

Second Edition

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TRANSFORM

Transforming Access to Care for Serious Mental Disorders

Ibadan, Nigeria.



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An Overview of Transform

Transform is an ongoing research project that is a product of partnership between the University of Warwick, UK, The University of Ibadan, Nigeria, and the Telepsychiatry Research and Innovation Network (TRIN), Bangladesh.

The primary objective of this project is to address the problem of inadequate biomedical care for those with serious mental disorders (SMDs) living in low-and-middle-income countries (LMICs).



Professor Swaran Singh
Lead Investigator
The TRANSFORM Project



Professor Olayinka Omigbodun
Principal Investigator
TRANSFORM Nigeria Site



Dr Tanjir Rashid Soron
Principal Investigator
TRANSFORM Bangladesh Site

EDITORIAL TEAM

EXECUTIVE EDITOR

OLAYINKA OMIGBODUN

EDITOR

OLAYINKA EGBOKHARE

CONTENTS DESIGNER

ADAMS ADESHOLA

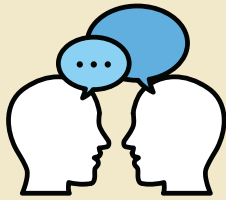
PHOTOGRAPHER

OLUSOJI OJOAWO

CONTRIBUTORS

JIBRIL ABDULMALIK
TOLULOPE BELLA-AWUSAH
ADEOLA AFOLAYAN
KAFAYAT AMINU
OLUWATOSIN OBUENE
OLUWATOMISIN OGUNMOLA
AKINWUNMI OWOLABI
VICTORIA OLADEPO

OUR WORK PACKAGES



1

Rapid Community-Based Ethnographic Assessment



Completed



2

Developing Training Packages and Raising Community Awareness



Ongoing...

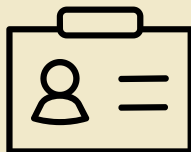


3

Piloting and Implementing the Training Interventions



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4

Community Identification, Referral and Outcome Assessment of Serious Mental Illness (SMI) Cases



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5

Health Economics Analysis and Methodological Development



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What We Have Done

The TRANSFORM Project Team has been actively engaging with communities within the five urban local government areas (LGAs) in Ibadan. This engagement process has provided us with valuable insights into how these communities perceive mental disorders, their attitudes towards people with a lived experience of mental disorders, and the help-seeking behaviour in the community.



Building on the community engagement process, we formed a Local Steering Committee (LSC) consisting of fourteen individuals from these communities. The committee represents various key groups, including mental health professionals, traditional and faith-based healers, primary healthcare practitioners, and community health workers. So far, we have had two LSC meetings and the inputs from the members have been instrumental in guiding our research efforts within the TRANSFORM project.

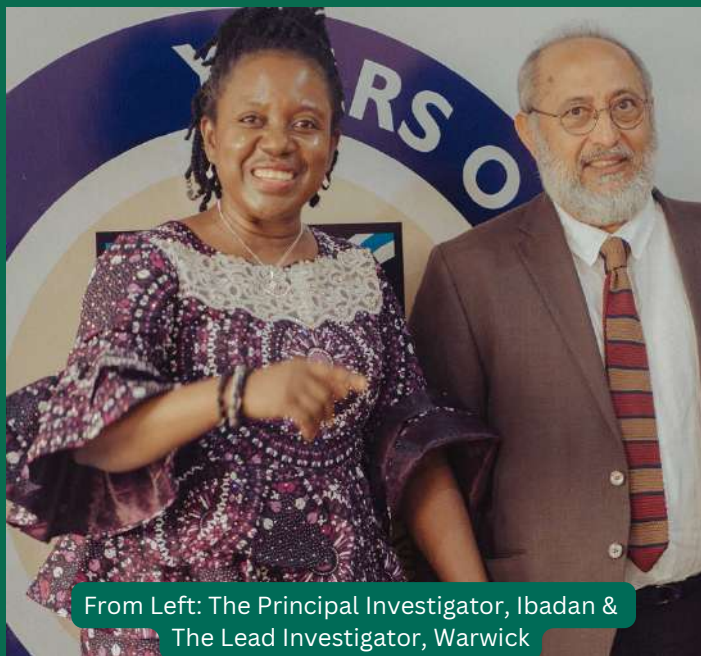




In the Irefin-Apete community, Ibadan, we conducted participatory mapping and walk-along interviews to identify and map community resources and the needs of those with personal experiences of serious mental disorders.



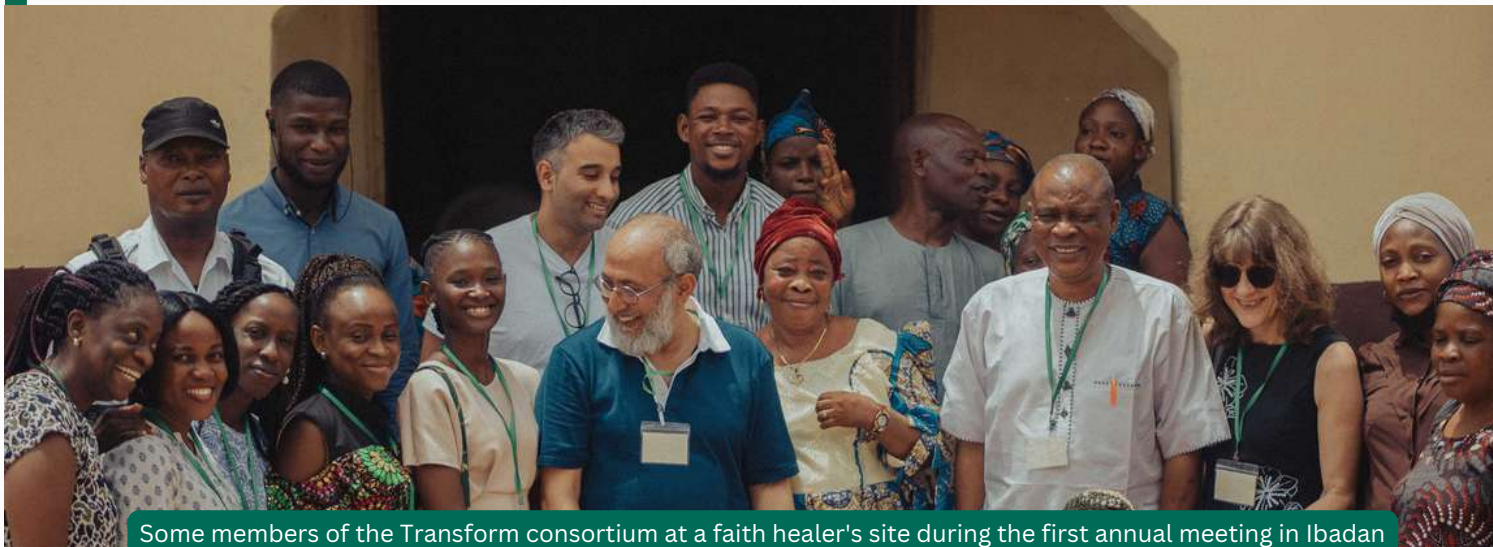
The TRANSFORM Project is a product of the collaboration between University of Warwick, UK, University of Ibadan, Nigeria, and the Telepsychiatry Research and Innovation Network (TRIN), Bangladesh. We work together from our different countries and have weekly virtual meetings to ensure seamless operation at all ends. We also engage in annual cross-site meetings to synergize thoughts, brainstorm on the project's trajectory, and discuss the methodologies for co-developing the TRANSFORM intervention.



From Left: The Principal Investigator, Ibadan & The Lead Investigator, Warwick



Some members of the Transform consortium during the second annual meeting hosted at Warwick



Some members of the Transform consortium at a faith healer's site during the first annual meeting in Ibadan

TRANSFORMative Collaboration



A cross-section of the research team and some stakeholders during the coproduction exercise to develop training materials



Ongoing Event

- **Co-production of the training materials with community stakeholders**

To ensure that our training materials are relevant, culturally sensitive, and tailored to the specific needs of the communities, we are actively collaborating with the stakeholders groups to co-develop the training contents. This approach is to foster a sense of ownership and commitment towards the training program, ensuring that it truly meets the needs of the communities we aim to impact.



Upcoming Event

- **Piloting and implementing the training interventions**

After the coproduction, we shall pilot the training manual, and engage the community stakeholders to get their feedback on the manual. Afterward, the training intervention shall be delivered to community health workers, healthcare service providers, traditional healers, faith-based healers, and other stakeholders. The proposed training intervention aims to increase community understanding of serious mental disorders, increase awareness about the available treatment sources, and encourage referrals of people with lived experience of serious mental disorders to medical facilities.



TRANSFORM Team, NIGERIA



Olayinka Omigbodun
Professor of Psychiatry
The Principal Investigator



Akinyinka Omigbodun
Professor of Obstetrics & Gynecology
Co-Investigator



Jibril Abdulmalik
Psychiatrist
Co-Investigator



Olayinka Egbokhare
Biomedical Communication Expert
Co-Investigator



Obafemi Jegede
Traditional Medicine Expert
Co-Investigator



Kafayat Aminu
Post Doctorate
Researcher



Tolulope Bella-Awusah
PhD Student



Adeola Afolayan
PhD Student



Oluwatosin Obuene
Project Manager



Olusoji Ojoawo
Research Assistant



Victoria Oladepo
Research Assistant



Akinwunmi Owolabi
Research Assistant



Oluwatomisin Ogunmola
Research Assistant



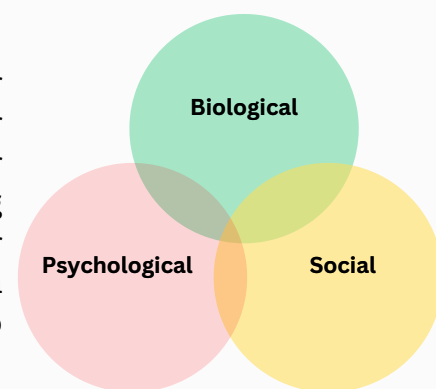
Adams Adeshola
Communication
Manager

What You Need to Know about Serious Mental Disorders

Jibril Abdulmalik

First of all, our thinking, behaviour, mood, personality, and movement are all functions of our brain. These functions are controlled by the levels of certain chemicals in our brain. When there are abnormal levels of these chemicals, they result in abnormal patterns of thinking, mood changes and behaviour – thus manifesting as symptoms of mental disorders. This explains why taking certain drugs (chemicals) like cannabis or cocaine results in distorted thinking, mood and behavior. This is because these substances are capable of altering the chemicals in the brain. These changes in the levels of brain chemicals may occur as a result of 3 categories of risk factors:

- **Biological:** Our family history or our gender may place us at risk for certain conditions. For example, females are more likely to be depressed than men; whereas men are more likely to use psychoactive drugs.
- **Psychological:** Our childhood experiences may protect us or place us at risk of developing mental health problems in later life. Someone who suffered child abuse (physical, sexual or emotional) for instance, is at a higher risk of developing depression and abusing substances as well as having anger management issues as an adult, than someone who had a happier childhood. Our personality outlook to life may also protect or make us vulnerable to developing these disorders.
- **Social:** Life stressors such as divorce, domestic violence, alcohol and drug abuse, unemployment, natural or man-made disasters, loss of loved ones, exposure to traumatic life events, or taking psychoactive drugs can predispose one towards developing mental disorders.



I should also clarify that these factors above are ONLY risk factors. Not everyone who has these risk factors will develop a mental disorder. For example, let's assume that both of my parents suffered from hypertension. What that means is that I am at an increased risk of developing hypertension. However, I may live up to 100 years and never develop hypertension. Same scenario applies for diabetes. This is exactly the situation with respect to mental disorders. Not everyone with a family history will develop it. Not everyone who is exposed to trauma or domestic violence will develop it. But they are at a higher risk than others. The converse is also true: some individuals with no prior family history of hypertension, diabetes or mental disorders will go on to develop these disorders at some point in their lifetime. So, there is no reliable predictor or immunity from developing hypertension or from developing a mental disorder.

Frequently Asked Questions about Serious Mental Disorders

Jibril Abdulmalik



Question 1: Do people get completely cured?

Some mental disorders may be one-off episodes and with treatment, some patients may recover and never have another episode again. However, some individuals may have recurrent episodes that require long-term control and management of the conditions with the use of drugs and regular follow-up appointments. This is no different from what happens with other chronic medical conditions such as diabetes or hypertension. We don't cure hypertension, but we control and manage the blood pressure with medications and patients come to hospital from time to time for follow up appointments. The same is also true for diabetes, which is not cured but managed with good dietary control, use of medications, as well as regular follow up clinic appointments. Similarly, in chronic forms of mental disorders, patients need to use medications to restore and maintain proper chemical balance and they are absolutely fine; and function to their full potential without any hindrance...just like someone with well controlled hypertension or diabetes.

Question 2: How common are mental disorders?

Mental disorders are very common, affecting 1 in every 4 persons at some point in their lifetime (lifetime prevalence of 25%), whereas, at any given point in time, 1 in every 10 persons (point prevalence of 10%) would be suffering from a mental disorder. Thus every family has the risk of at least 1 family member experiencing a mental disorder at some point in their lifetime.

Question 3: At what age do mental disorders occur?

Mental disorders can occur at any age, from childhood to old age. Children can have Attention Deficit Hyperactivity Disorder (ADHD) and Autism. Depression, Anxiety, psychotic, and substance use disorders are common problems in adolescence and adulthood while dementia is a common disorder among the elderly.

Question 4: Can these conditions be effectively treated in hospitals?

The answer is most definitely YES. We utilize a combination of bio-psycho-social approach to treatment, as briefly explained below.

- **Biological:** Use of medications to correct chemical imbalance, improve mood, reduce anxiety etc.
- **Psychological:** May require psychotherapy, which aims to strengthen resilience and overcome vulnerability.
- **Social:** May require change of school if school bullying is a problem. Alternatively, regular exercise, enhancing social support, and other beneficial interventions could also be explored.

Self-Care Strategies for Caregivers of People with Serious Mental Disorders

Tolulope Bella-Awusah



Self-Care Tips for Caregivers

Being a caregiver of someone with mental disorder usually involves being involved in the person's day-to-day care, providing finances for care, accompanying them to doctors' appointments, supervising care at home, and so much more. This can come with increased stress and difficulties but can also be a rewarding experience. Caregivers are more likely to have physical and mental health issues, a higher financial burden, and may miss work more frequently than those who do not have this role.

Caregivers need to also take care of their own needs, especially their own physical and emotional wellbeing to prevent burn out. Remember, you cannot pour from an empty cup.

Below are some practical tips for caregivers:

- As an advocate for the person you care for, it is important to keep updated about the mental health condition. However don't allow this to consume your life. For instance, don't get to the point of always being on the internet researching or moving from one healer to the next.
- Don't try to do all caregiving tasks by yourself. Allow others to contribute. Ask for help when you need it. You are not expected to be a super woman or man.
- Stay connected with friends and family members. Have a good support system
- Connect with other caregivers. You can learn so much from one another and also encourage one another.
- Take time off the caregiving role; take breaks.
- Prioritise adequate sleep, eat balanced meals, stay hydrated, and exercise daily.
- Develop hobbies and interests; do not let your caregiving role take over your life.
- Take time for yourself and your own needs.
- Watch out for signs of stress, such as irritability, loss of appetite, or difficulty with sleep, concentration or memory.
- Be kind to yourself, remind yourself you are doing a great job and you have the grace to carry out your role. Things may never be perfect. Learn to embrace the imperfections of each day and to push guilt away.
- Find joy in the little things of each day. You can still have a lot of joy in your life.
- Ensure regular health check-ups for yourself as well as the person you are caring for.

Voice of the People





A SHORT STORY

My journey through medication adherence has been tough, but I give all the glory to God.

It all began about twenty years ago when I had my first episode and I was practically forced to take medications. The doctor administered the drug on me by tightly closing my nose and opening my mouth to ensure I took it.

After that time, my family would give me the drug and I would willingly collect it, until after sometime when I stopped taking it from them. They had to grind the drug and put in my food until when I revolted.

The turning point came when I was confined to my bed for about three months. Although I was moving within the house, I didn't have the freewill to venture outside the house. I introspected that it was better for me to be taking the drug than to be facing these difficulties. From that day onward, for about two to three years, I diligently took my medication.

Then, I was invited by a social worker to a support group at the University College Hospital Ibadan, where I joined others in receiving lectures on how to care for oneself during illness and why adhering to medications is the best and surest way to good health. Since that day till now, I haven't had any episode. I give God all the glory. It's been **four unbroken years of adherence** to my medications.



Oluwafunke ...

My Experience As a Patient with a Serious Mental Disorders

Since 2000, I have been diagnosed of schizophrenia, psychosis, and bipolar disorders at different points. Due to these conditions, I exhibited some bad behaviours, such as not wanting to bathe for up to a month, displaying insulting attitude, and I was feeling like I had problems in the brain. I was feeling lonely in my mind, and I was so aggressive and very garrulous. Despite all these, I was feeling so sad deep within me, so I would sometimes burst into tears and start weeping for no obvious reason, sometimes leading to headache.

I thank God for making me to meet my doctor who prescribed medications to me. That has helped me to live a more balanced life. I now sleep normally, unlike in the past when I could go seven days without sleeping. I also now bathe every day and behave normally. I now feel happiness in my mind without any form of anger. In fact, I can now communicate normally using meaningful words, without sounding aggressive. Ultimately, I now have peace of mind without any reason to feel restless.

I am always interested in taking my drugs regularly and keeping to my appointments with my doctor. I ensure that I follow all the advice offered during the therapy session, for instance, avoiding fasting, not doing vigil, and sleeping for at least 6 hours in the night. Following all of these has been helping me to live a balanced life in my daily activities, both at home and at my place of work as a civil servant.

Femi ...

The Journey Through and Back

In the shadows deep, where thoughts reside,
A war within, where demons confide,
Mental tempests, storms raging wild,
A soul in torment, seeking to reconcile.

Through darkness' grip, a beacon gleams,
Hope's tender light, as fragile as dreams,
Medications, potions for the mind,
A solace sought, a respite to find.

Pills of compassion, nature's grace,
Offering tranquility, a sacred space,
Through their embrace, the mind finds ease,
A balm for wounds unseen, a gentle release.

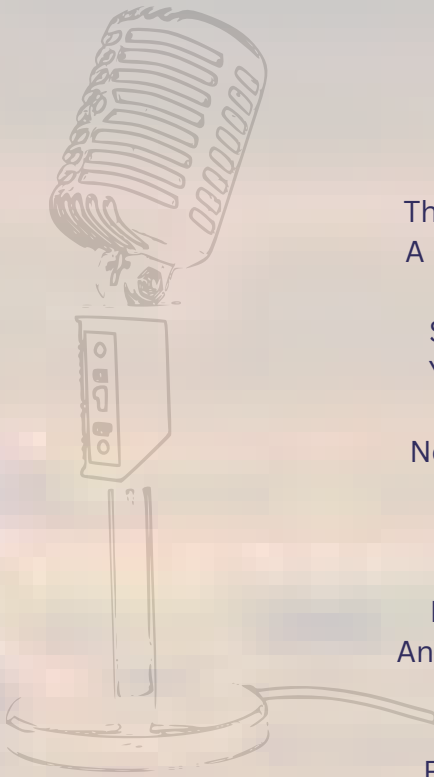
Side effects dance with whispered fears,
Yet in their presence, resilience appears,
For in this battle of heart and mind,
New pathways emerge, strength enshrined.

Oh, medication, an ally's hand,
Guiding the lost, helping them stand,
By fragile threads, they foster existence,
And mend the fragments of soul's resistance.

Let not stigma's touch deter the need,
For mental health, a cause we must heed,
For pills may be small, yet their impact profound,
A lifeline to solace, profound and profound.

So let us embrace those who bear this plight,
With empathy's touch, hope we ignite,
For in this dance of darkness and light,
Medications can aid hearts' wildest flight.

Labake ...



Humanity Still Speaks

Nerves are burning out
From wear and tear
Hearts beating in and out
Too sad a country can bear

As mourners wail and break with sighs
Ever beholding manifolds of struggles nigh
Heaviness weighs down on bystanders
Necks stretch to behold the pitiful sights
of disembodied souls in mass graves
of weakened confidence in the fights
Against a phenomenon so callous
It does not care one second about its victims
The lawless buffetings disrupt the lives of undeserving
chaps
Who are gathered around a fire so bright
To keep them warm inside
From this cursed cause, only heavens know
or from a desire to sit and watch the embers glow
But we will try
To make all and sundry smile
Because we as well may cry
Although not for your brutal blows
But from rare celebrative moments of love that flows
out of a grateful heart, the engraced bow.

Wow! these beautiful thoughts of mine
A dry tree that never thought it would feel alive again
Among green lustrous leaves
Which torture it with bursting fruits

Labake ...



I sought for relief
Got one so brief
I resort to my drugs
First they tasted like bugs
I found joy afterwards
I just couldn't stay in medical wards
I wanted freedom not boredom
Restricted to the beds
Felt like the living dead
My joy knew no bounds
My family's love
Healed my wounds
I am free
No more a slave to fear
I am free and brave
No more tears.

Olayinka ...



We are excited about the progress made so far and determined to continue our efforts to transform mental health care in Slums. We appreciate the support of our stakeholders and the general public in this important endeavor.

Stay tuned for more updates, as the TRANSFORM project continues to make strides in improving mental health outcomes in the community.

Follow our social media pages to keep track of our activities



+2347080336133



[The TRANSFORM Project](#)



transformibadan@gmail.com



[The Transform Project](#)



[the-transform-project](#)

OR

Visit our office in Nigeria:

Office 16, 1st Floor, Latunde Odeku Vertical Extension Building
College of Medicine
University of Ibadan
Ibadan, Nigeria.





TRANSFORM

Do you know that the state of your mental health is critical to the success of every other aspect of your life?

Yes, it is. This is because your mental health is connected to your emotional, psychological and social well-being. It affects how you think, feel, act, handle stress, relate with others and also make choices.

If your mental health is unstable, every other aspect of your life (physical, social, emotional, moral, and spiritual) will likely be affected, hence the need for you to put your mental health first.

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