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Inadequacies in Mental health Centres in Anambra state: The case of negligence of depression as a mental illness and the need for a Depression Treatment Centre in Awka.

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ABSTRACT

Depression is one issue that has been neglected over the years. With over 264 million affected people in the world, it ranks as the leading cause of other mental illnesses across boards. Studies show that nearly 20% of United States adults experience some form of mental illness. In Nigeria, an estimated 20%–30% of her population suffer from mental disorders. More so, in the South eastern part of Nigeria, Awka precisely, Depression is evident among Adolescents and Adults. This brings to bear the immediate need for developments in Depression facilities; hence the need for a Depression Treatment Centre. Architecture can heal depression by creating a healthy environment that is less stressful; enhancing satisfaction and promoting a sense of well-being and better mental health. Facilities offering depression treatment should have proper architectural landscape to enhance user wellbeing. The aim of the study is to establish the need for a standard depression treatment Centre in Awka. The mixed/integrative methodology is adopted in this study. This method encourages in-depth investigation of particular instances within the topic and was carried out on similar and existing facilities to identify functional areas, functional flow, conditions of certain spaces and sizes of equipment to be accommodated within the facility. Extensive literature review and proper case studies were carried out. A space program was provided for proper allocation of spaces to meet the functional requirements of a Depression Centre. The design was developed into zones of functional areas; such that it is easy for users to navigate through the facility. Findings indicate that the recovery of depression is closely related to the therapeutic qualities of the natural environment. This calls for an integration of the building with nature. Hence, more attention should be given to Depression Centres development to ameliorate the current condition of depression cases around the world particularly Nigeria.

Keywords: Anambra, Awka, Architecture, Architectural landscape, Depression, Mental health, Mental illness.

Introduction

Mental illnesses, or disorders are common health conditions often characterized by changes in emotion, reasoning or behavior (or a combination of these). They are most times accompanied by substantial distress and/or difficulty in functioning optimally in social, work, or family activities. In a given year, nearly one in five (19 percent) U.S. adults experience some form of mental illness, one in 24 (4.1 percent) has a severe mental illness, one in 12 (8.5 percent) has a diagnosable substance use disorder (Ranna et al., 2018). In Nigeria, an estimated 20%–30% of its population is believed to suffer from mental disorders (Onyemelukwe, 2016). In fact, 1 in 4 Nigerians is said to suffer from a mental illness according to a professor of psychology, Bamidele (2021). This is a significant number considering Nigeria has

an estimated population of over 200 million (world meters, 2019). Sadly, the required attention needed towards mental disorders in the country is barely noticed; the level of awareness of the Nigerian public on mental health issues is also understandably poor, and misconceptions regarding mental health have continued to abound (Suleiman, 2016).

Severe mental illness is a mental, behavioral, or emotional disorder (excluding developmental and substance disorders) causing severe deterioration, which in turn substantially interrupts daily routine or major life activities. Examples of severe mental illness include major depressive disorder, schizophrenia, and bipolar disorder (Ranna, 2018). Mental health disorders are not uncommon, and the global burden of mental health disorders is projected to reach 15% by the year 2020. By this time, it is estimated that common mental conditions, such as depression, anxiety, and substance abuse-related disorders, will disable more people than complications arising from AIDS, heart disease, accidents, and wars combined (Khasakhala et al., 2010).

The issue of depression, though neglected, is a common and deadly illness worldwide, with more than 264 million people affected (WHO, 2016). Depression goes beyond periodic mood swings and short-lived emotional responses to challenges experienced in everyday life. Especially when chronic and with moderate or severe intensity, depression may become a serious health condition. This causes the affected person to suffer a great deal and function or perform below the optimal level at work, at school, and also in the family. At its worst, depression can lead to suicide (Carli, 2018). In fact, according to World Health Organization (WHO) 2016 report, almost 1 million lives are lost yearly due to suicide, which translates to 3000 suicide deaths every day. For every person who completes suicide, 20 or more may have suicidal thoughts or attempt to end their life. (WHO, 2016).

World Health Organization (WHO) in 2012, defines depression as a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. Moreover, depression is mostly accompanied by symptoms of anxiety. The American Psychiatric Association (APA, 2013) further considers depression as a common, and serious medical illness that negatively affects how you feel, the ways you think and how you act. Depression causes intense feelings of sadness and/or a loss of interest or motivation in activities once enjoyed. It can lead to a variety of emotional and physical problems and can lessen your ability to function optimally at work and home (Keppas, 2013). These problems associated with depression can become chronic or recurrent and lead to significant impairments in an individual's ability to attend to daily responsibilities (Carli, 2018).

Depression is caused by a number of factors ranging from genetic and biological to physical and environmental factors. Researchers have long believed that depression is caused by an imbalance of chemicals, or neurotransmitters, in the brain, although this theory has been difficult to prove (Fieve, 2013). However, brain-imaging technologies such as magnetic resonance imaging (MRI) depict that the brains of people with depression look different from those without depression, or more precisely, the areas of the brain that control mood, thinking, behavior, sleep, and appetite appear to be different (National Institute of Mental Health (NIMH), 2010).

As notable as this discovery is, however, it cannot explain the reason for the depression, nor can it be used to diagnose depression. Studies are still being carried out on the causes of depression. Specific genes may be found to be responsible for this illness, as it seems to run in some families; however, a lot of people without a family history also experience it (Fieve, 2013). For some people living with depression, a depressive episode is triggered by life occurrences including, but not limited to, trauma, the loss of a loved one, challenges relating to the home or relationship of the individual, stressful situations, drug abuse, certain medical conditions, such as underactive thyroid, cancer, or constant pain. However, for many people, depressive episodes take place without a clear trigger (American Psychiatric Association (APA), 2012).

Depression is one of the critical conditions covered by WHO's mental health Gap Action Programme (mhGAP). The Programme aims to help countries boost services for people with mental, neurological, and substance use disorders through care provided by health workers who are not specialists in mental health. WHO has developed brief psychological intervention manuals for depression that may be administered by lay workers. An example is Problem Management Plus, which describes the use of behavioral activation, relaxation training, problem-solving treatment, and strengthening social support. Moreover, the manual of Group Interpersonal Therapy (IPT) for depression describes group treatment of depression. Finally, Thinking Healthy covers using cognitive-behavioral therapy for perinatal depression (Global Burden of Disease, 2017).

Statistically, depression occurs at a rate of about 2% during childhood and from 4% - 7% during adolescence. Depression is expected during the teenage years, affecting about 20% of adolescents by the time they reach adulthood. Other statistics about teen depression include that more than 8% of adolescents suffer from depression that lasts up to a year or more. Globally, depression is the fourth leading cause of illness and disability among adolescents and youths (Muller, 2018).

Although there are known potent treatments for mental disorder, the range of 76% and 85% of people in low and middle-income countries receive no treatment for their disorders (Wang et al, 2007). Hindrances to effective care include lack of infrastructure (resources), lack of trained healthcare providers, and the social stigma associated with mental disorders. Another hindrance to effective care is inaccurate assessment. In countries of all income levels, people who are depressed are often wrongly diagnosed, and others who do not have the disorder are misdiagnosed and prescribed antidepressants. The burden of depression and other mental health conditions increases worldwide. A World Health Assembly resolution passed in May 2013 has called for a comprehensive, coordinated response to mental disorders at the country level (Keppas, 2013).

In Nigeria, the issue of depression is not farfetched as Nigeria currently ranks 15 in the world for suicides caused by depression, according to World Health Organization (2017). Following Nigeria's first-ever National Depression Report, Nigeria is by far Africa's most depressed country already, at a prevalence rate of 3.9% and with 7 million people diagnosed with the condition (WHO, 2017). The National Depression Report, conducted in 2017 across the 36 states of the nation, more than 1000 interviews conducted

in all five major Nigerian languages found that 21.6% of the population reported symptoms of depression and 28% reported anxiety symptoms. In fact, in 2017, a 31-year-old taxi driver, Hammed Olojo, attempted to jump into Lagos Lagoon due to depression. He was later charged with attempted suicide (Orji, 2018).

In the south eastern part of Nigeria; Anambra state precisely, a cross-sectional study on depression among in-school adolescents was carried out and it was noted that depressive disorders were evident with related factors such as disrupted family system and environmental settings. The study also suggests that depression in adolescents is usually associated with later unfavorable outcomes which include eating disorder, anxiety, and even suicide. There is therefore the need for intervention programs to tackle these noted factors, especially those related to environmental settings and adequate infrastructures. (Ahoma et al.,2021).

In a research carried out in secondary schools in Awka South local government area of Anambra state, it was concluded that depression, impacting on the student's sleep, diet and general wellbeing also had a negative effect on the academic performance of the students. It was noted that students who live with depression and anxiety are at risk of poor academic performance and difficulty in engaging in general school activities (Ujuagu, et al., 2022).

Architecture can heal depression (Marc et al., 2004). Architecture plays an essential role in creating a healthy and sustainable environment that is less stressful, fostering satisfaction and enhancing the healing process of depressed persons as well as promoting a sense of well-being and better mental health (Richard, 2005). The role of architecture is as important as how a patient receives care or treatment for battling their respective illnesses. To create an environment that will optimize a person's physical and mental health, there is a need to engage the principles of healing architecture that impacts human beings (Marc et al., 2004).

There are several aspects of a built environment that should be taken into consideration in designing a health facility to provide positive impacts on human mood, emotion and behavior. Adequate personal space increases the satisfaction of persons in health facilities (Muller, 2018). A sensory environment has a very notable impact on a person's mental health. The characteristics of sensory environment that could benefit a person include lighting, colors, views, aesthetic values, scent, the sense of space and proportion, sounds/noise, materials, circulation of space, and outdoor landscapes. Research has shown that the quality of an environment impacts on a person's mental and physical health (Richard, 2005). More so, an excellent view of nature or outdoor landscapes serve as an essential element of healthy buildings by enhancing the mood, and reduce perceiving of anxiety and stress level of a person. By doing that, large windows in buildings are recommended for improving a person's mental health. A study shows that patients in health facilities without windows are more prone to developing depression. According to Marc et al., (2005), making direct or indirect contact with the natural environment or green area helps to improve health performances and functions.

But far from being a big problem, depression, like other mental health issues in Nigeria, is shrouded in secrecy (Muller, 2018). Cultural traditions and social stigmas, lack of policies, and the absence of adequate depression treatment facilities push many sufferers into

a life of isolation and away from seeking help (Carli, 2018). Unfortunately, Nigeria has no standard mental health policy asides the lunacy ordinance (Orji, 2018). Nigeria's mental health legislation was first enacted in 1916 and was called the Lunacy Ordinance. In 1958, these laws were amended to give medical practitioners and magistrates the power to detain individuals experiencing mental illness (Westbrook, 2011). Though later renamed the Lunacy Act of 1958, these laws have not been amended since (Kingdon D Lunacy Act, 1958).

Today, this legislation is outdated and archaic, reflective of a time in human history not only when mental health was grossly misunderstood but also when the treatment of people with mental healthcare needs was both inhumane and ineffective (Taiwo, 2020). In 2003, a Mental Health Bill was passed to the National Assembly of Nigeria. With minimal support and no improvement for over six years, it was withdrawn in April 2009. This Bill was presented again in 2013 when the National Policy for Mental Health Services Delivery set out the principles for delivering care to people with mental, neurological, and substance abuse problems (Federal Ministry of Health, 2013). Again, facing little attention, it has yet to become law. In the absence of a committed authority to assess compliance or support legislation, the effect of this policy on the quality of care and life for people going through mental health problems in Nigeria, remains negligible (Obianuju, Saheed, Taiwo et al., 2020).

Presently, there is a universal human rights emergency in mental health faced by Nigeria. Figures suggest that approximately 80% of individuals with serious mental health needs in Nigeria, cannot access proper and adequate care (Odejide et al., 2002). This is encouraged by a lack of appropriate governmental policies on mental health, poor societal attitudes toward mental illness, and inadequate infrastructures, resources, and trained personnel (Demyttenaere et al., 2004). With fewer than 300 psychiatrists for a population of more than 200 million, poor knowledge of mental disorders at the primary healthcare level and insufficient mental health facilities; taking care of people with mental illness is typically left to family members and maybe traditional or spiritual leaders. This, of course would be significantly tackled if proper attention in terms of policies, plans, programs, and adequate infrastructure is given to mental health-depression issues in Nigeria (Federal Ministry of Health, 2013).

Aim

The aim of this research work is to highlight the need for a depression treatment center in Awka, enhancing user well-being using architectural landscape, which will serve as a veritable platform in further cushioning the alarming effects of depression in our society.

Research Method

This work, investigated depression as a mental illness and its prevalence in the Awka region and the spatial integration of the prevalent depression issues with the Architectural solutions to improving the mental wellbeing of the inhabitants of Awka thereby enhancing the city's mental health and productivity at large. As such, the mixed/integrative methodology is adopted in this study. The mixed/integrative method encourages in-depth investigation of particular instances within the topic and were carried out on similar and existing facilities to identify functional areas, functional flow, conditions of certain spaces and sizes of

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equipment's to be accommodated within the facility.

Findings

Anambra currently has a State Neuro Psychiatric Hospital, and is located in Nawfia precisely. The hospital caters for the needs of mental illnesses in the state. Facilities in the hospital include; Research/study center, Admin section/out-patient unit, Male and female Psychiatric wards, Doctors office and nurses' stations, Card office, Kitchen etc. The hospital has no proper Architectural landscape; which of course makes it unsuitable for the treatment of mental illnesses particularly depression.

Anambra presently has no Depression treatment Centre to cater for the ever-increasing cases of depression in the State particularly in Awka. The traditional practice of combining treatment of all kinds of mental illnesses in a singular facility is not good enough for effective tackling of Depression in the State. a proposed depression treatment center Awka as a mental health rehabilitation facility will not only serve as a veritable platform for cushioning the menace of depression in the state but also as an edifice that will improve the Awka communities' awareness to depression and its issues and promote interaction both at local and international level concerning depression as it is fast becoming a threat to the entire global communities, affecting the socio-economic systems of the world.



Classroom/research building

Source: Authors field trip



Classroom/research building

Source: Authors field trip



Typical male/female ward

Source: Authors field trip

Mental health policy is a framework of the government highlighting its vision towards dealing with mental and neurological disorders in Nigeria. Though there are policies aimed at addressing mental issues in Nigeria, in-depth information on mental health service in Nigeria is non-existent.

This makes it difficult to identify areas of needs, coordinate activities of advocacy groups, and make an informed decision about policy direction. In effect, there is continued neglect of mental health issues. As well as many challenges that result from it despite existing government policy. About 25 – 30 percent of Nigerians suffer from mental illness. A good number of them go without professional assistance. The World Health Organization stipulates that only about three percent of the government's budget on health is allocated to mental health.

With fewer than 300 psychiatrists for a population of more than 200 million, poor knowledge of mental disorders at the primary healthcare level and inadequate mental health facilities, caring for people with mental illness is typically left to family members and perhaps traditional or spiritual leaders.

Anambra state was created from the former East Central State, which was a former administrative division of Nigeria. It was created on the 27th of May 1967 from part of the Eastern region and existed until 3rd of February 1976 when it was divided into the separate state of Anambra and Imo. Anambra and Imo states were further divided into several states now comprising five state; Anambra, Imo, Enugu and Ebonyi and Abia (East Central States, 2006). Anambra state as a state of her own was created August 27, 1997 with Awka as the Capital. Its name was inspired one of it's riverine clans, 'Anam', but merged with the word 'branch'. The colonialist who travelled from the present-day Anambra region to present northern Nigeria often described where they were coming from as "Anam branch". The term coupled with Omam bala, the Igbo name of the Anambra river formed the name Anambra. Awka remains the capital and seat of government hitherto (Anambra state, 2019).

Over the years, Awka Town has attracted people from the northern and parts of south eastern and south southern Nigeria including other neighboring Countries like Cameroun, Ghana etc. These influxes of people, comprising 60% of the Awka Town, increased the population of the state thereby fostering the activities within the state ranging from commercial, institutional etc, and further increasing the stress level especially at work places at different levels thereby increasing the rate of depression within the state. The Anambra state has an existing neuropsychiatric hospital which caters for the numerous mental illness within the state located along, Old Onitsha-Enugu Road, Nawfia. With the recent rate of increase of depression and given the recommended environmental (nature-friendly) condition necessary for the effective treatment of depressed patients, the

neuropsychiatric hospital remains not sufficient to bare it. Hence the need to create a befitting facility that stands the test of nature friendliness to cater for the issues of depression within and around the state.

Conclusions

Architecture plays an important role in creating a healthy environment that is less stressful, enhancing satisfaction and increasing the healing process of a depressed person as well as promoting a sense of well-being and better mental health. The place of architecture is relatively important as how patients receive treatment for their respective illnesses.

The World Health Organization (WHO, 2010) states that mental health is a state of wellbeing where individuals realize their abilities, can adjust with the usual stresses of life, can be productive, and is able to impact on their community. In this sense, mental health is the foundation for individual wellbeing, and a productive community. WHO estimate that more than 450 million people around the world suffer from mental disorders. By 2030, depression will be the number one cause of disability, outranking ischemic heart disease and diabetes. The statistics on mental health in Nigeria shows a poor awareness on mental health in the country. It also reveals that a large proportion of the population suffers from mental illness. This is a wakeup call to everyone young and old, rich and poor to understand how the status quo affects us all. More attention should be given to mental health facilities development to ameliorate the current condition. In the establishment of new psychiatric facilities, principles and guidelines integrating the international community should be adopted.

Recommendations

It is no longer news that depression as a mental illness, though taken for granted, is the leading cause of other mental illnesses and is fast becoming the world's nightmare with lots of people affected and are still been affected, and given the attendant menace caused by depression, ranging from loss of interest in regular activities, unproductivity, suicide, to say the least, it is therefore apt to enforce the establishment of depression treatment facilities; creating a nature-friendly environment, which would help in tackling the issue of depression. To create an environment that fosters the soundness of an individual's physical and mental health, there is a need for implementation of the principles of healing architecture that impact humans. The recovery from depression is closely related to the therapeutic qualities of the environment. Nature plays an important role in reducing the impact of stress thereby ameliorating the effects of depression. This calls for an integration of the building with nature and doing so in a non-institutional setting. In the Nigerian context, policy makers should focus on establishing standards for depression facilities and this would serve as a guide in case of future developments.

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