

# BACKGROUND

IN SOUTHWEST NIGERIA, ACCESS TO MENTAL HEALTH CARE IS SUBJECT TO SOCIO-CULTURAL INTERPRETATIONS. OTHER MEDICAL DISEASES ARE NOT. ACCESS IS VARIED IF NOT NON-EXISTENT.

# AIM

TO EXPLORE FACTORS OF ACCESSIBILITY & DELIVERY OF MENTAL HEALTHCARE IN S.W. NIGERIA FROM A HEALTH WORKER'S PERSPECTIVE.

# PATHWAY TO CARE

EXPLORING ACCESSIBILITY & DELIVERY OF MENTAL HEALTHCARE IN S.W. NIGERIA

I'M TITI LOPEMI OLADOSU, FROM KING'S COLLEGE LONDON.

SOUTHWEST NIGERIA

FACT: DID YOU KNOW UNIPOLAR DEPRESSION WILL BE THE GLOBAL LEADING CAUSE OF DISEASE IN 2030?

IN SOUTHWEST NIGERIA, HOWEVER, MENTAL ILLNESS TAKES ON UNNECESSARY SOCIO-ECONOMIC BURDENS, & CULTURAL OBSTACLES.

# METHODOLOGY

PURPOSIVE CONVENIENCE

SAMPLING: 26 SEMI-STRUCTURED INTERVIEWS, CONDUCTED + ANALYZED IN THEMATIC CONTENT ANALYSIS.

ETHICAL APPROVAL: FROM KING'S COLLEGE LONDON & NATIONAL HEALTH RESEARCH ETHICS COMMITTEE OF NIGERIA

and... **'3 DELAYS' MODEL**

# EXAMPLE:

- LARA IS A 15 Y/O GIRL IN S.W. NIGERIA (GENDER BIAS)
- LOST HER PARENTS TO A TRAFFIC ACCIDENT - (PSYCHOSOCIAL TRIGGER)
- THUS PROMPTING DEPRESSION & DROPPING OUT SCHOOL (DISRUPTED EDUCATION)
- SOCIAL NORMS DICTATE ALL INHERITANCE GOES TO HER BROTHER. SHE HAS NONE (SOLE ECONOMIC HANDICAP)



LARA IS TAKEN TO HER GRANDMOTHER, WHO BRINGS HER TO A TRADITIONAL HEALER TO PERFORM RITUALS. SHE IS GIVEN PSYCHOGENIC DRUGS

- KEY
- GREEN: DELAY IN RECOGNITION
  - RED: DELAY IN ACCESSING CARE
  - BLUE: DELAY IN RECEIVING CARE

UPON RECOVERY, SHE TAKES UP A JOB AS A FAMILY'S HELP.

AFTER 6 MTHS OF STELLAR PERFORMANCE, SHE RELAPSES BY STEALING & ACTING OUT.

LOSING HER JOB & REPUTATION, LARA LOSES HER FRIENDS (NO SOCIAL CAPITAL). A WEEK LATER, SHE ATTEMPTS SUICIDE

PESTICIDE SUICIDE

I'M NOT CRAZY!

REPORTED FOR THEFT, SHE IS DETAINED IN AN ASYLUM BY THE POLICE UNDER THE 'LUNACY ACT' (KONTPOKY). SHE IS TAKEN HOME AMIDST RUMOURS IN THE VILLAGE

RESULT: DISABLED AFTER SUICIDE ATTEMPT, LARA BECOMES ALCOHOLIC, FINALLY COMMITTING SUICIDE SUCCESSFULLY.

REMOTE ACCESS IN RURAL AREAS

(VILLAGE) DISCOVERED IN SEIZURE, LARA IS TAKEN TO THE NEAREST TERTIARY HEALTHCARE FACILITY BY CAR - A TWO HOUR JOURNEY.

LARA IS TOLD TO VISIT A PSYCHIATRIC HOSPITAL - THE NEAREST IS TWO DAYS AWAY BY PUBLIC TRANSPORT. THERE'RE NO OTHER OPTIONS. HER GRANDMOTHER CAN'T AFFORD THE COST; HER BROTHER, HEARIN 6 OF SUICIDE, REFUSES TO CONTRIBUTE.

BUT I ONLY EARN ₦200 A DAY!

HER GRANDMOTHER HAS TO PAY ₦4,000 OUT OF POCKET FOR HER TREATMENT - A MTH'S EARNINGS

COST OF WARDS

₦50-66,000 (2 MTH DEPOSIT) + ₦21-30,000 (SUBSEQUENT MTHS)

# RESULTS

PROBLEMS OF LACK OF EDUCATION & CONFLICTING CULTURAL INTERPRETATIONS OF ILLNESSES CAUSE

SELF-IMPOSED & SOCIAL STIGMA

EXORBITANT MEDICAL FEES & LACK OF SKILLED MENTAL HEALTH WORKERS

DELAY IN RECOGNITION

DELAY IN ACCESSING CARE

DELAY IN RECEIVING CARE

# RECOMMENDATIONS



# CONCLUSION

MORE MUST BE DONE TO REDUCE THE MARGINALIZATION OF VULNERABLE GROUPS (ESP POOR, DISABLED, UNEDUCATED). THEIR ADVERSE HEALTH OUTCOMES CAN BE COMPOUNDED BY DIFFICULTY IN ACCESSING MENTAL HEALTH CARE.