Clinical Psychology In Nigeria: An Assessment Of Perceptions Of The Growing Subfield Among Non-Mental Health Professionals And Recommendations For Growth Acceleration.

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Abstract: Despite increasing efforts to advance psychology and its subfields in Africa, literature provides evidence-based supports that psychology is still lacking in sufficient meaning and growth. This perceived problem necessitated this research. This research carried out an assessment of how clinical psychology is viewed among non-mental health professionals and extracted recommendations for accelerating the growth of clinical psychology in Nigeria. Using accidental sampling technique, a total of 107 participants (58 males & 49 females), with mean age of 40.92 (SD = 10.37) from Lagos, Nigeria were surveyed on their views about clinical psychology. Nine research questions were asked and both quantitative and qualitative analyses were applied to analyze data. The conclusion from the total results obtained showed that although most participants have heard about clinical psychology in Nigeria, surprisingly most of them do not have accurate views about what clinical psychology entails, and these inaccurate views held about what clinical psychology entails, contributes to the delayed growth of psychology in Nigeria. Therefore principal officials in the field of clinical psychology are encouraged to consider the results and implement the recommendations from this survey.

Key Words: Clinical Psychology & Nigeria.

I. INTRODUCTION

Africa as a large continent received psychology quite late after psychology had long immensely contributed to the development of the western worlds. When psychology was introduced to Africa, it was expected that psychology contributes towards fostering development in Africa. However the current status of psychology in Africa shows that psychology has not been well recognized, thus putting Africa away from harnessing the benefits of psychology to African development (Awaritefe, 1977; Shenge&Adu, 2017; Zamani, 2019). Psychology which is the science of behavior has many subfields. The focus of this research is to enrich the meaning and growth of psychology in Africa by examining the views of non-mental health professionals towards a subfield of psychology called Clinical Psychology. Although many studies have been carried out to advance the growth of psychology in Africa, but none of them have considered assessing the views of subfields of psychology among non-mental health professionals and extracting recommendations for accelerating the growth of psychology as this current research did.

Clinical psychology is an applied branch of psychology that is dedicated to the assessment, diagnoses and treatment of mental illness and psychological disorders, using psychological treatments called psychotherapy. Psychology as a field, alongside its subfields is yet to attain meaningful growth in Africa, and have been suggested for further research by previous and recent researches, and this is evident in literature (e.g. Osinowo, 2016; Shenge&Adu, 2017; Zamani, 2019).

Research provides supports that although psychology is considered to hold good prospects for national development in Nigeria, the necessary growth required to strengthen the status of psychology and its subfields have not been realized in Nigeria, for instance, Shenge and Adu (2017) in a survey study found that although participants had good knowledge of psychology and considered psychology as important for national development, psychology and its subfield is still behind in development in Nigeria. Also, literature-based evidences are that the growth of psychology in Nigeria may be limited by the views that Nigerians have about this field, for instance, Osinowo (2016) found that the field of psychology is a promising baby in the context of Nigeria with not enough accurate views about what the field entails, unlike more advanced and organized countries where the field of psychology has been thriving for centuries. Hence, further probing are required to improve the status of the promising baby psychology in Nigeria and Africa as a continent. Another evidence
supports the opinions that psychology may be delayed in growth because of misconceptions of the places where subfields of psychology can work, for instance, Zamani (2019) reported that more than 50% of Nigerians do not consider clinical psychologists as a relevant professional during mental health management. In addition, several healthcare facilities have been identified to be in operation without the services of a clinical psychologist in Nigeria.

Similarly, Mefoh (2014) found that clinical psychology in Nigeria entails relevant opportunities and chances for future development. However, these good prospects of clinical psychology in Nigeria are limited by the poor support that this subfield of psychology receives in Nigeria, for example a good number of Nigerians still prefer to first seek religio-magical interventions for mental illnesses before seeking professional interventions like psychotherapy. This illustrates that a good number of Nigerians still do not support the potential of clinical psychology to be a professional mental health body.

Out of Nigeria, literature-based evidence supports that psychology has not received enough growth and recognition as well, for instance Kasomo (2013) from Kenya found that, psychology and its subfields have good prospects for development in Africa, however poor utility of psychology and its subfields limits the usefulness of psychology in Africa. Surprisingly, these findings are not different with old findings which may imply that the current status of psychology in Nigeria and other parts of Africa may not be significantly different from its past status as well, for instance Rock and Hamber (1994) in South Africa found that psychology as a field has not been fully tapped into for enhancing national development, which also contributes to the slow growth of this field in South Africa and other parts of Africa. Awaritatefe (1977) found that psychology and its subfield are still fighting to gain recognition in Africa, with poor encouragements given to indigenous psychologists.

It may also seem that Africa is not the only continent facing delayed growth of the field of psychology, for example Maynard (2014) found that in Barbados, although psychology appears promising, the core facilities required for encouraging the growth of psychology are lacking. This in contrast to the United States of America, where the current status of psychology and its subfield appears to be evolving positively (Motyl, Demos, Carsel, Hanson, Melton, Mueller, Prims, Sun, Washburn, Wong, Yantis, and Skitka, 2017).

The aforementioned literature-based observations initiated research problems that a huge lacuna exist in the meaning and growth of psychology despite increasing efforts to strengthen psychology and its subfields in Africa. Hence, the focus of the current research is to enrich literature by assessing how subfields of psychology are viewed among non-mental health professionals in Nigeria and extract recommendations for accelerating psychology’s growth in Africa, as most studies that have intended to advance the growth of psychology in Africa have not paid attention to how subfields of psychology are viewed by non-mental health professionals.

**Research Purpose**

The following were the purpose of the study:

1. To assess the perceptions of clinical psychology among non-mental health professionals in Nigeria.
2. To provide recommendations for accelerating the growth of clinical psychology in Nigeria.

**II. RESEARCH METHODOLOGY**

**Design**

This research utilized a cross-sectional survey research design. The justification for adopting this research design lies in its feasibility given the purpose of this research, i.e. an assessment of how clinical psychology is viewed in Nigeria.

**Setting**

This research was carried out on the streets of Lagos, Nigeria, precisely the streets of Ikeja and Surulere areas of Lagos. The justification for this research setting lies on the target population of this research i.e. non-mental health professionals.

**Materials**

A questionnaire with a consent form attached was used for data collection. Participants were required to read and sign the consent forms, indicating their willingness to participate in the research. The questionnaire had two sections which participants were required to complete, the first section was designed to tap the demographic information of participants which included sex, age and type of job which participants do. The second section consisted of nine (9) questions which assessed the views held by participants about clinical psychology. See appendix for further details.

**Participants**

One hundred and ten (110) participants who are non-mental health professionals were sampled for this study using an accidental sampling technique, however only 107 participants had their data analyzed because 3 questionnaires were incompletely filled. The justification for selecting participants using accidental sampling technique lies in feasibility in recruiting participants given the busy schedule of participants at the various research settings. Descriptive statistical analysis of the total sample showed that 58 (54.2%) were males and 49
(45.8%) were females. The mean age of participants was 40.92 (SD = 10.37). Further descriptive statistics showed that of the 107 participants, 11 (10.3%) were religious leaders, 15 (14.0%) were traders/business men or women, 21 (19.6%) were teachers, 20 (18.7%) were bankers, 17 (15.9%) were unemployed, 10 (9.3%) offer domestic services, 4 (3.7%) were sportsmen or women, 3 (2.8%) were musicians, 2 (1.8%) were actors and 4 (3.7%) were farmers.

**Procedure**

Informed consent was obtained from the local government authorities of each research setting, as well as from the participants and the purpose of the study was explained to participants before they were handed over the questionnaires. Through the collaboration of trained co-data collectors, participants were approached and selected based on their availability and willingness to participate in the research. In the questionnaire, it was requested that participants provide their views of clinical psychology in Nigeria and there were no limitations on the responses that could be provided by the participants in order to obtain a well detailed view of clinical psychology in Nigeria. Ethical considerations including informed consent, confidentiality, equal treatment and respect for participants’ rights, were applied to research procedure. For instance, participants received a consent form attached to the questionnaire and were required to read and indicate their willingness to participate in the research by signing on it. Another instance given as that participants were required to fill the questionnaire in an anonymous state, i.e. without providing any personal information. Furthermore, participants were treated with equal respects and no preference given for any participant. Lastly, participants all had the rights to decline the research request at any point of the research. Finally, each participant was thanked for an active participation in the research, and all satisfactorily filled questionnaires were retrieved and collated for data analysis.

**III. DATA ANALYSIS**

The data collected for this research were analyzed using statistical package for social sciences (SPSS 22.0). Both quantitative and qualitative analyses were applied to summarize the sample characteristics of the participants and analyze their responses to the questions asked in this research.

**IV. RESULTS PRESENTATION**

**Research Question 1: Have you heard of clinical psychology in Nigeria? Tell us how you heard about it.**

Thirty-eight (35.5%) of the participants have not heard of clinical psychology in Nigeria, while 69 (64.5%) have heard of clinical psychology in Nigeria. Analysis of the sources from which they heard about clinical psychology showed that 18 (16.8%) heard about it from the media, 3 (2.8%) heard about it from seminar programs which they have attended, 7 (6.5%) heard about it from friends and families, 21 (19.6%) heard about it from religious centers for instance during free healthcare programs organized by churches/mosques, 10 (9.3%) heard about it from flyers and bill posts, 1 (0.9%) heard about it from a teacher, 9 (8.4%) heard about it from match walk events and 38 (35.5%) were neutral about their responses.

**Research Question 2: What do you think clinical psychology is all about?**

Of the 107 participants, 23 (21.5%) think that clinical psychology is a field that studies the minds of others, 13 (12.1%) think that clinical psychology is a field that is focused on treating drug abusers, 30 (28.0%) think that clinical psychology is a field that is dedicated to mental healthcare, 28 (26.2%) think that clinical psychology is a field that is dedicated to the manipulation of the minds of others, 8 (7.5%) think that clinical psychology is a field that is dedicated to the tracking of criminals and other law breakers, and 5 (4.7%) are uncertain about what they think clinical psychology is.

**Research Question 3: What are the places you think a clinical psychologist can work in?**

Of the 107 participants, 16 (15.0%) think that a clinical psychologist can work in a school setting, 13 (12.1%) think that clinical psychologists can work in healthcare facilities, 15 (14.0%) think that clinical psychologists can work in human resources units, 17 (15.9) think that clinical psychologists can work in military settings, 32 (29.9%) think that clinical psychologists can work in rehabilitation centers, 7 (6.5%) think that clinical psychologist can work in religious centers and 7 (6.5%) were uncertain about the places that clinical psychologists can work.

**Research Question 4: What do you know are the duties/roles of clinical psychologists?**

Of the 107 participants, 20 (18.7%) opined that the role of clinical psychologists is to study people with mental illness, 17 (15.9%) opined that the role of clinical psychologists is to take care of people with mental illness, 16 (15.0%) opined that the role of clinical psychologists is to campaign against mental illness and raise awareness, 25 (23.4%) opined that the role of clinical psychologists is counseling, 14 (13.1%) opined that the role of clinical psychologist is public speaking, and 15 (14.0%) were uncertain about their opinions of the duties of clinical psychologists.

**Research Question 5: Is clinical psychology imperative for national development in Nigeria? Support your response with reasons.**
Of the 107 participants, 36 (33.6%) opined that clinical psychology is not imperative for national development, and the major reasons given were that clinical psychology is not popularly known to help mental health in Nigeria, and that clinical psychology does not seem financially beneficial to Nigeria. On the other hand, 71 (66.4%) opined that clinical psychology is imperative for national development, and the major reasons given were that, Nigeria is currently undergoing turbulent times which are inimical to the mental health of Nigeria, and that clinical psychology has good prospects of gaining increased awareness compared to past times.

Research Question 6: Who will you seek help from if you have mental troubles? Support your response with reasons.

Of the 107 participants, 28 (26.2%) opined that they will seek mental healthcare from religio-magical experts and major reason given was that mental illnesses are largely spiritually caused; 9 (8.4%) opined that they will seek mental healthcare from medical doctors and major reasons given was that medical doctors are the only health professionals trained to treat mental illness; 16 (15.0%) opined that they will seek mental healthcare from pharmacists, and major reason given was that pharmacists know which drugs can be taken to relieve one of mental illness symptoms; 11 (10.3%) opined that they will seek mental healthcare from clinical psychologists and major reason was that clinical psychologists have the right skills to counsel them; 27 (25.2%) opined that they will battle mental troubles within themselves rather than seek help from outside, and major reason given was that it will prevent them from being stigmatized by others; 7 (6.5%) opined that they will seek mental healthcare from families and friends and major reason given was that they enjoy maximum social support from families and friends, and 9 (8.4%) opined that they were uncertain about who they will seek mental healthcare from.

Research Question 7: Who will you recommend to others to seek help from if they have mental troubles? Support your response with reasons.

Of the 107 participants, 34 (31.8%) opined that they will recommend religio-magical experts to others and major reason was that mental illnesses are sometimes spiritually caused, 23 (21.5%) opined that they will recommend healthcare professionals i.e. doctors, pharmacists or clinical psychologists because of their extensive trainings received from school, 14 (13.1%) opined that they will recommend that others seek help from families and friends because of the social support that these people could provide, 27 (25.2%) opined that they will recommend others to battle mental illness within themselves rather than seek help from outside in order to avoid stigmatization from others, and 9 (8.4%) were uncertain about who they will recommend others to seek help from in time of mental illness.

Research Question 8: Have people around you heard about clinical psychology? If they have, how do they view clinical psychology?

Of the 107 participants, 33 (30.8%) were uncertain about if people around them have heard about clinical psychology, 34 (31.8%) opined that people around them have not heard about clinical psychology and 40 (37.4%) opined that people around them have heard about clinical psychology. Of the 40 participants that opined that people around them have heard about clinical psychology, 4 (3.7%) opined that people around them view clinical psychology as a field that studies human mind, 7 (6.5%) opined that people around them view clinical psychology as a mental health field, 6 (5.6%) opined that people around them view clinical psychology as a field that counsels people, 20 (18.7%) opined that people around them view clinical psychology as a field that is dedicated to reading and manipulating people’s mind.

Research Question 9: In what ways do you suggest that clinical psychology can be promoted in Nigeria?

Of the 107 participants, 4 (3.7%) suggested that clinical psychology can be promoted in Nigeria through increased awareness from clinical psychologists for example advert placements; 22 (20.6%) suggested that the subfield can be promoted through offering free psychological services to the common man for example rural community inhabitants; 4 (3.7%) suggested that the subfield can be promoted through periodic match walk on the streets; 20 (18.7%) suggested that the subfield can be promoted by encouraging face-to-face encounters between clinical psychologists and the common man on the streets; 15 (14.0%) suggested that the subfield can be promoted through increased supports from governments and non-governmental organizations; 19 (17.8%) suggested that the subfield can be promoted through increased supports from international humanitarian organizations; 18 (16.8%) suggested that the subfield can be promoted through increased supports from religio-magical leaders and traditional/community leaders; and 5 (4.7%) were uncertain about how clinical psychology can be promoted in Nigeria.

V. DISCUSSION AND RECOMMENDATION

The above results presented is a statistical summary of how clinical psychology is viewed in parts of Nigeria where the participants were sampled from. The first research question showed that, the frequency of those who have heard about clinical psychology was more than those that have not heard about clinical psychology, and the main sources from which they heard about clinical psychology were religious centers, media, flyers/bill posts and match walk events organized in raising mental health awareness. This finding may
be justified by the recent increasing efforts that the Nigerian Association of Clinical Psychologists (NACP) is exerting towards the national recognition of clinical psychology in Nigeria, as well as the recent clusters of suicidal cases that occurred in Nigeria this year 2019 which raised awareness on the importance of clinical psychologists to mental health.

The second research question showed that although more than half of the total participants sampled opined to have heard about clinical psychology, less than half i.e. 30 (28.0%) showed more accurate views about what clinical psychology entails while 12 (13.1%) have part knowledge about what clinical psychology entails. This may be justified by the fact that although clinical psychology is increasing in awareness among Nigerians, it does not justify true knowledge of what the field entails to Nigerians. Hence, it is recommended that in order to accelerate the growth of clinical psychology in Nigeria, promoting the awareness and true knowledge of what clinical psychology entails is imperative enough.

The third and fourth research question surprisingly showed that a total of 78 (72.9%) participants have relevant knowledge of the places that clinical psychologists can work and the duties of clinical psychologists. This may be justified by the increasing information about clinical psychology in Nigeria.

The fifth research question showed that more than half of the total sampled participants view clinical psychology as imperative for national development in Nigeria. This was mainly justified by the roles that clinical psychologists can play in preventing mental illness in present times when there are many social events that pose threats to the mental health of Nigerians. On the other hand, participants that view clinical psychology as not imperative for national development justified their views with the fact that clinical psychology is still growing in popularity in Nigeria.

The sixth research question showed that larger numbers of the total participants sampled, i.e. 28 (26.2%) of the 107 participants have views that they will consult religio-magical experts (i.e. pastors, imam or traditional healers) for help if faced with mental illness, and 27 (25.2%) of the 107 participants have views that they will seek help within themselves if faced with mental illness. While very few, i.e. 11 (10.3%) of the total participants have views that they will consult clinical psychologists for help if they have mental illness. On the other hand, of the remaining participants some had views that they will seek help from pharmacists, and family/friends while some were uncertain about who they will seek help from if faced with mental illness. The finding that most participants prefer to seek mental health help from religio-magical experts may be justified by the fact that Nigeria is among the most religious nations in the world, and the Nigerian society practices norms of attributing occurring events around them to transcendent forces. Also, the finding that a large of number of participants prefer to seek mental health help within themselves may be supported by the feelings of rejection and stigmatization that are associated with mental illness in Nigeria. Lastly, the few number of participants that viewed clinical psychology as a source of mental health help may be justified by the recent growth that clinical psychology is receiving in Nigeria.

The seventh research question which asked who participants were likely to recommend others for mental help seeking if others were faced with mental illness showed that most of the total participants sampled i.e. 34 (31.8%) opined that they will recommend religio-magical experts to others and major reason was that mental illnesses are sometimes spiritually caused, and 27 (25.2%) opined that they will recommend others to battle mental illness within themselves rather than seek help from outside in order to avoid stigmatization from others. Hence, it may imply that perceived stigmatization and feelings of rejection associated with mental illness may be encumbrances towards the growth of clinical psychology in Nigeria.

The eighth research question showed that of the total participants sampled, 33 (30.8%) were uncertain about if people around them have heard about clinical psychology, 34 (31.8%) opined that people around them have not heard about clinical psychology and 40 (37.4%) opined that people around them have heard about clinical psychology. The opinions given about how others around viewed clinical psychology showed that, 4 (3.7%) opined that people around them view clinical psychology as a field that studies human mind, 7 (6.5%) opined that people around them view clinical psychology as a mental health field, 6 (5.6%) opined that people around them view clinical psychology as a field that counsels people, 20 (18.7%) opined that people around them view clinical psychology as a field that is dedicated to reading and manipulating people’s mind. These findings may be supported by the extent to which clinical psychology has grown in Nigeria, thus further growth of clinical psychology in Nigeria is expected to yield better views about what it entails.

The ninth research question showed that the recommendations given for the growth of clinical psychology in Nigeria has it that of the total participants sampled, 4 (3.7%) suggested that clinical psychology can be promoted in Nigeria through increased awareness from clinical psychologists for example advert placements; 22 (20.6%) suggested that the subfield can be promoted through offering free psychological services to the common man for example rural community inhabitants; 4 (3.7%) suggested that the subfield can be promoted through periodic awareness match walks on the streets; 20 (18.7%) suggested that the subfield can be promoted by encouraging face-to-face encounters between clinical psychologists and the common man on the streets; 15 (14.0%) suggested that the subfield can be promoted through increased supports from governments and non-governmental organizations; 19 (17.8%) suggested that the subfield can be promoted through increased
supports from international bodies for example international humanitarian organizations; 18 (16.8%) suggested that the subfield can be promoted through increased supports from religio-magical leaders and traditional/community leaders; and 5 (4.7%) were uncertain about how clinical psychology can be promoted in Nigeria. Hence, these recommendations may be supported by the popular saying that “cooperation is success by helping the other person”. This implies that through increased cooperation and partnership between clinical psychologists and non-clinical psychologists, the pace for accelerating the growth of clinical psychology in Nigeria will be set. For instance because the Nigerian society considers religious and traditional/community leaders as important public figures, therefore collaborating with these public figures to promote the true meaning of clinical psychology should be encouraged, and one of such ways is by offering free psychological services to rural communities with the assistance of the traditional chiefs/leaders. This is endorsed with the expectation that the more people are exposed to clinical psychology services, they gain a better view of what clinical psychology entails.

Limitations of Study
This research due to limitation of resources did not study a large sample size and did not cut across wider research settings, nonetheless the findings from this research remains valid to a large extent.

VI. CONCLUSION
This research has been able to provide a detailed result of how clinical psychology is viewed in parts of Nigeria. Hence, on the bases of findings from this research it is concluded that clinical psychology is increasing in awareness among Nigerians but an accurate view of what clinical psychology entails is still lacking in the minds of Nigerians, and these inaccurate views held about what clinical psychology entails contributes to the delayed growth of psychology in Nigeria. Therefore, further collaborative efforts are required towards increasing an accurate view of what psychology and its subfield entails in Africa. Lastly, this research may be replicated in other parts of Africa, in order to advance the same purpose.

REFERENCES

Appendix I  
Consent Form
Research Title: Clinical psychology in Nigeria: An assessment of perceptions of the growing field among non-mental health professionals and recommendations for this growing field in Nigeria.
Principal Investigators: Ogueji, Ifeanyichukwu Anthony, ifeanyiosegueji21@gmail.com, and Constantine-Simms, Delroy, Delroysimms@yahoo.com
Participant's Name: Your responses to this questionnaire study are to remain anonymous. Please do not write any identifying information of yours on your questionnaire.
What is the research about? This is a research that is carried out for the purpose of generating empirical discussions about how clinical psychology is viewed among non-mental health professionals in Nigeria.
**Clinical Psychology in Nigeria: An Assessment of Perceptions of the Growing Subfield Among Non-Mental Health Professionals**

*Why are you asking me?* You are being asked to participate in this study because you are among the target population (non-mental health professionals).

*What will be required of me if I agree to be a respondent?* You are asked to complete a questionnaire.

*Is there any audio/video recording during the research?* There is no audio or video recording for the questionnaire. *Are there any dangers to me?* Participation in this study poses no risk to participants.

*How will my information be kept from public disclosure?* All information obtained in this study is strictly confidential unless disclosure is required by law.

*Are there any benefits to society as a result of me taking part in this research?* Your participation in this study will be beneficial to the academia, local and international bodies of psychology and the government.

*Are there any benefits to me for being involved in the research?* Participation in this research brings no direct benefits, however you will receive a feedback on the outcome of this study.

*What if I want to leave the research process even after I have consented to participate?* You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw it will not affect you in any way. If you choose to withdraw, you may request that any of your data be retrieved and destroyed unless it is in a de-identifiable state.

*What about new information/changes in the research come up?* If important new information about the study becomes available which may relate to your willingness to continue to participate, such information will be provided to you.

*Voluntary Consent by Participant:* By signing this consent form you are agreeing that you read, or it has been read to you, and you fully understand the purpose of this research and are willing to take part in it.

Signature: ______________________ Date: ______________

**Appendix II**

**Questionnaire**

Dear Respondents,

This questionnaire is for research purpose and your response will be treated with absolute confidentiality. Your sincere cooperation in completing the questionnaire is highly needed. Kindly provide honest responses to the following questions. There are no right or wrong answers to each question. Thank you.

**Section A**

1. Sex: ______
2. Age: ______
3. What do you do for a living? ______

**Section B**

The following statements ask questions about your views of clinical psychology in Nigeria. There are no restrictions to the responses you can provide below.

1. Have you heard of clinical psychology in Nigeria? Tell us how you heard about it.
2. What do you think clinical psychology is all about?
3. What are the places you think a clinical psychologist can work in?
4. What do you know are the duties/roles of clinical psychologists?
5. Is clinical psychology imperative for national development in Nigeria? Support your response with reasons.
6. Who will you seek help from if you have mental troubles? Support your response with reasons.
7. Who will you recommend to others to seek help from if they have mental troubles? Support your response with reasons.
8. Have people around you heard about clinical psychology? If they have, how do they view clinical psychology?
9. In what ways do you suggest that clinical psychology can be promoted in Nigeria?

Thank You!