

COVID-19 and Mental Health in Nigeria: Three Proposals for Integration Mental Health Services into COVID-D 19 Response.

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Abstract

The COVID-19 disease is a global pandemic, which in its over twelve months of known existence has affected over 89 million people worldwide leading to psychological and social sequelae in the affected individuals, their caregivers, health workers and the general public.

Nigeria seems to have at best, a skeletal and non-structured integration of mental health professionals into her COVID-19 response team, both at the state and the federal levels. This article proposes three (3) models for integrating a multidisciplinary mental health team into the management of infected individuals, their caregivers as well as health care workers, while taking into consideration, the human and material resources available for mental health in the country as well as the already existing pressure on the available resources.

These models include a mental health team participatory model, a multi-level training model and a multi-sectoral collaboration model. It is hoped that a careful and strategic integrating of these three models will help to create a sustainable framework for tackling the mental health consequences of the COVID-19 pandemic in a developing country like Nigeria.

Key words: COVID-19 infection, Integrating Mental health, Models.

Introduction

With many nations of the world including Nigeria recording spiraling cases of COVID-19, the World Health Organization (WHO) on March 11, 2020 declared the disease a pandemic.¹ As with every disease outbreak, the COVID-19 pandemic has placed a severe burden on the health care delivery system of the country. The pandemic has been shown to be associated with intense psychological reactions such as shock, excessive worry, disbelief, anger, anxiety symptoms and even depressive symptoms in the affected

individuals, their relatives or care-providers.^{2,3} Olaotan et al found that COVID-19 unaffected Nigerians reacted to the pandemic with insomnia, depressive symptoms as well as post-traumatic stress symptoms.⁴ There may also be relapse episodes in patients with known mental illness or precipitate incident illness in those with susceptibility to mental illness.

Psychological burden is also felt by individuals who have lost their loved ones as a result of the pandemic and some may also have to cope with distorted or pathological grieving. This results from not being allowed to properly process the death of their loved ones. Mourning rituals and customary burial rites are also distorted⁵ as some relatives may have to grapple with unfamiliar methods of disposal of infected corpses such as cremation. They also frequently lose the benefit of the customary physical social support expected of friends and family of the bereaved during the mourning period because of social distancing rules.⁶

Available Mental Health Resources in Nigeria

Mental health services in Nigeria majorly consists of large government-owned psychiatric hospitals, mental health services within Teaching hospital and state hospital settings, most of which are located in the urban areas.⁷ There are just over 200 certified psychiatrists giving an unsatisfactory ratio of one psychiatrist to about one million Nigerians.⁸ and fewer clinical psychologists with an equally inadequate number of psychiatric nurses in the country.

The funding of mental health services is also a challenge which has drawn back the provision of mental health services in the country.⁹ All of these challenges have plagued mental health delivery in Nigeria and therefore casts a doubt on the readiness of the country to combat the expected hike in the mental disorders during and after the COVID-19 pandemic.

Comparison with Other Countries

In most developed countries of the world in which the SARS -COV-2 infection has caused morbidity, mortality as well as huge economic losses, there has been a deliberate and structured attempt to integrate mental health professionals into the immediate and long-term care of the affected and their relatives. For instance, in the United States of America, mental health professionals especially psychiatrists and psychologists are among frontline health workers, providing counseling, psychological support and

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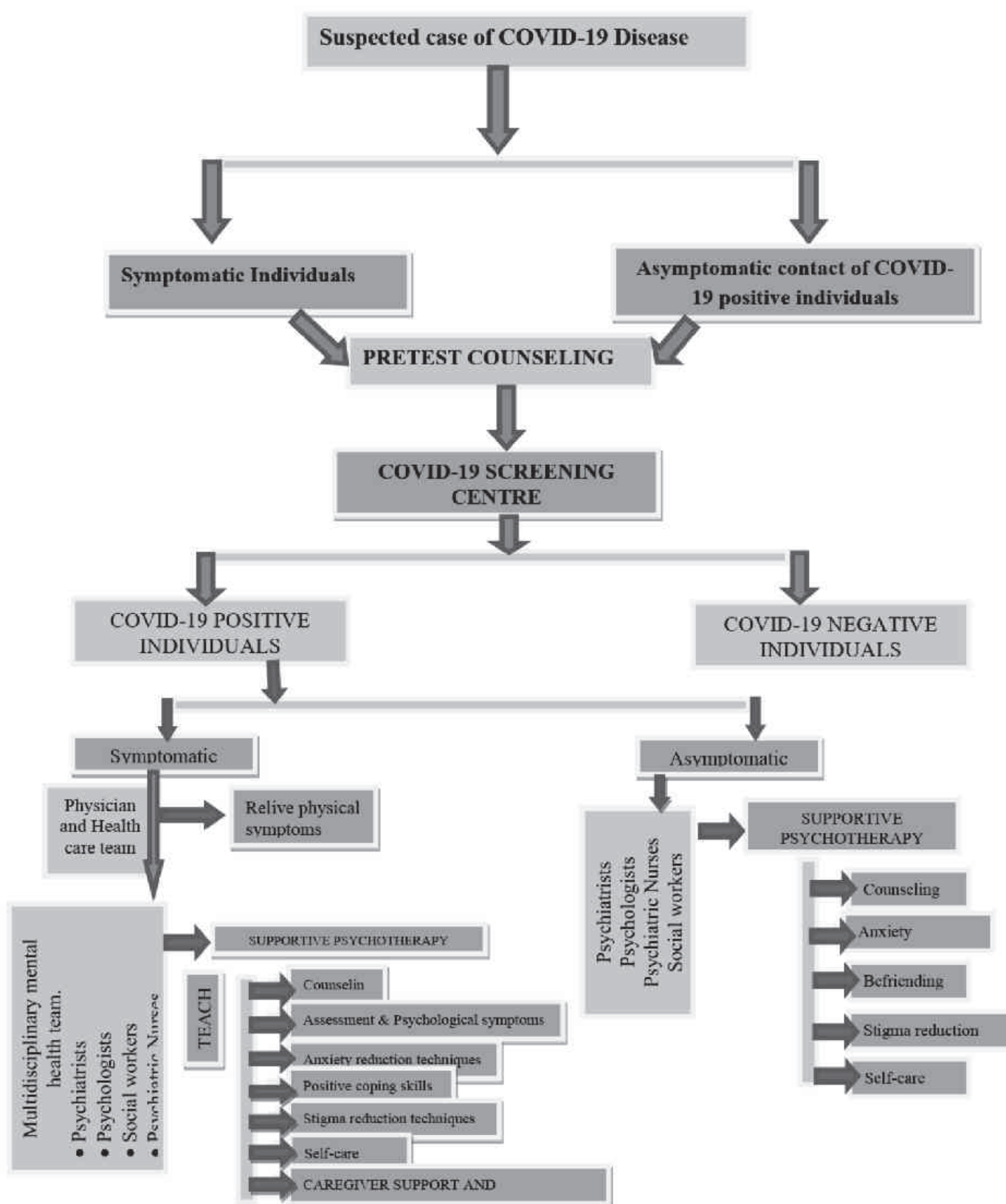


Figure 1: MODEL 1 - MENTAL HEALTH TEAMPARTICIPATION MODEL

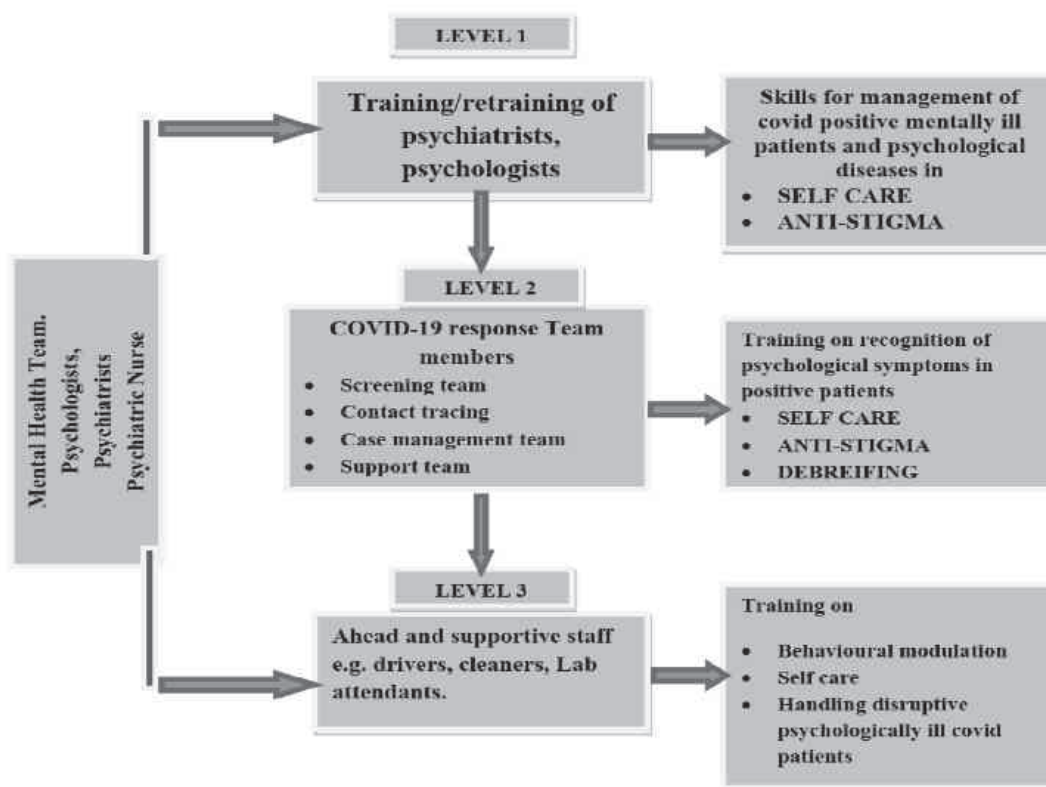


Figure 2: MODEL 2 - MENTAL HEALTH TRAINING MODEL

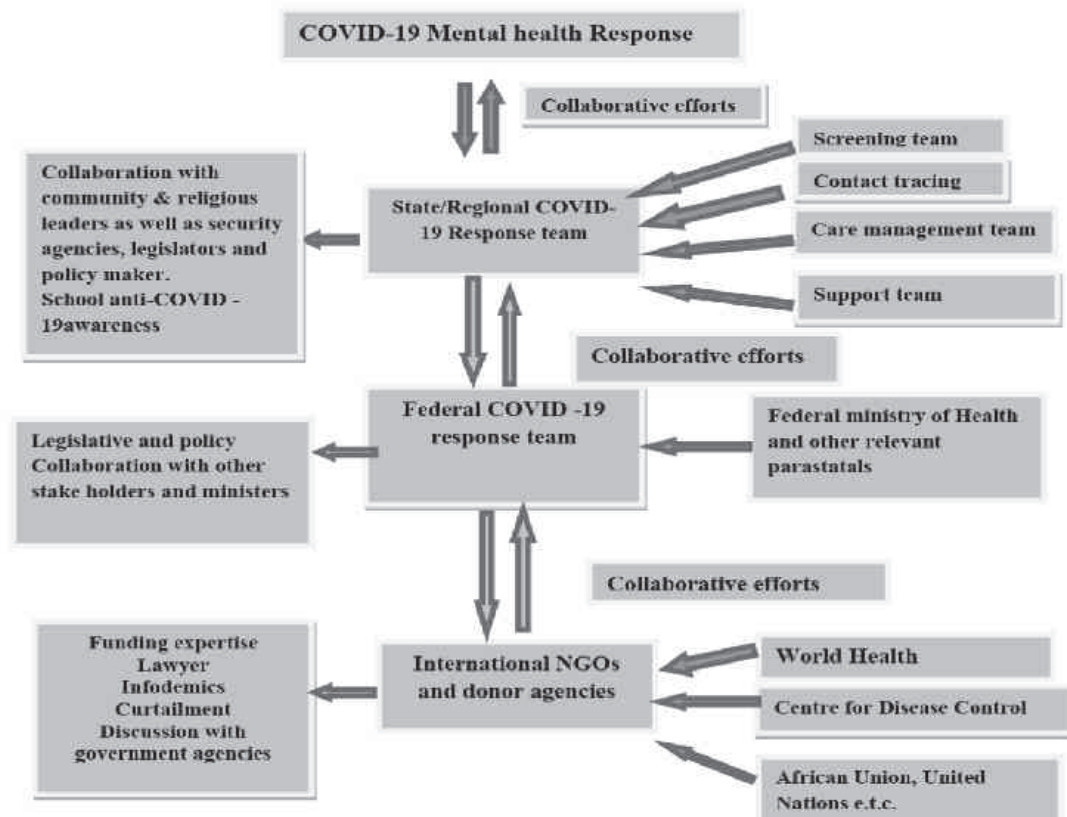


Figure 3: MODEL 3- MULTISECTORAL AND INTERSECTORAL COLLABORATION

treatment for patients, their relatives or health workers¹⁰ Most European countries have also incorporated mental health workers into the COVID -19 disease treatment teams.¹¹ This is also obtainable in some parts of Africa.¹²

As at June 17th 2021, Nigeria had 167,142 cases of the COVID -19 infections.¹³ Most states have a COVID-19 response team comprising of public health physicians, internists, general practitioners, anesthetists, political appointees and administrators among others but only very few states have recognized the need for professional psychological and emotional support for the affected patients and their family members by incorporating mental health practitioners into their teams. In places where they exist, there appears to be no structured model.

Three Proposals For The Inclusion Of Mental Health Services Into Nigeria's Covid-19 Response

1. A Mental Health Team Participatory Model

This proposed model (Figure 1) entails the participation of a multidisciplinary mental health team (consisting of psychiatrists, psychologists, social workers and psychiatric nurses) in every stage of management of the COVID-19 positive patient, starting from the point of suspicion of an infection, to the pre-testing stage and after diagnosis has been confirmed.

This model essentially involves active interventional strategies involving mental health professionals in the management of COVID-19 positive patients and supportive strategies for the COVID-19 negative individuals who had gone through testing. Areas of intervention and support for positive patients who have to be isolated and treated will include supportive psychotherapy, anxiety-reduction and relaxation techniques as well as positive coping mechanisms and strengthening patient's available social support system. The limitation of the above model is that it is man-power intensive, requiring mental health professionals with high level of expertise. This reality then occasioned the second suggested model.

2. Multi-Level Training Model

This model (Figure 2) seeks to address the issue of a low number of mental health professionals available for mental health interventions in COVID-19 patients. It suggests a multi-level training model with the first level involving the training and re-training of mental health professionals about the management of COVID-19 positive mentally ill patient as well as routine management of psychological and emotional symptoms in infected patients and their relatives.

The second level involves the training of non-mental health professionals in the recognition of

psychological symptoms and training them to offer basic counseling and support to psychologically disturbed patients. They will also be taught about appropriate support for caregivers and how to care for self and reduce burn-out. This level of training will also involve training on appropriate mechanisms for referral to mental health professionals.

The third level of training will target support staff and allied workers who are involved in the treatment of COVID-positive patients. They will be trained to support anxious and physically agitated COVID-19 patients in the course of performance of their duties as well as to alert the frontline doctors and mental health workers if the need be. This training model seeks to harness the available human resources in the response to the mental health needs of COVID-19 positive patients.

3. Multisectoral and Intersectoral Collaboration Model

This model (Figure 3) proposes a strategic link and collaboration with both local and international Non-governmental organizations, international bodies such as the United Nations, World Health Organization and the Centre for Disease Control among others in partnership with the relevant government agencies and parastatals in the integration of structured mental health team involvement in the COVID-19 response effort in Nigeria. These collaborative efforts will go a long way in strengthening skill transfer, funding, as well as relevant training and creation of policies to address mental health concerns in the infected.

Though each of these three models can be utilized independently, we strongly suggest an integration and careful amalgamation in order to create a workable and all encompassing framework for the integration of mental health professionals into the COVID-19 response in Nigeria.

Conclusion

The negative effects of the COVID-19 pandemic on the psychological wellbeing of patients, their relatives, the general populace and health workers is huge. There is therefore a need for a structured integration of mental health professionals into the COVID response team in Nigeria, within the scope of the available mental resources.

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