

Development and roll-out of primary care mental health services in Ogun State, Nigeria

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Introduction: mental health services in Nigeria

It is estimated that about 20 million Nigerians suffer some form of mental disorder, while less than 10 per cent receive any form of treatment, and less than 1 per cent receive specialist care. The Nigerian Health Ministry adopted mental health as the ninth component of primary health care in 1989, but this is yet to be integrated fully into primary health care services (Gureje and Lasebikan, 2006).

Psychiatrists are an extremely scarce resource in Nigeria; in a population of over 140 million, there are only 130 psychiatrists, yielding a ratio of 1 psychiatrist to 1.1 million people. Most of the psychiatrists are concentrated in the large cities and consequently a treatment gap exists as a high proportion of Nigerians live in rural areas and therefore have no access to mental health services. As far back as the 1970s, the World Health Organization (WHO) recommended that psychiatry be firmly rooted in primary care in order to effectively reduce the treatment gap for mental health disorders (WHO, 1975).

Community model of mental health care in Nigeria

Impediments to mental health care services in our communities include the uneven distribution of mental health resources, problems of accessing services in remote locations, affordability, and social acceptability in relation to ignorance and belief systems. Families often have to make out-of-pocket payments for these services due to non-availability of social support systems. Specifically, on the National Health Insurance Scheme (NHIS), there is limited coverage for mental health care.

The resultant effect of all these impediments is the rising number of people with mental health disorders living on the streets, a major social problem requiring urgent attention.

Integrating mental health services into primary care is the most viable way of ensuring that people receive the mental health care they need. People can access mental health services close to their homes, thus keeping families together and maintaining their daily activities, and also avoid indirect costs associated with seeking specialist care in distant locations. In addition, intervening at primary care level helps to minimise stigma and discrimination (Chan and Weel, 2009).

Mental health services in Ogun State

Ogun State is one of the 36 states in Nigeria with a population of about 4 million. The Neuropsychiatric Hospital, Aro, was stirred by the theme of the 2009 World Mental Day theme – 'Mental Health in Primary Care: Enhancing Treatment and Promoting Mental Health'. The hospital decided to embark on a primary care mental health service pilot project in collaboration with Abeokuta North Local Government on 10 October 2009. The project was a stepping stone for a state-wide primary care mental health programme. The hospital set up a Primary Care Mental Health Integration Committee, which was headed by the Provost and Chief Medical Director, Dr Ogunlesi, and appointed a Project Co-ordinator, Dr Adebowale, for technical and logistic planning. Dr Onofa (the author of this article) was chosen as the Field Consultant.

Aro Primary Care Mental Health Project

There were various stakeholder meetings with the local government executives, primary health care directors, apex nurses and community leaders. A preliminary situational analysis/assessment of the structure and current functional status of primary health care services in the local government were carried out.

Two psychiatric nurses each were deployed to two health centres (Iberekodo, an urban centre, and Imala, a rural health centre) within the local government area to assess and treat five priority psychiatric disorders – namely, depression, psychosis, anxiety disorder, substance use disorder and epilepsy – as well as providing community mental health education. The Field Consultant visited the two health facilities biweekly to carry out a review of the cases.

Mental health training for primary healthcare workers

The planning and implementation of the training course was done in collaboration with the University of Manchester/Lancashire Care NHS Foundation Trust UK, under a British Council's Health-Link Scheme. Four primary health care workers were nominated from each local government area, making a total of 80 (20 per zone) that participated in the training. Forty health centres were selected for mental health service delivery. Out of the 80 primary health care workers, 87.5 per cent were nurses while 12.5 per cent were community health workers. Training materials were based on the WHO's mental health Gap Action Programme (mhGAP) intervention Guide (2010), which was adapted to suit local

circumstances. The scope of the training was to assess and treat five priority psychiatric disorders – psychosis, depression, anxiety disorder, epilepsy and substance use. Written support materials, including assessment flowcharts, case records and follow-up sheets, were developed for primary care workers' use.

The project received state-wide support from relevant stakeholders in the community, and the programme was formally launched on 10 October 2011. Training was delivered by faculty members from Aro Hospital and Lancashire Care Trust, using didactic and participating methods such as lectures, video demonstrations and role-play. Four training sessions were carried out across Ogun State. A pre- and post-training assessment of the training course revealed improvement of the health care workers' theoretical mental health knowledge and improved mental health skills.

Supervision and support

Previously, when primary health care workers were trained in mental health without adequate support and supervision, very little of what was learned was used by the health care workers in the field (Omigbodun, 2001). However, there is now an established framework in place for support and supervision at the hospitals; this is done through regular visits by psychiatric nurse supervisors, as well as via telephone support.

Follow-ups and referral for zonal consultant's review are put in place to facilitate sustainability of the project.

Challenges and lessons learned

- Obtaining political will and goodwill from local and state government is vital to the success of the programme.
- Negotiate constructively to remove institutional barriers that may arise between federal/state/local government or other overlapping jurisdictions.
- Creating professional commitment among mental health professionals, primary health workers, apex nurses and primary health care co-ordinators.
- An intensive and well-established framework for support and supervision is necessary to drive and sustain mental health service.
- There is need to address attrition of trained health workers and also the sustainability of their skills through training and retraining.
- Effective monitoring and evaluation is needed for programme sustainability.

Conclusion

Primary care mental health service is a proven means of reducing the mental service gap in low-resource countries. Integration of mental health into primary care requires professional and institutional commitments, political goodwill and finance. There is need for health institutions and government to scale up activities for effective integration of mental health into primary health care in developing countries.

Commonwealth countries need to work together to focus on addressing the mental health treatment gap in resource-poor countries. In Nigeria, a national community-oriented mental health

programme can be developed around the country's eight psychiatric hospitals. Each of the hospitals would be the focal point for the programme to disseminate around the country. The aim is to transform each hospital into the vanguard for extending coverage to large numbers of people in who live around each of the eight hospitals.

Nigeria's National Health Insurance Scheme (NHIS) must also broaden its scope of coverage for mental disorders. The National Assembly of Nigeria should pass the country's Mental Health Bill, as this is expected to bring laws relating to the care of our mentally ill patients up to date.

There is urgent need for governments to increase their budgetary allocation to mental health in all developing countries and accord mental health a higher priority in view of its public health importance. In addition, community mobilisation/advocacy aimed at raising awareness on mental health issues, through radio, television, print media, lectures, symposia and workshops, is essential to successful community health service.

Finally, integrating mental health services into primary care should be given priority as this is a proven way of closing the service gap in developing countries.

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