

Pathway to Care: First Points of Contact and Sources of Referral among Children and Adolescent Patients seen at Neuropsychiatric Hospital in South-Eastern Nigeria

^{1,2} BAKARE MO, M.B.B.S, FMCPSYCH, MNIM

¹ Child and Adolescent Unit, Federal Neuropsychiatric Hospital, New Haven, Enugu State, Nigeria

² Childhood Neuropsychiatric Disorders Initiatives, Nigeria

ABSTRACT

OBJECTIVE: Child and adolescents mental health services are at infancy stage of development in most Sub-Saharan African region. Little is known about help seeking behaviour for childhood neuropsychiatric disorders in Sub-Saharan Africa. This study was aimed at assessing first points of contact during help seeking and eventual sources of referral for a group of patients seen in a neuropsychiatric facility in south-eastern Nigeria.

METHODS: At the point of presentation, information were obtained on where help was first sought before presenting at the hospital with the major aim of identifying other competing services. Other information obtained in addition to socio-demographic variables included information on source of referral or the source that initiated help seeking from Federal Neuropsychiatric Hospital, Enugu, South-eastern Nigeria.

RESULTS: Neuropsychiatric hospital, prayer houses/faith healing centres, other hospitals, traditional healers, patent medicine stores, roadside medical laboratories and specialized school were various first points of contact noted. Relatives, family and friends, other hospitals, prayer houses and specialized school constituted sources of referral.

CONCLUSIONS: The need to incorporate all these sources with the aim of improving accessibility of neuropsychiatric services for children and adolescents in this environment is paramount.

KEY WORDS: Help Seeking, Behaviour, Childhood, Psychiatry, Disorders

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INTRODUCTION

Child and adolescent psychiatry services development is at a nascent stage in most sub-Saharan African countries.¹ While a number of studies had documented information about help seeking behaviour among adults with neuropsychiatric disorders in sub-Saharan Africa,^{2, 3, 4} little is known about help seeking behaviour for childhood neuropsychiatric disorders in sub-Saharan Africa. As noted by Gureje et al,³ pathway to psychiatric care could be a function of services available in a particular area and popular beliefs about mental illness, especially the aetiological explanations, in this case, for childhood neuropsychiatric disorders in the peculiar

environment of sub-Saharan Africa.^{5,6}

In an earlier study among adult Nigerian patients with mental health problems conducted in North Central region of the country, Abiodun² found that close to 40% of the patients had visited either traditional or religious healer before presenting to orthodox care service. It was also observed that majority of patients in this category were likely to be males and practicing Islam, which is the predominant religion of practice in this region. In a related study conducted around the same frame of time in South-Western region of Nigeria also among adult patients Gureje and colleagues³ observed that traditional and religious healers were consulted at some stage by many patients seen at a tertiary orthodox care service Ibadan, South West Nigeria, noting that these sources were often the first points of contact for help. They observed that the group of patients that consulted traditional and religious healers first was not different from those who consulted orthodox care first either in demographic features, presenting complaints or nearness to service.³

In another related study conducted in neighbouring West African country also among adult patients Appiah-Poku and colleagues⁴ examined previous help sought by patients presenting to mental health services in Kumasi, Ghana. They observed that only 6% of patients studied had seen traditional healers before presentation and that another 14% had seen a pastor or religious healers prior to presentation at the orthodox mental health services. They concluded based on this observation that it is possible that fewer patients with mental health problems present to traditional healers in modern urban Africa compare to the rural areas.⁴

The common denominator of these three studies^{2,3,4} was that, the group of patients that had consulted either the traditional or religious healers often present late to orthodox mental health services.

This study assessed the first points of contact and sources of referral among children and adolescents patients seen for the first time at a neuropsychiatric hospital in south-eastern Nigeria.

METHODS

The study was conducted in the Child and Adolescent Unit of Federal Neuropsychiatric Hospital, Enugu (FNHE), Nigeria. This is the only government owned neuropsychiatric hospital in south-eastern Nigeria.

The participants were children and adolescents

*Corresponding Author: Muideen O. Bakare, Email: mobakare2000@yahoo.com

accompanied by their parents/guardians who presented for the first time over a one year period.

Ethical approval for the study was obtained from the Institutional Review Board (IRB) of Federal Neuropsychiatric Hospital, Enugu (FNHE), Nigeria. The study was a cross-sectional study. At the point of presentation, information was obtained on where help was first sought before presenting in the hospital in addition to socio-demographic variables. The pattern of neuropsychiatric diagnoses among the studied children and adolescents had earlier been documented elsewhere.⁷

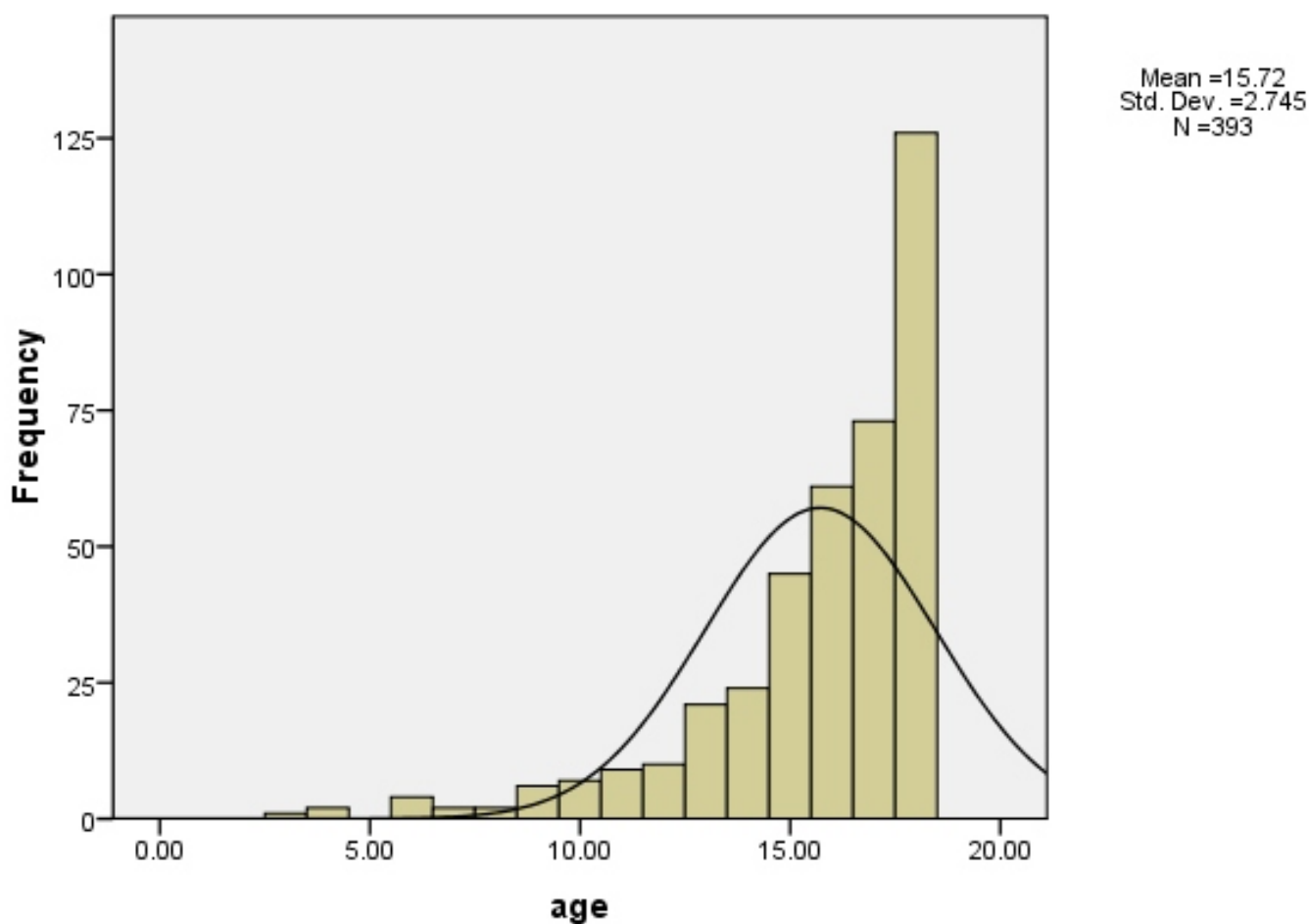
Data were analyzed using Statistical Package for Social Sciences (SPSS), version 16.

adolescents. Figure 1 showed the pattern of age presentation of the children and adolescents seen over the study period.

FIRST POINT OF CONTACT IN HELP SEEKING PROCESS

Table 1 showed various first points of contact in the help seeking process. One hundred and eighty seven (47.6%) of the population visited Federal Neuropsychiatric Hospital, Enugu (FNHE), Nigeria first. This was closely followed by those that visited prayer houses (22.4%) and other hospitals (20.6%) as first points of contact respectively. Twenty seven (6.9%) of the children visited traditional healers as first point of contact, while 1.8%, 0.5% and 0.3% of the population visited Patent

Figure 1: Pattern of Age Presentation of the Children and Adolescents studied



RESULTS

Three hundred and ninety three (393) children and adolescents were interviewed alongside their parents/guardians. There were 219 (55.7%) males and 174 (44.3%) females. The age range of the children was between 3 and 18 years, with mean age of 15.72 ± 2.80 years and median age of 17 years. The patients' population seen over the study period for the children and adolescents mental health service was mostly

Medicine Stores, roadside Medical Laboratories and a specialized school for children with intellectual disability as first points of contact respectively.

SOURCES OF REFERRAL

Most of the children and adolescents seen for the first time at FNHE, Nigeria had their source of eventual referral from relatives, family and friends (91.6%). Other sources of referral included other hospitals, prayer

houses/faith healing centres and the specialized school for children with intellectual disability that accounted for 7.1%, 0.8% and 0.3% of the children's population respectively. Detail information is shown in Table 1

Government of Nigeria.⁸

Patients are usually free to access any tier of the healthcare system directly without referral. While the primary health care facilities are often closer to the rural

Table 1: First points of contact in process of help seeking and sources of referral to FNHE, Nigeria

First Points of Contact	N (%)	Sources of Referral	N (%)
Neuropsychiatric Hospital (FNHE, Nigeria)	187 (47.6)	Relatives, Family & Friends	361 (91.6)
Prayer Houses/Faith Healing Centres	88 (22.4)	Other Hospitals	28 (7.1)
Other Hospitals	81 (20.6)	Prayer Houses	3 (0.8)
Traditional Healers	27 (6.9)	Specialized School	1 (0.3)
Patent Medicine Stores	7 (1.8)		
Roadside Medical Laboratories	2 (0.5)		
Specialized School	1 (0.3)		
Total	393 (100)		393 (100)

SOCIO-DEMOGRAPHIC VARIABLES AND FIRST POINTS OF CONTACT DURING HELP SEEKING

Socio-demographic variables such as gender, age, level of education of the children, level of education of the parents, area of residence (whether rural or urban) did not significantly influence the first points of contact during the process of help seeking and this may be because the sample population is relatively homogenous. For instance, most of the children and adolescents (97.3%) seen over the specified period reside in Enugu metropolis which is largely urban and close in proximity to the Neuropsychiatric Hospital (FNHE). Total population of the children seen and their parents practiced Christianity which is the prevailing religion in South-Eastern Nigeria.

DISCUSSION

Health care service system in Nigeria

Healthcare service system in Nigeria is divided into primary health care, secondary health care and tertiary health care. Primary health care consists of Primary Health Care (PHC) clinics and dispensaries, which are managed by the Local Governments. Secondary health care facilities are managed by State Governments and consist of General Hospitals. The tertiary healthcare facilities consist of teaching hospitals and specialist hospitals and these hospitals are managed by the Federal

communities, the secondary and tertiary health care centres are often farther away and closer to people residing in urban communities.⁸

The formal health care facilities mentioned above often face competition from traditional healers, prayer houses/faith healers, patent medicine stores and road side medical laboratories. Road side laboratories are private medical laboratories licensed to carry out medical laboratory investigations at request of a physician. Patients often consult these medical laboratories not only for the purpose of medical laboratory investigations, but also for the purposes of diagnosis and specific interventions which are beyond the mandate and competence of the laboratory scientists. This is often borne out of ignorance on the part of the patients and their relatives.

Though the National Health Insurance Scheme (NHIS) was introduced in 1999, health care financing is still largely out of pocket payment for majority of Nigerian population and the coverage of NHIS presently exclude mental health.⁹

Mental health care services in Nigeria are provided mainly by the eight regional Federal Psychiatric Hospitals and teaching hospitals. As earlier pointed out, these formal health care centres often face competitions

from the traditional and faith healers.¹⁰ The limited number of formal mental health care personnel which is about 0.2 per 1 million of the general population in addition to the spiritual aetiological explanations for mental illness further encourages patronage of informal sectors like traditional and faith healers.¹⁰

First points of contact in the process of help seeking

The findings of this study bear some semblance with what had been found in sub-Saharan Africa about help seeking behaviour among adult population who are mentally ill with regard to common patronage of traditional healers and prayer houses/faith healing centres during the process of help seeking.^{2, 3, 4} The present findings for childhood neuropsychiatric disorders are however unique in the sense that, other sources of help seeking not documented in previous adults population with mental illness^{2,3,4} were observed for children and adolescents. The other sources included other hospitals, patent medicine stores, roadside medical laboratories and specialized school for children with intellectual disability.

Among average Nigerians, it is a common practice to visit first, roadside medical laboratories and patent medicine stores in lieu of hospitals for treatment of physical ailments.^{11,12} Patent medicine stores are usually owned by drug vendors who are not qualified pharmacists and are restricted in types of medications they can store or sell, but often times this rule is not usually adhered to.¹² However, the observation in this study that these sources also served as first points of contact in help seeking for childhood neuropsychiatric disorders is novel and may be as a result of possible co-morbidity of febrile illness in some of the children. This may also explain the sizeable percentage of the children seeking help first in other hospitals.

The prevalence of organic related mental disorders in the study population was about 6.6% with schizophrenia-like and other psychotic disorder accounting for the highest proportion of 61.1%.⁷ As earlier documented, this may not represent a true distribution and prevalence of mental disorders among the general population of children and adolescents from this region, but rather a reflection of the socio-cultural tolerability of the presenting symptoms and signs of a particular mental health problem by the parents/guardians.⁷

Only 6.9% of the children and adolescents seen consulted traditional healers as first point of contact. This finding is in agreement with the observation of Appiah-Poku and colleagues⁴ who found only 6% of the patients studied in Kumasi, Ghana to have visited traditional healers before presentation at the orthodox mental health services. This observation might have been as a result of limited traditional healing practices in

urban communities like Kumasi, Ghana and Enugu metropolis in Nigeria where the present study was conducted.

Only one (0.3%) of these patients seen at FNHE was referred from school. This may be a reflection that the teachers lack knowledge about common signs and symptoms of behavioural and psychological problems among children and adolescents and that more education may be needed among school teachers in this region on behavioural and psychological problems in children and adolescents. Presently, school-based mental health programme is not a common practice in Nigeria and advocate was lately made to encourage school based mental health programme in Nigeria.¹³

The relatively encouraging aspect of the findings was that 187 (47.6%) of the total population of the children made the neuropsychiatric hospital their first point of contact, indicating that more than half of the population of children seen over the one year period approached other sources first.

Sources of referral to neuropsychiatric hospital (FNHE, Nigeria)

Sources of referral found in this study included relatives, family and friends, other hospitals, prayer houses/faith-healing centres, and specialized school for children with intellectual disability. Relatives, family and friends played significant role in making possible eventual referral to orthodox neuropsychiatric services for children and adolescents. This is in line with Abiodun's conclusion that, family members played important roles in patients' decisions about the type of practitioner they consult.² This would be more so for children and adolescents patients whose decision making often rest largely on that of the parents or guardians.

LIMITATION

The patients involved in the study were those patients who were eventually seen at the psychiatric facility at the end of the pathway to help seeking. Other group of children with possible mental health problems who reside in various communities in the general population but were never seen in orthodox care were missed out in the study population and so were not involved in the study sample. So, the study population is limited to those children who eventually sought help in orthodox care. Therefore, the findings of this study cannot be generalized to the entire population of children in south eastern Nigeria. Several children with mental health problems were possibly out there in the general population who never made it to be seen by the orthodox practitioners.

It may also be helpful if future studies can examine the influence of symptoms severity on help seeking behaviour among children and adolescents with mental

health problems in this environment.

CONCLUSIONS

The findings of this study are a reflection of various places that children and adolescents with mental health problems could possibly visit in the process of help seeking. Therefore, the need to incorporate and liaise with all these sources of first points of contact during the process of help seeking, so as to improve accessibility of neuropsychiatric services for children and adolescents in this environment is paramount. Future mental health services planning and development for children and adolescents in this environment should put the findings of this study into consideration. In addition, there would be need for public enlightenment on mental health problems in children and adolescents and on the advantage of early help seeking from mental health professionals.

DEFINITION OF TERMS:

Prayer Houses/Faith Healing Centres This refers to churches that promised healing and deliverance to their clients and engage in same.

Competing Interests

Author had declared no competing interest

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