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President Buhari On the 5th of January 2023, President Muhammadu Buhari signed a new Mental Health bill into Law, repealing heretofore extant law, which was known as the Lunacy Act CAP 524, of the Laws Of Nigeria 1964. The signing of the Law is likely to be one of the achievements the beleaguered Nigerian leader is remembered for through history. It is instructive to pause to reflect on where the journey of making laws to protect the interests of people suffering from Mental Illness started in the world, and to get a measure of the difference between a Lunacy law, and a Mental Health law. The original Lunacy Act came into being in the United Kingdom in 1890. It has undergone several transformations since then. Vigorous advocacy led by the Royal College of Psychiatrists, and several NGOs, as well as changing perceptions and sensitivity in society have led to regular revisions of the law. As recently as January 2021, the Government of the United Kingdom put out a White Paper containing wide-ranging proposals for the reform of the Mental Health Act 1983 (as amended in 2007). It is an area of continuous engagement between the government, the mental health profession, and the society at large. The changes in the law reflect and accommodate developments in the Science, as well as evolving sensitivities in society itself. The Nigerian legislation, which was in force during the colonial era was known as the Lunacy Ordinance of 1916. It derived its roots, and its knowledge base, or lack of it, from the Lunacy Act of 1890 in England. In 1958, it underwent some minor tinkering and was renamed the Lunacy Act. In essence, up till the moment President Buhari appended his signature to a new document a few days ago, this faulty, archaic piece of legislation was evidence that Nigerians saw mental illness as a monolithic and rather abhorrent entity, instead of hundreds of different diagnoses with different causations and trajectories, like physical illness. Members of the mental health professions, depleted in their numbers, often driven to despair by widespread ignorance and negative social attitudes, have a cause to smile at last all the developments in the Science of understanding the human mind had essentially passed Nigeria by. The failure to advance the perception of Mental Health in Nigerian society is reflected in the pejorative language that is used to describe any form of mental illness in common parlance, in the denial of symptoms as a result, and in the shabby way anyone with a record of mental illness, even if fully recovered, is treated everywhere. It has led to widespread stigma and neglect, and is reflected in the depictions of mental illness in Hollywood films. The effort to pass Mental Health legislation reflective of the state of modern knowledge and international standards as codified by the World Health Organisation has been in the works for more than twenty years. The first draft legislation was introduced by Dr Martyns-Yellowe, a notable psychiatrist and Senator, along with Senator Dalhatu Tafida in 2003. It struggled vainly for attention in a National Assembly that was more interested in other things, and was withdrawn after six years of futile effort. Given the rapid pace of advancement in the Science, it is not surprising that the draft legislation, originally packaged by the Association of Psychiatrists in Nigeria (APN) at the turn of the century, would have aged and become obsolete in parts by the time it finally negotiated a passage through the brie-a-brac of Senate discussion, interrogation and amendment in 2020. Its final, successful passage was championed by Senator Ibrahim Yahya Oloriegbe a soft-spoken medical doctor with a passion for mental health. Even the best Mental Health laws in the world are not set in stone, and will always require regular updating, if only to keep pace with the state of knowledge on the workings of the human mind and the management of its frailties. Read also: Practitioners laud FG for signing Mental Health Bill. Looking through the draft law that was transmitted from the National Assembly to the Presidency for executive ratification, some interesting changes jump at the eye. There is not now going to be an independent National Commission for Mental Health and Substance Abuse Services. Instead, a Department for Mental Health Services, within the Federal Ministry of Health (The Department) will take charge of the duty, and the resources, needed to oversee the structures and implementation of the Mental Health Law. The body set up monitor and protect the rights and interests of the mentally ill, especially when they are involuntarily admitted into designated treatment facilities, will not be known as a Mental Health Review Tribunal, which is the usual description in many countries. It will carry the rather grand title of Mental Health Assessment Committee. A Mental Health Fund is to be set up, funded from contributions, grants and official allocations, with the objective of providing financial resources for the implementation of the provisions of the law. The law does not state if access to treatment will be funded across the board, or restricted to the needy, or if there is going to be some form of connection with National Health Insurance. And the law itself is rather unitary, with a concentration of power and responsibility in the Federal Ministry of Health, which may encourage a mindset that is detrimental to effective implementation at state level. The landmark event of the 5th of January 2023 is a belated, but welcome development for Nigeria. Though the protections of the law are almost exclusively for the most extremely ill and vulnerable minority among the one in five people in society who have, or will have, some form of mental illness at some time in their lives, it acknowledges the reality of Mental Illness and seeks to develop a humane official attitude that will make treatment a right for citizens, oppose discrimination, fight stigma, and protect the human rights, including legal rights, of vulnerable citizens. Members of the mental health professions, depleted in their numbers, often driven to despair by widespread ignorance and negative social attitudes, have a cause to smile at last. Join Business Day whatapp Chat to stay up to date Open in whatapp Opportunities and challenges to integrating mental health into HIV programs in a low- and middle-income country: insights from the Nigeria implementation science Alliance. Ezeanolue EE, Iheanacho T, Adejedie IA, Ituanyi IU, Olakunola B, Patel D, Dakum P, Okonkwo P, Akinnurede T, Obiefune M, Khamofu H, Oyeledun B, Aina M, Eyo A, Oleribe O, Oko J, Olutola A, Gobir I, Aliyu MH, Ayila G, Woelk G, Araruna G, Siberry G, Starke R; Nigeria Implementation Science Alliance. Ezeanolue EE, et al. BMC Health Serv Res. 2020 Sep 29;20(1):904. doi: 10.1186/s12913-020-05750-0. BMC Health Serv Res. 2020. PMID: 32993621 Free PMC article. Nigerias new law shines spotlight on mental health care in Africa. Nigerias new mental health act establishes human rights protections for patients and promotes community-based care, offering a roadmap for other countries, despite ongoing challenges. The challenges associated with mental health care in Africa are myriad. Few and unenforced laws. Inadequate policies. Weak systems. Poor funding. A limited workforce. Paucity of data. COVID-19. There are also wide gaps in research, policies and practice whose closing could deliver swift results to improve mental health. Credit: melita / Alamy Stock Vector. Early in 2023, Nigeria signed a new law that is expected to overhaul mental health care in the country. Well received by mental health practitioners and advocacy groups, the law has been described as a paradigm shift in Nigerias mental healthcare sector. Nigerias new law establishes a National Council for Mental Health and Substance Abuse Services that will promote good mental health and provide humane care, treatment and rehabilitation. The new national council has the authority to establish and enforce care standards and to establish a Mental Health Review Tribunal that will protect patients interests and guide against intrusive or irreversible treatments. The law also outlines the integration of mental health into primary care at the local government level and prohibits discrimination against and stigmatization of individuals with mental illnesses. Frankly, my initial reaction when the bill was signed into law was tears. I felt maybe there was just some opportunity for things to change, especially in relation to health, public health professional and mental health advocate Yinka Shittu tells Nature Medicine. The law was Nigerias first mental health reform since its independence in 1960, with attempts to revise the law in 2003 and 2013 having failed. In the past, attempted suicide would be reported to law enforcement authorities, resulting in arrests, convictions and jail time. Shittu saw this up close during his time at a law firm that took on several attempted suicide cases on a pro bono basis. We had a case of someone who had attempted suicide and was charged to court and in court, [the prosecution] were just giving us hell. They said to the plaintiff, Oh, you want to kill yourself. We will give you a reason to do that, says Shittu. Up to 98% of people who die from suicide have an underlying mental health condition, including alcohol and drug use disorders, which need treatment, not criminalization, say experts. Six of the ten countries with the highest suicide rates globally are African, according to a 2019 report from the World Health Organization (WHO; Fig. 1). The report also showed that Lesotho has the highest rate of suicide for women globally (Fig. 2). According to the WHO's World Mental Health Atlas, Africas mental health systems are inadequate with the continents burden of mental, neurological and substance use disorders. Only 49% of Member States in the African region have any mental health legislation, and the average government budget allocation to mental health in Africa was US\$0.46 per capita, against the recommended \$2 per capita for low-income countries. Scarcity of human resources is a further challenge, with shortages, poor geographical distribution, and limited or weak competencies noted by the Atlas, as well as maldistribution of specialists. Africas mental health challenge, Shittu argues, is exacerbated by its lack of visibility as compared to, for example, outbreaks of infectious diseases. The continents peculiarly young demography also poses challenges. Africas population is the worlds youngest, with 70% of people living in sub-Saharan Africa being under the age of 30. By 2030, young Africans are expected to constitute 42% of global youth. In its Framework to Strengthen the Implementation of the Comprehensive Mental Health Action Plan 20132030 in the WHO African Region, the global health body alluded to young peoples alcohol consumption as a growing concern in relation to the regions mental and physical health. In Equatorial Guinea, the report noted that 59% of 1519-year-olds, including over 72% of men, consume alcohol. It also revealed that in Angola, the Central African Republic, the Republic of the Congo, the Democratic Republic of the Congo, Equatorial Guinea and Gabon, more than 80% of drinkers aged 1519 years are heavy episodic drinkers. Thelene Sodi, professor of psychology at the University of Limpopo in South Africa, argues that mental healthcare in Africa would be most improved by focusing on young people. Sodi argues for the need to accept the continents culture when tackling mental health. Most mental health studies, research and practice have assumed that mental health problems are the same across the world. There is the need to understand that mental health problems are to a large extent a cultural reality, says Sodi. If we are able to ensure that whatever research that we do on the continent is also taking into account the context, I think we will have gone a long way in terms of addressing the challenges. Many standard tools in mental health are not well suited to an African context. The Impact of Events Scale-Revised (IES-R) is a freely available self-report questionnaire used to assess post-traumatic stress disorder (PTSD). But a 2023 study concluded that although it performed well for indicating possible PTSD, for it to work in a non-war-affected African country, its recommended cut-off points would need to be set higher. Melanie A. Abas, lead author of the study and a professor at the Centre for Global Mental Health at Kings College Londons Institute of Psychiatry, Psychology and Neuroscience, noted that there is a similar challenge with the deployment of the standard computerized test used to detect depression. When a person is feeling depressed, they often start to see facial expressions as more negative, gloomier, angrier or more irritable. However, the current test for this is computerized and uses mainly white faces and some Chinese faces, with only a few tests including some African-American faces. This makes it culturally inappropriate for many contexts in Africa, especially in rural communities. If people cannot understand the test, then they wont complete it, leading to missed diagnoses, says Abas. This is a computerized test, people are expected to press buttons. Its so conceptually different, she says. For instance, one of the questions about alcohol use is What drink are you drinking? accompanied by an image of a martini glass, which many in Africa may be unfamiliar with. These images could be replaced with local options that Africans can connect with more easily, says Abas. In the longer term, mental health researchers should develop new tools involving people from all countries of the world, including in Africa, says Abas. But in the short term, the goal will be to culturally adapt existing tests. We have to talk to people from these cultures, find out their experiences, how they describe [mental health conditions], then we have to incorporate that into the tool, says Abas. Manifestations of mental health conditions are very similar for patients across the world. However, Abas, who has been conducting mental health research in Zimbabwe for decades and is an accredited member of the Zimbabwe College of Psychiatrists, says that individuals may express and interpret their conditions differently, depending on the cultural context. People [in Africa] will often look for a spiritual cause or some kind of traditional cause, says Abas. Abas has also observed that people with depression in Zimbabwe often describe thinking too much, which differs from some descriptions of how people feel with depression in the UK, where people talk of depression [as being] really fed up, feeling sad, feeling miserable. Some symptoms overlap between countries, but there are also differences. Even less is known about anxiety in different contexts, says Abas. We dont even know the language enough for people with anxiety a condition that can last for up to 20 years and could stop an individual from achieving their full potential. In its Comprehensive Mental Health Action Plan 20132030, WHO emphasized a life-course approach to promoting mental health, as well as a goal to achieve universal coverage for mental health conditions. Evidence-based practice was highlighted as a cross-cutting principle of the plan. These improvements will only be achieved with an investment in the mental health workforce. The number of psychiatrists across Africa is 0.1 per 100,000 population, and that for psychiatric nurses is 0.9 per 100,000 population. Abas argues that integration of mental health into other programs, such as HIV and maternal health, can help address the workforce shortage, as these programs receive more funding, especially from international bodies. Abas also extols the benefits of co-production, where services are developed with users. This is a priority, she says. Lets involve people with lived experience to help develop what is needed. For Sodi, integration means getting people who are not mental health professionals involved, including scaling up services run by community health workers, non-governmental organizations and other partner organizations. Sodi also advocates for the involvement of traditional healers, who could deliver some aspects of mental health services. However, such practices are largely discouraged by health authorities, who often consider traditional or indigenous healing practices to be unscientific. Sodi argues that the continents colonial past created an impression that African culture pre-colonization was backward and uncivilized. By extension, our health care systems and other cultural activities and health practices that we had as Africans were considered to be backward, he says. Traditional healing continues to survive, with a 2011 study showing that up to 70% of Africans consult with traditional healers at some point in their lives. Whether traditional and indigenous healing is official or not, people will consult traditional healers, argues Sodi. Some African countries are taking cautious steps towards the limited inclusion of traditional and indigenous healing. South Africa passed the Traditional Health Practitioners Act in 2007, which allowed 200,000 traditional healers to be integrated into the health system. Another approach to expand the mental health workforce is leveraging telemedicine. This can deliver mental health services such as counseling, as has been done for people living with HIV. Remote technology can also be used to train the healthcare workforce, including providing psychiatry training to undergraduate medical students. Better training of undergraduate medical students could increase the number who will specialize in psychiatry, says Sodi. Hussein Hashi Abdulla, co-founder of African health tech startup Quick Health Doctors, tells Nature Medicine that his organization is already working with partners on a pro bono basis to train medical students to specialize in psychiatry in several African countries. Now that Nigeria has a new mental health law, the focus has turned to implementation. Law enforcement officers need to be made aware that attempted suicide is no longer a criminal offence, and the vehicles for implementation, such as the National Council for Mental Health and Substance Abuse Services that the law establishes, have yet to be put in place. With a new administration coming into power in Nigeria in May, a long wait is unavoidable. I dont see things changing immediately in Nigeria, says Shittu. Sodi believes that African countries should look inward to identify how they can improve the health sector, including mental healthcare. The continents leaders should identify priorities and deploy effective local strategies that will yield quick results. Mental health should be sustainable and be able to plug into the health system, instead of countries trying to create something standalone for mental health, says Abas. The mental health of the workforce itself is also crucial. Frontline personnel provide the services and undertake additional mental health initiatives. If the workforce is overworked, some may be discouraged from continuing to provide mental health services, choosing to pivot to less demanding specialties instead. If a country has 20 psychiatrists, when you lose one or two, thats such a big percentage, says Abas. So if you can do anything to help retain and support peoples careers, that they can make a career out of mental health research, that really worth it. Fig. 1: Suicide rates in regions of the world, 2019. Africa has the highest overall suicide rate of any region in the world, as well as the highest rate among men. Age-adjusted suicide rates per 100,000 population are shown. Source: WHO Global Health Estimates 20002019. It is no news that mental health challenges and illnesses are on the rise in present times. The socioeconomic and political climate and other biopsychosocial factors have been implicated as factors contributing to the fast-rising burden of mental health. While other parts of the world are catching on to this realization and making an effort to match the demand for mental health care with the supply of caregivers and professionals, Africa and Nigeria in particular still have a long way to go. From trained psychiatrists and psychologists to paraprofessionals and other personalities in mental health, there is a dire need to draw people into the field of mental health and psychiatry. 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