



## RESEARCH ARTICLE

### FROM SHELTER TO SANITY: A MASLOWIAN APPROACH TO UNDERSTANDING MENTAL HEALTH SECURITY

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#### ABSTRACT

The concept of *mental health security* extends beyond clinical stability to encompass the satisfaction of basic human needs that ensure psychological safety and well-being. Drawing on Maslow's hierarchy of needs, this paper explores the pathway *from shelter to sanity* by examining how fulfillment of lower-level needs particularly physiological and safety needs forms the foundation for higher psychological functioning. Using a theoretical and conceptual review approach, the study argues that stable housing, access to resources, and a sense of safety are indispensable precursors to emotional balance, self-esteem, and self-actualization. When these foundational needs are unmet, individuals experience persistent insecurity that predisposes them to stress, anxiety, and other mental health challenges. The paper integrates existing evidence to propose a Maslowian framework for understanding mental health security as a continuum shaped by environmental, social, and psychological factors. It concludes by emphasizing the importance of policy interventions, clinical assessments, and community-based programmes that address basic human needs as an essential strategy for promoting mental wellness.

**Keywords:** Shelter to sanity, Maslowian approach, mental health security.

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## 1.0. INTRODUCTION

Mental health is increasingly recognized not only as a clinical problem but as a multifaceted social outcome shaped by material conditions, social policy and access to basic resources. Contemporary public-health scholarship emphasises that mental well-being is produced in and through the environments where people live their housing, income security, social networks and access to services and that upstream conditions can be as determinative of psychological outcomes as individual-level interventions (Kirkbride et al., 2024). The idea of mental health security re-frames psychological well-being as a state that depends on reliable access to basic needs and protections rather than simply the absence of psychiatric disorder.

Health-security conceptual work argues that people require a predictable baseline of physical and social conditions in order to maintain “normal, proper and desirable” states of health, and that disruption to those baselines create vulnerability to both physical and mental illness (Augustynowicz et al., 2022). Framing mental health as a matter of security highlights the role of institutions and policy (housing, social protection, health systems) in stabilizing the environments that support cognitive and emotional regulation.

Housing and the broader construct of shelter security is one of the most tangible and influential social determinants of mental health. A mounting empirical literature since 2020 has linked housing instability, unaffordable rental burden, eviction risk and poor housing conditions to elevated risks of anxiety, depression, sleep disruption and reduced access to care (Mason et al., 2024; Hock et al., 2024). These studies show not only cross-sectional associations but also suggest that housing insecurity acts causally through chronic stress, social dislocation and service fragmentation, thereby undermining the psychosocial conditions required for recovery and resilience. Maslow’s hierarchy of needs has long influence in psychology and practice, offers a parsimonious conceptual scaffold for understanding how material and psychosocial factors interact to produce mental health security.

While classical formulations of Maslow have attracted methodological critique and calls for refinement, recent scholarship has revived and reinterpreted the hierarchy to better suit post-pandemic social realities and social determinant informed approaches to health (Avancha, 2024; critical reviews 2024). Repositioned as a flexible, contextualized model rather than a rigid ladder, Maslowian thinking remains useful for linking foundational needs (physiological and safety) to higher-order psychological functioning (belonging, esteem, self-actualization) in a way that foregrounds environmental preconditions for mental wellness.

Integrating the social-determinants literature with a Maslowian lens suggests a working hypothesis: stable shelter and safety are necessary (though not always sufficient) precursors to sustained mental health security. When lower-order needs are frustrated for example, when eviction, overcrowding or housing precarity are present individuals face chronic physiological and safety stressors that compromise attachment, social participation and opportunities for esteem-building, thereby increasing the risk of common mental disorders and reducing the effectiveness of clinical interventions (Kirkbride et al., 2024; Mason et al., 2024). This pathway helps explain why programmes that address



housing together with clinical care (e.g., Housing First models) often yield better psychosocial outcomes than clinical care alone.

Framing mental health as security also carries direct policy and practice implications. If mental health security depends on social and material infrastructure, then interventions must extend beyond clinic walls to include housing policy, income supports, and inter-sectoral coordination between health, social services and housing providers. Humanitarian and emergency frameworks (e.g., Mental Health and Psychosocial Support, MHPSS) already integrate this perspective by combining psychosocial care with material assistance in displacement settings; translating similar integration into stable, non-emergency welfare systems is an urgent challenge for public mental health (UNHCR MHPSS summary, 2024).

This paper develops a Maslowian framework for mental health security that explicitly centres shelter and safety as pivot points in the pathway from material conditions to psychological outcomes. The goals are threefold: (1) to synthesize contemporary empirical evidence linking housing and other social determinants to mental health; (2) to adapt Maslow's hierarchical logic into a dynamic, policy-relevant model that accounts for contemporary critiques and social-structural drivers; and (3) to draw implications for integrated interventions and research priorities that can test and operationalize "mental health security" in diverse contexts. In doing so, the paper argues for a reframing of mental health that treats stable shelter not as an optional social good but as a core public-mental-health strategy.

In Nigeria, mental health has emerged as an increasingly critical public health concern, yet it remains inadequately addressed within the broader framework of social and economic security. Despite rising awareness of mental illness and the establishment of a National Mental Health Act (2023), the country's approach to mental health continues to emphasize clinical treatment over the social determinants that underpin psychological well-being. Millions of Nigerians live in conditions of housing insecurity, poverty, unemployment, and displacement factors that compromise basic human needs and predispose individuals to chronic stress, anxiety, depression, and other mental health disorders. According to the World Bank (2024), more than 70% of Nigerians experience multidimensional poverty, with housing deprivation constituting one of the most severe indicators of vulnerability. In such a context, the fulfillment of physiological and safety needs central to Maslow's hierarchy remains out of reach for a large segment of the population.

Urbanization, inflation, and the rising cost of living have intensified housing instability across Nigerian cities. Many households live in overcrowded or unsafe structures, while internally displaced persons (IDPs) and informal settlers face persistent threats to safety, food access, and social belonging. These conditions erode psychological security and make mental health recovery difficult even when medical care is available. Research in public health increasingly shows that without stable shelter and safety, interventions targeting emotional or behavioural symptoms alone yield limited and unsustainable outcomes (Mason et al., 2024; Hock et al., 2024). Yet Nigerian mental health policy and service delivery rarely integrate these social determinants into treatment and prevention strategies.



The absence of a conceptual framework that links material deprivation particularly housing insecurity with mental health outcomes represents a critical gap in Nigeria's mental health discourse. Understanding mental health through a Maslowian lens provides an opportunity to reframe the problem: from viewing mental illness as an isolated pathology to recognising it as a consequence of unmet foundational needs. Without addressing these lower-tier needs shelter, safety, and belonging, Nigeria's goal of achieving comprehensive mental health security will remain elusive. Hence, there is an urgent need to theorize and empirically examine the pathway *from shelter to sanity*, positioning housing and social stability as integral to mental health policy and practice in the Nigerian context.

The purpose of this paper is to explore and conceptualize the relationship between shelter, safety, and psychological well-being within the Nigerian context, using Maslow's hierarchy of needs as the theoretical foundation. Specifically, the paper seeks to advance the notion of mental health security as a multidimensional construct that extends beyond clinical care to include the fulfillment of basic human needs such as housing, safety, and belonging. By adopting a Maslowian approach, this study aims to demonstrate that the attainment of mental stability and resilience among individuals and communities is contingent upon the satisfaction of foundational needs that ensure physical protection and social stability.

The paper further aims to bridge a critical gap in Nigeria's mental health discourse by integrating social determinants particularly shelter and safety into discussions of mental wellness and policy design. In doing so, it emphasizes that sustainable mental health outcomes cannot be achieved in isolation from socioeconomic and environmental realities. Ultimately, the study proposes a conceptual model that repositions access to secure housing and psycho-social safety as fundamental prerequisites for achieving holistic mental well-being and advancing public mental health in Nigeria.

## 2.0. CONCEPTUALIZATIONS, THEORY, AND LITERATURE REVIEW

### 2.1. Conceptual Framework

#### Mental Health Security

The concept of mental health security extends traditional mental health definitions by emphasizing the structural and environmental preconditions necessary for psychological stability. It can be defined as a state in which individuals have consistent access to the social, economic, and environmental conditions that protect and promote mental well-being (Augustynowicz et al., 2022). This perspective aligns with the social determinants of health model, which identifies stable housing, income, education, and safety as essential to achieving mental wellness (Kirkbride et al., 2024).

Globally, mental health security has become a public policy concern, especially in societies marked by displacement, unemployment, and weak social protection systems. In Nigeria, the absence of reliable housing, rising insecurity, and the threat of violence exacerbate emotional instability and chronic stress. This demonstrates that mental health cannot be separated from security in its broadest sense safety from harm, access to shelter, and the assurance of continuity in daily living.

UNHCR's (2024) Mental Health and Psychosocial Support (MHPSS) framework also supports this view, recognizing that psychosocial well-being depends on restoring safety, dignity, and hope. Thus,



mental health security is not merely an individual attribute but a reflection of collective societal stability. It calls for a shift from purely biomedical interventions to approaches that integrate psychological support with housing, livelihood, and community rebuilding especially relevant in contexts of poverty, displacement, or urban housing crises like Nigeria's.

### **Integrative Maslowian Model for Mental Health Security**

Integrating Maslow's hierarchy of needs with the concept of mental health security produces a dynamic model that links material sufficiency to psychological stability. In this framework, *shelter* and *safety* represent pivotal thresholds: when they are unmet, individuals remain preoccupied with survival, leaving limited capacity for emotional growth or cognitive development (Mason et al., 2024; Hock et al., 2024). Conversely, when these foundational needs are satisfied, individuals can progress toward higher-order needs social belonging, esteem, and self-actualizations that underpin mental health resilience.

This integrative model recognizes a two-way interaction between environment and psyche: social conditions influence mental states, and mental stability enhances individuals' ability to maintain and improve their environments. Within the Nigerian context, the model explains why interventions that provide housing or livelihood security such as resettlement programs for internally displaced persons (IDPs) or subsidized housing initiatives can yield measurable improvements in psychological well-being. The Maslowian Pathway from Shelter to Sanity thus reframes mental health as a continuum of secured needs rather than isolated symptoms. It asserts that true mental health security emerges only when individuals have access to stable shelter, physical safety, social belonging, and opportunities for self-worth. This approach bridges psychology and social policy, offering a more holistic understanding of mental health that aligns with Nigeria's developmental challenges.

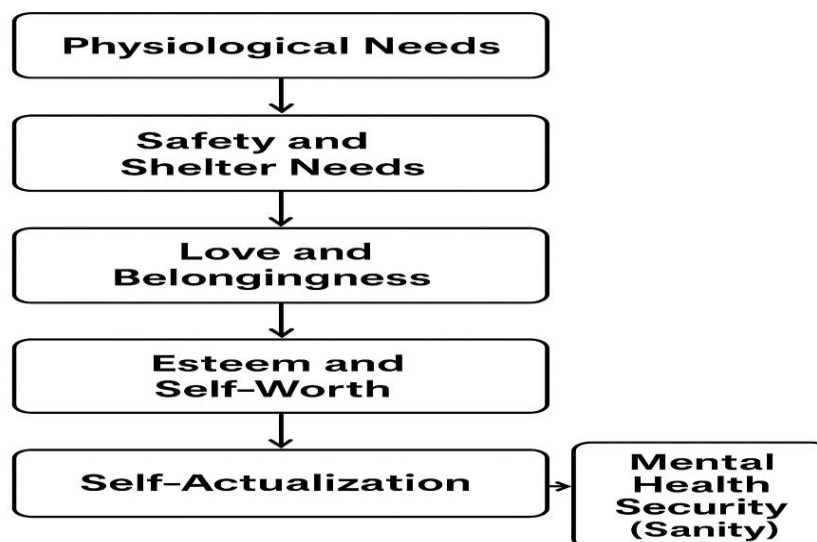
### **2.2. Theoretical Framework**

Abraham Maslow's hierarchy of needs, first proposed in 1943, remains one of the most enduring frameworks for understanding human motivation and psychological development. The theory posits that human needs are arranged in a hierarchical order, beginning with basic physiological needs such as food, water, and shelter, progressing through safety, love and belongingness, esteem, and culminating in self-actualisation (Maslow, 1954). Maslow's model suggests that individuals must satisfy lower-level needs before they can focus on higher-order psychological growth and fulfillment.

Recent scholars have revisited and reinterpreted Maslow's theory in light of 21st-century challenges, emphasising its continued relevance in explaining the relationship between material conditions and mental well-being. For instance, Avancha (2024) and Ghaleb (2024) argue that while the hierarchy should not be seen as strictly linear, the interdependence between lower and higher needs remains crucial for understanding resilience and adaptive behavior. In the aftermath of global crises such as the COVID-19 pandemic, researchers observed that unmet basic needs particularly housing instability and food insecurity were directly associated with anxiety, depression, and impaired self-regulation (O'Donoghue et al., 2024; Kirkbride et al., 2024). In the Nigerian context, where millions experience multidimensional poverty and limited access to secure shelter, Maslow's hierarchy offers a

compelling framework for understanding how deprivation at foundational levels perpetuates psychological distress. The lack of shelter, safety, and social belonging prevents individuals from achieving esteem and self-actualisation, reinforcing cycles of insecurity and poor mental health outcomes.

### From Shelter to Sanity A Maslowian Model of Mental Health Security



**Figure 1:** The Maslowian Pathway from Shelter to Sanity

This conceptual model (Figure 1) illustrates the progressive relationship between satisfaction of fundamental human needs and the attainment of mental health security. Beginning with physiological needs such as food and rest, the model emphasises shelter and safety as critical foundations for higher-order needs belongingness, esteem, and self-actualisation. The culmination of this hierarchy reflects a state of psychological well-being termed *mental health security*, which integrates stability, safety, and self-realization.

### 2.3. Literature Review

#### Shelter and Mental Health: The Foundational Link

Housing and shelter represent fundamental determinants of human health and well-being. Across multiple studies, stable housing has been consistently linked to reduced psychological distress and improved emotional stability (Mason et al., 2024; Hock et al., 2024). Conversely, housing insecurity characterized by overcrowding, homelessness, poor living conditions, or fear of eviction has been associated with elevated levels of anxiety, depression, and low self-esteem (Kirkbride et al., 2024). The *World Health Organization* (2023) recognizes housing as one of the critical social determinants of mental health, emphasizing that safe, affordable, and adequate shelter forms the foundation of psychosocial security.



In Nigeria, where a large proportion of the population lives below the poverty line and in informal settlements, the relationship between shelter and mental health is particularly pronounced. The National Bureau of Statistics (2023) reported that over 70 percent of urban residents live in substandard housing conditions, while rural populations face displacement due to insecurity and environmental degradation. Studies have shown that individuals living in precarious or overcrowded homes often exhibit symptoms of chronic stress and hopelessness, as unstable shelter undermines both physical safety and psychological stability (Owoaje & Aladesanmi, 2021). Hence, shelter functions not merely as a physical structure but as a psychological anchor its absence threatens security, self-worth, and belonging.

### **Socioeconomic Instability and Psychological Well-being**

Beyond housing, economic insecurity manifesting through unemployment, inflation, and low income has emerged as a powerful driver of mental ill-health. Scholars assert that socioeconomic instability triggers a cascade of psychosocial stressors that erode self-esteem, interpersonal relationships, and resilience (O'Donoghue et al., 2024; World Bank, 2024). For Nigerian populations grappling with economic hardship, financial stressors compound housing insecurity, creating a dual burden that heightens vulnerability to depression and anxiety disorders (Adejumo et al., 2022).

The COVID-19 pandemic amplified these challenges by destabilising livelihoods and deepening poverty, leading to a rise in mental health cases globally (Avancha, 2024). A survey by the Nigerian Institute of Social and Economic *Research* (2023) found that individuals who experienced job loss or income reduction were more likely to report psychological distress than those with stable income. These findings reinforce Maslow's proposition that unmet lower-order needs such as food, shelter, and financial stability impede the pursuit of higher-level psychological needs like belonging and esteem (Maslow, 1954; Ghaleb, 2024).

### **Environmental and Safety Factors in Mental Health Security**

Safety is the second level in Maslow's hierarchy and a central determinant of mental health security. Insecurity whether in the form of violence, displacement, or fear of harm disrupts psychological functioning by maintaining individuals in a state of hyper-vigilance and uncertainty (Augustynowicz et al., 2022). Nigeria's persistent insecurity marked by insurgency, communal clashes, and kidnapping, has displaced millions of people, eroding not only physical safety but also emotional resilience. Internally Displaced Persons (IDPs) in the North-East, for example, face compounded trauma from loss of home, livelihood, and social identity (UNHCR, 2024).

Research in humanitarian settings underscores that restoring safety and shelter is a prerequisite for mental recovery (Adewale et al., 2023). The UNHCR Mental Health and Psychosocial Support (MHPSS) framework positions safety and dignity as foundational to psychosocial rehabilitation. This aligns with Maslow's model, where unmet safety needs inhibit progression toward social integration, esteem, and self-actualisation. The Nigerian experience thus exemplifies how structural insecurity perpetuates collective psychological instability a phenomenon that can only be addressed through integrated approaches combining housing, safety, and mental health interventions.



### Maslowian Applications in Mental Health Studies

Although Maslow's hierarchy of needs has been criticized for its rigid hierarchy, recent scholarship has revalidated its conceptual utility when applied to modern social realities. Avancha (2024) reinterprets Maslow's framework as dynamic and context-dependent, suggesting that needs may overlap or shift according to cultural and environmental pressures. Similarly, Ghaleb (2024) argues that the theory provides a flexible foundation for understanding how deprivation at lower levels obstructs mental wellness, particularly in low-income societies.

Empirical research continues to confirm Maslow's premise that psychological well-being is inseparable from material security. A meta-analysis by O'Donoghue et al. (2024) showed that interventions addressing social determinants housing, safety, and income produced more sustainable mental health improvements than those focusing solely on psychotherapy or medication. This has given rise to the emerging concept of mental health security, which positions psychosocial well-being within the broader context of socioeconomic and environmental stability (Kirkbride et al., 2024; Augustynowicz et al., 2022).

Applying this framework to Nigeria suggests that improving mental health outcomes requires systemic attention to poverty reduction, housing policy, and community safety. The Maslowian approach, therefore, provides not only a theoretical explanation but also a practical model for integrating social development and mental health reform.

### 3.0. METHODOLOGY

This study is qualitative in nature with keen interest in critical analysis of Maslowian approach. Drawing on Maslow's hierarchy of needs, this paper explores the pathway from shelter to sanity by elucidating how fulfillment of lower-level needs, particularly, physiological and safety needs forms the foundation for higher psychological functioning.

### 4.0. DISCUSSION

The findings from the reviewed literature underscore the central thesis that mental health security is not an isolated psychological construct, but rather a cumulative outcome of fulfilled basic human needs. Applying a Maslowian perspective to the Nigerian context reveals that the journey from *shelter to sanity* is both structural and psychological, shaped by environmental conditions, social determinants, and policy realities. Maslow's hierarchy of needs proposes that human motivation progresses through a sequence of need levels from physiological and safety needs to psychological and self-actualisation needs (Maslow, 1954).

However, this progression is rarely linear in societies characterised by instability, poverty, and insecurity. In Nigeria, where a substantial portion of the population struggles to meet basic needs, the deficiency at the lower levels (shelter, safety, food) consistently undermines mental wellness (Adejumo et al., 2022; NBS, 2023). This suggests that Maslow's model must be contextualised as cyclical rather than hierarchical.



For many Nigerians, unmet foundational needs repeatedly disrupt psychological stability, leading to a regression in mental well-being. For instance, displacement caused by communal violence or flooding not only strips individuals of physical shelter but also destabilizes their emotional security and social identity (Adewale et al., 2023). Hence, the Maslowian model, when reinterpreted through a developing-country lens, reveals that sustainable mental health is contingent upon the consistent satisfaction of shelter and safety needs rather than their one-time attainment. Shelter represents the first tangible layer of psychological security. Beyond serving as a physical space, it provides a sense of belonging, continuity, and control—all critical elements of emotional regulation and identity formation. Research consistently links housing instability to higher rates of depression, insomnia, and psychosocial distress (Mason et al., 2024; Hock et al., 2024). In Nigeria, where informal settlements dominate urban landscapes, inadequate housing often translates into daily exposure to insecurity, poor sanitation, and environmental hazards—conditions that aggravate mental vulnerability (Owoaje & Aladesanmi, 2021).

Thus, access to adequate housing is not simply a socioeconomic indicator but a psychological determinant of well-being. When individuals perceive their living conditions as unsafe or transient, their capacity for emotional stability and cognitive functioning diminishes. Policies that prioritize affordable housing and community safety therefore play a preventive role in mental health promotion a concept that aligns with the *social determinants of health* framework advocated by WHO (2023). The persistent threat of insecurity in Nigeria ranging from insurgency and banditry to kidnappings has produced a climate of chronic anxiety and fear. This pervasive sense of danger resonates with Maslow's second-tier need: safety and protection.

Psychological theories of trauma emphasize that prolonged exposure to fear or violence triggers hypervigilance and cognitive distortions that sustain mental distress (Augustynowicz et al., 2022). The Nigerian experience demonstrates that the erosion of safety disrupts communal trust and undermines collective sanity. For internally displaced persons (IDPs), for instance, loss of safety translates not only into material deprivation but also into existential dislocation a collapse of the psychological scaffolding that supports identity and belonging (UNHCR, 2024). Addressing mental health security in such contexts thus requires an integrated model that couples psychosocial interventions with physical protection, livelihood restoration, and community rebuilding.

Economic deprivation remains a fundamental source of psychological strain. The inability to meet basic needs such as food, rent, or healthcare creates a cycle of stress, hopelessness, and self-blame (World Bank, 2024). Within Maslow's framework, economic hardship reinforces the stagnation at the deficiency levels, preventing individuals from aspiring toward esteem or self-actualization (Ghaleb, 2024). For Nigerians, the emotional toll of poverty manifests not only as anxiety or depression but also as a diminished sense of agency and belonging. Societal expectations and cultural stigma further compound this by framing poverty as personal failure rather than structural injustice. Consequently, the restoration of mental health security demands policies that expand economic inclusion and empower individuals to participate meaningfully in community life. Without addressing these economic foundations, mental health initiatives risk becoming palliative rather than transformative.



The synthesis of literature suggests that mental health security must be redefined as the assurance of both psychological and environmental stability. The Maslowian pathway from shelter to sanity thus represents an integrative model that positions mental wellness within the ecosystem of human needs. In Nigeria, this approach entails reimagining public health and housing policies through a psychosocial lens ensuring that interventions in urban planning, security, and social welfare prioritise mental well-being as a core outcome. Such a holistic paradigm aligns with global calls for intersectional health policies.

The World Health Organization (2023) and World Bank (2024) emphasize that sustainable development goals (SDGs), particularly those targeting poverty reduction, housing, and health, are interdependent. By situating mental health within these broader social structures, policymakers and practitioners can address the root causes of psychological instability rather than its symptoms. Ultimately, the Maslowian approach offers a culturally adaptable framework for developing societies like Nigeria one that humanizes mental health policy by grounding it in the realities of shelter, safety, and socioeconomic justice.

## 5.0. CONCLUSION AND RECOMMENDATION

### 5.1. Conclusion

This paper has examined the intricate relationship between shelter, safety, and psychological well-being through a Maslowian lens, situating the discourse within Nigeria's socio-economic realities. The review and discussion reveal that mental health security is deeply embedded in the satisfaction of basic human needs, particularly those associated with shelter and safety. In contexts where these needs remain unmet such as in Nigeria's urban slums, conflict-affected zones, and economically marginalised communities mental wellness becomes fragile and inconsistent.

Maslow's theory of human motivation, though developed in the mid-20th century, remains profoundly relevant for understanding the foundations of mental health in developing societies. However, this study demonstrates that the hierarchical model must be reinterpreted as cyclical and dynamic, especially in environments where individuals frequently regress due to structural insecurity and economic deprivation. The Nigerian experience illustrates that psychological stability cannot thrive amid chronic poverty, inadequate housing, and pervasive insecurity. Thus, the path from shelter to sanity is not a simple progression but a continuum that requires sustained access to basic needs, emotional safety, and social inclusion.

By integrating psychological theory with socio-environmental realities, this paper contributes to the emerging discourse on *mental health security* a concept that transcends clinical treatment to embrace the structural conditions that sustain well-being. Ensuring mental health security, therefore, demands policies that protect both the mind and the material conditions that support it.

### 5.2. Recommendations

In view of the findings discussed in this paper, it becomes evident that improving mental health outcomes in Nigeria requires an approach that goes beyond clinical intervention to address the social



and environmental conditions that shape psychological well-being. One of the most urgent steps is to integrate housing policy into the broader mental health framework. Government efforts toward urban development and public housing should not be viewed merely as economic or infrastructural projects but as strategic investments in mental health security.

Providing safe, affordable, and stable housing would significantly reduce the emotional burden associated with insecurity, displacement, and poverty, which are known triggers of psychological distress. Equally important is the promotion of community safety and social cohesion. In a country where insecurity remains a major source of collective anxiety, the restoration of trust and stability within communities is vital. Beyond physical protection, community rebuilding should incorporate trauma-informed approaches that enable individuals and families to recover emotionally from displacement, violence, and loss. Policies must therefore prioritize both physical safety and psychosocial rehabilitation as complementary dimensions of mental well-being.

Economic empowerment is another indispensable pathway to mental health security. Poverty and unemployment remain among the most consistent predictors of mental distress, as they erode self-esteem and limit individuals' ability to meet basic needs. To mitigate this, government and non-governmental organizations should design sustainable livelihood programs that focus on vulnerable groups, including youths, women, and internally displaced persons. When individuals gain economic stability, they are better positioned to pursue higher psychological needs such as belonging, esteem, and self-actualization, in line with Maslow's theory.

Furthermore, Nigeria's mental health policy should adopt a holistic and multi-sectoral framework that recognizes the interdependence between physical, economic, and psychological health. Health planners must work collaboratively with housing, education, and humanitarian sectors to develop comprehensive interventions that address the full spectrum of human needs. Mental health cannot thrive in isolation from the social environment that sustains it.

In addition, greater investment is needed in research and evidence-based policy design. Empirical studies should be directed toward developing measurable indicators of *mental health security* a concept that integrates shelter, safety, and psychosocial well-being. Such research will help to build contextually grounded models that guide national policy and intervention programs. Finally, mental health education and public awareness should be expanded to shift societal perceptions. Communities need to understand that mental health is not merely a medical or personal issue but a collective responsibility tied to living conditions, safety, and dignity. In essence, ensuring mental health security in Nigeria demands coordinated efforts across sectors and sustained policy commitment. The path from shelter to sanity can only be realised when every citizen is guaranteed the fundamental rights to safety, stability, and social inclusion. These, in turn, create the psychological foundation upon which national development and human flourishing depend.

### Conflict of Interest

The author declare that no conflict of interest exist in this manuscript

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