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EXPLORING THE EXPERIENCES OF SURVIVORS OF RURAL BANDITRY IN ACCESSING MENTAL HEALTH SERVICES IN ZAMFARA NORTH WESTERN NIGERIA: A QUALITATIVE STUDY

BY

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Abstract

There are several reports of armed-conflict resulting in to killings, kidnapping, sexual violence and destruction of properties in North West Nigeria. Banditry has been linked to mental health disorders including depression, anxiety and post-traumatic stress disorders. However, the provision of quality mental health services and psychological (QMHSP) interventions are essential in preventing development of mental health problems. The objective of this paper was to explore the experiences of accessing mental health services among survivors of rural banditry in North West Nigeria. Employing an interpretive phenomenological design, thirteen participants were purposively selected to the point of data saturation. Indepth interview was used as a data collection tool. Data collected were thematically analyzed using the Braun and Clarke six steps of thematic analysis supported by NVivo 12. Three major themes emerged: Accessibility to QMHPS; Factors influencing accessibility to QMHPS and Factors influencing utilization. Detailed findings from the study shall be presented. Overall, finding highlights a lack of awareness of the availability of mental health services, and a lack of accessibility and availability of quality mental health services within the geographical location. These may worsen the mental health problems of these survivors. Therefore, investing in provision of mental health services and the need for intervention strategies such as implementing policies, equipping the healthcare sector, and fostering partnerships to mitigate consequences of insecurity on the population. It is also important for the government to establish policies that may require home-based agencies to prioritize mental healthcare for those affected.

Keywords: Banditry, Mental Health disorders, Mental Health Services, Survivors' Experience.

Introduction

Armed conflicts and banditry in North West Nigeria have inflicted severe consequences, including killings, kidnappings, sexual violence, and property destruction (Adesina, M. A., Adesanya, T. and Olufadewa, I. 2020). Beyond the visible physical toll, these incidents have been associated with a silent yet pervasive impact on mental health especially in low-resource settings like Zamafara. Reports suggest a link between banditry and mental health disorders, with survivors experiencing conditions such as depression, anxiety, and post-traumatic stress disorders (PTSD) which deteriorates when quality mental health services are lacking (United Nation International Children Education Funds (UNICEF) 2019). Despite the evident need for intervention, the provision of Quality Mental Health Services (QMHS) and psychological support in the aftermath of such traumatic events is often inadequate.

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Armed conflicts in Zamfara have created a crisis marked by severe consequences, such as killings, kidnappings, sexual violence, and property destruction (Daramola 2019). World Health Organisation (2019) stresses that the nexus between banditry and mental health disorders, specifically depression, anxiety, and post-traumatic stress disorder, highlights the intricate interplay between conflict and psychological well-being coupled with the poor health management system. Research by Wainberg, Scorza, Shultz, Helpman, Mootz, Johnson, Neria, Bradford et al. (2017) highlights a critical gap in access to high-quality mental health services, particularly in low-income countries like Nigeria. Barriers such as stigma, understaffing, absence of standardized service delivery procedures, and inadequate research for policy change contribute to this gap, hindering progress toward universal health coverage, especially in mental health intervention (Wainberg et al. 2017). This causes the victims to be subjected to an unusual experience. Despite the evidence supporting the preventability and treatability of mental health disorders (Follwell et al., 2021), a substantial portion of the global burden of disease remains attributed to these conditions (Wainberg et al., 2017). Therefore, acknowledging the Quality Mental Health Services and Psychological (QMHSP) interventions as crucial factors that underscores the need for targeted efforts to prevent the development of mental health problems among affected populations.

A report by Wainberg et al., (2017) asserts that the geographical and cultural context of North West Nigeria adds complexity to the accessibility and utilization of mental health services. Factors such as remote locations, cultural beliefs, and the aftermath of armed conflicts contribute to the barriers survivors face in seeking and accessing appropriate mental health support. Although, the National Health Insurance Authority (NHIA) together with Primary Healthcare Development Agency and other Healthcare agencies plays a crucial role in the healthcare landscape of Nigeria, including mental health services. However, the experiences of survivors of rural banditry within the framework of the services by these Healthcare agencies remain largely unexplored. This qualitative study aims to delve into the nuanced and multifaceted aspects of accessing the quality mental health services among survivors in Zamafara, North West Nigeria. Understanding these experiences is vital for shaping targeted and culturally sensitive interventions, ensuring that the National health system effectively address the unique challenges posed by the aftermath of rural banditry. This study seeks to bridge the gap in knowledge by providing a qualitative exploration of the experiences of survivors within the National Health Insurance Ecosystem, shedding light on barriers, facilitators

The aftermath of conflicts and crisis, particularly in conflict-affected communities, has been identified as a significant contributor to mental health challenges. According to the World Health Organisation (WHO 2019), one in every eleven individuals in conflict-affected communities has experienced moderate or severe mental disorders in the last decade. Health interventions, as noted by Daramola (2019), often overlook psychosocial assessments, leaving internally displaced persons (IDPs) grappling with various mental health issues such as sadness, hopelessness, and suicidal tendencies. Despite the prevalence of armed conflicts and associated mental health issues, a notable gap exists in understanding the specific experiences of survivors in accessing mental health services. The limited awareness, accessibility, and availability of QMHSP within the geographical location contribute to the potential exacerbation of mental health problems among survivors.

In specific instances, like the rural banditry attack in Benue State in January 2018, where 70 native farmers lost their lives, and in Zamfara, where over 500 people died between 2011 and 2012, the trauma experienced by affected populations extends beyond physical and economic realms to emotional and social domains (Ameh, 2018; Nadama, 2019). Despite relief efforts from various entities providing tangible support, the psychological distress faced by crisis-affected individuals often goes unresolved, potentially leading to a spectrum of mental health disorders (WHO 2019, WHO 2020). This necessitate the drive for investigating and improving the mental health management system of this community. While relief interventions address immediate material needs, the emotional and social (psychosocial) needs of conflict-affected communities are often overlooked (Ornert, 2019). The complexity of vulnerability to mental disorders within these populations is influenced by the stress experienced and the availability of resources to cope with that stress (Saxon et al., 2016). The crisis is described as "transmogrified" by Ibrahim (2016), highlighting the manifestation of symptoms and risk factors of mental illness among conflict-affected populations. The existing gap in considering provision of quality mental health services and psychosocial needs during relief interventions raises concerns about the long-term mental health implications for the affected communities. Urgent attention is required to

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incorporate mental health services, including psychosocial examinations, into interventions for survivors of conflict and crisis, aiming to minimize the risk and exacerbation of mental disorders.

Research Objectives:

1. To explore the experiences of survivors in accessing mental health services following rural banditry in North West Nigeria.

2. To explore the factors influencing accessibility to quality mental health services {QMHPS}.

3. To explore the factors influencing utilization of quality mental health services among the survivors of rural banditry in Zamfara State.

Literature Review

The concept of "Quality" in mental health services is inherently subjective, with varying perspectives among patients, their relatives, healthcare professionals, and governmental entities (Follwell et al., 2021). Psychiatric patients perceive quality as a means to reduce symptoms, empower resilience, and ensure dignity and respect for their autonomy and decision-making rights (Funk, Lund, Freeman, & Drew, 2009; Samartzis & Talias, 2020). On the contrary, the Institute of Medicine defines quality as the extent to which healthcare services enhance desired health outcomes, aligning with current professional knowledge (Wainberg et al., 2017). In essence, Quality Mental Health Services (QMHS) encompass accessibility, affordability, efficiency, effectiveness, recovery orientation, patient-centeredness, evidence-based interventions, and overall satisfaction (Follwell et al., 2021). The significance of mental health consumers' interpretation of QMHS cannot be overlooked, as it directly influences the efficiency, effectiveness, acceptability, and satisfaction of mental health interventions (Samartzis & Talias, 2020). Consequently, people's satisfaction with mental health interventions plays a crucial role in promoting acceptance, utilization, and recovery at all levels of care (primary, secondary, and tertiary). Poor-quality mental health services not only violate fundamental human rights but also lead to unfavorable treatment outcomes, decreased acceptance, and underutilization of both physical and mental health services (Samartzis & Talias, 2020). This situation can exacerbate existing mental health conditions and contribute to the onset of banditry-related psychotrauma (Funk et al., 2009; WHO, 2020). However, with effective quality improvement strategies and concerted efforts, there is potential for substantial improvement in mental health service provision.

The accessibility of Quality Mental Health Services (QMHS) for survivors of rural banditry (SRB) is influenced by various interconnected factors, including resource availability, geographic location, infrastructure, health policies, and cultural stigma (Kukoyi et al., 2022). SRB residing in remote or conflict-affected areas face challenges accessing healthcare facilities, leading to limited or no access to QMHS and an increased prevalence of mental health disorders such as anxiety, depression, and PTSD. Utilization of QMHS among SRB is influenced by factors such as stigma, mental health awareness, cultural beliefs, accessibility, availability, and affordability to QMHS (Kukoyi et al., 2022). The aftermath of rural banditry exposes affected communities to direct or indirect worries, resulting in mental and psychosocial traumas. Early and prompt mental health interventions are deemed crucial to prevent and mitigate the onset and deterioration of mental disorders (Colliard, 2018). However, barriers to accessibility and utilization, including substandard services, lack of trust, cultural factors, language barriers, and inadequate mental health personnel, hinder the provision of quality mental health and psychological services (Hansen et al., 2019). Stressors during humanitarian crises or conflict-associated traumatic events contribute to psychosocial problems, impacting physical and psychological well-being (Jovic et al., 2016). While the link between exposure to stressors and psychophysiological stress symptoms is established, correlations between stressors and post-traumatic stress disorder (PTSD) symptoms remain relatively low, requiring further substantiation. Repeated exposure to traumatic events and violence-related socio-economic stressors increases vulnerability to mental problems among conflict-affected populations, leading to common disorders such as depression, PTSD, and anxiety (Roberts et al., 2017). Given the high socio-economic stressors in Zamfara due to rural banditry, community mobilization and large-scale psychosocial interventions, including Mental Health and Psychological Services (MHPS) needs assessment, are crucial for

addressing the mental health burden and supporting community development. Reliable epidemiological data on the mental health burden resulting from rural banditry in Zamfara is essential for guiding effective MHPS interventions (Roberts et al., 2017). This emphasizes the need to assess the challenges of providing quality mental health services and psychological support to survivors of rural banditry in Zamfara State. Research examining the impact of banditry on mental health underscores the heightened vulnerability of individuals exposed to such criminal activities. Banditry, characterized by violence and insecurity, has been linked to an elevated risk of mental health disorders, further emphasizing the urgency of targeted interventions and support services.

The Social-Ecological Model is a theoretical framework widely used in public health and psychology to understand and address the complex interplay between individual, interpersonal, community, and societal factors that influence mental health and well-being (Michaels, Blake, Lynn, Greylord, & Benning, 2022). Tengku, Sauter & Doosje (2022) recommended the application this model in exploring adversity, emotions and resilience of war survivors. By applying Bronfenbrenner's socioecological model, the study can uncover the intricate interplay between individual experiences, microsystems, mesosystems, exosystems, macrosystems, and chronosystems in the context of accessing mental health services among survivors of rural banditry in North West Nigeria. This comprehensive approach allows for a holistic understanding of the multifaceted challenges and opportunities within the ecological systems influencing mental health outcomes (Michaels, Blake, Lynn, Greylord, & Benning, 2022). The findings can inform targeted interventions at various levels, from individual support structures to broader societal and policy changes.

Methodology

Research Design

Utilizing an interpretive phenomenological design was a deliberate choice to delve into the subjective experiences of survivors of rural banditry in North West Nigeria. This design is particularly suited for exploring individuals' perceptions and meanings attributed to their experiences. Phenomenology allows for an in-depth examination of the unique and nuanced aspects of accessing mental health services in the aftermath of traumatic events (Creswell & Poth, 2018).

Participants

Thirteen participants were purposively selected, ensuring the attainment of data saturation. This methodological choice aligns with the qualitative research paradigm, aiming for depth rather than breadth in understanding the experiences of survivors. Purposive sampling ensures that participants possess relevant insights into the phenomenon under investigation, providing a comprehensive understanding of their lived experiences (Patton, 2015). The participants were reached at their various temporary Internally Displaced Persons' Camps across different host-communities where the IDPs were residing, except that of Anka LGA as they have Government designated IDPs' Camp in Anka Town, Zamfara State.

Data Collection Tool

In-depth interviews emerged as the preferred data collection tool for this study. The choice of in-depth interviews aligns with the qualitative nature of the research, allowing for the exploration of participants' narratives, emotions, and perspectives in a detailed manner (Creswell & Creswell, 2017). This methodological approach is essential for capturing the rich and context-specific information needed to address the research objectives effectively.

Trustworthiness

Audit trail was used of keeping a detailed record of research decisions, data collection, and analysis processes to ensure consistency and enable replication of this study by other researchers. Peer debriefing was performed where professional colleagues and experts in the field of psychiatry were engaged to validate the interpretation and findings. Member checking has been carried out where the research participants were involved in the research process, for example; they were allowed to review the findings and have provided feedback for accuracy. For transferability, rich

and contextually detailed descriptions of the research setting, participants, and data collection methods have been provided to facilitate readers' understanding and application of findings to similar contexts. In addition, thick descriptions using quotes and narratives from participants to illustrate key points and capture the essence of the phenomenon have been done. Reflexivity section has been provide for transparency about the researcher's role and perspectives and whether his background and experience may or might have not influenced his interpretations. This was followed with peer review of the researcher's work to identify any potential biases or subjective interpretations. All ethical protocols were strictly adhered to especially those guidelines specific to qualitative research, including obtaining informed consent, confidentiality, and addressing any potential harm to participants. The ethical approval number ZSHREC00022022 was obtained from the Health Research Committee of Zamfara State Ministry of Health, Gusau.

Method of Data Analysis

Braun and Clarke's six-step thematic analysis, coupled with NVivo 12, was employed to ensure a robust and systematic analysis of the gathered data. Thematic analysis is well-suited for identifying, analyzing, and reporting patterns within qualitative data (Braun & Clarke, 2006). NVivo 12, as a qualitative data analysis software, enhances the efficiency and rigor of the analysis process, allowing for a more organized and comprehensive examination of themes and patterns (QSR International Pty Ltd, 2018). This methodological choice adds credibility to the study's findings by providing a transparent and replicable analytical process. Furthermore, the methodological choices align with the qualitative nature of the research, ensuring depth and richness in exploring survivor experiences. The use of thematic analysis and NVivo 12 enhances the credibility and rigor of data analysis.

Results:

Themes:

Accessibility to QMHPS: Unveils the challenges and barriers survivors face in reaching mental health services.

Factors Influencing Accessibility: Identifies obstacles that hinder individuals from accessing mental health services.

Factors Influencing Utilization: Explores the reasons impacting the utilization of mental health services.

Major themes

1. Accessibility to QMHPS

Seven (7) out of the participants have reported that there was lack of access to QMHPS. Some of the responses are as follows:

Sub-themes:

a) Availability of QMHPS

Quotes

'' No, I did not neither receive nor witness provision of QMHPS to any of my people in this community by either governmental or non-governmental agency" (Participant 1, Age)

"I doubt much if any one of us had ever receive any health service like that" (Participant 2, Age)

"There wasn't anybody to even comfort the victims, let alone provide QMHPS either during or after the banditry attack" (Participants 3, Age)

b) Easily accessible QMHPS

"I actually got so much concern as easy as possible after being hospitalized" (Participant 4, Age)

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"I was able to be assessed easily at the hospital after my Aunty who is also a medical personal had requested for that, and I was placed on some drugs which according a Nurse on duty, will calm my tension" (Participant 5, Age)

c) Affordability of QMHPS

"Well, one cannot say anything about the cost of these services as it was free for me" (Participant 4, Age)

"I was checked and treated free of charge" (Participant 5, Age)

d) Accessible QMHPS services

"I was treated with some drugs that I don't even know" (Participant 4, Age)

"I was injected before going to bed" (Participant 5, Age)

2. Factors influencing accessibility to QMHPS

Sub-themes:

a) Geographical location

"Well, we are actually far from cities and even from our neighboring villages that is why we often find getting these health services almost impossible" (Participant 6, Age)

"Even the security personnel are afraid of coming this remote area, let alone health personnel" (Participant 7, Age)

b) Road network

"A person who might have been affected and stays in here where roads are bad, how can he travel or keep on waiting for QMHPS" (Participant 8, Age)

*"Our roads are honestly bad enough to affect our accessibility to any program including heath (*Participant 1, Age)

c) Source of services

- Outreach/community-based services

"Nothing like that ever happen to this community" (Participant 9, Age)

"To be honest, health personnel don't like to be posted to work here even if requested" (Participant 10, Age)

3. Factors influencing utilization to QMHPS

Sub-themes:

a) Awareness to provision of QMHPS

- Presence of the services

"As for me, I never knew that these kinds of health services are being delivered to the victims of trauma except now" (Participant 2, Age)

"We were never told on this matter, so how can we get and even use this service" (Participant 11, Age)

b) Availability

"We don't have both the health facility and the health personnel" (Participant 12, Age)

"I have not any of the health services available" (Participant 5, Age)

c) Acceptability

"Why not accepting it" (Participant 13, Age)

"Personally, I wished that I was provided with these services, I would have use it" (Participant 3, Age)

Detailed Findings: Presents specific narratives, perspectives, and experiences shared by participants regarding the accessibility and utilization of mental health services. In essence, the results section outlines the key themes and detailed findings, providing a comprehensive overview of survivor experiences. This presentation enables readers to engage with the specific nuances of accessing mental health services in the context of rural banditry.

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Discussion

The identified themes and detailed findings in this research shed light on the complex landscape of accessing mental health services among survivors of rural banditry in North West Nigeria. The theme of "Accessibility to Quality Mental Health and Psychological Services (QMHPS)" underscores the significant challenges and barriers that survivors encounter in their attempt to reach mental health services. This resonates with existing literature emphasizing the impact of conflict-related factors on mental health service accessibility (Kukoyi et al., 2022). The geographical and logistical hurdles faced by survivors contribute to a critical understanding of the context-specific challenges in service delivery. In addition to accessibility, the theme "Factors Influencing Accessibility" delves into the obstacles hindering individuals from accessing mental health services. This aligns with the broader discourse on the multifaceted nature of barriers, including stigma, cultural factors, and resource limitations (Kukoyi et al., 2022). The exploration of these factors adds depth to the discussion, emphasizing the need for targeted interventions that address the specific challenges faced by survivors.

Furthermore, the theme "Factors Influencing Utilization" uncovers the reasons impacting the utilization of mental health services among survivors. This theme contributes valuable insights into the psychological, social, and structural determinants affecting individuals' decision-making processes regarding mental health service utilization. The nuanced understanding of these factors is crucial for tailoring interventions that resonate with the unique needs and circumstances of the survivors (Kukoyi et al., 2022). The "Detailed Findings" theme enriches the discussion by presenting specific narratives, perspectives, and experiences shared by participants. These qualitative insights provide a human dimension to the research, offering a deeper understanding of the emotional and contextual intricacies surrounding mental health service accessibility and utilization. Incorporating the participants' voices in the discussion adds authenticity and relevance to the findings, ensuring that policy and intervention recommendations are rooted in the lived experiences of the survivors.

Conclusion

In conclusion, the comprehensive overview of themes and detailed findings in the results section lays a foundation for an informed discussion on the challenges, barriers, and facilitators in the realm of mental health service accessibility and utilization for survivors of rural banditry in North West Nigeria. The study's contribution lies not only in the identification of these themes but also in the depth of understanding they provide, offering valuable insights for future research directions and evidence-based interventions.

This empirical literature review establishes the foundation for the study by providing a comprehensive overview of existing research on armed conflict, banditry, mental health disorders, and the provision of mental health services. By grounding the study in empirical evidence, it contributes to the growing body of knowledge that informs evidence-based interventions and policies aimed at addressing the mental health challenges faced by survivors of rural banditry in North West Nigeria.

Conclusion and Recommendations

In conclusion, this study calls for proactive nursing interventions to bridge the gaps in awareness, accessibility, and availability of mental health services for survivors of rural banditry. Nurses can serve as catalysts for change by engaging in community education, policy advocacy, capacity building, and fostering collaborative partnerships to ensure the well-being of those affected by the consequences of insecurity. Empirical evidence supports the proposed intervention strategies and policy recommendations. Investing in the provision of mental health services, coupled with implementing policies, strengthening the healthcare sector, and fostering partnerships, emerges as empirically grounded strategies to mitigate the consequences of insecurity on the population.

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- There is urgent need for awareness campaign towards accessibility, availability and utilization of mental health services in regions affected by armed conflict
- The call for government policies mandating home-based agencies to prioritize mental healthcare aligns with empirical insights into the unique needs of those affected by rural banditry.
- Health care workers should also do more in educating the survivors of rural banditry on the possible coping styles considered to be effective and good for health.
- Lastly, there should be more researches of different approaches (quantitative, mixed method, qualitative and so on) regarding assessment of the implications of armed-conflict which eventually inform the interventions towards preventing development of mental disorders.

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