FEDERAL MINISTRY OF HEALTH
ABUJA NIGERIA

NATIONAL POLICY

FOR

MENTAL HEALTH SERVICES DELIVERY

August 2013

BACKGROUND

In 1991, the Federal Government of Nigeria adopted a health policy which placed provision of mental health services at the Primary Health Care level. This policy updates that policy, and reaffirms this commitment to provision of quality services that are accessible to most people in the country.

Neuropsychiatric and substance abuse disorders have a major impact on quality of life as well as social and economic viability of families, communities, and the nation. They are common, with around one person in 5 experiencing a significant problem in their lifetime. Many are also chronic, requiring long-term commitment to treatment. As a result, they are an important cause of disability, estimated by the WHO to comprise 14% of all disability – the largest single group among non-communicable diseases. Studies in Nigeria have found that only around 10% of those with diagnoses MNS disorders receive any treatment within the previous 12 months.

At present, government services are provided mainly in large tertiary institutions (Federal Neuro-psychiatric Hospitals) and University Teaching Hospital psychiatric departments. Some States have psychiatric hospitals, and some Federal Medical Centres have a psychiatric department. The focus of all these services is in large cities, which makes access to care difficult for the majority of the population.

There are less than 150 psychiatrists in the country (around 1 per 1 million population) and very few neurologists., with many newly trained specialists leaving the country to work abroad. There are around 5 psychiatric nurses per 100,000 population and only very few other mental and neurological health professionals like clinical psychologists, social workers, neurophysiotherapists, and occupational therapists.

The systems that support delivery of services are currently weak, with poor availability of psychotropic drugs and lack of incorporation of mental and neurological health measures in health information systems.

Good quality community-based services with hospital support has been shown to be the most effective form of comprehensive mental health care. The Federal Ministry of Health is committed to the provision of evidence-based care through the expansion of accessible, decentralised services in Nigeria, which will address the mental health access gap that currently exists in the country.

This policy was developed through a collaborative process which included a wide range of stakeholders in mental health in Nigeria. Early drafts were developed by the National Mental Health Action Committee under the FMOH using examples from other countries with similarities in social and economic contexts, as well as evidence-based, best practice guidelines. Much of the content was based in experience in practice of members of the committee in various service settings.

It then went through a consultation process with significant input from many stakeholders. These included professional groups, government departments, NGOs and service users.

VISION

- "The Government and people of Nigeria hereby reaffirm that health, including mental well being, is the inalienable right of every Nigerian, and that mental, neurological and substance abuse (MNS) care shall be made available to all citizens within the national health system at the level of primary health care (PHC) and in communities".

MISSION

This MNS policy is in consonance with and is complementary to the National Health Policy for the Federal Republic of Nigeria. The Federal, State and Local Governments of Nigeria are hereby committed to pursue the following declarations:

- The MNS policy shall be based on the national philosophy of social justice and equity.
- Individuals with mental, neurological and substance use (MNS) disorders shall have the same rights to treatment and support as those with physical illness and shall be treated in health facilities as close as possible to their own community.
- No person shall suffer discrimination that compromises their ability to fully participate in community life on account of mental or neurological illness.
- At all levels of health care, MNS services shall as far as possible be integrated with general health services. In this way the preventive, therapeutic, rehabilitative and social re-integration aspects of MNS care shall as much as possible be available to all Nigerians.
- To achieve a comprehensive coverage of the population, delivery of MNS care shall be firmly established in the PHC setting and any other setting considered appropriate. The services shall be promoted by all health care personnel with active participation of members of the community.
- Appropriate training in MNS and psychosocial skills and positive attitude towards the mentally ill shall be provided to all health care personnel. This shall be facilitated by the provision of adequate teaching aids.
- Intersectoral collaboration shall be fostered among those involved in the overall national development of quality of life. These include Social Development, Agriculture, Education, Science and Technology, Housing, Environmental Protection, Communication and others. The attainment of the Milenium Development Goals (MDGs) depends to a large extent on the MNS and mental capita of the populace. Collaboration with the office of the Special Adviser to the President on MDGs will be a particularly crucial one.
- Healthy attitudes and positive socio-cultural attributes in the population, particularly among the youths, shall be promoted to prevent aberrant behaviour with adverse consequences for MNS.

- To eliminate social stigma often associated with mental disorders, encouragement shall be given to the promotion of positive attitudes towards the mentally ill among the general population. Government shall work to inform the public about the nature, causes, and treatability of mental disorders. Government will promote the integration of MNS services into every tier of health service delivery, in particular the general and specialist hospitals, and into programmes addressing physical health delivery (with which MNS is intricately associated).
- Alcohol and drug abuse and their associated problems shall be reduced to the barest minimum by the use of appropriate preventive, therapeutic and rehabilitative measures.
- Special care shall be provided for the vulnerable and disadvantaged members of the community such as children, women, the elderly, detainees and prisoners and refugees.
- Non-governmental organizations (NGOs) shall be encouraged to assist in the promotion of MNS as well as in the preventive and rehabilitative aspects of MNS care services.
- There shall be full collaboration with all international organizations whose objectives and programmes include aspects of mental, psychosocial, neurological as well as alcohol and drug abuse problems.
- There shall be periodic review of the legislation governing the care of the mentally in consonance with advances in the field of MNS.
- Strengthen the evidence base for mental and neurological health and mental and neurological health care by vigorously encouraging, and funding research programmes aimed at enhancing our understanding of the risk factors and consequences of MNS mental disorders in Nigeria; and the development and implementation of effective interventions
- The necessary human resources to support the achievement of these goals will be developed. This will include the production and retention of specialists as well as general clinicians in numbers adequate to address the burden of mental, neurological and substance use disorders in Nigeria. Trained professionals require a career pathway in order to be attracted to these specialities, and retained.
- The outlined details of programmes on this policy declaration are contained in a separate document titled "The National MNS Programme and Action Plan for Nigeria".

GUIDING PRINCIPLES

Governance and accountability

The implementation of this policy will require cooperation between the Federal, State and Local governments of the Federation. A MNS policy team is therefore to be setup in the Federal Ministry of Health to coordinate these efforts. The team will be led by an officer of no less than the rank of Deputy Director, who will have oversight of implementation of the policy, as well as governance and accountability in order to achieve effective and efficient use of human and financial resources.

Human Rights and Inclusion in Social Life
The stigma, discrimination and social exclusion that is commonly experienced by people with mental health problems is addressed in this policy through ensuring equitable access to care, and specific activities aimed at challenging negative attitudes in the population. Protection of human rights is also addressed in separate legislation submitted to the Federal Government.

Inter-sectoral Partnerships
Many sectors, agencies and individuals have important contributions to make for mental and neurological health, and partnerships are essential. Therefore the Minister of Health will establish a National Mental and Neurological Health Advisory Committee/Council, drawn from all the key sectors. This will be followed by the formation of decentralised mental and neurological health inter-sectoral committees at state and local government level, with vertical and horizontal reporting and liaison mechanisms.

The Health Sector

The organization of the health sector for the delivery of effective and human MNS service shall be guided by the following principles:

Primary Care
While mental illness is common in Nigeria, as elsewhere in the world, and while MNS is one of the most precious resources of any country, neither Nigeria nor any other country can afford sufficient specialist personnel to see and care for everyone with a mental or neurological disorder. Most people with mental or neurological disorders, including those living in towns with teaching hospitals or psychiatric hospitals, will need to be seen and cared for by members of the primary care unit. It is therefore essential to strengthen the basic and continuing training of the primary health care team to improve the knowledge necessary for the assessment, diagnosis, management and criteria for referral of people with mental disorders.

Decentralised community oriented comprehensive services
Nigeria would like people with mental or neurological disorders to be cared for as close to home as is compatible with health and safety of the public, and in as least restrictive an environment as possible, with due regard to their rights as human beings and respect for their dignity, religion and culture. Towards this end, government shall aim 1) integrate MNS into primary care services, 2) make provision for acute in-patient care for persons with mental and neurological disorders at every teaching hospital, general hospital, and every federal medical centre, while discouraging unnecessary long-term institutionalisation; 3) provide for out-patient care in all of these settings; and 4) provide for rehabilitation services, including occupational service, social service and clinical psychological service at every facility where persons with MNS problems are treated. Hospital admissions shall be provided for those in need but for as short a duration as essential, and preferably on voluntary

basis except where otherwise permitted by the application of the appropriate sections of the Mental Health Act.

Referral Pathways
Primary, secondary and tertiary care are more efficient and effective if there is good communication between them, agreed criteria for referral and discharge, agreed guidelines and mutual dialogue and support, and there are opportunities to enable such regular communication.

Good practice guidelines
Good practice guidelines are an invaluable adjunct to improving care and establishment of good practice at all times. Evidence based guidelines for both primary care and specialist sectors, which are tailored to the Nigerian context, and which will be regularly updated shall be prepared.

Partnerships within the health sector

- The MNS strategy will be linked with and integrated with overall health policy and health sector reform so that there are no inherent conflicts between general health and MNS reforms which might militate against full implementation, and so that MNS can fully contribute to the achievement of Nigeria's physical health targets. The attainment of the Millennium Development Goals (MDGs) depends to a large extent on the MNS and mental capita of the populace. Reduction of poverty, improvement of maternal and child health, including the promotion of educational attainment in the youths are all influenced by the promotion of MNS and effective treatment of mental disorders when they occur. Therefore the general health sector strategy will include mental as well as physical health so that:

  ✓ Primary care policy explicitly includes mental and neurological health.
  ✓ The basic benefit package of essential health interventions includes mental and neurological health
  ✓ Human resources planning include mental and neurological health.
  ✓ Basic training, post basic training and continuing professional development for all cadres of health and social care professionals include mental and neurological health.
  ✓ Public health interventions focus on mental as well as physical health.
  ✓ The health management information system includes mental and neurological health, mortality indicators include deaths from suicide, and morbidity indicators include morbidity due to mental and neurological illness.
  ✓ Essential psychotropic medications are available through the standard mechanisms in the health system, and that provision in private pharmacies includes psychotropic medication.

✓ Funding mechanisms (eg National Health Insurance Scheme and Federal budget allocations) are designed to ensure inclusion of provision for people with mental and neurological disorders.

Partnerships between the health and prison sectors
People with very severe mental disorders should always be cared for in a therapeutic rather than a punitive environment. Thus prisoners with psychosis should be transferred to hospital. Less severe disorders are very common among prisoners, and there should be liaison by health teams with prison staff, education of prison staff about recognition of mental disorders and criteria for referral to hospital, and about recognition and management of depression and suicidal risk within prison settings.

Partnerships between the health and police sectors
Health staff and police should co-operate to ensure that people with mental illness can receive speedy assessment and treatment, and should develop training and a locally agreed guideline for police in the recognition and handling of people with mental illness, compatible with the Nigerian Mental Health legislation.

Partnerships between the health and education sectors
There are a wide range of issues which such partnerships need to address, which include MNS promotion in school and universities, early detection, treatment, rehabilitation of disorders, and prevention of suicide. There is also the need to ensure that children and adolescents who are ill do not interrupt their studies for any longer than is necessary, to ensure that care plans for young people always include attention to their educational needs, and that people with forensic issues who may be in hospital for a long period of time, always have an educational programme to enhance their literacy and numeracy skills for subsequent employment.

Partnerships between the health and social welfare sectors
Similarly, consideration of social welfare is critical for all clients, and social welfare services can assist with assessment and management in the community and inside hospitals.

Partnerships with the Accreditation, Training and Registration Bodies
Primary care physicians, Specialist Family Practitioners, general nurses, psychologists, social welfare, recreational and occupational therapists will all have central role in this MNS programme. The accreditation, regulation of training and registration bodies of these practitioners, will ensure the practitioners they register are adequately trained and equipped to care for the mentally ill. For example the National University Commission should ensure the accredited medical schools meet the minimum standard in MNS training and Medical and Dental Council of Nigeria shall accredit only those hospitals with inpatient and outpatient facilities for the training of House Officers in MNS service delivery.

Partnerships with the traditional health sector

A large proportion of people with mental illness routinely consult traditional health practitioners. While it is important to eradicate harmful practices, it is possible that some patients with anxiety may do well from support from traditional healers. Others with more severe illnesses, psychosis and epilepsy are likely to continue to be symptomatic unless assessed and actively treated with more orthodox medicines and therapies, although this does not necessarily preclude agreed shared care and continuing support for people with long term problems from traditional healers.

Dialogue and exchange of ideas may be helpful, (within the context of the overall Governmental approach to regulate traditional health practitioners and encourage professional standards and accountability) with a view to exploring the possibility of collaborative ways of working which may eventually include the use of diagnostic algorithms by traditional healers to assist them in making appropriate referrals, explore the possibility of shared care of people with chronic disorders (especially for rehabilitative purposes), and consideration of appropriate research (especially those aimed at understanding and further developing the utilities of local herbs).

Research

Nigeria, like all other countries, can benefit from the readily accessible international evidence base. However, there are crucial questions which can only be answered by local research and a coordinated MNS research programme should be planned and undertaken.

Human resource

Nigeria does not yet have enough health and social care professionals and needs sustainable plans for human resource production, training, continuing development and retention, and regularly updated curricula and quality standards of fitness to practise. The occupational health care of health professionals, which is not yet developed, should include mental as well as physical health.

The postgraduate medical colleges in the country train only a handful of specialists in psychiatry and neurology yearly. The training of middle level specialists in MNS and neurology will go a long way in providing more specialists to man the various secondary level care that will be required to implement this programme.

Information to support monitoring and planning

Good information is necessary to ensure effective planning, budgeting and documentation of the outcomes of resource expenditure. The Ministry of Health requires an annual report of population needs, service inputs, service processes, service outputs and health outcomes achieved, to be placed before and scrutinised by National Assembly and made available to the wider public. The Ministry should put in place an efficient process of auditing of service provision and delivery for mental, neurological and substance use disorders.

Will also ensure that support mechanisms for good quality care such as provision of essential medicines is monitored.

Prevention of mortality
People with mental illness have a higher premature mortality than the general population from physical illness. It is therefore extremely important to ensure adequate physical health care and health promotion to people with mental illness, particularly those being looked after in psychiatric units and hospitals.

Suicide is the tenth leading cause of death in the world, and is thus a significant cause of mortality in most countries. Suicide is nearly always linked to mental illness – the so-called rational suicide is extremely rare. Suicide is therefore preventable in many cases. A number of countries are now developing national suicide prevention policies. Cultural and religious reasons make the reporting of suicide a rarity in Nigeria. Recent evidence from epidemiological surveys suggests that attempted suicide is common in the country and may be a pointer to the fact that suicide is not as rare as its official reporting suggests. Accurate data collection on suicide is therefore necessary.

Patient welfare
Nigeria has been using legislation handed down by the British originally enacted in 1916. While acceptable for its time, the British have updated their legislation several times. The wide ranging developments regard to the understanding about the nature of MNS conditions as well as social and cultural changes in Nigeria over the last 60 years require an updated legal framework which balances the need and desire of professionals to treat people when they are unable to consent to treatment, with the need for legal protection of the individual's rights and regulation of the circumstances in which involuntary detention and treatment can take place. Such legislation has been prepared, undergone wide consultation, and is being considered by National Assembly.

SUMMARY OF MAIN AREAS OF REFORM

To provide adequate mental and neurological care for Nigerians the following major areas of reforms are to be effected by the Ministry of Health:

- ❑ Mainstreaming mental and neurological health within national health, social welfare, education and criminal justice policy.
- ❑ Integrating mental and neurological health into the primary care system.
- ❑ Strengthening and developing existing systems for human resource development, information and communication.
- ❑ Decentralisation of specialist mental and neurological health services
- ❑ Strengthening management of mental and neurological health services

- ❑ Encouraging intersectoral partnerships with other key Governmental Organizations (GOs) and NGOs.
- ❑ Linking to educational programmes in schools, workplaces, the community and the media.

Special emphasis on women and children
Women and children are a very precious resource for Nigeria and are especially vulnerable to the consequences of mental and neurological disorders. In addition to the general rates of illness, women also experience higher rates of illness around the time of childbirth. If untreated, these disorders affect the mother's relationship with her children, thus damaging the child's cognitive and emotional development. Therefore, both primary and secondary services need to pay particular attention to women and children.

Social and educational inclusion for people with intellectual disability
Intellectual disability is common in Nigeria as in other counties, and children with intellectual handicap should be able, encouraged to lead as normal life as possible. Children with intellectual handicap, as well as having special educational needs, often also have special physical, psychological and social needs. Close liaison between the Ministry of Health, Ministry of Social Affairs and the Ministry of Education is therefore essential.

RATIONALE FOR REFORM

The burden of mental illnesses
Mental and neurological ill health is a major contributor to disability across the world. Five of the ten leading causes of disability world-wide are neuropsychiatric disorders. Poor MNS contributes to physical diseases and to poor compliance with prevention and treatment programmes. Mental ill health is also a major contributor to mortality for a variety of reasons, and suicide is the tenth leading cause of death in the world.

Mental disorders are common in Nigeria as they are everywhere else in the world, and contribute to disability, mortality, loss of economic productivity and poverty. The prevalence of psychosis is at least 0.5% of the general population, and the prevalence of common mental disorders (depression, anxiety, hysteria, somatisation) is at least 10%, with increased rates in highly deprived groups. There is evidence that depression is particularly common among Nigerian elderly, with over 7% reporting major depressive disorder in a 12-month period and over 25% reporting same in the course of a lifetime.

Parental illness contributes to intellectual and emotional consequences for the next generation of Nigerian children. Mental disorders also influence the success of prevention and control programmes in Nigeria for physical illnesses such as malaria, TB, leprosy etc.

The costs of not tackling mental disorder efficiently and effectively in Nigeria arise from:

- Lost production from people with mental illness being unable to work, in the short, medium or long term.
- Reduced productivity from people being ill while at work.
- Cost of accidents by people who are psychologically disturbed (especially people responsible for the safety of others like bus drivers, factory workers). Nigeria, with rates of road traffic accidents among the highest in the world, probably owes this status to the misuse of alcohol and other psychoactive substances by road users who are not restrained by the absent prospects of random check by law enforcement agents for the detection of such substances in their system.
- Supporting dependants of the mentally ill person.
- Unemployment, alienation, and crime in young people whose childhood problems (e.g. depression, conduct disorder) were not sufficiently well addressed for them to benefit fully from the education available.
- Cost of not properly addressing the consequences of dyslexia, epilepsy, mild mental retardation and other special educational needs in childhood.
- Poor cognitive development in the children of mentally ill parents.
- Higher costs incurred if disorders are not tackled early and if they remain untreated.
- Lost production from premature deaths from suicide.

Positive health as a resource
MNS is an essential component of general health. The World Health Organization (WHO) defines health as a state of physical and mental well being. MNS is a result of various predisposing factors (e.g. early childhood experiences), precipitating factors (e.g. stressful life events), social support and individual resources (e.g. self-esteem) and experiences. Socio-economic factors, notably education, employment, income distribution and housing play an important role. MNS is more than an absence of symptoms of mental illness or distress. MNS refers to a positive sense of well being and a belief in our own worth and the dignity and worth of others.

Positive MNS includes the capacity to perceive comprehend and interpret our surroundings, to adapt to them and to change them if necessary, to think and speak, and to communicate with each other. MNS also affects our ability to cope with and manage change, transition and life events: the birth of a child, unemployment, bereavement or physical ill health. MNS is mediated by the quality of interaction with others, societal structures and resources, and cultural values.

MNS and well being are issues of everyday life and should be of interest to every citizen and every employer, and to all care, education and administration sectors. MNS is influenced, enhanced and jeopardised in families and schools, on the streets and in workplaces – where people can feel safe, respected, included and able to participate or may be in fear, marginalized and excluded. It is the result of, among other things, the way

we are treated by others, and the way we treat other people and ourselves. MNS promotion is therefore relevant to everyone.

The case for investment in MNS promotion extends far beyond its impact on the prevalence of mental illness e.g. depression, anxiety or schizophrenia. The consequences of poor MNS can be seen in a wide range of health, social and economic problems. One of the reasons for the low level of investment in MNS promotion is the global failure to make the links between mental well being and social functioning and productivity.

Psychological variables (e.g. levels of self-esteem) and life skills (e.g. communication, negotiation and conflict management) have a significant influence on the impact of socio-economic factors and individual, family or community responses to trauma or stressful life events. The impact of risk factors for MNS problems, for example bereavement, a family history of psychiatric disorder or unemployment, can be reduced by strengthening factors known to protect mental well-being. Many risk factors for MNS problems are difficult to address, notably those arising from political conflicts, long term economic problems or natural disasters. A strategic framework for MNS promotion therefore needs to achieve a balance between reducing risk factors and strengthening protective factors which can enhance the ability of communities to cope with and survive difficulties.

MNS as a priority for the World Health Organization
WHO has had a strong focus on MNS for several decades, and has conducted a number of key studies and programmes on MNS. From WHO work, we know that the prevalence of mental disorders is similar across the world (it is a myth that mental illness is only a problem for the developed world). As well as a MNS division in WHO HQ, there is also a MNS advisor in each WHO Region who supports country developments and inter-country meetings and workshops.

In 2001, WHO devoted both its annual health day and its annual health report to MNS, which called for countries to adopt clear MNS policies. This emphasis has subsequently been further developed into major WHO encouragement of the development of MNS policy and legislation.

MNS as a priority for other international agencies
There has been increasing momentum over the last decade to ensure that MNS is a key international priority. In the early 1990s, the World Federation for MNS played a leading role with Mrs Roslyn Carter in establishing World MNS Day every October, which is now a regular event in most countries of the world. In the words of the United Nations Secretary-General at the launch of the Harvard Report "MNS must be regarded as a foremost challenge. An international campaign is needed. To secure MNS for the peoples of the world must be one of the objectives of the United Nations in its second half century." (UN Secretary General 1995).

The EC plays an important role both in Europe and elsewhere, produced a public health framework for MNS a few years ago, and more recently a far reaching Green Paper for MNS. At national level, various governments, national NGOs, professional bodies and the media have played an important role in prioritising MNS in their countries.

The Institute of Medicine in Washington in 2001 launched a report on Neurological, Psychiatric and developmental disorders in low-income countries, which included an emphasis on the need to integrate MNS into primary care:

MNS Services in Nigeria
MNS services in Nigeria have hitherto displayed a substantial emphasis on:
❑ Hospital rather than on primary care;
❑ Treatment rather than prevention, promotion or rehabilitation ;
❑ Specialist expertise rather than family physicians;
❑ Doctors at the expense of other disciplines and
❑ Concentrating health services in the major cities, with little decentralisation across the country to states local government and communities.

Health Reform in Nigeria
Nigeria is undertaking systematic health sector reforms to ensure general access to quality health care, and is establishing effective family health care services across Nigeria and a Basic Benefit Package (BBP) for Health. Thus the time is right for integrated MNS reforms. Thus MNS is now being integrated into the training and work of family health care services, and is included in the BBP.

POLICY RECOMMENDATIONS

1. Governance
The MNS Programme at the Federal Ministry of Health will be headed by an officer of a seniority not below that of an Assistant Director.

The Assistant Director for MNS will be given responsibility for implementation of the mental and neurological policy, governance and accountability. They shall have a dedicated full-time desk officer with responsibility for coordinating the activities below.

A mental and neurological health policy team will be established in the FMOH to implement the programme below.
- Finance unit, which will develop and monitor the budget for MNS services, including for specialist tertiary hospitals, as well as for services in governorate and district hospitals and in the community; and will develop accountability mechanisms which ensure appropriate financial controls while facilitating MNS reforms
- Training Unit to coordinate and oversee basic, post basic training and continuing professional development for relevant cadres.

- **Research Unit** to strengthen research capacity for the MNS system
- **Specialist and Hospital Services Unit**
- **Primary Care Unit**
- **Media and Population Education Unit**

Links between the Mental, Neurological and Substance Use Policy team and other Directorates and Departments in MoH need to be strengthened. Joint programmes of work will be established between the MNS Directorate and the Directorates/Departments of Preventive Services, Primary Care, Curative Services, Nursing, Technical Support administration , the National Health Management Information System, and Training.

Links between the Mental, Neurological and Substance Use Policy team and governance structures in mental health at State level need to be strengthened. This includes engaging with heads of mental health programmes in service providers from States to guide and support their service planning, and to get feedback from them to inform FMOH activities. Inclusion of representatives of state services in the team will facilitate this.

Links with general Health Sector Reforms. MNS will be included in the government's health sector reforms, including in the essential drug list and in Continuing Professional Development for family practitioners. All general health sector reform meetings and documents will include MNS representation and consultation.

Links with other key health providers eg private sector, health insurance companies, army and universities. Systematic linkages about service provision and training will be made at national and state levels with other key health providers for service provision and training of the different cadres of health staff.

Inter-sectoral policy linkages between the Federal Ministry of Health and government departments dealing with social affairs, education, employment, housing, media, justice, religion, police, and prisons need to be strengthened. This will be facilitated through the establishment of the national inter-sectoral MNS committee, referred to above. As well as forging such close liaison at national level, it is recommended to establish   state and local government intersectoral MNS committees to forge close liaison at State and Local Government levels.
Similarly, in preparation of legislation in other sectors that relates to people with mental health problems should involve consultation with experts (such as in the Mental Health Action Committee or FMOH policy team). This might include policy/legislation in the areas of social welfare, finance, housing, human rights, justice, women/children or disability. Special attention should also be paid that progress in development (eg Universal Primary Education or Millennium Development Goals includes people with mental health problems.

The membership of these inter-sectoral MNS committees will include primary care, nursing, psychiatry, general health, health education, social welfare, police, prisons, religion, user and carer NGOs. These committees will benefit from developmental workshops for committee members to enhance their understanding of MNS issues and assist them in their leadership and facilitation of service developments.

The work of the teams, units, and sub-committees above will be overseen by the FMOH **National Mental Health Action Committee.**

2. Primary Health Care

MNS care needs to be integrated into primary care in order to make MNS care and treatment accessible to all who need it, and to facilitate appropriate use of scarce specialist resources.

> **1. *Psychiatric supervision of primary care staff.*** Where possible, psychiatric nurses should be posted to all the health centers in the local government areas. These nurses would be supervised by the primary health care doctors who would also take their referrals (when necessary). Community Psychiatry Consultants in the Federal Neuropsychiatric Hospitals and University departments in their catchment areas will supervise and take referrals from the Local government doctors. In the future, when human resource development allows, psychiatrists, like other specialists, at the PHC level will give more intensive support, supervision and liaison.

> **2. *Medicine Supply.*** The Primary Health Centres need an adequate supply of antidepressants, antipsychotics, anticonvulsants, and other necessary drugs (guided by the Standard List). This should be included in all relevant systems for procurement, distribution, storage, quality management and monitoring

> **3. *Outreach*** from primary health centres to clients at home is very helpful for supporting people with complex mental disorders, and primary care staff should have access to transport to accomplish this.

> **4. *Training***; Ensure medical student and nurse training includes common mental disorders, psychosocial interviewing skills and orientation to PHC. Their curricula of training should be adjusted adequately to include these.

> 5. Strengthen ***referral*** process by developing clear procedures for upward and downward referral.

> 6. Encourage ***social rehabilitation*** by inclusion of persons with mental health problems in community activities. This might be supported by self-help or peer groups.

7. Engage with community aspects of PHC system (CHEWs, CHOs) to ensure community level health promotion, surveillance, referral and follow-up

FUNDING for this level of care shall mainly be the responsibility of Local Government.

3. Secondary Care

1. Strengthen governance of inter-sectoral MNS services to meet the needs of each state government, taking into account special considerations of geography and availability of human resources and physical infrastructure.

2. Establish a psychiatric inpatient and outpatient services in every State general hospital and State University Teaching Hospital. Increase access to psychosocial treatments alongside good quality medical care.

3. Integrate MNS disorders into health information systems, and ensure that hospitals are able provide adequate medication, and other equipment necessary to provide services.

4. Develop and periodically review high quality standards and good practice guidelines. .

FUNDING for this level of care shall mainly be the responsibility of State Government.

4. Tertiary/subspecialty care

1. Establish inpatient and out patient psychiatric services in every Federal Medical Centre and University Teaching Hospital.

2. Improve children and adolescents psychiatric services, assess needs, develop referral pathways, improve liaison with schools and develop guidelines.

3. Develop community rehabilitation and support services and interventions in state of the Federation

4. Upgrade MNS services for elderly in each state assess needs, implications for training and guidelines

5. Strengthen efforts to prevent and treat drug abuse

6. Liaison psychiatry –provide general hospitals with MNS expertise to improve the MNS outcomes of people with physical illness.

FUNDING for this level of care shall mainly be the responsibility of Federal Government.

5. Support and Strengthen the role of other providers

❑ Private services, particularly where there are Public Private Partnership initiatives. Most primary care is provided privately, and can be an important source of good initial treatment and appropriate referral
❑ Services organized by NGO's and comparable stakeholders, particularly where they compliment health service by empowering people with mental health problems to address social needs
❑ Services organized by other branches of administration
❑ Traditional healers, who are currently the first point of contact for most people who develop a mental health problem

Develop respectful dialogue to:
❑ Reduce harmful practices,
❑ Encourage early referral of serious cases
❑ Improve detection and treatment of postnatal depression by collaboration with reproductive health programme and with Traditional Birth Attendants
❑ Assess scope for shared support of chronic cases and,
❑ Research their interventions and outcomes.

6. Inter-sectoral liaison

❑ **Strengthen systematic inter-sectoral liaison on MNS**

  o *Ministry of Social Affairs*
    ❑ Liaise with social affairs at national, state and local government levels to improve social outcomes of people with mental illness. This is best done by ensuring that people with mental health problems are included in mainstream programmes (eg for livelihood development, women's programmes etc)
    ❑ Develop joint work plans to achieve this
    ❑ Ensure doctors (psychiatrists and GPs) are familiarised with social affairs and with social work roles. Improve liaison and referral between health and social welfare sectors
    ❑ Include MNS in training curriculum of social workers

  o *Ministry of Internal Affairs*
  o **Police**
    ❑ Liaise with police to improve police handling of people with mental illness
    ❑ Develop joint work plans, for example with Police training authorities, to achieve this

- ❑ Develop good practice guidelines for police handling of people with mental illness. This should be based on the new mental health legislation
- ❑ Ensure doctors (psychiatrists and GPs) are familiarised with police procedures and roles in relation to people with mental illness and violence
- ❑ Include MNS and human rights in training curriculum of police

o **Prisons**

Liaise with prisons to:
- ❑ Develop joint work plans with the aim of improving the conditions for people with mental health problems in prisons
- ❑ Develop good practice guidelines for management of people with mental illness. Ensure prisons follow them
- ❑ Organise training seminar for prison health care staff. There should be mental health professionals (at least to level of psychiatric nurse) in each prison, with resources to meet medical care needs of prion population
- ❑ Ensure policy followed in relation to transfer of people with mental illness to hospital facilities
- ❑ Ensure psychiatrists are familiarised with prison health care system, and that prison staff are familiar with human rights of mentally ill prisoners

o *Schools/Universities*

Liaise with schools at national, state and LGA levels to:
- ❑ Ensure schools follow good practice guidelines for children with MNS problems
- ❑ Organise training seminar for teachers on MNS promotion, identification of children with problems, basic management at school level, and referral
- ❑ Ensure psychiatrists are familiarised with school health care system

o *Religious Leaders and Traditional Healers*
- ❑ Liaise with religious leaders and traditional healers at national, state and LGAs to increase their understanding of mental health problems
- ❑ Organise orientation/training seminar for the religious leaders and traditional healers. This will highlight the positive role that they can play and ensure that they promote good practice, and minimise human rights abuse in the facilities they run

o *Ministry of Defence*
- ❑ Liaise with the Nigerian armed forces

❑ Ensure army follows good practice guidelines for people with mental illness
❑ Organise training seminars on MNS for army health care staff
❑ Ensure policy and legislation followed in relation to transfer of people with mental illness to hospital facilities
❑ Develop service level agreements with army health care to ensure sufficient expertise in the forces

o *Employers*
  ❑ Liaise with employers at all levels to safeguard the mental health of their workforce
  ❑ Encourage employers to develop health policies for the workplace which include MNS, (including MNS promotion, prevention, access to treatment and rehabilitation) and which follow good practice for people with mental illness
  ❑ Organise training seminars for employers' personnel and health care staff, particularly in how they can avoid work-related stress and burn-out
  ❑ Encourage psychiatrists to work with employers to safeguard jobs of those who become ill and to develop jobs for people who are being rehabilitated.

7. Health management teams

❑ Improve capacity of health management teams to address MNS
❑ Ensure MNS on agenda of health management teams
❑ Insert MNS into training seminars for health management teams.

8. Health information systems

❑ Ensure coverage of MNS in NHIS Develop integrated MNS system between health centres, general hospitals and Federal Medical Centres/ University Teaching Hospitals to assist in shared care, estimation of needs for care, needs for medicines and to support MOH in planning function.

9. Public health education

❑ Improve community awareness of MNS issues through use of evidence-based messages in media, and by using organisations with community links such as religious organisations, women's groups etc
❑ Implement strategies to reduce stigma and discrimination
❑ Enhance MNS by considering public health possibilities in media, schools, campaigns, community groups, religious groups etc. Educate teachers to do MNS promotion in schools.MNS should be included in health education curriculum
❑ Link MNS to other health education strategies eg HIV:

10. NGOs

- Strengthen NGO support of people with MNS problems
- State and LGAs committees should map the NGO provision in their areas, and make their contact details available eg at back of locally disseminated good practice guidelines. Orientation visits to NGOs should be included in trainee placements
- Stimulate NGOs to spearhead initiatives to empower people with psychosocial disabilities through peer support groups etc
- Include NGOs as stakeholders in Local, State and Federal Government governance structures
- As far as possible, promote inclusion and participation of representative organisations for people with mental health problems in structures and decision-making processes

11. Human Resources

It is necessary to have appropriately trained personnel at all levels, with the core competancies to deliver what is expected of them. They require the required standard training, but also in-service training and supervision, as well as monitoring of standards of work. In order to practice effectively, they require the materials (eg medications) to do their work, and an environment that is conducive to work.

- *Psychiatrists*
  - Review post graduate training of psychiatrists
  - Ensure trainee rotation in a variety of placements including PHC settings, community and NGO developments, research and teaching skills, community working, and to delivering a service to a population
  - Review continuing education of psychiatrists, including training in programme management and public mental health
  - Reinforce psychiatry diploma courses in Nigeria, and advocate for recognition of the qualification so that career pathways for diploma holders is clear

- *Nurses*
  - Strengthen mental health component of basic training
  - Review continuing education
  - Ensure access to guidelines and standards
  - Give some occupational therapy (OT) skills to nurses
  - Give all MNS professionals key psychosocial skills on rehabilitation, relapse prevention, medication management etc

- *Social workers*
  - Develop occupational therapy training programme in some Federal psychiatric Hospitals
  - Ensure access to guidelines and standards

- *Occupational therapists*

❑ Develop occupational therapy training programme in Yaba Federal Neuropsychiatric Hospital
❑ Ensure that all tertiary hospitals employ at least one occupational therapist to co-ordinate rehabilitation activities

❑ *Psychologists*
  ❑ Audit where clinical psychologists are currently employed and what they are doing outside and inside the health service
  ❑ Review basic training in MNS and orientation to community work, liaison with schools and with PHC (with inclusion of mental retardation and dyslexia)
  ❑ Strengthen cooperation with other mental heath professionals
  ❑ Develop psychologist posts at University teaching hospitals, Federal Medical Centres and state secondary health care facilities.

❑ *Community health officers*
  ❑ Include MNS in job description and community activities
  ❑ Focus on awareness-raising, referral and follow-up
  ❑ Give training in MNS, with ongoing supervision once in place of work

12. Development of State MNS services depending on prior service levels

12.1 States without a mental hospital
  ❑ Establish small inpatient and outpatient units at their general Hospitals.
  ❑ Ensure that every State has at least one psychiatrist with the responsibility for service development in the state.

12.2 Federal Psychiatric hospitals
❑ Establish liaison services with the Federal Medical Centres/ Teaching Hospitals in their geopolitical zones
❑ Help establish and run the clinics in the state general hospitals.
❑ Establish inter-sectoral liaison at state levels so as to ensure other sectors include mental health in planning and implementation of their services (eg education, prisons, justice system)
❑ Support LGAs in provision of mental health services in Primary Health Care system through advocacy for investment in services at this level, and training and supervision of relevant staff on an ongoing basis
❑ Offer expert input into state medical, nursing and community health officer training programmes, particularly practical experience

13. Financing

❑ Different elements of the policy shall be funded through the appropriate agencies mentioned in each section. Major service delivery will follow

the constitutional principle of the three tiers of health care being funded by Federal, State and Local Government respectively,

❑ In provision of services, there shall be an effort made to adhere to the principle of equity, ie; when designing activities and services, there shall be a focus on ensuring that the benefits can be accessed by all, and in some cases it will be necessary to build in provision for the most vulnerable or marginalised who may find it hardest to access care.

❑ There should be a rational balance between resources committed to mental health and physical care, which reflects prevalence and needs.

❑ In keeping with recent developments, Public Private Partnership (including NGOs) shall be encouraged as a working model for providing, and funding, services.

❑ Provision for the needs of people with mental health problems should be included in mainstream initiatives in health and other sectors. A key mechanism is the National Health Insurance Scheme (NHIS), which in its criteria for accessing payments, must recognize the specific characteristics of mental health care needs, that disorders may be chronic and relapsing so that provision for brief acute treatment is not sufficient, and that persons with mental health problems may find payment into the scheme particularly challenging.

14. Research capacity

❑ Strengthen research capacity especially health services research and epidemiology

❑ Plan national epidemiological study to include assessments of disability, risk factors (socio-demographic, life events, social supports, social networks, service use)

❑ Evaluate PHC training

❑ Audit needs and outcomes of inpatients

Presented by the Honorable Minister of Health
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