

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 study. We explored how clinical psychology is viewed among non-mental health professionals and extracted recommendations for accelerating the growth of clinical psychology in Nigeria. Using the accidental sampling technique, a total of 107 participants (58 males & 49 females), with a mean age of 40.92 (SD = 10.37) from Lagos, Nigeria was 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 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 clinical 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: Psychology, Clinical Psychology, Non-mental health professionals, Nigeria, Africa.

Date of Submission:17-10-2019

Date of Acceptance:01-11-2019

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 (Kasomo, 2013; Shenge&Adu, 2017), thus putting Africa away from harnessing the benefits of psychology to African development. Psychology which is the science of behavior has many subfields. The focus of this study is to enrich existing African literature on 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 (Mefoh, 2014; Shenge&Adu 2017; Kasomo, 2013), 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's subfields as the current study did. This therefore could suggest a reason for psychology and its subfields being behind in growth despite the previous research efforts from African scholars.

Clinical psychology is an applied branch of psychology that is dedicated to the assessment, diagnosis, and treatment of mental illness and psychological disorders, using psychological treatments called psychotherapy. Given that psychology as a field, alongside its subfields, is yet to attain meaningful growth in Africa, perceptions about the field and its subfields have often been suggested for further studies by scholars in both previous, and recent times, (e.g.Mefoh, 2014; Osinowo, 2016).

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 demonstrated 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 shreds of evidence are that the growth of psychology in Nigeria may be limited by the views that Nigerians have about this field, for instance, Osinowo (2016) submitted 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 is required to improve the status of promising baby psychology in Nigeria, and Africa as a continent. Another evidence proposed that psychology may be delayed in growth because of misconceptions about 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. Also, several healthcare facilities have been identified to be in operation without the services of a clinical psychologist in Nigeria.

Further, 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 high number of Nigerians still prefer to first seek "religio-magical" interventions for mental illnesses before seeking professional interventions like psychotherapy. This illustrates that a high number of Nigerians still do not support the potentials of clinical psychology as a professional mental health body. Therefore, further inquiries are needed to strengthen the current state of psychology in Nigeria, and the African continent.

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, the poor utility of psychology and its subfields limits the usefulness of psychology in Africa. Surprisingly, these findings are not different from 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. Awaritefe (1977) established that psychology and its subfield are still fighting to gain recognition in Africa, with poor supports offered 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 is in contrast to the United States of America, where the current status of psychology and its subfield appears to be evolving positively (Motyl, et al. 2017).

The aforementioned literature-based observations initiated research problems that a huge lacuna exists in the meaning, and growth of psychology despite previous research efforts to strengthen psychology and its subfields in Africa. Hence, the focus of the current study is to contribute towards solving this problem by assessing how subfields of psychology are viewed among non-mental health professionals in Nigeria, and extract recommendations for accelerating psychology's growth, 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 in Nigeria. Studying the population of the non-mental health professional is imperative enough because of the potential roles that this population can play in advancing psychology, and its subfields. Such potential roles could include, expressing favorable attitudes towards professional help-seeking from clinical psychologists, or other related professionals in the field of psychology (Coker, et al. 2019). Also, acknowledging the suggestions for further studies by Mefoh (2014), and Osinowo (2016), studying the views held about clinical psychology by Nigerian non-mental health professionals is thus a worthy goal to pursue. Therefore, the following purpose of the study was presented:

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 METHOD

Design

This study utilized a cross-sectional descriptive survey research design. The justification for adopting this research design lies in its feasibility given the purpose of this study, i.e., an assessment of how clinical psychology is viewed in Nigeria. The study was carried out on the streets of Lagos, Nigeria, precisely the streets of Ikeja and Surulere areas of Lagos. Apart from the convenience in collecting data in these streets of Lagos, the decision to widely access the target population of this study justified the choice for selecting these study settings. Lagos is a state located in the Southwest geopolitical zone of Nigeria. The state is popularly known for commercial activities and is currently estimated to have a population of over 15 million people (National Population Commission of Nigeria, 2019).

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 that 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) validated questions, which assessed the views held by participants about clinical psychology. The questionnaire was pre-tested on 17 random non-mental health professionals (postgraduate students in Economics, Zoology, Industrial/Production Engineering, & English departments) at the University of Ibadan, to establish its reliability and validity. A consensus was reported among the 17 participants that the items in the questionnaire were easy to understand, and measured what they were designed to measure.

Participants

One hundred and ten (110) willing participants, who were non-mental health professionals were accidentally sampled for this study, however, only 107 participants had their data analyzed because 3 questionnaires were incompletely filled. Thus, generating a response rate of 97%. The justification for selecting participants using the accidental sampling technique lies in its 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/businessmen 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 study. In the questionnaire, it was requested that participants provide their views about clinical psychology in Nigeria, and there was no limitation on the responses that could be provided by the participants 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 the research procedure. For instance, participants received verbal, and a written consent form attached to the questionnaire and were required to read and indicate their willingness to participate in the study by signing on it. Another instance is given that, participants were required to fill the questionnaire in an anonymous state, i.e., without providing any personal information. Furthermore, all participants were treated with equal respect, and no preference was given to any participant. Lastly, participants all had the right to decline the research request at any point of the study. Finally, each participant was thanked for active participation in the study, and all satisfactorily filled questionnaires were retrieved and collated for data analysis.

III. DATA ANALYSIS

The data collected for this research were analyzed using the statistical package for social sciences (SPSS 22.0). Quantitative and qualitative data were descriptively presented.

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 lawbreakers, 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 psychologists 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 public awareness, 25 (23.4%) opined that the role of clinical psychologists is counseling, 14 (13.1%) opined that the role of clinical psychologists 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 Nigerians, 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 a 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 training 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 the 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, and 3 expressed uncertainty about this.

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 that is aimed to raise public awareness; 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.

V. DISCUSSION

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 to raise mental health awareness. This finding could possibly be explained 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 partial knowledge about what clinical psychology entails. An explanation for this result is that, although clinical psychology is increasing in awareness among Nigerians, it does not justify true knowledge of what the field entails to Nigerians. This finding was in agreement with the assertions of Osinowo (2016), which reported that most persons in Nigeria do not have accurate knowledge about what psychology and its subfield entails. Hence, in order to accelerate the growth of clinical psychology in Nigeria, promoting awareness, and true knowledge of what clinical psychology entails are imperative enough. In another finding, 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 explained by the increasing information about clinical psychology in Nigeria in present times.

The fifth research question showed that more than half of the total sampled participants viewed 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 viewed clinical psychology as not imperative for national development justified their views with the fact that clinical psychology is still growing in popularity in Nigeria. These findings were in collaboration with related studies that established that most Nigerians considered psychology as relevantly contributing to national development (Adu, &Shenge 2017).

The sixth research question showed that larger numbers of the total participants sampled, i.e. 28 (26.2%) 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 a 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 preferred to seek mental health help from "religio-magical" experts may be explained by the fact that Nigeria is among the most religious nations in the world, and the Nigerian society often practice norms of attributing occurring events around them to transcendent forces. Also, the finding that a large number of participants preferred to seek mental health help within themselves may be explained by the feelings of rejection, and stigmatization that is associated with mental illness in Nigeria. The choice of participants in our current study to seek religio-magical experts for mental health help, and avoid stigmatization was in line with Mefoh (2014).

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 a 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. Therefore, this 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 eight 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 them viewed clinical psychology showed that 4 (3.7%) opined that people around them viewed clinical psychology as a field that studies the human mind, 7 (6.5%) opined that people around them viewed clinical psychology as a mental health field, 6 (5.6%) opined that people around them viewed clinical psychology as a field that counsels people, 20 (18.7%) opined that people around them viewed clinical psychology as a field that is dedicated to reading, and manipulating people's mind. These findings, therefore, suggest that 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 through increased awareness raising by 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 march 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 a 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 could be by offering free psychological services to rural communities with the assistance of the traditional chiefs/leaders. This is supported with the expectation that the more people are exposed to clinical psychology services; they gain a better view of what clinical psychology entails.

VI. Limitation of the Study

This research due to the limitation of resources did not study large sample size and did not cut across wider research settings. Nonetheless, the findings from this study suggest useful knowledge that is necessary for advancing the current status of clinical psychology in Nigeria.

VII. RECOMMENDATION AND CONCLUSION

Our current study provided a detailed result of how clinical psychology is viewed in parts of Nigeria. Hence, on the bases of findings from this study, 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 clinical psychology in Nigeria. Therefore, further collaborative efforts are required towards increasing an accurate view of what clinical psychology entails in Nigeria. Such collaborative efforts should focus on appropriate information sharing and evidence-based campaigns about clinical psychology. Finally, our study may be replicated in other parts of Africa, in order to advance the same purpose.

Acknowledgement

We acknowledge the local government authorities of the study settings, and all participants in our study.

Contribution of Authors

Ogueji, Ifeanyichukwu A. – Conception, design, article writing, data collection/analyses, proofreading, and approval of final manuscript.

Constantine-Simms, Delroy, PhD. – Conception, design, article writing, data collection/analyses, proofreading, and approval of final manuscript.

Conflict of Interest

None was declared.

Funding

Authors funded the study.

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