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Mental Health Crisis in Nigeria: Community Mental Health Care Proposal in the Idiken Slums, Ibadan Oyo State, Nigeria

Mental health is now being recognized worldwide as an integral and crucial component of health in the individual. Having been a taboo topic for centuries, today it is being openly discussed to try to change its negative culture and create awareness in society. The World Health Organization (WHO) defines mental health as "an essential component of health, a state of physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity. Going by this statement, mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to contribute to his or her community. On this basis, it is of vital concern that countries promote, protect and restore mental health" (Africa Polling & EpiAFRIC., 2020) since it can have serious repercussions on a nation's progress due to illness, disability and mortality of its population. Therefore, it should become an immediate national priority with the aim of delivering quality mental health care that is accessible and affordable to everyone.

No country is immune to mental health disorders, anyone can suffer from it without regard to age, ethnicity, gender, social status, etc. Although high-income countries have made some important strides in mental health therapies and treatments, low and middle income countries such as Nigeria are not that fortunate, mainly due to an inefficient and under-resourced health system. "As the 7th largest country by population in the world, Nigeria has Africa's highest caseload of depression and ranks 15th in the world in the frequency of suicide, according to WHO" (Mbamalu, S., 2019). Yet, even with these statistics, there is still considerable neglect of mental health problems, even if "one in four Nigerians, some 50 million people, are suffering from some sort of mental illnesses... with fewer than 10% having access to the care they need" (Mbamalu, S., 2019).

In Nigerian society there exists many negative attitudes and erroneous beliefs towards the mentally ill. Stigma is a major problem in the country, making people unwilling to seek out help, feeling ashamed and scared of prejudice and discimination. For Nigerians, mental illness is defined as someone who goes mad, running around the streets naked, screaming or harming themselves. This misconception undermines milder disorders like anxiety or depression where there is not such a blatant display of behavior. A vast majority of the population assume mental problems are attributed to drug or alcohol abuse. Due to popular cultural beliefs, it is accepted that mental disabilities are the result of supernatural causes including sorcery, possession of evil spirits, and even punishment from God. Social distancing and avoidance are common attitudes towards people with these problems, since they are regarded as dangerous or mentally retarded. Many think that the mentally sick don't need treatment since they can just "snap out of it if they try hard enough", "pray a lot to God", or the disease can be simply beaten out of them.

Making matters worse, there is a lack of national government policy and regulation to treat and protect mentally ill people. Presently, the 1958 Lunacy Act, an archaic law that hasn't

been amended, governs mental health care and legalizes violations of the rights of the mentally ill by detaining individuals against their will. In 1991 Nigeria's National Mental Health Policy was formulated to protect, treat and rehabilitate people with mental disorders, however, it was never implemented properly. In 2013 a replacement Mental Health Act was proposed to improve and standardized mental care; however, till this date, it has yet to become law because of the government's laid back approach in applying mental health policies. Besides, "no desk exists in the ministries at any level for mental health and only 3.3% of the federal government's health budget goes to mental health" (Nigeria Health Watch, 2017), which is insufficient. Within the country, "corruption saps billions of dollars in potential funding for badly needed social services, such as mental health care" (Global Public Health Case Competition, 2019). There are few public psychiatric hospitals, "relative lack of training and research in the area, and there is no coordinating body to oversee public education and awareness campaigns on mental health" (Nigeria Health Watch, 2017). Confronted with more urgent problems (e.g. poverty, infectious diseases, civil conflicts) the government prefers to fight these issues, thus, mental health problems are overlooked and underreported.

Funding, infrastructure and insufficient medical personnel are also serious challenges in Nigeria. "According to the Association of Psychiatrists in Nigeria, only 250 psychiatrists provide services to Nigeria's 200 million people – one per 800,000 people. The United States, with 28,000 psychiatrists and 330 million people, has one for every 11,786" (Ihua, B., & Nsofor, I. 2020). Unfortunately, most professionals are based in urban centers so Nigerians living in rural districts or smaller urban cities are deprived of the service. Because of the many shortcomings in the health sector, many psychiatrists and staff emigrate to other countries for better opportunities, leaving the patient's care to family members, traditional or religious healers. "Another barrier is the non-health nature of the mental health services in Nigeria. Traditional healers are essentially the mental health system, who may unknowingly put in danger the patient's health due to lack of formal education or standardization of diagnosis or treatment" (Urigwe, S. E. 2010). In addition, there are not enough non-government organizations that provide counselling, support groups or transitional housing. Furthermore, Nigerians lack financial support making it difficult for most to pay for quality professional treatments or expensive medications, making them seek cheaper and sometimes riskier options.

Currently the country is facing a human rights crisis in mental health due to degrading and inhumane practices. "Thousands of people with mental health problems in Nigeria are chained and locked up in various facilities where they face horrific abuse, a fact that is corroborated by Human Rights Watch. Detention, chaining, and violent treatment are pervasive in many settings, including state hospitals, rehabilitation centers, traditional healing centers, and both Christian and Islamic faith-based facilities" (Human Rights Watch, 2020).
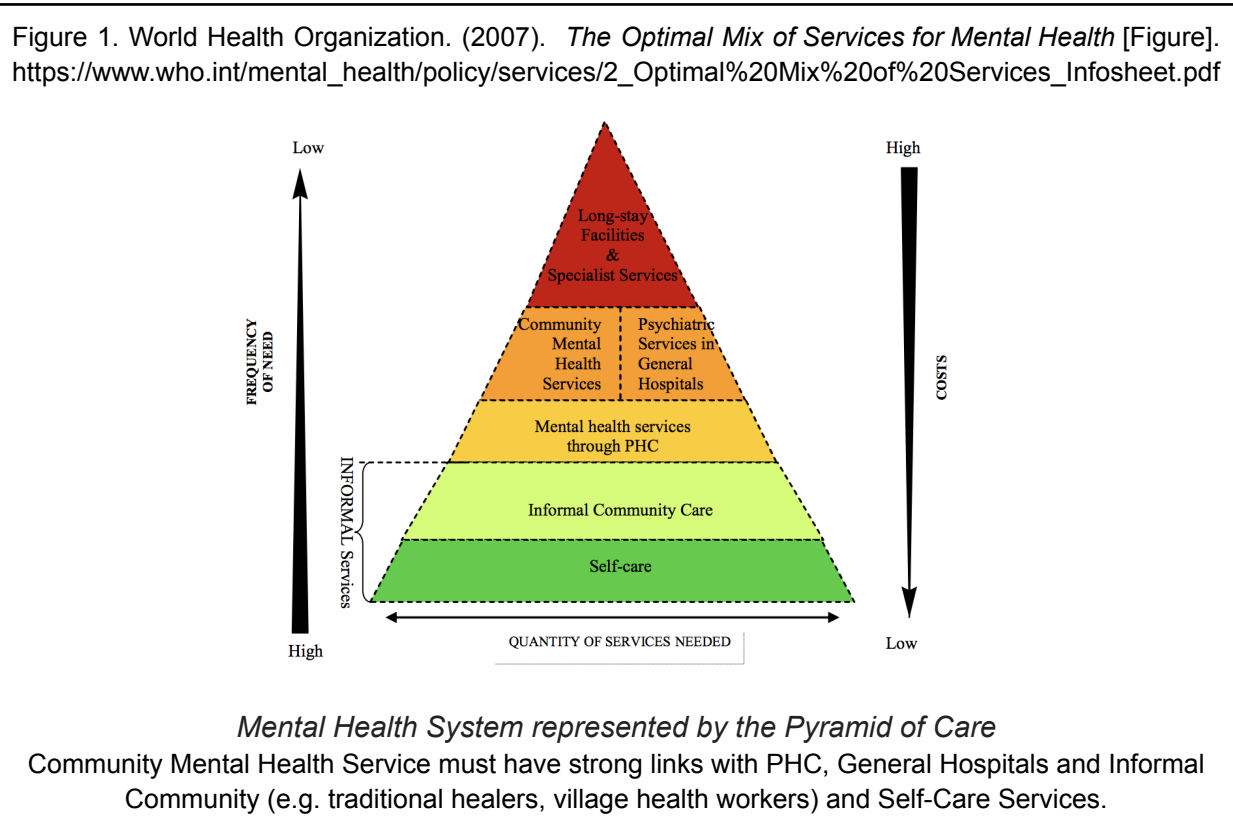
New solutions must be put in practice immediately to create an efficient mental health system that not only centers on the medical aspects but also towards health promotion and recovery of the people. To initiate this change, my proposal will consist in establishing and putting into effect a community-based mental health care service.

This proposal will focus on the city of Ibadan, the capital of Oyo State, located in southwestern Nigeria, with 3,649,000 inhabitants in the metropolitan area as of 2021, making it the third most populous city in this country. Ibadan is divided into five urban local government areas (districts): Ibadan North, Ibadan North East, Ibadan North West, Ibadan South East and Ibadan South West. There are 8 federal neuropsychiatric hospitals in all Nigeria but none are located in Oyo State. However, of the 12 federal-state medical schools with a department of psychiatry in the country, one is found in Ibadan, the University College Hospital. The city has 436 different medical facilities which gives a ratio of 1:3080 individuals. Comparably, the ratio of health facilities that deliver special services is 1:7900. (Research on Humanities and Social Sciences, 2014). Most of the specialized health care facilities are found in the modern part of the city (Ibadan North and Ibadan South-West Local Government Areas). While minor health care facilities, some not in good conditions, are found in the traditional part of the city. "This finding implies that residents of the traditional area: Ibadan South-East, Ibadan North-East and Ibadan North-West Local Government Areas will have to travel longer distances, spend more time and pay higher fare to enjoy specialized health services" (Research on Humanities and Social Sciences. 2014).

The community healthcare proposal will be implemented specifically in the community of Idiken, an inner city slum located in Ibadan North West Local Government Area (tradicional zone). It is a densely populated area composed mainly of people of Yoruba ethnicity. Most of the residents belong to a low socioeconomic class, working as marketeers, craftsmen, farmers or in service occupations, many with inadequate education. Idikan, as with other traditional areas of Ibadan, is characterized by lack of basic services, infrastructure and low-cost housing. Slum populations have higher rates of serious and enduring mental illnesses like psychotic and severe mood disorders often co-existing with substance abuse, conditions of chronic hardship and adversity such as unemployment, minority status, poverty, violence, crime and poor access to mental health care. Although Primary Health Care (PHC) facilities can be found in the Idiken communities, these are not equipped nor do they have the staff to handle psychiatric issues. So patients and their families prefer to find closer alternatives in the neighborhood like traditional and faith-based practices. Therefore, a community health care service can become a beneficial option.

The main objective of this plan is to create outpatient community-based care to all the individuals and their families living in Idiken. With the help of the University College Hospital and the existing PHC, a multi-disciplinary mental health team will be created. This staff will be organized by a psychiatrist and include general practitioners, nurses, clinical psychologists, pharmacists, social healthcare workers, medical and nurse students or graduates from the Ibadan University. They will be working in community facilities and visiting homes of the patients. Essential services at this level include early identification of mental disorders, assessment and brief treatment of milder mental health ailments, referral for inpatient services in city hospitals for more severe mental illnesses (schizophrenia, epilepsy, bipolar, autism) as well as promotional and prevention activities. They will provide basic medication (antidepressants, antipsychotic drugs) and "talking therapies" such as psychotherapy (individuals, couples, family, groups), cognitive behavioral therapy, etc. This will alleviate the occupancy of general and specialized hospital beds in the city. A community-based approach permits the mentally ill to maintain their relationships (family, friendships, neighbors) and jobs while allowing a continuity of care, greater adherence to treatment and protection of their human rights. One major advantage to treating mental

illness in the community is that it improves the public attitude towards the individual with mental issues reducing stigma and discrimination. Furthermore, the devastating effect of caring for a mentally sick person by family members decreases considerably (US National Library of Medicine, 2021).

Figure 1. World Health Organization. (2007). *The Optimal Mix of Services for Mental Health* [Figure]. https://www.who.int/mental_health/policy/services/2_Optimal%20Mix%20of%20Services_Infosheet.pdf

Mental Health System represented by the Pyramid of Care
Community Mental Health Service must have strong links with PHC, General Hospitals and Informal Community (e.g. traditional healers, village health workers) and Self-Care Services.

The community mental health service must be updated, with safe and effective treatments for proper and quality care to the community. This requires initial and ongoing in-service training for the staff members about new and diverse treatments, therapies, medications, etc., as well as performance supervision. Due to the insufficient amount of research in the country on mental health issues and standardization of treatments and protocols, the community service will form academic/clinical partnerships with international organizations that have expertise in global mental health care programs that have been implemented successfully at community level. The World Health Organization and Doctors without Borders/Médecins Sans Frontières (MSF), organizations that have worked before in Nigeria, can provide strategies, guidance, training and plans, laying the foundation of a better structured mental health delivery care service.

The community proposal will also incorporate national mental health accessibility programs that have been successful in other parts of Africa. Such is the case of the Friendship Bench Program of Zimbabwe, "a pioneering community-based approach, in which local lay health workers, especially "grandmothers" (elderly women), deliver evidence-based talk therapy on benches under trees" (Ihua, B., & Nsofor, I. 2020). Replicating this program in Idiken can help bridge the mental health treatment gap.

With regard to the promotion, awareness and fighting the stigma of mental health issues, the community service will use various strategies and activities to encourage involvement and

participation of the community. The main idea is to improve attitudes and sensibilize society towards individuals and groups with mental health disorders, promoting their human rights and their social inclusion in community life. One way to achieve this is to build strong advocacy through informal mental health networks such as social media platforms. Online campaigns, anti-stigma and psychoeducation initiatives can be launched on Facebook, Instagram, YouTube, Twitter, etc., reaching larger and younger audiences who frequently use mobile devices. Also part of the strategy will be to organize in-person workshops in the community (e.g. in restaurants, parks, markets, churches) to educate on mental health problems and promote mental self-care. For the school system, programs like "Mental Health Clubs" can be implemented so students are taught about the importance of emotional well-being, coping mechanisms, the effects of bullying, consent workshops, the abuse of drugs, suicide prevention, etc. Additionally, monthly informative sessions can be provided to teachers and parents on children's mental health issues so they can recognize and start early intervention treatments. Other services can include: guidance for the care of aging parents, women empowerment, programs targeted at vulnerable people (minorities, migrants, single mothers) and support to victims of domestic violence and sexual assault. With the help of local TV stations and radio, public service announcements can spread the message regarding the community's mental health care mission, and broadcast important mental health issues that are happening in the society.

To widen the support network, the community proposal will collaborate with Mentally Aware Nigeria Initiative (MANI), the largest youth-led non profit organization of West Africa. MANI has become a leading voice for change on mental health issues through innovative use of online campaigns with the main purpose to create an inclusive and accepting community. MANI has a "24-hour mental health support service that allows people to seek help over WhatsApp or Twitter, an emergency response team of volunteer counsellors, and a 24-hour confidential suicide hotline" (Inmigration and Refugee Board of Canada, 2020). Being part of MANI can have a positive impact on our mission, giving the Idiken community other options for treatment with the use of technology.

To provide equity health service and run the project, the community mental health system will need funding so it can serve everyone regardless of their ability to pay or their insurance status. The community mental health service will provide free consultations, counseling and basic medicines. Therefore, it will rely upon support and financial contributions of private citizens and/or businesses of Ibadan. Other funding sources include the sale of community goods and services that have been donated, events (raffles, marathons), philanthropic foundations, grants from local and state agencies. The health care professionals will receive salaries from the University College Hospital. However, some staff members are volunteers or part of the University of Ibadan´s training program.

In conclusion, once the community-based mental health care service in Idiken is put into practice, over a period of time, results can be measured and evaluated. If they reflect a positive response from the residents with the desired outcomes outlined in this proposal, it can be eventually carried out throughout Nigeria in the Primary Health Care System, with the possibility of becoming part of a much needed national mental health policy.

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