



Nigeria - Researched and compiled by the Refugee Documentation Centre of Ireland on 30 October 2009

Information on the availability of psychiatric treatment in Nigeria

Under the heading 'Psychiatric treatment in Nigeria', paragraphs 6.18 to 6.23 of a *UK Home Office Border Agency/Danish Immigration Service* report on a Fact-Finding Mission to Nigeria, conducted in September 2007 and January 2008 and published in October 2008 states:

6.18 The FFM delegation interviewed a leading consultant psychiatrist, based in Lagos, to find out about mental health care services in Nigeria. According to the psychiatrist, psychiatric treatment is available throughout Nigeria with about 35 psychiatric hospitals, teaching hospitals and university departments of psychiatry offering treatment for mental conditions. Eight of these are run by the federal government and the others are run by individual states. There are also a few private clinics. Nigerian psychiatric hospitals are able to treat all psychiatric illnesses, including severe or clinical depression, suicidal tendencies, paranoia, post-traumatic stress disorder, schizophrenia and other psychotic conditions.

6.19 The psychiatrist added that hospitals are well staffed and their staff are well qualified. Doctors are offered fellowship training, and all nurses must have a qualification in mental health as well as in general nursing. Some hospitals are not as well equipped as others. For example, the Psychiatric Hospital at Yaba, in Lagos can offer electroconvulsive therapy and electroencephalogram (EEG) investigations which other psychiatric facilities may not.

6.20 The psychiatrist added further that whilst treatment in some state hospitals is free, any drugs have to be paid for. When considering treatment the patient's financial situation is taken into account, and this can influence which drugs are prescribed, the older drugs being cheaper than the newer drugs. Where a patient is unable to afford to pay for any drugs then the Social Welfare Unit, which may be found in the hospitals, will carry out a social assessment and report back to the Medical Director of the hospital for a decision on the next line of action. In the case of Yaba, some funds are available for paupers. The Association of Friends of the Hospital also sponsor treatment for some patients and there may be similar arrangements at other psychiatric hospitals.

6.21 The psychiatrist stated that among the older and therefore cheaper drugs available, are Chlorpromazine, Haloperidol, Imipramine and Amitriptyline. Among the more modern drugs available are Olanzapine, Risperdal, Fluoxetine and Sertraline. It should be noted that the cost of drugs is per tablet, capsule or injection, and it should also be noted that these costs at Yaba hospital are the minimum prices in May 2007, and that drugs may be dearer at other hospitals, or may rise at Yaba depending on the cost of drugs in the market. [For a complete list of drugs used in Nigerian psychiatric hospitals, see Annex C].

6.22 The psychiatrist stated that the hospital in Yaba treats 300 patients that have been admitted, and also treats 300-400 at each outpatients clinic (OPC) a day. There are four OPC days in a week. The initial deposit for admission of patients to Yaba is 32,400 Naira (rate of exchange £1=245.59 Niara as at 16 September 2007) for the General Ward and 36,900 naira for the Drug Unit. This covers accommodation and food for two months of which 5,000 Naira is for drugs. Patients will be requested to pay more money for drugs as soon as the deposit is exhausted, even if he/she has not yet stayed two months. The deposit does not include the cost of registration which currently stands at 1,700 Niara, and that of investigations which depend on the requests by the managing doctor.

6.23 The psychiatrist further stated that the Drug Unit has 80 beds. The majority of patients have been using cannabis, although some have been using cocaine, heroin and other drugs. The psychiatrist also stated that they did not treat patients with HIV/AIDS at his hospital but referred patients with these conditions to the Teaching Hospital in Lagos, which was equipped to deal with HIV positive patients. (UK Home Office Border Agency/Danish Immigration Service (29 October 2008) *Report of Joint British-Danish Fact-Finding Mission to Lagos and Abuja, Nigeria: 9 - 27 September 2007 and 5 - 12 January 2008*, p.42-43)

In the Nigeria section of an October 2005 report issued by the *World Health Organization* under the heading 'Mental Health Facilities', it is stated:

"Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. However, relatively few centres have trained staff and equipment to implement primary health care. Regular training of primary care professionals is carried out in the field of mental health. Each state has a school of Health Technologists for training of primary care professionals including health care workers. There are community care facilities for patients with mental disorders. Community care is available in a few states. Providers include private medical practitioners, NGOs, especially faith-based organizations, and traditional healers" (World Health Organization (October 2005) *Mental Health Atlas 2005, Countries N-R*, p.349)

An April 2009 *Next* article titled 'Facts on mental health in Nigeria', under the heading 'Sevices', reports:

- "Recent studies found that only around 10% of those with severe mental illnesses like schizophrenia received treatment
- Annual expenditure on health in Nigeria is less than 3% of Gross Domestic Product, amounting to \$7 per capita. Mental health services receive only a very small part of this total health budget.
- The majority of the expense of care is paid by patients and families. This is usually difficult as mental illness can last for many years
- There are only 4 psychiatric hospital beds per 100,000 people in Nigeria. Very few of these are accessible outside of major cities

- Even though the Federal and University hospitals see many patients, the majority of the population in the rural areas cannot access the care they offer
- For most patients and families, the first point of call is the traditional healer or prayer house. In many cases, owners of these facilities are not aware of which cases they should refer on.” (Next (4 April 2009) Facts on mental health in Nigeria)

Another *Next* article from the same month titled ‘Mental Health Care in Nigeria; the forgotten issue’, notes that:

“Mental health problems remain a huge stigma in Nigeria with most people, even families of victims, choosing to ignore them in the hope that the problems will simply go away.

The problems, however, rarely vanish and whether an individual’s problem is severe or mild, if not treated, it can result in exclusion from society, loss of work, and breakdown in relationships. Families usually struggle to find help, but in Nigeria today, that search is often in vain.

The result of this is that many people are suffering unnecessarily, and in the worst cases are subjected to being chained, beaten and subjected to terrible abuse, sometimes at the hands of those who they have turned to for treatment.

In spite of highly effective and affordable treatments which have become more readily available, Nigerian citizens are still not fully benefitting.” (Next (9 April 2009) *Mental Health Care in Nigeria; the forgotten issue*)

The same article continues:

“Sadly, the system in Nigeria has not kept up with these early advances. Recent studies based in Nigeria have shown that only around 10% of people with severe mental illness receive the care they need.

The specialist hospitals in big cities like Lagos, Ibadan, Enugu, Calabar and Sokoto are not sufficient to provide care that is affordable and accessible by the majority of the population that needs it.

Lack of human and financial resources

Nigeria only has about 130 specialist psychiatrists, less than one per million of the population compared to a typical figure in European countries of one per 10,000 people. There are more Nigerian psychiatrists in Britain alone than in Nigeria.

We are slightly better served with psychiatric nurses, who would form the basis of a primary health-care based service. Nigeria in fact trains significant numbers of these essential staff, though many are also lost to the brain drain.

In Nigeria less than 3% of Gross Domestic Product (GDP) is spent on health, and of this less than 1% is allocated to mental health.

The figure recommended by the WHO for mental health is 5%, and in many countries it is nearer 15%. The low level of expenditure means that even if services were well organised, the majority of cases could not receive the care they need.

The most severe mental illnesses require long-term treatment. Although this treatment when given in the community is not expensive, the system of paying out-of-pocket means that many families find it hard to afford the care their loved ones need month after month.

It is unclear whether the National Health Insurance Scheme will adequately cover mental ill health." (ibid)

Also in April 2009 the Nigerian newspaper *Vanguard* notes:

"A CALL has gone to Federal government to integrate mental health services into Primary Health Care (PHC), even as the nation is being described as the country with the most retrogressive mental health law in the world. The call for integration was made as part of agitation for complete review of the nation's mental health programme towards improvement of health service to Nigerians. Making the call in Lagos last week during a mental health stakeholders' meeting at the Lagos State University Teaching Hospital (LASUTH), Prof. Oye Gureje of the Department of Psychiatry, University of Ibadan, Ibadan, noted that there exists a major deficit between the need for mental health service and available resources to address the need. He opined that there may be no improved mental health services in Nigeria, until the National Mental Health Programme and Action Plan promulgated in 1991 is well implemented in addition to availability of essential drugs in primary care clinics and reduction of stigma" (*Vanguard* (21 April 2009) *FG Urged to Integrate Mental Health Into Primary Health Care*)

References:

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This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. This response is not and does not purport to be conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

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BBC News

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Freedom House

Human Rights Watch

International Crisis Group

Immigration and Refugee Board of Canada

IRIN News

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United Kingdom: Home Office

UNHCR Refworld

United States Department of State

World Health Organization