MENTAL HEALTH:
NATION'S HEALTH, NATION'S WEALTH

A Keynote Address

At the

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By

Nurse Emmanuel Ejembi Anyebe, *PhD*
RN, RNE, RPN, FWACN,
Department of Nursing Sciences, Faculty of Clinical Sciences,
College of Health Sciences, University of Ilorin
Email: ejembianyebe@gmail.com, anyebe.ee@unilorin.edu.ng
+2348036422771

Protocols

- Observe protocols
- Thanking IAPN for:
  - Bringing conference to Africa, particularly Nigeria and
  - The privilege to honour me as keynote speaker

The WHO emphasizes and states:

- ***There is no health without mental health*** (WHO Factsheet No. 220 of 2007)

- **And if there is No health, there is no wealth** (health is wealth)

INTRODUCTION

- In traditional African setting, wealth is measured by a standard scale: i.e. people – their number, quality, relevance, etc
- This is portrayed in various scenarios, especially in language and names.
- For example, among the Idoma people of north central Nigeria, the name, *Igoche,* connotes "human fence surpasses concrete fence of money."
- It is from this perspective that this well thought theme for this year's conference is not only most fitting but perfectly situated in Africa (Nigeria) where traditionally wealth is people and people is wealth.
- For wealth to be meaningful, the health of people is supreme. Again health is wealth and vice versa. Wealth is more from people - generally in addition to the economic definition of wealth.
- However, literature defines wealth variously:

What Wealth Really Is

- Wealth has to do with *Man, materials and money*
  - Nation's Wealth: wealth is not all about how much disposable wealth a nation, or an individual has. No.
  - It is more of *how priority are set, pursued and implemented using available resources*. Countries endowed with more resources have not fared better than those with fewer resources.
  - Only those are deliberate in goals, persistent in planning strategies and dogged in implementation of never enough resources.
  - Only a nation's conception of wealth will guide her direction to health

  - Wealth is *a multidimensional quality possession (*my working definition)

What Health Is

- WHO: *a state of complete physical, mental and social wellbeing but merely absence of disease or infirmity.*
- Although almost always seen as an overambitious definition by many, any definition of health underpins this multi-dimensional domain in people.
- Since our focus in this conference in on the mental health component, I will only want to state that this physical and social aspects are not only integral to mental but intercalatedly interdependent.
- Indices of physical health in many nations in form of infectious diseases to increasing prevalence of NCDs – DM, cancers CVDs and mental health disorders, among others are sincerely disturbing.

What Health Is

- Any exclusive discussion of MH will follow the path of failed proposals.
- Indices in these two areas are at present scaring for most African countries.
  - For example, in social health the best legacy and heritage of Africanism = the traditional African safety net of extended nature is rapidly being eroded – a property of envy for adoption by other races now being given away cheap at the expense of nuclear tendencies/ideology of existence, with its attendant mental health implications.

MENTAL HEALTH

- There are questions begging for answers in this all important conference, at this time, in this era where human beings are not only taking pleasure in taking other people's lives, but also their own, at will.
  - This is strange to Africans, Africans and Nigerians are resorting to taking their own lives – a hitherto abominable occurrences (taboos) in our land!
  - Why the situation?
  - **Mental health – to the rescue?**

Mental Health: Nation's Health, Nation's Wealth

A Conceptual framework

Wealth

Health

Mental health

Health

Wealth

Focus on material wealth tails down to poor MH

Focus on MH increases wealth

MENTAL HEALTH

- “the full and harmonious functioning of the whole personality which is dynamic and determined by time, place, situation, and culture of the individual”
- “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”
- “A state where the individuals are *at peace with themselves*, are able to function effectively socially and are able to look after their own basic needs as well as higher function needs.”

MENTAL HEALTH…2/4

- How harmoniously are individuals meeting their potentials?
- How much peace do we find in people, with others and with environment? Social institutions – family, educational institutions, religious homes, economic institutions, politics, and health and their extant roles.

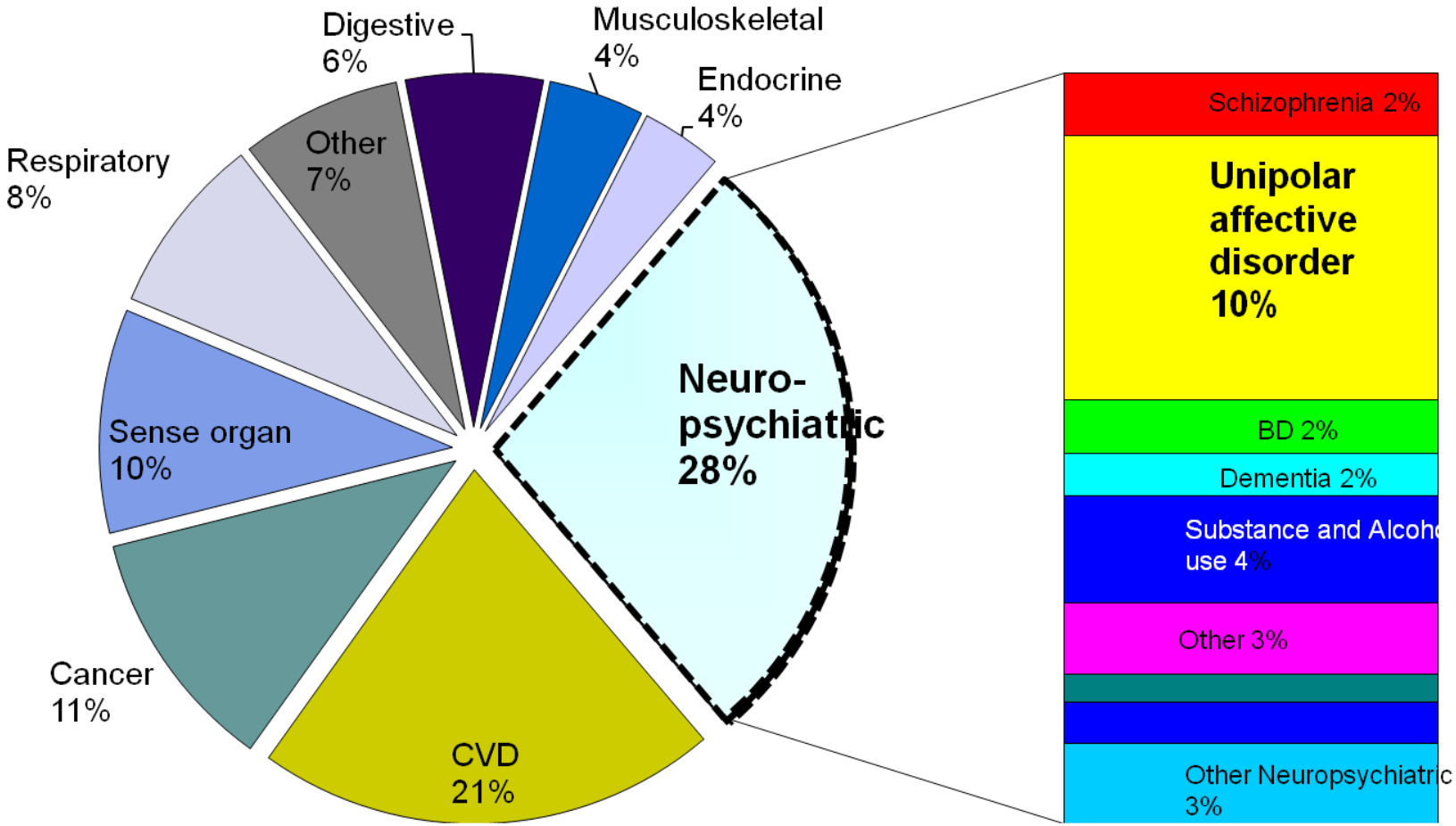
– **What are the mental health indices? Just few here will help to locate our theme firmly:**

Burden of Mental Health Problems

Global burden of disease studies in Collaboration between the WHO, World Bank and Harvard University on the Global Burden of Disease (GBD) Project.

- Show Neuropsychiatric conditions as responsible for **14% of the GBD**

Global Burden of Non-communicable Diseases by DALY.



Social Psychopathologies of Concern

Suicide/depression

- Due to pressure and ineffective coping in society.
- Its impact on socio-economic development and wealth creation is glaring.
- All social institutions and CMH need MHE to address this.

➢ Sessions in this conference can be a lead way to this.

Squander Mania

- The concept of squander mania is understandable in mental health
- Many (African) countries including my dear country Nigeria have been faulted and are still being faulted on this, at a scale unimaginable.
- How is squander mania a problem? Can it be linked to grandiosity, a symptom of a bigger problem? Or is it simply a misdirected, pathologic generosity/comsumerism? Can it be managed at individual/institutional/country level?
  - Can we come out with recommendations and help to implement these?
  - Can comprehensive mental health assessment for individual and public officers be suggested, pursued and implemented?

Childhood and Adolescent MH

- Nation health, nation's wealth: children are the wealth of tomorrow.
- Studies (including Anyebe et al, 2017) indicate this neglected segment of society in the mental healthcare pursuit.
- Most mental health disorders have early beginning but almost always missed at this stage.

➢ Can there be anything from this conference? Checklists for mental health in children exist and can be included at routine primary health care services (during immunisation schedule visits, when treating common childhood illness, school health services, etc).

Violence and aggression:

- The pre-conference training on the prevention and management of violence and aggression (and other subsequent trainings in Kaduna and Yaba) are points to the emphasis this Association attaches to this expanding public health and social issue.
- where are these emanating from?
- Can we tap inspirations from the social stress model and structural or systematic defect in getting to the root of this and then suggest ways forward?
- Could it be that “we are simply giving back to society is given to us”? Is that violence begets violence? That Aggression begets aggression?

➢ Mental health campaigns in many countries are doing so much in this area.

“Hoarding disorders” (‘pathologic’ greed) and dishonesty

- Evidences/observations indicate increasing prevalence of “hoarding disorders” (a pathologic greed syndrome) in our society especially among African including Nigerians, irrespective of status, class, orientation, etc.
- Many will want point fingers to politicians, as “packing” the national commonwealth. Okay!!!Bad enough. Very bad.
- But how do we explain the behaviours of the rest of us, taxi drivers, stewards at parties, bus conductor and boss, the driver.
- What about the ward manager who keeps what is meant for the staff in the unit for him/her self? The list is endless.
- Something is wrong.
- Where are our shared values, communality, hatred for evil , etc.

➢ So how can we fathom what is wrong with rest, who seem to dominate the sphere? Lost values? Or meeting criteria for hoarding disorders? If so, it is herd disorder, a serious group mental health issue? Address this.

Stigma and discrimination

- Nation's health, nation's wealth: stigma and discrimination among people living with mental illness (PLWMI) is still resounding.
- Like the HIV/AIDS scenario, destigmatisation strategies need aggressive pursuit to increase access and utilization of available services.
- Stigmatisation has reduced productivity of people with mental health challenges.

Burden versus Barriers

- Barriers to MHS are social barriers, physical barriers, communication barriers, attitudinal barriers, and policy barriers

  - Biggest barrier: Social creation of mental health problems

Social Creation of MHPs

Social Creation of MHPs

- Policy (politico-economic)
- Social construction (socio-cultural)

Specific Policy Issues

- A number of other imbalances in resources allocation in mental health are found in other scenarios.
- Nation's health, nation's wealth: as governmental lassitude toward Mental Health predominate and consistent, NGOs in Nigeria take path of government. Contributions of Mental Health NGOs are extremely insignificant compared to other areas of health care. No wonder, a respondents expressed lack of trust in some NGO activity, hear one: *every day every day they say malaria, they say family planning, they say this and that but our children are becoming mad from drugs, stress, no job etc, somebody is saying anything. Only they know what their hidden interest is* (Anyebe, 2016).

Mental Health Policy

- Despite the huge mental health burden, there is outright neglect of MH policy.
- At the very onset, globally MH is always an after policy, including WHO in 1978 Alma Ata declaration. It is a trend:
  - WHO 1978 (8 PHC components) – no MH
  - WHO Health for All 2000 – no MH
  - WHA MDGs – no MH
  - WHA SGDs – MH captured as part of NCDs

- African countries also ignored MH .
- To show the governments' poor attention to CMH issues, **Dr Gro Harlem Brundtland (**DG, WHO, 2001) said:

"We have the means and scientific knowledge to help people with mental and brain disorders. Governments have been remiss, as has been the ***public health community."***

In Nigeria, after 10 years components, an attempt was made to include of MH in PHC, but it remains rudimentary.

- At the legislative house, issues of Mental Health categorically receive little or the least attention. Mental Health Act proposed since 2003 at NASS to replace the Lunacy Act of 1958 handed down British remains a puzzle.
- What is the justification for this millipedal progress of the Bill?
- Is there something against mental health in Nigeria?
- Is the paper also stigmatized because contained therein is Mental Health is mentioned?

Policy Fallouts

- There are many failures in the MHS delivery as a result:
  i. Poor resource/budgetary allocation,
  ii. Weak database for mental health,
  iii. Human resource challenges,
  iv. Lack of structures for services, and
  v. Lack of inter-sectoral collaboration including community non-participation, among others

Budegtary Allocation

- *Health Atlas* (2011), the average global spending on mental health is still less than US$ 3 per capita per year but in low income countries, expenditure can be as little as US$0.25 per person per year.
- Malvárez (2008) juxtaposed the burden of mental disorders and the budgetary allocations, as summarised in the Table 2.2.

Table 1: Country burden of Mental illness and Budget for Mental Health

Source: Malvárez (2008) of *Global Perspectives on Mental Health*

Income of Country	Burden of mental disorders	Budget for mental disorder
Low	7.88	2.26***
Lower middle	14.50	2.62
Higher middle	19.56	4.27
High	21.37	6.88
All	11.48	3.76

Budegtary Allocation…3/3

- Gureje (2015) lamented that Nigeria allocates only 4% of her health budget to mental health as a whole, a far cry from the mental health budget.
- Most budgetary allocation from the FGN goes to services at the Psychiatric Hospitals and Departments of Psychiatry in Nigerian Medical Schools;
  - virtually nothing is allocated to MHS at the PHC level.

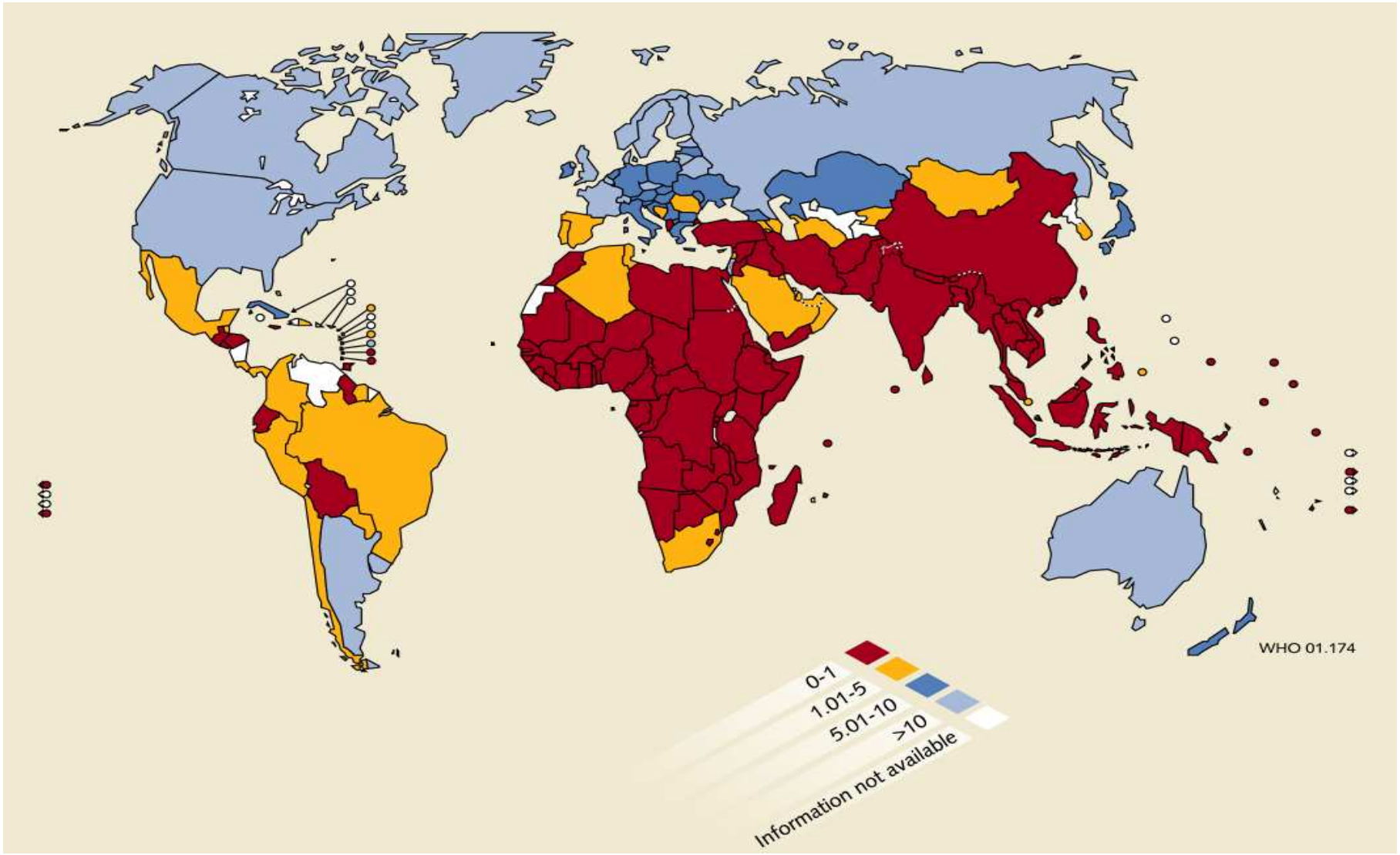
Research in Mental Health is neglected.

- Nation's health, nation's wealth:
- Our planning must be based on available data/statistics. Until very recently, our NDHS completely ignored MH data completely.
- Statistics on Mental Health problems are abysmally low.
- The current spate of suicide commission, depression and other clinical mental health challenges are not abating.
- This is a huge challenge to Mental Health professionals, researchers and research funders.

Human resources

- Although great efforts have been made in improving the stock of skipped mental health workforce, there is still gap in production, availability, retention and equitable distribution of skilled personnel especially in rural areas where populations are underserved (WHO).
- Low-income countries have 1 psychiatrist to 1m of population) and 4 nurses per 1m population.
- The rate of psychiatrists in high income countries is 170 times greater and for nurses is 70 times greater

Psychiatrists/100,000



Human Resources…3/3

- In addition to insufficient resources, the little that is available is inequitably distributed and inefficiently used as these meagre resources are again diverted to mainly services that serve relatively few people, especially those in institutionalised (curative) care.

  - *It is hoped we use this opportunity of the presence in this conference, our international colleagues or their representatives on our soil to call on NGOs (local and international) to engage.*

Access to MHS

- The society is essentially empty of community mental health care. Hospital-based services are few and over-stretched, most times inaccessible to those who need care and treatment.
- Majority of those who need mental health care globally do not receive treatment, Treatment gaps is highest in LAMI countries:
  - Developed countries – 35.5 – 50.3%
  - Developing countries – 76.3% - 85.4%

- Within Nigeria, figures are even reportedly higher
  - As pointed out by many studies (WFMH, 2009; WHO 2009; 2012), most mental health patients and clients cannot access treatment and other-related services, creating a treatment gap as high as 80 – 90% in the developing countries, including Nigeria.
  - Virtually no mental health services at the Primary Health Care level in the two local government areas studied in South West and northern Nigeria (Omigbodun,2001; Anyebe, 2019).

Mental health:
Nation's health, Nation's wealth

- Only healthy people create wealth, unhealthy people deplete wealth.
- If nations intend to be wealthy, their citizens must be holistically (mentally, physically and socially) healthy so as to be holistically productive.
- No nation's economy and development can be sustainable if its people continue to face the mental health situations we are been confronted with in this stage of human existence, especially with barriers waiting to be overcome.
- Nation's wealth is infinitely a spectrum, tenacious and leading, cutting across its people and their health, economic productive capacity and capability, sustained developmental goals and implementation. We must brainstorm across the spectrum.

What then Can We do?
Where can we suggest we start?

- I expect from this conference **suggestions and concrete next steps** to focus on individual persons, groups, institutions, professional commitments, and governmental and non-governmental approaches.

- Universal health coverage is critical, and all efforts towards universal mental health coverage will be the most right direction towards sustainable development.

- While brainstorming sessions will address most of the issues raised in the quality papers to be presented in this conference, I would wish to include few humble suggestions:

Mental Health Habits in Institutions

- Making the *characteristics of mentally healthy individual* can become part of school curricular at all levels (primary through university, even in institutional new staff orientation programmes, new politicians orientation arrangements, etc).
- And other social institutions

Where can we suggest we start?

Know thy self - Socrates

- Nation's health people wealth… do people know themselves? Most people harken to Socrates' admonition *Know thy self.* Most know their genotype, blood group, etc. but many people know their personality types?
  - Because none is better or worse than another because no personality type is free from one form of mental issue or the other. Knowing one's personality type enables one to manage one's self and assist others around him/her to understand the individual.
- Individuals periodically check their biophysical parameters and statuses – blood pressure, blood sugar levels, cholesterols, etc. very fine, excellent. **But how many periodic check their mental status: anxiety levels, happiness levels with self and with others, tendency to breakdown, body image and personality** types?
  - Can we brainstorm on any model to suggest to relevant authorities? There are checklists to advocate.

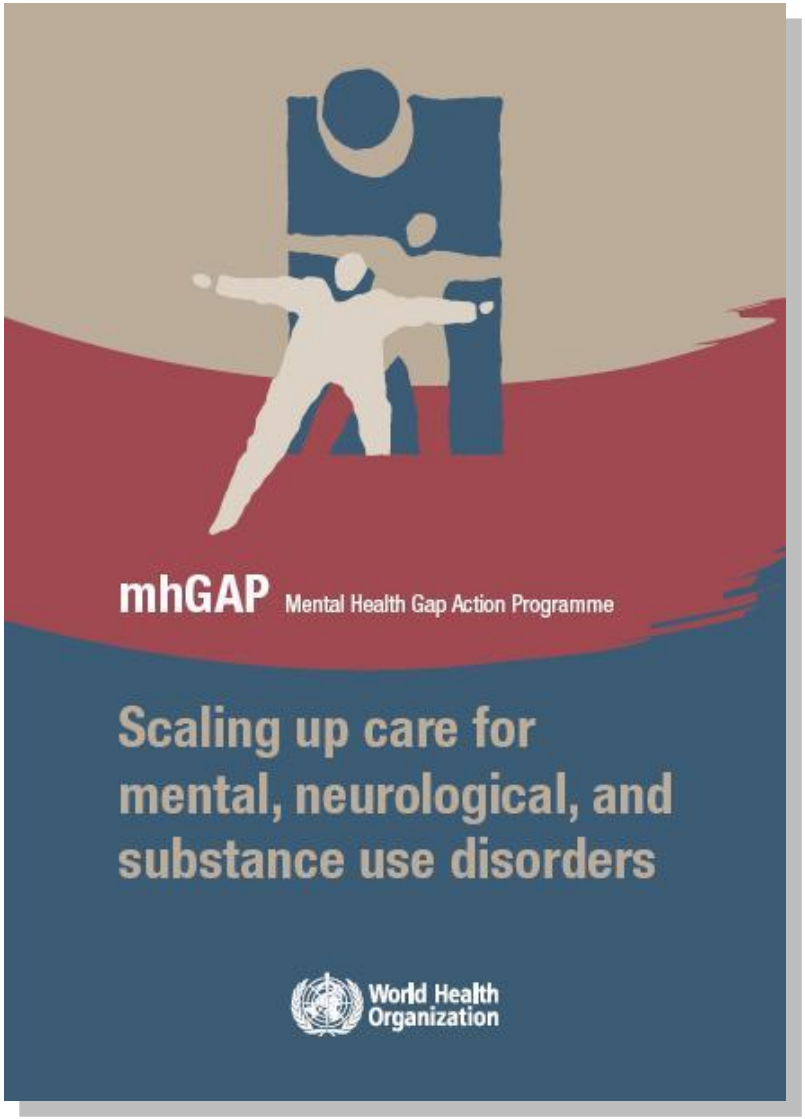
Governments:

- To all government to have another at their nations' (mental health) policies. Sustainable.
- In Nigeria, while I call on 9th Assembly of the Nigerian Legislature to make this priority on assumption of legislative duties, let us in this conference share ideas from other countries to help us shape our approach on prevailing on NASS and other stakeholders to do the needful in passing the Mental Health Bill and the President to speedily sign it into Act.
- We need to untie the unfathomed puzzles.
  - **It will be a BIG and Vital Political goal scored by the present administration.**
  - In addition, Social engineering and re-engineering policies on sustainment development strategies will be a more holistic way forward!

MHGAP as a pragmatic intervention: WHO

- The Mental Health Gap Action Programme (mhGAP) was officially launched by the WHO to address treatment gap for individuals with MH disorders.
- The WHO utilized an international panel of experts to identify priority conditions, develop an evidence-based, cost-effective and easy to use practical guide for non-specialists in LAMI countries.

Identification of Priority conditions



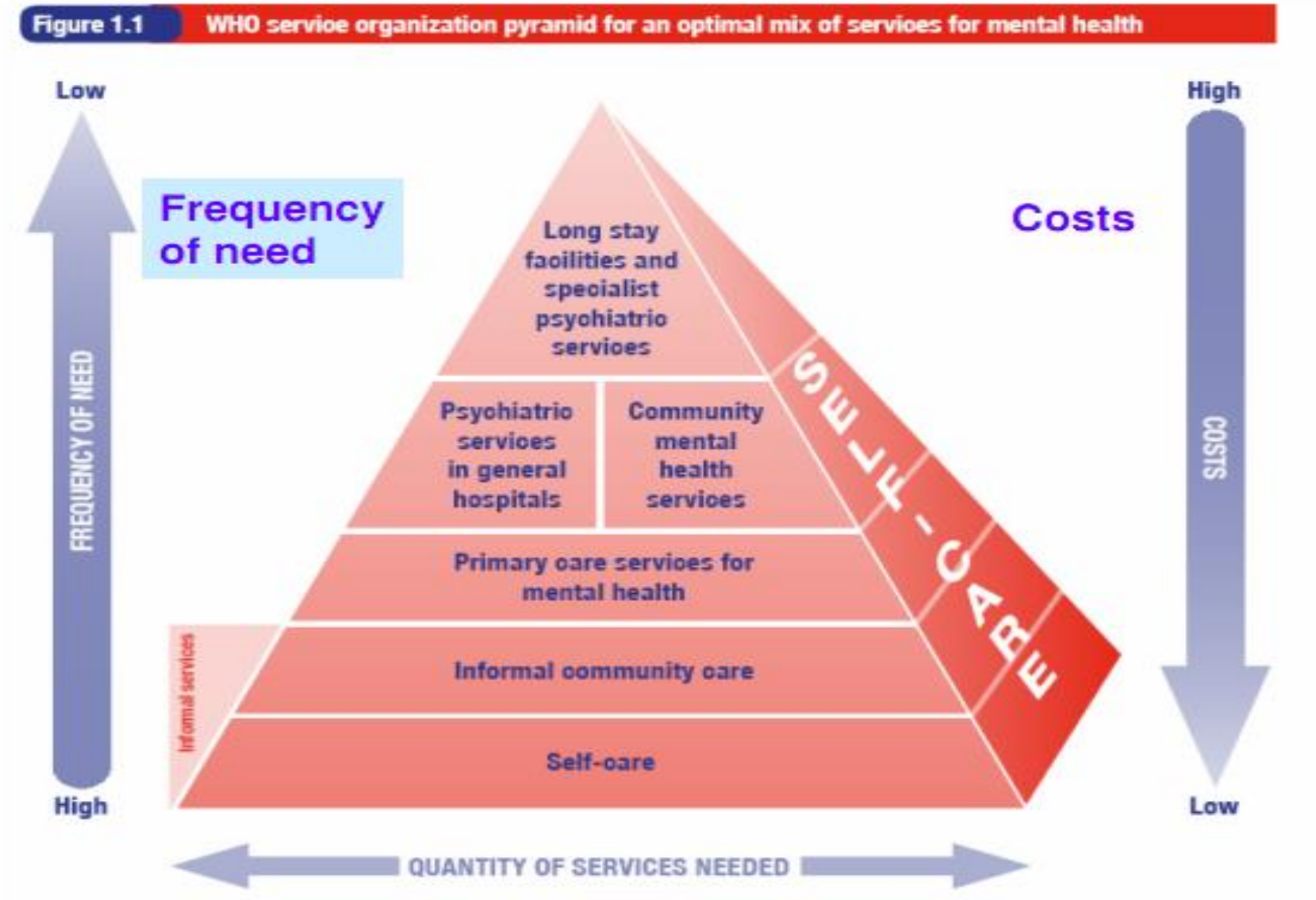
- Depression
- Psychosis
- Epilepsy
- Developmental Disorders
- Behavioural Disorders
- Dementia
- Alcohol Use Disorders
- Drug Use Disorders
- Self Harm/Suicide

WHO MH Action Plan

Six cross-cutting principles and approaches:

- ***Universal health coverage*:** Regardless of age, sex, socioeconomic status, race, ethnicity or sexual orientation, and following the principle of equity.
- *Human rights*: compliant with the **CRPD**.
- *Evidence-based practice*: Mental health strategies and interventions based on scientific evidence.
- *Life-course approach*: Cater to needs across the lifespan
- *Multisectoral approach*
- *Empowerment of persons with mental disorders and psychosocial disabilities*

Optimal mix of services

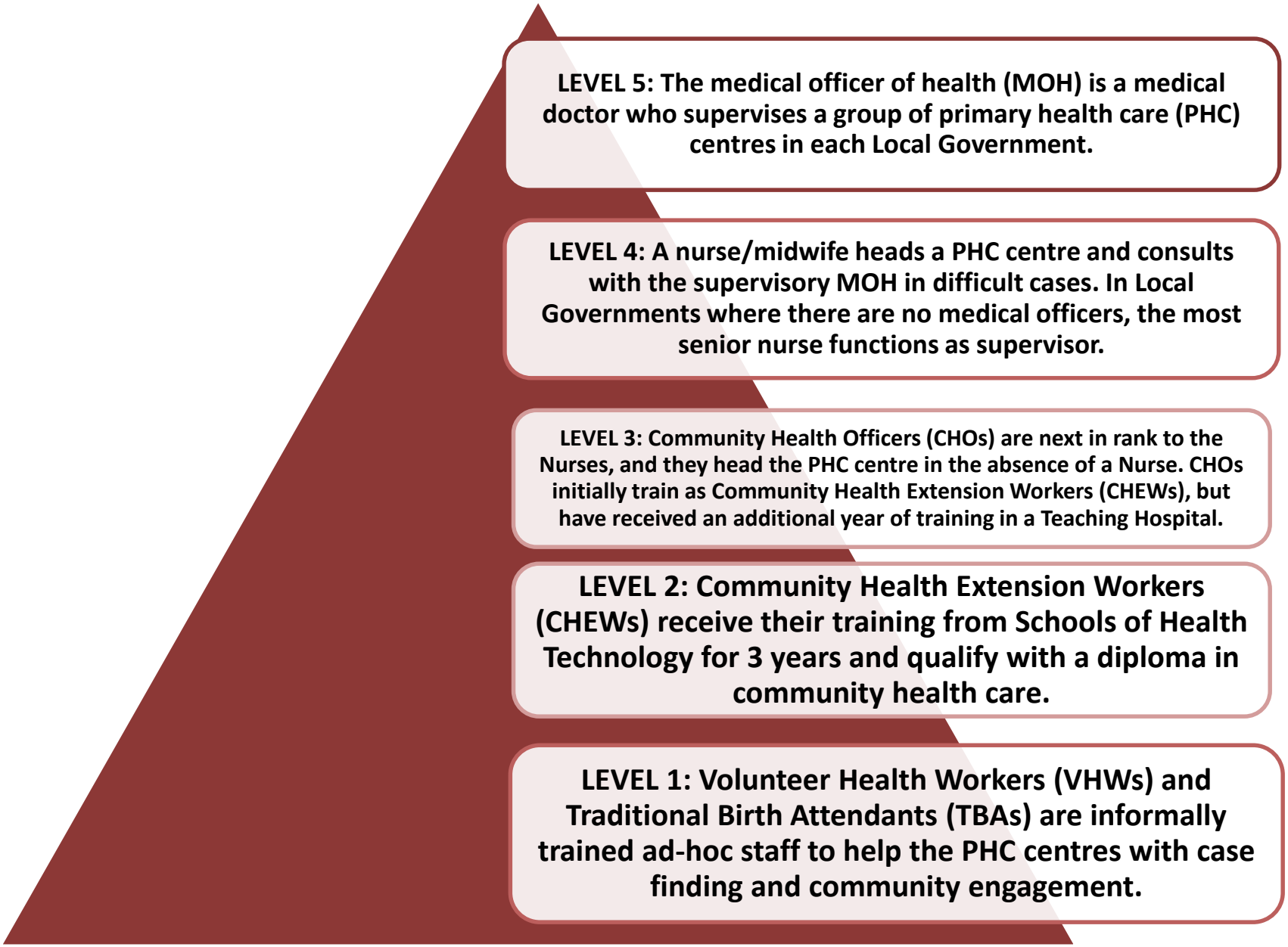


Nigeria's Prospects: Next Steps

- There are pockets of CMH services across the country coming out with very good results, which need expansion and therefore support:

  - FNPH Maiduguri and NE services
  - Aro Community based MH services outreach
  - Osun State mhGAP piloting program
  - Makurdi CBM program

Role for Psychiatric Nurses in all These



Role for Psychiatric Nurses in all These…2/3

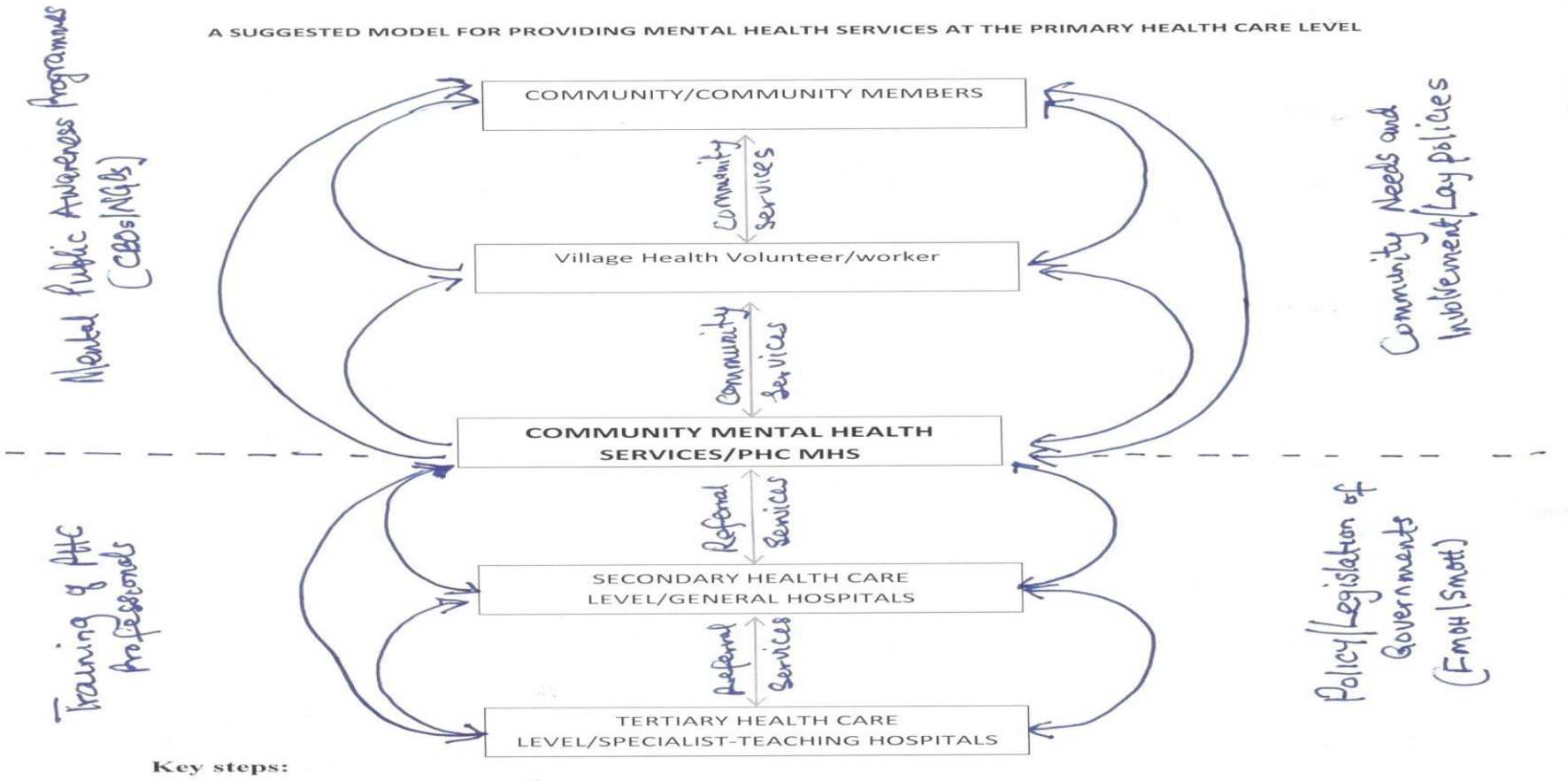
BE A VOICE TO LEAD (ICN 2017-2019), there is need to:

- Invest in the nurse workforce as a key policy driver to support health as a human right.
- Always be at the forefront of health care at all levels (home, school, worship areas, health facility), and all the time (private, official, etc.)
- Spearhead patients' rights.
- Act as advocates.
- Renew commitment to the caring science.
- Improve our knowledge and skills (as against functional nursing and inverse knowledge acquisition and delivering quality nursing care always).
- Discovering new frontiers to promote mental health, prevent disorders, and enhance return to the highest level of functioning using the most evidence-based intervention strategies/measures.

Role for Psychiatric Nurses in all These…3/3

- Situated to be at the forefront of community-based MH services organization.
- Pragmatic means of improving access to care and scaling up mental health services across the country.
- **The mixed enhancement-linkage model requires that continuous support and referral networks are kept open with psychiatrists and neighbouring tertiary facilities**

The Challenge: My contribution: The Future



Key steps:

- Strengthening existing but dormant collaborations/referral systems between levels of health care, community-based organisations/NGOs, and communities
- Legislation and Advocacy at Federal and State Government levels (National and State Assemblies)
- Training of PHC professionals and Public Mental Health Awareness Programmes

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The Challenge: Our contribution: The Future

- As we discuss our papers in this conference, and brainstorm at interactive sessions, let us come out with decisions/suggestions for public health benefits of the other two components of health to MH, adequately addressed.
- Professional bodies, individual nurses researcher, specialist must have hands on deck.

CONCLUDING….

- Mr. Chairman sir, ladies and gentlemen,
- Our friends from across the borders and over the seas, and within
- my committed friends of the 4th estate (journalists) without whom we are just making noise,
- This conference would have been very inappropriate it had come at any time than now and
- if it took place outside Africa with this theme – Africa where wealth is people and people are wealth.

CONCLUDING…

- It is on this note that I once again congratulate the organisers and the participants for the courage to squeeze out time, money and other resources at these distressing moments of global economy to be here.
- I particularly thank the dignitaries for identifying with a life changing event as this.
- I am most honoured to be the one presenting this speech; I remain grateful to you to all for your attention.

Thank you

For Apt Attention