Mental Health Interventions in a Rural Community in South-West, Nigeria

Adikea Donatus Chidoruo\textsuperscript{1}, Ogunnubi Peters Oluwaseun\textsuperscript{1}, Oshodi Yewande Olufunmilayo\textsuperscript{1,2}.

1. Department of Psychiatry, Lagos University Teaching Hospital [LUTH], Idi-Araba, Lagos.
2. College of Medicine, University of Lagos.
DISCLOSURE

• NO CONFLICT OF INTEREST DECLARED
Lagos University Teaching Hospital (LUTH) main gate
Ground floor → ward E1 (psychiatric ward, LUTH)
Introduction

- Estimated 450 million people worldwide suffer mental illness (WHO report 2001).
- 14% of global disease burden due to mental disorders.
Introduction

• Mental health treatment gap exists. (Kohn et al 2004).
  – Between 76-85% in LAMICs
  – Between 35-50% in high income countries. (Demyttenaera et al 2004).

• Poor Budgetary allocation, stigma, scarce resources, inequitable distribution of available resources (Saxena et al 2007).

• Paradigm shift: integration and collaboration
Introduction

MENTAL HEALTH IN NIGERIA

- Population ≈ 160 million, LAMIC
- Only 8% of severe cases of mental illness receive treatment in the preceding 12 months. (Gureje and Lasebikan 2006).
- Out of pocket mode of payment.
- Traditional / Spiritual care patronised.
- Adopted as 9th component of PHC but not fully integrated (Odejide and Morakinyo 2003).
  - Short-term local efforts
  - Nil national/regional network
- Recent pilot study on mHGAP-IG adaptation in Nigeria (Abdulmalik et al 2013)
Introduction

• Resources for mental health:
  – 44 mental health outpatient facilities, located mostly in urban centres; 8 are stand-alone mental health hospitals.
  – 4,000 mental health beds, mostly in the stand-alone hospitals.
  – Psychiatrists 0.06 per 100,000 population
  – Psychologists- 0.02 per 100,000 population
  – Psychiatric Nurses – 0.19 per 100,000 population
  – Non-specialised doctors – 0.09 per 100,000 population  (WHO Mental Health Atlas 2011).
AIM

To report on efforts at integrating mental health services into primary care within an existing community-based health facility
Setting

• Location – Pakoto Community, Ifo LGA of Ogun State, South-West Nigeria.

• Focal Points
  – Institute of Child Health and Primary Care (ICH & PC)
  – Ori-Oke (Prayer Mountain)
ICH & PC

- Model Primary Health Care Centre (Out-station of LUTH).
- Commissioned in 1987
- Covers communities under Ilepa/Coker Ward, Ifo LGA
- Core staff
  - Community Health Officers (CHO)
  - Community Health Extension Workers (CHEW)
  - Health Technicians (e.g. pharmacy technicians)
- Community-based staff
  - Volunteer Health Workers (VHW)
  - Traditional Birth Attendants (TBA)
ICH & PC
ICH & PC
ICH & PC

• Existing Services
  – Treatment of minor ailments **using standing orders**
  – Immunization / Family planning
  – ANC / Deliveries
  – Dental Health
  – Eye Care
  – CHO Training
  – Monitoring VHA / TBA in the catchment area
Ori-Oke (Prayer Mountain)

- Non-denominational prayer centre.
- Residential facility for the mentally ill receiving “Faith Healing”.
- Users mainly from neighbouring communities in South-West, Nigeria
- Details of collaboration in a paper by Oshodi and Ogbolu to be presented in poster.
Mode of Entry

• Preliminary meetings/discussions with stakeholders
• Courtesy calls to major community leaders
• Aim
  – Understand socioeconomic milieu
  – Evaluate available resources
  – Form formidable collaboration
  – Full community participation
Stakeholders

– Management of ICH & PC
– Primary Health Care (PHC) workers (including pharmacy staff)
– Volunteer Health Workers (VHWs) & Traditional Birth Attendants (TBAs)
– Community/Ward development committees representatives
– Representatives from “Ori Oke”
Training

• Module designed by Dept. of Psychiatry LUTH
• CHEWs/Nurses → 1 hour, twice weekly x 8 weeks to identify, treat & refer when necessary
• VHWs/TBAs → one-off workshop to identify possible cases in the community & then refer to PHC
Service Delivery Strategies

• PHC→
  – Routine daily clinic by PHC workers
  – Weekly mental health on Tuesdays by visiting psychiatrist + a PHC worker
  – Regular mental health talks at ANC + GOPC

• “Ori Oke”→
  – Weekly outreach clinic by visiting psychiatrist + a PHC worker

• Pharmacy→
  – Psychotropics sourced from LUTH pharmacy
  – Psychotropic medications from an NGO (indigent patients)

• Referral→
  – Existing 2-way referral system
Outreach at “Ori Oke”

Photo taken with permission
Outcome/Observations

• 15 PHC workers received training
• Services well utilized and on-going
  – 177 new patients in first 24 months (fig 1)
  – Follow up visits (fig 2)
  – 2-way referral utilized
• Increasing service utilization due to→
  – Acceptance & support by PHC workers & host community
  – Ease of access
• Limits of prior training orientation (use of standing orders) on performance
<table>
<thead>
<tr>
<th>Description</th>
<th>n</th>
<th>Percentage (%)</th>
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<tbody>
<tr>
<td><strong>Gender (n = 177)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>94</td>
<td>53.1</td>
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<tr>
<td>Female</td>
<td>83</td>
<td>46.9</td>
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<td><strong>Marital Status (n = 177)</strong></td>
<td></td>
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<tr>
<td>Married</td>
<td>55</td>
<td>31.1</td>
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<tr>
<td>Single</td>
<td>122</td>
<td>68.9</td>
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<tr>
<td><strong>Employment status (n = 177)</strong></td>
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<tr>
<td>Employed</td>
<td>51</td>
<td>28.8</td>
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<tr>
<td>Unemployment</td>
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<td>71.2</td>
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<td><strong>Presentation (n = 177)</strong></td>
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<tr>
<td>Psychotic</td>
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<td>95.5</td>
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<td>Non psychotic</td>
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<td><strong>Antipsychotic prescription (n=169)</strong></td>
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<tr>
<td>Typical</td>
<td>152</td>
<td>89.9</td>
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<tr>
<td>Atypical</td>
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Fig 1: New Patients seen within first 24 months (n = 177)
Fig 2: Follow-up visits within the first 24 months
LIMITATIONS

- Funds
- Training
- Personnel
- Prevailing sociocultural beliefs
Next Steps

• Follow-up training of PHC workers
• Continuous Monitoring and evaluation
• To explore support from institutional heads to improve quality of service
RECOMMENDATIONS

• Effective MH policy, plans, strategies and necessary legislation
• Mental health units at local and national levels
• Funding for community-based services
• Curriculum review & effective training
• Cohesive & well-coordinated nationwide network
CONCLUSION

• Integration of mental health into primary care is necessary and practicable though with some challenges

• A collaborative effort and the use of existing community-based structures are necessary for effective mental health service delivery at the grassroots.
My little Princess

THANK YOU!
References