

**INTERNALLY DISPLACED
PERSONS (IDP) SITUATION
IN NIGERIA: THE MENTAL
HEALTH IMPLICATIONS
AND INTERVENTIONS.**

BY

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Introduction

- The consequent effects of insurgency and other mayhems such as herdsmen killing, high rate of kidnapping, uncounted bombing attacks and increase rate of diverse violence and crime against the armless and simple citizens of Nigeria; most especially being encountered in Northern Nigeria has lead to series of displacement.

Introduction Contd.

- Family cohesion has been severally interrupted and many future promising gents and ladies life has been abruptly truncated, and hopes with to rise sunlight suddenly became dim.

Objectives of the presentation

- This presentation aims to
 - sensitize psychiatric nurses about current mental health care status of internally displaced person's
 - And lift from World Health Organization (WHO) recommended suggestions for health professionals collaboration for intervention

IDP's SITUATION

- Every part of the nation experienced one form of disturbance or the other arising from series of unpalatable happenings; such as Boko Haram attack, herdsman attack and the rising series of killing here and there.
- The resultant effects of the few mentioned mayhem been encountered by Nigerian citizens has left not less than 36% (World Health Organization Facts Sheet, 2018) of the current population of Nigeria displaced.

IDP's SITUATION Contd.

- International Organization of Migration (IOM) Displacement Tracking Matrix (DTM) Round XV (March 2017) estimates a total of 1.69 million internally displaced people (IDP) across Adamawa, Borno, and Yobe, of which, 84 percent are in Borno and children represent 56 percent of the total IDP population and nine percent are infants under a year old.

IDP's SITUATION Contd.

- The influx of new Internally Displaced Persons (IDPs) in most outer LGAs of Borno state such as Dikwa, Ngala, Bama, Gwoza/Pulka, Konduga, and Mobbar continues with over 5,000 people arriving in the first two weeks of April as internal displacement and return continues from Niger, Chad, and Cameroon.

IDP's SITUATION Contd.

- This is to confirm the existence and devastating situation in the northern part of the country. 15 million internally displaced persons can be found in Africa, with an increase of 7.5% between 2013 and 2014 and Nigeria hosting over 3.300,000 IDP's (Osagioduwa & Oluwakorede, 2016).

IDP's SITUATION Contd.

- It would amaze you to know that even after rehabilitation the displaced individuals preferred to remain in the area of refuge than returning to their indigenous land. Many factors could have been responsible for this behaviour which cannot but boils down to fear of unknown, reoccurrence of ugly incidence,

IDP's SITUATION Contd.

- memory of various losses such as; properties; spouses; children; family members, loss of trust and lack of confidence in policy and polity, neglect, state of despondency and hopelessness. The list is unending as several pieces of research conducted have the following report to be made.

SCENARIO OF A VULNERABLE GIRL AS REPORTED BY WORLD HEALTH ORGANIZATION

- It began as a hot autumn day like any other for Aisha (pseudonym). The girl with big eyes was looking out of the window of her house, watching a group of men approach her brothers who were harvesting crops. Aisha thought they were family friends because they came up close to her siblings. Her mother Gaji was doing her household chores when she heard her 13-year-old daughter let out a piercing scream.

SCENARIO OF A VULNERABLE GIRL AS REPORTED BY WORLD HEALTH ORGANIZATION Contd.

- . "Mother, they are killing my brothers!" cried out Aisha. After that, Gaji doesn't remember much except that somehow she fled with her daughter to the surrounding countryside. They returned later to bury the young men who, like so many others were murdered by insurgents.
- The killings which Aisha witnessed aggravated her already fragile mental state.
- "She became violent, kicking and fighting everyone," said Gaji. "I couldn't control her."

SCENARIO OF A VULNERABLE GIRL AS REPORTED BY WORLD HEALTH ORGANIZATION Contd.

- Initially, the mother and daughter returned to their home in northeastern Nigeria, but the armed rebels made forays into that community as well. So Gaji moved with Aisha to Bakass, a camp for internally displaced people on the outskirts of Maiduguri in Borno state.
- Gaji worried about her daughter, who had trouble communicating and would often disappear. “I couldn’t leave her alone, because I wasn’t sure what she would do,” said Gaji.

IMPLICATIONS

- The report of female IDP's and children being vulnerable and exposure to series of attack upon attack is worrisome. United Nation High Commissioner for Refugee (2014) reported that women account for around half of the world's 33.2 million internally displaced persons (IDPs) and many other general human rights violations faced by all IDPs,

IMPLICATIONS Contd.

- displaced women are often at greater risk than other affected populations such as sexual and gender-based violence (SGBV).
- According to Ajibade, Ajao, Fabiyi, Adeleke, and Ogundele (2017) reported that internally displaced persons experienced emotional, psychosocial as well as physical health problems.
- It was suggested that government and non-governmental agencies should do everything possible to address the health and social support needs of these displaced persons

IMPLICATIONS Contd.

- In the same vein, The International Organization for Migration (IOM) (2015) conducted the needs assessment of the IDPs and findings revealed that absence of adequate psychosocial support services as a general needs calls for concerns but much more is the inadequacy care offered when it comes to the mental health of the IDP's.

IMPLICATIONS Contd.

- Based on correlate study on depression conducted in Kaduna, Taiwo, Samuel, Ike, and Agunbiate (2014) reported that IDPs living in Hajj camp in Kaduna, northern Nigeria developed post-conflict probable depression and definite depression. Female gender experienced beating and co-morbid diagnosis of PTSD were independent predictors of probable depression among the IDPs,

IMPLICATIONS Contd.

- while IDPs that were unemployed or retired had more of definitive depression.

INTERVENTIONS

- “WHO estimates that as many as 1 in 5 people in IDP camps may need mental health care”. There is only one specialized mental health facility in the whole of Northeast. In September 2017, WHO, Borno state authorities and the Federal Neuro-Psychiatric hospital teamed up to launch the mental health Gap Action Programme (mhGAP).

INTERVENTIONS Contd.

- WHO used available health care providers who provided first line management through selected psychological treatments (such as behavioural activation [BA], cognitive behavioural therapy [CBT], or interpersonal psychotherapy [IPT]).
- They also utilized anti-psychotics such as olanzepine and antidepressant medication (such as selective serotonin reuptake inhibitors [SSRIs] and tricyclic antidepressants [TCAs]).

INTERVENTIONS Contd.

- WHO also trained 64 primary healthcare partners to work in IDP camps and other humanitarian facilities to recognize and treat minor mental health disorders which are common in emergency settings. As a result of this effort made 5000 people accessed mental health care services.

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EXPECTATION FROM IAPNN

- Following World Health Organization recommendation in mental health Gap Action Programme (mhGap), IAPNN CAN make impact in any of the recommended ways of intervening in filling the mental health care gap of the internally displaced person:
- “As first-line therapy, health care providers may select psychological treatments (such as behavioural activation [BA], cognitive behavioural therapy [CBT], or interpersonal psychotherapy [IPT]”.

EXPECTATION FROM IAPNN

- IAPNN can make her presence known in the region through her members by providing:
- First-line management to the IDP's in form of
 - i) Cognitive Behavioural Therapy (CBT)
 - ii) Behavioural modification
 - iii) Individual counseling
 - iv) Supplies of psychotropic's drugs
 - v) Organizes training on CBT and other behavioural therapies for her members.

CONCLUSION

- As a professional association our impact should be felt by contributing to the mental health care of the internally displaced person's.

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