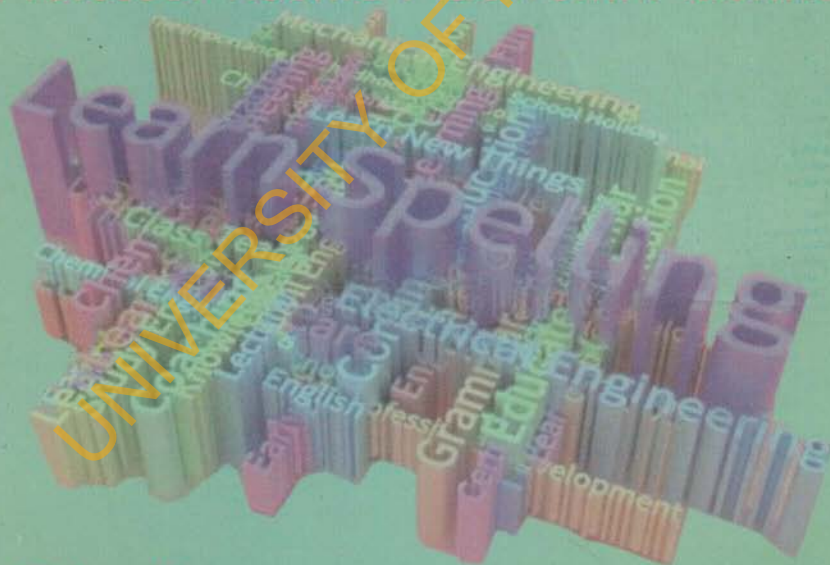


Education Re-Engineering in the New Normal World

Festschrift for
Professor Rashid Adewumi Aderinoye



Edited by

Kester Osegba Ojokheta
Kehinde O. Kester

EDUCATION RE-ENGINEERING IN THE NEW NORMAL WORLD

A Festschrift for
PROFESSOR RASHID ADEWUMI ADERINOYE

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Contents

Acknowledgements	xii
Foreword	xiii
Preface	xv
INTRODUCTORY SESSION	
1. The Rise and Rise of the Department of Adult Education, University of Ibadan, Nigeria - <i>M. A. Omolewa</i>	3
2. Moving From Teaching as Telling to Teaching as Guiding - <i>Pai Obanya</i>	13
PART ONE: ACCESS, CURRICULUM AND ASSESSMENT RE-ENGINEERING	
3. Education Reengineering and Future Proofing in a New Normal World - <i>H. Inyega</i>	25
4. Re-engineering Educational Assessment in Nigeria Higher Education Institutions to Bridge Inequality in Undergraduates' Access to Quality Education in the New World - <i>J. O. Osakuade</i>	34
5. Rethinking Widening Educational Access for Out-of-School Children in Nigeria: A Paradigm Shift towards Non-Formal Education System - <i>K. O. Kester, A. I. Gbenro and O. T. Ogidan</i>	42
6. Suggesting Paradigm Shift for Learners Assessment in Nigeria's Education System in the New Normal World - <i>T. G. Muibi</i>	50
7. The Future of World of Work in the New Normal World: Essential Preparations Needed - <i>A. M. Momoh and G. M. Adegbola</i>	61
8. New Normal and Labour Union Participation: Reducing Gender Bias in "Virtual Meetings or Gatherings" and the Need for "Unconscious Bias Training" for Leaders - <i>V. O. Aasa and A. A. Ishola</i>	67
9. Increasing Organisational Performance During COVID-19 Crisis: Workers' Welfare Option - <i>D. I. Ukpabi</i>	76
10. Educating Stakeholders for Healthy Workplace and Productivity in the Post-COVID-19 Lockdown Nigeria - <i>B. M. Oni</i>	87

11.	Emphasising the Importance of Non-Governmental Organisations in the Development of Urban-Rural Communities in the New Normal World – <i>Y. L. Olaleye and R. J. Adebuseri</i>	97
12.	The Necessity of Active Participation of NGOs in Basic Literacy Delivery in Post-COVID-19 Nigeria: Experience from Lapai Literacy Clinic Foundation (LLCF) – <i>A. A. Olojede and R. I. Eziafa</i>	111
13.	Girl-Child Education in Nigeria: Implication for National Development – <i>P. E. Okeke</i>	121
14.	Denoting the Experiences of Artisans in Benin City, Nigeria During the COVID-19 Pandemic Lockdown Period – <i>L. A. Okukpon and F. U. Aghedo</i>	130
15.	Parenting in the New Normal World: Lessons Inherent to Imbibe – <i>S. O. Oladeji</i>	138
16.	Curriculum Structure and Teaching Mode in Lifelong Learning – <i>L. K. Kazeem</i>	145
17.	Government Efforts at Developing Relevant Curriculum and Textbooks for Sustainable Educational Programmes Implementation in Nigeria: A Critique – <i>O. E. Igudia and C. A. Akangbe</i>	155
18.	Historical Perspective of Universal Basic Education: Issues and Prospects – <i>M. T. Oni, O. Kayode-Olawoyin and B. O. Lawal</i>	166
PART TWO: TEACHING, LEARNING AND COUNSELLING RE-ENGINEERING		
19.	Re-Engineering Teaching-Learning Process for Post-COVID-19 Pandemic Pedagogy in Nigeria – <i>N. A. Adedokun</i>	179
20.	Educational Uptakes for Post-COVID-19 in Nigeria: Synopses and Challenges – <i>O. B. Sanni</i>	189
21.	Advocating Alternative Education Delivery Mechanisms in Post-COVID-19 Nigeria – <i>K. O. Ojokheta and P. O. Ojokheta</i>	195
22.	Alternative Approaches to Mental Health Delivery in Nigeria in the New Normal World – <i>U. S. Omokhabi</i>	206
23.	Containment Efforts and Strategies Against the Spread of COVID-19 Around the World – <i>A. E. Alabi, B. O. Akinsanya and K. A. Aderogba</i>	218
24.	The New Normal World of COVID-19 and Education in Nigeria: Dimensions, Impacts and Resilience – <i>R. O. Ogundipe and M. A. Omilani</i>	234

25.	Peer Pressure, Media Literacy Skills and Promotion of Learning Process in South-South, Nigeria – K. A. Aramide and N. A. Babalola	245
26.	Post-COVID-19 Nigeria and the Propriety of Entrepreneurship Paradigm – C. M. Orji	251
27.	Education Reengineering and Liberty in Nigeria – M. F. Olajide, S. O. Okemakinde, Y. A. Omole and F. O. Olajide	259
28.	Integrating Community Resource for Effective Teaching and Learning for Quality Education – E. T. Daramola	266
PART THREE: HIGHER EDUCATION AND OPEN DISTANCE LEARNING		
RE-ENGINEERING		
29.	Access Barriers to Higher Education among Nigerian Households – E. J. Isuku, E. Nwafor and I. Olowookere	277
30.	University Without Walls: Rethinking Higher Education Conclave in the New Normal World – O. A. Aremu, Y. O. Akinyemi and O. F. Adeyemo	284
31.	Embracing the New Normal in Open and Distance Learning in Nigeria – J. Eyisi	293
32.	Re-engineering Open Distance Learning Practice in Nigeria for Sustainability in the New Normal World – A. A. Adelakun	304
33.	Ensuring Affordability and Usability in the Provision of Learners' Support Services by ODL Institutions During COVID-19 Pandemic and Beyond – M. S. Akintola and L. K. Bello	315
34.	Reengineering the Nigerian Education System towards Resilience in the New Normal World: Practical Strategies – F. S. Akinwumi and A. A. Itobore	325
35.	Selfless Leadership Practice in School Organisation in Nigeria – O. J. Abiodun-Oyebanji and O. M. Iyiola	335
36.	Educational Services Preparation and Delivery in Nigeria in the Post-COVID-19 Era – E. A. Isah	345
37.	Promoting Open and Distance Learning in Higher Education in Botswana and Nigeria – G. Adekanmbi and B. Gaotlhobogwe	358
38.	COVID-19 and the Scramble for Digitalisation of Higher Education Curricula – S. K. Alonge	373

PART FOUR: ICT AND EDUCATION RE-ENGINEERING

39. Upgrading Skills, Technology Adoption and Innovation Capacity as Part of Nigerian Recovery Trajectories from COVID-19 Shocks 385
- *J. B. Babalola*
40. Adapting Virtual Resource Materials in Community Development Delivery in the New Normal World 401
- *U. C. Osu*
41. Pathways for Promoting Basic and Digital Literacy in Post-COVID-19 Nigeria 410
- *J. O. Edeh*
42. Online Assessment of Virtual Learning in the New Normal Era 424
- *J. O. Fehintola*
43. Online Teaching and Educationists During and After COVID-19 Lockdown 436
- *T. V. Gbadamosi*
44. Cyber Ethics Knowledge, Adherence and Use of Electronic Information Resources by Distance Learners in Nigeria 447
- *A. Adetimirin*
45. Repositioning Education for Sustainability in a World of COVID-19 Pandemic: The Digital Learning Opportunities 456
- *G. A. Nwogu*
46. Framework for Improved Utilisation of E-learning Resources in Distance Learning Programmes in New Normal World 466
- *D. A. Egunyomi and A. E. Olatunji*
47. COVID 19 Pandemic and the Necessity of Online Learning in Nigeria's Education 479
- *H. F. Adepoju and E. F. Oyegbile*
48. Retooling Adult Literacy in a New Normal World: The Place of Digital Literacy 486
- *S. O. Ojedeji and O. O. Adelere*
49. Delivery of Digital Learning in Nigerian Universities in New Normal World: A Perspective 492
- *B. A. Fajimi*
50. COVID-19 and E-Learning Instructional Requirements of University Lecturers in Nigeria 503
- *R. U. Nwachukwu, S.C. Nwizu and C. Egwuekwe*
51. Intricacies of Online Teaching and Learning for Primary School Pupils in a Post-Pandemic Era 513
- *A. A. Fadiya*
52. Technology and Distance Education: A Panacea for Reengineering Education in COVID-19 Pandemic Era 522
- *L. C. Ukwuaba and M. A. Ali*

PART FIVE: ADULT EDUCATION AND SOCIAL WELFARE PRACTICE
RE-ENGINEERING

53. Re-inventing Adult Education Praxis in Nigeria for a New World Order 537
- *J. E. Oghenekohwo*
54. Reengineering Adult and Non-Formal Education Through Nomenclature 68
and Professionalisation: The Nigerian Experience 542
- *M. A. Hassan and F. O. Olaniyi*
55. Enhancing Adult Education Through Family Literacy Approach 550
- *I. A. Alao*
56. Enhancing Adult Literacy Teaching and Learning in COVID-19 Crisis 65
and Beyond in Nigeria 558
- *B. E. Anyikwa and A. R. Ajayi*
57. Advocating Alternative Approaches to the Promotion of Lifelong Learning 62
in Nigeria in the New Normal World Nigeria 565
- *A. A. Sarumi*
58. Educational Innovations: Towards Better Adult Learning 580
- *M. O. Adedokun and O. A. Olanipekun*
59. Validation Process of Primer and Materials Developed in Adult and 52
Non-Formal Education for Adult Learners 589
- *A. Halilu and U. H. Babanzara*
60. Retraining Youth and Adult Literacy Facilitators in Edo State in the 57
Face of COVID-19 Crisis and Beyond 595
- *C. O. Olomukoro and I. H. Omoregie*
61. Re-Engineering Adult Education Towards Mitigating the Negative Effects 54
of Strategies Adopted for the Control of COVID-19 on Livelihoods in 604
Ibadan Metropolis, Nigeria
- *G. Adekola and O. A. Fekosufa*
62. Imperativeness of New Paradigms in the Delivery of Social Welfare 71
Services in the New Normal Nigeria 613
- *A. A. Omokhabi*
63. Motivational Strategies for Re-Engineering Delivery System in Adult 75
Education Programmes in the New Normal World 628
- *M. A. Oyebamiji and C. N. Olele*
64. Repositioning Women for Life: The Place of Women Education in the 72
New Normal 637
- *R. C. Ojo and A. F. Afonja*
65. The Imperativeness of Mass Literacy in Adult Preparedness for Managing 80
Pandemic: A Case of COVID-19 647
- *B. G. Agboola and B. K. Awoniyi*
66. The State of Adult and Non-Formal Education in Nigeria: Preliminary 80
Observations on Contemporary Challenges 654
- *M. G. Dukku*

PART SIX: COMMUNITY DEVELOPMENT AND EDUCATION RE-ENGINEERING

67. Community Health and the Challenges of COVID-19 in Nigerian Communities
- *O. R. Oyelami* 663
68. Towards Effective Community Mobilisation to Curtail the Spread of Outbreak of Communicable Diseases: Lessons from COVID-19 Pandemic
- *O. A. Moronkola and O. A. Moronkola* 673
69. Youth Engagement and Good Governance in Nigeria: The New Normal World
- *O. E. Olajide, O. V. Adaja and K. M. Ojoogun* 681
70. Rethinking Community Development Practice in the New Normal Nigeria: Community Education Option
- *O. P. Orimogunje and O. F. Aromolaran* 691
71. Re-Engineering Literacy Education in a New Normal Nigeria for Sustainable Economic Empowerment and Development
- *O. A. A. Adebayo* 697
72. Community Education and Community Inclusive Actions for Post-COVID-19 Era in Nigeria
- *I. A. Abiona* 705
73. The Place of Community Education in the Development of Social Entrepreneurship for Sustainable Development in Nigeria
- *B. Ladan* 716
74. Multidimensional Role(s) of Sports in Community Development in Nigeria
- *O. Adisa, O. Ifeta and O. A. Adegbesan* 724
75. Community Health Workers and the Challenges of COVID-19 in Nigeria
- *L. O. Ige and M. O. Falolu* 733

PART SEVEN: LANGUAGE EDUCATION RE-ENGINEERING

76. Utilising Corporate Social Responsibility as a Tool for Community Well-Being in Nigeria
- *U. A. Idris* 747
77. Language, Education and COVID-19 Pandemic
- *C. O. O. Kolawole and A. O. Kolawole* 755
78. COVID-19 and its Implications for English Language Educators in Nigeria
- *O. A. Olubodun* 765
79. Public Participation in Governance: Language Issues in Nigeria
- *S. I. Odiaka* 776
80. Language Diversity and the Problem of Ethnicity in Nigeria: Any Solution in Sight?
- *A. A. Adeyinka and I. T. Akinsola* 784

**PART EIGHT: SOCIAL DEVELOPMENT, RECREATIONAL AND INCLUSIVE
EDUCATION RE-ENGINEERING**

81. Health Education and Implementation of SDG 3 for Improved Education System in the Post-COVID-19 Nigeria 797
- R. O. Adeniji and R. A. Kareem
82. Rethinking Investment in Education: Issues, Perspective and Challenges 805
- B. A. Fashogbon and P. N. Abu
83. Re-Engineering Nigerian University Education for Sustainable Development in the 21st Century 815
- O. S. E. Odusanya
84. Meeting the Inclusive Education Needs of Students with Hearing Impairment in a New Normal World 823
- J. Ajamu and O. O. Isaiah
85. Sports and Migration in a Globalized Economy 830
- A. O. Fadoju and M. A. Adebayo
86. Including Learners with Disabilities in Post-COVID-19 Lockdown Education 841
- O. A. Fakolade and O. C. Ashara
87. The Non-Governmental Organisations (NGOs) as a Veritable Tool of Adult Education Programmes in Nigeria 849
- O. I. Oke and A. F. Akinkunmi
88. Community-Driven Development Approach to Inclusive Growth in Local Government Areas of Nigeria 859
- O. M. Oludare

APPENDICES

- Profile of Professor Rashid Adewumi Aderinoye 869
- Professor Rashid Adewumi Aderinoye at 70 871
- President Buhari Felicitates with University Don, Professor Rashid Adewumi Aderinoye at 70 872
- Professor Rasheed A. Aderinoye: A Man of Destiny @ 70 873
- Notes on Contributors 875

- Index** 891

Chapter 22

Alternative Approaches to Mental Health Delivery in Nigeria in the New Normal World

U. S. Omokhabi

Introduction

The coronavirus disease (COVID-19) pandemic may be stressful for people. Anxiety, burden, and distress are usual reactions to observed, and, at times, when we are confronted with uncertainty or the unknown such as COVID-19 pandemic. It is normal and understandable for people to experience fear in the context of the COVID-19 pandemic (WHO, 2019).

Public health actions, such as social distancing, can make people feel isolated and lonely and can increase stress and anxiety. However, these actions are necessary to reduce the spread of COVID-19. Fear of contracting the virus in a pandemic such as COVID-19 are the important changes to our daily lives and activities as our movements are restricted in support of efforts to contain and slow down the spread of the virus. Challenged with these new realities of working from home, temporary unemployment, schooling from home, and lack of physical contact with other family members, friends and colleagues are all sources of our mental health, it is, therefore, important that we look after our mental wellbeing, as well as our physical, health.

The COVID-19 pandemic has placed additional strain on people with mental illness especially those with a severe chronic disorder. It may aggravate symptoms and make coping with the illness more challenging.

Focused on patients with coronavirus disease (COVID-19) by frontline workers, and attributable deaths, leading to enlarged intensive care, ventilator capacities and selected care for some individuals. Consequently, marginalised individuals are overlooked, such as patients with severe mental illness who are at high risk for medical conditions predisposing them to COVID-19 and whose mental health condition can deteriorate owing to COVID-19 infection.

Severe mental illness or disorders, including schizophrenia, bipolar disorder, and major depressive disorder, are chronic conditions that often need care and management to prevent relapse and rehospitalisation. However, in the COVID-19 pandemic, many medical procedures have been reduced, leading to the global challenge of balancing the provision of medical resources (Kai, Kahl, Christoph and Correll, 2020).

Patients with severe mental illness are among the most vulnerable individuals affected by the COVID-19 pandemic. Among other factors that disproportionately

disadvantage patients with severe mental illness are stigmatisation, less provision of physical health care, low income, poor lifestyle, poor housing or homelessness, and social relations. Restriction, for example, lockdown, social distancing, and quarantine or isolation increase stress and relapse and rehospitalisation with people with severe mental illness. Mentally ill individuals need extra support during the pandemic; however, the number of inpatient and outpatient contacts of patients with severe mental illness has largely reduced during the COVID-19 outbreak, with expected increases thereafter (Kai, Kahl, Christoph and Correll, 2020). As a result, lack of access to regular psychosocial treatments, and subsequently reduced adherence to follow up treatment and medication may increase the risk of psychiatric aggravation, with serious excitement, neurosis, obsession, or dejection. Disturbed individuals with serious mental illness put an extra burden on family caregivers, friends, and mental health care workers and increasing the risk of infection.

Nigeria has eight psychiatric hospitals to serve a population of over 200 million (Trading Economics 2019), eight schools of psychiatric nursing, and twelve medical schools, with all mental health services only being provided at these institutions. Mental health services are concentrated in the Southern urban areas with a few in the North and no mental health facilities and services in rural areas. Patients requiring these services are referred from clinics across the country where few specialists are available (Eaton, Nwefoh, Okafor, Onyeonoro, Nwaubani and Henderson, 2017). Nigeria has a ratio of mental health bed of 0.4 per 100,000 persons, four psychiatric nurses per 100,000 persons, 0.09 psychiatrists and 0.02 psychologists and social workers per 100,000 persons and total public health expenditure of 5 percent of the country's budget (Ayorinde, Gureje and Lawal, 2004; Jacob, Sharan, Mirza, Garrido-Cumbrera., Seedat, Mari, Sreenivas and Saxena, 2007). Also, there are less than 150 psychiatrists in Nigeria which has a population of over 200 million, and the World Health Organisation (WHO) estimates that less than 10 percent of those who need help have access to psychiatrists. Additionally, while the global average is nine mental health workers per 100,000 people, the ratio in Nigeria is one mental health worker for every one million people. As mental institutions are located in big cities, individuals may have difficulty accessing mental health care due to poor knowledge of available services, accessibility, cost, and negative perceptions about the health care system. The low-income individuals with mental illness in both urban and rural areas who access care through public mental health clinics are therefore at greater risk of not receiving the needed mental health care especially during COVID-19 pandemic (Nuhu, Yusuf, Akinbiyi, Fawole, Babalola, Sulaiman and Ayilara, 2010; Jack-Ide, Uys and Middleton, 2013).

Mental Health: Concept and Components

Mental health is a state of well-being in which the individual realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to his or her community (WHO, 2001a). WHO (2004) further stresses that it is more than just the absence of mental disorders or infirmities as health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. This brought about the new definition of mental health by Galderisi, Heinz, Kastrup Beezhold and Sartorius (2015) as a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognise, express and modulate one's own

emotions, as well as empathise with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium.

Basic cognitive and social skills are regarded as an important component of mental health in the light of their impact on all aspects of everyday life (Artero, Touchon and Ritchie 2001; Gigi, Werbeloff, Goldberg, Portuguese, Reichenberg, Fruchter and Weiser, 2014). Cognitive skills include the ability to pay attention, remember and organise information, solve problems, and make decisions; social skills involve the ability to use one's repertoire of verbal/non-verbal abilities to communicate and interact with others emotional regulation, that is the ability to recognise, express and modulate one's own emotions, is also regarded as an important component of mental health (Gross, 1995). It has been proposed as a mediator of stress adjustment by McCarthy, Lambert and Moller in 2006.

Decety, Smith, Norman and Halpern (2014) described empathy as the ability to experience and understand what others feel without confusion between oneself and others, enables individuals to communicate and interact in effective ways and to predict actions, intentions, and feelings of others The absence of empathy is not only a risk factor for violence and a feature of antisocial personality disorder but also impairs social interactions at all levels. Flexibility and ability to cope with adverse events are also deemed important to mental health maintenance. Flexibility refers to the ability to revise a course of action in the face of unpredicted difficulties or obstacles, change one's ideas in the light of new evidence, and adapt to changes that different life epochs or contingent situations may require. Lack of flexibility may result in great distress for a person undergoing sudden and/or important life changes and is an important aspect of several psychiatric disorders, such as obsessive personality or delusional disorder (Klanker, Feenstra and Denys, 2013).

The basic ability to function in social roles and to participate in meaningful social interactions is an important aspect of mental health and particularly contributes to resilience against distress; however, social exclusion and stigmatisation often impair social participation, so any definition of mental health alluding to this aspect has to avoid blaming the victim and to carefully analyse social patterns of stigmatisation, discrimination and exclusion that impair participation (Heinz, and Kluge, 2011). The inclusion of a harmonious relationship between body and mind is based on the concept that mind, brain, organism and environment are heavily interconnected, and the overall experience of being in the world cannot be separated from how one's body feels in its environment (Fuchs and Schlimme, 2009).

Keyes (2014) identifies three components of mental health namely emotional well-being, psychological well-being and social well-being. Emotional well-being includes happiness, interest in life, and satisfaction; psychological well-being includes liking most parts of one's personality, being good at managing the responsibilities of daily life, having good relationships with others, and being satisfied with one's own life while social well-being refers to positive functioning and involves having something to contribute to society (social contribution), feeling part of a community (social integration), believing that society is becoming a better place for all people (social actualisation) and that the way society works makes sense to them (social coherence).

Mental Illness: Meaning and Categories

Mental Illness also known as mental disorder or psychiatric disorder is a behavioural or mental pattern that causes significant distress or impairment of personal functioning (Bolton, 2008). Such features may be persistent, relapsing and remitting, or occur as a single episode. World Health Organisation in 2016 and 2018 said that many disorders have been described, with signs and symptoms that vary widely between specific disorders and such disorders may be diagnosed by a mental health professional. Mental health disorders constitute the major causes of disabilities worldwide, accounting for 37 percent of all healthy life years lost through disease (Wang, Aguilar-Gaxiola, Alonso, Angermeyer, Borges, Bromet, Bruffaerts, de Girolamo, de Graaf, Gureje, Haro, Karam, Kessler, Kovess Lane, Lee, Levinson, Ono, Petukh ova, Posada-Villa, Seedat and Wells, 2007).

Mental illness is a disabling, chronic condition that poses numerous challenges in its management and as risk factors for other health problems (Prince, Patel, Saxena, Maj, Maselko, Phillips and Rahman, 2007). It extols significant costs to the patient in terms of individual suffering, to the families as an outcome of the shift of the burden of care and life-time lost productivity, and on the society at large (Cuijpers and, Stam, 2003; Foldemo, Gullberg Ek and, Bogren 2005). Individual mental illnesses according to Health Survey for England (HSE) (2014) can be grouped into four main categories: common mental disorders, serious mental illnesses, other mental illnesses including complex disorders, and alcohol and drug dependence. This is presented in Table 20.1.

Table 22.1: Mental Illness Categories

Common mental disorders	Severe mental illnesses	Other mental illnesses including complex disorders,	Alcohol and drug dependence
<ul style="list-style-type: none"> • Phobia • Panic attacks • Post-traumatic stress • Generalised anxiety disorder • Depression • Post-natal depression • Obsessive compulsive disorder 	<ul style="list-style-type: none"> • Bipolar disorder • Eating disorder • Nervous breakdown • Personality disorder • Psychosis or schizophrenia 	<ul style="list-style-type: none"> • Attention deficit hyperactivity disorder(ADHD) • Attention deficit disorder (ADD) • Dementia • Seasonal affective disorder • Any other mental, emotional or neurological problem or condition 	

Source: HSE 2014 Vol 1 Chapter 2 Mental Health Problems <http://healthsurvey.hscic.gov.uk/media/37739/HSE2014-Ch2-Mental-health-problems.pdf>

An in-patient with mental illness is a person that has been diagnosed with the symptoms of mental illness, it involves an overnight or extended stay in a psychiatric

hospital or psychiatric unit of a general hospital. The facility can be privately owned or public (government-operated). Inpatient hospitals provide treatment to more severely ill mental health patients, usually for less than 30 days. A person admitted to an inpatient setting might be in the acute phase of mental illness and need help around the clock, while outpatients are individuals who are no longer hospitalised but obtain therapy services from a variety of mental health professionals.

Impact of COVID-19 pandemic on Mental Health

Kang, Li, Hu, Chen, Yang, Yan, Wang, Hu, Lai, Ma, Chen, Guan, Wang, Ma, and, Liu, (2020) opined that the present COVID-19 pandemic will drastically increase the global stress and mental health burden. According to Xiang, Yang, Li, Zhang, Zhang, Cheung and Ng, (2020.) the experience of the ongoing COVID-19 pandemic is generating tension and a timely understanding of mental health is very essential for the government, health agencies and the general public. Furthermore, the means of containing the pandemic such as; self-isolation, quarantine, social distancing, and treatment of infected person can further pose a detrimental effect of psychological distress (Fiorillo, and Gorwood, 2020). COVID-19 has had a huge impact on mental health services and disrupted care and treatment. Some specialised mental health provision has been cut to increase the capacity to treat the physical impact of COVID-19. According (Sani, Janiri, Di Nicola, Janiri, Ferretti and Chieffo, 2020) many general hospital psychiatric wards have been converted into COVID-19 wards, signifying that greater numbers of severely ill individuals are moved out which makes them lack access to health care (Sani, Janiri, Di Nicola, Janiri, Ferretti and Chieffo, 2020).

Alternative Approaches to Mental Health Delivery in Nigeria in the New Normal World

It has been revealed that Nigeria has a ratio of mental health bed of 0.4 per 100,000 persons, four psychiatric nurses per 100,000 persons, 0.09 psychiatrists and 0.02 psychologists and social workers per 100,000 persons and total public health expenditure of far less than 5 percent of the country's budget (Uwakwe, 2018). However, W.H.O information note (2011) indicates that there are only eight psychiatric hospitals in Nigeria, with a total of 4000 beds giving a rate of 0.005 hospitals per 100,000 populations and 2.528 beds per 100,000 populations, this is an incomplete picture and has not taken account of federal medical centres, state psychiatric hospitals and General Hospitals where mental services are available. The eight psychiatric hospitals as already stated belong to the Federal Government of Nigeria; however, teaching hospitals and federal medical centres also provide some mental health services in most of the thirty-six states of the federation. Mental health services in Nigeria consist mainly of large government psychiatric hospitals. There are eight Federal Neuro-Psychiatric Hospitals namely; The Neuro-Psychiatric Hospital, Aro, Abeokuta, Federal Neuro-Psychiatric Centre, Kwara, Federal Neuro-Psychiatric Centre, Yaba, Lagos, Federal Neuro-Psychiatric Hospital, Uselu, Benin, Federal Psychiatric Hospital, Calabar, Federal Neuro-Psychiatric Hospital, Enugu, Federal Neuro-Psychiatric Hospital, Kaduna, Federal Neuro-Psychiatric Hospital, Maiduguri, State and a similar number of university teaching hospital psychiatric departments, for a population of 170 million people. Nigeria has around one psychiatrist per 1 million populations and four psychiatric nurses per 100,000 people (Esan,

Abdulmalik, Eaton, Kola, Fadahunsi and Gureje, 2014). The World Health Organisation (2020) has raised much concern over the response to the psychological and mental health of people in the face of the COVID-19 pandemic. This concern is specially targeted towards the people living with mental illness. The main psychological impact of the pandemic to date is the elevated rates of stress or anxiety especially at the inception when the news of the status of the virus infection was raised to that of a global pandemic. However, as new measures and impacts are introduced such as lockdown measures, isolation and quarantine; which has had a huge effect on many people's usual activities, routines or livelihoods; the levels of loneliness, depression, harmful alcohol and drug use, and self-harm or suicidal behaviour are also expected to rise.

Nigerian National Mental Health Policy and Action Plan were formulated to integrate mental health care into primary health services in 1991 (Federal Ministry of Health (FMOH), 1991). By promulgating this policy, mental health became the ninth component of the nation's Primary Health Care (PHC) services (promote, protect, prevent, restore and rehabilitate), that will ensure a socially and economically productive and fulfilling life to every individual. PHC is rendered with increasing levels of specialisations from the primary to tertiary levels of care. COVID-19 has forced an acceleration in innovation in mental health delivery in all societies. Nigeria inclusive due to the need to deliver services under new models of care. These innovative ways to reorganise and adapt service provision to ensure continuity of care during the pandemic and after are suggested through these the following approaches.

Frontline workers are playing a crucial role in fighting the outbreak and saving lives. But they are under exceptional stress and while deaths of health workers are rising. Frontline workers, especially healthcare workers, are at particularly high risk of mental ill-health, including suicide attempts, the risk of burnout and stigmatisation. Without support, they are likely to be unable to fulfil their vital role in reducing and possibly stopping the outbreak. Ensuring good mental health of health workers is essential so the government can introduce personal screening for stress and mental health illness involving an assessment of occupational exposure to COVID-19, prior history of stress and mental health conditions, new personal and family stressors arising since the pandemic onset through various support which could be offered via workshops, support groups led by social workers and other trained mental health professional staff, individual assessments and mental health treatment.

The following approaches are suggested for mental health delivery for inpatients of mental illness and those that need to be hospitalised:

The government must uphold the right for all to good physical and mental health, ensuring mental health support is maintained for those with pre-existing:

- (1) Mental health conditions during the pandemic. For those in psychiatric institutions, the necessary infection prevention and control measures must be provided to stop the spread of COVID-19 while giving care for those affected by COVID-19, without discrimination.
- (2) The government can invest in mental health interventions that can be delivered remotely, for example, quality-assured tele-counselling for frontline healthcare workers and people at home with depression and anxiety.
- (3) Government with the collaboration of communication service providers can

ensure uninterrupted in-person care for severe mental health conditions by formally defining such care as essential services to be continued throughout the pandemic and after.

- (4) The government must ensure that mental health services and support needs be incorporated in all aspects through conducting national public health campaigns that promote mental health and psychosocial wellbeing, that explain COVID-19 and signpost of mental health services. These must address misinformation, stigma and discrimination for all citizens.
- (5) The government must ensure all COVID 19 compliance through the provision of Personal Protective Equipment (PPE) for all mental health specialists and administrative staff working in the Neuro-Psychiatric Hospitals as well as teaching hospitals providing mental health care.
- (6) The government must provide water, sanitisers and soaps for patients coming into the Neuro-Psychiatric Hospitals and their families in times of emergencies.
- (7) The government must all provide testing kits for COVID 19 and make available medical laboratory experts carry out test within the facility before hospitalisation of patients with mental illness.
- (8) For inpatients who have tested positive, a room within the Neuropsychiatry hospital or facility should be marked as isolation centre with the medical team for treatment before they are transferred to the psychiatry ward.
- (9) The psychiatric care provider and the team should work with the patient with serious mental illness to weigh risks and benefits of the test is required for continued monitoring and consider the feasibility of alternative medications that do not require monitoring.
- (10) Text messaging is highly accessible to individuals with serious mental illness. Many individuals with serious mental illness own a device capable of texting (Campbell, Caine, Connelly, Doub, and Bragg, 2015) and they use this feature at rates similar to the general population (Noel, Acquilano, Carpenter-Song, and Drake, 2019).
- (11) Text messaging has been repurposed to encourage illness management (Granholm, Ben-Zeev, Link, Bradshaw, and Holden, 2012), support medication adherence (Montes, Medina, Gomez-Beneyto, and Maurino, 2012), and most recently, to provide ongoing therapeutic interaction with a designated member of the clinical team, that is, a mobile interventionist (Ben-Zeev, Kaiser, and Krzos, 2014). While text messaging offers the advantages of familiarity, ubiquity, and efficiency (Schwebel and Larimer, 2018). The federal government with the mental health specialist of Neuro-Psychiatric Hospital must develop policies and procedures related to short messages (SMS) treatment guidelines before implementation and clinical adoption. Mental health professionals can secure, encrypted platforms, establish protocols to protect patient privacy, establish clear communication to clinic staff and patients about the parameters of text messaging (for example, whether or not 24hours /seven days' access is available), and obtain informed consent when using text messaging. By so

doing they can maintain ongoing interactions with multiple patient and patient can access support discretely.

- (12) Evidence suggests that the use of telepsychiatry (both via telephone or the Internet using email, online chat or video conferencing) is both feasible and acceptable for individuals with serious mental illness, and may improve client outcomes (Kasckow, Felmet, Appelt, Thompson, Rotondi, and Haas, 2014; Baker, Turner, Beck, Berry, Haddock, Kelly, Haddock, Kelly and Bucci, 2018).). Based on this evidence the Federal government with the mental health professionals can borrow from this to fill the gaps in face-to-face care, telehealth should be gradually adopted, with remote video or phone conferencing, online blended or coached therapies, and self-help therapies should be provided through apps. Most commonly, these services improve access to care for individuals with mental health issues living in remote locations or underserved areas, or who can't leave home due to illness, emergencies or mobility problems. They also allow mental health professionals to support their patients or clients between visits. Such information can be provided both in English and mother tongue.

The following approaches are suggested for mental health delivery for outpatients:

- (1) Mental Health specialist can make welfare phone calls to check on clients or may be able to provide learning sessions to clients to prepare them for telehealth sessions particularly those who can read and write
- (2) Government at all levels with mental health professional task force should increase focus on digital self-help and digital mental health services including the use of more basic technologies such as the telephone and SMS. Such approaches could be effective particularly for those who have much internet or telecommunications access.
- (3) The government at all levels should move people with severe mental health conditions to private clinics to ensure continuity of care as an act of solidarity with emergency psychiatry an essential service to enable mental health-care workers to continue outpatient services over the phone.
- (4) The government should partner with information technologist (IT) experts, to enable mental health staff working from home to access electronic clinical records while maintaining confidentiality.
- (5) Home visits should be organised for the most serious cases by a mental health specialist.
- (6) Government at all levels in collaboration with the management of psychiatry hospitals should increase the capacity of emergency telephone lines for mental health care to reach people in need, particularly in rural areas.
- (7) The government should provide internet access in both rural and urban areas to enable the medical social worker to create online support groups and social communities to combat loneliness and boredom and reinforce social connectedness, to disseminate positive messages of hope and unity, and to mobilise community volunteers to assist those who need help.
- (8) In Nigeria there is no specific mental health budget, but about 3 percent of the health budget goes to the stand-alone neuropsychiatric facilities (WHO - AIMS

Country Report, 2006). The federal and the state government in collaboration with non-governmental organisation like Centre for Mental Health Research and Initiative (CEMHRI), Love, Peace and Mental Health Foundation (LPM), Mentally Aware Nigeria Initiative (MANI), She Writes Woman and Neem Foundation to fund and carry out of quality and evidence-based research on the mental health of people in Nigeria created by the pandemic need to be carried out, monitored and evaluated.

- (9) It is also important for governments and other actors such as mental health professionals need to communicate about COVID-19 in ways that promote mental health and psychosocial well-being through mass media radio, television and on the internet. This could be transmitted in English language, Yoruba, Hausa and Igbo and also to include all tribes in the country
- (10) In this period of social distancing and isolation, virtual meditation sessions and online therapy sessions can be organised to aid people to cope by Mental health experts thus the flexible use of digital health technologies may be required to maintain uninterrupted mental health services during the COVID-19 crisis.
- (11) To reduce the spread of the virus and anxiety in the population, governments and other actors' such as mental health professionals, including media outlets, need to communicate regularly about the pandemic providing up-to-date evidence-based information in plain language that people understand (i.e. mother tongue), accessible and inclusive to all people through channels that they use. Such communication should be communicated with empathy and include advice on emotional well-being which could help reduce relapse or rehospitalisation of those suffering from mental illness.
- (12) As part of a longer-term plan to improve the quality, reach and cost- effectiveness of mental health services, it is recommended to shift investments away from institutionalisation to affordable, quality mental health care in the communities.
- (13) Harm reduction approaches for clients with co-occurring substance use and psychiatric disorders during the COVID-19 crisis should include maintaining frequent contacts across remote modalities (video calls, phone, and texting, as available), generous use of befriending and normalisation strategies, education on safer options for drug administration.
- (14) Treatment plans that include clinic or pharmacy visits should specifically include strategies to reduce risk of COVID-19 infection. Mental health specialist psychiatry doctors, nurses, psychotherapist teams should translate the National Centre for Disease Control (NCDC) guidelines into more concrete behaviour examples and use various means to model such behaviours visually. These may include demonstrating recommended hand washing techniques; personalised strategies for the length of handwashing; use of disinfectant within the home, especially when living with others; specific guidance on how to navigate the environment if leaving the residence, such as understanding what more than six feet spatially looks like; application and removal of face masks; and modifying how one interacts with neighbours. Such teaching may occur in-person physically at the hospital or could be reviewed through, WhatsApp or videoconference if telehealth is possible.
- (15) Virtual medication management visits should also be considered, as in- person visits pose a health risk not only to clients and providers but also to elderly or

medically compromised individuals who live with clients or accompany them to clinic visits.

Conclusion

Mental health and psychosocial support have relevance to health, protection and social services, nutrition, labour, education, justice and other fields of government. The approaches recommended, when adopted, would go a long way in the delivery of mental health in the new normal mental health remain a core concern in Nigeria, as well as other countries as they emerge from the pandemic and embark on social and economic recovery.

Government, should in its topmost importance ensure quality mental health support that is available to everyone and everywhere in Nigeria during this pandemic and in the future.

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