

STRATEGIES FOR IMPROVEMENT OF MENTAL DISORDERS IN CENTRAL HOSPITAL, WARRI: A TOOL FOR GUIDANCE AND COUNSELLING SERVICE

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Abstract

This paper clinically analyzes the cases of mental disorder in Warri and its 'environs as recorded in the central hospital Warri and its environs. A population of 159 recorded cases including adult males, females and children were used for the study. Two research hypothesis and three research question were formulated and the instruments of data collection were interview and observation. The result shows that there is an increase in the prevalence of mental disorders in Warri and its environs with women experiencing more mental disorders than men. Similarly, same types of mental disorder are more prevalent than others in Warri and its environs. Strategies such as a holistic approach by mental health professionals, government adequate intervention in mental health care are recommended as improvement strategies in the mental health care delivery system in Nigeria.

Keywords: *Mental disorder, prevalence, psychiatrist, psychiatric nurses, psychologists, counsellors, treatment, improvement strategies.*

Introduction

The human race has been pre-occupied with explaining and controlling problematic behaviour over the ages. This problematic behaviour have been termed as abnormal behaviour which is being studied and managed by mental health professionals. In the field of psychology, the concept of mental health falls within the realm of clinical psychology which is a specialized field of psychology that studies the ethiology, diagnosis, prognosis and treatment models of abnormal behaviour. Thus, the clinical psychologist, the psychiatrist, psychiatric nurse, psychotherapist, counsellors and social worker, constitute what. Is now known as mental health professionals. They complement each other in providing help to those suffering from mental illness (disorders) in societies.

Most students of psychology are mostly captivated by topics in abnormal psychology as they learn firsthand on behavioural issues affecting them, their relatives and friends. (Collins, 2007) stated that "students are eager to learn why some people including (university) college young people would develop

symptoms of mental illness. They showed interest in the different types of pathology and how treatment by counselors and other mental health professional could bring improvement and sometimes failed. He concluded that occasionally, a whole class would visit a local mental hospital and spend a week-end interacting with the patients and staff, learning firsthand about the struggles of people who were mentally ill.

Mental disorders have a long history worldwide, beginning from its earlier recognition in the 6th century B.C in Egypt with references to senile dementia, melancholia and hysteria (Collins, 2007), to its present state of classification. Causes and symptoms of mental disorders have been identified over the years and efforts to understand and control these abnormal behaviour have always been derived from the prevailing theories and models of behaviour at the time (Barlow and Durand, 1995 cited in Ademola (2002). Thus mental disorder have been diagnosed and treated through the supernatural models (belief in demons witchcrafts, evil spirits, moon and stars etc) as the causes of mental disorder), to biological-medical models (psychological and behavioural and scientific approaches to the understanding of mental disorders). Collins, (2007) asserts that treatment, approaches to mental disorders have changed overtime with the development of psycho pharmaceutical drugs, psychological and behaviour therapies of mental disorders is best understood from pre-colonial traditional health care system to the scientific health care system (Asabor, 2006). He also asserts that the scientific approach to the care for the mentally ill had its first light in 1950 through psychiatry and psychiatric nursing, with an added impetus in 1954 with the establishment of the Aro mental hospital Abeokuta by Professor T.A. Lambo. Interest on mental disorder in Nigeria is also influenced from family members, friends, relatives and organizations that have either experienced or are experiencing one form of disorder or another.

What is mental disorder? There has been varying definitions on mental disorder, this paper however adopts that of (Widiger and Trull, 1991) cited in (coon, 2000) who defined mental disorder as a significant impairment in the psychological functioning of a person. This implies that there is a measure of alteration or distortion in the mental and physical operations of the person suffering from a mental disorder (Okoro and Ikekhua, 2008). It is important to mention here that a number of terms are often used as synonyms for psychological disorder and they include abnormal behaviour, abnormality, mental disorder and mental illness (Barlow and Durrand, 1995 cited in Ademola (2002). This paper however discusses the term mental disorder.

Mental disorders are not the same and researches have proved that mental illnesses are of different type and different severity (Asabor, 2006). Several types of mental disorders have been identified and classified into different categories. One of the widely recognized and acceptable scientific classification, is the diagnostic and statistical manual (DSM) of the American psychiatric Association, which is in its fourth edition otherwise called DSM-IV (APA, 1994). The DSM-IV publication classifies and categories mental disorders into five domains known as axes (Collins, 2007). It is beyond the scope of this paper to discuss in details the categories of these mental disorders, but the researchers' presents an overview of some them of occurring in Warri and its environs and environs as recorded cases as shown below. It is from within these recorded cases that the researchers choose eight for clinical analysis in the Central Hospital, Warri and its environs.

Types of Mental Disorder Cases in Central Hospital Warri and its Environs.

- (1) Agitated depression
- (2) Schizophrenia
- (3) Mania
- (4). Affective Disorder
- (5) Bipolar affective disorder
- (6) Organic Brain Syndrome
- (7) Puerperal psychoses
- (8) Depression
- (9) Anxiety
- (10) Suicidal Attempt
- (11) Epilepsy
- (12) Relapsed psychoses
- (13) Acute psychoses
- (14) Fibril Psychoses
- (15) Childhood disorders
- (16) Drug Abuse disorder
- (17) Dementia

However, the researcher would like to explain some of these briefly:

1. **Schizophrenia:** This is a serious mental disorder characterized by loss of contact with reality (psychosis), hallucinations, delusions (false beliefs) abnormal thinking, and disrupted work and social functioning (Townsend, 2002 Chapman, 2005, Igharosa and Uruejoma, 2013). From this definition, it is obvious that schizophrenia is the illness with symptoms corresponding most closely to the popular conception of madness. For the purpose of this paper, the researcher propose that schizophrenia is a group of related serious mental disorders, characterized with evidence of split mind (for example, impairment of willing, feeling and awareness abilities to mention a few), and evidence of loss of contact with reality.
2. **Mania:** This is a mental illness characterized by excessive physical activity and feelings of extreme elation that are grossly out of proportion to any positive event.
This definition gives a picture of what may be referred to as psychological scale”, this is an abstract device by which an individual state of mood can be measured by observing the ‘look’ and activity of the individual (Olumuyisva and Akin, 2005; Adreason, Nancy, Donald and Black, 2006 and Bhatia, 2010).
3. **Depression:** This is another pole of mood disorder, the other one is mania. Depression is an important psychiatric illness, characterized by prolonged state of sadness with accompanying features of dejection and loss of value for living. An episode of depression typically last between 6 and 9 months with mild degree in the beginning and at the ending of the episode. Some cases can last up to two years. Episodes of depression can recur for several times during life. Although the causes

(aetiology) of depression is not fully understood; the following factors are associated with the cause: genetic factor, endocrine factor, infection, surgery and accident, bereavement, electrolyte imbalance and personality type (Asabor, 2006, Odebunmi. 2008 and Osadolor. 2008).

4. **Epilepsy:** It is a paroxysmal (sudden attack) and transitory (reoccurrence) disturbance of brain function causing characteristic abnormal electrical discharge which result in the disturbance of movement, feeling or consciousness. It is commoner in infancy, childhood and adolescence. It is caused by the following: hereditary, brain trauma or injury especially during childbirth, cerebral tumor, infection i.e. meningitis, syphilis etc; metabolic disturbance for example Hypoglycaemia, brain disease like cerebral arteriosclerosis, sudden withdrawal of certain drugs like anti convulsants, the cause could be unknown (idiopathic). The epileptic personality is aggressive, impulsive, moody, egocentric, self righteous and may be extremely religious.

There are five (5) types of epilepsy namely: Grand mal major epilepsy, petit mal or minor epilepsy, Temporal lobe or psychomotor seizures, focal or Jacksonia epilepsy and status epilepticus (Igharosa and Uruejoma, 2013:103).

Research Questions and Hypothesis

The researcher proposed five research question/hypotheses to guide us in the research.

Research Hypothesis

1. There is an increase in-the prevalence rate of mental disorders in Warri and its environs on a yearly basis.
2. Men are likely to suffer more from mental disorders than women in the environment.

Research Questions

3. Are some types of mental disorder more common than others in the environment?
4. Do children also suffer from mental disorders in the Warri and its environs environment?
5. What are the treatment approaches available in treating mental disorders in Warri and its environs and its environs?

The Problem

There tend to be limited information and empirical data on mental disorders in Nigeria and Warri and its environs in particular. This dearth of information could be influenced by the traditional and religious beliefs of the people in the area in providing information about the mentally ill by relatives or loved ones for fear of being stigmatized or labeled. This enables them to hoard such vital information from researchers, except when the patient in taking to the hospital.

This research is therefore clinically based in Warri and its environs to determine the prevalence rate of mental disorders in Warri and its environs and its environs, me types of mental disorder occurring in Warri and its environs, the most prevailing types and the treatment options available at the central hospital Warri and its environs. The researchers acknowledges the fact that family, members and friends do resort to traditional healing homes as well as seek spiritual healing for the mentally ill, therefore another problem of

research is to generate empirically based data from the central hospital Warri and its environs, which is the only government hospital with a psychiatric unit that handles mental disorders in area. The research covers a four year period, 2010-2013.

Methodology

The research is a descriptive survey, which clinically analyses the type of mental disorders in Warri and its environs. The descriptive survey helps to answer the research questions and hypothesis without testing them statistically. The researcher stated his mission to the hospital unit and was granted interview and access to information. The instruments for data collection are case history, observation and interviews from the psychiatric unit of the Central Hospital Warri and its environs within the period of study 2010-2013. The data contains types of mental disorders, number of Adult males, female and children. The data also contains number of admitted cases during the period under review as well as treatment models. The population for the study involved recorded sample size of 226 patients, 33 observed patients and three interviewed staff which consists of 1 medical doctor (psychiatrist) and 2 psychiatric nurses (matrons).

The interview questions, include the following:

1. How many psychiatric doctors and Nurses do you have in the psychiatric unit of the hospital?
2. Do you think the number is adequate when compared to the number of cases handled by the unit?
3. Can you give an estimate of the number of cases handled by this unit on a daily or weekly basis?
4. What are the different types of mental disorders the unit handles?
5. Is there other governmental hospital around Warri and its environs that handles mental disorder cases?
6. Do you think the number of cases you handle in this hospital is a true representation of the number of mental, disorder cases occurring in Warri and its environs and its environs? Give reasons.
7. How do you gather information about your patients?
8. What methods of diagnosis do you use to diagnose your patients?
9. Are there other group of mental health professionals in the hospital?
10. What are the treatment models you offer in the hospital? Their responses were recorded.

Data Presentation/Analysis

S/n	Types of Disorders	1 2010		2011		2012		2013		
		Male	Female	Male	Female	Male	Female	Male	Female	Total
1.	Agitated depression	3	10	1	5	1	2	2	1	24
2.	Schizophrenia	-	3	5	2	5	2	5	3	25
3.	Mania	6	10 $\frac{C}{2}$	5	8	10	5	6	12	64
4.	Affective disorder	-	4	2	3	4	5	3	1	21

5.	Bipolar disorder	-	-	3	2 $\frac{C}{T}$	6	3	12	8	35
6.	Organic Brain disorder	3	1	1	1	2	2	5	2	17
7.	Depression	4	8	2	6	3	5	2	10	10
	Total	16	36 $\frac{C}{2}$	18	27 $\frac{C}{T}$	31	24	35	36	22
	Grand total	52 C2		45 C1		55		71		226

Source: Psychiatric Unit of Central Hospital, Warri and its environs-Delta State, Nigeria

Result

The researchers investigated even types of disorder occurring in Warri and its environs from 2010-2013 and choose the (first three highest disorders and gender to answer our research hypothesis. From the data presentation in the table above, the result shows that in 2010 a total of 16 males and 36 females suffered from various form of mental disorder with mania being the most prevalent with 6 males and 10 females and 2 children followed by agitated depression with 3 males and 10 females, next was organic brain disorder with 3 males and 1 female and mild depression with 4 males and 8 females. In 2011, a total of 46 persons suffered from mental disorders with mania prevailing more with 5 males and 8 females, affective disorder with 2 males and 3 females, Bipolar disorder with 3 males, 2 females and 1 child followed by schizophrenia with 5 males and 2 females. The year 2012 recorded a total of 55 persons with mental disorders. Again mania had the highest rate of 10 males and 5 females, Bipolar 6 males and 3 females. Schizophrenia had 5 males and 2 females; affective disorder had 4 males and 5 females; organic Brain disorder had 2 males and 2 females and finally mild depression 3 males and 3 females.

In 2013, 71 persons suffered from mental disorders and bipolar disorders prevailed more with 12 males and 8 females, followed by mania with 6 males and 12 females; Schizophrenia had 5 males and 3 females; others include: Organic brain disorder with 5 males and 12 females; mild depression with 2 males and 10 females and the last Agitated depression had 2 males and 1 female.

Similarly, the result shows mania disorder occurred 64 times in four years of representing 28.32% of the disorder in Warri and its environs. Bipolar disorder occurred 35 times representing 15.4% and Schizophrenia occurred 25times representing 11.06%; others include: mild depression occurred 40 times representing 17.70%; Agitated depression occurred 24 times representing 10.62%; affective disorder occurred 21 times representing 9.29% and finally, Organic Brain disorder occurred 17 times representing 7.52% using the percentage computation of:

$$\frac{\text{No. of occurrence} \times 100}{\text{Total No. of occurrence}}$$
 e.g. $\frac{64 \times 100}{226} = 28.32\%$

Findings/Discussion

From my research result, it was found that all the mental disorder cases investigated by the researcher, exists in Warri and its environs and its environs as the researcher was able to interact with some nurses and

doctors there. Similarly, the result indicate a progressive annual increase in mental disorders in Warri and its environs and its environs as the researcher recorded 52 cases in 2010,45 cases in 2011,55 cases in 2012 and 71 cases in 2013. This finding thus confirms the researchers' first hypothesis that there is a steady increase in the prevalence rate of mental disorders in Warri and its environs and its environs. However, the rate of increase is low. From the data analysis the researcher found that between 2010-2013 a total of 100 males suffered from mental disorder while a total of 123 females suffered from disorder in Warri and its environs and its environs. This however, does not, confirm the researcher's hypothesis that men are likely to suffer more mental disorder than women, as it was only in 5 that men prevailed more. The researcher thus rejects the hypothesis from the research findings.

To answer first research question, the result indicates that mania, bipolar and schizophrenic disorders in that' order, are more common or prevalent in Warri and its environs than other disorders indicated in the result 28.3%, 15.49% and 11.06% respectively. The findings of the second research question is of no significant value as only 3 children were recorded to suffer from mental disorder during the period. 2 children suffered from mania in 2010 and another 1 suffered from Bipolar disorder in 2011.

From item 10 in my interview, respondents say they use chemotherapy, psychotherapy and Electro Convulsive Therapy (ECT), occupational therapy and rehabilitation therapy as treatment models for their patients. This answers my third research question. 'From these findings, the researcher was able to confirm one hypothesis and reject the second. Similarly, all my research questions were confirmed however with a very insignificant value of my second research question. The method of data collection and analysis could have influenced the findings of the research; the researcher therefore suggests further research to improve on this study.

The responses to some of the interview questions reveal the following:

- (a). There is only one qualified and trained psychiatric doctor and seven trained psychiatric nurses in the unit in Central Hospital Warri.
- (b). The number is very inadequate when compared to the number of cases handled by the unit.
- (c). There is no other governmental hospital handling mental disorder cases in Warri and its environs.
- (d). Most cases of mental disorders in Warri and its environs and environs are not reported in the hospital for fear of stigmatization and labeling.
- (e). Information on mental disorders are gotten from family members mostly who are used to collaborate those received from clients.
- (f). Interview and observation are the methods of diagnosis employed in the unit of Central Hospital, Warri.
- (g). Apart from psychiatrist and nurses, there are no other mental health professionals like clinical psychologists, social workers, counsellors, to mention hut a few in the hospital apart from auxiliary staffs.

The findings thus informed my recommendation for improved mental health care in the area, and Nigeria in general.

Recommended Strategies for Improving Mental Disorder in Warri and its Environs of Delta State

The concept of mental health cannot be handled from a single approach, but a multi-dimensional strategy is required to proffer solution. This calls for a concerted effort from all mental health professionals and stakeholders to render their professional expertise in providing quality mental health care for mental disorder patients. To achieve this, the researcher is recommending the following strategies.

- The government as custodian of health care delivery system in Nigeria, should give priority attention to mental health care both at the local, state and federal levels by providing more mental health care centres and expanding existing ones like that of the Central Hospital Warri and its environs. Adequate equipments and infrastructures should be provided and maintained.
- In addition, with the increasing rate of mental disorder in our society, government should employ adequate personnel from mental health professionals including psychiatrists, psychiatric nurses, clinical psychologists, counselors, social workers to render professional services to the mentally ill in our society. This is a holistic approach to mental health delivery in Nigeria.
- Mental health professionals should endeavour to deliver quality services, in this aspect of our health care delivery system and thus uphold the ethics of their various professions. This will help to compliment government efforts as service providers.
- Another strategy to improving mental health in Nigeria is for mental health professionals to be involved in vigorous research on mental disorders in Nigeria. Various research methods should be adopted in achieving this exercise.
- Professionals should pool resources together to embark on vigorous campaign in collaboration with relevant government agencies in educating the citizenry on the need to provide information about the condition of their mental health and the dangers of hoarding such information. They need to be enlightened on the benefits of visiting the hospitals when mental illness arises instead of relying on traditional and spiritual help alone. This can be achieved through seminars and workshops involving local community leaders.
- The drug subsidy policy for the mentally ill is already in place, but need to be monitored to avoid abuse as corruption has been identified as one of the bane of the Nigerian society.
- A multi-dimensional treatment approach should be vigorously pursued where both drug therapy and psycho-social therapies will be employed in treating the mentally ill. This treatment should not be seen as the exclusive preserve of any one professional.
- Knowledge of modern drugs chlorpromazine, thelidiazine, trifloperazine etc as used in the central Hospital Warri and its environs should be advanced so that every professional should be knowledgeable about current and modern and modern treatment approaches in mental health care.
- Rehabilitation therapy which according to Asabor, 2006 is the most important aspect of treatment of a patient but has not been given enough consideration in Nigeria. Government and mental health professionals should explore this therapy to the fullness to improve our mental health care system.
- There is a widespread stigma against admitting that one has a mental disorder, and many people who could benefit from treatment do not get it (Collins, 2007). Government should establish a

commission on mental health to deal with such stigma and focus on the idea that mental disorders are real illnesses from which people can recover.

- Mental health professionals do often ignore spiritual intervention, but they are very important to people who believe in God and his power to heal. Collins, 2007, posited that some evidence suggests that people with severe mental disorders who have a strong religious faith and who attend religious services are active recipients to spiritual support. They have a greater belief that their problems can be controlled and cured and can therefore be empowered to co-operate with mental health care professionals in adhering to treatment models. The researcher thus recommend, spiritual intervention should be encouraged as an improvement strategy.

Parents and teachers who handle the mentally retarded need counselling in their management of these children. Some of the following counselling services can be rendered: identification of the mentally retarded, guidance in self-help and socialization skills, occupational service, placement service and counselling service to parents and patients. Parents, relatives often are unable to come to grip with the situation of their parents, relatives, children, colleagues, husbands and wives. They see the situation as a calamity and a tragedy. They continue to hope the patient will improve. Some seek unorthodox means to get the patient well through spiritual consultations with traditional medicine, churches, mosques to affect a cure. By the time the patient is referred to the relevant government agencies specialists like psychiatrists, psychologists, counsellors, the patient is totally traumatized emotionally. (Oriaflo, 2005).

Conclusion

Mental disorders have become a global concern as the prevalence rate of the general population of schizophrenia has been put at 0-2%. Empirical research is needed to determine the growth rate in Nigeria. To this end, it becomes imperative for all stakeholders including government agencies, mental health professionals, psychiatrists, psychologists, counselling parents and the general public to pool resources together and embark on enlightenment campaign to dispel the myth of the unsuspecting public about the myth of mental disorder. Mental health professionals should focus research on various types and sub-types of mental disorders their etiology, diagnosis, prognosis and treatment models as a means of contributing to mental health care delivery system.

To lessen the incidence of mental disorders, we must reduce problems in such areas as organic factors, stress and exploitation of various kinds and increase resources in such areas as coping skills, self-esteem and support groups in achieving mental health care delivery system in Nigeria and Warri in particular.

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