

Psychosocial approaches to recovery in the developing world

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Commonwealth Health Partnerships 2013 (CHP 2013) noted that mental illness accounts for around 13 per cent of the total global burden of disease. As a proportion of years lived with disability (for serious and enduring conditions), mental illness is more significant still. Disability has implications for the individual, family, community and wider society with disabled persons more prone to abuse, poverty, illness, social stigma and discrimination. These can all add up to needlessly shortened life expectancy. But as with some physical disabilities, some of the impairments themselves may also be unnecessary outcomes of delayed, inappropriate or insufficient health care.

As I have pointed out previously (*CHP 2013*), it is estimated that around 20 million Nigerians suffer some form of mental disorder, but less than ten per cent receive any form of treatment. We can also say, with more confidence, that less than one per cent of this figure receive specialist care. One of the important unmet needs is for psychosocial rehabilitation. The other side of the coin is that psychosocial interventions made available at the primary level will be an important part of filling the general services gap.

When these services are available in the community, Nigerians with mental health disorders can acquire the available social, emotional and intellectual skills to enable them to live and work with minimal supervision from clinicians (Coker et al., 2001).

The aim of this article is therefore to further sensitise Commonwealth stakeholders on the need to improve human capacity with psychosocial rehabilitation strategies for persons with mental disability, by making psychosocial services available at primary health care centres and rural communities for every person with mental illness.

'Recovery' and rehabilitation in developing countries

The growing recognition that serious and persistent mental disorders can be understood through the lens of disability has spurred the development of the field of psychosocial rehabilitation (PSR). Progressive thinking about disability is reflected in the notion of 'recovery' (see Ng et al. p.118 in this volume) in that both aim at maximum quality of life, dignity and social acceptance.

Psychosocial rehabilitation is a form of human capacity-building that fosters social interaction, promotes independent living and encourages engagement in vocational activities. These are also the basic directions mandated by the 2007 United Nations Convention on the Rights of Persons with Disabilities (UNCPRD).

But while recovery and 'reablement' approaches have gradually been gaining ground', developed and developing countries alike are facing challenges in establishing independent living as a service goal. As with cognitive behavioural therapy, the investments and expertise needed for effective psychosocial work are not trivial and cannot be reduced to a 'quick-fix' formula. This applies especially to efforts to get patients back into job markets. In the wake of global economic recession, competition for jobs in many countries has never been higher.

Most developing countries, especially in Sub-Saharan Africa, face severe human resource problems that limit the practice of rehabilitation services. However, the extended family social support system in Africa is a countervailing strength that should be built upon.

Indigenous models of psychiatric rehabilitation have been developed, such as the rehabilitation villages in Tanzania, and modelled on the pioneering work by Lambo in the Aro Village System in Nigeria. One of the major drawbacks of these village systems is their detachment from urban centres.

Civil society organisations have also undertaken psychiatric rehabilitation services in the African continent through Basic Needs, an international development organisation that operates in Uganda, Tanzania, Ghana and Kenya. Basic Needs addresses the mental health needs of people in community settings using the sustainable livelihood approach. In this model, patients and their caregivers are supported to participate in consultation workshops and self help groups at the grass-roots level. There are several other rehabilitation models present across the African continent.

The main challenges with these models are the paucity of studies on their cost-effectiveness and their long-term sustainability (Fred and Eugene, 2006).

Particular needs and barriers in Nigeria

In psychiatric practice, some mentally ill patients spend their life continuously hospitalised due to severe mental illness, substance dependence, homelessness and abandonment by their relatives (Rogers et al., 2004).

The issue of long-stay in psychiatric facilities in Nigeria is intertwined with the history of orthodox psychiatric care. In the early 20th century, during the colonial era, asylums were established in selected cities in Nigeria. These were to serve as places of confinement for the psychiatrically infirm. When these asylums were converted to full-fledged psychiatric hospitals, most of the patients remained in these facilities (Ekpo et al., 2000).

In view of the peculiar mental health situation in Nigeria, there have been strong recommendations for the establishment of rehabilitation centres and halfway homes to cater for this category of long-stay patients, and community-based rehabilitation services to cater for the vast majority of Nigerians who live in rural and peri-rural areas of the country (Taiwo et al., 2008).

On the National Health Insurance Scheme (NHIS), which is expected to cover the health needs of Nigerians, there is limited coverage for mental health services. In the absence of strong safety nets (and, as noted, informal social protection may be absent due to stigma or self-isolation), families often have to make out-of-pocket payments for services at the community level. This limits access to the (more costly) newer generation medications, which have fewer side effects and hence better prospects for patients choosing compliance with them.

Recommendations

- There is a need to sensitise the general public on the role of psychosocial rehabilitation in addressing the disabilities resulting from mental disorders
- Psychiatrists, occupational therapists, psychologists, medical social workers and psychiatric nurses should all receive training in how rehabilitation insights can be applied in their respective fields
- Financial constraints cause tremendous difficulties in rehabilitation of patients: there is an urgent need for governments to increase their budgetary allocation to mental health in general and to community-based psychosocial

Box 1 The case of Aro

Abeokuta, Ogun State

The neuropsychiatric hospital Aro (526 bed spaces and a WHO Collaborating Centre for Research and Training in Mental Health and Related Neurosciences), which is the foremost psychiatric hospital in Nigeria, formally established a well-structured rehabilitation ward and transitional halfway home (Hope Villa) about a decade ago for the effective rehabilitation and community re-integration of patients with severe mental illness. It also established occupational therapy departments at both wings of the hospital.

The rehabilitation multidisciplinary team comprises consultant psychiatrists, resident doctors, psychiatric nurses, occupational therapists, medical social workers and clinical psychologists, all with an interest and some training in psychosocial rehabilitation.

The strategy adopted is to empower the patients through supervised apprenticeships in barbing, shoemaking, fashion designing, catering services, retail business and vulcanising, as well as through holding introductory ICT courses both inside and outside the hospital setting.

At the community level, the Aro Primary Care Mental Health programme is being rolled out across Ogun State.

The Primary health care workers were also trained on the principles of community based rehabilitation (CBR) intervention.

rehabilitation approaches in particular. Treatment for psychiatric patients should be made free in African countries, just as treatment for some chronic medical conditions is free in some parts of the continent

- Commonwealth nations should have an operational understanding amongst themselves regarding the interchange of skills and manpower, especially in countries with a dearth of mental health professionals
- There are several indigenous models of psychiatric rehabilitation implemented across the African continent with various level of success. However, there is paucity of studies on their cost effectiveness and long-term sustainability. Research on the dynamics and econometrics of those models of psychiatric rehabilitation is highly recommended

Conclusion

Psychosocial rehabilitation of people suffering from mental disability is a proven way of improving quality of life, level of functioning (capacity) and re-integration into social life. It is an important part of the overall process of the successful management of severe mental disorders, including management by sufferers themselves. It is under-utilised as a therapeutic tool, when compared to pharmacological approaches, and deserves to be better understood and resourced.

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Endnote

1 See Paul Jays, 'Integrated services: Evidence and perspectives from UK adult social care', in *Commonwealth Health Partnerships 2012*. Cambridge, UK: Nexus Strategic Partnerships. p. 47.

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