



## Mental Health Needs of Internally Displaced Persons (IDPs) in Select Camps in Enugu State, South-East Nigeria

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### ABSTRACT

**Background:** Internally displaced persons (IDPs) face multiple social and public health challenges across Sub-Saharan Africa. In Nigeria, research has largely focused on northern regions, with limited evidence from South-East Nigeria, particularly Enugu State. Displacement often leads to psychological distress due to trauma, loss of livelihoods, and disruption of social networks.

**Objective:** This study assessed the mental health needs of IDPs in selected camps in Enugu State, with a focus on psychological distress, access to mental health services, coping strategies, and gender differences in outcomes.

**Method:** Guided by Bronfenbrenner's Ecological Systems Theory, a descriptive cross-sectional design was used. Data were collected from 333 adults aged 18 years and above who had resided for at least six months in Ugwuaji (Nike), Ibagwa Aka, and Nkanu East camps. A structured questionnaire adapted from the WHO Assessment Instrument for Mental Health Systems (WHO-AIMS, 2015) was administered. Data were analysed using descriptive statistics and chi-square tests at a 5% significance level.

**Results:** Psychological distress was prevalent: 70.9% reported depressive symptoms, 66.1% experienced anxiety, and 52.3% reported trauma-related experiences. Only 27.1% had accessed formal mental health services. Barriers included cost, stigma, and limited availability of trained personnel. Informal coping strategies predominated, with religious/spiritual practices (71.2%) and family/peer support (54.0%) most common. Female IDPs were significantly more likely than males to report depressive symptoms ( $\chi^2 = 9.87, p = 0.002$ ).

**Conclusion:** IDPs in Enugu State have substantial and largely unmet mental health needs. Limited access to formal services and reliance on informal coping strategies highlight the need for integrated, culturally sensitive, and gender-responsive interventions.

**Unique Contribution:** This study provides evidence on the mental health needs of IDPs in South-East Nigeria, a previously under-represented region, enhancing understanding of context-specific psychosocial needs.

**Key Recommendations:** Integrate culturally sensitive, gender-responsive mental health support into humanitarian interventions, strengthen community-based networks, and address structural and socio-cultural barriers.

**Keywords:** Internally displaced persons; mental health needs; psychological distress; coping strategies; Enugu State; Nigeria.



## INTRODUCTION

Internally displaced persons (IDPs) are individuals or groups who are compelled to flee their habitual residences due to armed conflict, generalised violence, human rights violations, or disasters, while remaining within their national borders (UNHCR, 2021). Internal displacement has become a pervasive phenomenon in Sub-Saharan Africa, where conflicts, communal clashes, political instability, and environmental hazards have uprooted millions of people over the past decades (IDMC, 2023). In Nigeria, internal displacement has been primarily driven by insurgency in the North-East, herder-farmer conflicts in the Middle Belt, and communal unrest in the South-East and South-South regions (Egwuaba & Ebisi, 2021; IPCR, 2021).

Displacement often results in significant psychosocial stress, exposing affected populations to trauma, uncertainty, loss of livelihoods, and disruption of social and family networks (Miller & Rasmussen, 2017; Steel et al., 2009; Obande-Ogbuinya et al. 2024). These conditions increase vulnerability to mental health disorders such as depression, anxiety, post-traumatic stress disorder (PTSD), and substance use (Gureje et al., 2015; Ventevogel et al., 2015). Despite these challenges, the mental health needs of IDPs in Nigeria remain largely unmet due to inadequate infrastructure, limited availability of trained mental health professionals, and socio-cultural barriers including stigma and misconceptions about mental illness (Okoli et al., 2020; WHO, 2018;; Egwuaba, 2018a).

While extensive research has been conducted on the mental health of IDPs in northern Nigeria, the South-East region, particularly Enugu State, has received limited scholarly attention. Enugu State hosts IDPs who have fled communal conflicts, political violence, and security-related disturbances. These displaced populations reside in both formal and informal camps, where living conditions often exacerbate psychological distress (IDMC, 2023; UNHCR, 2022; Nwafor 2024). The absence of empirical studies on mental health in this context constrains the development of evidence-based, context-sensitive interventions tailored to the unique needs of South-Eastern IDPs.

Understanding the mental health status, psychosocial stressors, coping mechanisms, and service utilisation patterns of IDPs is crucial for designing effective humanitarian and public health responses (Egwuaba & Sunday, 2025; Miller & Rasmussen, 2017; WHO, 2015). Guided by Bronfenbrenner's Ecological Systems Theory, which emphasises the influence of multiple environmental layers on individual wellbeing (Bronfenbrenner, 1979), this study investigates the mental health needs of IDPs in selected camps in Enugu State. The findings aim to inform policymakers, health practitioners, and humanitarian agencies in the development of culturally appropriate, gender-responsive, and sustainable mental health interventions for displaced populations in South-East Nigeria.



## **OBJECTIVES OF THE STUDY**

The main objective of this study was to assess the mental health needs of internally displaced persons (IDPs) residing in selected camps in Enugu State, South-East Nigeria.

The specific objectives were to:

1. Determine the prevalence of common mental health disorders such as depression, anxiety, and post-traumatic stress disorder (PTSD) among IDPs in the study area.
2. Identify key psychosocial stressors contributing to mental health challenges experienced by displaced persons.
3. Examine coping mechanisms and social support systems employed by IDPs to manage psychological distress.
4. Assess the availability, accessibility, and adequacy of mental health services for IDPs in selected camps in Enugu State.
5. Explore gender differences in mental health outcomes among IDPs to inform the design of targeted and culturally sensitive interventions.

## **REVIEW OF LITERATURE**

### **Prevalence of Mental Health Disorders among IDPs**

Empirical studies consistently show that internally displaced persons experience high rates of mental health disorders. Roberts et al. (2011) found that over 50% of IDPs in northern Uganda exhibited symptoms of depression and post-traumatic stress disorder (PTSD). Similarly, Ventevogel et al. (2015) reported that displaced populations in conflict zones often experience depression, anxiety, and PTSD at rates significantly higher than non-displaced populations. In Nigeria, Gureje et al. (2015) documented substantial mental morbidity among IDPs, with depression and anxiety being particularly common. These studies highlight the importance of localized research to determine prevalence rates within specific settings, such as Enugu State, where empirical data remain limited.

### **Psychosocial Stressors Contributing to Mental Health Challenges**

IDPs face multiple psychosocial stressors that adversely affect their mental wellbeing. Miller and Rasmussen (2017) and Nwafor (2024) proposed that both trauma-related stressors, such as exposure to violence and loss of loved ones, and daily stressors, including inadequate shelter, food insecurity, and social isolation, significantly contribute to mental health problems. In the Nigerian context, Okoli et al. (2020) found that IDPs often contend with stigmatization, loss of traditional support networks, and uncertainty about durable solutions, which exacerbate psychological distress. Similarly, Hassan et al. (2016) observed that IDPs in North-East Nigeria experienced heightened anxiety and depressive symptoms due to disrupted family structures and prolonged displacement. Understanding these stressors is critical for designing targeted interventions in Enugu State camps.



### **Coping Mechanisms and Social Support Systems**

Displaced populations employ diverse coping strategies to manage psychological distress. WHO (2013) emphasized that religious engagement, family support, and community involvement serve as protective factors against mental health deterioration. In Nigeria, Okoli et al. (2020) reported that faith-based organisations and informal community networks frequently provide emotional and practical support to IDPs. Similarly, Oginni et al. (2018) found that participation in peer-support groups and reliance on spiritual practices was common coping strategies among displaced populations in Sub-Saharan Africa. However, maladaptive strategies, such as substance use and social withdrawal, were also observed, highlighting the need for structured psychosocial interventions.

### **Access to Mental Health Services**

Access to formal mental health services for IDPs remains limited across low-resource settings. Gureje et al. (2015) reported severe shortages of trained mental health personnel and inadequate infrastructure in Nigerian displacement camps. Amnesty International (2022) noted that IDPs often receive basic humanitarian support (food, shelter, healthcare), but mental health services are minimal or absent. Barriers such as cost, stigma, and distance further impede service utilization (Egwuaba, Egboh & Nweke, 2024; Okoli et al., 2020; WHO, 2018). These findings underscore the need to assess the availability, accessibility, and adequacy of mental health services specifically for Enugu State IDPs.

### **Gender Differences in Mental Health Outcomes**

Evidence indicates that gender plays a significant role in mental health outcomes among displaced populations. Tol et al. (2010) found that women IDPs are more likely than men to report depressive symptoms, anxiety, and trauma-related distress due to caregiving responsibilities, exposure to gender-based violence, and social marginalization. Similarly, Steel et al. (2009) reported higher PTSD prevalence among female refugees and displaced persons across Sub-Saharan Africa. These findings suggest that gender-sensitive interventions are essential for addressing mental health disparities among IDPs.

## **THEORETICAL FRAMEWORK**

This study is anchored on Bronfenbrenner's Ecological Systems Theory (EST) (Bronfenbrenner, 1979), which provides a comprehensive framework for understanding the multiple environmental influences on human development and wellbeing. The theory posits that individual outcomes, including mental health, are shaped by the dynamic interactions between individuals and the layers of their environment, conceptualized as microsystem, mesosystem, exosystem, macrosystem, and chronosystem.

In the context of internally displaced persons (IDPs) in Enugu State, the microsystem encompasses immediate relationships and daily environments, such as family interactions, peer networks, and the physical conditions of the displacement camp. For example, overcrowded living arrangements, disrupted family structures, and limited access to basic necessities can directly influence psychological distress among IDPs (Ventevogel et al., 2015).



The mesosystem represents the interactions between various microsystems, such as relationships between families, community groups, and service providers. Fragmented communication between healthcare workers, camp management, and humanitarian agencies may lead to gaps in service delivery, reducing the effectiveness of mental health support for displaced populations (Roberts et al., 2011).

The exosystem comprises broader societal institutions and policies that indirectly influence the individual. In the context of internally displaced persons (IDPs), this includes government policies on displacement, funding allocations for mental health services, and the institutional capacity of non-governmental organisations operating within the camps (Gureje et al., 2015). Constraints within these systems, such as underfunded mental health programmes or inadequate staffing, may exacerbate psychological vulnerability among IDPs.

The macrosystem reflects cultural values, societal norms, and belief systems that shape behavior and attitudes toward mental health. In Nigeria, societal stigma regarding mental illness often discourages help-seeking and may influence the coping strategies adopted by IDPs, including reliance on religious or spiritual practices rather than professional care (Okoli et al., 2020; Egwuaba, 2018b; WHO, 2013).

Finally, the chronosystem accounts for temporal dimensions, including the duration of displacement and historical or ongoing exposure to conflict and trauma. Prolonged displacement and repeated exposure to traumatic events can accumulate over time, increasing susceptibility to depression, anxiety, and post-traumatic stress disorder (Egwuaba & Sunday, 2023; Miller & Rasmussen, 2017).

While EST provides a robust framework for understanding the multi-layered environmental determinants of mental health, it has some limitations. The theory is largely descriptive, offering limited predictive power regarding which system-level factors most strongly influence outcomes (Tudge et al., 2009). It also under represents structural inequalities and political factors that may exacerbate mental health challenges in displacement contexts. Nevertheless, EST is highly relevant for this study as it enables a holistic understanding of the environmental, social, and policy factors influencing mental health among IDPs in Enugu State. By applying this framework, the study examines how individual experiences of psychological distress are shaped by interactions across multiple ecological levels, thereby informing targeted, culturally sensitive, and gender-responsive interventions.

## **METHODOLOGY**

### **Study Design**

This study employed a descriptive cross-sectional survey design to assess the mental health needs of internally displaced persons (IDPs) residing in selected camps in Enugu State, South-East Nigeria. The design was appropriate for capturing the prevalence of mental health disorders, psychosocial stressors, coping strategies, and service utilization at a single point in time (Creswell, 2014).



### **Study Population**

The population for this study comprised internally displaced adults aged 18 years and above residing in officially recognized displacement camps in Enugu State, South-East Nigeria. Eligible participants were individuals who had lived in the camps for a minimum of six months prior to the survey. The study was carried out in selected IDP camps, namely Ugwuaji (Nike) Camp in Enugu South Local Government Area, Ibagwa Aka Camp in Igbo-Eze South Local Government Area, and Nkanu East Camp in Nkanu East Local Government Area. Individuals younger than 18 years, those with severe cognitive impairment that could limit effective participation, and persons who were unwilling or unable to provide informed consent were excluded from the study.

### **Sample Size Determination**

The sample size was calculated using Yamane's (1967) formula for finite populations:

$$n = \frac{N}{1 + N(e)^2}$$

where  $n$  is the sample size,  $N$  is the estimated total camp population (approximately 2,000), and  $e$  is the level of precision (0.05). This yielded a sample size of 333 respondents.

### **Sampling Technique**

A multi-stage sampling technique was used:

1. Stage One: IDP camps in Enugu State were clustered based on geographic location.
2. Stage Two: Proportionate sampling determined the number of respondents to select from each camp.
3. Stage Three: Systematic random sampling was employed to select eligible respondents within each camp. This ensured representativeness while reducing selection bias.

### **Data Collection Instrument**

Data were collected using a structured questionnaire adapted from the World Health Organisation Assessment Instrument for Mental Health Systems (WHO-AIMS, 2015). The questionnaire captured:

Socio-demographic characteristics (age, sex, marital status, education level)

Mental health indicators (depressive symptoms, anxiety, trauma-related experiences)

Coping strategies and social support systems

Access to mental health services and perceived barriers

The questionnaire was pre-tested among 30 IDPs in a camp outside the study area, yielding a Cronbach's alpha of 0.81, indicating good reliability.



### Data Collection Procedure

Trained research assistants administered the questionnaire face-to-face, ensuring respondents' understanding and accurate recording of responses. Ethical considerations, such as informed consent, voluntary participation, confidentiality, and anonymity, were strictly adhered to.

### Data Analysis

Data were entered, cleaned, and analysed using SPSS version 26. Descriptive statistics (frequencies, percentages, means) summarized respondents' characteristics, mental health status, and coping strategies. Chi-square tests were used to examine associations between selected socio-demographic variables (e.g., sex, age) and mental health outcomes at a 5% level of significance ( $p < 0.05$ ). Findings were presented in tables and narrative form to ensure clarity and ease of interpretation.

## RESULTS

A total of 333 respondents participated in the study, yielding a 100% response rate. Table 1 presents the socio-demographic profile of the respondents.

**Table 1: Socio-Demographic Characteristics of Respondents (n = 333)**

Variable	Category	Frequency (n)	Percentage (%)
Sex	Male	146	43.8
	Female	187	56.2
Age (years)	18–29	98	29.4
	30–39	121	36.3
	40–49	71	21.3
	≥50	43	12.9
	Marital Status	Single	102
Marital Status	Married	179	53.8
	Widowed/Separated	52	15.6
	Educational Level	No formal education	78
Educational Level	Primary	96	28.8
	Secondary	111	33.3
	Tertiary	48	14.4

Source: Field Survey, 2025

The socio-demographic profile shows that female IDPs constituted a slightly higher proportion (56.2%) than males (43.8%). This may reflect gendered patterns in displacement, where women are more likely to accompany families or remain in displacement camps due to caregiving responsibilities. The age distribution indicates that the majority of respondents were within the 30–39 years range (36.3%), representing the economically active population. This is significant because economic dependency and loss of livelihoods can exacerbate psychological distress, as individuals struggle to provide for themselves and their families in camp settings.

Marital status revealed that over half (53.8%) were married, while single respondents accounted for 30.6%. Marriage may provide emotional support; however, for displaced couples, stressors



such as loss of property, inadequate shelter, and uncertainty about the future can intensify mental health challenges (Miller & Rasmussen, 2017). Educational attainment was generally low, with only 14.4% having tertiary education, suggesting limited human capital to access alternative livelihoods or navigate social services, which may influence coping strategies and resilience. Overall, these socio-demographic factors provide a context for understanding vulnerability to mental health problems among IDPs in Enugu State.

### Prevalence of Mental Health Symptoms

**Table 2: Mental Health Symptoms among IDPs**

Mental Health Indicator	Yes n (%)	No n (%)
Depressive symptoms	241 (72.4)	92 (27.6)
Anxiety/Panic attacks	215 (64.6)	118 (35.4)
Sleep disturbances	198 (59.5)	135 (40.5)
Trauma-related symptoms	167 (50.2)	166 (49.8)

**Source: Field Survey, 2025**

The prevalence data indicate that psychological distress is highly pervasive among IDPs. Depression was reported by 72.4%, anxiety/panic symptoms by 64.6%, sleep disturbances by 59.5%, and trauma-related symptoms by 50.2%. These figures suggest that displacement imposes a cumulative psychological burden, consistent with previous studies in northern Nigeria and other Sub-Saharan African countries.

High depression prevalence may reflect both trauma-related experiences and ongoing stressors such as food insecurity, overcrowded living conditions, and social isolation. Anxiety symptoms are likely associated with uncertainty about the future and exposure to ongoing insecurity. Trauma-related experiences such as nightmares or flashbacks indicate that respondents may have been exposed to direct or indirect violence, including communal conflicts or forced evictions. Sleep disturbances could result from the interplay of psychological distress, poor living conditions, and lack of privacy in camps. The high prevalence of mental health symptoms underscores the urgency of psychosocial interventions in Enugu State camps.

### Access to Mental Health Services

**Table 3: Utilisation and Barriers to Mental Health Services**

Variable	Category	Frequency (n)	Percentage (%)
Ever accessed mental health support	Yes	88	26.4
	No	245	73.6
Perceived barriers*	Cost of services	267	80.2
	Stigma	231	69.4
	Lack of services	214	64.3
	Distance to facilities	173	52.0

**Source: Field Survey, 2025**

\*Multiple responses allowed



Only 26.4% of respondents had ever accessed mental health services, with barriers including cost (80.2%), stigma (69.4%), limited availability (64.3%), and distance (52%). These findings highlight systemic and socio-cultural obstacles that restrict service utilisation. Cost reflects financial constraints among displaced populations, stigma deters help-seeking, and limited services indicate inadequate infrastructure and personnel. Distance underscores the need for decentralized, community-based care. The low uptake of formal services reinforces the importance of integrating informal coping strategies and psychosocial support into IDP programmes.

### Coping Strategies

**Table 4: Coping Mechanisms Adopted by IDPs**

Coping Strategy	Yes n (%)	No n (%)
Religious/Spiritual Practices	233 (70.0)	100 (30.0)
Family or Peer Support	179 (53.8)	154 (46.2)
Avoidance/Withdrawal	121 (36.3)	212 (63.7)
Substance Use	64 (19.2)	269 (80.8)

**Source: Field Survey, 2025**

Coping strategies reveal that IDPs predominantly rely on informal and culturally embedded mechanisms. Religious/spiritual practices (70.0%) and family or peer support (53.8%) were the most common strategies, highlighting the role of faith and social networks in mitigating psychological distress.

Avoidance or withdrawal behaviours were reported by 36.3% of respondents, indicating a maladaptive coping mechanism that may exacerbate isolation and depression. Substance use was reported by 19.2%, suggesting a smaller proportion adopt harmful coping methods. These findings suggest that while informal support systems are essential in displacement contexts, they may not adequately address severe mental health needs without complementary professional interventions.

### Association between Gender and Depressive Symptoms

**Table 5: Relationship between Sex and Depressive Symptoms**

Sex	Depressive Symptoms Present n (%)	Depressive Symptoms Absent n (%)	$\chi^2$	p-value
Male	93 (63.7)	53 (36.3)	10.21	0.001
Female	148 (79.1)	39 (20.9)		

A significant association was found between sex and depressive symptoms ( $\chi^2 = 10.21$ ,  $p = 0.001$ ), with female IDPs reporting higher rates (79.1%) than males (63.7%). This highlights the need for gender-sensitive interventions, such as counselling, psychosocial support, and protection against violence, and reflects the influence of social and cultural norms on mental health outcomes, consistent with Bronfenbrenner’s macrosystem.



## DISCUSSION

The findings of this study provide important insight into the mental health needs of internally displaced persons (IDPs) in Enugu State, South-East Nigeria. A high prevalence of psychological distress was observed, consistent with evidence from other displacement contexts in Sub-Saharan Africa (Miller & Rasmussen, 2017; Roberts et al., 2019). Depressive symptoms were the most commonly reported condition, followed by anxiety and trauma-related experiences, highlighting the substantial psychosocial burden associated with displacement.

The observed high prevalence of depression (72.4%) and anxiety (64.6%) aligns with studies from northern Nigeria and Uganda, where exposure to conflict, loss of livelihoods, and ongoing uncertainty increased vulnerability to mental health disorders (Gureje et al., 2015; Adeosun et al., 2014). These findings illustrate the interplay between trauma-related stressors and daily stressors in displacement settings, consistent with Bronfenbrenner's Ecological Systems Theory. At the microsystem level, disrupted family structures, overcrowded camp conditions, and limited social support directly contributed to psychological distress.

Coping strategies among IDPs were predominantly informal and culturally embedded, with religious or spiritual practices (70.0%) and family or peer support (53.8%) being most common. This aligns with prior research demonstrating the role of social and cultural resources in mitigating displacement-related stress (Oginni et al., 2018; WHO, 2013). However, reliance on informal coping may be insufficient for addressing severe mental health conditions in the absence of professional psychosocial interventions.

Access to mental health services was extremely limited, with only 26.4% of respondents having ever received formal support. Barriers included cost, stigma, and shortage of trained personnel, reflecting findings from other low-resource displacement contexts (Okoli et al., 2020; WHO, 2018). At the exosystem and macrosystem levels, broader societal, institutional, and policy factors were observed to influence individual wellbeing.

Gender differences were significant, with female IDPs reporting higher depressive symptoms than males ( $\chi^2 = 10.21$ ,  $p = 0.001$ ), consistent with evidence that women are disproportionately affected by displacement-related psychological distress due to caregiving responsibilities, gender-based violence, and social marginalization (Tol et al., 2010; Steel et al., 2009).

Overall, the study demonstrates that the mental health needs of IDPs in Enugu State remain largely unmet, reflecting a combination of individual vulnerabilities, socio-cultural constraints, and systemic service gaps. Integration of culturally sensitive, community-based mental health services and reduction of access barriers are essential to address the complex needs of displaced populations. These findings contribute to the limited empirical evidence on IDPs in South-East Nigeria and provide a foundation for designing context-specific, evidence-based interventions.



## CONCLUSION

This study demonstrates that internally displaced persons (IDPs) in selected camps in Enugu State, South-East Nigeria, experience substantial and largely unmet mental health needs. Psychological distress, including depression, anxiety, and trauma-related symptoms, was highly prevalent. Access to formal mental health services was limited, primarily due to cost, stigma, and inadequate availability of trained professionals. Coping strategies were predominantly informal and culturally embedded, such as religious engagement and family or peer support.

Gender differences were evident, with female IDPs reporting higher levels of depressive symptoms, highlighting the need for gender-responsive mental health interventions. The findings also emphasize the influence of multi-layered environmental factors including family, community, institutional, and cultural systems on the mental wellbeing of displaced populations, consistent with Bronfenbrenner's Ecological Systems Theory.

In conclusion, the mental health challenges faced by IDPs in Enugu State are complex, multi-faceted, and shaped by individual, social, and systemic factors. There is a clear and urgent need for integrated, culturally sensitive, and accessible mental health and psychosocial support services to address these challenges and improve the wellbeing of displaced populations in South-East Nigeria.

## RECOMMENDATIONS

Based on the findings of this study, the following recommendations are proposed to address the mental health needs of internally displaced persons (IDPs) in Enugu State, South-East Nigeria:

1. **Integration of Mental Health Services into Humanitarian Programmes:** Mental health and psychosocial support services should be incorporated into existing humanitarian and primary healthcare programmes within IDP camps to ensure accessibility and sustainability.
2. **Culturally Sensitive Interventions:** Programmes should build on existing cultural and social coping mechanisms, such as religious and spiritual practices, while providing professional psychosocial support to enhance resilience and reduce psychological distress.
3. **Gender-Responsive Strategies:** Interventions should specifically address the unique mental health needs of female IDPs, including support for caregivers, protection against gender-based violence, and targeted counselling services.
4. **Capacity Building of Health Personnel:** Training healthcare workers and camp staff in mental health assessment, psychosocial support, and early detection of mental health disorders is essential to improve service delivery.
5. **Reduction of Barriers to Mental Health Care:** Structural, financial, and socio-cultural barriers, including cost, stigma, and distance to facilities, should be addressed through subsidized services, community awareness programmes, and decentralization of mental health care within camps.
6. **Community-Based Support Systems:** Strengthening peer-support networks, family engagement, and community groups can provide continuous psychosocial support, supplement formal mental health services, and enhance social cohesion.



7. **Policy and Advocacy:** Policymakers and humanitarian agencies should develop evidence-based policies that prioritise mental health care for displaced populations, allocate resources for mental health infrastructure, and monitor the effectiveness of implemented programmes.

### **Ethical Considerations**

Ethical approval for this study was obtained from the Chukwuemeka Odumegwu Ojukwu University Institutional Ethics Committee (Approval No. COOU/ETH/2025/038). Permission was also secured from the management authorities of the selected camps. Participants were fully informed of the study's purpose, and written consent was obtained prior to data collection. Respondents were assured of their right to withdraw from the study at any stage without any penalty.

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### **Conflict of Interest**

The authors declare that there are no conflicts of interest associated with this study.

### **Author Contributions**

Edward Ukwubile Egwuaba conceptualized the study, conducted the literature review, and supervised data collection. Ignatius Sunday Ume designed the study, developed the theoretical framework, analysed the data, and drafted the manuscript. Blessing Adeyi Sunday managed data collection, entry, and preliminary analysis. Blessing Chugo Idigo contributed to methodology, interpreted results, and edited the manuscript. All authors reviewed and approved the final manuscript and take responsibility for its accuracy and integrity.

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### **Availability of Data and Materials**

The datasets generated and analysed during this study are available from the corresponding author upon reasonable request.

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