



Enugu State University of Science & Technology Journal of Social Sciences



Journal of Social Sciences

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published by

Faculty of Social Sciences
Enugu State University of Science & Technology
www.esutjss.com

Manpower Development and Utilization of Health Care Delivery in Portharcourt Metropolis of Rivers State

Chuku, Chinwendu Nnebuife
Obiageli Omeje

Department of Psychology, Faculty of Social Sciences
Enugu State University of Science and Technology
Enugu State

Abstract

Health care is an important aspect of national security which not only functions as a measure for maintaining or improving health through preventing, diagnosis and treatment of diseases, illness, injury and other physical impairment, but also mental impairment in human beings. Incorporating mental health care in the general health care delivery system could be beneficial with mental illness or disorders such as depression, anxiety, addiction etc. This can be obtained when properly trained mental health workers are fully involved in the health care system such as clinical psychologists. The major problems experienced in the health care system are; delay in the approval of Mental Health Act passed by law, lack of adequate mental health infrastructure, low number of professional personnel, training research which could in return make Nigerian citizens suffering from mental illness to be at risk of being subjected to prejudices, discrimination, stigmatization and abuse. Recent research revealed that primary health care have poor knowledge of mental disorders and virtually no mental health care facilities. Also, that mental health services offered at the private general practice and government owned hospitals tend to be the only hope of the minority of the populace. Manpower development is essential in mental health especially in every health care delivery system. As an important sector, when incorporated in the system, the mentally deranged would enjoy treatment just as every other sick person (Citizen) in Nigeria.

Keywords: Health care service and delivery, psychiatry, mental health, psychological assessment, personality development

Introduction

Often times, people on daily basis say ‘health is wealth’ without knowing what health implies. World Health Organization (2011), defined health as a complete state of physical, mental and social well-being and not merely the absence of disease. One of the vital needs of human species is the ability to stay healthy. A healthy person is one who is physically, mentally and socially complete (Sherer, 2002). Life can be enjoyed to its fullest by a healthy person who extends his relationship to people around and engages in activities beneficial to him in the larger society when there is availability of a functional health care.

Bircher and Wehkamp (2011) defined health care as a measure for maintaining or improving health through preventing, diagnosis and treatment of diseases, illness, injury and other physical and mental impairment in human beings. For one’s health to be maintained there

must be adequate delivery system where one's health is managed properly. To Busari (2013), a health care delivery system is the organization of people, institutions, and resources to deliver health care services to meet the health needs of the target population. In other words, the health needs of the target population must cover all the groups of professionals in the health care delivery system for adequate health care delivery. To assess modern health care, there must be group of professionals in medicine, physiotherapy, nursing, and dentistry, Obstetrics, allied health and even psychology who systematically assess and treat mental health problems which today has been segregated from the health care delivery (Boris, 2011).

In Nigeria, individuals, both adolescents and adults, with a variety of mental health problems sadly, are more severely ill before they assess help through our health care delivery. This is because of the relative lack of coordination between mental and general health services (Onyemelukwe, 2016). Health is an index of development and mental health manpower is a very critical resource in the health care delivery system. Developing these ones as manpower can help in proper administration of treatment to the patients but it is disheartening that our general health care has failed to recognize the relevance of mental health even to the primary health care level. For example, in our orthopaedic hospital when a hypertensive patient wants to undergo surgery in an anxious state, a clinical psychologist is meant to come in with some therapies which will stabilize the individual before he goes in. Most death recorded in our hospitals would have been averted if only clinical psychologists were not side-lined. Uneke, Ezeoha, Ndukwe, Oyibo and Onwe (2012) all state that sidelining the clinical psychological practices has made things difficult in the delivery of modern health care. In order to address these issues, hence the need for manpower development.

Manpower development in this context is seen as the act of training, equipping and empowering our mental health workers/ clinical psychologists with psychological principles and techniques to enable them carry out their duties effectively (Jack-Ide, et.al, 2013). The basic of manpower development is centred on education. A trained clinical psychologist can explore perfectly when his/her passion is stirred up (as a result of the training received) to practice in a clinical setting if only he/she is given the platform in the general health sector. Ebigbo (2005) noted that education can only be achieved when the necessary social, environmental, health and economic systems are maximally conducive; with decent atmosphere characterized by peace, orderliness, quietude or space (not so crowded). Health system been maximally conducive can go a long way in bringing about positive change in every sphere of the health care delivery system. Understanding the need for manpower

development in mental health can change the entire health care delivery system of our country when the necessary resources needed to address mental health issues are made available.

Purpose of Manpower Development

Manpower development is an essential ingredient required in the growth of the health sector. In the mental health or clinical psychology setting, it helps in discovering the potentials of clinical psychologists and how to fan into flame and transform these potentials into usable skills such as psychological assessment needed for the growth of the health care system. Without the acquisition of knowledge of psychological principles, one may struggle with discovering hidden potentials needed to explore in the areas of assessing human behaviour. For instance, a well-trained clinician would always brain storm to see to it that new discoveries are made through conducting research which could be beneficial to the health sector such as therapies suitable for the trending suicide and depression.

Uwaoma and Chima (2015), noted that developing the potentials of clinical psychologists help them to evaluate their clients in terms of the psychological, physical and social factors that is revealed to have affected the person's functioning. That is to say that when they are trained, they establish a diagnosis, determine the intellectual capacity, predict and evaluate the client's mental competence. This is rightfully performed by a licensed psychologist or a psychological trainee. In the actual sense, when the clinician follows the lay down principles, there is a tendency that more understanding of the individual being assessed could lead to more accurate and appropriate clinical conclusions. In a situation where by they are not available in rendering such services after being trained, unpleasant situations would arise where untrained ones take over the system, creating an avenue for a variety of different professionals such as traditional and spiritual healers gain access in treating mental illness in an unprofessional way. Developing the potentials of the clinical psychologists can help to reduce the activities of these untrained ones.

Benefits of Manpower Development

One of the benefits of manpower development to health care delivery is the improvement in knowledge and skills of clinicians in rendering services. Department of health (2010), reported that mental health manpower development has been shown to improve their knowledge and skills of mental health service delivery. Gureje and Lasebikan (2006) also

reported that the ability of clinical psychologists to accurately describe behaviour has spawned greater public knowledge of psychological evaluations as a result of proper development of manpower. That is to say, the concept of improved knowledge and skills are just product of empowerment given to these clinical psychologists through adequate training. It aids in rendering adequate services which results to proper administration of treatment to the patients. Also, health needs of the populace are met without struggles.

Omigbodun (2011) is of the view that ‘integration of mental health care into primary care enables the largest number of people to gain faster and easier access to mental health care services and improve human resources for mental services’. Integration of mental health care into primary care is also a platform to ensure that the common man living in the rural area can access treatment. It brings about quick response to the mental health issues such as depression, anxiety, schizophrenia etc. as everyone has access to the facility (hospital) which is at the grass root level. For instance, creating an opening for mental health department to be integrated in our health centres make it easy for the masses to reach a clinical psychologist when depressed so as to avoid the condition escalating to suicide which is seen to be an emerging issue in Nigeria today.

As one of benefit of manpower development, there is reduction in the negative attitudes and superstitious beliefs on mental disorders. Ukpong and Abasiubong (2010) noted that mental health training received by primary health workers, reduces the tied deeply seated negative attitudes and superstitious beliefs on mental disorders through rendering of effective mental health services. When health workers are trained, they tend to be informed and also willing to educate, re-orient and sensitize the masses over the issue of stigmatization of the mentally deranged and the profession generally.

Theoretical Perspectives

Theory of Reinforcement (Skinner, 1957)

This theory was propounded by B. F Skinner (1957). It posits that our learned behaviour yield positive results due to repetition. The reinforcement theory is based on the principles of causality and knowledge that a worker’s behaviour is regulated by the type of reward. It is focused on human motivation and behaviour. Skinner (1957) emphasizes on learning behaviour of a person and suggests that the learner will repeat that behaviour which is attached with a positive outcome or result. Also, when the learner is punished for a negative

behaviour, the negative behaviour is weakened. If there is no reward or punishment, the learner's behaviour fades away.

As a key concept of reinforcement theory, the theory suggested that the training and development programs should be aligned with the organizational objectives and a positive outcome should be expected with such training and development programs.

This theory posits that there is a relationship between repetitions in one's learning behaviour. If one is equipped and there is a platform for exploration, chances are that there will be high level of productivity as the outcome leads to positive results.

Theory of Learning Types (Gagne, 1962)

Theory of learning types emphasized on learning of intellectual skills in all domains. This theory proposes that intellectual skills are found rare among persons. Gagne (1962) suggested that by different learning types (intellectual skills, verbal information, attitudes, cognitive strategies and motor skills) contains some external and internal conditions. The theory explains how people could develop their intellectual skills through the use of different learning types. This actually differentiates a novice and a learned individual in the society.

This implies that in manpower development and utilization, individuals with exceptional intellectual skills can make adequate impact in the society more than the ones who is not trained personnel. Thus, there is need for proper development of intellect skills for high productivity in our society.

Theory of Experimental Learning (Rogers, 1969)

This theory emphasised on self-evaluation of the learner as a result of personal involvement which allows the learner to understand effective learning attitude. This theory suggested that the wants and needs of the learner are addressed by experimental type of learning. Theory of experimental learning states that experience gives an individual maturity and increases the learning power along with the knowledge (Rogers, 1969).

In relation to manpower development and utilization, this theory opined that an individual's personal involvement in the work front increases his/her learning power and makes him or her mature to introspect over attitude which leads to high level of productivity and mastery of the job.

Theory of social learning (Bandura, 1977)

Social learning theory maintained that direct reinforcement cannot address all types of learning. Bandura (1977) emphasized that direct enforcement means the training and development programs organized to enhance the skills and that the mental state plays a vital role in learning process. This theory suggested that observational learning should aid in the understanding of different human behaviour. This theory indicates that an individual's environment and surroundings play a very important role. The environment ought to be very professional and the surroundings should be that which individuals tend to learn from.

These four theories have specific inclination as regards to manpower development and utilization. In the area of health care, adequate delivery can only be made when one is gainfully employed in his/her area of specialization. The individual can be motivated due to the positive reinforcement received from the organization he/she is found, learning new skills on the job due to trainings, quality introspection over attitude observed and also learn effectively from the environment. On the contrary, when there is an abuse of office through wrong placement in the work front, the whole system will be in disarray as the health system will experience serious problems in the health sector.

Problems and Challenges of Manpower Development

Lack of Trained Personnel

One of the problems of manpower development is inadequate trained personnel. The numbers of trained and specialized mental health care professionals equally known as clinical psychologists are low. According to WHO-AIMS Report (2011), the total number of mental health professionals working in mental health facilities or private practice in Nigeria was 3,105 which means there were just over 11 mental health professionals per 100,000 people. Of this number, there were only 42 psychiatrists (0.15 per 100,000) and 20 psychologists (0.07 per 100,000).

Hodges, Inch and Silver (2001), reported that Nigeria has ratio of mental health bed of 0.4 per 100,000 persons, 4 psychiatric nurses per 100,000 persons, 0.09 psychiatrists and 0.02 psychologists and social workers per 100,000 persons and a total public health expenditure of 5% of the country's budget. In Nigeria, we lack qualified clinical psychologists. They are just a hand full in the private general practice and government hospitals. Those in the rural areas are left with little or no clinical psychologist (Odejide, Morakinjo & Oshiname, 2002). This

problem of inadequate trained personnel results to quacks administering treatments thereby giving wrong diagnosis and evaluation. The qualified trained ones on the other hand tend to leave the shores of the country for a greener pasture where the discipline of clinical psychology is recognized which is not good at all for the system. Most of them are working in other establishments where they don't practice their area of discipline. For instance, some of our clinical psychologists may be found working in places like the banks, schools or even selling in the market because of the fact that they don't have suitable jobs for their profession. In that case, how can one explore or engage in psychological assessment when he is wrongly placed in the work front?

To solve this problem, mental health manpower development should be encouraged so as to improve their knowledge and skills for mental health service delivery. There should also be training and research in the areas of mental health so as to increase the knowledge and skills of clinical psychologists in issuing out standardized and evidence based diagnosis and treatment.

Lack of Policy and Regulation

This has created an avenue for a variety of different professions to flourish. Lack of political will has affected the development of manpower in mental health. Ayorinde, Gureje and Lawal (2004) reported that the federal government has not passed the bill for the establishment of a Mental Health Act which the policy was formulated in 1991. Although it was introduced in 2003 and re-introduced to the national assembly in 2003, this is yet to be passed into law. In our ministries at any level, no desk exists for mental health and the federal government's health budget votes 3.3% to mental health which is insignificant (Bakare, 2014). Lack of policy and regulation for mental health has created a platform for a variety of different professions currently concerned with the treatment of mental sickness in Nigeria, such as life-coaches, traditional and spiritual healers, psychiatrists and pastors, to flourish. As there is increase in services to treat mental illness, there is also a danger in malpractice that comes with the lack of standardized and evidence based diagnoses and treatment. The physicians are equally allowed to prescribe psychotropic medications without restrictions which could be harmful to the patient involved. There is no coordinating body to oversee public education and awareness campaigns on mental health. In order to solve this problem, the bill should be passed by the federal government so that the qualified personnel trained within Nigeria will practice. Specific bodies in charge should lay strict rules to prevent the

unprofessionalism in the system. Efforts should also be made to ensure that the rules are kept and the defaulters punished.

Negative Attitude towards the mentally ill Persons and misconception

Mentally ill persons are been stigmatized as they are seen as dangerous, regardless of their type or diagnosis of mental illness. There is a large misconception and misinformation on mental illness amongst Nigerians. The general belief is that preternatural or supernatural forces, witches, evil spirits and even God can cause mental illness (Yusus & Baiyewu, 2012). These beliefs have influenced the attitude of Nigerians towards the mentally ill. Aghukwa (2010) noted that there is still considerable neglect of mental health in Nigeria, and those who visibly suffer from mental illness are largely stigmatized. Falayi (2014) in a study among health workers in Nigeria showed that most of them are poorly enlightened about mental health principles, had poor knowledge and exhibited negative attitudes towards the mentally ill persons. The negative attitude like prejudice, discrimination and abuse meted on the mentally ill make them to be written off by the society. Most people see treatment of the mentally deranged as manipulative in nature and dehumanizing which is only meant for the naked ones rooming round the streets, forgetting the fact that there are some with neurotic impairment moving around freely without treatment. For this problem to be tackled, campaigns should be made to educate the general public on the issues of mental health and also enlightening them over mental health principles. Constant education and awareness campaigns would help in changing their mind set positively and reduce the level of prejudice, discrimination, stigmatization and abuse.

Poor knowledge of available services

Today, many do not know where to channel their psychological problems to for help and they feel their sickness is drug related in nature at all times. They lack clarity when issues that pertain their mental health is raised. Failure to know the right place to access help has always been the order of the day due to poor knowledge of available services. For example, a depressed person may opt to visit a doctor to give him antidepressant drugs without addressing the root cause of his/her problems. The mental institutions are always located in the urban areas which make the rural ones unable to access treatment.

As the mental institutions are located in the urban areas, individuals may not seek mental health care due to poor knowledge of available services, accessibility, cost, and negative perception about health care system. Wang, Aguilar-Gaxiola, Alonso, Angermeyer et.al (2007) all noted that almost 20 million Nigerians are living with one form of mental disorder, but among those people, less than 10% receive any form of treatment and less than 1% receive specialist mental health care. The low-income earners found in both urban and rural areas who access the available services through public mental health clinics are at greater risk of not receiving the needed mental health care. Most individuals are unaware of the potential value of mental health care and why it should be embraced. This could be as a result of little feedback of the mental health worker's findings in the course of the treatment. To solve this problem, mental health services should be made available and also accessible to everyone both in the urban and rural areas. The cost should be subsidized so as to enable everyone afford the treatment thereby taking most mentally deranged move off the streets. By so doing, people become aware of mental health and the clinical psychologists are been appreciated and recognized.

Lack of adequate mental health infrastructure

In a situation whereby facilities, structures and equipment needed to smoothly carry out treatment is not made available; there would not be proper treatment of patients. Inadequate infrastructure can bring about low quality service and the aim of the therapy defeated. Unconducive office, inaccessible tools and poor communication can hinder the growth and use of mental health manpower in any health sector (World health organization, 2005). This could make the findings of faulty and sub standardized. When mental health infrastructure is inadequate, it affects the turn up of patients for treatment and slow the rate of the services administered. These ones find it difficult to open up to the clinical psychologists in return; the quality of service rendered would be limited void of proper follow-up. In Nigeria, less than 20% of persons with mental disorders receive treatment, of whom only 10% maintain follow-up treatment over a period of one year due to lack of mental health infrastructure (Oluyomi, Kola & Gureje, 2012). In most cases, inadequate mental health infrastructure affect the turn up psychological trainees. These trainees may opt to go to countries where there are better infrastructures which would help them to learn effectively. In order to solve this problem, adequate provisions of facilities, structures and equipment needed for mental health services should be made available. The availability of these materials bring about job satisfaction as that willingness to carryout ones' duty is restored as these ones are committed in

advancement in their skills and knowledge. This will keep our psychological trainees back home instead of leaving the shores of the country.

Lack of coordination between mental and general health service

Odejide, Morakinyo, Oshiname et al (2002) all noted that one of the major obstacles of manpower development is the relative lack of coordination between mental and general health services which has caused further difficulty in most cases. The general health service in Nigeria is currently the recognized facility. Most of them do not have mental health care in their facilities. For example, in our primary health care system, there is no room for mental health workers to administer treatment of psychotherapies to patients who are at the verge of delivery but down with anxiety. A times, drugs are been administered by the physicians when therapy is needed. Even in our mental health hospitals, psychiatrists known as medical doctors to diagnose and treat mental illness (mostly medication) due to their large number are mistaken to be clinical psychologists when it comes to administering evidence-based therapy such as cognitive behavioural therapy (CTB), mindfulness based cognitive therapy, specialist trauma therapy etc. which is not meant to be so. In solving this problem, clinical psychologists should be employed to work in health facilities where they can display their skills of rendering adequate mental health services. The psychiatrists should also maintain their own field and away from doing the work of clinical psychologists to avoid wrong diagnosis and treatment of the patients. There should be coordination between mental and general health services in our hospitals to ensure adequate health care delivery.

Though we have diverse challenges in manpower development, there is need to strive to achieve positive results. This will make our health care delivery outstanding.

Conclusion and Recommendations

Manpower development in mental health service is very important for an effective health care delivery. There is no health without mental health. The two are interwoven and incorporating the mental health services into the general health care delivery through provision of resources, proper training of clinical psychologists, involving mental health care in our primary health care, campaigns and implementation of the bill etc. can go a long way in creating positive impact in the lives of the people. It also would help in solving the issues involved in manpower development thereby dealing with issues that can arise such as depression, anxiety disorders, substance abuse and other crippling conditions. Therefore, it is

relevant for both the general public, trained professionals and government to eradicate these problems and challenges completely in this nation Nigeria. The government should provide adequate mental health care instructors and other manpower training facilities. In the bid of doing this and with adequate awareness, every misconception and negative attitudes will be countered and the mental health recognised fully as a noble profession.

References

- Aghukwa N.C (2010). Medical students' belief and attitudes toward mental illness: Effects of a psychiatric education. *Acad Psychiatry* 34:67-70
- Ayorinde O., Gureje O., & Lawal R. (2004). Psychiatric research in Nigeria: Bridging tradition and modernisation. *BrJ Psychiatry*. Jun; 184: 536-8
- Bakare B. (2014). Nigeria and the challenge of mental disorder. *Daily independent Nigeria*. Available at: <http://dailyindependentnig.com/2014/02/Nigeria-and-challenge-of-mental-Disorder/>
- Bandura, A. (1977). *Social Learning Theory*. New York: General learning Press.
- Bircher, J & Wehkamp, K. H, (2011). Health care needs need to be focused on health. *Health* 3(6): 378-382, doi: 10. 4236/ health. 2011.36064
- Boris B. (2011). Mental Health training of primary Health care workers: Case reports from Sri Lanka, Pakistan and Jordan. *Intervention* July 9:125-136.
- Busari J.O. (2013), Management and leadership development in healthcare and the challenges facing physician managers in clinical practice. *The international journal of clinical leadership*, 17:211-216 Radcliffe publishing ltd.
- Department of Health (2010). *Equity and Excellence: Liberating the NHS*. London: Department of Health.
- Ebigbo, P. O. (2005). The Nigerian Psyche and the National Health Insurance Scheme. Lecture delivered at the 2005 National Annual General Conference (AGC) of the Guild of Medical Directors (Coal City 2005) Zodiac Hotel Enugu 5th November 2005
- Falayi K. One psychiatrist, a million patients: Traditional healers take charge of mental cares in Nigeria. *The punch Nigeria*. Nov. 8.
- Gagne, R. (1985). *The conditions of learning* (4th. Ed). New York: Rinehart & Winston.
- Gagne, R. (1962). Military training and principles of learning. *American Psychologist*. 17, 263-276.
- Gureje O., and Labeikan V.O (2006). Use of mental health services in a developing country: Results from the Nigerian Survey of mental health and well – being. *Soc Psychiatry PsychiatrEpidemiol* 41:44-49.

- Hodges B., Inch .C. and Silver I. (2001). Improving the psychiatric knowledge, skills and attitudes of primary care physician. 1995-2000: A review American Journal of psychiatry 158: 10.
- Jack – Ide I. O., Uys.L. Middleton L. E (2013). Care giving experiences of families of persons with serious mental health problems in the Niger Delta regions of Nigeria. Int J Ment. Health Nurs. Apr, 22(2):170-9.
- Odejide A., Morakinyo J., Oshiname F et al., (2002). Integrating mental health into primary care in Nigeria: Management of depression in a local government (district) area as a paradigm. Psychiatr: NeurolJPn; 104:802 -9.
- Oluyomi E, Kola, and Gureje O. (2012)/ Mental disorders and earnings; results from the Nigerian National Survey of Mental Health and wellbeing (NSMHW). J mental
- Omigbodun O. (2011). A cost effective model to increase access to mental health care at the primary level in Nigeria. J Mental Health policy Econ 4:133-139.
- Onyemelukwe C. (2016). Stigma and Mental health in Nigeria: Some suggestion for law reform. J law Policy Glob; 55:63-8
- Rogers, C. R., (1969). Freedom to learn. Columbus, OH: Merril.
- Sherer R. (2002). Mental Health Care in the developing world Psychiatric Times 19: 1-16.
- Skinner, B. F. (1957). Verbal Learning. New York: Appleton-Century-Crofts.
- Uneke C., Ezeoha A., Ndukwe C. Oyibo P., and Onwe .F.(2012). Enhancing Leadership and Governance Competencies to Strengthen Health System in Nigeria : Assessment of organization Human Resource Development.
- Ukpong D.I. and Abasiubong F. (2010). Stigmatising attitudes towards the mentally ill: A survey in a Nigerian University teaching hospital. *South African Journal of psychiatry* 16, 56-60.
- World Health Organization. World Health Report 2011. Mental Health, New Hope, New understanding. World Health Organization, Geneva, 2001.
- Wang P. S., Aguilar – Gaxiola S., Alonso J., Angermeyer M. C et. al. Use of mental health services for anxiety, mood and substance disorder in 17 countries , *the WHO World Mental Health Surveys*. Lancet 2007, 370 (841-850): 841-850.
- WHO-AIMS, General information. Retrieved May 25, 2011, from http://www.who.int/mental_health/evidence/WHO-AIMS/en/
- World Health Organization (2005) Alas: Country Profile of mental health resources. WHO, Geneva.
- Yusus A.J. and Baiyewu .O. (2012). Beliefs and attitudes towards dementia among community leaders in Northern Nigeria West African Journal of Medicine 31: 8-13.