Research Article
Volume 11:6, 2022

Journal of Nursing and Care

ISSN: 2167-1168 Open Access

Collaborating with the Community for Quality Mental Health Care: Exploring the Possibilities of Nurses' Roles in Northern Nigeria

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Abstract

Providing quality mental health care in the community level requires collaboration between the community and health workers including nurses. This study explored the community-primary health care system link in forty-seven health centres and their host communities in three purposively selected states in Northern Nigeria. A mixed-research method was employed to obtain data from 191 PHC workers, and 18 community members including Traditional Medicine Men (TrMM). Data were collected through a questionnaire and in-depth interviews. Quantitative analyses was done descriptively using SPSS Version 20 while the qualitative analysis was carried out thematically. These were synergised to meet research objectives. Findings show that 55.0% of the workers said there is no collaboration with the community, while another 42.0% claimed that communities are involved. Nurses and midwives constitutes 23.5% (n=45) of the PHC workforce. Further survey findings indicated 53 (33.0%) of respondents reported collaboration between the traditional and the modern health practitioners; 84 (44.0%) reported absence of it; others (n=44; 23.0%) were uncertain. Qualitative data supported these divergent views. Community leaders in two of the three states revealed community collaboration; some community leaders were even made chairmen of PHC committees in their respective domains. However, responses from the TrMM were mixed. While some TrMM said they invited modern medical practitioners (like nurses in Gombe State) to treat the physical conditions of their mental patients, some others even established an occupational therapy collaboration with specialist neuro-psychiatric hospitals (like in Kaduna State). Yet others vehemently refused even visits from modern mental health workers to their centres (in Kaduna State) for various reasons. These findings present PHC workers including nurses/midwives) with diverse challenges of collaborating with the community's traditional medical system, which need to be overcome to achieve effective community mental health care. The need for continual enlightenment and advocacy on collaboration to attain this is paramount. Health care professionals should continue to brainstorm on the appropriate models to adopt for a more robust collaboration to make the scarce community mental health services available to communities.

Keywords: Community mental health care • Collaboration • Paramount • Primary health care

Introduction

The prevalence of mental health disorders, contributing to social pathology, continues to increase globally including Nigerian communities. Some empirical evidences in Nigeria and elsewhere establish that most mental health problems have their origins in the community and society. This is sequel to many social circemsatnce and determinants. The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with (mental) illness. These circumstances breed contain illnesses including mental health problems [1].

Consequently, providing effective and quality mental health care services at the community level should be a veritable means of achieving mental health for all, particularly for the over 70% of the Nigerian population in rural areas. This requires community participation, and collaboration between the community health workers and the nursing workforce especially those at the Primary Health Care (PHC) level. According to WHO, there is need for governments, donors and groups representing mental health workers,

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Received: 09 March, 2020, Manuscript No. JNC-20-8052; **Editor assigned:** 12 March, 2020, PreQC No. P-8052 (PQ); **Reviewed:** 26 March, 2020, QC No. Q-8052; **Revised:** 12 August, 2022, QI No. Q-8052; Manuscript No. R-8052 (R); **Published:** 09 September, 2022, DOI: 10.37421/2167-1168.2022.11.536

patients and their families to work together to increase mental health services, especially in low-and middle-income countries; thus emphasising the critical role of multisectoral collaboration in providing mental health care services [2].

To address mental health services, the WHO-AIMS report on Nigeria had recommended that intersectoral collaboration be fostered with the aim of improving the quality of life. In the The National Mental Health Policy for Nigeria, the FGN has emphasied that the logical and rational approach to reaching the population at large is through the incorporation of mental health into the primary health care. In this way, the community shall have the opportunity to participate and determine the type of mental health care appropriate for it [3].

This emphasises on universal coverage and community participation and collaboration. The WHO factsheet further stressed that such collaborations are required to promote mental health and effective mental health service provision. Other authors over the years however have reported low community involvement in primary health care services in northern Nigeria and the need to step up collaboration with communities in providing community-based health care services. Study of Southern Nigeria communal effort in health care services established that modern health care programmes are designed and brought to communities without community members being involved at the planning stages. And because of this, although such programmes benefit the people, "yet they consider it as a government programme, rather than theirs. This therefore has limited patronage and utilization [4].

Other socio-cultural determinants such as community belief system including religion, which influence health care in general also impinge on the provision of mental health services at the PHC level. Specifically, the role religious leaders as well as community leaders, play in the mental health provision in Nigeria. They reported that many of these leaders have incorrect perceptions of mental health problems and therefore negatively influence patronage of mental health services by associating such services with preternatural factors, thus discouraging utilisation of modern health facilities. This makes community collaboration with modern health care system difficult. However, the literature on the extent to which primary health care system collaborates with communities in addressing mental health care in Northern Nigeria is very scanty [5].

This study explored the hitherto community-primary health care system link in an effort to examine any existing and possible areas of collaboration for mental health care in the community. The roles nurses (and other health workers) can play to improve community-based mental health care are also explored [6].

Materials and Methods

Design and setting

This is a mixed methods exploratory and descriptive study, conducted in 47 primary health care centres. The communities in which the centres were located were also involved in the study. These communities were in nine local Government areas in three purposively selected Northern Nigeria states namely, Gombe, Kaduna and Benue [7].

Sample population and instruments for data collection

A convenient sample of 191 PHC workers were selected from whom quantitative were collected through a survey questionnaire. A purposive sample of 18 health care workers, community leaders including Traditional Medicine Men (TrMM), was also selected and qualitative data were collected *via,* In-Depth Interviews (IDIs) [8].

Procedure for data collection

The questionnaire was both self-administered and interviewer-administered (for some PHC workers who could not comfortably fill in the questionnaire). The IDIs for community members and PHC coordinators at the local Government levels were conducted using an IDI guide. The interviews were recorder using an audio-tape recorder, and field notes taken. A total of 15 research assistants (in the three States) participated in the data collection process [9].

Data analysis

Quantitative data were coded and analysed using SPSS Version 20. The qualitative data were translated, transcribed, thematically analysed and presented using narratives and verbatim quotes. Both quantitative and qualitative data were synergised to meet the research objective. The data generated two levels of results: 1) Collaboration of traditional medicine men and 2) Collaboration with the community [10].

Ethical consideration

Approval for the study was given by Health Research Ethics Committee, Ahmadu Bello University Teaching Hospital Zaria, Northwest Nigeria while individual states and study participants gave permissions. Permissions were also given for the interviews to be audio-recorded [11].

Results

Professional characteristics of the PHC workers

Nurses and midwives constitute 23.5% (n=45) of the PHC workforce (N=191) (Figure 1).

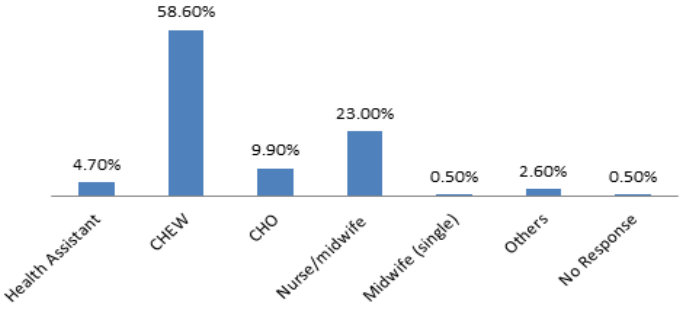

Figure 1. PHC workers' professional categories.

Collaboration with traditional medicine men

On collaboration between the traditional and the modern health practitioners in providing mental health care services in their communities, only 53 (33.0%) answered in the affirmative; 84 (44.0%) said there is no such collaboration, while the remaining 44 (23.0%) expressed uncertainty (Figure 2) [12].

Qualitative data support these diverse opinions: There were mixed feelings about collaboration with modern mental health institutions. Narratives indicate that while some TrMM collaborate with modern medical practitioners (like nurses in Gombe State) by inviting them to their palces of practice to treat the physical conditions of their mental patients (a collaboration), others (TrMM) vehemently refused even visits to their centres (like in some traditional treatment places in Kaduna State) for various degrees of fears such as scientific scrutiny [13].

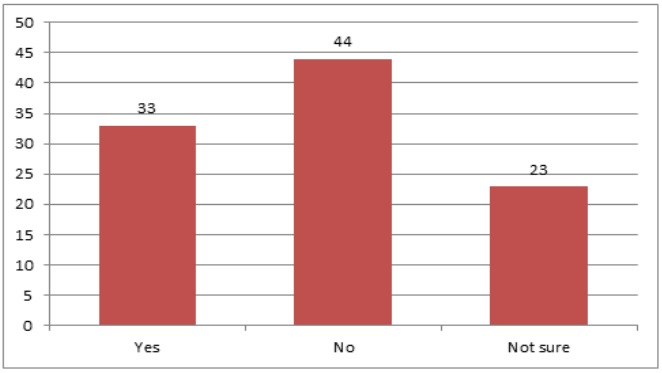

Figure 2. Health workers' opinions on modern-traditional medicine collaboration in MHS.

Collaboration with community

About half (49.2%) of the study participants stated that there is collaboration between the governments and the community members, while slightly over half (50.8%) could not say whether or not there is such collaboration [14].

Another 42.0% of the survey participants claimed that many communities are involved and collaboratively organise mental health education, although in very limited forms, through village health workers. In prospectively supporting community involvement in provision of mental health services, a Community Health Officer (CHO) during an in-depth interview reported that village health workers are always involved in the social mobilization for services such as Maternal and Child Health (MCH) services, paid by the (Benue) State government, supervised by CHO. But for the mental health services, he (the CHO) said, concerning the involvement of community through the village health workers: For now, they (village health workers) are mainly involved in MCH services; they note the number of deliveries, death, etc. If the mental health services are available, we will use them too [15].

IDIs with community leaders revealed that in parts of Kaduna and Benue States, community leaders are even made chairmen of PHC committees in their domains. Although not in all communities, in Sabon Sarki and Awon communities in Kachia LGA, the community leaders reportedly chair the PHC committees in the communities. At Awon community in Kaduna State and Vandeikya in Benue State, retired health care workers are being made traditional chiefs, many of whom are aware of the components of the PHC, and so aware of the need for mental health services at PHC centres. But like one of them said, mental health care is not available at the PHC centres so there are no collaborative activities in that area yet. As he put it: "but like the Ebola case, we were completely involved. I hope when this one you are talking about comes (i.e. mental health services), they (i.e. the government and PHC centres) will do the same."

This is an expression of the willingness of the community to collaborate with government health agencies to provide the mental health services, when they are provided by the PHC system. Similarly, during the IDIs, the need for the community and its basic units (the family) to complement government efforts was emphasised. On family role, both community leaders and health workers associated mental health problems with poor parenting. The need for collaboration with the family was also advocated. As a local government area PHC coordinator in Gombe state noted: The family has a serious role to play. If everybody should at least provide parental care before the children come out, by having parents who counsel their children regularly, they (the children) may not go to that extent of having psychological or emotional breakdowns.

In Kaduna State, a PHC director corroborated this by saying that families have serious roles to play. Every parent should be responsible for his/her child. At times, peer group takes over. Parents should talk to their children but at times even the parents are not adequately prepared to even counsel their children. In all these, it is believed that the family as a primary socialising agent should be the first line of providing psychological upbringing for its off springs. The family's collaboration is therefore critical in any effort at providing mental health services at the community level.

Discussion

The findings of this study indicated the collaboration between health care professionals in some areas of mental health services. However, this is quite limited. The low level of collaboration of the PHC system with community apparatus in relation to mental health care is in contrast to the expectations of many health authorities on the role of intersectoral partners. The WHO and Federal Ministry of Health Nigeria had stressed the need for community participation, involvement of NGOs and the collaboration with traditional healers especially those treating mental illness. Many other authors also emphasised that functional mental health services in the PHC system should have activities based on multisectoral approach.

Studies have however shown that mental health promotion strategies are themselves ignored by health workers and community members alike. In spite of the assertion by many such scholars and world heath authorities, this synergy between PHC workers and community members in collaborating to provide mental health services at the basic level has not been the case as found in this study. The advocacy role is an accepted way of improving collaboration with community. The nurse and other primary health care service providers in communities can be agents to improve this required collaboration.

Implications for the nurse as an advocate

The nurse is a health care provider found at all levels of the health care delivery systems, uniquely placed in relation to the community, service users and the health care system. As found in this study, nurses in some communities interface with traditional medical practitioners to alleviate suffering and foster care. In PHC system, nurses and midwives constitute a good number of the service providers, as indicated in this study. This creates an avenue for the nurse-midwife to foster collaboration between the different categories of health care providers, traditional and modern to ensure quality of care provided. This vantage position of the nurse must be explored empirically and practically to enhance the provision of mental health services at the community level.

Conclusion

It is concluded that nurses/midwives (and other PHC workers) are presented with challenges of collaborating with non-formal sectors like the community and traditional medical system; and such challenges must be overcome to achieve effective and efficient quality mental health care. It is shown that communities are been incorporated into primary health administration in a few places, although this is not wide spread however. The family, parents/guardians, community leaders and the community through the village health system are important to bridge this gap. Thus, these remain factor to be improved for the overall functioning of the PHC system, and particularly to bring on board, sustain and improve community-based mental health services.

Recommendations

Based on the findings of the study, it is recommended that:

- Community apparatuses including families and their traditional medical systems and modern health workers need to be adequately sensitized through continual enlightenment and advocacy (by the nurse and other health care practitioners) in the community on the role of collaboration in providing and improving community mental health care.
- Areas of effective promotive, preventive and therapeutic synergies can and should be further explored and identified by researchers and policy formulators to enhance holistic collaborative mental health services for the community.
- Health care professionals should also continue to brainstorm in all appropriate forums, such as in scientific conferences and workshops, to chart a way forward for the scarce community-based mental health services to reduce the mental health burden in the community.

Limitation of the Study

The small sample size of this study and the few traditional medicine men accessed and interviewed limit the possible of generalizing the findings of this study to other areas. In addition, instruments used were self-constructed, which have not been standardized. As an exploratory study, the available data constitute some primary data for researchers and mental health policy formulators to explore, in their efforts toward seeking areas of collaboration with the traditional medical system in the provision of mental health services in the community, especially the ways families can be incorporated effectively and efficiently.

Acknowledgment

Mr. John Solomon of the Specialist Hospital Gombe, Gome State; Mal Kassem Adamu, and Mr. Idris Yahaya and Nurse Hadiza Lawal of Ahmadu Bello University Teaching Hospital, Zaria, Kaduna State; and Mrs Cecilia Oduh, of School of Health Technology, Otukpo Benue State.

From the results obtained by all validation parameters, it is concluded that developed RP-HPLC method is sensitive, accurate, linear, robust, precise and can be adopted for routine analysis for simultaneous estimation of Perindopril erbumine and Amlodipine Besylate.

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How to cite this article: Anyebe, Emmanuel Ejembi, Murtala HH, Igbinlade SA, Ejidokun A, Umar JN and Leslie T. "Collaborating with the Community for Quality Mental Health Care: Exploring the Possibilities of Nurses' Roles in Northern Nigeria". *J Nurs Care* (11):(6) (2022) :536