

## Original Research Article

# An Overview of Rehabilitation Centres for People with Mental Challenges in Southwestern Nigeria

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**Abstract:** Rehabilitation is necessary for patients suffering from mental challenges for their benefit and society. The aim of rehabilitation is to enable patients with mental challenges be in conducive environment compared with how some of them constitute nuisance to the society and lived in slums. With rehabilitation, they are expected to enjoy toiletry; drinkable water, neat environment, better food intake, taking of prescribed drug regularly, and exposing them to different skills that will make them fit into the society after their recovery. The study investigated the welfare of people with mental challenges in non-governmental rehabilitation centres, and the efforts of the centres at making clients fit into the society in later life both qualitative and quantitative methods were employed for the study. The study population consist of five respondents who were owners and social workers at four rehabilitation centres randomly selected from Ondo and Osun States. Focus group discussion was also used. Data obtained was analysed using frequency count and percentages. Findings revealed that social welfare services provided for the patients were good, but efforts were not made by the centres at providing vocational training for these patients. The paper helps to contribute to the knowledge of the society and concluded that people with mental challenges need to be rehabilitated with good welfare services, and vocational training.

**Keywords:** Rehabilitation centre, mental challenges, vocational training.

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## INTRODUCTION

Mental challenges means any condition or diseases affecting the brain that influences the way a person do things differently from others in the society. People with mental challenges could be found on our streets in every town and cities. Some of them have constituted themselves as nuisance by choosing conspicuous places like roundabouts, and loads thereby making the areas eye-saw in the society. In Nigeria, in the past, people with mental challenges were given medical attention by herbalists. Today, some herbalists are still giving medical attention, while there are also different governmental and non-governmental rehabilitation centres being run by faith based organizations as philanthropists and individual in the society. The welfare of people with mental challenges is expected to be fair enough to make life better for these clients.

Mental challenges is being used in place of mental illness which is also an illness that affects ways people think, feel, behave or interact with others (World

Health Organisation 2019). About 50 million people in Nigeria are suffering from different cases of mental illness while the country is finding it difficult to overcome the problem. The most ranked country that is noted for depression in African is Nigeria. The organisation further reiterated only eight federal neuropsychiatric hospitals are available in Nigeria. Although, the researcher is focusing on privately owned rehabilitation centres. It is believed half of Nigerians live in rural areas where psychiatric care is not easily available. The people resulted into self-medication, diagnosing themselves, denying or misunderstanding their symptoms. Kathryn 2019.

In 2016, the World Health Organization (WHO) condemned the mental health system in Nigeria. The organisation claimed the components of mental health issues like promotion, advocacy, prevention, treatment and rehabilitation whose policy document was formulated in Nigeria since 1991 has not been revised. Due to poor health care and welfare services in Nigeria, it has also been difficult to render

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mental health services to people in many places. Primus Times (2015), opined there is the need to end inhuman treatment of people with mental challenges but increase the level of their education and empowerment.

The United Nations General Assembly Open Working Group in 2014 agreed on having Sustainable Development Goals as the global development agenda between 2015 and 2030. The third Sustainable Development Goals stated ‘Ensure healthy lives and promote well-being for all ages’ showing the importance of healthy lives for all citizen. Progress for every child welfare in Sustainable Development Era (2020) observed despite this policy, its actual implementation into Nigerian health infrastructure and society are yet to be fully utilized as people in rural areas are yet to enjoy the type of treatment being experienced by those with mental illness in urban centres.

Bhandari (2018), observed the cause of most mental illness could not be known, at the same time research showed they are caused by a combination of environmental, biological and psychological factors. On environmental factors: Factors like death of loved ones and divorce, dysfunctional family life, low-self-esteem, anger anxiety, loneliness or feelings of inadequacy, changing places of work and learning, social and cultural expectations and substance abuse by the person. Psychological factors: Mental challenges could be caused by factors like a child that experienced sexual, physical or emotional abuse or losing loved ones or parent, neglect or not being able to relate with other people.

The World Health Organisation (2019) also maintained factors determining mental and disorders could be individual attributes like emotions, behaviours and interactions with others, ability to manage the thoughts of one, it could also be factors like social, economic and political. The organisation further reiterated that environmental factors are also important like social protection, people’s standard of living, national policies, community assistance, and working conditions of people, other factors contributing to mental challenges are exposure to environmental hazards like flood and insecurity.

It is necessary to rehabilitate people with mental challenges especially those going along the streets, this is to help them with the use of drugs to improve their conditions. The situation in Nigeria today varies with people rehabilitating the mentally challenged citizens. One could then ask “to what extent

are they made to improve their conditions in terms of provision and administration of relevant and adequate drugs? Do they have qualified mental health practitioners in their care? What about the provision of welfare services like toiletries, beddings, feeding, water and other social amenities. Looking at their later lives after recovery, it is expected that as they are getting better at their rehabilitation centres, different vocational trainings are introduced to people with mental challenges to learn to enable them fit into their society again. They could also be exposed to keeping rabbitery, snailery, poultry, vegetable garden or anything that could fetch them money in later life.

On the other hand European Medical (2020) opined rehabilitation centres are targeted at helping people with serious mental illness recover, integrated into their community and attain maximum quality of life. These quality of life are in form of being supported socially, keeping them in company, getting source of income in terms of being employed, able to recreate, get something to eat, where to live, clothes and having sex life being active. Also, among their fundamental assumptions are focusing on people with mental illness’ vocation and training in skills acquisition by which they could be allowed to make decisions about their own lives.

Mental health care professionals could be called a provider of social and human services that offers services with the purpose of improving an unconditional health or in order to treat mental disorder. Those working on people with mental health are referred by name such as supported housing, psychiatric rehabilitation supporter or transitional employment, as for individuals and family we have psychiatric education, adult day care foster care, family services and mental health counselling and mental health professional (Mental Health Professional).

The Human Right Watch (2019), claimed people with mental challenges could be found in various centres like faith and private hospitals; traditional healing centres; faith based rehabilitation centres. They are being abused by chaining; detained under violent treatment; for months or years. The maltreatment could be done with iron chains around both ankles or in one of the ankles, or tied to other mentally challenged client, or being chained to their beds to prevent them from running away. Some clients are being sent out from their rehabilitation centres every morning with bowls in their hands to go out and beg for money from members of the society for use at the rehabilitation centres.



A man with mental challenges being asked to be pleading for money from members of the public by his rehabilitation centre.

Channels Television (2020), opined it is surprising that people with mental challenges are kept in overcrowded places. They are forced to lie and rest, empty their bowels and feed in dirty surroundings thereby leaving them in unhygienic conditions. In some centres, females among them were abused sexually and turning them into producing children Wada (2021) observed that negligent of mental health in Nigeria could be found in religious ministry, he referred to a religious ministry in Anambra State of Nigeria, where the venue has many patients that were chained in dilapidated structures, open space under sun and rain, and accompanied with strokes of Cain.

WHO (2019) observed the recovery of mentally challenged people may not be rapid at some centres where they are using traditional methods because they are illiterates and would not understand the importance of keeping the environment clean. Patients whose parents and friends are not financially buoyant may not find treatment convenient. Psychiatric rehabilitation as an exercise need the assistance of the centres, parents of clients and the affected clients for the person to recover. Many members of the family having people with mental challenges are always particular about quick recovery of the loved ones, not minding the environment or other welfare aspect of where the person is being rehabilitated.

According to Chikaodir, Aghukwa and Nkereuwem (2012), in a research he carried out at Kano (Nigeria). That researcher found that with the patients' belief on the causes of mental challenges being spiritual, findings were in this order: Majority of the patients sought for healing from religious centres;

followed by native doctors; medical doctors; and lastly from other health workers, while these patients later end it up at the Teaching Hospital in Kano after visiting all those different places without being healed.

People with mental illness needs assistance from health-care services in form of social support and care. Educational programmes which fits their needs are necessary form them to be accessed. In order to be able to live and be active in their local communities, they also need housing and good employment, but there is still poor quality of care for many people who are receiving treatment in different private settlements in Nigeria (WHO, 2019). Despite some privately owned rehabilitation centres that are nothing to write about, some rehabilitation centres are well planned with all the necessary amenities, especially Christian established care centres. Patients in their care are provided with adequate and relevant drugs; qualified health workers, beddings and nutritious food; vocational training and practice in agriculture like food, vocational training and practice in agriculture like vegetable gardens, keeping rabbitary, poultry, knitting, sewing and other handwork. Example of this is the rehabilitation centre of Charity for St Vincent De Paul Iwaro Oka-Akoko, Ondo State, Nigeria (source: the researcher, January 2022).

Vocational rehabilitation has been seen as a care element of psychiatric rehabilitation. Services are expected to be available to anyone with mental illness having the ability to work, as it was assumed that learning to do a work will improve their social contact and other activities, thereby preventing them from depending on the society after being integrated into the society M Ciatlin; Ennals and Fossey (2021). Open Learning System (2017) opined vocational courses could be training in computer, stitching embroidery, office assistance, making of identity cards; bakery, tailoring, carpentry, laundry, handicrafts, vehicle

servicing and many others. Thus, providing relevant training will turn these people to become productive individuals in the society. Shony and Vidhya (2015) noted vocational training has important impact in developing competencies on the lives of people with mental illness. It is important that families are involved in the care of people with special needs, stress could be prevented by following daily routines by observing times for everything, like the time to eat, play, learn, sleep and when to associate with others. The entire community has roles to play in respecting the rights and provision of needs of people with mental challenges.

Psychiatric Rehabilitation Association (2020), is of the view that mental challenges rehabilitation centre is expected to promote recovery, full community integration and to improve quality of life for persons who have been diagnosed with any mental health condition that impairs their ability to lead meaningful lives. These centres are expected to be able to work together and suit the needs of people with mental challenges. Helping individual having access to necessary resources and developing their skills to make them work that will make them fit into the environment of their choice.

Thus, Lee and Seo (2020) felt there is the need to help people with mental challenges feel a sense of belonging in the community after leaving rehabilitation centres, after exposing them to different skill for empowerment. This was buttressed by Cherry (2020) that patients that successfully stay for a long time in psychiatric rehabilitation centre live in community and be productive. As a profession, social workers are to see that positive changes occur in the life of an individual. An individual could be advised and assisted in terms of living in a clean environment and family relationship. It could be on economy which is how the person's sources of income could improve, like making them use the resources around them to empower themselves. Social work services could be extended to people at correctional centres for adults and juvenile in the society, also, those with special needs like the blind, mentally and physical challenged could feel the impact of social work professionals, the helpless in hospitals or the vulnerable in the society should feel the impact of social work professionals for better living. Therefore, the researcher is interested in examining the extent of the welfare of people with mental challenges in some privately owned rehabilitation centres in Ondo and Osun States being guided with the following research questions.

### Research Questions

1. What has been the welfare of people with mental challenges in non-governmental rehabilitation centres in South-West Nigeria?

2. What are the efforts of non-governmental rehabilitation centres on vocational acquisition of their clients?

### Statement of the Problem

There are different rehabilitation centres for people with mental challenges all over the country. Some centres are owned by government and non-governmental organisations. Many non-governmental rehabilitation centres do not worth rehabilitating people in terms of, social welfare services like good accommodation, water, toiletries, feeding, healthcare, and clean environment. They also lack qualified social workers and vocational training to prepare their clients to fit into the society in later life. Thus, the need to study some private rehabilitation centres for people with mental challenges in South-Western Nigeria, and examine the extent of care and future preparation for these clients.

### METHODOLOGY

The study adopted qualitative and quantitative research designs. Qualitative research deals with information, in-depth interview, discussion, projection method, focus group case studies or pilot studies. Quantitative research deals with the use of questionnaire. The population of the study consisted of all social workers and the owners at all the randomly selected privately owned rehabilitation centres for people with mental challenges in Ondo and Osun states. The private randomly selected centres in Ondo state were Agesinjaweifa Trado-Medical Centre, Ooga, Agamo in Akure North Local Government Area, and Daughters of Charity Home for Vulnerable Adult and Children, Iwaro Oka in Akoko South West. In Osun state, the rehabilitation centres randomly selected were Royal City Specialist Hospital, Aderin in Olorunda Local Government Area, Osogbo, and Ireti Health Services, Ikirun in Ifelodun Local Government Area. Questionnaire was given to social workers on social welfare of their rehabilitation centres, and their efforts at making their clients/patients acquire any vocational training that will make them fit into the society after recovery. There was focus group discussion with the owners and workers of the rehabilitation centres on how they operate their centres for their convenience, benefit of patients and their society in general.

Data collected were analysed using frequency counts and percentages, and their views during interview are

### Presentation of Results

Question 1: What has been the welfare of people with mental challenges in non-governmental rehabilitation centres in Southwestern Nigeria?

**Table-1: The descriptive analysis showing the welfare of people with mental challenges in non-governmental rehabilitation centres in Southwestern Nigeria.**

S/N	ITEMS	YES	%	NO	%
1	Provision and administration of relevant drugs	5	100	-	-
2	Availability of qualified mental health practitioners.	5	100	-	-
3	Availability of adequate toiletries, beddings, feeding, water and other social amenities	5	100	-	-
4	Building to accommodate them is available	5	100	-	-
5	They are being tied to objects to prevent them from running away	3	60	40	
6	Have to beat them before they take their drugs	2	40	3	
7	Recorded any form of sexual abuse at the rehabilitation centre	-	-	5	100
8	Clients' room is spacious	5	100	-	-
9	Clients go out to beg for money for the centre	-	-	5	100
	TOTAL	3.3	66.7	1.7	33.3

Table 1: Shows the level of welfare services at the selected privately owned rehabilitation centres in Ondo and Osun states Nigeria. Results from the above table shows that responses to items 1, 2, 3, 4, and 8 had 100% respectively, and item 5 with 60%, this signifies that welfare services at the rehabilitation centres were good. Items 6, 7 and 9 reported 60%, 100% and 100% respectively disagreed with the statements. The table

revealed that the level of social services at the rehabilitation centres are moderate considering the average score (66.7%) of respondents who agreed with the items of the questionnaire.

Question 2: What are the efforts of non-governmental rehabilitation centres on vocational acquisition of their patients?

**Table-2: Descriptive analysis showing the efforts of the centre on vocational acquisition of the clients in some privately owned rehabilitation centres in Ondo and Osun States Nigeria.**

S/N	ITEMS	YES	%	NO	%
10	Clients were encouraged to participate in keeping vegetable garden	2	40	3	60
11	Taking into poultry, rabbitry, snailry and many others	3	60	2	40
12	Involved in handwork like sewing, craft and others	3	60	2	40
13	There are adequate facilities for vocational training	00	00	5	100
14	Patients are taken outside the centre for vocational training activities	00	00	5	100
	TOTAL	1.6	32	3.4	68

Table 2 shows the efforts of the centres on vocational acquisition of the clients. The result from the table shows that only items 2 and 3 recorded 60% respectively agreed that vocational acquisition activities are available at their centres. Item 1 reported 60%, while items 4 and 5 reported 100% respectively, they disagreed that vocational acquisition activities/opportunities are available at their rehabilitation centres. Results revealed that 68% of the respondents disagreed that their centres put in efforts on their patient's participation in vocational activities.

### DISCUSSION OF FINDINGS

The results of the data presented and analysed were described in accordance with the findings of the study. The results in research question one indicate the welfare of people with mental challenges at rehabilitation centres was good, being supported by 66.7% of respondents as presented in Table 1. This result is against the findings of Channels Television (2020) who posits that people with mental challenges are kept in overcrowded places, sleep, and feed in dirty places, nor turning the females among them into baby factories. This is also against the observations of Wada (2021) that patients with mental ailment are kept in

open space under sun and rain, and being accompanied with strokes of Cain. Means some centres visited are conscious of the danger of not providing good welfare services to their patients, thus, guiding against the outbreak and spread of infectious diseases among their patients.

The result of research question two revealed that 68% of the respondents disagreed with the statement that their centres put in efforts on their patients to participate in acquiring any vocation. Findings shows majority of the centres are not making efforts at involving their patients in vocational training. The findings are against the views of Ciatlin Mc Dewel *et al.* (2021) who saw vocational training as a core element of psychiatric rehabilitation, and Shony *et al.* (2015) who noted vocational training has important impact in developing competencies on the lives of people with mental illness.

### FOCUS GROUP DISCUSSION

Some private rehabilitation centres for people with mental challenges were visited by the researcher. At 'Daughters of Charity Home for Vulnerable Adult and Children' at Iwaro Oka Akoko, Ondo State. The

centre is a faith based Christian Catholic organisation centre. Having two administrative staff with eighteen clients, medical doctors and nurses to attend to them. The centre goes around to pick females with mental challenges found along the road for rehabilitation. Among their clients are orphan children/girls of HIV parents. The centre send these children to school, pursuing them up to the university level. The clients at the centre live well and are being managed according to the level of their health challenges. The major vocational activities at the centre are gardening and animal husbandry. They cultivate some of the foods they eat, like producing some raw materials like Gari for their consumption, cook their meals by the selected few among them. The clients were neatly arranged with three people in a room, provision of necessary social facilities like toilets, water, good feeding, conducive and well ventilated rooms. The centre is taking administration of drugs seriously for their 'in' and 'out' patients. These patients are rehabilitated and given drugs free of charge, more so they were picked from streets without any trace of parental background.

Also in Ondo State, there is a privately owned centre for people with mental challenges. The centre is named "Agesinjaweifa Trado-Medical Centre, Ooga palace, located in Agamo at Akure North Local Government Area. The caring centre is owned and being managed by the Royal Majesty, King Falodun Kehinde, the Ooga of Agamo. At the time of finding this report, there were ten (10) clients from different parts of the country, with twelve (12) administrative staff comprising the king, his wives and children. The system of operation of care is purely African Traditional Religion.

The authority of the centre charge their clients little amount, while in some cases they are treated free of charge if the parents could not afford any payment. They get patients from different parts of the country. The welfare services rendered to the clients are good in terms of clean and spacious accommodation and good feeding, but there is no single effort on vocational acquisition or any form of activities to prepare the clients to be self- reliant after leaving the centre.

At Osun State, the researcher visited a privately organised rehabilitation centre named Ireti Health Services in Ikirun, at Ifelodun Local Government Area of the State. The centre is having six (6) administrative staff with twenty five (25) male and female people with mental challenges. The centre was established by a retired government psychiatric nurse from Idiaraba Abeokuta, Ogun State, Nigeria. The welfare services provided to the patients are good like spacious rooms, drinkable water, toiletries and good feeding. The patients are treated with the use of African Traditional Religion Medicine Western, and Western drugs. The only vocational activity at the centre is animal husbandry, to prepare them for a better life after

recovery. The clients were brought to the centre by members of their families from different parts of the country.

Another privately owned rehabilitation centre visited by the researcher was the Royal City Specialist Hospital, Aderin, Olorunda Local Government Area, Osogbo, Osun State. The centre has three (3) medical doctors and a psychologist nurse to attend to the sixteen (16) clients rehabilitated presently at the centre. The centre has no vocational activities made available for the patients. The major thing is watching and administration of drugs to the clients. The clients were provided with neat, spacious and well ventilated accommodation. The clients were brought to the centre by their family members.

## CONCLUSION

It could be concluded that the privately rehabilitation centres visited by the researcher in Ondo and Osun States are in clean environment, with provision of clean water, spacious rooms, toiletries and good feeding.

Many rehabilitation centres are not making efforts at providing vocational training, or any work that will help people with mental challenges be self-reliant after recovery from their ailment.

## RECOMMENDATIONS

Rehabilitation centres (that are not particular about the welfare of their patients are advised to make patients' welfare their priority so as to hasten their recovery, but not be more particular about the money they want to collect from them.

Rehabilitation centres that care about the social welfare of their patients are advised to keep it up. Rehabilitation centres are advised to provide vocational training for their patients to rely upon after recovery, as their ailment might have been caused by poverty, stress or social ills in the society.

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