

# Global Perspectives on coercion in mental health care: Insights from Nigeria

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# Outline

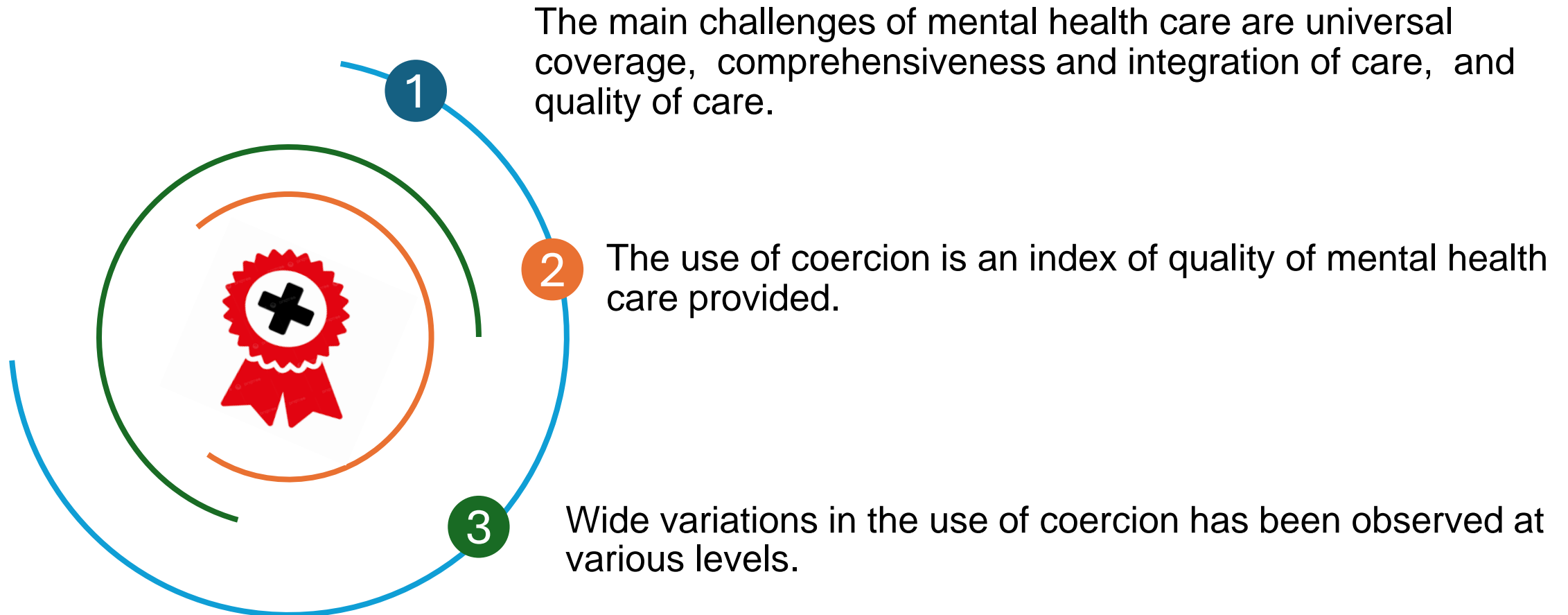
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- Introduction
- Brief history of Nigeria
- Mental health care system in Nigeria
- PhD research
  - Mental health legislation
  - Experiences of coercion among service users
  - Perception of coercion among service providers
  - Suggestions on ways to reduce coercion
- Ongoing research: Public attitudes towards coercion in Mental health care
- Conclusions

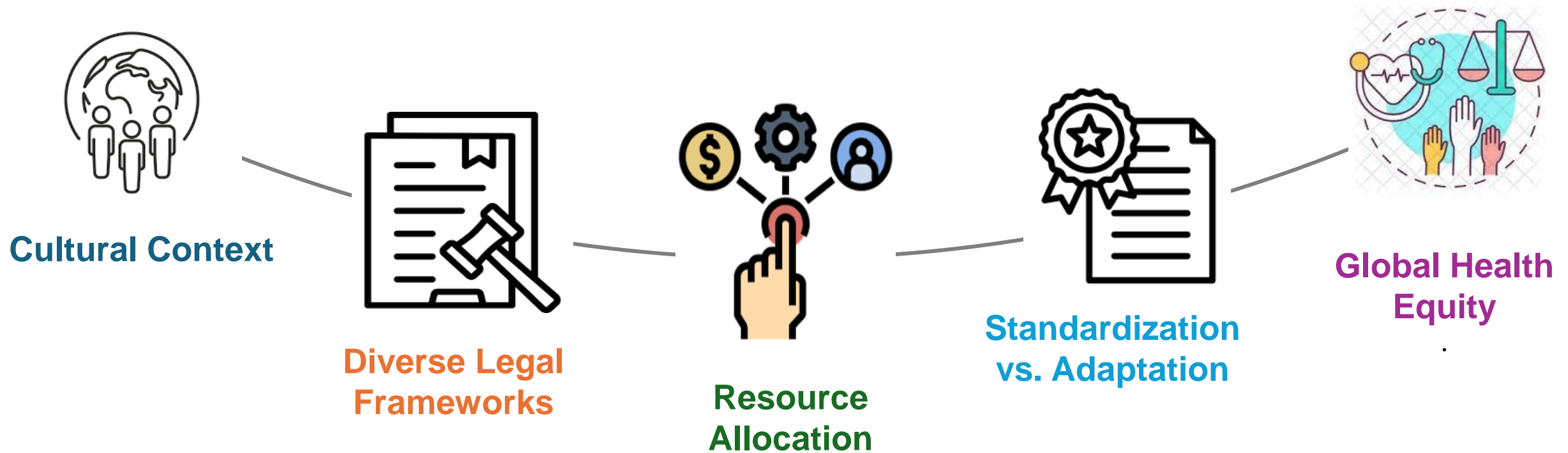




# Coercion is an index of quality of care



# Why global perspectives are important



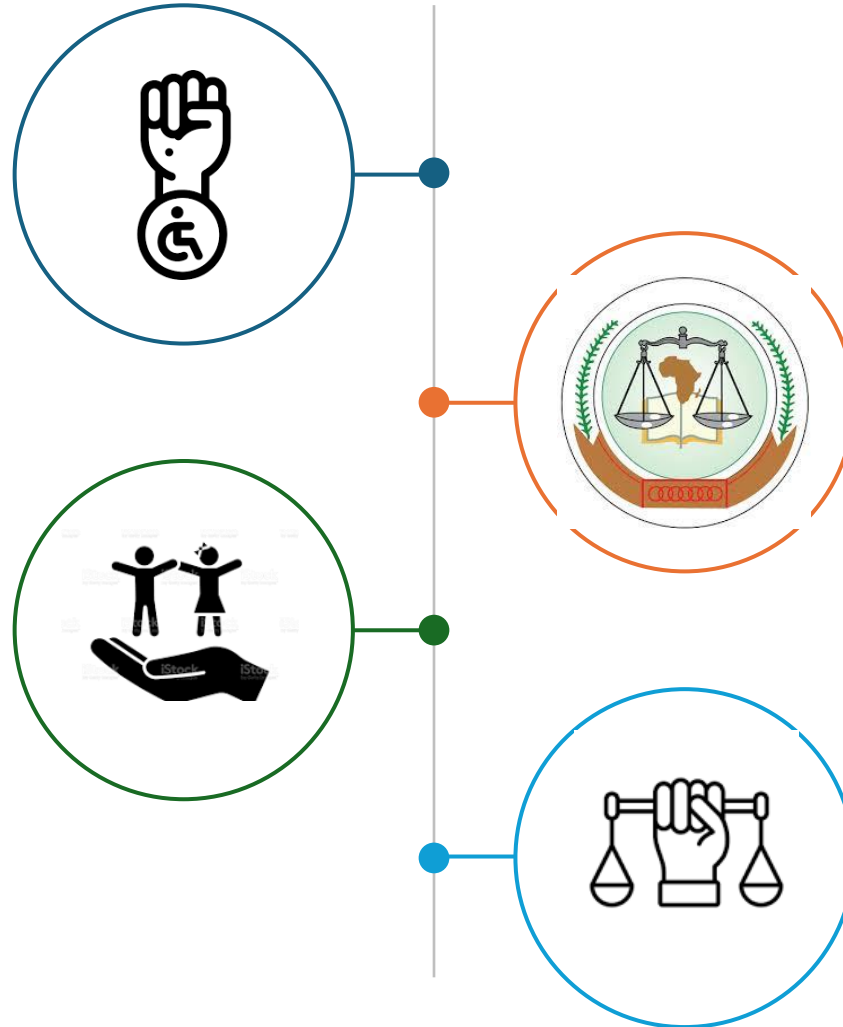
# Regional conventions on Human rights

**Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa (2018)**

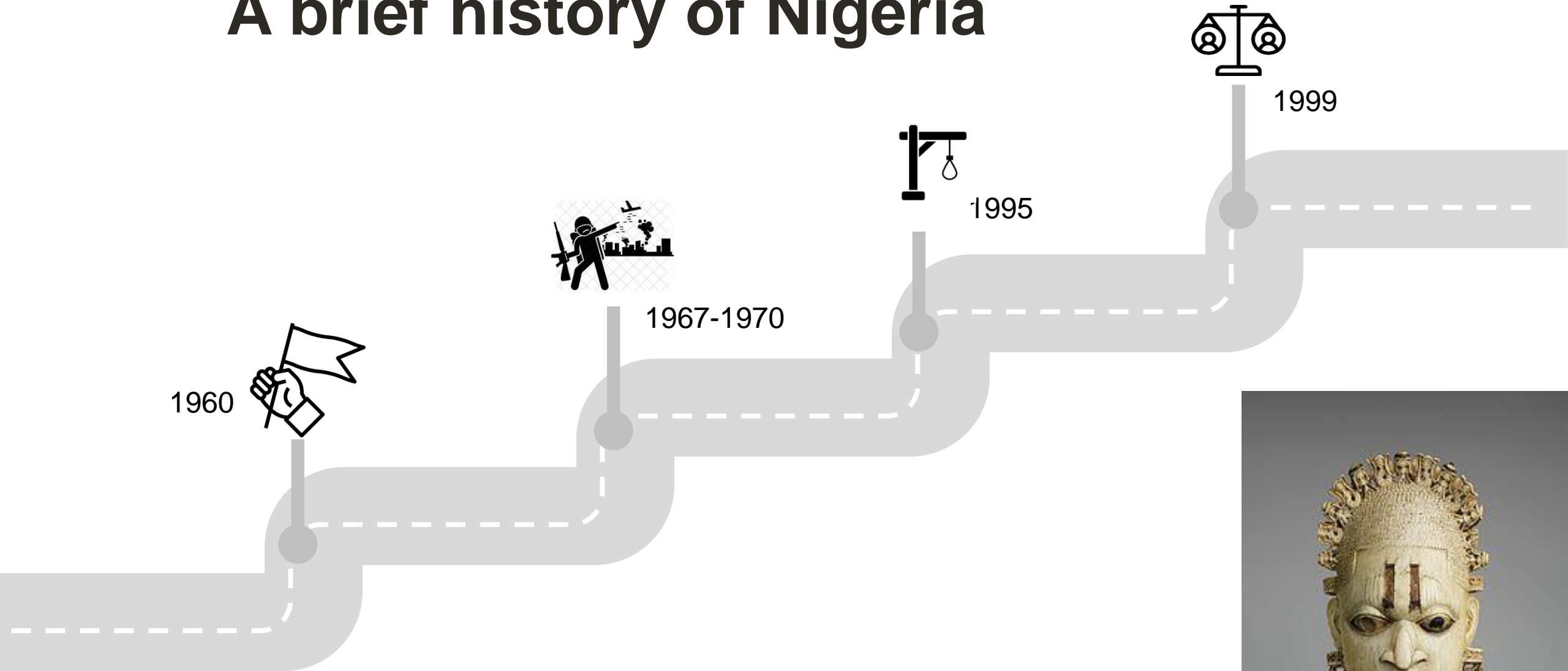
**African Charter on the Rights and Welfare of the Child 1990**

**Protocol to the African Charter on Human and Peoples' Rights on the Establishment of an African Court on Human and Peoples' Rights (1998)**

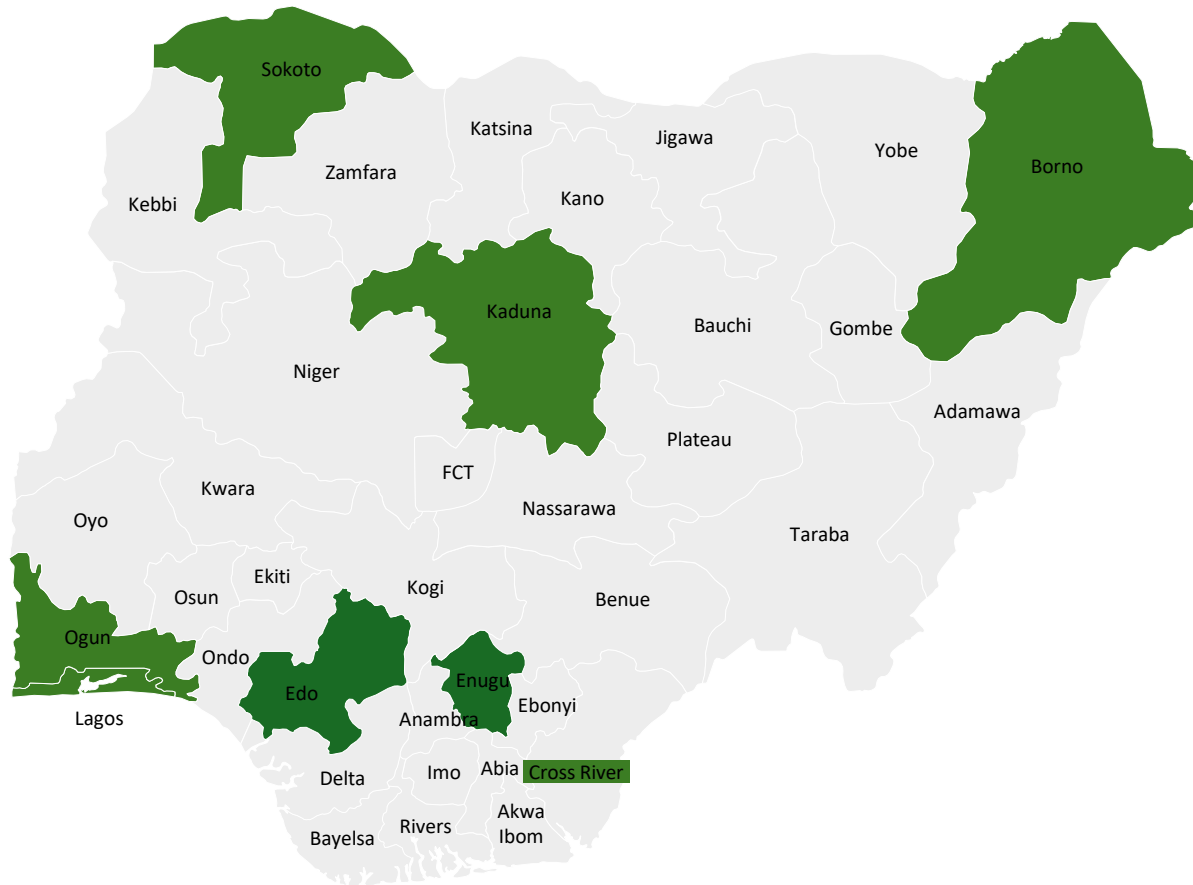
**African Charter on Human and Peoples' Rights 1981**



# A brief history of Nigeria



# Mental health care in Nigeria today



218 million people



53 years



Out-of-pocket payment



DSM-IV disorder: 12.1%



1:1,000,000



9.7:1,000,000



8 Federal Neuropsychiatric hospitals  
≈ 25 psychiatric services in Multi-specialist hospitals



# Evolution of Nigerian Mental health laws

## National Mental Health Act 2021

- Builds on limitations of previous bills.
- Recognises Peer workers
- Provides for supported decision making & appointment of legal representatives
- No mention of Advance care directives

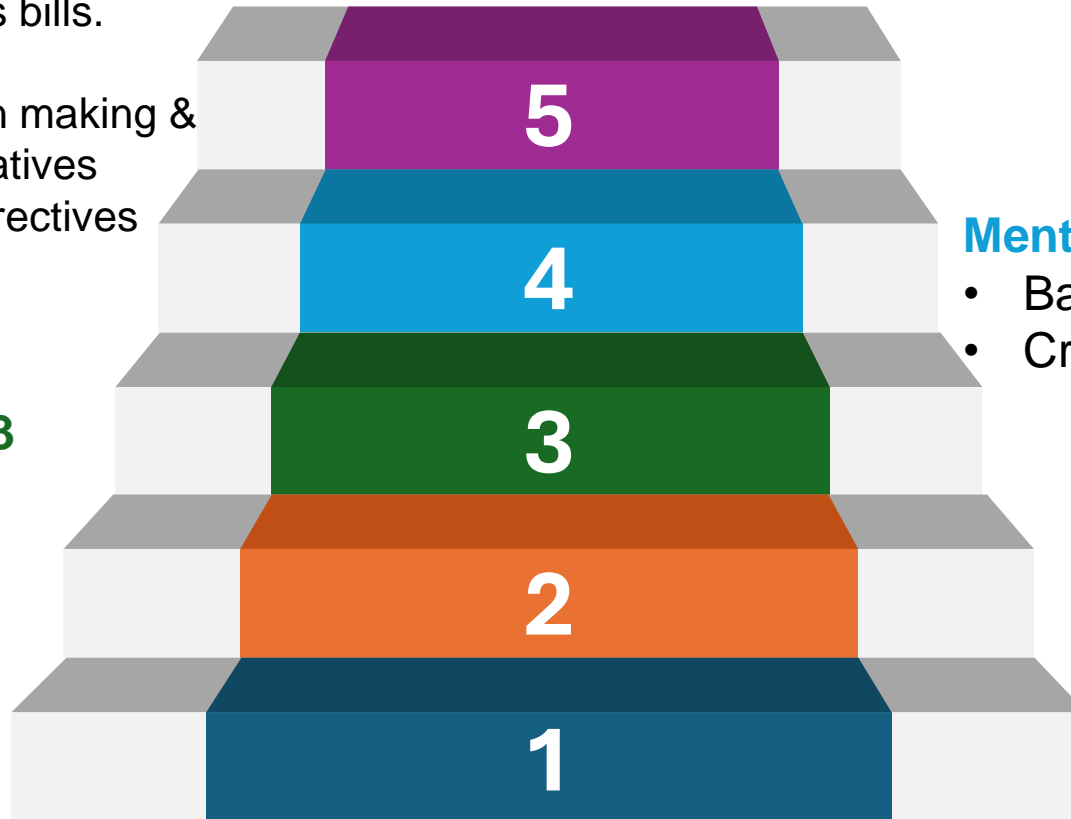
## Mental health & Substance use bill 2019

- Based on WHO checklist 2005.
- Criticised for its title

## Mental health bill 2013

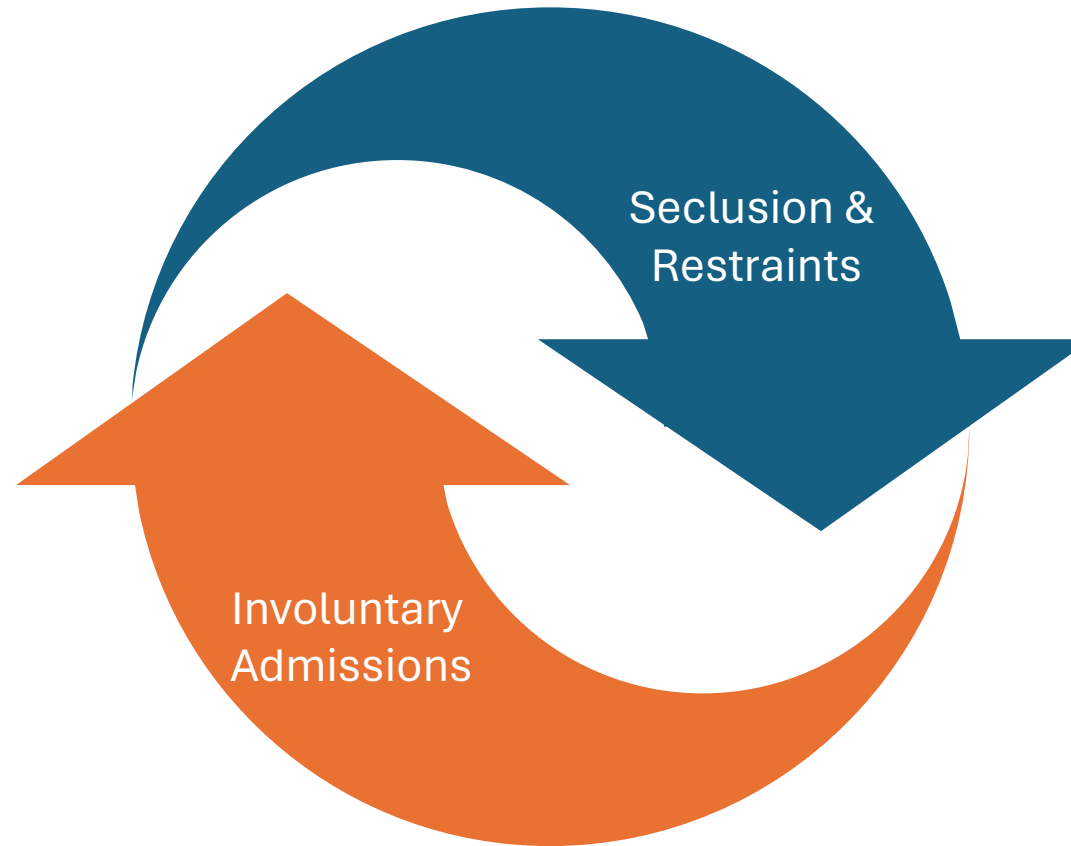
## Mental Health bill 2003

## Lunacy Ordinance 1958



# Legal framework regulating coercion in Nigerian mental health care

- Evidence of mental disorder
- Risk of harm
- Risk of deterioration without treatment.
- 2 independent qualified medical practitioners must have examined the person



- Only after receipt of care for 48 hours
- Accepted by 2 Medical Officers as the last resort
- Authorised by head of facility
- According to guidelines.
- Reported to committee within 72 hours

# Contextual factors influencing the use of coercion in Nigerian mental health care (Part of PhD research)

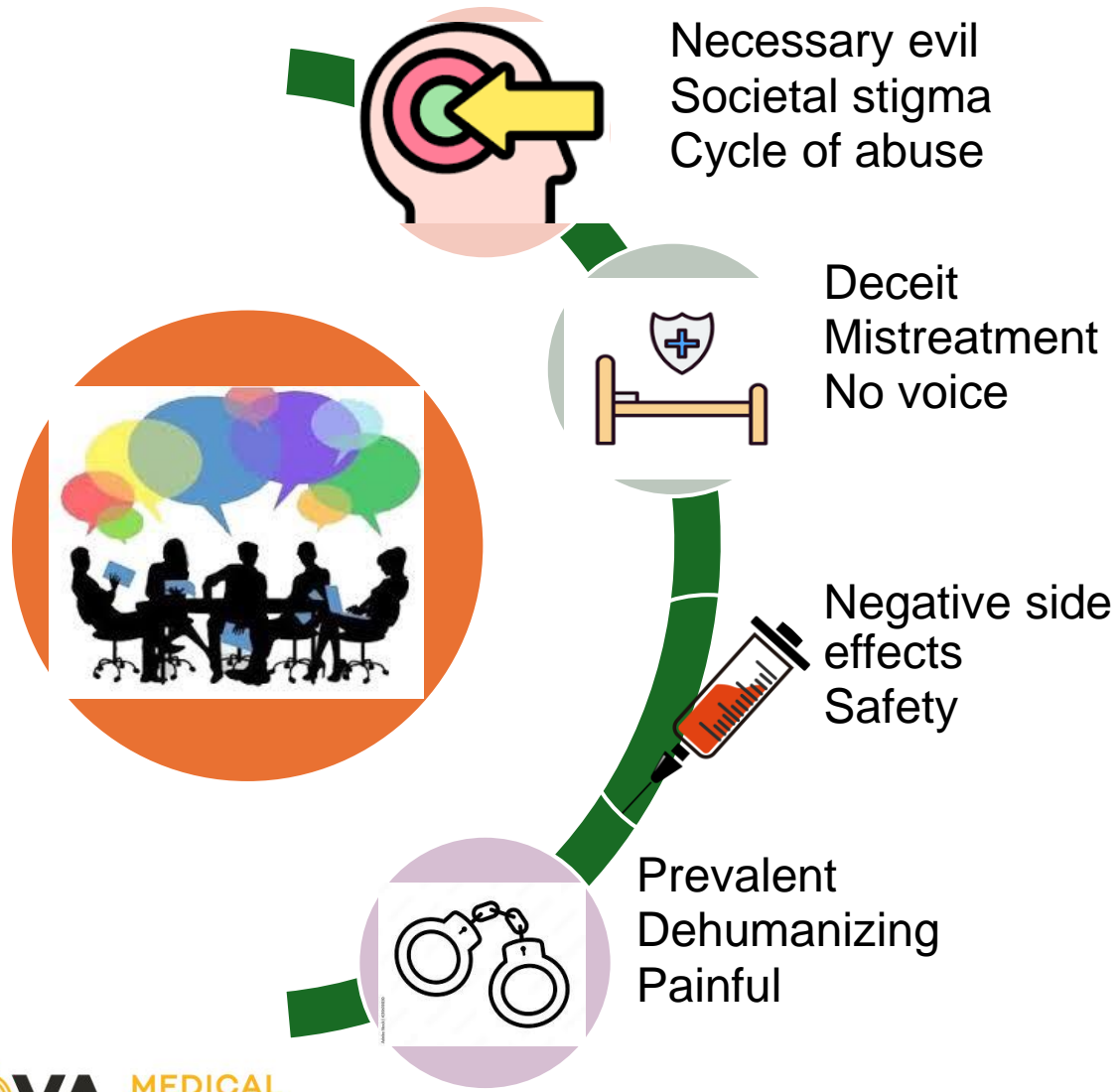


4 Focus group  
discussions with 30  
service users.



Semi-structured  
interviews with 16  
doctors and 14 nurses

# Service users' perceptions & experiences of coercion



## Some excerpts

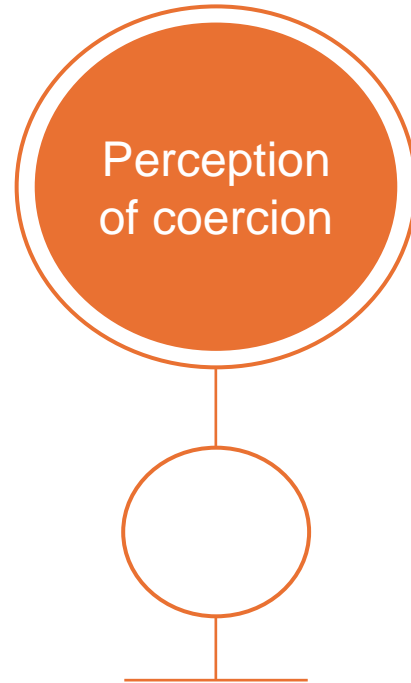
"...my family never addressed me as a normal human."

"...the whole system is illegal"

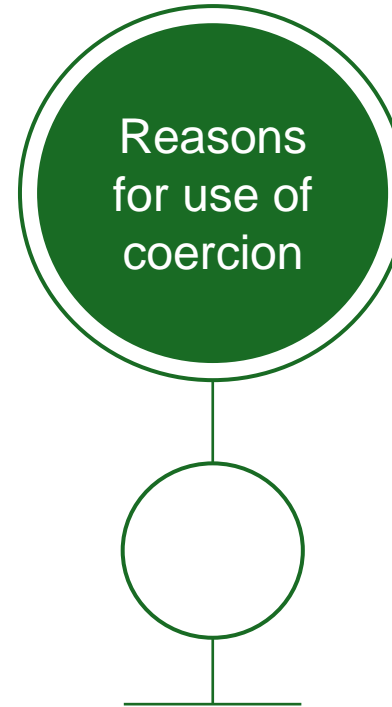
"...nobody should be treated as an animal."

"I was beaten and clamped to the bed and chained..."

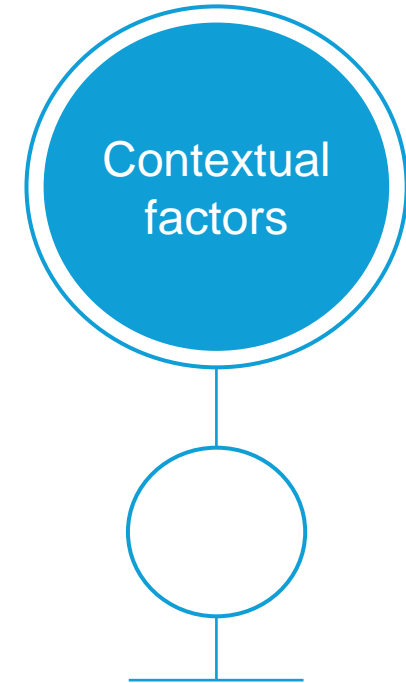
# Perceptions of coercion among service providers in Nigeria



Patients' best interests  
Means to an end  
Achieving desired outcomes



Response to violence/aggression  
Safety



Socio-cultural factors  
Legislation and human rights  
Staff-related factors

# Service users & providers suggestions on ways to reduce coercion

	Communication	Legislation/Policies	Resources
<b>Services users</b>			
Communication			
Post-coercion apology			
Home consultation and advocates			
Regulation and legislation			
<b>Service Providers</b>			
Education			
Interpersonal relationships			
Research and innovation			
Increased resources			
Legislation and policies			

# Acceptance of coercive measures among the Nigerian public



# Methods

Conveniently sampled  
adults from all the regions  
of the country



- Online vignette-based questionnaires
- Social distance scale

Statistical analysis with  
SPSS v.25



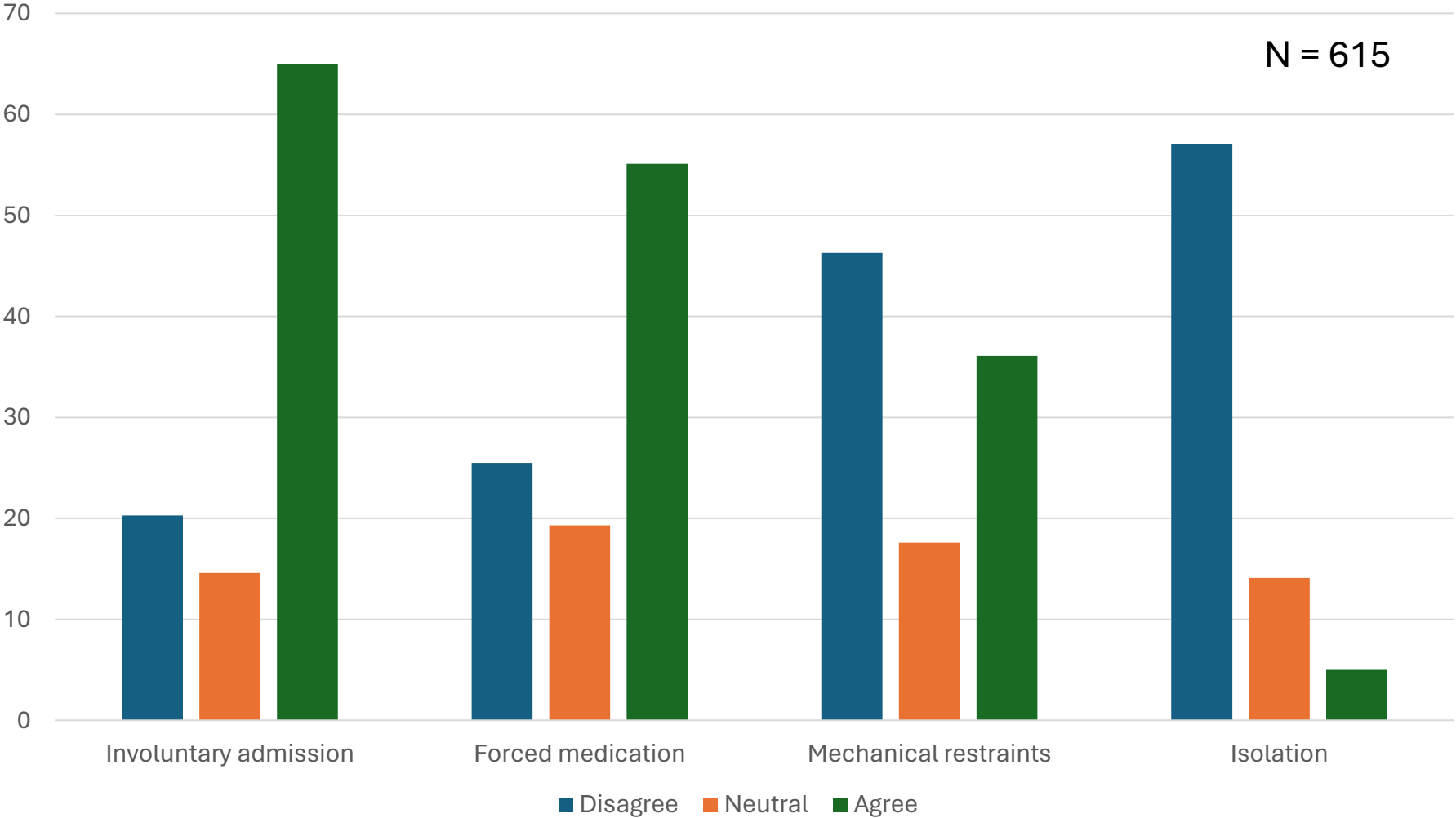


# Study vignette

John is 24 and lives at home with his parents. He just completed his NYSC service but is now unemployed. Over the last six months he has stopped seeing his friends and has begun locking himself in his bedroom and refusing to eat with the family or to have a bath. His parents also hear him walking about his bedroom at night while they are in bed. Even though they know he is alone, they have heard him shouting and arguing as if someone else is there. When they try to encourage him to do more things, he whispers that he won't leave home because he is being spied upon by the neighbour. They realize he is not abusing any drugs because he never sees anyone or goes anywhere. His parents suggested seeking help from a psychiatric hospital, but this suggestion made John angry and agitated.

# Acceptance of coercive measures among the Nigerian Public

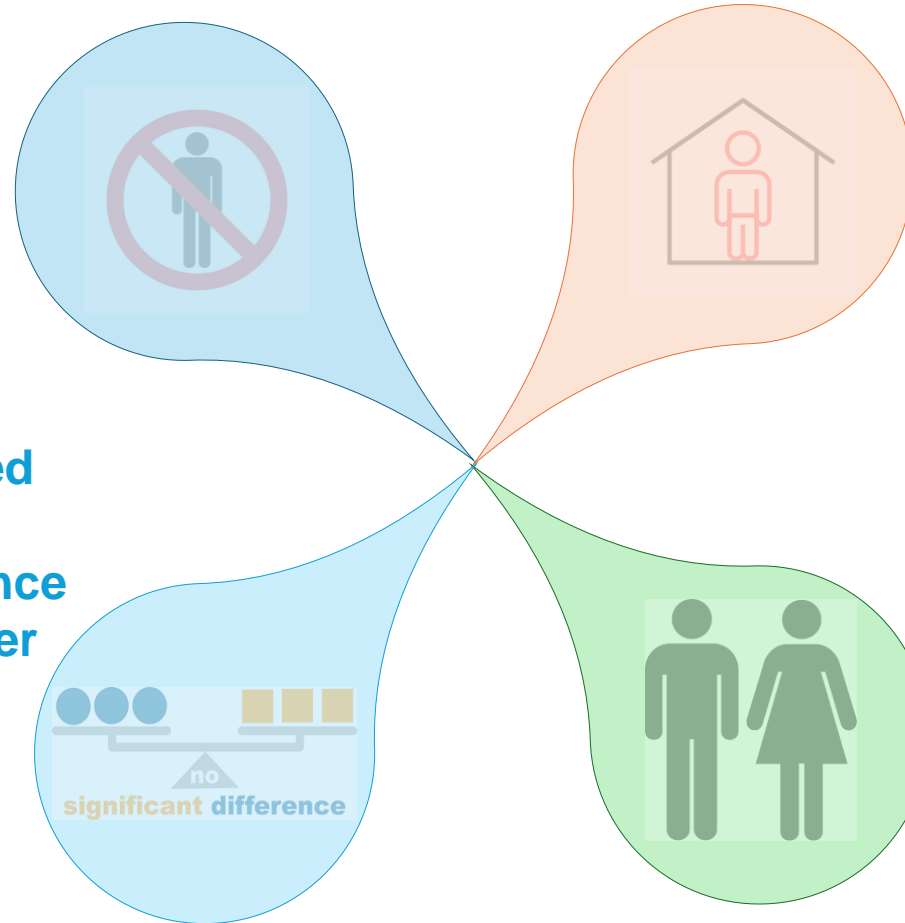
N = 615



# Factors associated with acceptance of coercive measures

Significant associations between social distance and the acceptance of all coercive measures( $<0.05$ ).

Social distance score was highest among respondents who agreed that the vignette character should be isolated



No significant differences observed for other socio-demographic characteristics (including experience of MHCs, & having a family member with MHC)

More males than females accepted isolation for the vignette character (30.7% v. 26.1%,  $p<0.05$ )

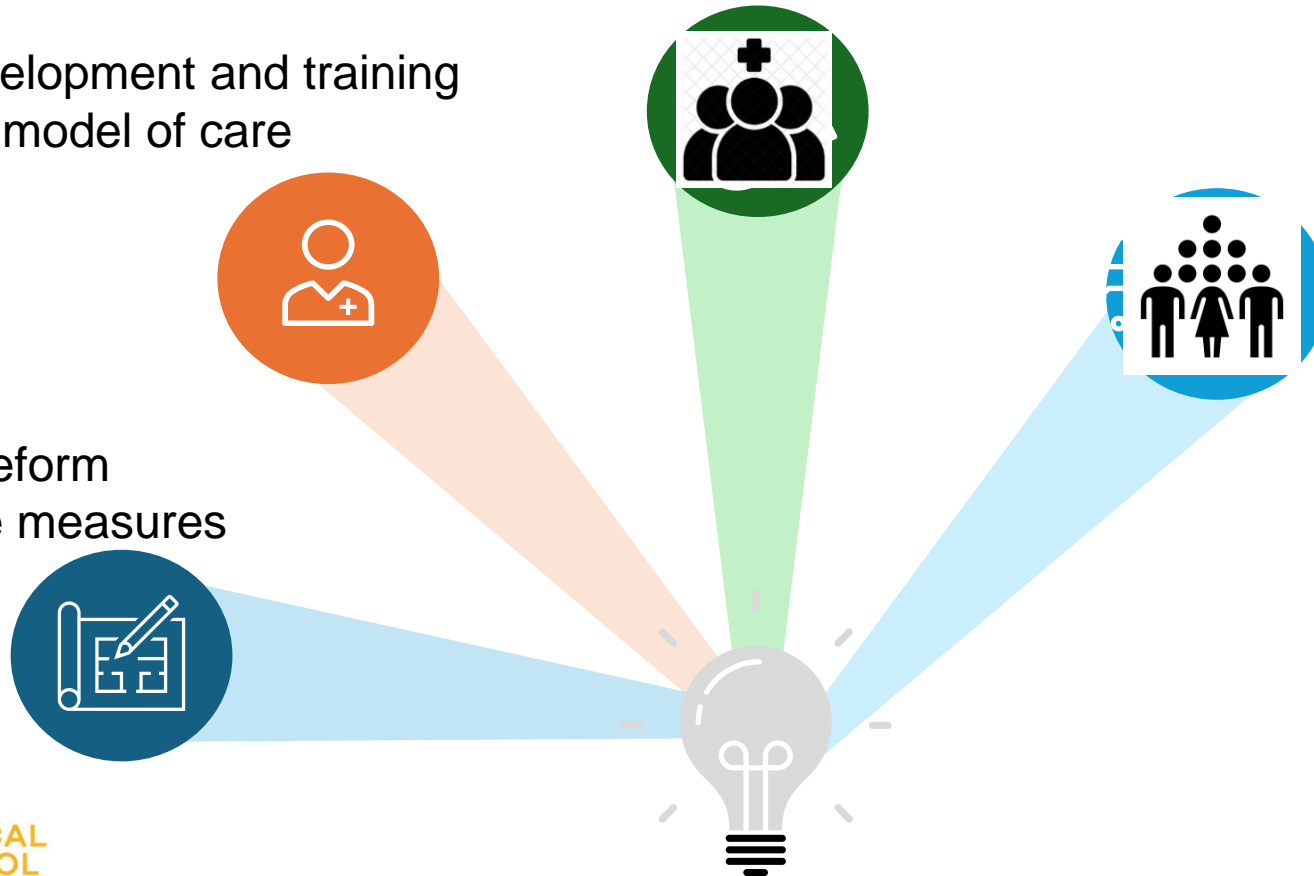
# Implications for practice & policy

- Empowerment of service users
- Active participants in their care

- Professional development and training
- Shared decision model of care

- Stigma reduction
- Mental health literacy

- Investing in service reform
- Reporting of coercive measures



# Reflecting on Key Takeaways and Exploring Future Directions

More detailed & culturally sensitive  
guides for UNCRPD recommendations

(Autonomy Vs. interdependence)

**Multifaceted approaches** are  
needed to address the problem

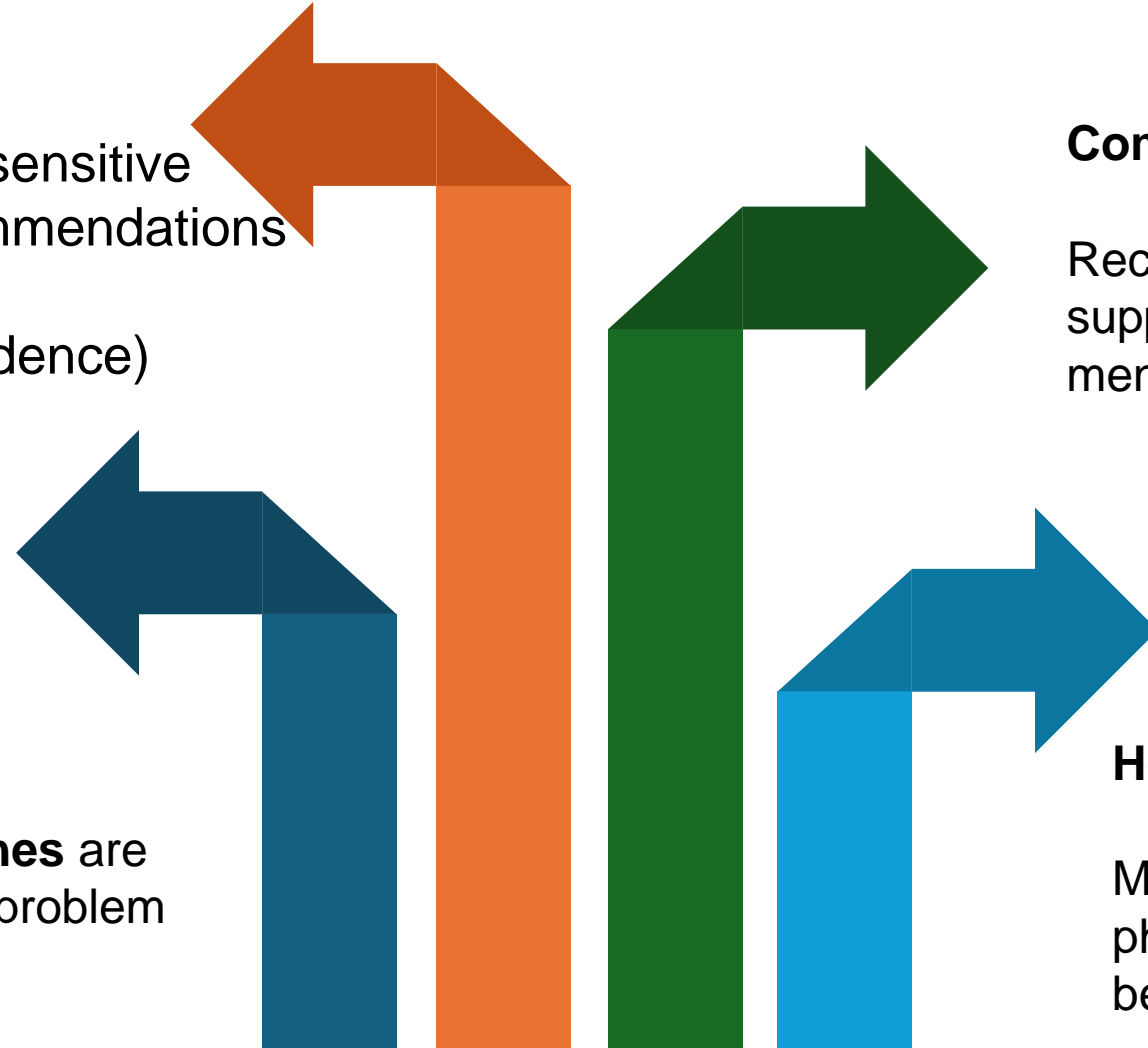
(Public involvement)

## Community & Family


Recognizing the role of social  
support networks in promoting  
mental health and recovery

## Holistic Approaches to Health

Mental health is interlinked with  
physical, social, and spiritual well-  
being.



# Conclusions

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- Coercion in mental health care is a complex pervasive problem that transcends country income levels.
  - The way a society manages and prioritizes the problem of coercion in mental health care is a mirror reflecting its overall commitment to the principles of human dignity and rights.
  - It is crucial to recognize that legislation alone cannot fully address the issue of coercion in mental healthcare.
  - The complexity of the factors influencing coercion and the implicit role of society suggest that resolving it will require a social change.



Hope is a horizon we head for, leaving nothing behind us but fear. And though we may never reach our goals, it's hope that will save us from who we once were.

Meg Griffin

