Integrating Mental Health Services into Primary Health Care In Nigeria

Adeyemi Samuel Oladele, Adeniji Oluwashola David, Oluwabusayo Israel Omotosho

University of Ibadan Department of Human Kinetics and Health Education Ibadan, Nigeria,
Computer Science Department, University of Ibadan, NIGERIA,
Computer Science and Engineering Department, Santa Clara University, California, USA

ABSTRACT

Mental health is an indispensable component of health as defined by the World Health Organization (WHO) as "a state of well-being in which every individual realizes his or her own potential, 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" (WHO).There are three components of mental health: emotional well-being, psychological well-being and social well-being. The social and economic burden of mental illness is increasingly visible in our society. Mental health refers to cognitive, behavioural and emotional wellbeing. It is all about how people think, feel and behaviour. Mental health problems comprise a wide range of health conditions such as: Depression, Drug and alcohol abuse and Bipolar Affective Disorder, Chronic Anxiety Disorder Which affect people across their life course from infancy to old age. They vary in severity and impact. The only sustainable method for reducing the burden caused by these disorders is prevention.

KeyWords: Mental health, Hereditary, Psychological trauma, Environmental stress,

1. INTRODUCTION

Long lasting sadness or irritability, extreme high and low mood, excessive fear, worry or anxiety, social withdrawal and dramatic changes in eating or sleeping habits are five sign of MentaL illness. It was observed that Overall, mental health disorders represent 7.4 percent of the world's total burden of health problems. One person in four will develop one or more of these disorders during their lifetime.The fifth

leading cause of non-communicable diseases and global burden is projected to reach 15% by the year 2020

(Ngui, Khasakhala & Ndetei 2010).Mental health problems command an even greater share of the time lived

with disability (Whiteford et.al 2013).

2. RELATED WORKS

The schematic overview of risk to mental health over the life course is shown below in the figure.

Schematic overview of risks to mental health over the life course
(Adapted from: Foresight project, 2008; Kieling et al, 2011; Fisher et al, 2011) [4 5 6]

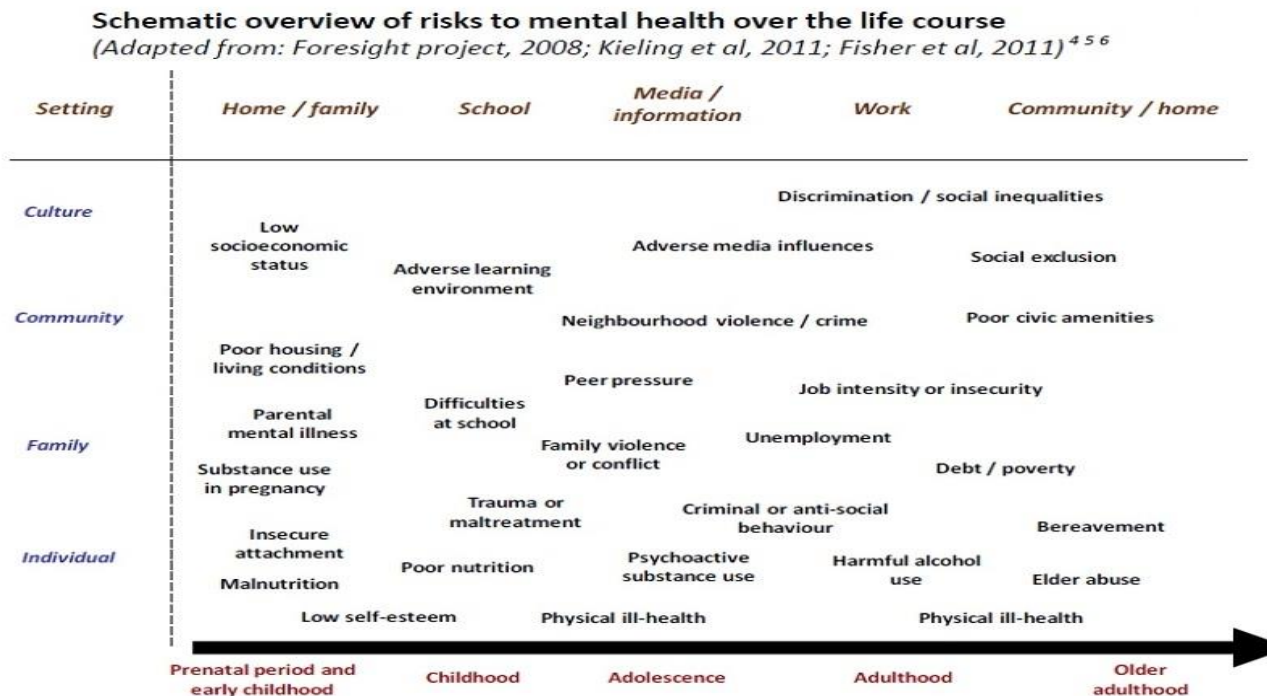| Setting	Home / family	School	Media / information	Work	Community / home
Culture	Low socioeconomic status		Adverse media influences	Discrimination / social inequalities	Social exclusion
Community		Adverse learning environment	Neighbourhood violence / crime		Poor civic amenities
Family	Poor housing / living conditions	Difficulties at school	Peer pressure	Job intensity or insecurity	
	Parental mental illness		Family violence or conflict	Unemployment	
	Substance use in pregnancy				Debt / poverty
Individual	Insecure attachment	Trauma or maltreatment	Criminal or anti-social behaviour		Bereavement
	Poor nutrition		Psychoactive substance use	Harmful alcohol use	Elder abuse
	Malnutrition				
	Low self-esteem	Physical ill-health		Physical ill-health	
	Prenatal period and early childhood	**Childhood**	**Adolescence**	**Adulthood**	**Older adulthood**

Fig1: The schematic overview of risk to mental health over the life course

In Nigeria, an estimated 20%–30% of our population are believed to suffer from mental disorders

(Onyemlukwe, 2016). Mental disorders represent an immense psychological, social and economic burden

to society. Also the increase in risk of physical illnesses will give the current limitations in effectiveness of

treatment modalities for decreasing disability due to mental and behavioural disorders. At this time, most

mental health illnesses cannot be cured, but they can usually be treated effectively to minimise the symp-

toms and allow the individual to function in work, school, or social environments. To begin treatment, it

is essential to see a qualified mental health professional.The component of Mental Health includes Pro-

motion of well-being and mental health promotion, Prevention of mental health problems, Stigma removal, Psychosocial support , Rehabilitation of those in need (WHO).Prevention of harm from alcohol and substance use, Integrating mental health services into the primary health care system. Mental Health Promotion "Is the enhancement of the capacity of individuals, families, groups or communities to strengthen or support positive emotional, cognitive and related experiences" (Hodgson et al. 1996) .Mental health promotion includes "strategies to promote the mental well-being of those who are not at risk, those who are at increased risk and those who are suffering or recovering from mental health problems" (WHO 2004). Mental health promotion mainly deals with the determinants of mental health .Aims to keep people healthy or become even healthier (Kalra et.al.2012) .Mental health promotion aims at enhancing individual's ability to achieve psychosocial well-being and at coping with adversity

Prevention efforts in mental health tend to be directed towards populations at risk of developing mental disorders.They seek to eliminate those factors that cause or contribute to the incidence of mental illness. Mental health promotion is any action taken to maximize mental health and well being among populations and individuals .Strategies for mental health promotion are related to improving the quality of life and potential for health rather than amelioration of symptoms and deficits. Stigma is a negative differentiation attached to some members of society who are affected by some particular condition or state (Alboleda-Florez 2008).The term stigma connotes a deep mark of shame and degradation carried by a person as a function of being a member of a devalued social group" (Hinshaw 2007). It can also be observed that the model is able to correctly predict IT employees suffering from Mental Health Disorders with 97% recall. Additional in sight has gotten from the results in this experiment reveals that there was only a marginal improvement in the performance of the hybridized model when compared with the result of the parameter-tuned RF. [9]. Set of attribute data. Unsupervised ML primarily necessitates the processes of feature selection, clustering, and association rule mining [10]. According to [11], more than 30% of people suffering from major mental disorders do not seek treatment, while more than 80% of people battling with some form of mental disorder do not seek to be treated at all. The result of the study also showed the factor(s)

that determines the choice of most family planning utilization are: accessibility, availability, cost, perceived effectiveness, no side effects, past practices and from health workers. The result revealed that attitude towards family planning services utilization was significant determinant of family planning services utilization in [12].

3. Methodology

The study descriptive method provide an interraction of educating the community about mental illness,Raising awareness about mental health,Promoting a happy, healthy childhood ,Reducing the exposure to violence,Reducing the use of substances such as alcohol, and illicit drugs, Supporting in coping with life's problems. It was observed that the stigmatized individual experiences social distancing, fear, rejection and ill treatment from others in the society. Resulting in stigmatization and discrimination against a person with far reaching consequences,Stigma of metal illness is exhibited by individuals, families, social groups, communities and societies,Stigma robs people of rightful opportunities for housing, employment, socialization, and marriage.Therefore, Advocacy ,Educational support groups ,Patient empowerment groups ,Educating the community, Replacing inaccurate stereotypes and false assumptions of mental illness with facts and accurate conceptions about the illness,Increasing awareness and Change negative attitudes toward the mentally ill through direct interactions with affected persons are required.

4: RESULT AND DISCUSSION

The discussion of the finding based on Integrating Mental Health Services into Primary Health Care in this study shows that the basic services in providing mental health services in PHC involves diagnosing and treating people with mental disorders; Putting in place strategies to prevent mental disorders,Ensuring that PHC workers are able to apply key. The interviewing, counselling and interpersonal skills, in their day to day work psychosocial and behavioral science skills.To reduced chronicity and improved social integration of people with mental health conditions .For better health outcomes for people with mental disorders. Reduced stigma for people with mental disorders, and their families,To improve access to mental health

services and treatment of co-morbid physical conditions,To improved Prevention and detection of mental

disorders,To improve treatment and follow-up of mental disorders

5. CONCLUSION

The social and economic burden of mental illness is increasingly visible in our communities.As responsible women of repute and labour leaders we have a responsibility to the public to deliver competent, safe, ethical, psychosocial, physical, and spiritual leadership skill to: People with mental illnesses require their caregivers, their families and communities for better health outcomes for mental health.

References

1. Suleimon DE. Mental health disorders in Nigeria: A highly neglected disease. Ann Nigerian Med [serial online] 2016 [cited 2018 Jan 27]; 10:47-8.

2. Lawoyin TO, Ajumobi OO, Abdul MM, Abdul Malik JO, Adegoke DA, Agbedeyi OA. (2005). Drug use among senior secondary school students in rural Nigeria. *Afr J Med Med Sci.* 34 (4), 355–359.

3. Onyemelukwe C. Stigma and mental health in Nigeria: Some suggestions for law reform. J Law Policy Glob 2016; 55:63-8. Back to cited text no. 2

4. Brenda Happell, Michelle Cleary (2012) Promoting health and preventing illness: promoting mental health in community nursing practice.Contemporary Nurse 41: 1; PP: 88 – 89

5. Gobir A, Sambo M, Bashir S, Olorukoba A, Ezeh O, Bello M, et al. (2017). Prevalence and determinants of drug abuse among youths in A rural community in north western Nigeria. *Trop J Health Sci.* 24 (4), 5–8.

6. Namadi MM. (2016). Drug abuse among adolescents in Kano metropolis, Nigeria. *IJASS.* 2 (1), 195–206. 10.11648/j.ajns.20170602.16

7. Whiteford, H., A, L. Degenhardt, J. Rehm, (2013). Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010. Lancet, 2013

8.

9. O. D. Adeniji, D. B. Adekeye, S. A. Ajagbe, A. O. Adesina, Y. J. Oguns and M. A. Oladipupo, "Development of DDoS Attack Detection Approach in Software Defined Network Using Support Vector Machine Classifier," in Pervasive Computing and Social Networking, 2023.

10. I. R. Idowu, O. D. Adeniji, S. Elelu and T. O. Adefisayo, "Prediction of Breast Cancer Images Classification Using Bidirectional Long Short Term Memory and Two-Dimensional Convolutional Neural network," Transactions on Networks and Communications, vol. 9, no. 4, pp. 29-38, 2021.

11. O. D. Adeniji and J. J. Ukame "A Novel Immune Inspaired Concept with Neural Network for Intrusion Detection in Cybersecurity" International Journal of Applied Information Systems vol 12, issue pp. 13-17, 2020.

12. Adeyemi, S.O., Ochanya., R.A., **Adeniji, O.D**.(2022).Classification of Family Planning Services tilization for Prediction of Social and Economic Factors, International Journal of Advanced Engineering and Management Research, Vol. 7, No. 05.

MAIN PAPER STARTS HERE...

THIS document is a template for Microsoft Word versions 6.0 or later. If you are reading a paper version of this document, please download the electronic file from the template download page so you can use it to prepare your manuscript.

When you open the document, select "Page Layout" from the "View" menu in the menu bar (View | Page Layout), which allows you to see the footnotes. Then type over sections of the document or cut and paste from another document and then use markup styles. Please keep the template at 8.5" x 11"—do not set the template for A4 paper. The pull-down style menu is at the left of the Formatting Toolbar at the top of your Word window (for example, the style at this point in the document is "Text"). Highlight a section that you want to designate with a certain style, then select the appropriate name on the style menu. The style will adjust your fonts and line spacing. Use italics for emphasis; do not underline. **Do not change the font sizes or line spacing to squeeze more text into a limited number of pages. Please be certain to follow all submission guidelines when formatting an article or it will be returned for reformatting.**

To modify the running headings, select View | Header and Footer. Click inside the text box to type the name of the journal the article is being submitted to and the manuscript identification number. Click the forward arrow in the pop-up tool bar to modify the header or footer on subsequent pages.

IJOAR staff will edit and complete the final formatting of your paper.

Conclusion

Although a conclusion may review the main points of the paper, do not replicate the abstract as the conclusion. A conclusion might elaborate on the importance of the work or suggest applications and extensions. Authors are strongly encouraged not to call out multiple figures or tables in the conclusion—these should be referenced in the body of the paper.

Acknowledgment

References

[1] J.S. Bridle, "Probabilistic Interpretation of Feedforward Classification Network Outputs, with Relationships to Statistical Pattern Recognition," *Neurocomputing – Algorithms, Architectures and Applications,* F. Fogelman-Soulie and J. Herault, eds., NATO ASI Series F68, Berlin: Springer-Verlag, pp. 227-236, 1989. (Book style with paper title and editor)

[2] W.-K. Chen, *Linear Networks and Systems.* Belmont, Calif.: Wadsworth, pp. 123-135, 1993. (Book style)

[3] H. Poor, "A Hypertext History of Multiuser Dimensions," *MUD History,* http://www.ccs.neu.edu/home/pb/mud-history.html. 1986. (URL link *include year)

[4] K. Elissa, "An Overview of Decision Theory," unpublished. (Unplublished manuscript)

[5] R. Nicole, "The Last Word on Decision Theory," *J. Computer Vision,* submitted for publication. (Pending publication)

[6] C. J. Kaufman, Rocky Mountain Research Laboratories, Boulder, Colo., personal communication, 1992. (Personal communication)

[7] D.S. Coming and O.G. Staadt, "Velocity-Aligned Discrete Oriented Polytopes for Dynamic Collision Detection," *IEEE Trans. Visualization and Computer Graphics,* vol. 14, no. 1, pp. 1-12, Jan/Feb 2008, doi:10.1109/TVCG.2007.70405. (IEEE Transactions)

[8] S.P. Bingulac, "On the Compatibility of Adaptive Controllers," *Proc. Fourth Ann. Allerton Conf. Circuits and Systems Theory*, pp. 8-16, 1994. (Conference proceedings)

[9] H. Goto, Y. Hasegawa, and M. Tanaka, "Efficient Scheduling Focusing on the Duality of MPL Representation," *Proc. IEEE Symp. Computational Intelligence in Scheduling (SCIS '07)*, pp. 57-64, Apr. 2007, doi:10.1109/SCIS.2007.367670**.** (Conference proceedings)

[10] J. Williams, "Narrow-Band Analyzer," PhD dissertation, Dept. of Electrical Eng., Harvard Univ., Cambridge, Mass., 1993. (Thesis or dissertation)

[11] E.E. Reber, R.L. Michell, and C.J. Carter, "Oxygen Absorption in the Earth's Atmosphere," Technical Report TR-0200 (420-46)-3, Aerospace Corp., Los Angeles, Calif., Nov. 1988. (Technical report with report number)

[12] L. Hubert and P. Arabie, "Comparing Partitions," *J. Classification,* vol. 2, no. 4, pp. 193-218, Apr. 1985. (Journal or magazine citation)

[13] R.J. Vidmar, "On the Use of Atmospheric Plasmas as Electromagnetic Reflectors," *IEEE Trans. Plasma Science*, vol. 21, no. 3, pp. 876-880, available at http://www.halcyon.com/pub/journals/21ps03-vidmar, Aug. 1992. (URL for Transaction, journal, or magzine)

[14] J.M.P. Martinez, R.B. Llavori, M.J.A. Cabo, and T.B. Pedersen, "Integrating Data Warehouses with Web Data: A Survey," *IEEE Trans. Knowledge and Data Eng.*, preprint, 21 Dec. 2007, doi:10.1109/TKDE.2007.190746.(PrePrint)