

Mental Health First Aid and Awareness: Panacea to Economic Development

Michael C. Amony and Patricia U.Chukwu

National Board for Technology Incubation, (NBTI), Federal Ministry of Science, Technology and Innovation,
Federal Secretariat, Phase II, Abuja.

Abstract: Mental Health “is a state of sound being”. It is believed that the brain functions and coordination as well as balance are properly responsive to life and environmental challenges. The best indices of mental health are: simultaneous success at work, loving and creating, with capacity for nature and flexible resolution of conflicts between instincts and conscience, other people of importance and reality. Nigeria lays much emphasis to the promotion of physical health with so very little to show in the area of mental health. Hence every so often cases of sudden drifts of people into mental disabilities are witnessed. The worst scenario is the society’s negative judgment of most mental disorders as being occasioned by one spell or evil spirit and hence incurable. Science shows that most physical illnesses emanate from poor mental conditions. Nigeria has done well in physical health maintenance starting from promotion of good nutrition and physical exercise to teachings on the First Aids in relation to the treatment and prevention of so many illnesses; to enormous infrastructures of great big hospitals and equipment for diagnosis and treatment of varying physical illnesses. But achieving a healthy nation encompasses attention to both physical and mental health. Since decline or increase of Gross domestic Product (GDP) measures economic development of a nation, productivity losses emanating from anxiety, depression and effective mental disorders in Nigeria should be a serious matter for government at all levels. Honestly, Nigeria’s economic growth would be enhanced by addressing issues of Sound Mental Health for all as this would lead to massive productivity and greatly increase our GDP. This paper highlights the need for concerted effort to be made towards consistent Mental Health Awareness creation and the teaching and dissemination of Mental Health First Aid in workplaces, as well as health and educational establishments in the country to fast track the attainment of a sound society and workforce. This is indeed our panacea to healthy economic development.

Keywords: Mental, Health, Disorder, First Aid, Development

Date of Submission: 01-03-2022

Date of Acceptance: 11-03-2022

I. Introduction

Mental health is defined 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. 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 behaviour that are in congruence with age, local and cultural norms or expectations. To be mentally unhealthy signifies a psychological state that results in behavioral anomalies that affect daily functioning. (Oyewunmi et al., 2015).

Mental health and well-being are fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. They directly underpin the core human and social values of independence of thought and action, happiness, friendship and solidarity. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world. However, current reality presents a very different picture. The formation of individual and collective mental capital – especially in the earlier stages of life – is being held back by a range of avoidable risks to mental health, while individuals with mental health problems are shunned, discriminated against and denied basic rights, including access to essential care. Accentuated by low levels of service availability, the current and projected burdens of mental disorders are of significant concern not only for public health but also for economic development and social welfare (Bramley, 013). In a typical country, one in five people suffers from a mental illness, the great majority from depression or crippling anxiety. Mental illness accounts for half of all illness up to age 45 in rich countries, making it the most prevalent disease among working-age people; it also accounts for close to half of disability benefits in many countries. Mentally ill

people are less likely to be employed and, if employed, more likely to be out sick or working below par. If mentally ill people received treatment so that they had the same employment rate as the rest of the population, total employment would be 4% higher, adding many billions to national output (Leyard *et al.*, 2014). Figure 1 depicts mental illness as percentage of all illness in a rich country by age. It is believed that the scenario would be worse in a developing country like Nigeria,

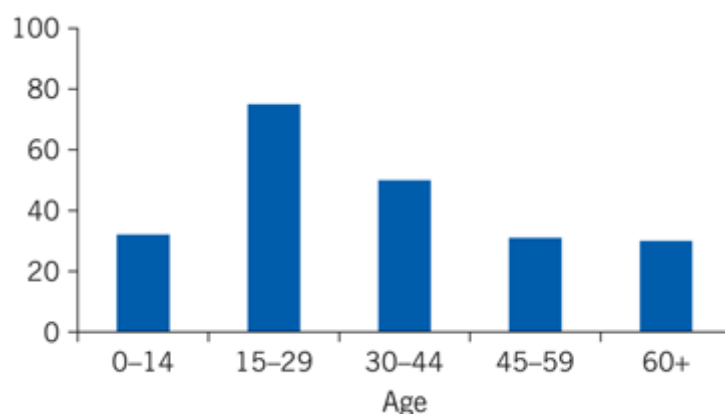


Figure 1: Mental illness as percentage of all illnesses by age in a rich country. (Source: Leyard *et al.*, 2014).

Mental health disorder has been reported as one of the biggest challenges facing every country, including Nigeria, with young people considered to be especially at risk. Evidence shows that mental health problems are common in adolescents, with approximately one in five experiencing some form of emotional disorder. Findings reveal that 50% of all lifelong mental health disorders start by age 14 and 75% by age 24 (Izibeloko *et al.*, 2016). The prevalence of mental illness in Nigeria is in the range of 20%. It has also been reported that, relative to a population of about 174 million, 64 million Nigerians are deemed to suffer from one form of mental illness or the other. The prevalence of mental illness in Nigeria is linked to the many socioeconomic problems which may be regarded as precipitating factors. These factors include; the underfunding of mental health services; as well as the brain drain syndrome in Nigeria's public healthcare sector, as evidenced by the significant number of Nigerian psychiatrists and psychiatric nurses who practice overseas. 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. (Oyewunmi *et al.*, 2015).

In many societies worldwide, despite growing evidence of the importance of mental health to ensure economic, social and human capital; negative perceptions continue to be associated with mental health disorders and the associated mental health services and professionals. The public perceptions that people with mental health disorders cannot be employed or maintain their jobs, live independently, or build long-term relationships is widespread. These misconceptions can impact on individuals living with disorders that results in poor follow-up care and recovery, and further deepens the stigma and discrimination (Izibeloko *et al.*, 2016).

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 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. In this light, cultural misconception significantly affect the level of stigma that is attached to mental illness as well as the social support likely to be received (Lin *et al.*, 2000).

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. Supernatural beings or powers (God, gods, good and evil spirits, witches) coupled with their activities 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 (Oyewunmi et al., 2015).

But mental health, just like physical health, is not confined to certain geo-polities, cultural enclave or social strata. It is an issue that has the potential to affect anyone, male or female, young or old, rich or poor. 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 and government. Beyond this, the workplace itself is an environment that poses significant impact on mental health. 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 (Oyewunmi et al., 2015).

II. The Workplace

Entrepreneurship has been proven to drive the economy of nations. Because of their short-term gestation period and high potentials for quick yield on investment alongside their employment potential, Small and Medium Enterprises (SMEs) constitute a significant part of most economies and a strong player in fast tracking the economic development of a nation. All entrepreneurial activities take place in workplaces. Hence, workplaces in private and public sectors constitute the nation's economic production consortium. 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. 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.

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 demystifying the subject of mental health in an environment where many myths abound (Oyewunmi et al., 2015).

Many workplaces run a plethora of initiatives throughout the year that focus on raising awareness and discussing the importance of physical health and safety at work. They neglect to also focus on mental health. Workplaces should foster platforms of activities, education and discussion surrounding the importance of mental health within the workplace as well. This will encourage people to maximize their health potential, build resilience and improve recovery from mental health issues in the long term. It would help in demystifying mental disorder (AHC, 2010).

There are many practices within the Nigerian workplace that could impact negatively on the mental health of employees. 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 (Oyewunmi et al., 2015).

Mental disorders have been linked with increased numbers of disability days and absenteeism among the employed. A substantial amount of lost productivity due to mental disorders comes from within the full-time working population. We notice high impact when turning to studies looking at depression and related disorders. They are dominated by the cost of lost productivity because so many people with depression experience absence from work, premature retirement, or long-term unemployment (McDaid et al., 2008). In the USA alone, the cost of anxiety disorders due to absenteeism and reduced work productivity was \$US4.1 billion in 1990. Absenteeism attributed to depression alone led to annual losses of \$US17 billion (Lim et al., 2000). Nigeria and

other developing countries which give poor attention to mental health would invariably be losing much more but oblivious of the situation.

Employers need to be aware of the extent to which mental disorders affect their employees so that effective work place interventions can take place. Treatment should be targeted at people with affective and anxiety disorders, particularly where they co-occur. It is known that effective treatments exist for many mental disorders. Even more promising have been findings of the positive impact and cost-effectiveness of treatment on measures of work productivity. It has been demonstrated that not only did treatment for depression lead to a reduction in the number of days unable to work, but that the magnitude of this reduction was enough to offset the costs of treatment. If employers were more aware of the economic consequences of the impact of mental disorders on their employees, the work place could provide an ideal setting for mental health promotion and prevention. Our findings indicate that such intervention programs should target the affective and anxiety disorders, particularly where they co-occur (Lim *et al.*, 2000).

GDP measures the monetary value of final goods and services: that is, those that are bought by the final user, produced in a country in a given period of time (say a quarter or a year). It counts all the output generated within the borders of a country. GDP is composed of goods and services produced for sale in the market and also include some nonmarket production, such as defense or education services provided by the government. GDP is important because it gives information about the size of the economy and how an economy is performing. The growth rate of real GDP is often used as an indicator of the general health of the economy. In broad terms, an increase in real GDP is interpreted as a sign that the economy is doing well. Similarly a decrease in GDP indicates a decline in the economy (Callen, 2008). The drastic reduction in productivity emanating from our poor response towards creating awareness engendering prevention and treatment of mental disorders impacts negatively on our economy. This neglect or inaction is assuredly a contributing factor to the country's current recession. It is opined that serious action aimed at institutionalizing measures of awareness creation, prevention and treatment of mental disorders in all organizations would definitely aid in enhancing Nigeria's economic development.

III. Recommendations

Firstly, government at the three tiers must address issues of gross unemployment and should also ensure that the worker's pay is equitable and can sustain the worker during the stated period. This would remove stress situations which could lead to mental anxiety, depression and effective mental disorders. Secondly they should establish committees to look at various policies and practices in the economy and identify those that are inimical to the attainment of sound mental health; with a view to change or remove or update such policies and practices, in tandem with sound mental health promotion. Attention and funding should then be directed to consistent and continuous Mental Health awareness to disseminate knowledge and Mental First Aid to all the local government areas in the country as a proactive measure to drastically reduce mental drifts incidences.

When there is awareness about mental health it eases identification and early treatment for these individuals. Early intervention can help our loved ones receive appropriate care. As a result, recovery is faster. Mental health awareness should be a continuous exercise. We must be informed about it because it can easily happen to someone close to us. Community awareness for mental health reduces stigma. Mental health awareness increases the chances for early intervention, which can result in a fast recovery. Awareness reduces negative adjectives that have been set to describe people with a mental illness. By raising awareness, mental health can now be seen as an illness. These illnesses can be managed by treatment. We should not isolate mental illness from the physical health conditions, such as diabetes, blood pressure, or cancer etc. Awareness is a form of education. The more we know the more power we have. Knowledge is power.

Awareness and education is quickly disseminated through the programme of Mental Health First Aid. The Mental Health First Aid is a one day course programme that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. Appropriate training in Mental Health First Aid provides the confidence you need to interact sensitively and effectively when you come into contact with someone experiencing mental health issues during your line of work. The evidence behind the program demonstrates that it does build mental health literacy, helping the public identify, understand, and respond to signs of mental illness.

Mental Health First Aid was created in Australia in 2001 by Betty Kitchener, a nurse specializing in health education, and Tony Jorm, a respected mental health literacy professor. The training helps a person assist someone experiencing a mental health crisis such as contemplating suicide. In both situations, the goal is to help support an individual until appropriate professional help arrives. Mental Health First Aiders learn a single 5-step strategy that includes assessing risk, respectfully listening to and supporting the individual in crisis, and identifying appropriate professional help and other supports.

IV. Conclusion

Poor attention to issues of Mental Health precipitate loss of productivity emanating from anxiety, depression and disorder, as well as the existence of several mentally disabled persons in our homes and communities. In some cases an attendant would to be sourced for the victim. The attendant is also removed from productive work to the detriment of the economy. To recover these losses in personnel and productivity and stop the trend; all stakeholders (government, agencies and individuals) should forge a common front to battle mental ill health and enthrone sound mental health through a three pronged attack of: 1). Policies' Reviews, 2). Ensuring job creation and equitable pays and 3). Awareness Creation through the promotion of Mental First Aid workshops. It is recommended that authorities and government key into the proliferation and continuous dissemination and training through massive funding to ensure more and more participation and knowledge spread of the Mental First Aid course. A programme of training the trainers should be promoted to ensure the consistent and continuous awareness creation to achieve stated objectives.

Reference

- [1]. Australian Human Rights Commission (2010). <https://www.humanrights.gov.au/publications>
- [2]. Bramley D. (2013). Investing in Mental Health: Evidence for Action. Published by World Health Organization (WHO).
- [3]. Callen T (2008). Finance and Development. <http://www.rrojasdatabank.info/imfongdp.pdf>
- [4]. Izibeloko Omi Jack-ide, Azebri B.P, Ongutubor K. E. (2016). Secondary School Students Awareness and Attitudes towards Mental Health Disorders in Bayelsa State, Nigeria. *Annals of Behavioural Science*, Vol. 2 No. 2: 22; ISSN 2471-7975; p.1.
- [5]. Layard, R. (2017). The economics of mental health. *IZA World of Labor*: p. 321.
- [6]. Lim, D., Sanderson K. and Andrews G. (2000). Lost Productivity among Full-Time Workers with Mental Disorders. *The Journal of Mental Health Policy and Economics*; 3, pp.139-145.
- [7]. McDaid D., Knapp M. and Medeiros H. (2008). Employment and mental health: Assessing the economic impact and the case for intervention. *MHEEN II Policy Briefing*; 5, p. 4.
- [8]. Oyewunmi, A. E. Oyewunmi, O. A, Iyiola, O. O. and Ojo, A. Y. (2015). Mental health and the Nigerian workplace: Fallacies, facts and the way forward. *International Journal of Psychology and Counseling*. Vol. 7(7); AISSN 1996-0816; pp. 106-111.

Michael C. Amony. "Mental Health First Aid and Awareness: Panacea to Economic Development." *International Journal of Business and Management Invention (IJBMI)*, vol. 11(03), 2022, pp. 22-26. Journal DOI- 10.35629/8028