

Optimal mental health for achieving health security in Nigeria: a strategic blueprint

AA Ojagbemi, JO Abdulmalik, VO Lasebikan, BD Oladeji, VA Makanjuola, O Esan,
TT Bella-Awusah, YP Adeniyi, O Gureje and OO Omigbodun

Department of Psychiatry, College of Medicine, University of Ibadan, Ibadan, Nigeria.

Abstract

Objectives: Optimal mental health refers to ‘a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make contributions to his or her own community’. As such, the catchphrase ‘No health without mental health’ is not just a slogan but an acknowledgement of the importance of mental health in the drive to improve overall wellbeing and productive participation in community and economic activities. **Methods:** We combined an overview of current literature with opinions of key experts from different sub-specialties of mental health practice and present an analysis of the Strengths, Weaknesses, Opportunities and Threats (SWOT) to optimal mental health as a strategy to attaining health security in Nigeria by 2050. We also offered recommendations for feasible strategies to optimize mental health.

Results: There is poor mental health coverage in Nigeria, with over 80% of persons coping with mental health problems remaining untreated in their lifetime. Also, only about 3% of the National health budget is allocated to mental health and this is mostly focused on large psychiatric institutions to the exclusion of primary health care (PHC) services.

Conclusions: In recognition of the critical role of optimal mental health to global development, the Sustainable Development Goals (SDGs) has mental health firmly covered in its third goal, ‘Health and Well-being’. The SDGs further envision a better world in which, in tandem with the WHO definition of health, “physical, mental and social wellbeing are assured”. Thus, the identification and implementation of strategies to promote optimal mental health for all Nigerians is vital for ensuring health security and national development.

Keywords: *Optimal health; Mental health problems; Mental disorders; sustainable development goals; Equity in health: Low and Middle-Income Countries*

Correspondence: Dr. J.O. Abdulmaliki, Department of Psychiatry, College of Medicine, University of Ibadan, Ibadan, Nigeria, E-mail: ifutprints@yahoo.com

Abstrait

Objectifs : Une santé mentale optimale se réfère à ‘un état de bien-être dans lequel la personne réalise ses capacités, peut faire face au stress normal de la vie, peut travailler de manière productive et fructueuse, et peut contribuer à sa communauté propre’. Ainsi donc, le slogan “Pas de santé sans santé mentale” n’est pas simplement qu’un slogan, mais une reconnaissance de l’importance de la santé mentale dans la résolution d’améliorer le bien-être général et la participation productive aux activités économiques et communautaires.

Méthodes : Nous avons combiné une vue d’ensemble de la littérature actuelle avec les opinions d’experts de différentes sous-spécialités de la pratique de la santé mentale et présenté une analyse des forces, faiblesses, opportunités et menaces (SWOT) pour une santé mentale optimale en tant que stratégie pour atteindre la sécurité de la santé au Nigeria d’ici 2050. Nous avons également formulé des recommandations sur des stratégies réalisables pour optimiser la santé mentale.

Résultats : Il y a une couverture pauvre en santé mentale au Nigéria, avec plus de 80% des personnes souffrant avec des problèmes de santé mentale demeurent non traitées tout au cours de leur vie. En outre, environ seulement 3% du budget national de la santé est alloué à la santé mentale, et ceci est principalement focus aux grands établissements psychiatriques, à l’exclusion des services de soins de santé primaires.

Conclusions : En reconnaissance du rôle critique de la santé mentale optimale dans le développement mondial, les Objectifs de Développement Durable (ODD) incluent la santé mentale dans le troisième objectif ‘Santé et bien-être’. Les ODD envisagent en outre un monde meilleur dans lequel, parallèlement à la définition de la santé donnée par l’OMS, ‘le bien-être physique, mental et social est assuré’. Ainsi, l’identification et la mise en œuvre de stratégies visant à promouvoir une santé mentale optimale pour tous les Nigériens sont essentielles pour assurer la sécurité sanitaire et le développement national.

Mots - clés : *Santé optimale ; Problèmes de santé mentale ; Les troubles mentaux; Objectifs de développement du millénaire ; Équité en matière de santé: pays à revenu faible et intermédiaire*

Introduction

Mental health has been described by the World Health Organization (WHO) as ‘a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make contributions to his or her own community’ [1]. Viewed from this perspective mental health problems occur when there is a transition from a state of wellbeing, along an optimal health continuum, to states of un-wellness characterised by changes in the awareness of own abilities, ability to cope with normal stresses of life, to work productively or contribute meaningfully to ones’ community. These more externally apparent changes in the awareness of self and environment are often driven by other less obvious internal changes in brain processes that enables thinking, acquisition of knowledge and understanding, emotions and behaviour (or changes in a combination of these processes). Mental health problems that meet diagnostic thresholds for mental disorders are often associated with distress and/or problems with interpersonal relationships (family, social and work situations) and/or personal care [2]. Thus, it is best to conceptualize the transition from optimal health through mental ill-health (mental health problems) and mental disorders as different points on a continuum.

The catchphrase ‘No health without mental health’ popularised by the World Health Organization (WHO) [3] is not just a slogan but an acknowledgement of the importance of mental health in the drive to improve overall wellbeing and attain equity in health. This realization led to the identification of a major gap in the United Nations (UN) Millennium development goals (MDGs) which ended in 2015. This gap relates to lack of equity in the envisioning of the MDG targets for Low and Middle-Income Countries (LMICs) as well as for health. Apart from the need to capitalize on the gains of the MDGs, especially in LMICs, the need to correct the specific gap created by the absence of mental health in the MDGs under-pinned the conceptualization of the health-related goal of the post-2015 Sustainable Development Goals (SDGs) [4]. Mental health and wellbeing across all ages is not only a specific component of the SDGs, it is key to the attainment of all 17 SDGs and targets (United Nations, 2015).

Situation analysis

A quarter of the world’s population will suffer from a mental health condition in their lifetime. Mental

disorders contribute about 10% of the total burden diseases [2] and are the leading cause of years lived with disability (YLDs), being responsible for about 28% of the total YLDs [5]. Yet in countries like Nigeria, over 80% of persons coping with mental health problems remain untreated in their lifetime [6]. Also, only about 3% of the National health budget is allocated to mental health [7] and this is mostly focused on large psychiatric institutions to the exclusion of primary health care (PHC) services which according to WHO, should be the first point of call for those with mental health conditions. In Nigeria, mental health has been the 9th pillar of primary care since 1991; but this has been very poorly implemented over the years.

Specifically looking at the scope of mental health issues across the lifespan, from childhood to the elderly, reveals the magnitude of the challenges ahead. Children and adolescents make up nearly 50% of Nigeria’s population with estimates of mental disorders in this population reported at 20% [8]. Furthermore, it is estimated that more than 200 million children in LMICs – including Nigeria, have developmental disabilities and fail to reach their developmental potential [9]. Not only do early diagnosis and prompt interventions improve outcomes in affected children [10] but also studies reveal that childhood is the best time for mental health promotion and any prevention interventions. On the other end of the spectrum, there is a global increase in the population of older persons with a concomitant increase in the burden of mental disorders such as depression and dementia among senior citizens

Several other mental health concerns, which bring mental health into the forefront [11] include: the rising prevalence of psychoactive substance use, the high proportion of patients with physical health problems with concomitant associated psychiatric illnesses; the high proportion of patients with mental health conditions with medical comorbidity; and the high rates of suicide, amongst others.

Forecast for 2050

By the year 2050, Nigeria is projected to hit a population of 278 million and be the world’s third most populous country in the world. It is estimated that sub-Saharan Africa will have the highest number of children and adolescents than any other region of the world – with Nigeria accounting for the greatest contribution [12].

An increase in life expectancy is expected to accompany this population explosion, resulting in

SWOT Analysis for mental health in the strategic blueprint for health in Nigeria

Strengths	Weakness	Opportunities	Threats
<p>1. Mental health was incorporated as the 9th component of PHC in Nigeria in 1991.</p> <p>2. The World Health Organization (WHO) Mental Health Gap Action Programme-Intervention Guide (mhGAP-IG) has been contextualized in Nigeria and piloted in different parts of the country.</p> <p>3. The resources provided by complementary and alternative practitioners (CAPS) are available for harnessing. CAPS are the de facto mental health providers in Nigeria</p> <p>4. A revised mental health policy document for Nigeria has been available since 2013 and all that is required is for this to be passed into Law</p> <p>5. Existence of WHO Centres of Excellence for Research in the Neurosciences, Mental Health and Substance use; as well as the Centre for Child and Adolescent Mental Health (CCAMH). CCAMH in the last 5 years has trained over 80 child and adolescent health professionals from diverse disciplines from 9 different African countries and all geopolitical regions of Nigeria.</p> <p>6. Availability of mental health scholars with global expertise to provide policy direction that is in tandem with global best practice and evidence.</p>	<p>1. Cultural Barriers: negative perceptions about mental disorders/stigma and feelings of shame, which reduce service utilization.</p> <p>2. Mental health services are poorly developed in Nigeria and there is limited availability of facilities with the required expertise for mental healthcare</p> <p>3. Paucity of trained mental health professionals and inequitable distribution across the country.</p> <p>4. Absence of legislation regarding treatment of mental health conditions in Nigeria.</p> <p>5. Only 3% of the National health budget in Nigeria is allocated to mental health and this is focused on large institutions to the exclusion of community and primary mental health care in schools, PHC settings etc.</p>	<p>1. The health-related SDG target of the UN focuses on better access to mental healthcare and the promotion of mental wellbeing at all ages</p> <p>2. The traditional extended family system in most parts of Nigeria provides important buffers for older persons. However, this system is eroding at the pace of current socio-economic transition.</p> <p>3. Opportunity to craft Nigerian/African context-appropriate models of mental healthcare from evidence-based and effective services developed in other parts of the world.</p> <p>4. Mental health is part of the psychosocial response to disasters funded by development partners in the North-East of Nigeria. This offers the opportunity to 'Build Back Better' in line with WHO's recommendations for Psychosocial response to emergencies.</p> <p>5. Brain drain (External migration of mental health professionals to developed countries).</p>	<p>1. Nigeria may have one of the largest proportionate growth in the global population.</p> <p>2. Prevailing poverty and general absence of organized social support or insurance for Nigerians</p> <p>3. Mental health literacy is still very low in Nigeria</p> <p>4. Mental health is a distant priority in the distribution of the very limited healthcare resources in Nigeria</p>

Proposed interventions		Deliverables
Timelines	Plans	
Short term	<ol style="list-style-type: none"> 1. Training to build mental health capacity among non-specialist healthcare providers including Complementary and Alternative Practitioners (CAPs). 2. Public awareness campaigns and training for media practitioners 3. Pilot school mental health programmes 4. Need to develop context-appropriate interventions and innovative mental health service delivery systems that benefit Nigerians across all ages. These services should have realistic goals that fit into a low resource context and take advantage of non-specialist healthcare providers including CAPs. 	<ol style="list-style-type: none"> 1. At least 25% of primary health care workers have been trained and retrained on identification, treatment and appropriate referral of mental health condition. 2. At least 70% of media outlets run mental health awareness campaigns 3. Development and publication of a context-appropriate mental health service model for Nigeria
Medium term	<ol style="list-style-type: none"> 1. Development and revision of mental health policies and legislation. 2. Incorporation of mental health awareness education into secondary school curriculum to promote mental health literacy as well as the revision and strengthening of the mental health content in the training of all health workers. 3. Rolling out school mental health programs. 4. Integration of mental health into primary care, general medical services as well as maternal and child health programmes. 	<ol style="list-style-type: none"> 1. Relevant policies and legislation revised or developed. 2. School mental health programs present in at least 25% of schools. 3. Integrated mental health services into routine maternal and child health programmes as well as into primary and general medical services are present in at least 50% of facilities. 4. Revised school curricula in place.
Long term	<ol style="list-style-type: none"> 1. Socio-economic empowerment 2. Improved budgetary allocation to mental healthcare 3. Increased accessibility of neuropsychiatric services 4. Improved integration of mental healthcare in the care of persons with physical health problems and other non-communicable diseases. 	<ol style="list-style-type: none"> 1. Socio-economic empowerment programs are in place 2. Allocation to mental health in the National health budget increased to 10% 3. Additional general and specialist health services established with appropriate expertise in mental health.

more neuropsychiatric conditions including dementia. The challenge is that mental health services in Nigeria are currently fragmentary and unprepared for future demands presented by an increasing population. As of now, there is a shortage of competent mental health personnel, services and allied health professionals to manage the burden created by mental health conditions. As we envisage a larger and older population of Nigerians in the coming years, the poor situation of mental healthcare in the country is expected to get worse if urgent steps are not taken to address the deficits in human resources and services.

Sources of funding

It is to be anticipated that the sources of funding will be from budgetary allocation from the Federal Government of Nigeria. Successful deployment and adequate coverage of citizens using a combination of private and public health insurance can also help with pooling funds and eliminating waste. Other sources of funding include grants and donations from Non-Governmental Organizations and foreign donors. Lastly, even though it exposes the most vulnerable and their families to financial hardships, out of pocket payment for services rendered is also another source of revenue.

Monitoring and evaluation

The successful implementation of the recommendations requires effective monitoring and evaluation. This should entail:

1. Monitoring of the implementation of the strategic plan,
2. Assessment of evidence of uptake of the strategic plan at federal, state and local government levels.

Conclusion

The health-related sustainable development goals of the United Nations (UN) specifies improved access to mental healthcare across all ages. However, the challenge for Nigeria is the unpreparedness of her mental health delivery systems for current and future demands. We recommend deliberate policies to improve access to evidence-based, equitably distributed and Nigerian context-appropriate mental health services.

References

1. WHO. Mental health: Strengthening our response (Fact Sheet). Recovered from: <http://www.who.int/mediacentre/factsheets/fs220/en>; 2016.
2. Ranna P. What Is Mental Illness? 2015 [cited 2018 14th May]. Available from: <https://www.psychiatry.org/patients-families/what-is-mental-illness>.
3. World Health Organization. WHO mental health atlas. WHO, 2011.
4. United Nations. Transforming our world: The 2030 agenda for sustainable development. United Nations, NY; 2015.
5. Whiteford HA, Ferrari AJ, Degenhardt L, Feigin V and Vos T. The global burden of mental, neurological and substance use disorders: an analysis from the Global Burden of Disease Study 2010. *PloS one*. 2015;10(2):e0116820.
6. Murray CJ and Lopez AD, Organization WH. The global burden of disease: a comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020: summary. 1996.
7. WHO Assessment Instrument for Mental Health Systems (AIMS) Country Report on Nigeria. WHO, 2006. Geneva.
8. Gureje O, Omigbodun O, Gater R, *et al*. Psychiatric disorders in a paediatric primary care clinic. *The British Journal of Psychiatry*. 1994;165(4):527-530.
9. Walker SP, Wachs TD, Grantham-McGregor S, *et al*. Inequality in early childhood: risk and protective factors for early child development. *Lancet* 2011; 378: 1325–1338
10. Adeniyi Y. C. and Omigbodun O. O. Effect of a classroom-based intervention on the social skills of pupils with intellectual disability in Southwest Nigeria. *Child and Adolescent Psychiatry and Mental Health*, 2016; 10(1), 29.
11. Gureje, O. and Lasebikan, V. Alcohol beverages type, problem drinking and self-reported health status. *Nigeria Journal of Psychiatry*, 2006; 4(1), 4-8.
12. Bocquet G, Chaiban T, Cook S, *et al*. The State of the World's Children 2016: A fair chance for every child. United Nations Children's Fund (2016) pp. 1-184