challenge vis-à-vis Broadcast Media in Edo State: A Preliminary Report**

The investigation of mental health challenge in this study draws on cases of mentally ill persons as purveyed on radio and television media and as observed by the researchers in three communities in Edo State, Nigeria (Benin City, Ekpoma and Auchi). We choose to use these areas in this study because they serve, at present, as headquarters of the three major districts which Edo State is divided into. Hence, they can representationally stand as points of references for Edo South, Edo Central and Edo North respectively. Apart from this, the communities can boast of at least one terrestrial broadcast station within its jurisdiction, with several primary, secondary and tertiary schools, health institutions, markets and other public and private infrastructures and properties strewn around them. Again, at least one case of mentally challenged person is taken from each of the communities to underscore the prevalence of mental ill-health in Edo State. Moreover, the names of some of the persons used as cases studies or mentioned in the discussion have been changed in order to protect their ‘interest’ and avoid any kind of infringement of individual rights.

Relatively recently, it was reported in both print and broadcast media that several batches of lunatics, overtly

and covertly mad persons, among other differently challenged persons, 'loaded' in commuter buses from elsewhere were 'dumped' in popular public places such as Oluku Junction and Ring Road Area in Benin City, Angle 90 in Auchi and Market Square in Ekpoma, among other public places in Edo State of Nigeria. These differently challenged persons seem to have swelled the number of miscreants and layabouts constituting menace to the physical and mental well-being of the communities under investigation. The attention that is given to these cases in the media are mostly reportorial and nothing more. If these 'waves' or influxes of differently challenged persons are merely reported because of the relatively modern outlook of the Auchi, Ekpoma and Benin metropolises, what about the possibly huge unreported cases of overtly and covertly mentally challenged persons locked away in far-flung villages and towns within the state? These categories have yet to get any kind of attention from any quarter, including the media, the government agencies charged with welfare matters, among other stakeholders. This is not healthy for the mental well-being of the Edo society, considering the possible negative consequences that the trend is capable of generating.

First, it was observed that virtually all social gatherings and intercourses such as marriage ceremonies, funerals, birthdays, village festivals and annual reunions of social, economic or political groups in the communities under survey and environs visited had at least one uninvited overtly mentally challenged person in attendance. Usually, such a challenged individual dances or sings without prompting and often behaves in an inconsistently consistent manner to the bewilderment of others. Second, all market places visited by the researchers in Benin City, Ekpoma and Auchi were filled with at least an overtly mentally challenged person, either picking refuse in some dumpsite or picking quarrels with little children. This above observation speaks volume about the possible hugeness of mental health challenge in Edo State in view of the fact that those covert cases which are often culturally barred and not seen by the public may well be more frightening.

It is even more frightening to note that many people with children or family members with mental challenges tend to engage in self medication and 'traditional' or 'native' treatment practices that often end in disaster for the them and those around them. The intriguing thing about this is that these noticeable cases or situations hardly get reported or followed by the radio and television media. Furthermore, the victims of mental ill-health in the communities under survey are left to their own devices and most times they are tagged with all kinds of names such as 'witches', 'wizards', 'cursed ones', 'evil doers', 'bad people' and the like. This culturally induced tagging tends to exacerbate the mental illness crisis in the communities which overtime becomes an ill-wind that blows no one any good. Overt and covert sufferers of mental ill-health are thus discriminated against and stigmatized for no rational and hardly justifiable reasons in Edo State (Nigeria). Some cases that were followed in the broadcast media channels as well as monitored by the researchers within Edo State relatively recently in Nigeria may well help this study to further concretise the point being made.

First, the case of a popular Benin movie actor who was allegedly murdered while asleep by his mentally challenged wife in Benin City, as reported on Independent Radio (IDR) and Independent Television (ITV), Nigerian Television Authority, Benin City (NTA) and Edo Broadcasting Radio and Television, Benin City (EBS Radio and Television) on Tuesday 8, November, 2011, provides an interesting story for this discourse. According

to the interview one of the children granted ITV, their mother had a history of psychiatric problem which the family has been battling with for several years and that their father had earlier visited a pharmacy to get her some ‘drugs’ the day he met his untimely death. However, one clear point that can be gleaned from the report is that the Iyamus tried to keep the issue under wraps and of course, this is probably because of the self and public stigmas associated with mental illness among the Edo people. Sadly, this reckless self medication and ‘pride’ eventually resulted in the murder of the bread winner of a family who was allegedly hit with a pestle in the head by his own wife. The point being made is that the tragic death of an individual resulting from the mental health challenge of another individual was brought to the public domain for discussion and possible reconsidering of the cultural bar that is put on mental illness within the Edo society, as raised on NTA, ITV, IDR, EBS radio and television.

But the unfortunate issue is that beyond the ripples in the air after the first few days of the incident, relevant GOs, NGOs or CBOs, including the broadcast media in the Edo State have yet to take any proactive step of making sure that similar sordid incidents do not occur in the future. Joshua Ufuah, a resident of Ekpoma (in an interview with these researchers in 2012) observed that for this one reported case – the Iyamu saga, there may have been tens of others that were never reported and may never be reported and here lies the challenge of breaking the cultural bar of keeping mute in the face of obvious dangers when certain members of one’s family becomes mentally ill.

The second case is that of Jasper Aliu, a young male artisan residing in the Sabo area of Auchi, who got reported about on radio and television news media sometime in 2010. Afterwards, nothing was held about Jasper from the angle of the media. From the researchers’ monitoring, Jasper is, ordinarily, a happy-go-lucky young man who goes about his daily car spraying routines like every other artisan of his trade. However, the story changes immediately he takes or ‘smokes’ marijuana (popularly called *igbo* or *weed* in the area). His family members and close neighbours are aware of the scare Jasper is capable of causing when under the influence of *igbo*. So, with the help of FUCC and other sympathetic CBOs, the mother once in a while, takes him for psychiatric attention at the Uselu Psychiatric Hospital (UPH) in Benin City. Interestingly, whenever Jasper returns from rehabilitation he reverts back to *igbo* smoking and as at the last time the researchers checked on him, his car spraying shop had been pulled down and some of his neighbours said he had taken to the streets in Auchi. Jasper has been left to his ‘fate’.

Jasper's family and the larger society hardly consider other sociological issues such poverty; nobody cares to probe what impels Jasper into taking of *igbo*. He may have be going to work for days without job and money and in order to get himself out of such ‘stress’, gets hooked on *weed*. In this regard, Audu, Idris, Olisah and Sheikh (2011) argue that extreme poverty or stress may also be implicated in the issue of mental illness. It is more or less like what James Lee, the author of *For God and Country*, calls “regressive behaviour” (2011). Lee argues that when an adult individual has been subjected to a prolonged stress, he/she reverts to a psychiatric condition of behaving like little children, with signs of being psychologically damaged, emotionally depressed and mentally despondent. He illustratively underscores this with the several mental cases at the Gautamalo Bay, where he was

once an inmate for no just reasons. But in all, the point to take home is that Jasper's is one pitiable case of 'a dog returning to its vomit' and, regrettably, broadcast media managers in Edo State appear to be too 'busy' to bat an eyelid.

The case of Fatima Abbas, a mentally challenged female teen who was almost lynched for alleged witchcraft practices when actually she was down with high fever and a minor personality disorder as reported on NTA-Benin, EBS radio and television, Benin and ITV and IDR, all broadcast media channels operating within Edo State, provides the third evidential basis for discussion in this study. Fatima was on the verge of being killed when journalists and police officers came to her rescue in a puddle in the Benin Technical College road area of Benin City. Her accusers said she said "she gave Obasanjo wealth" (Olusegun Obasanjo was once the president of Nigeria), "she is the queen of the puddle", among other gibberish. Instead of being sympathetic to her plight the bystanders pelted her with stones and pebbles and even spat on her. It took the combined efforts of the media, particularly, ITV and IDR and CBOs such as Friends of Uselu Clinic Club (FUCC) to rehabilitate Fatima at the Uselu Psychiatric Hospital (UPH) in Benin City and subsequently reunite her with her family members.

The various episodes of the Fatima story were on the airwaves from the months of June to September 2010. And, of course, hers was one clear case of what kind of monitoring or follow-up the broadcast media can do/**should do** to address suspected cases of mental illness. Besides, the Fatima tale speaks to the issue of child psychiatry which seems to have been neglected in the Nigerian society. This observation is consistent with the finding of Ronzoni, Omigbodun, Bella, and Atitola (2010). They contend that mental illness is highly prevalent among Nigerian children, which may be underpinned by lack of knowledge regarding mental health problem. Although Ronzoni, Omigbodun, Bella, and Atitola also accused the media, of sometimes fuelling the problem, they suggest educational interventions, including carefully designed radio and television programmes that encourage contact with mentally ill persons to reduce stigma (2010).

The fourth case that we have isolated for this study is that of Rosemary Oboh, a resident of the Ukpenu area of Ekpoma. Although her case has never been mentioned in the broadcast media, the researchers who have followed it, are convinced it will provide some illumination on certain sociological issues that tend to aggravate the mental illness predicament within the Edo society. Rosemary lives in a one-room apartment with **her** fiancé and does petty trading. She occasionally has bouts of madness and whenever such arises she is rushed to her local church for prayers. There was this particular episode where she destroyed virtually every property they had and tore her cloths, with her fiancé running helter-skelter for help. Her parents came to take her for 'native' treatment of appeasing the *Ogbanje* or *Mammy water* spirit which they believe is troubling her. However, a few weeks after the appeasement her madness recurs with even greater ferocity, she begins to destroy public properties and even obstruct vehicular traffic in her neighbourhood. This prompted the intervention of well meaning individuals who rallied round her fiancé to take her to the UPH, where she was eventually treated of her mental condition and restored back to normalcy.

### **Some Implications and Conclusion**

Hunger and poverty have been seriously implicated as some of the issues that have exacerbated the near crisis situation of mentally challenged persons roaming the streets in Benin City, Ekpoma, Auchi and other areas of Edo State, Nigeria. In a recent appraisal of the larger African context, Mars (2012) observed that the burden of disease in Africa is great, its people are poor and there is an extreme shortage of health professionals. Over half of sub-Saharan Africans live on less than US\$1.00 (purchasing power parity) a day, and in rural areas. As a result, the tax base in most countries, including Nigeria is small and government spending on healthcare provision is low. Access to, and the standard of, medical care is largely dependent on income and geographic location. Like most specialties, there is a shortage of psychiatrists in sub-Saharan Africa and those requiring mental health services, especially in rural areas, are underserved. Consequently, Chipps, Ramlall, and Mars (2012); Mars (2012); Chipps, Brysiewicz and Mars (2012) in separate studies on psychiatric challenges in South Africa called for the deployment of telepsychiatry, an aspect of telemedicine as a cost effective means of diagnosing and managing the increasing cases of mental ill-health in South Africa. Although telepsychiatry requires relatively sophisticated information and communication infrastructure, concerned authorities and policy makers in resource constrained countries such as Nigeria should take a leaf out of the South African experience to develop telepsychiatry programmes – videoconferencing, CCTVs, DVDs, along with painstaking evaluation methods, to address the shortage of psychiatric personnel (doctors, nurses, etc), for the greater good of the Nigerian populace.

Moreover, if the overt cases of mental ill-health are alarming as observed in this study one wonders what an assessment of covert cases would be like. Needless to say that the high vehicular accidents involving commercial bike riders, commonly called *okada* riders which often result in fatalities; gang clashes; rapes; internet spam and scam activities among the youth; rather baseless ethnic and religious fracas, among other antisocial tendencies in the communities under investigation can also be traced to instances of some sort of mental imbalance among many of the perpetrators and ‘actors’. Therefore, there is the urgent need for the provision of mental health services in primary healthcare systems to cater to the mental health needs of the populace. Of note is the humanitarian activity of a nongovernmental organization (NGO) by the name, Friends of Uselu Clinic Club (FUCC). The researchers have observed that apart from supporting mentally challenged persons, the group has made it a point of duty to buy air time to put up television and radio campaigns on EBS radio and television, ITV, IDR, among others, aimed at creating awareness on the need for the public to support mentally ill persons and help assist the UPH to reduce the number of mentally challenged persons in the streets of urban and rural communities in Edo State. This charitable gesture of FUCC should be encouraged and emulated by well-meaning Edolites to make Edo State a mentally healthier and safer place to live in.

This study has argued that although radio and television can readily provide congenial platforms for people to interact, with the intent of sensitizing and mobilising others to support identified social causes, their potentialities are yet to be fully explored in terms of programming, social responsibility as well as the maintenance of public good, with regard to creating awareness and understanding among the people toward remediating the prevalent problem of mentally challenged persons in Edo State, Nigeria. To reverse this, the

study calls for a greater nexusing of the broadcast media and mental health issues, through carefully designed radio and television programmes, to reduce the culturally placed stigma associated with mental illness and remediate the incidences of overt and covert mental health cases in the state. The broadcast media, through carefully designed programmes, must strive to pursue the prevention of mental and emotional disorders, proper treatment and care of those with such disorders, and the promotion of mental health generally. It is worth restating that mental illnesses can affect persons of any age, race, religion, or income. Mental illnesses are not always the result of personal weakness, lack of character or poor upbringing of sufferers.

Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan. In addition to medication treatment, psychosocial treatment such as cognitive behavioural therapy, interpersonal therapy, peer support groups and other community services can also be components of a treatment plan that aid recovery. The availability of transportation, diet, exercise, sleep, friends and meaningful paid or volunteer activities contribute to overall health and wellness, including mental illness recovery. The broadcast media can do well to play up the essences of such coping mechanisms. For instance, the “Fitness and Wellness” segment of *AM Express*, a breakfast show on NTA network that can be viewed from all parts of Edo State is a good case in point. More of such programmes should be regularly aired to cater to the psychosocial needs of certain individuals in society. Radio and television media such as Edo Broadcasting Radio (EBSR); Edo Broadcasting Television (EBSTV), NTA, Jattu-Uzairue; NTA, Irupeken-Ekpoma; Silverbird, Benin City; African Independent Television (AIT), Benin City; Bronze FM, Aduwawa-Benin; Independent Television (ITV), Iguosa-Benin; Independent Radio (IDR), Iguosa-Benin should give ample time and space to programmes that discuss health related issues, not just physical health but mental health which unfortunately is hardly assessed in our environment. In mounting such mental health focussed programmes broadcast media operating in Edo State should regularly bring on board experts to inform the public about what to do to prevent, manage or cure mental health cases.

## **Recommendations**

Based on the findings of this study the following recommendations are proffered:

- Broadcast media managers within Edo State should design and mount interactive programmes to be simulcast on radios and televisions aimed at reducing mental health stigma, wherein experts in counselling are engaged to encourage the populace to ‘speak up’ and ‘speak out’ about mental health challenges they or their loved ones may be facing or go for mental health checks.
- Television and radio media organizations should, as part of their agenda setting responsibility, canvass for the establishment of more mental health training institutes/psychiatric hospitals to cater for the observable growing number of mentally ill persons and the designation of psychiatry as a primary healthcare issue instead of its current secondary/tertiary health care status in Edo State in particular and Nigeria generally.

- Television and radio media operators, through carefully designed programmes, should encourage and support sufferers/dedicated NGOs/CBOs to explore the possibilities of religious/faith healings as a considerable number of mental cases in the Edo State, Nigeria have been addressed through such means and they are verifiable.
- Broadcast media operators must find a way to support the National Drug Law Enforcement Agency (NDLEA) and other agencies through surveillance broadcast content as a way of checking the cultivation of cannabis and other hard substances that have been implicated in the upsurge of mental health cases in and around Edo State.
- The radio and television stations operating in Edo State must synergise with concerned health facilities to mount educational programmes that emphasize children psychiatry as a way of identifying and nipping in the bud the growing cases of mentally challenged persons in urban and rural centres across the state.

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