

Viewpoint

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN CONFLICTING NIGERIA

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Abstract

Background: This paper aims to explore Mental Health and Psychosocial Support (MHPSS) services in conflicting regions of Nigeria. It also describes the various services that are provided to address mental health and psychosocial problems that are characteristics of victims of conflicts. This study involved an extensive literature search of scholarly articles as well as quarterly updates from the MHPSS-sub working group in the North East and also guidelines laid down by the Inter-Agency Standing Committee (IASC). A wide range of services are provided which includes but are not limited to psychosocial support for young children, mothers, youths and adolescents, primary health care package for internally displaced persons and health and nutrition protection services for vulnerable populations. Certain limitations such as poor humanitarian access, scarcity of resources and family and community separation have been identified as barriers to providing MHPSS services in conflicting regions. This article makes recommendations that may be useful in addressing these limitations. These recommendations would ensure continual provision of MHPSS services.

Keywords: Mental health, Psychosocial support, Humanitarian organizations, Limitations, Recommendations, North-East Nigeria.

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INTRODUCTION

Mental Health and Psychosocial Support (MHPSS) refers to any type of local or outside support that aims to protect or promote psychological well-being or prevent or treat mental disorders.¹ The support may include interventions in health, education or interventions that are community-based.¹ MHPSS services are considered to be an integral part of humanitarian response² and are targeted to address mental health and psychosocial problems that are characteristics of victims of emergencies. It is important to note that in emergencies, people are affected in different ways and would therefore usually need different kinds of support.³ To address this, the MHPSS services is not a standalone service but uses a layered system of complementary support that meet the needs of different categories of people.³ Over the years, the field of MHPSS

has been given utmost attention as humanitarian organizations have been concerned about the mental health needs of affected people.⁴

The Inter-Agency Standing Committee (IASC) has laid-down guidelines designed for the use of humanitarian actors, community-based organizations, government authorities, United Nations Organizations, non-government organizations and donors operating in emergency care in local, national and international levels.⁵ These guidelines outline the core principles, matrix of interventions and action sheets for minimum response. The IASC guideline is expected to be followed by all humanitarian actors delivering MHPSS in emergency settings.^{3,5}

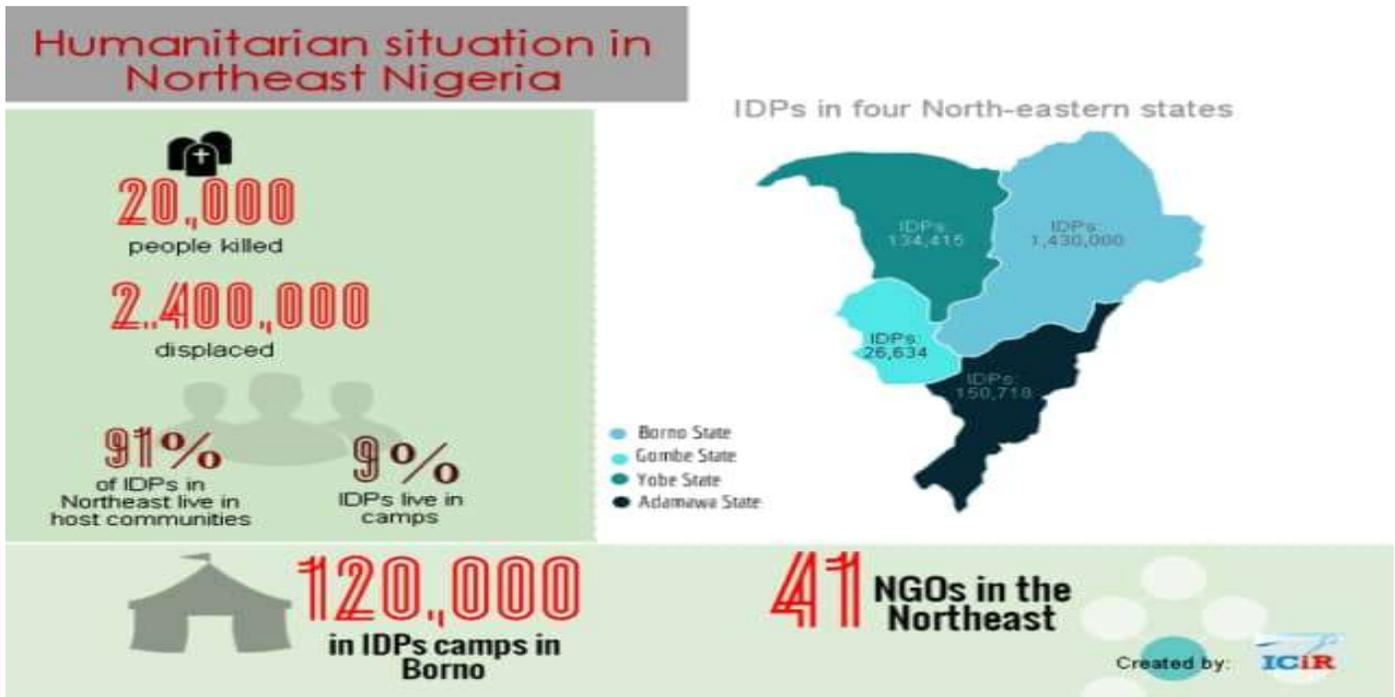


Figure 1
The International Centre for Investigative Reporting, Nigeria (2016).⁴

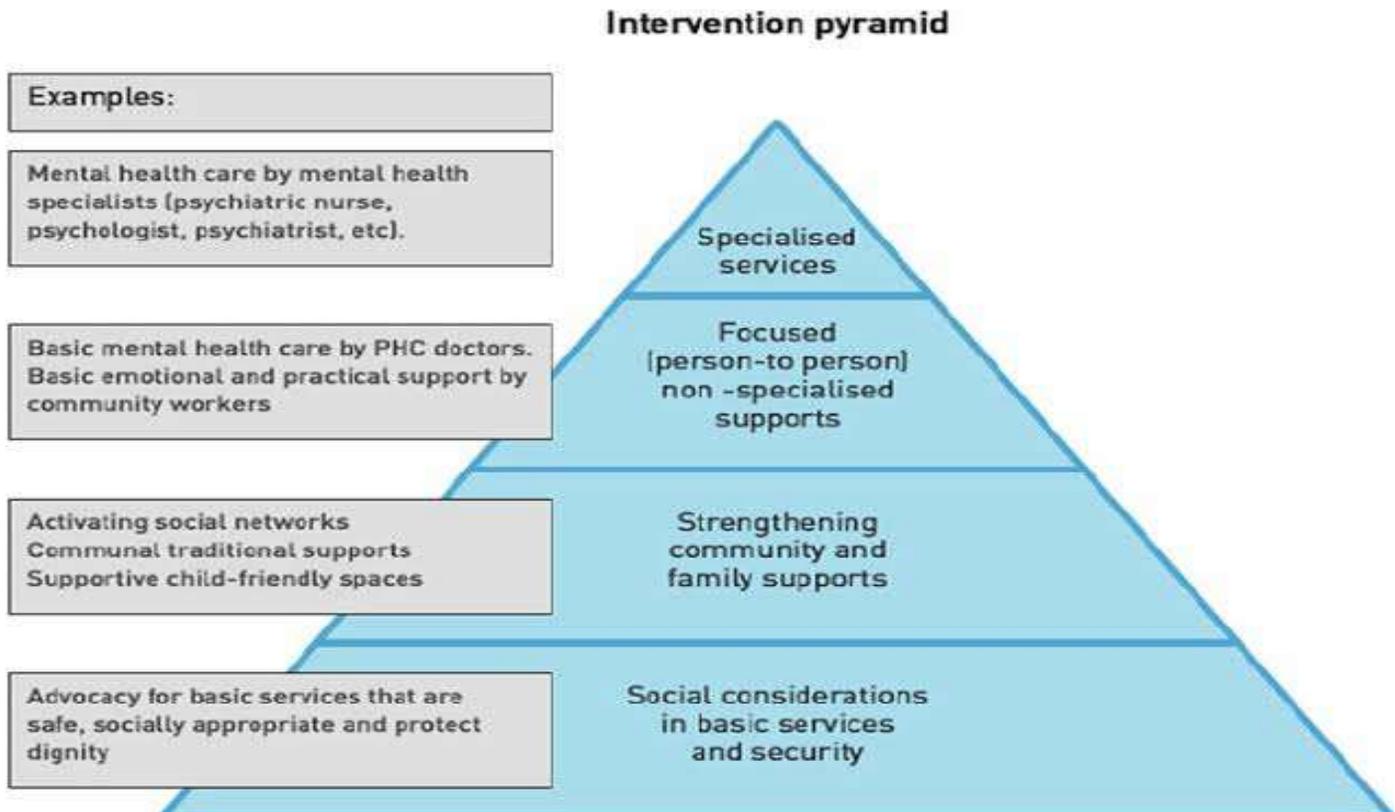
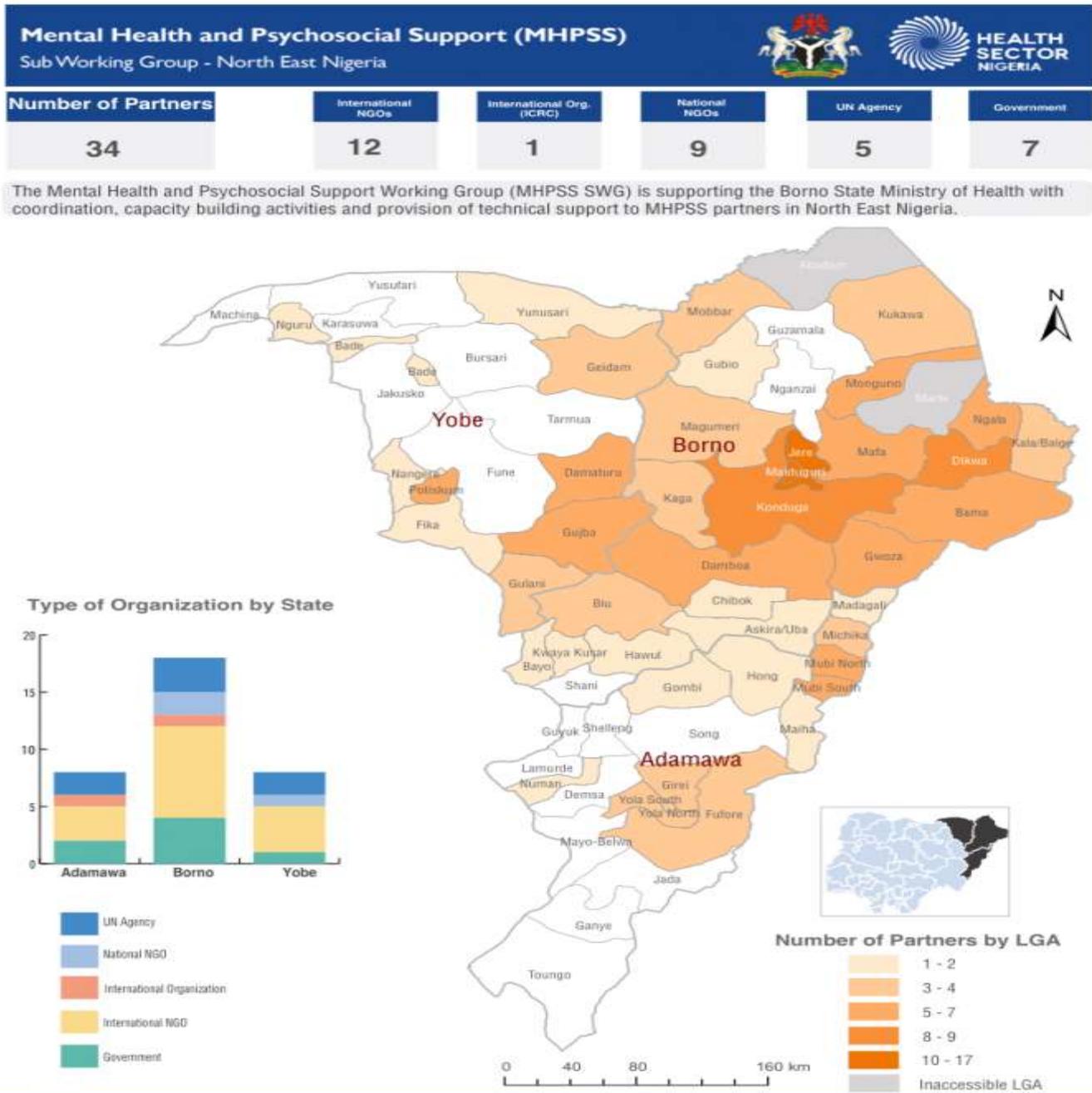


Figure 2
Intervention pyramid for mental health and psychosocial support.⁵

The North-Eastern part of Nigeria has been plagued by insurgency attacks for almost nine years now. Several humanitarian organizations have been involved in providing support to people living in this area.⁶ A focus of the assistance rendered by these organizations is the

MHPSS services. The MHPSS services is majorly rendered to people residing in Borno, Adamawa and Yobe states as those are the states that have been worst hit by the emergencies. Services rendered by the various MHPSS sub-working group (SWG) in the North-East include.⁶



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Figure 3
MHPSS-SWG (2018).⁷

1. Psychosocial support for young children: Organizations that provide these services include; Centre for Community Health and Development International (CHAD), Save the Children and Street Child of Nigeria.
 - a. Centre for Community Health and Development International (CHAD): CHAD International is a non-governmental organization (NGO) whose focus is to help improve the quality of life of rural women and children.⁷ CHAD under the coordination of the MHPSS-SWG runs a psychosocial support program for displaced children in ten local government areas (LGAs) of Borno State.⁶ Its goal is to strengthen the coping mechanisms, resilience and improve the overall psychosocial well-being of distressed and severely affected children through direct support and referrals.⁶ CHAD's psychosocial support programme for children includes activities such as basic numeracy and literacy skills, child rights education, coping with stress, hygiene sensitization amongst others. In order to facilitate the achievement of its goal, CHAD organizes training for different sub-groups in the community and also for volunteers.⁶
 - b. Save the children: This is an independent organization that is involved in creating lasting changes in children across the world.⁸ Save the children MHPSS activities involves creating a coordination and referral pathway with the World Health Organization, funding the cost of medication for children referral to the Federal Neuropsychiatric Hospital, Maiduguri. Also, the organization has a coordination and referral pathway created with Medecins du Monde for referral of children who need special medical attention.^{6,9}
 - c. Street Child of Nigeria: This organization provides MHPSS services to children in Adamawa, Borno and Yobe states. It provides tailored mental health services to children by conducting psychosocial assessment to identify the kind of psychological distress and also provides appropriate psychotherapeutic intervention. To carry out its services effectively, Street Child of Nigeria employs clinical psychologists.⁶
2. Psychosocial support for adults and youths: Organizations that provide these services are the International Organization for Migration (IOM) and the NEEM foundation
 - a. International Organization for Migration (IOM): IOM provides direct psychosocial services to people in Adamawa, Borno and Yobe states.¹⁰ It works alongside MHPSS-SWG to establish MHPSS safe places and also deploy MHPSS mobile teams in hard-to-reach locations to provide culturally appropriate structured recreational activities for various sub-groups and also informal education for the adults and youth. Services offered by the IOM include lay counselling, basic emotional support, family support, gender-based sensitization and referral of gender-based violence.^{6,10}

IOM works in partnership with the Federal Neuropsychiatric hospital in Maiduguri and Mental Health Care Facility, Yola for direct referral of cases needing special services.

IOM also integrates psychosocial support into livelihood programs which helps to lower stress and improve coping mechanism of the affected ones.^{6,10} Besides, IOM is a co-chair of Nigeria's MHPSS-SWG and renders services to help ensure adherence to relevant standards and guidelines, information sharing, creating of referral pathways and efficient use of resources among partners. It provides training for sector partners and also organizes workshop for other humanitarian agencies.^{6,10}
 - b. NEEM Foundation Centre: NEEM foundation offers expressive therapy services to adolescents to help strengthen their coping abilities and resilience. Expressive therapy helps the adolescents to promote their sense of self-trust, sense of independence and overall awareness and discovery of identity and worth.⁶

3. Health nutrition and protection services for vulnerable populations: INTERSOS is an example of an organization that renders this service. This organization is committed to providing services that addresses gaps in health, nutrition, protection for the vulnerable population in host communities and in internally displaced camps in host communities in selected local governments in Borno state.¹¹ Activities provided by INTERSOS include individual and group counselling, assessment of community's needs and collaboration with community leaders to design culturally-appropriate interventions and also the recruitment of volunteers who can communicate in local languages.⁶ The organization is also involved in the supervision of the implementation and monitoring of MHPSS activities.¹¹
4. Psychosocial support services for mother and children: An example of an organization that renders this service is the International Rescue Committee. This committee provides psychosocial support and counselling for mothers and children admitted at their stabilization centres. Their focus is to improve interaction and bond between the mother and the children. Mothers are taught how to breastfeed their children, how to stimulate their children with toys, improve nutrition of their children and to recognize early signs of malnutrition.⁶
5. Primary health care package for Internally Displaced Persons (IDP). An organization that renders this service is the Medecins du Monde (MdM): MdM provides primary health care package (PHC) to internally displaced persons in Borno state and MHPSS activities as well. MdM MHPSS activities, however focuses on few camps.^{12,13} Interventions

provided by the MdM are individual counselling sessions, group counselling sessions, psycho-education, sensitization on mental health issues and referrals. MdM is also involved in providing appropriate medical care for MHPSS providers on the field to ensure their well-being and also improves the quality of work.^{6,12}

All these services carried out by various organizations are coordinated by the World Health Organization (WHO).⁶ The MHPSS-SWG along with its partner organizations have been doing an effective job in incorporating MHPSS services into its intervention programmes. The MHPSS-SWG in the North-East undergoes field visits to rehabilitation centres, camps and host communities to conduct assessment needs, provide MHPSS interventions, releases a quarterly update highlighting its achievement, its needs, challenges and limitations experienced and also come up with recommendations.⁶

Identified limitations

Poor humanitarian access has been shown to be a limiting factor in provision of MHPSS services in certain parts of the North-East region. Only few of the organizations (IOM, Street Child of Nigeria) have established access in Adamawa, Borno and Yobe states. Most of the humanitarian organizations are functional in Borno states, although there is still limited humanitarian access to some parts of Borno states. According to the IOM report in 2018, an estimated 6.9 million persons still remain in need of protection services, most of whom are located in Borno state.¹⁰ This could be as a result of the constant insurgency attacks in some regions, which leads to short-term downsizing of humanitarian operations in those regions. Also, the bad roads, poor telecommunication network and unavailability of information also worsen the humanitarian access to some regions.⁹

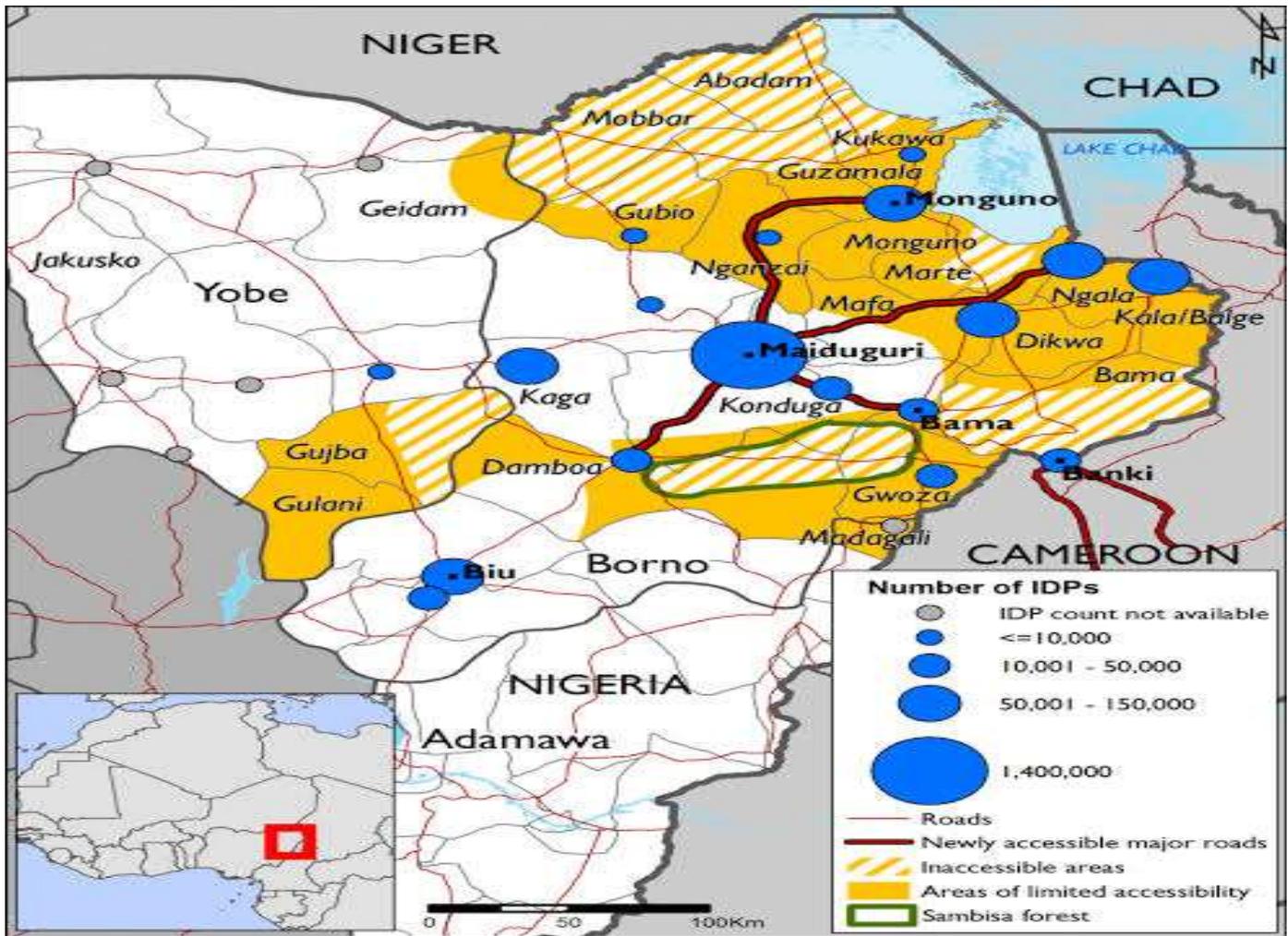


Figure 4
Nigeria- Food Security Outlook Update: Fri, 2016-08-12.¹⁴

Scarcity of resources is also another limiting factor which could further be worsened by lack of support from relevant authorities. As a result of the conflict, the community’s available resources are depleted. The resources that are limited include human resources, health services, educational services and a host of other community resources.^{13,14} The use of the remaining depleted resources put a strain on the community and also causes undue pressure.

Moreover, there is a great deal of family and community separation leading to a displacement in a large number of the population. This is an evidence of the extreme levels of violence, abduction, killings, forced marriages, forced recruitment as suicide bombers and other ills experienced in these conflict-affected population.¹⁵ This group of people who have been displaced encounter stresses that are

caused by the displacement. These stresses are family separation, non-access to services, limited opportunities to livelihood, breakdown of family and community support mechanisms, potential stigmatization, secondary and repeated displacement.¹⁵ This family and community separation impact negatively on the mental and psychosocial status of individuals and also limits the effectiveness of MHPSS services being rendered to these individuals.

RECOMMENDATIONS

Having highlighted the limitations encountered, this article aims to make certain recommendations that may be useful in addressing these limitations.

The government has an important role to play in ensuring that the challenge of poor humanitarian access is

addressed. It should identify and address factors that are causative of the poor humanitarian access. Government should deploy more armed groups to help alleviate the insecurity tension in conflict-prone areas so that humanitarian actors would be motivated to render MHPSS services in those areas.¹⁶

The government should also construct good road network among communities to improve access within and outside of the communities. Alongside, construction of good road network, government should ensure the provision of good telecommunication network in these areas as this would help to facilitate information dissemination in communities.

The MHPSS-SWG should conduct an assessment on the existing resources in communities. They should also ask and encourage members of the communities to give their resources for the delivery of MHPSS services in the area. For example, local youth organizations in the community may be willing to volunteer and partner with MHPSS-SWG. They should therefore be trained in accordance with IASC guidelines for human resources. This may help to increase the human resources available. They can also organise training sessions for members of the ministry of health, primary healthcare providers, general practitioners and various health professionals in the state on the delivery of MHPSS services. This may stir up volunteers among these groups of persons and encourage them to be a human resource in the MHPSS-SWG.

Resources such as land, schools, farmlands and other community properties, in agreement with the community leaders should be used by the MHPSS-SWG for its purpose. The MHPSS-SWG should make the community realise that the little available resources they have will go a long way in making delivery of MHPSS services available. The MHPSS-SWG should also notify the government and other international agencies and implore them to donate needed resources for the delivery of MHPSS services. Helps should be sought from various financially buoyant organizations to help fund the project.

MHPSS-SWG that are involved in assigning people to camps should ensure that members of the same family are placed in the same camp as much as is possible. They should also seek for the reunion of family members who have been displaced to various communities. To

encourage community living, camps may be encouraged to have a camp leader and mimic the lifestyle that is embraced in the communities. Community festivals should be celebrated in camps, competitions in games and sports be encouraged as this would facilitate community living. For those who have no surviving family member, they may be encouraged to take up a foster family if they so wish. The cultural practices that allow for communal and extended living should be encouraged. Participation in livelihood programmes should also be encouraged and more livelihood programmes be made available.

The health status of a populace is more often than not always affected during conflict.^{17,18} The government, the Ministry of Health, Ministry of Women's affairs, Ministry of Youth and Sports, Ministry of Tourism and culture should be committed to providing support to MHPSS-SWG in their states. The Federal Government should also give its maximum support to MHPSS-SWG in conflict-affected states. MHPSS-SWG workers should be given incentives, provided with necessary accommodation and medical care and have a few expenses catered for by the government. These activities by the government, community heads and other relevant authorities would help convey the message of support to various MHPSS-SWG groups.

The MHPSS-SWG should also extend its base to other states that are in one way or the other affected by the conflicts. States like Jos, Kano, Gombe and Taraba should also have MHPSS services. This widening of the base in other states may help increase awareness and also encourage individuals and organizations to support them.

Apart from releasing a quarterly update and sending to organizations like World Bank, the MHPSS-SWG should also air its quarterly update on local and national televisions, radio stations and also on social media. This would also help increase awareness among people who may be interested in rendering MHPSS services. The MHPSS-SWG quarterly update should also be circulated to government and other relevant agencies to keep them abreast of their achievement and also crave for their support.

In addition, the government needs to invest more in research and ensure inclusive laws and policies to encourage research in this region.¹⁹ This is important,

because as noted by Olufadewa et al,¹⁹ a continent cannot rise above its competencies, collaborations and contributions.

Therefore, a huge investment in research is key to addressing the problems and limitations of MHPSS in this region.

CONCLUSION

The Mental Health and Psychosocial support is a comprehensive support system that requires a lot of complementary efforts to achieve its intended goal. Its services in Nigeria, coordinated by the MHPSS-SWG are trying their best to offer services in line with MHPSS laid down guidelines. There are however, limitations that have been identified to affect its services in the North-eastern part of the country. Relevant bodies and authorities should take note of the recommendations, so that the limitations can be overcome.

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AUTHORS' CONTRIBUTION

All authors conceptualized the study, MAA and RIO carried out the review of electronic search and wrote the review and discussion sections. OII helped to draft the manuscript and wrote the introduction section. All authors approved the final manuscript.

CONSENT

Not applicable

ETHICAL APPROVAL

Not applicable

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