

Policy Analysis on Nigerian Lunacy Act (1958): The Need for a New Legislation

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Abstract

An important framework for understanding a social problem is to examine it through the lens of hybrid policy analysis model. Doing so will help an analyst, a policy developer, or reformer to not only appreciate the background but also understand the condition and direction of an existing policy for the purpose of reformation. This paper utilizes a hybrid policy model to analyse Nigerian mental health Lunacy Act (1958) that still governs the treatment of mental illness in Nigeria today. The paper also provides some recommendations that can be adopted to enhance the treatment of mental illness and mental health policy in Nigeria.

Keywords: Mental illness; Lunacy Act of 1958; Policy analysis; Persons with mental health issues; Policy model

Introduction

The spate of mental health disease today has gained global attention. Mental health contributes about 12% of the total world disease (Geneva, 2001); thus, Nigeria is not exempt. Although considered as one of the countries in 2007 with lower prevalence of mental disorders (World Atlas, 2011) [1], recent statistics show that the prevalence of mental health issues in Nigeria remains unabated. For example, a recent study conducted by the College of Medicine, University of Ibadan, Nigeria (UIN, 2012) reported that mental health issues ranked 20% among other health problems. Yet Nigeria is slow to meet up with global treatment standards adopted by United Nation on mental health policy (WHO, 2001) [2].

Experts in mental health issues view mental illness as an important part of human narration. For instance, Porter in his book, *Madness: A Brief History* noted that madness is as old as humankind. Thus, tracing its history, mental illness has been perceived, interpreted, and treated differently from various social and cultural groups [3]. Therefore, as a result of differences that existed in the conceptualization of mental illness, it seems very difficult to come up with a clear definition of mental illness because of the way different cultures perceive “normal, or “abnormal.” Providing more clarification, on variations in the perceptions, Gewertz and Ude stipulate that cultural definition of mental illness play a role in shaping the profession of psychiatry and their definition of madness [4,5]. Thus, as the psychiatry profession expands, some recent experts in mental health have come to a consensus on the definition of mental illness as “a condition that disrupts a person’s thinking, feeling, mood, ability to relate to others and daily functioning (National Alliance on Mental Illness [NAMI], 2015) [6].

As different social and cultural groups have different perceptions about what mental illness is, likewise their attitudes towards individuals with mental health issues differ. Throughout human history it has been known that persons with mental illness are being stigmatized, discriminated against, and alienated from social activities. No matter the cultural location or country, individuals with mental health issues are at one point in time or another faced with discrimination and stigmatization. Research studies show that few people with mental health issues seek for help as a result of discrimination, stigma; and also with the notion that mental health treatment is ineffective and incurable (Kabir et al., Geneva 2001, Ude, and Njoku, UIN, 2012) [2,5,7,8]. For instance, there are only about five psychiatric hospitals that operate in Nigeria and none seems to function effectively by Kabir et al. and Ude [5,7].

The issues in adequate treatment for people with mental illness has been a concern since the Nigerian colonial times where the mentally ill people are left untreated or confined in an Asylum without proper treatment; and no formal psychiatric hospitals were established by Heaton, Sanni, et al., and Westbrook [9-11]. Thus, the need to provide appropriate treatment and care to persons with mental illness brought about the enactment of Lunacy Act of 1958 in Nigeria by the British colonizers. The concern arose with the massive repatriation of Nigerian immigrants believed by United Kingdom (UK) psychiatrists to have “developed mental illness while in the UK (and hence) were incapable of assimilating into British culture” by Heaton [9]. During this period, Nigeria’s intervention approach was mainly traditional treatment, including herbal medicine. Since those repatriated could not get adequate attention from both relatives and the government, the upshot was that so many lunatics wandered about on the streets by Westbrook [11].

The purpose of this policy analysis is to examine the Lunacy Act of 1958, thus using different policy analysis models. The paper also provides some recommendations that can be adopted to improve the policy and mental health system in Nigeria.

Policy Analysis Framework

Experts in policy analysis emphasize the importance of analyzing a policy or program as this will provide an in-depth understanding of whether or not the policy is doing what it intended to do. Policy analysis helps one to understand the totality of how a policy functions through the examination of its different components of the policy to include actors, social, political economical contexts. Additionally, to fully analyze any policy, the social policy analysts suggested using policy framework or different policy models by Popple et al. [12]. In this light, this paper seeks to examine Lunacy of Act of 1958 through the lens of policy analysis framework drawn from multiple models from Popple et

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al. [12]. The paper will be organized under the following headings: (a) restatement of problem; (b) historical and social analysis; (d) (e) social work values and ethic; (e) policy evaluation. This paper heavily draws its basis of analysis on Popple et al. [12] policy analysis model.

Restatement of Problem

Haskins et al. emphasized the importance of restating a policy problem before starting any policy analysis [13]. They believe that this will lead to an effective policy analysis. Thus, in restating the problem the analyst would be able to broaden it so as to include other crucial aspects that were left out in the original narrow statement of the policy problem. In this light, this section on policy analysis seeks to understand whether Lunacy Act of 1958 was effective in meeting the standards set by the international mental health policy, or there is need to repeal and take it to a different and new direction. Ever since its enactment, how far has it gone in protecting the rights of mentally ill people? Considering the year of its enactment, how many times has it been repealed and what were the outcomes?

The Lunacy Act of the 1958 is the mental health legislation that was instituted by the British colonizers in Nigeria. It was two years before Nigeria gain its independence. So the law has been in existence for 57 years. In order to understanding the bases for the legislation, it is imperative to define some of the conditions that the Act sought to address. These include the definition of mental illness, disorders, disabilities, and the bases for the legislation. Lunacy Act defines mental illness as lunacy; and according to this law, 'lunatic' includes idiots and any persons with unsound mind of Sanni et al. and Westbrook [10,11]. The issues with such a definition are: (a) it is discriminatory and discretionary in nature; (b) it is far from the World Health Organization (WHO)'s definition and description of mental health and persons who suffer mental health issues; and (c) it is derogatory to people with mental health needs which is a violation of human rights. In other words, the way the Lunacy Act defined mental illness simply as 'lunacy' was problematic as it failed to protect the rights of persons with mental health illness.

Another basis of the Lunacy Act is that it gave medical practitioners and magistrates power to determine who is lunatic, when to detain the person, and how long to detain the person -Mental health Bill, 2008; Sanni et al. and Westbrook [10,11,14]. This power of determining who is to be detained is based purely on involuntary admission to mental health institutions and confinement of persons considered to be lunatic by a medical practitioner and magistrate. This means that it does not give protection to the persons who fall under the category of lunatic. For example, the law does not separate mental health institution from criminal justice system. In this sense, the so-called 'lunatics' were often mistreated as criminals even though they were just mentally ill. Consequently, they were detained in asylum without therapeutic treatment of Heaton [10]. The Act also states that a person who is found to be lunatic will be detained with or without treatment for seven days for observation (Bill 2003 SB 183, 2008) [15]. This had led to situation whereby a medical practitioner or magistrate may over exercise power by not only detaining the mentally ill person in jail or mental institutions but as well chain the person in question in asylum as per Kabir et al., Westbrook and Ude [5,7,11]. Many mental health policy reformers have attempted to repeal the Lunacy Act in order to fashion a more relevant and up-to-date mental health legislation for Nigeria. However, these efforts have yet to materialize. For example, the Nigeria Mental Health Act Bill was, first introduced in 2003 by Sen. Ibiapuye Martynes-Yellowe and Sen. Dalhatu Tafida but was withdrawn

by Sanni et al. [10]. In this Bill, mental health disorder is defined as "any disability or disorder of mind or brain, whether permanent or temporary" (Mental Health Bill, 2008) [14]. The definition of mental illness and other provisions with regard to mental health in this current Act meet the requirements of international bodies and charters such as World Health Organizations (WHO), International Covenant on Economic, Social, and Cultural Right (ICESCR), and African Charter on Human and Peoples' Rights (ACHPR) by Sanni et al. [10].

Historical Background

Examining a historical context of a phenomenon provides a better understanding of the problem. Likewise in the policy analysis, tracing the historical background of any policy is crucial for an in-depth understanding of how the policy is developed and the reasons behind its creation. Popple et al. [12] stress that, although history does not provide a real analysis of a social policy or social problem, examining a historical context of a policy can help one to understand and deal with current situation of the policy. In this light, tracing the historical background of the Lunacy Act of 1958 is imperative so as to understand whether or not it has been effective in addressing the needs of the people with mental illness in Nigeria.

Before the Lunacy Act, Nigeria has a well-established system of traditional medical practice, which has been known by many Nigerians as a proper means of treating mental illness. Although in Nigeria the Yoruba traditional methods of treatment has been well known by the researcher Heaton and Westbrook because the first Nigerian western-trained psychiatrist was from this location, other Nigerian tribes (e.g., Igbo, Hausa, and others) also were into using traditional forms of treatment to help individuals with mental illness to manage their disorders. Thus, according research findings among the Yoruba, for example, families and/or relatives of persons with mental health disorder usually take their loved one with mental illness to an indigenous or traditional medical practitioner who then admits the patient into their treatment center and commit them for number of days for treatment by Heaton MM. For the patients who are violent, they will restrain them by confinement while treating and feeding them until they improve. Depending on the perceived cause of the illness, these traditional healers employ different modes of treatment such as herbal medicine, diviner incantation, rituals, and sacrifices by Heaton and Westbrook. Thus, when the British Colonial powers arrived in Nigeria they brought with them their Western mode of treatment, which they introduced to Nigeria in the late nineteenth century in an effort to respond to "an apparent swarm of 'lunatics' on the streets".

Before the British introduction of the western method of treating mental illness at the period, they focused on the confinement of patients in the lunatic asylums. This was in response to the concern that arose with the massive repatriation of Nigerian immigrants who were said to have developed mental illness while in the UK as a result of their inability to assimilate into British culture. Since those repatriated could not get adequate attention from both relatives and the government, the result was that Nigeria came to have many mentally ill persons on the streets From the 1950s, however, change began to occur in the asylum system, and a full time psychiatrist was employed to work in the asylums. By 1958, the Lunacy Act was enacted, thus, requiring involuntary admission of patients into the asylums after a medical practitioner and a magistrate have determined that the individual in question is lunatic or insane. Ever since this enactment, the Act has not been repealed two occasions, but was never passed the senate. For example, in 2003, Sen. Ibiapuye Martynes-Yellowe and Sen. Dalhatu

Tafida introduced a newly proposed Nigerian mental health bill to the National Assembly by Sanni, et al. [10] However, the bill was withdrawn in April 2009, and later was reintroduced again to National Assembly in 2013, thus waiting to be enacted.

Description of the Policy Elements

Gilbert et al. highlighted the importance of incorporating a framework that will examine the essential elements of public policy [16]. This analysis will examine the Lunacy Act based on the following elements: bases of policy and provision.

Bases of policy

Bases for the lunacy act: The bases for Lunacy Act of 1958 are as follows: (1) magistrates and medical practitioners determine who is covered under definition of mental illness; (2) persons considered to fall under this definition would be arrested and detained in asylum; (3) if a medical practitioner believes it is necessary to detain a person for observation, that person may only be detained for seven days without the authorization of the magistrate; (4) the regional governor establishes and regulates standards for the government asylums and custody for person with mental illness; (5) the governor must appoint at least three visitors from each asylum who will inspect the asylum and report the finding to the governor once per year.

Bases for the new mental health bill: (1) Re-defined mental health disorders by removing 'lunatic' and replacing with a more acceptable modern international standard definition of mental health disorders; (2) removed magistrate role of admission decision and requirement medical directors filling application for compulsory admission of person with mental illness before committing them to involuntary admission; (3) allowed for detention for a maximum of 180 days with renewal of the application.

Provision

A good mental health policy must be able to recognize the following human rights: equality and non-discrimination, the right to privacy, individual autonomy, physical integrity, right to information and participation and freedom of religion, assembly and movement (WHO-AIMS, 2006) [17]. Additionally, the policy must be able to address and recognize the 25 principles outlined in the protection of Persons with Mental Illness and the Improvement of mental Health Care, which was adopted by the UN in 1991. These 25 principles include:

Statements of fundamental freedoms and basic rights of mentally ill persons, criteria for the determination of mental illness, protection of confidentiality, standards of care and treatment including involuntary admission and consent to treatment, rights of mentally ill persons in mental health facilities, provision of resource for mental health facilities, provision of review mechanisms, providing for protection of the rights of mental ill offenders, and procedural safeguards to protect the rights for mentally ill persons (World Health Atlas, 2011) [1].

The Lunacy Act fell short in meeting the international requirements for a good policy. Although the Act made provision for confinement of persons with mental health issues into asylum for the purpose of protecting the society from violent, it fails to protect their rights. No medical or therapeutic treatment was mentioned or provided for those confined in the asylums. Under the Act, persons are only objects of confinement and detention without any sort of medical or therapeutic treatment. The current mental health bill, which is meant to replace the Lunacy Act, has better provisions for persons with mental health as well as for the society, although its enactment has been kept in abeyance.

Thus, the Lunacy Act, given the practices in vogue in Nigeria, falls short in meeting the international requirements for a good policy.

Although, the Act made provision for confinement of persons with mental health issues into asylum for the purpose of protecting other citizens from violence, it fails to protect the rights of persons with mental illness. No medical or therapeutic treatment was mentioned or provided to those confined in the asylum. Persons under the act are only a subject of confinement and detention without some sort of medical or therapeutic treatment. The current mental health bill, which is meant to replace the Lunacy Act, have better provision for persons with mental health, and as well as protecting other citizens, though its enactment has been kept in abeyance.

Theoretical Perspectives

Prigmore and Atherton emphasized the importance of identifying the values that underpin a policy so as to understand whether or not the policy is congruent with cultural values of equity, fairness and justice. In this light, it is imperative to understand the values underpinning the enactment of the Lunacy Act. Social constructionism and human rights theories properly capture the values of the Lunacy Act. The two theories will be helpful in apprehending the ideologies behind the establishment of mental health asylums during the colonial era, and the impact of the policy on the people with mental health issues.

Social constructionism theory

The theory of social constructionism holds that all knowledge and experiences are historically, socially, and culturally conditioned [18]. That is to say, our understanding of reality is contextual and culture specific. The concept of social constructionism implies that every theory operates under certain assumptions. Awareness of the social construction of any theory encourages a critical reflection and deconstruction of the underlying assumptions. Understanding this viewpoint is crucial to the policy analysis of the Lunacy Act under consideration. Social constructionism helps to uncover the values that were behind the colonial enactment of the Lunacy Act in Nigeria.

One of the assumptions that underpin the formulation of the Lunacy Act is the ideology of colonial state power, which was behind the institution of asylums in Nigeria. Colonial asylums were established as mechanisms of social control rather than as institutions where persons with mental issues could receive therapeutic treatment and proper care. The law was based on the prevailing colonial ideology that viewed the colonial subjects as inherently racially different and innately psychologically inferior to Europeans. In this conceptualization, "difference" seemed to be synonymous with deficiency. The height of this ideology was the colonial construction of the concept of "African minds" as characterized by primitive impulses based on the nineteenth century evolutionist stance. It was a way of constructing colonial subjects as pathological. As a result, European biomedicine and psychiatry, under the pretext of scientific objectivity and universality, objectified colonial subjects, and pursued invasive research agendas on them in ways not possible in Europe. Clearly, even science can be biased because there is nothing objective about it. Every knowledge is contextual. Colonial medicalization of colonial subjects was, at its worst, a pseudoscience laden with inconsistencies and a subtle racial bias. The arrogance of the colonial powers made them to ignore cultural conceptualizations of mental issues and to look down on the methods of therapeutic care provided by indigenous medical practitioners in Nigeria. Nigerians at the period also had their own assumptions, different perceptions, and ways of treating mental illnesses. These approaches, however, are

also socially constructed. Most of the mental health treatment was psychosomatic with religious underpinning and specially provided by indigenous medical practitioners. Apparently, these indigenous medical practitioners saw the Lunacy Act as an affront on their craft and profession. Consequently, many of the Nigerians who were mentally ill and together with their families did not trust the Lunacy Act's solution about asylums and so they resented it. In addition, because the asylums were chronically underfunded, understaffed, overcrowded, and their conditions were acutely squalid, some families have to protest before the staff to release their relatives so that they could take them home to care for them. Thus, it is obvious that the colonial ideologies that underpinned the assumptions of the Lunacy Act as well as the colonial lunatic asylums did not take into consideration the local histories and Nigerian worldviews.

Human rights theory

This theory holds that every human being deserves to be treated fairly. According to Heard [19], human rights are measures to determine how a government treats its citizens. A government is obligated to protect the rights of its people, whether black or white, male or female, normal or abnormal. Therefore, any government policy that does not provide protection to certain groups of people should be revisited. The Lunacy Act is far from protecting the rights of the persons with mental illness in the society. It allows the involuntary admission of mentally ill persons into asylums and does not provide treatment. Furthermore, due to the fact that many Nigerians then did not trust the Lunacy Act and how it was implemented to mostly serve State power of social control, it failed to achieve the desired goal. This situation, among others, has called for the need to repeal the Lunacy Act. The newly proposed Nigerian Mental Health bill, when enacted would correct the excesses and weaknesses of the Lunacy Act while taking indigenous histories and worldviews into consideration.

Social work values and ethics

A policy must be compatible with the enduring cultural, and social work values and ethics. Thus, to understand whether or not the policy adheres to social work values is imperative in order to highlight some social core values and ethics of the social work profession that may specifically apply to the values to which Lunacy Act is established. The part of this analysis focuses on examining the consideration values and interested groups, or political influence behind the Act in consideration [20].

Consideration of values

These values and ethics are services, social justice, and dignity of a person, (NASW, 2008) [21]. The first is the social justice. A government policy, which does not consider justice for all the citizens, is discriminatory in nature and violates the social justice value and ethics. The Lunacy Act was grounded under the value of safety and protection of the public (society); however, it does not consider safety and protection of the persons with mental issues as a priority. The Act intended to address homelessness among the persons with mental illness, but intention becomes more of altruism based. Although, the law intended to help these individuals stay out of the street, its hidden aim was the idea of protecting the public from violent people; and as well as protecting themselves from being harmed by "violent individuals." And one of the achieving aims is by involuntarily confining and detaining them in an asylum. This can be considered injustice, because, these individuals were not provided with any form of treatment to help them manage their symptoms. Moreover, the provision of the Lunacy

Act that allowed magistrates and medical practitioners to reserve the discretion to determine who and how long to determine a mentally ill person was unjust and oppressive. Such vulnerable persons need to be protected against such injustices. The Lunacy Act has not been able to protect the mentally ill from discrimination and stigmatization. These continue to be a common problem with the mentally ill in Nigeria today by Audu, et al. [22].

The second value hinges on the dignity and worth of person. One of the core values of the social work profession is to promote respect for the dignity of every human person irrespective of status and cultural diversity (NASW, 2008). As hinted above, the Lunacy Act also undermined the dignity of the mentally ill persons by, first of all, defining them as "lunatics" rather than persons with mental health issues or problems. It further eroded their human worth by confining them in the overcrowded environment asylums with chains onto the pillars. Among the values of the social work profession is to protect such vulnerable and oppressed population (NASW, 2008). The fact that people with mental illness were forcefully confined to lunatic asylums on the basis of involuntary admission amounted to an infringement upon their human rights. According to the WHO-AIMS (2006) report, a national human rights review commission exists in Nigeria, but it does not have any monitoring activities for mental health. Consequently, there are "no mental hospital, community-based inpatient psychiatric units or community residential facilities to review the inspection of human rights protection of patients at any time".

The third value and ethic is service. Social work aims to provide social services to vulnerable populations. In this case, from the 1950s through the 1980s, Nigeria had only eight regional mental institutions [9,23,24]. This tells us that the Lunacy Act has not been able to provide adequate services to the mentally ill population. Research findings for WHO-AIMS (2006) reported 3,105 mental health professionals working in the eight mental health facilities in the country. Among this number, 34 were social workers. This says much about the social workers' involvement in governmental policy-making process in the country.

Consideration of influences

It is important to consider the interest groups or political influence during the social services formulation as to understand whether the policy is acceptable to those in formal decision-making positions, or satisfy relevant interest groups. In order to ensure that the rights of the mentally ill persons are protected and their dignity and worth are respected, interest groups advocacy and political influence are important in the creation of legislation that will guarantee justice for those concerned. Such legislation will help them to gain access to the necessary resources and services they need. The Lunacy Act was acceptable to the colonial governments who were in the formal decision-making position. Some of the interest and advocacy groups were the Pan-African group under the leadership of Dr. Lambo. Lambo and some of the early western-trained psychiatrists and psychologists, who originally championed this cause in the 1950s through the 1980s, advocated proper treatment for people with mental illness. Present interest groups include the followings: political policy reformers (Ibiapuye Martynes-Yellowe and Sen. Dalhatu Tafida, Hon. Samuel Adejare and Hon. Solomon Adeola); Nigeria mental health interest group, Nigeria Mental Health Leadership and Advocacy Program, (NMHLAP), members and international bodies (such as World Health Organization (WHO), and human rights activists). These groups are advocating for the rights of the mentally ill persons as people with equal rights and dignity to be respected and upheld [10,25].

Ethical evaluation

Evaluating a policy helps an analyst to determine the content and impact of a policy goal, objective, outcome, or the financial method (Center for Disease Control and Prevention [CDC], 2012) [26]. This evaluation is very crucial in policy analysis so as to provide a clear understanding of its necessity, efficiency, and validity to improve implementation.

Outcomes

Historically, it is obvious that the values that drove the Lunacy Act were underpinned by a subtle bias that viewed the colonial subjects as inferior. This was accompanied by discrimination and stigmatization. The Act, therefore, has not yielded any effective outcomes in terms of protecting the rights of persons with mental health problems. Up till date, this ideological underpinning still influences and shapes how persons with mental health issues are being perceived and treated, both socially and economically. The Act has not done well in helping persons with mental health issues to function socially. It has disfranchised them and deprived them their rights thereby alienating them from the community and institutionalized them without treatment in the past, and currently not providing effective medical, traditional (herbal), and spiritual treatment. Consequently, this makes it difficult for the individuals to deal with or manage their illnesses.

Economically, both family members of persons with mental health issues and the government still make the least economic budget when it comes to seeking and providing mental health care to these individuals affected with mental health problems. For example, some families and relatives are still discriminating against some persons with mental health problems; some families are still reluctant to seek treatment for their loved ones who have mental health needs. The asylum system and mental healthcare had always been underfunded. Presently, however, some families and relatives determine where to take their loved ones for treatment, and whether or not to seek for treatment for them.

How does the Lunacy historical and philosophical underpinning influence persons with mental issues economically today? The problem of the Lunacy Act of not meeting the needs of persons with mental illness has been from the governmental level. Starting from its enactment, the colonial government refused medical and therapeutic treatment to persons with mental health issues. For example, the asylum has been for confinement and detention reasons; and Western medical treatment had also never been the priority. These attitudes continue to prevail today on the government's reluctance to amend the Lunacy Act and to invest in the mental healthcare. Involuntary admission of individuals with mental health issues still exists. For example, WHO-AIMS (2006) report reveals that 64% of all psychiatric inpatient admissions are involuntary. A recent study about countries in the world that have mental health legislations found that 41% of African countries have no mental health legislation and that includes Nigeria. As stated earlier, "about 3.3% of the health budget of the central government goes to mental health, with over 90% of this going to mental hospitals (WHO-AIMS, 2006, P. 13).

Unintended consequences

Usually when a program or policy is designed with stated goals to be attained, it often happens that some unintended consequences may occur during the process of implementation. In the case of the Lunacy Act, the overarching goal was to secure public order and safety by confining mentally ill persons in asylums. In so doing, one of the unintended consequences was the creation of a ghetto and subhuman

conditions where persons with mental issues were consigned. Thus, the asylum system eventually became a system of containment rather than treatment. Moreover, it ended up diminishing the dignity and worth of the persons with mental illness. Again, because of the imprecise discretionary power given to medical practitioners and magistrates to determine who was mentally ill, it created a potentially wide scope of persons affected by such determination.

Financing methods

Chambers, et al. have drawn attention to the criterion of whether financing is an incentive or disincentive for achieving specific client outcomes [27,28]. The answer is, of course, in the affirmative. The problem with the Lunacy Act is that right from the colonial times till date; it has continued to be underfunded. The Colonial Development Fund (CDF) did not view the development and expansion of asylums and mental health institutions in Nigeria as a priority. This resulted in a situation where the mentally ill who could not be accommodated in the already overcrowded asylums were remanded in the regular prisons like criminals. After several budget proposals for expansion, adequate staffing, and better living conditions were put forward, such proposals never saw the limelight during the colonial era. Thus, conditions in asylums were often unsanitary and unforgiving as the persons with mental health were sometimes chained to walls or tethers. This situation was not surprising. The colonial subjects had no value in the colonial agenda. The funding of health-care for those already considered to be innately racially inferior was not a colonial administrative priority.

Unfortunately, this colonial legacy of underfunding has continued to plague the Lunacy Act in Nigeria as long as it is yet to be repealed and replaced by a new mental health policy. It has been pointed out that mental health expenditure by the Nigerian government accounts for just 3.3% of the total health budget (World Health Atlas, 2013; WHO, 2011). This implies that mental health issues do not seem to be given priority attention. The evidence of this is seen in some of the mental health institutions that have remained non-functional in Nigeria; and only eight psychiatric hospitals serve Nigeria with a population of 158 million people (World Bank, 2010). Unlike other countries that have a well-structured mental health policy, where the mentally ill get financial assistance (such as health insurance, social security safety net to supplement their income so that they can receive better care), no such financial assistance exists for the mentally ill in Nigeria.

Recommendation

A hybrid model was utilized in this analysis to conceptualize whether or not the Lunacy Act is effective. Experts in social policy analysis pointed out that there is a need for incorporating different models when analysing any policy as this helps in understanding the background behind a social problem. The policy analysis models utilized here help to reposition the issue behind the Lunacy Act and how far it has gone over the years in depriving the rights of persons with mental health issues. During the analysis of the Lunacy Act the following problems:

First, there is a need to amend the Act because it violates the rights of persons with mental health issues. The goal of the Lunacy Act is primarily to protect public order and safety. This policy was implemented through the establishment of the asylum system. It became oppressive and unjust to the most vulnerable population. In the light of this, the current proposed Nigerian Mental Health bill that is yet to be enacted would have to recognize the need to focus on individuals

in view of their mental health illness as well as finding alternative ways for securing public safety. It will also be important for the new law to specify more clearly the goals and objectives of a new mental health policy. In addition, there is need to educate public on how to relate to issues of mental health including persons suffering from mental health disorders. Such education should address, among other things, the nature and causes of mental illness; attempt to reconcile cultural diversity in the perception and understanding of mental illness. No doubt, education will empower the people with the requisite knowledge to take care of their loved ones in the event of a mental illness. This will go a long way to stem the tide of stigmatization and discrimination against the mentally ill.

Second, the Act does not meet mental health policy global standards and regulations set by international bodies and charters. The Lunacy Act confined the mentally ill in non-therapeutic, overcrowded, unsanitary, and dilapidated facilities. There is a need for the National Assembly to enact the bill that will ensure that mental health institutions offer therapeutic treatments and provide a high quality of health for patients upon the time of admission and discharge. While the Lunacy Act undermined the human rights of persons with mental health issues, the new Act, on the other hand, should recognize the human rights of patients once admitted to the mental health facilities. Nigeria has committed to recognize national and international treaties and charters on human rights, for example, ACHPR, WHO, ICESCR, and others. In this sense, the proposed bill should reflect a compliance with the standards set by these treaties, in order to guarantee the highest standard of both mental and physical health for the targeted population.

Conclusion

In this policy analysis, it has become clear that the colonial Lunacy Act of 1958 was dismally custodial in nature. Consequently, it not only disregarded the protection of certain human rights of mentally ill persons, but also in many ways was itself responsible for abusing their human rights. At any rate, the proposed new bill, if and when enacted, would protect the human rights of persons with mental health needs. It would also ensure the provision of the highest standard mental health. All this is in keeping with the standards set by international bodies and organizations especially World Health Organization.

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