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COVID-19 and Mental Health: The Need for Action and the Action Needed

Olayinka ATILOLA, MBBS, FWACP, FMCPsych, PGD; FNYA

Associate Professor of Psychiatry and Behavioral Medicine, Lagos State University College of Medicine, Ikeja, Lagos.

Background

The pandemic introduced a lot of risk and shocks into the public mental-health landscape and delivery system in Nigeria and other African countries. On the one hand, the COVID-19 pandemic created scenarios which increased mental-health risk while also disrupting existing mental-health services on the other hand, thus; creating a crisis on both the demand and supply end of the mental-health value chain. For instance, the fears and anxieties associated with the pandemic, the social isolation, loneliness, and inactivity, which comes with the COVID-19-related lockdown/ physical distancing, as well as the fears, uncertainty, and stigma that comes with being infected by the virus have all combined to increase the risk of mental disorders and worsening of existing ones among the population. Despite the increased demand for mental-health services that was occasioned by the pandemic, there was a concurrent contraction of mental-health service supply at the period. The service contraction was occasioned by shortages in mental-health service providers as significant number of personnel were redeployed to the local COVID-19 response teams, the conversion of pre-existing mental-health facilities to emergency isolation or treatment centers, as well as limited access due to restrictions placed on access to the psychiatry clinic to maintain the COVID-19 social distancing protocol. The result was an unprecedented mental-health crisis in the country and the attendant suffering which is still ongoing.

To effectively address the ongoing spillover crisis and reduce the chance of a future recurrence of same scenario in the likely event of a future similar epidemic or pandemic, the following recommendations should be considered:

Improved mental-health literacy at population level as the foundation on which other mental-health promotion strategies can be built

The high burden of mental disorders and the scarcity of mental healthcare resources occasioned by the pandemic underscore the need for individuals to have adequate knowledge of the risks and manifestation of mental health problems. This will increase the chances of prompt management before onset of complications. It also underscores the need for a good working knowledge of self-help strategies to ameliorate the symptoms of mental disorders. In other words, there is need for good mental health literacy. Unfortunately, systematic review of population surveys in the pre-COVID era showed that majority of Nigerians lacked functional knowledge of the real nature and dynamics of mental-health issues with rife subscription to supernatural explanatory models and forms of care. Good functional mental-health literacy is the foundational component upon which additional structures for promoting mental-health, such as symptom recognition, tolerant attitude, and improved service utilization, can be built. Therefore, there is need to improve mental-health literacy at population levels as a mental-health promotion strategy. This is achievable through intensified public mental-health

literacy programs through online educative programs, dedicated films, documentaries, skits, and jingles with accurate portrayal of the nature and dynamics of mental-health conditions and their treatment. In addition, incorporation of mental-health components into health-education curriculum of schools from elementary to secondary school levels will also go a long way.

Need for strategies to improve on existing mental-health service capacity in the country

With an abysmal figure of one specialist mental-health practitioner to one million population at present, one of the major drivers of the constrained mental-health service in Nigeria is specialist manpower shortage. Therefore, strategies to pragmatically improve service-capacity in the region at present cannot be specialist driven. We, therefore, align with global paradigm of using task-sharing approach to narrow the mental-health service-gap in low-resource regions like Nigeria. This approach involves training non-specialist health-workers such as nurses, community-health workers, and general practitioners to deliver mental-health interventions under the supervision of

specialists. Task-shifting, when integrated into the primary health-care system, can improve access to care, provide a culturally friendly ambience for mental-health conversations, reduce stigma, and provide an opportunity to co-address physical and mental health care. There is existing evidence, albeit at pilot levels, that such approaches have helped to successfully and effectively expand mental-health services in Nigeria. Aside the traditional primary healthcare settings, there are potential opportunities in other settings such as schools, workplaces, market places, social-welfare camps (such as internally displaced persons' camp) and correctional facilities, as the setting for mental-health system strengthening using task-shifting approaches.

Need to develop a context-appropriate and sustainable telepsychiatry hub and model for Nigeria

Telemedicine, or the use of telecommunication technologies to provide remote health care when physical contact is not safe or feasible, has been extended to psychiatric practice. Telepsychiatry, a subset of telemedicine, involves the provisioning of a broad range of services including mental-health evaluations, psychological therapies, psycho-education, and pharmacotherapy management in diverse areas of the practice including adolescent psychiatry and drug addiction services, on electronic platforms. Since the onset of the pandemic,

telepsychiatry has been used to bridge mental-health service gaps around the world and in diverse settings with good evidence base for acceptability and effectiveness as a mode of service delivery. In Nigeria, a few telepsychiatry initiatives actually sprang-up in response to the mental-health crisis occasioned by the pandemic. However, these services, mostly delivered by hired clinical psychologists and lay counsellors, were constrained as they only provide mainly mental-health first-aid. Aside, they were further limited by their poor linkage with existing mental-health service on the ground and were unsustainable because they did not seek the buy-in of policy makers and other stakeholders in the field. To turn the potentially great fortune of telepsychiatry in Nigeria around, there is need for expansion to the existing public mental-health system and policy-making framework. Stakeholders' engagements must be organized to pre-empt potential challenges and secure the buy-in of policy makers and other key stakeholders. These will include existing mental-health service directors in the country, local tele-medicine and other e-health experts, current mental-health service users, representatives of health-advocacy groups, and representatives of the local Ministry of Health. The meeting should discuss potential constraints such as context-relevance (e.g., are there cultural, environmental, gender, ethical, or technical issues that may need to be considered?); acceptability (e.g., are there safety, confidentiality, or other related issues that need to be considered?); and resource-availability (e.g., access to android devices, literacy issues; internet data, referral services, prescription et cetera) for proposed telepsychiatry services. A robust context-relevant and scalable telepsychiatry model should then be developed for Nigeria based on the consensus reached from such engagements.

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