

## Driving Sustainable Mental Health Practices and Development in Africa, Nigeria in Focus – A Psychological Perspective

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### **Abstract**

*The study was on driving sustainable mental health practices and development in Africa, Nigeria in focus – A psychological perspective.*

*The investigation was conducted at the Federal Neuro-Psychiatric Hospital Calabar, Cross River State of Nigeria. A total of 27 professionals comprising of 3 psychologists, 6 psychiatrists, 10 nurses and 8 social workers, all in the clinical services section of the hospital participated in this study and were all Nigerians. A 15 item structured interview questionnaire was developed by the investigator, to illicit needed information on sustainable mental health practices and development was administered on the professionals, collected back and scored. Result showed 100% acceptance by participants that, there was inadequate mental health practices, which goes to affect sustainable development. 89% of them agreed that developing Nigeria, is a subset of Africa even in terms of developmental strides. 93% of professionals admitted that, we cannot ignore mental health in any developmental plan. 96% of them believed that, all Africans still have varied beliefs system about mental health and 96% attributed mental disorders to external causes. While 85% of them accepted that, sustainable development is a function of the human mind. 54% of them agreed that in Nigeria, there was good mental health services. But 100% also saw the need for (WHO) intervention in mental health sector. The professionals observed lack of orientation on mental health with just 19% accepting that, there is orientation in Africa. 85% admitted there was lack of human resources especially in the psychology area. 96% said they lack working tools. 85% observed systemic rivalry among workers there. 85% agreed there were rehabilitation and salaries imbalance issues respectively which de-motivated the workers. This is shown in bar-chart in the result of this study. The paper recommends that, concerned governments should draw more attention to the problem areas of these findings for a smooth and purposeful sustainable development in Nigeria and Africa in general. Secondly, (WHO) should be more involved in mental health in Africa if we are to really drive home meaningful sustainable development in the area. Lastly, capacity building training of professionals especially in deficit areas, such as psychology be more encouraged as all human programmes and activities rest on the human psychic.*

**Key words:** Sustainable Drive, mental health practices, Development in Africa and psychological view.

### **BACKGROUND**

This paper was on the driving of sustainable mental health practices and development in Africa, Nigeria in focus – a psychological perspective. It was concerned with the development of capacity building progress in Nigeria and Africa as a whole from the mental health role and

psychological view. The World Health Organization (WHO, 2001) has for long proposed the driving of sustainable mental health practices especially in the community-based mental health services world-wide. This is being hampered in most African countries due to lack of resources and mental health professionals. At the moment, in Africa, especially in Nigeria, mental health care is essentially based in large centrally located psychiatric hospitals. The time is now, for us to reconsider the direction of mental health care in Africa, especially the working tools, infrastructures, rehabilitation facilities, salaries imbalance etc to guide against de-motivations etc. In the Western world, community-based mental health services are becoming the preferred model for the delivery of psychiatric-care in contrast to the more traditional mental hospital-based services. This, which of course, cannot be achieved without the more qualified professionals in the area. The (WHO) is a proponent of such an approach not only in the high and middle income countries of the west, but also in low-income developing countries. In Ethiopia, there are 18 psychiatrists for 77 million people population with no clinical psychologists, no social workers trained and only 1-360 bedded mental hospital in that country, located in the capital, Addis-Ababa (Alem, 2004). There may be no wide margin difference of this situation in other African countries from the Ethiopian picture on mental health is a clue as to what is obtainable in most parts of Africa. A situation where majority of mental health specialists work in capital cities, do lead to the neglect of the grass root population who constitute the majority. The problem becomes more serious, when many psychiatric hours are devoted to private practice because of poor remuneration with the government health system which further erode the services available to majority of the population (Saxena, 2006). Similarly, Goldman et al (1984) demonstrated that, the typical diet of the poor farm worker cornmeal, meat and molasses lacked a nutritional content in yeast and green vegetables that could prevent an illness like pellagra. An improved standard of living and diet as well as vitamin enrichment of grain product has led to virtual elimination of pellagra in the USA where over 20 billion dollars are spent on mental health annually. This remains yet a problem in South Africa, Egypt, India and even Nigeria where agricultural workers whose principal source of food is niacin poor grain. In Nigeria even though the government agenda is on agriculture, our dietary condition seem not to encourage much of the mental health positively amidst our divine blessing, some have, but many do not have and hardly could  $\frac{3}{4}$  of our population take absolute balance diet. Organic mental disorders, mental retardation, down-syndrome can be affected by primary prevention. Preventing the complication of neuro-syphilis by early treatment of primary and secondary syphilis, is an important example of secondary prevention in mental health. While tertiary prevention is on rehabilitation designed to reduce the severity of symptoms and possibly the number of deaths associated with illness.

In Nigeria, community mental health is in its enfant stage that its sustainability and practice desire more efforts from professionals and governments. The Federal government of Nigeria started the formation of the National Institute of Mental Health in 1946. While Nigeria also began mental health and practice epoch in 1903 at the Calabar, Nigeria Asylum, now known and called the Federal Neuro-Psychiatric Hospital, before other ones were established in Nigeria. (Ebigbo, 1986) in Nigeria, conducted a study in Nigeria and found a link between the mind, body and behaviour. (Lambo, 1954) similarly, in Nigeria was one of the pioneers of African Psychiatry, took promising initiatives to collaborate with traditional healers to adapt a synergy-services in line with the African socio-economic setting in Aro – Abeokuta, Nigeria. Furthermore, Henri Collomb in Senegal, Margaret Field in Ghana, Tigani El Mali and Tahir Baasher in Sudan etc developed collaborations with traditional healers for a cordial working relationship with Muslim leaders to facilitate: identification, referral and de-stigmatization of persons with mental illness. (Atunka Patrick Ogar, 2019) in Nigeria, text on “Community mental health” identified habits formation by some youths – the intake of tramadol, hemp, cocaine, heroin, alcohol etc abuses to be the main mental health challenges in Nigeria. He said

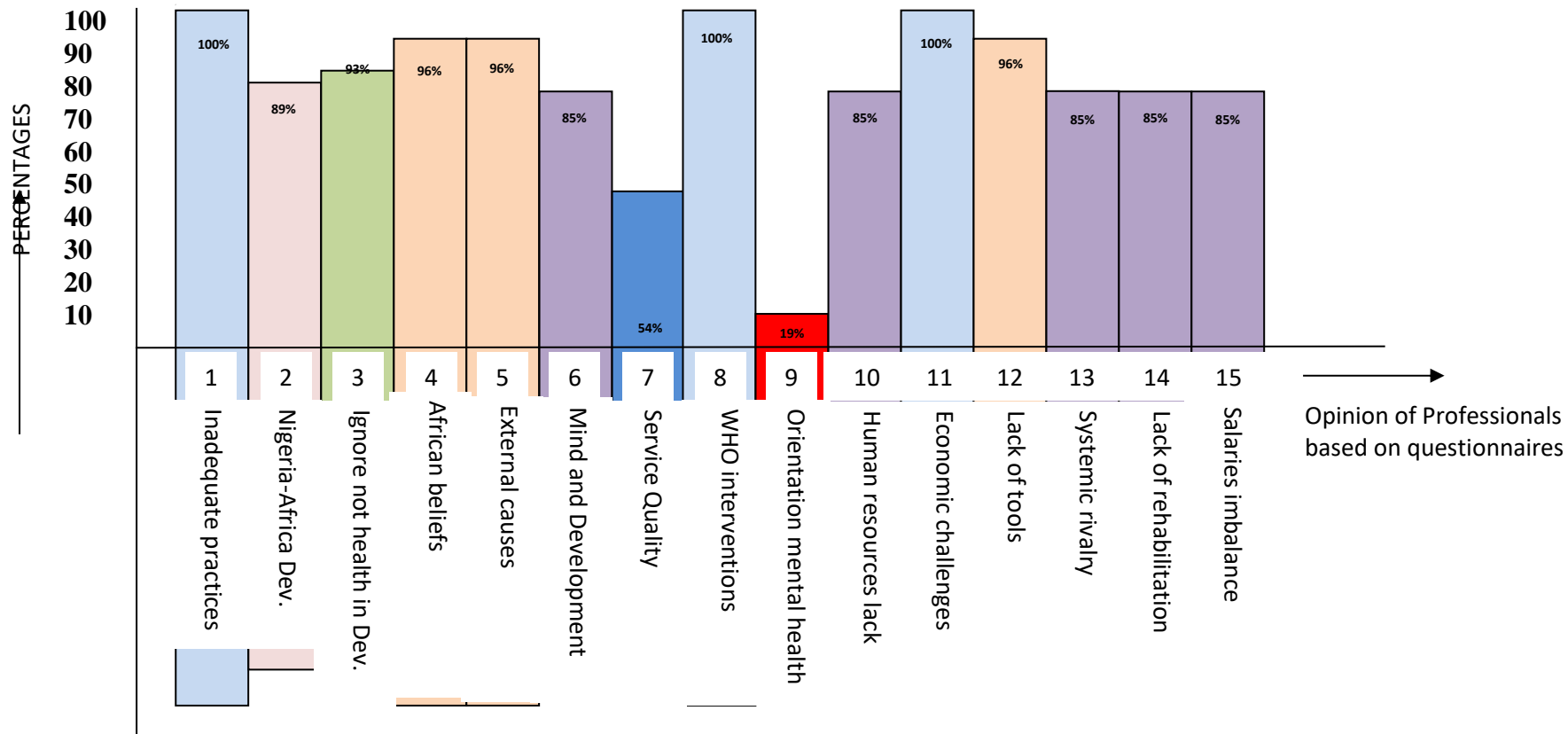
again that, the problem tends to cut across the entire African continent. This hampers the driving of sustainable mental health practices and development in Africa, Nigeria in focus from a psychological perspective.

There are likely to be across Africa, some challenges in mental hospitals which negatively affect the working of mental health and development. They include, no enough mental health practices for sustainable development, under-development in many African countries. Many ignore mental health in developmental plans. A great number of Africans have different beliefs system about mental health. And some attribute external causes to mental health disorders. It is like many Africans never believe that the human psychic plays an important role in determining the needed services in mental health and sustainable development. Mindset of Nigerians, about mental health, we do not know if it is alright. Do Africans actually see the need for the involvement of (WHO) in mental health for any purposeful development in any nation. Orientation about mental health activities may be problematic, alongside the lack of human resources, economic challenges, work tools lack, systemic rivalry among workers. Furthermore, in the African continent, we need to have a unified rehabilitation plans and salaries for mental health workers, should we think of driving a stronger sustainable mental health practices and development in Africa, Nigeria in focus, from the psychological angle. This study interest was on, knowing what is recently obtainable in the Federal Neuro Psychiatric Hospital, Calabar, Cross River State of Nigeria which historically is the oldest in the country.

Consequently, a 15 item structured interview-questionnaire was developed by the investigator to illicit the needed information was administered on a total of 27 clinical services staff of the said hospital in Nigeria. They were 3 psychologists, 6 psychiatrists, 10 nurses and 8 social workers who participated in the study and all were Nigerians. The items were collected back after administration with ease, as the research centre was the investigator's former place of work. And the items were scored, and results shown below using histogram chart about the said professionals.

**RESULTS:** Showed clearly that a total of 27 professionals participated in this investigation, comprising of 3 psychologists, 6 psychiatrists, 8 social workers and 10 nurses, all in the clinical services section of the hospital. And 100% of the professionals indicated that there was inadequate mental health practices in the hospital, that reflects what is obtainable in Nigeria in Africa which adversely affects sustainable development. 89% of them agreed that, developing Nigeria implies developing Africa in part. 93% of the professionals said we cannot ignore mental health in any meaningful development of this continent. While 96% of them accepted that we Africans have varied beliefs about the causes of mental disorders. 85% agreed that, we lack human resources which is clearly shown in the professionals' strength in the hospital with psychologists being the least. Only 54% accepted that there are good services. 19% admitted that there is enough orientation in the area of mental health causes. 96% of the professionals accepted the lack of working tools. On systemic rivalry 85% agreed that it exists which hampers sustainable development. Furthermore, it was noticeable that there was imbalance in salaries of workers among professionals which de-motivate some of them as 85% of them admitted the fact. 100% of the professionals supported (WHO) intervention, with 85% of them admitting rehabilitation challenges in Federal Neuro Psychiatric Hospital, Calabar, Nigeria as shown in the histogram bar-chart below.

# **A HISTOGRAM CHART SHOWING OPINION FORMATION PERCENTAGES BY CLINICAL SERVICES PROFESSIONALS IN FEDERAL NEURO PSYCHIATRIC HOSPITAL CALABAR, NIGERIA.**



## **DISCUSSION AND CONCLUSION**

Although, the professionals who participated in this study were limited in number, but the above views have useful bearing on the issue of driving sustainable mental health practices and development in Nigeria in Sub-Saharan Africa. The respondents included highly trained mental health professionals in Calabar where an asylum was first established in Nigeria. The said professionals have outstanding experiences in the provision of mental health care delivery as staff of Federal government of Nigeria owned hospital. It was also the investigator's former place of work, where he spent close to twenty-six years of service as practicing clinical psychologist and headed that section in the said hospital. Findings from this study interestingly, indicated that all the professionals accepted that there is inadequate mental health practice in Nigeria, with economic challenges and would want the World Health Organization to intervene. There are also issues of salaries imbalance among workers observed more by non-psychiatrists and systemic rivalry is occasioned by this fact. From the participation, professionals' strength deficit was observed among psychologists which needs attention in a hospital like that one and there are rehabilitation challenges across board. These and indeed other issues need to be addressed appropriately for sustainable development in Africa, Nigeria in focus from a psychological perspective. These findings are in line with that of (Ebigbo, 1986) who said there is a link with the mind, body and behaviour of all developmental plans.

## **RECOMMENDATIONS**

Firstly, all concerned African governments especially in Nigeria, should draw more attention to the findings of this research for a purposeful sustainable capacity building development. Secondly, the World Health Organization (WHO) should be more involved in mental health plans in Africa for the realization of capacity building-sustainability in the health sector. Lastly, the training of more professionals in mental health especially in the areas of lack such as psychologists and others be encouraged across Nigeria and Africa as a whole to enable us attend a more sound sustainable development in mental health that can reach African localities in services.

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