

Prolonged internally displacement and common mental health disorders among students in tertiary institutions in the North West, Nigeria

Mahadi Bala Muhammad *

Sale Shamsudeen, Maryam Manni, Department of General studies, School of Vocational Education, Skills and professional Development, Federal Polytechnic Daura, Katsina State, Nigeria.

World Journal of Advanced Research and Reviews, 2023, 18(01), 403–409

Publication history: Received on 27 February 2023; revised on 10 April 2023; accepted on 12 April 2023

Article DOI: <https://doi.org/10.30574/wjarr.2023.18.1.0595>

Abstract

The study examined prolonged internally displacement and common mental health disorders among students in tertiary institutions in the North West, Nigeria. This study adopted descriptive research design of survey type. The study area is North West Nigeria which comprises of six states (Katsina, Zamfara, Kaduna, Kebbi, Sokoto and Kano) where the insurgence of kidnapping and banditry are prevalent. The participants of the study comprise students who are victims of prolonged internally displacement and ministry of welfare officials in the respective states. The instruments used are: (i) Primary Care Evaluation of Mental Disorders Patient Health Questionnaire to measure prevalence of mental health disorders among the internally displaced persons, and (ii) Official records from office of the ministry of internal affairs. Data collected were analyzed descriptively using frequency count and percentages. The study revealed that the total number of IDPs in the north-west is 465,859 which is distributed 121,434 26.06%, 24.10%, 19.23%, 10.87%, 9.9% and 9.74% across the six states: Katsina, Zamfara, Kaduna, Kebbi, Sokoto and Kano respectively. The common mental health disorders experienced by internally displaced persons are depression (63.69%), anxiety disorders (63.05), loneliness is (61.14%), Suicidal feelings (60.50%) and frequent fear (60.50%). The study shows that prolonged internally displacement leads to low academic performance, drop in school enrolment rate and disrupt academic calendar. The study recommends that School authority should provide social and professional support systems to maintain mental health care of students who suffer mental health disorders.

Keywords: Prolonged Internally Displacement; Mental Health; Mental Health Disorders; Insurgence; Kidnapping and Banditry

1. Introduction

Good mental health is critical to human existence in general and in particular relevant to students' academic pursuit. According to World Health Organization WHO (2014), mental health is a state of complete physical, mental and social well-being and not merely the absence of disease. Mental health as a state of well-being in which individuals realize their own abilities, can cope with normal stresses of life, can work productively, and are able to make contributions to their own community (The World Health Organization WHO, 2014).

In spite of the fact that all the SDGs address internal displacement in general and SDG3 –good health and wellbeing- in specific is directed towards internally displaced persons' physical and mental health. Unfortunately, the mental health policy formulated in Lagos, Nigeria in 1991 among others to promote healthy attitudes and positive socio-cultural attributes is yet to be implemented. Also, a National policy for Mental Health Services in Nigeria which was developed in 2013, which the key provisions of the policy center on establishing a body at the Federal Ministry of Health to focus on mental health, are yet to be implemented (Africa Polling Institute, 2020).

* Corresponding author: Mahadi Bala Muhammad.

More importantly, prolonged internal displacement is not a new phenomenon, but as a policy issue only emerged on the global agenda in the early 1990s. Despite this progress in policy development, however, internal displacement has continued unabated. Internally displaced people are the main victims of mental health disorders (Pritchard and Choonara, 2017). Individuals affected by social unrest could present with varying mental health conditions such as post-traumatic stress disorders (PTSD), anxiety disorder, depression, substance misuse, psychosis and anti-social behaviors (Adesina and Kanmodi, 2019).

Internally displaced persons are those who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border (Handbook for the Protection of Internally Displaced Persons, 2015). Displacement, as a process, involves several phases and components broadly categorized as pre-flight, flight and post-flight/resettlement (Murray, Davidson and Schweitze, 2010). The pre-flight phase involves the health status and socio-economic status of the displaced person while the flight phase involves the trigger event for displacement, usually with some level of trauma (Thomas and Thomas, 2004). A prolonged post-flight phase (i.e. a lengthy displacement period) can have detrimental impacts on physical and mental health. It is highly likely that the risk of developing mental disorders such as depression, anxiety, post-traumatic stress disorder (PTSD) and psychoses are greater among displaced populations than that of stable populations (Bhugra and Jones, 2001)

Thus, internally displaced persons are likely to be susceptible to mental health disorders. Mental health disorders are a range of emotional and behavioral problems that are outside the normal range for their age. They are disorders that affect person's mood, thinking and behavior. Sheikh, Abdulaziz, Agunbiade, Joseph, Ebiti and Adekeye, (2015) examined the correlates of depression among internally displaced persons after post-election violence in Kaduna, North Western Nigeria. Cross-sectional systematic random sampling was used to select 258 adults IDPs. We used the Hopkins symptom checklist to diagnose probable depression, composite international diagnostic interview for diagnosis of definite depression and communal trauma event inventory to determine exposure to psycho-trauma. They assessed social adjustment using social provision scale and Harvard trauma questionnaire to diagnose "symptomatic PTSD". Multiple logistic regression was used to determine independent predictors of depression. The conclusion was that IDPs living in Hajj camp in Kaduna, northern Nigeria developed post-conflict probable depression and definite depression. Female gender, experienced beating and comorbid diagnosis of PTSD were independent predictors of probable depression among the IDPs, while IDPs that were unemployed or retired had more of definitive depression.

Ten mental health specialists groups in northeast Nigeria conducted 294 outreach sessions from April to June, 2018. During the outreach 5031 individuals in selected primary health care facilities and internally displaced peoples camp health facilities in north east Nigeria were treated for different mental illnesses (MHPSS Nigeria, 2018). A total of 1276 individuals had severe emotional disorders, 1229 had seizure disorders associated with psychological distress, 925 medically unexplained somatic complaints, 774 had psychotic disorders, 349 had substance use disorder and 337 had other complaints (MHPSS, 2018).

A study was conducted in north central Nigeria (Jos) among individuals who witnessed ethno-religious violence. This study showed a significant association between violence and post-traumatic stress disorder (PTSD) (Tagurum et al., 2014). Majority (68.1%) of the participants experienced constant watchfulness and were easily startled, 67.6% were in denial and avoidance of thoughts of the crisis, 52.9% experienced numbness and detachment from surroundings and 42.2% experienced recurring nightmares (Tagurum et al., 2014). In another study carried out among trauma victims in north central Nigeria among 266 participants, 47% being head of households and 53% being dependants. 45.2% of the head of households and 28.6% of dependents had depression (Taru et al., 2018).

Ajiboye, Akinlabi and Ajokpaniovo (2015) investigated the psychosocial challenges that confront disaster-induced internally displaced women in official camps in Lagos State. The descriptive survey research design was adopted for the study. The purposive sampling technique was used to select 200 respondents. A well-structured questionnaire titled, "Psychosocial Challenges of Disaster-induced Internally Displaced Women Questionnaire" (PCDIDWQ) was used for gathering data for the study. The findings revealed that family disintegration is the major psychosocial challenge of disaster-induced internally displaced women. It was equally revealed that there were no significant differences in the psychosocial challenges of respondents based on marriage type and number of children. Based on the findings of the study it was recommended that professional counselors be actively involved in the provision of services such as trauma counseling, career counseling, and family counseling to disaster-induced internally displaced women.

In Nigeria, as of December 2018, 2,026,602 people were internally displaced (International Organization for Migration, 2018). This is majorly due to conflicts especially those caused by the Boko Haram sect (The Guardian, 2012). These

individuals are therefore homeless and have to endure the conditions present in the camps set up for them (Obi and Eboreime, 2017). The crimes, conflicts and the conditions of the camps can put any individual in emotional stress and exposure to the varying mental health conditions (Morina et al., 2018).

The protracted cases of banditry and kidnapping are on the increase which continues to cause prolonged internal displacement among the residents. However, it has been observed in schools that the rate of mental health disorders is on the increase. Though, no empirical study has been done to uncover the common mental health disorders among students in tertiary institutions in the North West, Nigeria as a result of prolonged internally displacement.

1.1. Statement of problem

Prolonged internal displacement is not a new phenomenon, but a policy issue that emerged on the global agenda in the Sustainable Development Goals (SDGs). Despite the importance of good mental health to the physical, social and mental well-being of human, in 2020, an estimated 20%-30% of the Nigeria population suffered from mental health disorders.

Also, in spite of the mental health policy formulated in Nigeria in 1991 to promote mental health yet to be implemented, the protracted cases of insurgency are on the increase causing prolonged internal displacement. However, little is known about the mental health status of the affected students. To address this problem, this study investigated the common mental health disorders experienced by the internally displaced students with the view to improve their mental health.

1.2. Objectives of the study

The objective of this study is improve mentally health disorders of the prolonged internally displacement students.

The main objectives include;

- i. To collect data on the cases of prolonged internally displacement.
- ii. To identify the common mental health disorders faced by internally displaced persons?
- iii. To identify the effects of prolonged internally displacement on the students.
- iv. To suggest how to improve the common mental health disorders faced by internally displaced persons.

1.3. Research Questions

- i. What are the cases of prolonged internally displaced persons?
- ii. What are the common mental health disorders faced by internally displaced persons?
- iii. What the effects are of prolonged internally displacement on students?

2. Methodology

This study adopted descriptive research design of survey type. The study area is North West Nigeria which comprises of six states (Kaduna, Katsina, Zamfara, Kebbi, Kano and Sokoto) where the insurgence of kidnapping and banditry are prevalent. The participants of the study comprise victims of prolonged internally displacement and ministry of welfare officials in the respective states. The instruments used are: (i) Primary Care Evaluation of Mental Disorders Patient Health Questionnaire to measure prevalence of mental health disorders among the internally displaced persons, and (ii) Official records from office of the ministry of internal affairs. Data collected were analyzed descriptively using frequency count and percentages.

3. Results

The table 1 shows that the total number of IDPs in North-west Nigeria (Kaduna, Katsina, Zamfara, Kebbi, Sokoto and Kano) is 465,859. The state by state analysis of the above table reveals that Katsina state has the highest number of IDPs which is placed at 121,434 (26.06) of the total number of IDPs), followed by Zamfara with 112,316 (24.10 %) of the total number of IDPs) and Kaduna that has 89,629 (19.23%) of the total number of IDPs). Other three states of the region such as Sokoto, Kebbi and Kano have 50,676, 46,402 and 45,402 IDPs respectively. This finding is in line with Adesina, Adesanya and Olufadewa, (2020) who found out that internally displacement occurred in the North-west (Kaduna, Katsina, Zamfara, Sokoto and Kano) due to Armed banditry and kidnapping and these crisis continue to displace populations regularly.

Table 1 Research Question 1: What are the cases of prolonged internally displaced persons in North-west, Nigeria?

SN	State	Rate of Internal displacement	Percentage
1.	Katsina	121,434	26.06%
2.	Zamfara	112,316	24.10 %
3.	Kaduna	89,629	19.23%
4.	Sokoto	50,676	10.87%
5.	Kebbi	46,402	9.9%
6.	Kano	45,402	9.74%

Research Question 2: What are the common mental health disorders faced by internally displaced persons?

Table 2 Mental health disorders faced by internally displaced persons

SN	Statement	Agree	Neutral	Disagree
	I experience depression	100 (63.69%)	42 (26.75%)	15 (9.55%)
2.	I experience anxiety disorders	99 (63.05%)	34 (21.65%)	24 (15.28%)
3.	Internally displaced causes loneliness	96 (61.14%)	44 (28.02%)	17 (10.82%)
4.	Internally displaced leads to mood disorder	100 (63.69%)	36 (22.92%)	21 (13.37%)
5.	Internally displaced causes psychological distress	91 (57.96%)	40 (25.47%)	26 (16.56%)
6.	Internally displaced causes Suicidal feeling	95 (60.50%)	46 (29.29%)	16 (10.19%)
7.	Internally displaced cause frequent fear	95 (60.50 %)	48 (30.57%)	14 (8.91%)

The above table 2 shows that 63.69% of the internally displaced persons experienced depression as a form of common mental health disorders. Also, 63.05% experienced anxiety disorders. This finding is consonance with Adesina and Kanmodi (2019) who observed that internally displaced people are the main victims of mental health disorders as individuals the victims experienced varying mental health conditions such as post-traumatic stress disorders (PTSD), anxiety disorder, depression, substance misuse, psychosis and anti-social behaviors.

Moreover, loneliness is another common mental health disorder experienced by internally displaced persons. This accounted for 61.14%. Suicidal feelings and frequent fear with 60.50% each also characterized the common mental health disorder experienced by the victims of internally displaced persons. This finding is in line with Adesina, Adesanya and Olufadewa (2020) who found out that internally displaced people suffered post-traumatic stress disorders (PTSD), anxiety disorder, depression, substance misuse, suicide feelings, anti-social behaviours, somatic symptoms such as headaches, non-specific pains or discomfort in torso and limbs, dizziness, weakness, and fatigue, etc

The table 3 show that 61.14% of the respondents agreed that prolonged internally displacement leads to low academic performance. This because most students suffer from anxiety, depression and lack of treatment and moral support when needed which negatively affects academic performance. More so, majority of the respondents (60.50%), maintained that prolonged internally displacement lead to drop in school enrolment rate. This finding is in line with UNHCR (2020)

who found out that the secondary gross enrollment rate dropped by 31 percent compared to 76 percent globally, and the tertiary gross enrollment rate of 3 percent compared to 38 percent globally during internally displacement.

Table 3 Research Question 3: What are the effects of prolonged internally displacement on students?

SN	Statement	Agree	Neutral	Disagree
	Prolonged internally displacement leads to low academic performance	96 (61.14%)	44 (28.02%)	17 (10.82%)
2.	Prolonged internally displacement leads to lose of academic year	95 (60.50%)	46 (29.29%)	16 (10.19%)
3.	Prolonged internally displacement lead to drop in school enrolment rate	91 (57.96%)	40 (25.47%)	26 (16.56%)
4.	Prolonged internally displacement disrupt academic calendar.	100 (63.69%)	42 (26.75%)	15 (9.55%)

Furthermore, the result shows that prolonged internally displacement leads to disrupt academic calendar. This finding is consonance with Justino et al., (2013), who find out that school attendance for internally displaced boys and girls was significantly impacted as the displacement resulted in destruction of homes and schools. Dryden-Peterson (2015) also found out that any internally displaced students experience frequent disruptions and limited access to schooling.

4. Conclusion

Prolonged internally displacement leads to common mental health disorders such as depression, anxiety and Suicidal feelings and loneliness among students in tertiary institutions in the North West, Nigeria. Likewise, prolonged internally displacement leads to low academic performance, drop in school enrolment rate and disruption of academic calendar.

Recommendations

- All stake holders in education should help to improve mental health knowledge and overall mental health literacy of the populace most importantly the students.
- Government and non-governmental agencies should promote advocacy for mental health by making use of multiple approaches to increase priority of mental health on agendas of decision makers.
- Government authority should ensure that people with mental health disorders enjoy the rights and freedoms offered by legislation and provides avenues of redress for inequitable policies and procedures.
- School authority should provide social and professional support systems to maintain mental health care of students who suffer mental health disorder.

Compliance with ethical standards

Acknowledgments

This research was sponsored by: TERTIARY EDUCATION TRUST FUND (TETFUND) through Institution Based Research (IBR) grant and the authors are thankful.

Statement of informed consent

In each of the tertiary institution used, permission was sought through the school management. The process of seeking permission involved discussing with the school management about the essence of the research work particularly how the research would help to stakeholders in education. More importantly, the consent of students was sought through consent form which explains the purpose of the research and how it would be carried out. However, only the students who were interested in the research signed the informed consent form.

References

- [1] Abdulmalik J. (2015). Barriers preventing the successful integration of mental health services
- [2] into primary health care in Nigeria: a mixed methods approach. Lisboa: Universidade Nova de Lisboa.
- [3] Adesina, M. A. and Kanmodi, K. K. (2019). Boko Haram terrors: Impacts on the Nigerian child.
- [4] In Adesina MA, Kanmodi KK, J Merrick (Eds). The Boko Haram terror: Adversary to the wellbeing of Nigerian kids (pp. 71-86). New York, NY: Nova Science.
- [5] Adesina, M. A., Adesanya, T. and Olufadewa, I. (2020). Mental Health and Conflict in Nigeria:
- [6] An Overview. *European Journal of Environment and Public Health*, 4(1),1-4.
- [7] Ajiboye, S. K., Akinlabi, A. A, and Ajokpaniovo, M. (2015). Psychosocial Challenges of Disaster
- [8] –Induced Internally Displaced Women in Lagos State. *Ejournals*, 17(2), 89-98.
- [9] Africa Polling Institute (2020). Mental Health Nigeria Survey
- [10] Amawulu, E. and Prosper, K. E. (2018). Mental health status of students attending tertiary
- [11] institutions in Bayelsa State, Nigeria
- [12] Bhugra D, Jones P. Migration and mental illness. *Adv Psychiatr Treat* 2001;7:216–23.
- [13] Bilgili, Ozge, Loschmann, Craig, Fransen, Sonja, and Siegel, Melissa (2019) Is the
- [14] education of local children influenced by living near a refugee camp? Evidence from host communities in Rwanda, *Internal Migration*. DOI: 10.1111/imig.12541
- [15] Dryden-Peterson, S. (2015). The Education Experience of Refugee Children in Countries of First
- [16] Asylum. Washington, DC: Migration Policy Institute. NRC Report. (2018). Thousands of Children
- [17] Justino, Patricia, Leone, Marinella, and Salardi, Paola (2013) Short- and long-term impact
- [18] of violence on education: The case of Timor-Leste, *World Bank Economic Review* 28(2): 320–353.
- [19] Murray KE, Davidson GR, Schweitzer RD. Review of refugee mental health interventions
- [20] following resettlement: best practices and recommendations. *Am J Orthopsychiatry* 2010;80:576–85.
- [21] Oguamanam, A. N. and Oguamanam, G. O. (2018)). Barriers To Utilization Of Mental Health
- [22] Services In Nigeria. *International Journal of Health and Social Inquiry*, Vol.4, No.1, 58-75.
- [23] Piper, Benjamin, Dryden-Peterson, Sarah, Chopra, Vidur, Reddick, Celia, and Oyanga, Arbogast (2020) Are refugee
- [24] children learning? Early grade literacy in a refugee camp in
- [25] Kenya, *Journal on Education in Emergencies* 5(2): 71-107.
- [26] Keyes, C. L. (2012). The relationship of level of positive mental health with current mental
- [27] disorders in predicting suicidal behavior and academic impairment in college students. *Journal of American*
- [28] *College Health*, 60(2), 126–133.
- [29] Mental Health Leadership and Advocacy Programme (MHLAP) (2012). Mental Health Situation
- [30] Analysis In Nigeria. The report of Mental Health Leadership and Advocacy Programme of the department of
- [31] Psychiatry, University of Ibadan in collaboration with WHO centre for research and training in mental health,
- [32] Neurosciences and drug and Alcohol abuse, [http:// www. mental_health_situation_analysis_in_Nigeria](http://www.mental_health_situation_analysis_in_Nigeria).
- [33] Pritchard, E. and Choonara, I. (2017). Armed conflict and child mental health. *BMJ Paediatrics*
- [34] *Open*, 1(1), 1-2. <https://doi.org/10.1136/bmjpo-2017-000087>
- [35] Sheikh, T. L., Abdulaziz, M., Agunbiade, S., Joseph, I., Ebiti, B., Adekeye, O. (2015). Correlates of
- [36] Depression among Internally Displaced Persons after post-election Violence in Kaduna, North Western
- [37] Nigeria. *Journal of Effective Disorder*, 170(1), 46-51.
- [38] Siriwardhana C, Adikari A, Pannala G, Siribaddana S, Abas M. (2013) Prolonged Internal

- [34] Displacement and Common Mental Disorders in Sri Lanka: The COMRAID Study. PLoS ONE 8(5): e64742. doi:10.1371/journal.pone.0064742
- [35] Thomas SL, Thomas SDM. Displacement and health. Br Med Bull 2004; 69:115–27.
- [36] UNHCR (2020) Global Trends Forced Displacement in 2019, UNHCR: Geneva.
- [37] United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) (2004),
- [38] ‘The Guiding Principles on Internal Displacement,’ United Nations
- [39] World Health Organization (2012). Trends in maternal mortality: 1990 to 2010.WHO, UNICEF,
- [40] UNFPA and the World Bank.
- [41] WHO (2006). Report on mental health system in Nigeria. A report of the assessment of the
- [42] mental health system in Nigeria using the World Health Organization - Assessment of instrument for Mental Health Systems (WHO-AIMS). Ibadan, Nigeria.