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Mental health and the Nigerian workplace: Fallacies, facts and the way forward

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Unquestionably, mental health is fundamental to individual, organizational and national well-being. However, Nigeria's mental health statistics are a cause for concern. This is further aggravated by a culture of indifference, denial and evasion. This paper advocates a cultural re-engineering. It espouses the need for Nigerian workplaces to recognize mental health as a realistic and legitimate concern, as well as display total commitment to the implementation of policies and practices that will ensure a supportive framework for employees. Families, religious/non-governmental organizations and the government, must also collaborate to promote mental health. Ignorant misconceptions, startling facts and necessary interventions are discussed.

Key words: Mental health, workplace, human resource, advocacy, misconceptions, Nigeria.

INTRODUCTION

A human being is a constitution of mental and physical states. Hence, total health and wellbeing of any individual is ultimately dependent on the inter-relationship that exists between these two (2) states (Kolappa et al., 2013). The Royal College of Psychiatrists United Kingdom (2013) published a report on attaining equality between mental and physical health.

The report emphasized the significant disparities that exist between mental and physical healthcare. It is instructive to note that, the findings of the report are not peculiar to the United Kingdom. In Nigeria, the subject of mental health is often culturally evaded; as many people are not usually inclined to discuss it openly (Bakare, 2014). The reality however is that, mental health statistics in Nigeria are alarming. According to a report, the

prevalence of mental illness in Nigeria is in the range of 20% (Mental Health Leadership and Advocacy Program, 2012). It has also been reported that, relative to a population of about 174 million (World Bank, 2013), 64 million Nigerians are deemed to suffer from one form of mental illness or the other (Owoyemi, 2013).

The prevalence of mental illness in Nigeria is linked to the many socio-economic problems which may be regarded as precipitating factors (Desjarlais et al., 1995). These factors include; the underfunding of mental health services (World Health Organization, 2003); as well as the brain drain syndrome in Nigeria's public healthcare sector (Oyewunmi and Oyewunmi, 2014), as evidenced by the significant number of Nigerian psychiatrists and psychiatric nurses who practice overseas (Baba, 2005).

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The situation is worsened by the poor political disposition of the Nigerian government, and the inability to review the antiquated colonial legislations (The Lunacy Act, 1958); that still regulate mental health in major respects (Westbrook, 2011).

Mental health, just like physical health, is not confined to certain geo-polities or social strata. It is an issue that has the potential to affect anyone, male or female, young or old, rich or poor (Steel et al., 2014). It is indeed everyone's business. This fact validates mental health as a complex, yet current and important issue for human resource managers and the workplace in its entirety. This is because organizations do not exist in a vacuum, employees are not recruited from outer space, but from the environment within which organizations exist. Hence, the indices of mental health pertaining to Nigeria, should be of concern to Nigerian workplaces. Beyond this, the workplace itself is an environment that poses significant impact on mental health (World Health Organization and International Labour Organization, 2002). Thus, organizations should be proactively pre-occupied with promoting and ensuring both physical and mental health, as a healthy workforce potentially translates into a healthy organization in terms of performance or productivity (Ahmed, Sun and Nazar, 2015).

This paper is concerned with raising the profile of mental health as an important workplace issue. It advocates a cultural re-engineering in Nigerian workplaces as it relates to mental health. The workplace should be a psychologically safe environment where there is equal attention on the promotion of both physical and mental health. Human resource managers should consider mental health as a crucial part of the employee life cycle. There is need for organizations to be fully committed to engaging employees in initiating policies and strategies that will promote a positive psychosocial environment. The requisite support should also be provided for those who may experience mental health challenges at one time or another. This posture is desirable for a maturing economy such as Nigeria that is heavily reliant on an active and healthy workforce for sustainable growth and development. The Nigerian workplace must play a front line role in de-mystifying the subject of mental health in an environment where many myths abound.

Mental health: Issues in Nigeria

The World Health Organization (2001) famously defines mental health as 'a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make meaningful contribution to his or her community'. Mental health is a state of mind in which an individual can effectively utilize his or her capacities by displaying psychological resilience in making

personal and social adjustments to fit the dynamic environment within which he or she co-exists with other persons (Mullen, 2010). It also represents one's ability to adapt to internal and external environmental stressors. Successful adaptation to a range of demands is manifested in thoughts, emotions and behaviours that are in congruence with age, local and cultural norms or expectations (United Nations Children's Fund and World Health Organization, 2009). To be mentally unhealthy signifies a psychological state that results in behavioural anomalies that affect daily functioning. Mental health problems may be associated with genetics, environmental stressors, psychological factors, brain defects, substance abuse, amongst other factors (Schmidt, 2007).

For many decades, persons with mental health problems have been perceived with a sense of suspicion (Porter, 2002), just as mental health problems have been associated with several misconceptions. The most common misconceptions about mental health illness are damaging and pervasive. Some of these misconceptions are that people with mental illnesses are dangerous and violent; that mental illness is the same as mental retardation; that mental health problems are a result of poor parenting; that it is impossible to recover from mental illness; that persons with mental health problems cannot work; that lack of personal hygiene and physical un-attractiveness are indicators of mental illness and unintelligent persons are prone to mental illnesses. Most of these misconceptions have however been disproved as being unfounded (World Health Organization, 2003; Corrigan and Watson, 2002; Corrigan, 2000) and can thus be regarded as largely being unscientific or unverifiable.

Societies across the world have different explanatory perspectives as it relates to the nature, causes and interventions for mental health problems (Ahmed, Sun and Nazar, 2015). In this light, cultural misconceptions significantly affect the level of stigma that is attached to mental illness as well as the social support likely to be received (Link et al., 1999). Nigeria is a multi-ethnic State with a myriad of cultures, traditions, customs and beliefs at the center of its worldview. All of these aspects or dimensions of the Nigerian State influence, amongst many matters, the perception of mental health problems. Specifically, the belief in the supernatural is reinforced in the daily cosmology of many Nigerians. Health is viewed by many as being underpinned by supernatural dimensions (Ojua and Omono, 2012; Gureje et al., 2005). Supernatural beings or powers (God, gods, good and evil spirits, witches) coupled with their activities (Oluwole, 1995) are believed to be sources of mental health problems as well as part of the cultural asset that is usually mobilized to cure mental health problems. Many Nigerian cultures attribute mental illness to angered ancestors and spirit possession or a punishment meted by a retributive god (Gaske and Stewart, 1999).

A survey by Ukpong and Abasiubong (2010) showed

that the attribution of mental illness to supernatural causation is not restricted to uneducated persons, as many well-educated persons also hold firmly to this belief. This signifies the strong influence of cultural notions in spite of increased access to modern education and learning. It is also an indicator of the dire need for anti-stigma campaigns in Nigeria, as the views on causation have strong links to stigmatizing attitudes towards the mentally ill (Haghighat, 2001).

Another factor that contributes to the complex nature of mental health/illness in Nigeria is the depiction of mental illness by the media (Atilola and Olayiwola, 2012). In recent years, technology has become a platform to access information and clarify misconceptions; but it has not been reasonably optimized as regards sensitizing people about mental health issues in Nigeria. There is little education and enlightenment that is accorded the subject (Gureje et al., 2005). For instance, amongst the Yoruba ethnic group in Nigeria, a common belief is that mental illness (*àrùn opolo* in Yoruba language) is equal to 'syehosis (*wèrè* which literally means mad) and is also equal to mental retardation (*òdè or 'òdòyò*). This implies that persons with depression, anxiety disorders or bipolar disorders, may be corporately labelled, as being mad (*wèrè*). Erroneous notions, such as this, encourage stigmatization and discourage mentally ill persons from speaking out and seeking help. The admission of mental illness by victims will usually lead to the extension of stigmatization to family members. It could even affect the ability of a family member to get married. Hence, the collateral damage associated with mental health has resulted in a trend of isolating mentally ill persons from their families and the larger society.

In Nigeria, the care of the mentally ill via traditional medicine is predominant. Although orthodox treatment exists, the supernatural perspective to mental illness makes it more likely for the treatment of mental illness to be obtained from diviners and traditional healers who subscribe to the view of supernatural causation (Falayi, 2014; Gureje et al., 1995). According to Oyedeji et al. (2004), approximately 70% of mental health treatment is provided through non-orthodox means. It should however be noted that orthodox psychiatry exists in Nigeria and plays an important role in the treatment of mental health problems (Westbrook, 2011). The works of Thomas Adeoye Lambo (Sidandi and Gittleman, 2004), Tolani Asuni, Abayomi Ayodele Marinho (Sadowski, 1999) and Abraham Ordia (Wesbook, 2011) have significantly contributed to the development of orthodox psychiatry in Nigeria. It may be precarious to advocate orthodox psychiatry over traditional treatment or otherwise. In this regard, Akomolafe (2013) asserts that, 'truth is not the exclusive preserve of any culture'. An interesting and potentially resourceful paradigm may be; a collaboration between orthodox psychiatrists and indigenous healers in resolving misconceptions and proffering ground-breaking solutions to mental health issues in Nigeria.

As highlighted earlier, analysis of the mental health situation in Nigeria reveals that, with a population of over 170 million, there are only ten (10) specialized psychiatric hospitals, eight (8) non-governmental organizations involved in mental healthcare, one thousand four hundred and sixty (1,460) nurses, one hundred and forty nine (149) psychiatrists, sixty nine (69) psychologists, thirty five (35) occupational therapists and one hundred and fourteen (114) social workers. A major source of concern is the supply of original and affordable medication owing to incidences relating to the sale of sub-standard medication. Although non-governmental organizations are involved in education and awareness, there is no coordinating body to oversee education and awareness on mental health/illness (Mental Health Leadership and Advocacy Programme, 2012). This analysis depicts the relatively minimal priority accorded to mental health in Nigeria.

The Nigerian Workplace: Internal and External Environments

The workplace is a platform for different psychological experiences in terms of; providing a sense of time structure; developing social contact; fostering a sense of collective purpose; forging social identity outside the family; and maintaining a level of consistent activity (World Health Organization and International Labour Organization, 2002). As regards the internal environment, the workplace has great potential for promoting or hindering the mental health of individuals. Hence, physical characteristics such as; lighting, ventilation, work space, sanitation and noise levels of the workplace, potentially have psychological effects on employees (Ajala, 2012).

Abubakar et al. (2013) found that culture or practices within organizations could affect mental health, hence, the need to develop practices that are employee-centric. There are many practices within the Nigerian workplace that could impact the mental health of employees negatively. For instance, the recapitalization policy of commercial banks in Nigeria has encouraged the practice of institutionalizing unrealistic and outrageous sales targets. As a result of the relatively high rate of unemployment in Nigeria, many employees of such banks are left with little or no alternative but to comply with these demands. The consequences attributable to such a scenario usually manifests in the distortion of the psychological wellbeing of employees. Another example is the issue of job security in the Nigerian workplace. A perspective to this is that, organizations are constantly looking for fresh talent to enhance their bottom line. However, in such circumstances, employees who may have served an organization for several years but do not necessarily possess premium academic qualifications, may harbor the fear of being displaced by younger talents who may have had access to international education and

training. This type of situation, which is quite prevalent in Nigeria, has apparent implications for mental health of individuals.

The interplay of interactions is crucial to the day to day running of any organization. Situations where interpersonal relations in the workplace are problematic, particularly in terms of conflicts, exclusion by superiors or co-workers and a lack of social support, could potentially hamper an individual's mental wellbeing. A typical Nigerian workplace is usually populated by diverse cultures and personality types. This type of context represents a potential source of conflict or poor interpersonal relations. Stoetzer (2010) states that poor interpersonal relations in the workplace is a likely predictor of depression. Other factors within the workplace that may possibly affect mental wellbeing include; career stagnation, work-life imbalance, under-utilization of skills, role conflict and poor compensation (Cox, 1993).

Individuals have different perceptions regarding the environment within which they exist. These perceptions are usually related to the quality of life within such environment. The external environment of the Nigerian workplace is such that; a lack of coping mechanisms portends a flawed mental state. This is evidenced by the decades of social, economic and political disequilibrium, which is a risk to the physical and mental states of the citizenry. Nigeria is endowed with many natural resources, however, the fixation of the government on oil and natural gas as the most prominent source of export earnings; has limited the diversification of the economy considerably. In spite of diverse resources and opportunities for prosperity, Nigeria is still described as one of the poorest countries in the world. The inability of the populace to trust the government as a result of breached social contracts at various levels, depicted in terms of, poor leadership, disregard for the rule of law, corruption, poor social institutions, infrastructural deficit, widespread poverty, high rate of unemployment/underemployment, low investment in human capital, terrorism, inflation, increasing domestic and foreign debts, have impacted negatively on the external environment of the Nigerian workplace.

The situation of the Nigerian environment affects different classes of the population. Many Nigerian graduates have experienced prolonged studentships in tertiary institutions as a result of incessant labour disagreements with the government. Upon graduation, the harsh realities of limited employment opportunities and a highly competitive labour market sets in, testing the mental and physical limits to varying extents. The fact of the matter is that; many Nigerian graduates are redundant or under-employed in spite of excellent academic profiles. The attendant conflicts, pressure, stress and; frustration over this predicament may fester mental health challenges in these individuals, who still constitute the human resource pool for organizations. Employees in Nigerian workplaces are not immune to the travails of the external environment, particularly, in urban areas where

the population is constantly on the increase. For instance, the city of Lagos is densely populated by migrants from all over the country, seeking greener pastures. The consequence of this; is heightened pressure on infrastructural facilities, insufficient resources for health, security and social welfare. Sijuwade (1995) states that, high incidence of crime, delinquency and other psychopathological phenomena are commonplace in many Nigerian urban areas. The fragmented socio-economic structure of the external environment and the demands of the workplace may impact negatively on mental health. Many employees live life going through the motions, '*suffering and smiling*', bottling emotions and frustrations, which may rapidly degenerate into mental health challenges.

OTHER CONSIDERATIONS FOR HUMAN RESOURCE MANAGERS

Studies across diverse racial groups have found that, lifetime prevalence of depression and anxiety is persistent in women than in men (World Health Organization and International Consortium of Psychiatric Epidemiology, 2000). In a study of nine (9) countries, Weismann et al. (1999) revealed that women had consistently higher rates of suicide attempts and higher rates of post-traumatic stress disorder compared to men (Kessler et al., 1995). Using a dimensional internalizing and externalizing model, Eaton et al. (2012) reports that women are prone to internalization, which is characterized by mood and anxiety disorders, while men are prone to externalization, which is characterized by anti-social personality, substance dependency/alcohol abuse disorders. Dennerstein et al. (1993) found that married women have higher admission rates in mental health facilities than married men. Afifi (2007) suggests that stressful life events, gender and role differences may affect the mental health of women. For instance, depression is rife amongst pregnant women and could lead to postpartum depression (Graff et al., 1991). Hence, recovery from childbirth involves both the healing of the reproductive system and the mental state (McGovern et al., 2006).

Mental health statistics also show that depression usually develops in individuals around the ages of 25-44, and is very common amongst adults (Mireault and DeMan, 1996). These issues have significant implications for current and future workforce. It is imperative to address the subject of mental health in the workplace as the mental wellbeing of employees (male and female) is central to organizational and national performance.

The Way Forward: Workplace Mental Health Promotion

Mental health is an intricate but pressing workplace issue

with multiple consequences. Over the years, organizations have lacked the comprehension and acknowledgement of the impact of mental health problems on organizational life (Schutt, 1999). However, in the light of the changing environment in which organizations operate and compete, it is imperative to support employees by addressing, not just physical, but mental health. Organizations must begin to rationalize the idea of mental health promotion as an investment against absenteeism, depression, burnout/stress, poor performance, workplace incidents, poor decision-making, loss of motivation, conflicts, poor relationships with colleagues and clients/customers. Employers must realize that the emotional and mental constitution is crucial to human performance. The business and management processes (strategy, goal-setting, resourcing etc.) geared towards organizational performance will be futile; unless behavioural and psychological factors pertaining to employees are evaluated.

Since competitive advantage is elusive without the physical and mental health of employees, organizations must be fully committed to creating a cultural climate that promotes civility, equity, transparency, work-life balance and health promotion. The workplace is an ideal environment to erase ignorant stereotypes, shallow misconceptions and raise the profile of mental health. A starting point on the way forward is the introduction of mental health promotion, initiatives and policies.

The World Health Organization (2001) states that, at least, one (1) in four (4) people will develop one or more mental illness or behavioural disorder in their lifetime, and that one (1) in four (4) families has a member suffering from a mental illness or behavioural disorder. This makes it necessary to create interventions that will foster positive mental health (World Health Organization, 2004). The promotion of mental health is a significant part of health promotion (Sturgeon, 2007). Mental health promotion includes activities that provide persons with information on the adoption and maintenance of lifestyles that enhance good health. It involves strategies that promote the mental health of those who are not at risk, those who are at risk and those affected by or recovering from mental health challenges (Lehtinen et al., 2005; World Health Organization, 2004). Van der Klink et al. (2001) report that mental health promotion has positively impacted mental and physical health in the workplace, particularly as it relates to increasing coping mechanisms, reducing work stress and improving social skills.

The promotion of mental health in the workplace must begin with the commitment and proactiveness of top management and consultation with employees to assess health needs and design policies and interventions/programs that will complement these needs. The organization must formulate a strong policy that expresses commitment to the promotion of mental well-being. This should be followed by a mental health plan that correlates with the needs assessment as defined by the policy. The plan must specify objectives, appropriate interventions,

identify and empower motivated advocates and practitioners, set a time frame, provide a budget and funding options.

In terms of interventions, the Nigerian workplace will benefit immensely from education and awareness on the pervasiveness of mental health problems, common misconceptions and lifestyle choices that will foster positive mental health. Education and awareness interventions must be based on pertinent themes such as active living/fitness, healthy eating, alcohol and smoking cessation, managing workload and interpersonal relations, adapting to changes, managing realities constructively, building emotional stability, developing resilience and seeking counseling. In recruiting new employees, many human resource managers are likely to be interested in the brightest candidates without necessarily considering their mental health profiles. Pre-employment medical assessments do not usually include a mental health assessment and employee training programs do not cover the area of mental health. Human resource personnel must be equipped with the knowledge of mental health, so as to provide support, counseling and an inclusive environment for employees.

It has been stated that in the nearest future, developing countries will experience an inordinate increase in the incidence of mental health challenges (Lehtinen et al., 2005). The promotion of mental health must not be limited to workplaces alone. Indeed, all stakeholders must be actively involved in mental health literacy. Families must be dedicated to raising and nurturing well-rounded personalities; religious/non-governmental organizations must help in flagging anti-stigma campaigns and erasing misconceptions surrounding mental illnesses; the government must be committed to the sustainability of the public health sector, and resolving the myriad of socio-economic problems, which is becoming the reality of the average Nigerian. This will ensure giant strides towards achieving a mentally healthy population, with the potential for enhanced individual, organizational and national performance.

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