

Nigerian primary health care workers: a pilot survey on attitude to mental health*

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The history of health services in Nigeria shows that the earliest services were provided for sailors and slaves. Later, government services were introduced mainly to cater for European civil servants and military personnel. Since the introduction of these rudimentary services, the health services in Nigeria have undergone a series of developmental epochs.

Until recently, the pattern of health care services in Nigeria and most developing countries was beset by a multitude of problems. Prominent among these were the dearth of qualified personnel, lack of basic health statistics, poor coverage and inappropriateness of orientation, with a disproportionately high human and material investment on curative services to the peril or detriment of preventive services. In addition, well thought out health policies have met with poor implementation, resulting in poor efficiency and wastage.

Following the Alma Ata declaration of 1978 on the appropriateness of 'primary health care' as the key to the provision of 'health for all by the year 2000 AD', Nigeria and the international community have made a volte-face towards primary health care because secondary and tertiary health institutions have failed to cater for the health needs of the larger majority of the populace. The Alma Ata proceedings has 'the promotion of mental health' as one of its main contents. In Nigeria, the government has also recognised the need to include the provision of mental health services as one of the cardinal objectives of the National Primary Health Care Programme. Since this latter development, one major issue that has been raised by mental health professionals is on the preparedness of the existing primary health care personnel to embrace the concept of providing a mental health service at their various units.

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The literature review in Nigeria reveals that most attitude surveys on mental health have focused mainly on comparing the views of those with formal education (educated) versus those without (uneducated).^{1,2,3} In 1977, Ayonrinde and Erinsho⁴ surveyed the attitudes of a few professional care agents such as nurses, medical students and some community leaders towards the mentally ill. In this study, which was only a minor aspect of a major experiment aimed at encouraging the utilisation of a new psychiatric facility, only one third of the respondents could be designated as primary health care workers. Therefore, because of the correct emphasis on the incorporation of mental health into primary health care, we believe that an attitude survey of primary health care workers is necessary, as it will guide health planners and educators on how to re-orientate this category of health workers, as well as on what to include in the training curriculum of future primary health care workers.

This pilot study is therefore aimed at:

- (a) assessing their attitude about mental health principles and to the mentally ill
- (b) assessing their preparedness for coping with mental health problems at their centres.

The study

Ogun State is one of the 21 states in the Federation. There are 10 local governments in the State, one of which is Abeokuta Local Government (where this pilot study was conducted). This was chosen because of its proximity to the Aro Neuropsychiatric Hospital (where we work).

The Medical Officer of Health in charge of the local Government was approached for information on the existing primary health care set-up there. Information obtained revealed that there are 18 dispensaries/maternity centres in this local government and within these are various cadres of primary health care workers, e.g. pharmacy technicians, community health assistants or community health aides, public health superintendents, staff nurses/midwives who together constitute the frontline contact with the

community; they are under the supervision of the Medical Officer of Health.

A questionnaire was then drafted to solicit information on the following:

- (a) general demography of the primary health care workers
- (b) their knowledge about mental health principles (e.g. aetiology of neuropsychiatric disorders and effective therapeutic approaches)
- (c) their attitude towards the mentally ill
- (d) their preparedness to attend to mentally ill patients presenting at their centres.

The questionnaire was anonymous and brief (23 short questions) and the health workers were circularised through the Medical Officer of Health who also assisted in the collection of completed questionnaires.

Out of the 54 primary health care workers functioning within the 18 dispensaries/maternity centres, it was possible to obtain the views of only 32 (59.3%), comprising 15 males and 17 females.

Of these, 13 (40.6%) were pharmacy technicians of various grades, eight (25%) were public health superintendents whilst the remaining 11 (34.4%) were either midwives or staff nurse/midwives; 20 respondents worked in dispensaries/clinics, ten in maternity centres whilst the remaining two did not state their place of work.

Of the 26 who responded to the question on age, eight (30.8%) were aged between 20–29 years and another eight were between 30–39 years; nine (34.6%) were between 40–49 years whilst only one was above 50.

Nearly all (30) had either full or part secondary education before going to a health training institution, whilst the remainder (two) built only on their primary school education.

Of the respondents four (12.5%) had less than five years experience as health workers, 14 (43.7%) had between five and nine years experience whilst 13 (40.6%) had worked for ten years or more. One respondent did not indicate his length of experience.

A previous exposure to psychiatry during training was claimed by 18 (56.3%). They were made up of eight (72.7%) of the nurses, five (62.5%) of the public health superintendents and five (38.5%) of the pharmacy technicians.

Only three (9.4%) of the respondents claimed to have previously attended to mentally ill patients who presented at their centres.

Of the 31 who responded to the question on whether mental illness may be due to charms, evil spirits, witchcraft etc, three (9.7%) believed that it was 'impossible', 23 (74.2%) believed it was possible 'occasionally' whilst four (12.9%) believed they were responsible 'most of the time'. One (3.2%) respondent believed it is 'always responsible'.

Out of the 31 respondents to the question on whether mental disorders are due to emotional problems (e.g. worries, anxieties), five (16.1%) believed they were 'always', nine (29%) believed they were 'most of the time' and the remaining 17 (54.9%) believed they were causative 'occasionally'.

On the question as to 'How often mental illness is transmitted to a baby when breastfed by a mentally ill mother?', 16 (51.6%) believed it 'never happens', 12 (38.8%) believed it happens 'occasionally', one (3.2%) believed it happens 'most of the time' whilst the remaining two (6.4%) believed it happens 'always'.

On the question as to 'How often mental disorder is transmitted to a person when he is bitten by a lunatic on the street?', 23 (74.2%) believed it never happened whilst the remaining eight (25.8%) believed it was possible. Of those who believed this was possible, 70% never had lectures in psychiatry during their training, none was a trained nurse, four were pharmacy technicians and the remaining four were public health superintendents.

When asked is it possible to transmit epilepsy by coming into contact with the saliva of an epileptic, 23 (74.2%) believed it was 'impossible', whilst the remaining eight (25.8%) believed it was 'possible'. A similar question on the possibility of contacting epilepsy following physical contact with a lizard showed that five (16.1%) believed it was 'possible'.

The belief that mental illness responds better to traditional remedies than orthodox treatment 'most of the time' or 'occasionally', was held by 22 (71%).

Of the respondents, nine (29%) would prefer to be treated with a combination of traditional and orthodox therapies should they develop mental illness whilst one would prefer solely native treatment.

Fifteen (47%) of the respondents indicated that their centres were able to offer emergency treatment to an acutely disturbed mentally ill patient but 20 (62.5%) respondents would not like to attend to mentally ill patients in their health centres. Of this number, 12 (60%) had no psychiatric tuition during training. There was a statistically significant relationship (χ^2 4.1, $P < 0.05$) between those who had psychiatric lectures during training and willingness to attend to mentally ill patients at their centres.

Out of the 20 who felt negative about attending to psychiatrically disturbed patients presenting at their health centres, 11 (55%) were pharmacy technicians, seven (35%) were nurses whilst the remaining two (10%) were public health superintendents. On the whole, 11 (84.6%) of the pharmacy technicians, two (25%) of the public health superintendents and seven (63.6%) of the nurses belong to the group of respondents who would not like to attend to mentally ill patients at their health centres.

Comment

The results of this pilot study suggests that general awareness about mental health principles is low among the primary health care workers studied. Out of every ten, nine believe that mental disorders may have a preternatural basis and one out of every two believe that mental illness is transmissible by breast feeding. This low awareness about mental health principles is in keeping with a previous finding.⁴

Only one out of every ten respondents had previously had to deal with mentally ill patients at their centres. This may suggest that the generality of the people at the grass roots in the local government area studied are yet to identify mental health problems within primary health care facilities. It may seem to the average person that these facilities are meant to cater only for non-mental health problems. It may therefore be necessary to educate people about the functions of these primary health care facilities.

One disquieting finding is that about one out of every two primary health care workers studied did not have mental health tuition during training. Those who never had such psychiatric training formed the bulk of those who believe that mental disorder can be transmitted by a bite from a lunatic. They also predominate among those who preferred not to attend to mentally ill patients at their health centres. It is obvious from a previous study⁴ that the views and attitudes of persons are susceptible to change following education. We therefore strongly advocate that, if the current move to integrate mental health into the existing primary health care programme is to succeed, these workers and their colleagues in training should have adequate exposure to mental health principles.

When offered a choice between 'orthodox', 'traditional' or 'combined treatment' should they develop mental illness, one out of every three respondents indicated a preference for a combination treatment. This is disturbing in view of the fact that these frontline caregivers are still ambivalent about the

superiority of 'orthodox' over 'traditional' therapy in the management of psychiatric illness. This is however understandable in the light of their animistic views on the aetiology of neuro-psychiatric disorders.

One out of every two respondents reported that their centres are unable to offer any emergency treatment to an acutely disturbed patient. The reasons for this may include material infrastructural deficiencies and lack of previous exposure to the handling of neuro-psychiatric emergencies. In pursuance of the intended integration of mental health into primary health care therefore, it is advocated that these deficiencies be rectified.

It can be concluded from this pilot study that the primary health care workers studied within the Abeokuta Local Government area are poorly enlightened about mental health principles. Equally, some hold negative attitudes towards the mentally ill. It is therefore advocated that this group of health workers should be exposed to continuing education in the area of mental health principles. The training curriculum of such workers should emphasise the management of common neuropsychiatric conditions which may present at the primary health care units.

References

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